Board of Directors' Meeting: 14 November 2024

Agenda item		160/24		
Report Title		Integrated Performance Report		
Executive Lead		Jo Williams, Interim 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 15/10/24 Quality & Safety Assurance Committee 29/10/24 Performance Assurance Committee 22/10/24 Finance Assurance Committee 29/10/24 Senior Leadership Committee – Operational 07/11/24		
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 August/September 2024, summarises planned recovery actions, correlated impact, and timescales for improvement.		
Recommendations for the Board:		The Board is asked to **note** the contents of the report.		
Appendices:		Appendix 1: Integrated Performance Report		

The Shrewsbury and Telford Hospital NHS Trust

Integrated Performance Report

Board of Directors' Meeting 14th November 2024

Presenting Month 6 performance data

Contents

The Shrewsbury and Telford Hospital NHS Trust

Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

The performance against the 4-hour UEC standard in September 2024 showed a marginal deterioration – 62.2% v 65.1% in August 2024 and there was an associated increase in the monthly number of 12-hour trolley breaches (587 in September 2024 v 546 in August 2024). The percentage of patients seen within 15 minutes for initial assessment also decreased from 64.8% in August 2024 to 59.8% in September 2024.

During month six the Trust received additional funding to cover the planned deficit resetting the annual plan to breakeven and phasing the additional income to also reset the year to date position to breakeven. At the end of month six the Trust has a deficit of £5.6m against the break even position; a further adverse variance of £1.6m compared to month five (£4.0m adverse variance). The Trust has an efficiency target of £44.7m (7.6%) in 2024/25. At the end of month six £10.9m has been delivered against a target of £11.7m with shortfalls against the planned escalation reduction and income related schemes which currently cannot be validated. The Trust has set an operational capital programme of £16.8m and £75.5m for externally funded schemes for 2024/25 giving a total capital programme of £92.3m of which £8.4m has been spent at month six.

In relation to the elective recovery programme, the Trust is being monitored in Tier 1. There were no patients waiting over 104 weeks, however, there were 49 patients waiting over 78 weeks as at the end of September 2024 (English only). There is further risk of 78 week breaches in October, particularly in T&O and ENT/Dental. Validation work continues on the 65-week cohort requiring 1st appointments. The Trust reported 459 65-week breaches in September (against the forecast of 494). Training continues to ensure that RTT clocks are not re-activated inappropriately in Careflow. Capacity is being sought from the independent sector in ENT, General Surgery, Dermatology and Respiratory diagnostics.

The Trust is being monitored in Tier 1 for cancer. The combined backlog as at the end of September 2024 was 407 (reduction from 535 in August). Unvalidated compliance with the 62-day standard in September 2024 is 51% against the operational plan for the month of 59.5%% (and commitment to 70.4% by March 2025). The unvalidated FDS position for September 2024 is 67.9% against the operational plan of 74% with 98.7% data completeness.

Performance against the diagnostic standard showed an improvement compared to August 2024 (60.7% v 57.8%) with associated decrease in the volume of 6-week breaches from 7056 to 6169.

Operational Plan 2024/25 Objectives

The Shrewsbury and Telford Hospital NHS Trust

Objective	Month 6 Status Summary	Current Status	Assurance Committee
1: Deliver our Quality Priorities and the next phase of our Getting to Good Programme	The Purpose-T skin assessment tool which replaces the water low assessment for skin integrity was implemented in October which will support towards achieving a 40% reduction in pressure ulcers by the end of March 2025 . A refresh of the Deteriorating Patient programme is launching in November which will be led by the Deputy Medical Director. There will be 7 workstreams that will support the ongoing work which includes the sepsis vital module, training and assurances.	A	QSAC
2: Deliver Elective Services and implement Enhanced Recovery	The Elective Hub day case activity continues to be supported by the bed base on W5. In-patient elective orthopaedics is scheduled to re-commence at SaTH on 4th November utilising W5 within an agreed mitigation plan. This service has been supported via mutual aid by RJAH and ROH. Lofthouse Unit at PRH was opened as planned to enable additional capacity for skin minor ops from mid-September. There were 49 x 78w breaches and 459 x 65w breaches reported in September (challenges mainly in ENT, T&O, Gynae and Dermatology).	R	PAC
3: Maintain FDS and achieve 62 day referral to treatment standard	Our validated FDS performance in August was 67.6% against the revised plan for the month of 62.6% (2.9% deterioration on last month, mainly Colorectal and UGI) Our 31d performance in August was 84.7% against the plan of 93.1% (2.9% improvement on last month) 62d performance in August was 53.3% against the plan for the month of 58.2% (0.2% improvement on last month)	A	PAC
4: Improve UEC performance in line with GIRFT recommendations	Month 6 4-hour Emergency Access Standard performance is 52.4% against a forecast plan of 61.8%. 19.4% of patients spent more than 12hrs in ED reflecting the very extensive pressure on the UEC pathway. Ambulance handover delays remain significantly challenged with 32.4% of handovers in excess of 60 minutes. There has been sustained special cause improvement in Time to initial assessment for all patients in ED.	R	PAC
5: Use of Resources – operate within our budget through delivery of efficient and productivity measures	The year end deficit at the end of September (month 6) is £5.6m against a plan of break even. This is after receiving funding from NHSE for the 2024/25 planned deficit of £44.3m full year. This deficit £5.6m is predominantly driven by industrial action (£1.7m), temporary staffing premiums (£2.1m), endoscopy income (£0.5m), efficiency slippage (£0.4m) and escalation slippage (£0.4m). Recruiting substantively to reduce the reliance on high-cost agency remains priority along with reviewing the headcount across the Trust alongside further actions to reduce the reliance on escalation capacity. Financial controls have been put in place and are under continuous review.	A	FAC

Operational Plan 2024/25 Enablers

The Shrewsbury and Telford Hospital NHS Trust

Enablers	Month 6 Status Summary	Current Status	Assurance Committee
1: Live the People Promise in our teams through valuing difference and inclusivity	Creating the right culture is fundamental to ensuring SaTH is a great place to work which in turn will support delivery of all the strategic priorities. Our culture improvement programme, to support leadership development continues and remains critical to this work. Sustained improvement in Talent Conversations is critical, the refreshed talent conversation approach has been launched this month and its impact will be closely monitored.	A	PODAC
2: Deliver our Workforce plan, including agency cost reduction based on the principles of Train, Retain and Reform	The total workforce at month 6 is now over plan by 18 WTE. However, if we exclude the number of additional posts that have been recruited with external funding including the 51 resident doctors the plan is on track at this point. September has seen an increase of substantive workforce by 53 WTE. The level of agency is still on track to deliver against plan based on the current trajectory, which is currently 56 WTE under plan. Bank has seen a greater reduction this month from August position, although is 22 WTE over plan. Work is underway to develop a set of mitigations to deliver the associated cost reductions as part of our workforce plan.	A	PODAC
3: Develop an estates plan to optimise our current estate and continue to progress our Hospital Transformation Programme	Draft Estates strategy due to go to Performance Assurance Committee (PAC) in November 2024 - focus on staff competences, compliance, space utilisation, best use of resources and long term sustainability. Work on the new LINAC progressing to plan. Joint engagement with Trust's cost and legal advisors with the Contractor for Modular Build. Site visit undertaken in October to inspect the modular units. Confirmation received for Reinforced autoclaved aerated concrete (RAAC) funding (3.95m in 2024/25 and £5.65m in 2025/26), design works in progress. Close working on a daily basis between Estates and Hospital Transformation Programme (HTP) team.	A	PAC
4: Develop and implement sustainable travel plan to improve patient and staff experience	Park and Ride schemes operational at both RSH and PRH, options being explored for extended opening hours. Car Parking at RSH has been reconfigured to support both visitor and staff parking and enable construction works to deliver Hospitals Transformation Programme. Trust's Green Travel Plan has gone through Joint Negotiation and Consultative Committee (JNCC) and due to go to Performance and Assurance Committee (PAC).	A	PAC

Operational Plan 2024/25 Enablers – cont.

The Shrewsbury and Telford Hospital NHS Trust

Enablers	Month 6 Status Summary	Current Status	Assurance Committee
5: Electronic Patient Record (EPR) - complete Phase 1 (implement and embed Careflow PAS and ED) and commence Phase 2.	Following Careflow PAS and Careflow ED system implementation across both hospital sites, the project has been formally closed. Ongoing tasks to support system users forms part of the business as usual (BAU) support provided by the Digital Teams, this includes supporting ED and Outpatient optimisation. The first user group was held in September 2024 and will be repeated quarterly. National submission reporting remains a closely monitored area, and a number of post go-live issues with the Data Warehouse have been and continue to be worked through. An extensive digital programme is underway for 2024/25, including Paediatrics Vitals Sepsis module (due for introduction in early September 2024), Order Comms (ICE) and Laboratory Information Management System (LIMS); the programme is coordinated by an exec-led Trust Digital Oversight Group. Office 365 and Imprivata Single Sign On projects are now complete, and G2G project closure reports are due to be presented to ODG in November 2024. There are significant demands on the digital, operational, and clinical teams, and continued dialogue and prioritisation (for digital and other programmes) continues.	A	FPAC/ QSAC

Operational Plan 2024/25 Objectives

The Shrewsbury and Telford Hospital NHS Trust

Delivery Metric		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Performance	Assurance
Achieve zero 65 week waits by the end of September 2024	Plan	537	465	344	189	53	0	0	0	0	0	0	0		
	Actual	708	824	1185	1025	948	508								
Achieve 85% theatre capacity by end Q3 2024/25	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	78.0%	79.0%	79.0%	78.0%	78.0%	77.0%								
Achieve 85% daycase by end Q3 2024/25 (BADS)	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	84.2%	83.2%	87.5%	Not Available	Not Available	Not Available								
Achieve PIFU performance to maximise productivity in outpatients	Plan	4.7%	5.4%	6.1%	6.6%	6.6%	6.6%	6.6%	6.6%	6.6%	6.6%	6.6%	6.6%		
	Actual	4.1%	4.8%	5.8%	Not Available	Not Available	Not Available								
Outpatients with procedure - ERF - English only	Plan	6844	7755	7455	7279	7437	7332	7548	7646	6903	7700	7345	7662		
	Actual	7192	7603	2030	Not Available	Not Available	Not Available								
90% of patients waiting over 12 weeks are validated every 12 weeks	Plan	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
	Actual	0%	62.3%	49.3%	37.4%	38.5%	54.4%								
Diagnostics within 6 week waits (95% by March 2025) *	Plan	76.0%	74.1%	74.8%	76.0%	77.2%	78.9%	80.0%	82.2%	83.2%	84.2%	85.3%	86.3%		
	Actual	70.6%	68.7%	63.1%	61.6%	60.2%	60.8%								
FDS % (77% by March 2025)	Plan	75.1%	73.9%	75.0%	74.7%	75.7%	76.9%	76.7%	76.7%	77.1%	76.8%	77.5%	77.5%		
	Actual	73.6%	68.6%	67.0%	70.5%	67.6%									
62 Day % (70% by March 2025)	Plan	59.5%	58.6%	58.4%	74.7%	60.2%	60.1%	65.0%	64.2%	65.4%	66.3%	68.1%	70.3%		
	Actual	59.5%	62.3%	56.9%	53.1%	53.3%									

*** Diagnostics operational plan - all commissioners - excludes neurophysiology, sleep studies, urodynamics and cystoscopy**

Operational Plan 2024/25 Objectives

The Shrewsbury and Telford Hospital NHS Trust

Delivery Metric		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Performance	Assurance
4 hours (78% by March 2025) Type 1, 2 & 3	Plan	55.0%	56.4%	57.7%	59.1%	60.5%	61.8%	63.2%	64.6%	65.9%	67.3%	68.6%	70.0%		
	Actual	50.0%	48.6%	52.2%	54.8%	55.9%	52.4%								
Cat 2 Amb response times (AVG=30min) STW ICB	Plan	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00		
	Actual	00:38:17	00:39:20	00:34:30	00:28:04	00:24:07	00:34:43								
Achieve 33% of discharges before midday	Plan	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%		
	Actual	20.1%	20.5%	20.7%	20.6%	21.9%	23.1%								
Reduce LOS (<12h) in ED	Plan	0	0	0	0	0	0	0	0	0	0	0	0		
	Actual	2588	2679	2308	2103	2080	2394								
Minors 4 hour performance	Plan	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		
	Actual	85.2%	86.3%	90.2%	91.8%	93.6%	Not Available								
UTC 4 hour performance	Plan	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		
	Actual	71.9%	82.3%	90.2%	93.4%	93.7%	Not Available								
CYP 4 hour performance	Plan	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		
	Actual	74.2%	75.9%	81.5%	84.0%	87.2%	Not Available								
Balanced £ position	Plan	(6,844)	(6,027)	(6,718)	(5,527)	(5,124)	30,240	(3,719)	(2,826)	(3,559)	(2,633)	(2,815)	6,365		
	Actual	(7,209)	(5,721)	(8,100)	(7,676)	(5,524)	28,608								
Agency Expenditure (max 3.2% of pay bill) **	Plan	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%		
	Actual	6.41%	5.16%	5.28%	5.27%	4.57%	4.16%								
In month efficiency delivery	Plan	794	1,069	1,731	2,710	2,776	2,636	3,832	3,498	4,291	4,544	4,780	12,046		
	Actual	850	869	1,915	2,125	2,367	2,799								

** National Target 3.2%, STW Target 6.4%

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 24/25	Current Month Trajectory (RAG)	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Trend
Patient Safety & Effectiveness	Pressure Ulcers - Category 2		20% < 2023-24	18	23	23	19	20	21	20	15	22	20	17	21	19	21	
	Pressure Ulcers - Category 2 per 1000 Bed Days		20% < 2023-24	0.75	0.93	0.94	0.75	0.76	0.84	0.75	0.59	0.83	0.80	0.62	0.83	0.76	0.84	
	Pressure Ulcers - Category 3		10% < 2023-24	4	4	4	2	6	3	4	5	14	9	9	8	5	5	
	Pressure Ulcers - Category 3 per 1000 Bed Days		10% < 2023-24	0	0.16	0.16	0.08	0.23	0.12	0.15	0.20	0.53	0.36	0.33	0.32	0.20	0.20	
	Pressure Ulcers - Category 4		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Falls - per 1000 Bed Days		5% < 2023-24	3.96	4.17	3.52	4.01	3.55	4.55	3.78	4.35	4.56	5.01	4.65	4.73	4.40	4.38	
	Falls - total		-	98	103	86	101	94	114	101	111	121	125	127	120	110	109	
	Falls - with Harm per 1000 Bed Days		5% < 2023-24	0.12	0.12	0.12	0.20	0.15	0.24	0.15	0.08	0.23	0.08	0.15	0.24	0.24	0.16	
	Falls - Resulting in Harm Moderate or Severe		0	0	3	3	5	4	6	4	2	6	2	4	6	6	4	
Patient Experience	Complaints		-	-	68	66	79	83	53	68	73	70	77	76	80	86	79	
	Complaints - responded within agreed timeframe - based on month response due		85%	85%	57.0%	46.0%	58.0%	49.0%	46.0%	46.0%	45.0%	44.0%	44.0%	46.0%	43.0%	52.0%	52.0%	
	Complaints by Theme - Access to Treatment or Drugs				4	3	5	9	3	4	4	4	3	3	5	4	3	
	Complaints by Theme - Admission / Discharge				20	12	18	8	12	14	13	12	20	14	17	17	22	
	Complaints by Theme - Appointment				8	5	11	10	4	7	6	7	10	20	10	11	6	
	Complaints by Theme - Clinical treatment				39	30	41	38	21	33	46	35	50	40	39	44	55	
	Complaints by Theme - Commissioning Decisions				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Complaints by Theme - Communication				33	24	36	36	18	31	35	38	46	31	40	44	29	
	Complaints by Theme - Consent to treatment				0	0	2	1	2	1	3	0	3	5	0	2	1	
	Complaints by Theme - Dementia Care				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Complaints by Theme - End of life care				0	5	4	2	3	0	4	1	3	3	4	6	3	
	Complaints by Theme - Facilities				5	3	8	6	5	6	8	7	11	2	8	6	5	
	Complaints by Theme - Mortuary				0	0	0	0	1	0	1	0	1	0	0	0	0	
	Complaints by Theme - Other				0	0	2	0	1	1	1	2	0	2	3	0	0	
	Complaints by Theme - Patient care				22	18	24	18	14	13	24	23	20	18	23	25	24	
	Complaints by Theme - Prescribing				6	5	3	3	1	3	3	2	3	5	3	8	5	
	Complaints by Theme - Privacy & Dignity				10	4	7	6	6	3	6	4	6	7	5	14	6	
	Complaints by Theme - Restraint				0	0	1	0	1	0	0	0	1	0	0	1	0	
	Complaints by Theme - Staff numbers				1	0	7	0	0	2	1	5	5	5	3	4	2	
	Complaints by Theme - Trust admin / procedure / records				5	6	10	5	4	3	11	9	17	9	10	10	12	
	Complaints by Theme - Values & Behaviours (staff)				11	16	27	16	13	19	20	28	18	29	18	21	20	
	Complaints by Theme - Waiting time				13	6	9	8	11	10	9	13	20	13	15	17	15	
	PALS - Count of concerns		-	-	315	260	302	301	274	347	311	320	340	345	367	406	402	
	Compliments		-	-	89	86	93	85	172	178	135	151	120	81	121	129	91	
	Friends and Family Test -SaTH		95%	95%	98.2%	98.2%	90.9%	93.5%	92.7%	91.8%	93.3%	91.0%	89.1%	88.4%	89.7%	93.4%	93.0%	
	Friends and Family Test - Inpatient		95%	95%	98.7%	98.8%	97.8%	98.5%	98.5%	98.2%	98.4%	98.2%	98.4%	98.3%	99.2%	97.8%	98.6%	
	Friends and Family Test - A&E		85%	85%	55.6%	38.1%	66.1%	61.6%	62.9%	67.7%	65.2%	62.4%	62.9%	60.3%	66.1%	75.0%	75.9%	
	Friends and Family Test - Maternity		95%	95%	97.7%	100.0%	100.0%	91.5%	96.2%	97.4%	96.8%	94.9%	81.0%	100.0%	100.0%	80.0%	100.0%	
	Friends and Family Test - Outpatients		95%	95%	98.5%	98.4%	98.8%	98.6%	98.7%	98.9%	99.5%	98.5%	97.9%	98.1%	98.1%	98.5%	98.7%	
	Friends and Family Test - SaTH Response rate %		-	-	7.9%	7.5%	7.8%	11.2%	7.3%	8.6%	10.1%	7.9%	8.2%	9.9%	10.0%	9.7%	11.4%	
	Friends and Family Test - Inpatient Response rate %		-	-	20.1%	19.8%	13.5%	22.1%	14.6%	13.5%	19.8%	15.1%	13.5%	16.7%	15.8%	16.1%	20.9%	
	Friends and Family Test - A&E Response rate %		-	-	0.2%	0.2%	4.5%	4.0%	3.0%	5.5%	4.2%	3.8%	5.1%	6.1%	6.6%	5.7%	6.5%	
	Friends and Family Test - Maternity (Birth) Response rate %		-	-	1.2%	6.5%	7.1%	3.3%	1.9%	1.8%	5.0%	1.4%	1.1%	27.3%	1.0%	3.0%	1.0%	

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard 24/25	Current Month Trajectory (RAG)	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Trend
Patient Safety & Effectiveness	Trust SHMI (HED)		100	100	93	85	87	98	95	93	96	98	-	-	-	-	-	
	Trust SHMI - Expected Deaths		-	-	209	214	241	239	277	284	238	249	-	-	-	-	-	
	Trust SHMI - Observed Deaths		-	-	195	182	209	234	264	263	229	243	-	-	-	-	-	
	SJRs Completed by Month				59	45	40	41	33	34	37	37	28	32	34	40	33	
	MRSA - HOHA				0	0	0	1	1	1	0	0	1	0	1	0	0	
	MRSA - COHA				0	1	0	0	0	0	0	0	0	0	1	0	0	
	MRSA - Total	R	0	0	0	1	0	1	1	1	0	0	1	0	2	0	0	
	MSSA - HOHA		-	-	2	2	1	1	0	2	3	4	3	3	4	3	1	
	C. difficile - HOHA				6	6	6	8	9	7	1	4	3	1	4	6	11	
	C. difficile - COHA				3	2	4	1	5	1	6	3	5	3	4	2	3	
	C. difficile - Total	R	98	8	9	8	10	9	14	8	7	7	8	4	8	8	14	
	E. coli - HOHA				4	3	5	4	6	3	6	2	3	8	2	2	5	
	E. coli - COHA				5	9	14	9	8	11	9	11	15	13	7	11	8	
	E. coli - Total	R	146	12	9	12	19	13	14	14	15	13	18	21	9	13	13	
	Klebsiella - HOHA				1	2	1	2	3	1	2	5	1	0	0	2	1	
	Klebsiella - COHA				3	1	2	0	2	2	0	3	0	3	1	3	0	
	Klebsiella - Total	R	36	3	4	3	3	2	5	3	2	8	1	3	1	5	1	
	Pseudomonas Aeruginosa - HOHA				0	1	0	1	1	0	2	0	0	0	0	1	1	
	Pseudomonas Aeruginosa - COHA				1	2	1	1	1	0	0	2	1	2	0	1	0	
	Pseudomonas Aeruginosa - Total	R	19	1	1	3	1	2	2	0	2	2	1	2	0	2	1	
	VTE Risk Assessment completion		95%	95%	92.7%	92.1%	93.6%	93.5%	91.0%	92.4%	92.6%	91.8%	-	-	-	-	-	
	Never Events		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Coroner Regulation 28s		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	PSii		-	-	-	-	-	-	1	2	3	0	5	1	0	3	1	
	Serious Incidents - Closed in Month		-	-	9	8	11	4	8	5	5	2	6	2	4	2	3	
	Serious Incidents - Total Open at Month End		-	-	36	40	40	44	30	25	21	18	12	11	9	7	7	
	Mixed Sex Accommodation - breaches		10% < 2023-24	113	103	72	81	74	71	56	86	105	98	116	81	68	58	
	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%	75%	84%	73%	54%	68%	71%	58%	81%	64%	85%	85%	82%	89%	
	Smoking Rate at Delivery		6%	6%	12.1%	7.7%	8.9%	8.8%	6.3%	7.9%	10.2%	8.0%	7.4%	6.6%	5.7%	8.1%	7.2%	
	Therapy stroke treatment within 72 hours - Occupational Therapy		100%		79.3%	91.2%	96.2%	73.7%	90.9%	89.4%	89.1%	81.1%	86.2%	91.0%	92.6%	95.7%	83.9%	
	Therapy stroke treatment within 72 hours - Physiotherapy		100%		78.6%	92.6%	96.4%	75.4%	91.4%	89.6%	92.6%	91.4%	88.2%	87.7%	96.4%	95.7%	87.5%	
	Therapy stroke treatment within 72 hours - Speech & Language Therapy		100%		62.5%	90.9%	93.3%	77.4%	90.5%	80.0%	82.4%	85.2%	77.3%	78.6%	89.5%	91.3%	85.0%	
	Therapy stroke treatment 45 mins per therapy per day - Occupational Therapy		45		40	40.3	35	40	45.5	40	40	38.1	45	50	44.6	40.5	43.6	
	Therapy stroke treatment 45 mins per therapy per day - Physiotherapy		45		30	30	30	30	30	32	30	30	30	30	32	35	30	
	Therapy stroke treatment 45 mins per therapy per day - Speech & Language Therapy		45		33.8	31.7	30	30	30	30.8	30	30	33.3	25.4	25.8	26.7	36	
	Stroke Patients Scanned - within 1 Hour of clock start				30.9%	35.2%	35.9%	44.6%	52.2%	46.7%	30.2%	45.3%	49.4%	49.3%	39.4%	60.4%	51.5%	
	Stroke Patients Scanned - within 12 Hours of clock start				91.4%	98.6%	100.0%	98.5%	97.1%	90.7%	93.7%	93.8%	94.8%	93.2%	94.4%	95.8%	97.0%	
	Readmissions within 28 days		-	-	1031	1021	1124	1112	1083	1212	1097	1298	1170	1100	552	Not Available	Not Available	
	% readmission within 28 days		-	-	8.9%	9.1%	9.3%	9.1%	9.8%	9.9%	9.4%	10.8%	10.1%	9.5%	4.9%	Not Available	Not Available	

Patient Safety, Clinical Effectiveness, Patient Experience Executive Summary

The IPR now covers a number of the quality priorities. While there remains some further development that is required, the metrics are now multi-faceted and include training, screening/assessment and outcomes.

The Deteriorating Patient programme is launching in November which will be led by the Deputy Medical Director. There will be 7 workstreams that will support the ongoing work which includes the sepsis vital module, training and assurances. Paediatrics vitals was launched in July, along with the sepsis module which is embedded.

Work is ongoing towards achieving a 40% reduction in pressure ulcers by the end of March 2025 and we have seen a 12.5% reduction in acquisition May – August. All cases are reviewed, and themes are aligned to the overarching pressure ulcer action plan. The roll out for PURPOSE T continues and the team have secured an additional 0.48 WTE member of staff to support driving improvements and working alongside frontline teams.

C. difficile remains a challenge in August with 14 cases, although September does see a reduction. The work continues in terms of the dedicated workstreams, and the anti-microbial stewardship group met in October, which will further support the improvement work. Focused work also continues within ED.

The quality priority relating to ED continues to demonstrates improvements in all indicators, which reflects the focussed work undertaken through the UEC transformation programme.

The operational plans around the diabetic foot quality priority are developing, with a focus on assessment, education, equipment, pathways and access. There are clear metrics to monitor outcomes.

Further clarity is required re the Palliative and End of Life Care (PEOLC) metrics, which will be sought over the coming weeks.

Quality - Safe - Deteriorating Patients - Fragility

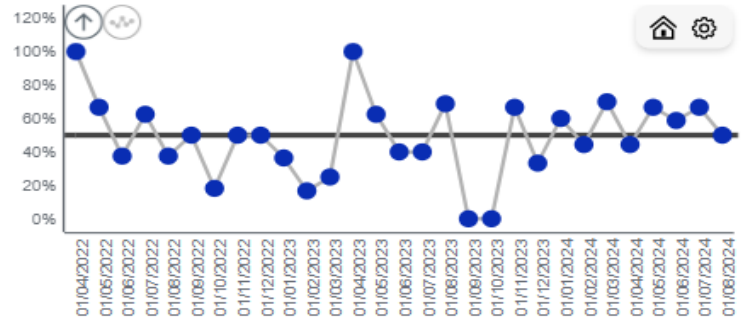
Partnering · Ambitious Caring · Trusted

The Shrewsbury and Telford Hospital NHS Trust

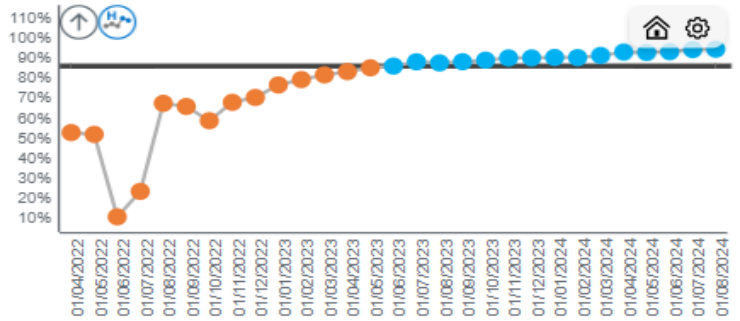
Falls | **Deteriorating Patient** | **Medication - Omitted Doses**

	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024
Improve Dementia screening rates - Patient had an AMT - ED	62.5	40.0	40.0	68.8	0.0	0.0	66.7	33.3	60.0	44.4	70.0	44.4	66.7	58.8	66.7	50.0
Improve Dementia screening rates - Patient had an AMT - Adult IP	60.6	42.3	48.4	47.5	53.1	61.9	58.5	52.3	54.2	47.3	54.4	59.0	60.0	49.1	54.5	70.4
Dementia Awareness Tier 1 3 Yearly	85.14	86.01	88.14	87.58	88.18	88.96	90.08	90.08	90.32	90.23	91.30	93.01	92.79	93.18	94.24	94.44
Dementia Awareness Tier 2 3 Yearly	81.13	83.60	84.56	84.71	85.84	87.35	87.06	86.98	86.85	86.87	87.07	86.02	90.03	91.95	92.37	91.26
Dementia Screening % Score	74	65	64	68	72	73	73	69	73	67	72	77	77	70	73	81
Dementia Screening Audited	286	274	281	278	290	295	285	277	263	267	277	251	249	255	264	262
Complaints by Theme - Dementia Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

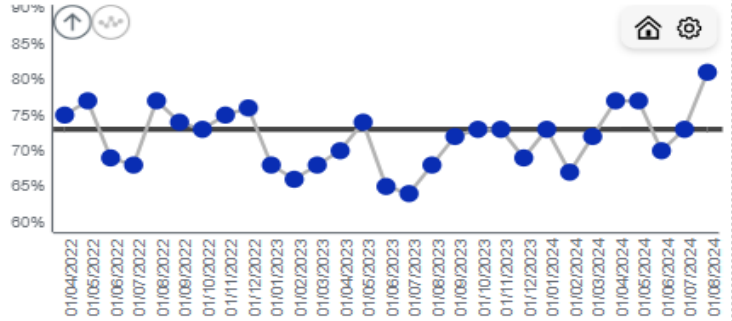
Improve Dementia screening rates - ED



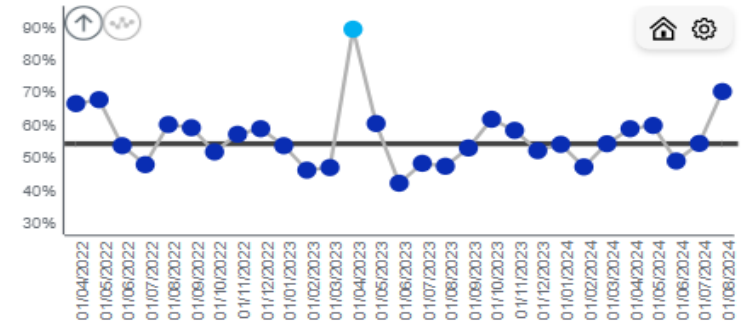
Dementia Awareness Tier 1 - 3 Yearly



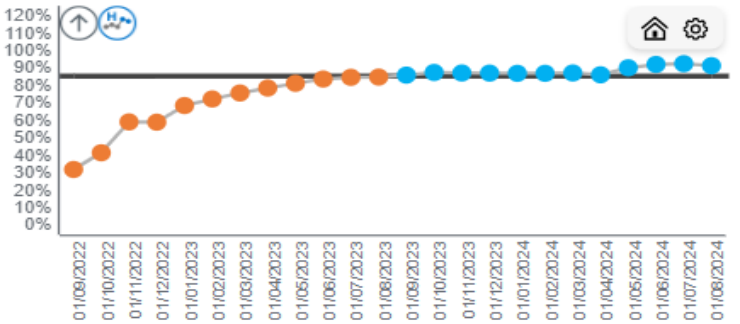
Dementia screening score %



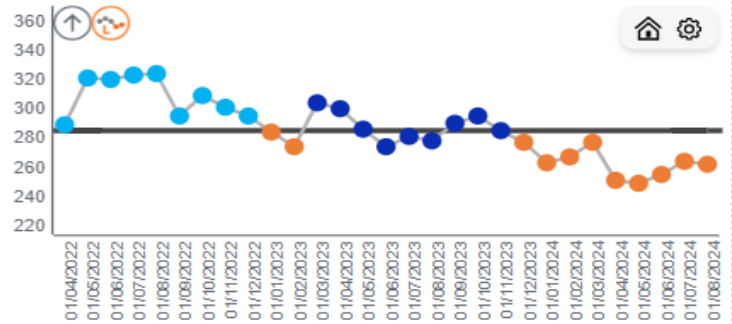
Improve Dementia screening rates - Adult IP



Dementia Awareness Tier 2 - 3 Yearly



Dementia screening audited



Quality - Safe - Deteriorating Patients - NEWS

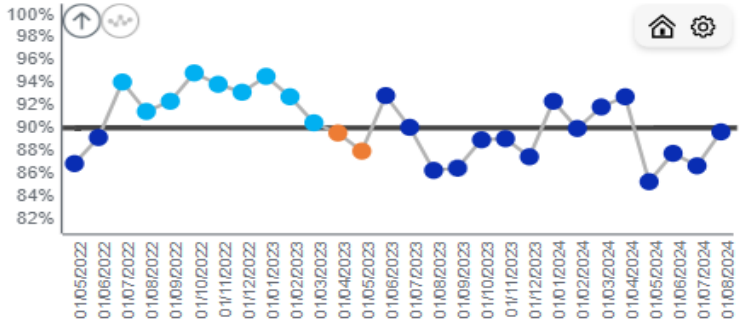
Partnering · Ambitious Caring · Trusted

The Shrewsbury and Telford Hospital NHS Trust

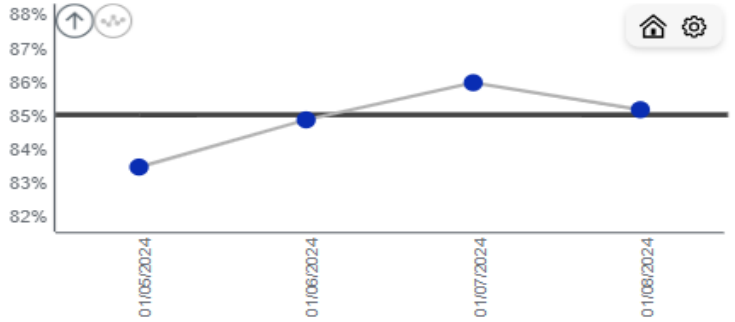
Falls | Deteriorating Patients - Fragility | Medication - Omitted Doses

	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024
Is there evidence this NEWS2 score was escalated?	92.80	90.00	86.20	86.40	88.90	89.00	87.40	92.30	89.90	91.80	92.70	85.20	87.70	86.60	89.60
Is there evidence of this NEWS2 trigger being reviewed?												83.50	84.90	86.00	85.20
Did the patient have IV antibiotics within 60 mins of triggering risk of Sepsis	83.30	73.10	83.10	70.20	80.60	85.70	87.10	90.00	85.60	64.70	84.70	75.40	83.60	88.00	85.40
Did the management plan include: Investigation plan												81.50	87.50	89.80	91.20
Did the management plan include: Treatment plan												91.30	94.30	94.20	96.00
Did the management plan include: Escalation plan												78.20	82.80	80.70	86.90
Did the management plan include: Review plan												81.40	83.70	78.20	86.60

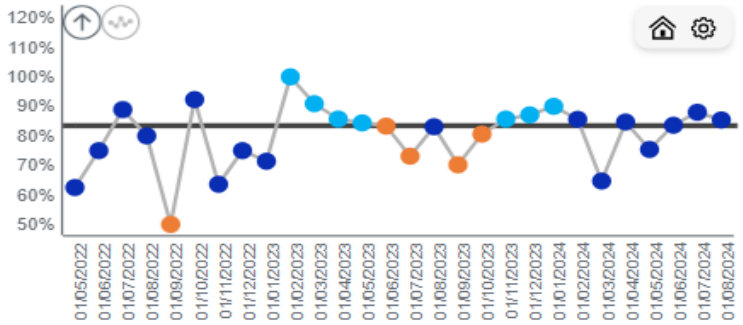
Is there evidence NEWS2 score was escalated?



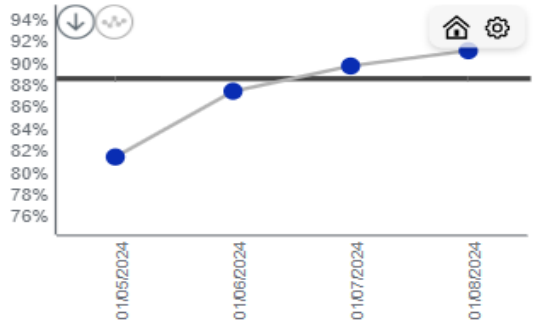
Is there evidence of this NEWS2 trigger being reviewed?



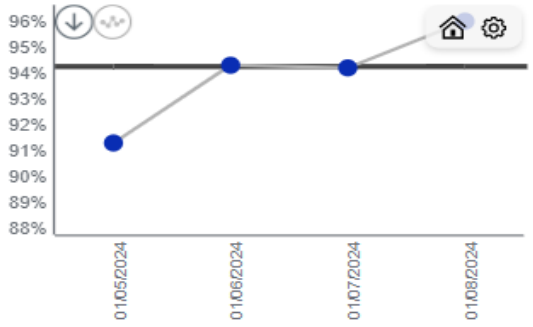
Did the patient have IV antibiotics with 60 minutes?



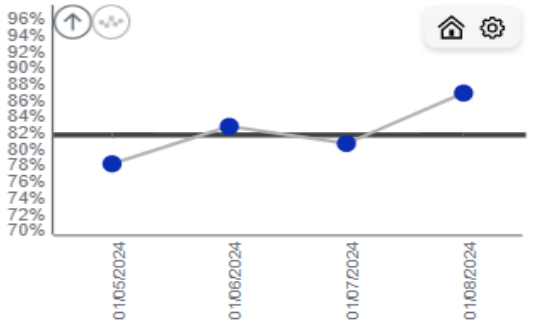
Did the management plan include: Investigation plan



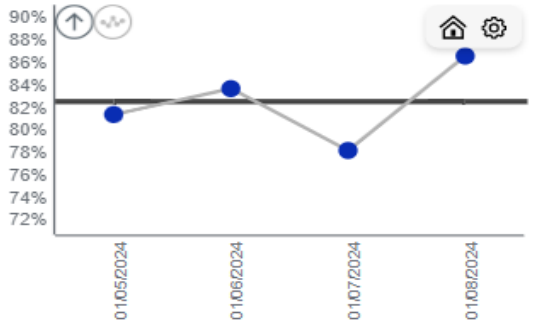
Did the management plan include: Treatment plan



Did the management plan include: Escalation plan



Did the management plan include: Review plan



Deteriorating patients

The Shrewsbury and Telford Hospital NHS Trust

Summary:
Deteriorating patient team continue to work alongside the divisions to support implementation of standards and new national guidance issued.
Meetings have taken place with the Deputy Medical Director with a proposal being taken to DPG in October around a programme group
The IPR data is under review and will include refreshed graphs for each patient group (adults, paediatrics and maternity) following a review of data used within the report. The data gathered is from Ward Managers own audits, the deteriorating patient team are working closely with Wards to align peer data with ward own data
There have been two new themes emerging from recent incidents, new confusion recognition and clarity around escalation to higher levels of care. These will be reviewed as part of the escalation workstream.

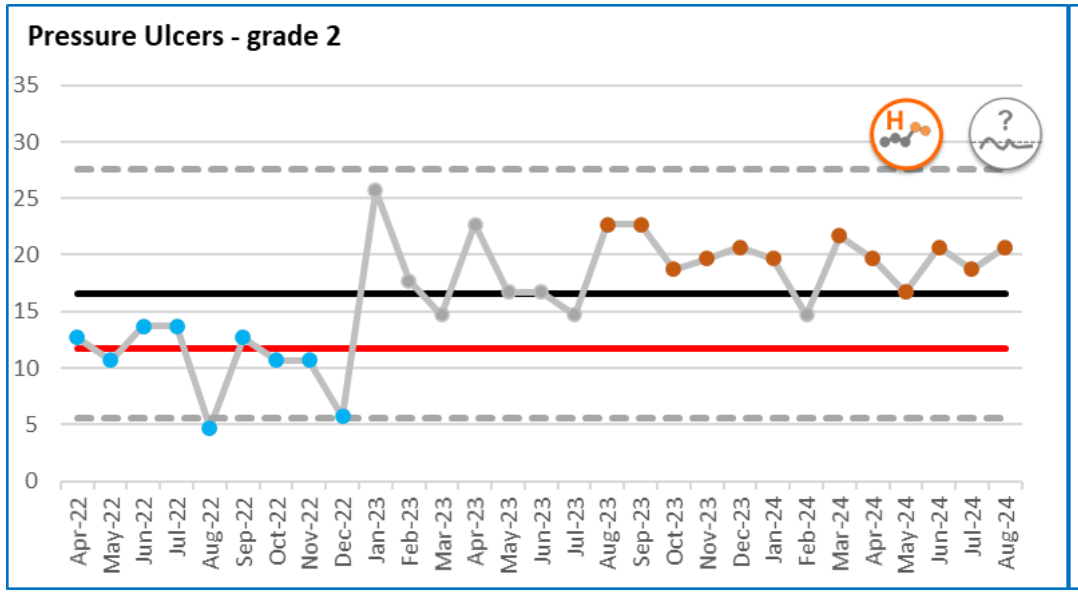
Recovery actions:
Sepsis module upgrade on vitals launched in November 2023.
Ongoing sepsis vitals eLearning on LMS and face to face training are in place to improve consistency and compliance. Improvements have been seen and sustained since launch in all divisions.
Escalation response forms for trial within the trust have been received. 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.
Full review of job descriptions has taken place within the deteriorating patient specialist nurse role.
Validation process implemented in April to support wards/departments with ongoing education and increase in knowledge around standards for deteriorating patients and sepsis management at ward level.
The Trust Intranet page has been updated to ensure ease of access for staff.
Paediatrics vitals launched July 2024, and the Sepsis module launched on 10th September.
A review of observation intervals within the ED is underway (currently 2 hourly observations are in place for every patient).

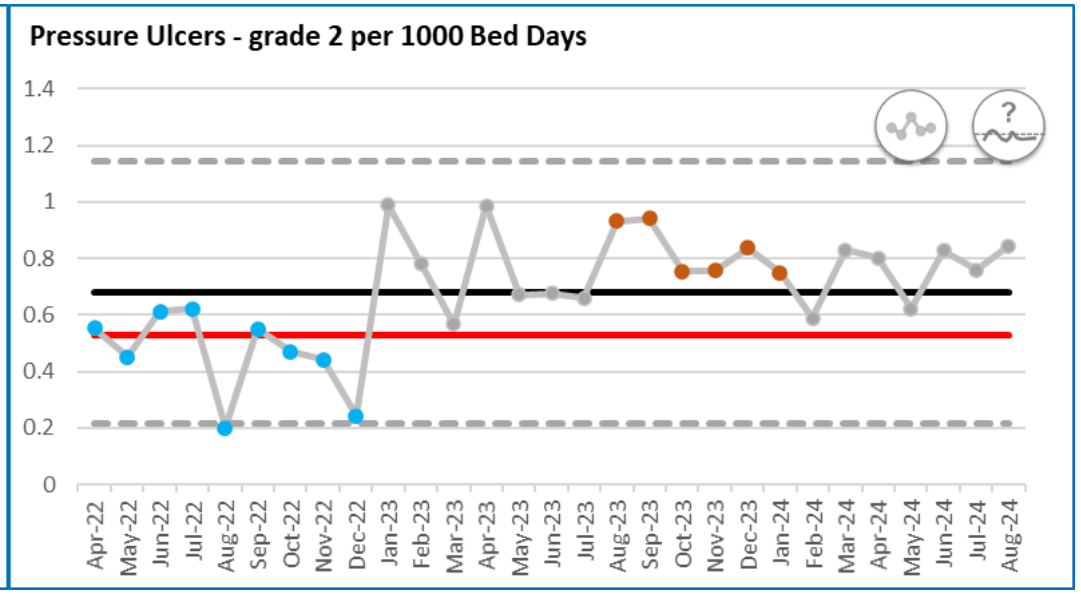
Anticipated impact and timescales for improvement:
Measures outlined in the overarching deteriorating patient action plan to be reviewed with DPG and Deputy Medical Director to prioritise workstreams and assign leads.
Significant amount of work completed following review of processes within the deteriorating patient nurse portfolio.
Programme group launching November with 7 workstreams (initially).

Recovery dependencies:	Support and engagement throughout the trust with decisions made by Deteriorating Patient Group (DPG). Engagement with the 7 workstreams proposed by DPG for initial focus.

Patient harm – pressure ulcers – Category 2

The Shrewsbury and Telford Hospital NHS Trust

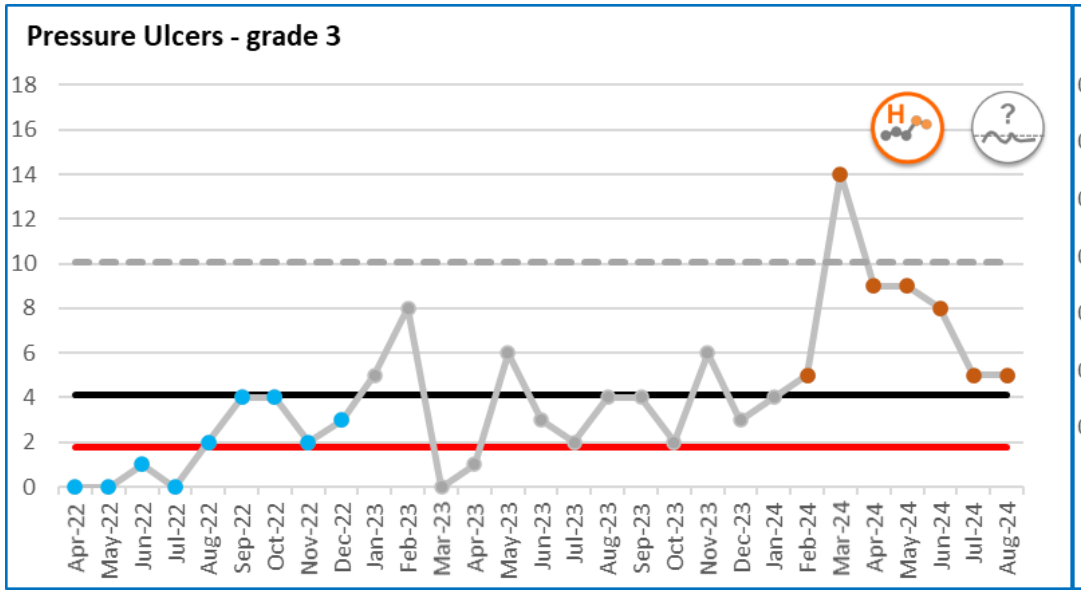


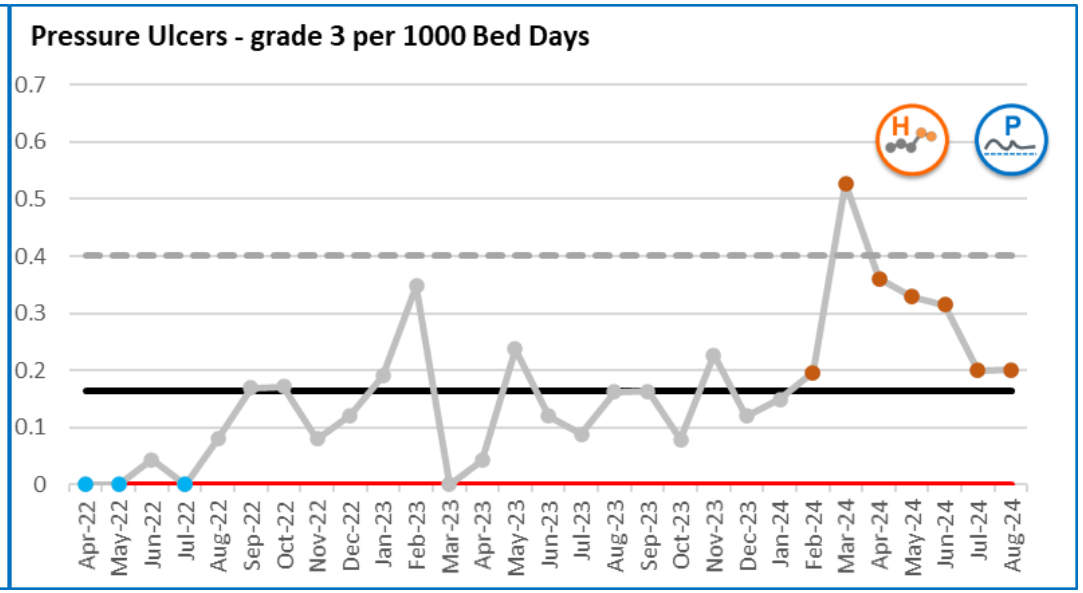


Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	15
Surgery, Anaesthetics and Cancer	5
Women's & Children's	1

Patient harm – pressure ulcers – Category 3

The Shrewsbury and Telford Hospital NHS Trust





Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	3
Surgery, Anaesthetics and Cancer	2
Women's & Children's	0

Patient harm – pressure ulcers

The Shrewsbury and Telford Hospital NHS Trust

Summary:
The number of hospital acquired pressure ulcers reported remains consistently higher in Q1 of 2024 than Q1 of 2023. However, from May-August we have seen a 12.5% decrease for acquired category 2 and 3's, which is a positive step towards achieving a 40% reduction by the end of March 2025. A review 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 quality of completed documentation. All of which align with our overarching action plan.

Recovery actions:
Move to Patient Safety Incident Response Framework (PSIRF) review processes in place. There is a focus on the common themes and associated action plans to be implemented to ensure improvements. Ownership at ward and Divisional level with Tissue Viability oversight. Initial planning meeting completed, now in the process of action planning and target setting. Monthly meeting going forward with a link into the monthly Trust Nursing Metrics meetings. Review of Tissue Viability processes in line with National Wound Care Strategy Programme to ensure recommended practice in place. The Implementation of PURPOSE T risk assessment tool is in progress and implementation target date will now be 22nd October. The delay is due to surplus documentation remaining in the Trust which needs reducing first. However, it gives opportunity to enable further training prior to launch. Ongoing face to face education, training and support in areas of high incidence. The Lead Nurse has consulted some higher incidence wards and provides monthly support visits based on the ward requirements. Continue with accredited training of the Tissue viability link nurses. Continue with training for all new registered entrants joining the Trust. Senior oversight is maintained through the monthly Tissue Viability Steering Group and Pressure Ulcer Reduction Group.
These figures are correct at the time of validation by the Tissue Viability Service. We are not responsible for any changes made subsequently. Any agreed changes following departmental review will be clearly documented on the incident report system for tracking purposes.

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

Aim for a 40% reduction in sustained pressure ulcers by 31/3/2025.

0.48 WTE Band 6 to join the team in November 2024. The appointment of a new Band 6 will support the Lead Tissue Viability Nurse (TVN) in driving improvements in pressure ulcer reduction by enhancing team capacity, enabling more focused care and strategic implementation of best practices.

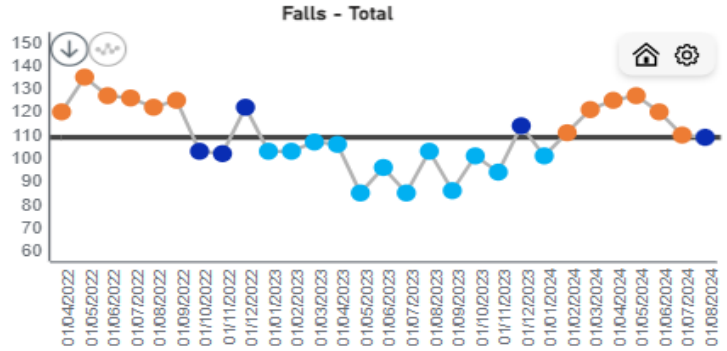
Recovery dependencies:	Administration support to Tissue Viability team in formatting and formulating PSIRF frameworks and action plans. Ownership of action plans for pressure ulcer prevention at ward and matron level.

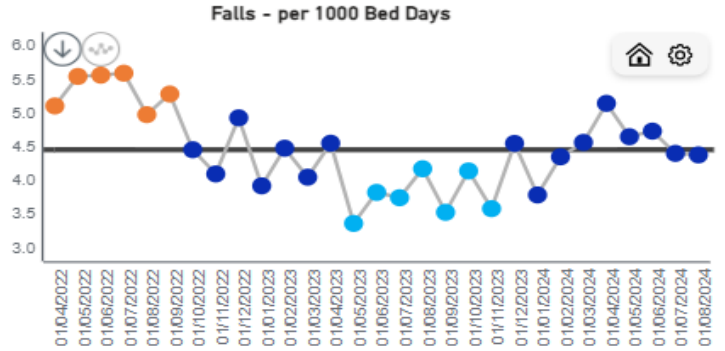
Quality - Safe - Falls

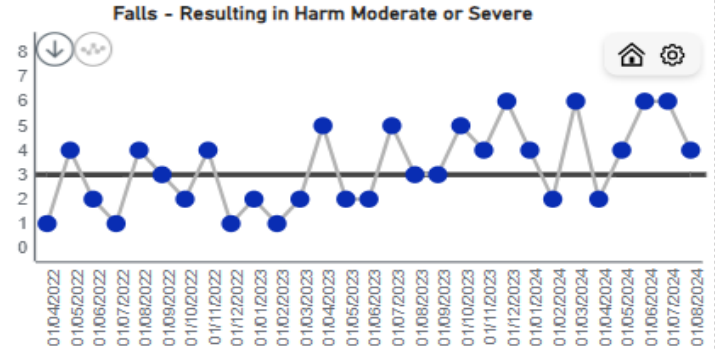
PACT Partnering · Ambitious Caring · Trusted — NHS The Shrewsbury and Telford Hospital NHS Trust

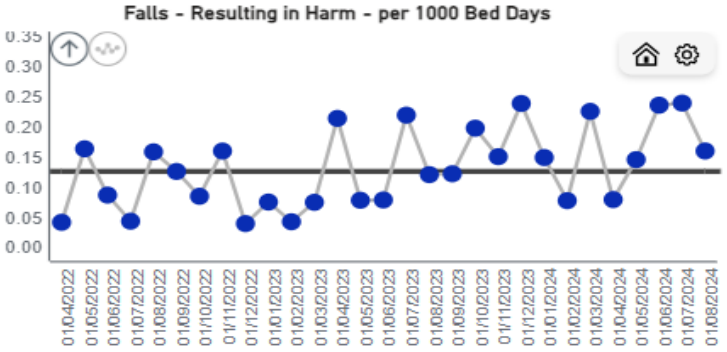
Deteriorating Patient - Fragility | Deteriorating Patient | Medication - Omitted Doses

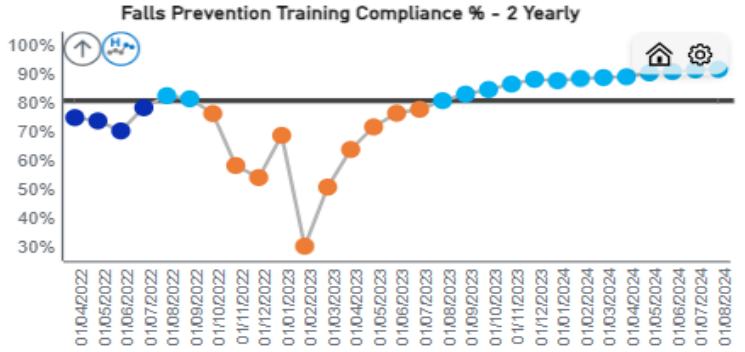
	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024
Falls - Total	106	85	96	85	103	86	101	94	114	101	111	121	125	127	120	110	109
Falls - per 1000 Bed Days	4.55	3.36	3.82	3.74	4.17	3.52	4.14	3.58	4.55	3.78	4.35	4.56	5.14	4.65	4.73	4.40	4.38
Falls - Resulting in Harm Moderate or Severe	5	2	2	5	3	3	5	4	6	4	2	6	2	4	6	6	4
Falls - Resulting in Harm - per 1000 Bed Days	0.21	0.08	0.08	0.22	0.12	0.12	0.20	0.15	0.24	0.15	0.08	0.23	0.08	0.15	0.24	0.24	0.16
Falls Prevention Training Compliance % - 2 Yearly	64.09	71.94	76.72	78.08	81.08	83.36	84.98	86.86	88.50	88.05	88.82	89.12	89.40	90.74	91.20	91.79	91.99
% Completion of Falls Risk Assessments	92	93	93	93	92	92	93	92	93	93	95	93	94	93	93	93	94

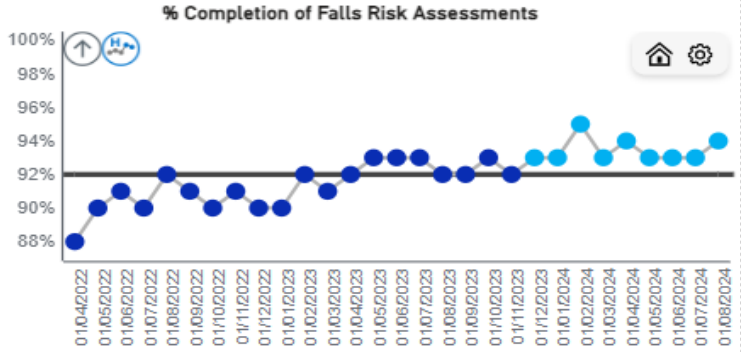












Patient harm - falls

The Shrewsbury and Telford Hospital NHS Trust

Summary:

Falls per 1000 bed days in August reduced slightly from last month but continues to show common cause variation, although we did report a lower number of total falls in month of 109.

There continues to be falls with harm with 4 falls being seen in August 2024 that resulted in moderate harm or above. Common cause variation continues to be seen on the falls with harm and falls with harm per 1000 bed days charts.

Recovery actions:

Overarching Trust action plan is in place, which has been revised to align with PSIRF priorities and is now presented as a project plan. This plan is due to be revised further once the Reconditioning/Movement matters lead starts in post mid-September.

Ongoing education and support from the Quality Team to wards in the absence of a falls practitioner. Continue to support staff with education around deconditioning.

Ward 27 have received external education from Elevate and a trial is due to commence in October with Elevate attending the ward to work with Patients and Staff.

Weekly meeting to review falls has been reviewed to align with the new Patient Safety Incident Response Framework (PSIRF), focusing on improvements. Initial feedback from those attending is positive.

Anticipated impact and timescales for improvement:

Continue with full implementation and embedding of the falls project plan and merge of the reconditioning project plan

Further improvement work is planned on a number of different wards and progress will be shared through the Falls Steering Group. These improvements include the ward 27 elevate trial and the ward 9 and ward 28 reconditioning project using the donate 2 motivate incentive and get up, get dressed, get moving model and the decaffeinated drinks project trial on ward 25

Recovery dependencies:

Patient harm – unreported falls

The Shrewsbury and Telford Hospital NHS Trust

Adults Unreported Falls - Annual Audit	May-21	Nov-21	May-22	May-23	Aug-24
Total number of responses	**324**	**285**	**252**	**227**	**206**
Can you remember a fall that happened when on duty on this ward?					
Yes - I can remember a patient fall that happened when I was on duty	68.52%	64.21%	66.67%	63.00%	69.90%
No, there hasn't ever been a fall while I've been on duty	31.48%	35.79%	33.33%	37.00%	30.10%
Who completed the Datix incident form?					
I think I reported it myself	48.65%	52.46%	69.64%	50.35%	34.03%
I think someone else reported it	49.55%	44.81%	28.57%	46.85%	65.97%
I don't know if it got reported or not	1.35%	1.09%	1.19%	2.10%	0.00%
I don't think it got reported at all	0.45%	1.64%	0.60%	0.70%	0.00%
On a scale where 100% represents absolutely certain, how sure are you the Datix was completed and sent off?					
Confident reported (99% to 100% certain)	94.04%	93.26%	93.33%	91.37%	97.22%
Possibly reported (50% to 98% certain)	5.96%	4.49%	6.67%	8.63%	2.78%
Unlikely to have been reported (0% to 49% certain)	0.00%	2.25%	0.00%	0.00%	0.00%

Summary:
The unreported falls audit is a national NHS England audit tool to help trusts to distinguish between increases in reporting falls to real increases in falls. Research suggests that some falls in hospital go unreported and once improvement work starts, reporting tends to improve. This can mean that things look like they are getting worse when actually they are getting better.
The audit first launched in SaTH in May 2021 after a lot of improvement work had already commenced. This was repeated 6 monthly until May 2022 when it moved to an annual audit due to minimal changes in results and an increase in positive reporting. the

Recovery actions:
Audit is part of the Quality team programme of work and has been added to the action tracker for reaudit in 12 months time.

Anticipated impact and timescales for improvement:

Recovery dependencies:

Quality - Safe - Medication - Omitted Doses

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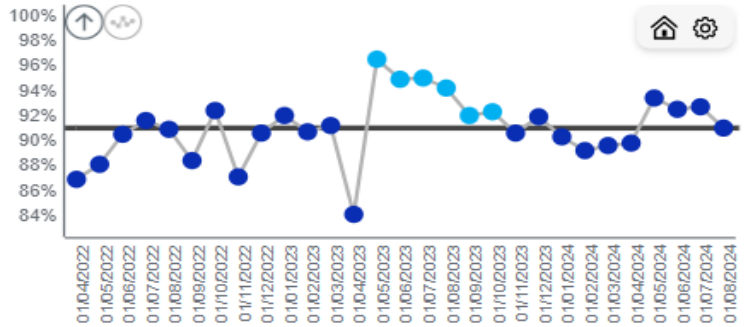
NHS The Shrewsbury and Telford Hospital NHS Trust

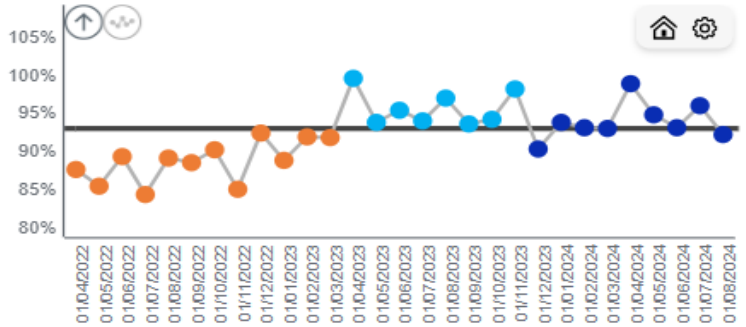
Falls | Deteriorating Patients - Fragility | Deteriorating Patient

	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024
Has all prescribed medication been administered?	96.5	94.9	95.0	94.2	92.0	92.3	90.6	91.9	90.3	89.2	89.6	89.8	93.4	92.5	92.7	91.0
Was the reason for the omission documented?	93.8	95.4	94.0	97.0	93.6	94.2	98.2	90.3	93.8	93.1	93.0	98.9	94.8	93.1	96.0	92.2
Was appropriate action such as ordering medication, documented?	86.1	92.9	89.8	92.5	88.8	92.9	95.7	91.1	90.6	92.3	89.6	92.1	93.1	88.2	93.3	84.7

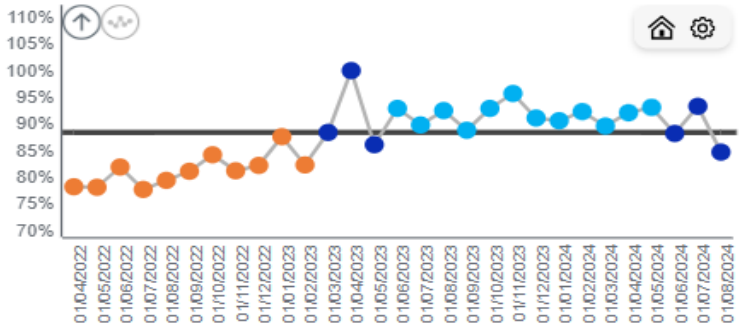
Has all prescribed medication been administered



Was the reason for the omission documented



Was appropriate action such as ordering medication, documented



Medication - omitted doses

The Shrewsbury and Telford Hospital NHS Trust

Summary:

Omitted doses of medication are a leading causes of patient harm within the NHS. It is imperative that patients receive their medication in a timely manner and every effort must be made to obtain medication if unavailable or to escalate if patients are unable to tolerate or refuse prescribed medication. Within SaTH, there have been several incidents where patients have come to harm because of delayed or omitted doses of medication. It is also understood that incidents of delayed and omitted doses of medication go unreported.
Omitted doses of time critical medication has been agreed as one of the four Trust priorities within the Trusts Patient Safety Incident Response Framework (PSIRF).

Recovery actions:

- Review clinical documentation to identify and document omitted doses and determine clinical appropriateness
- Observe and discuss processes relating to administration of medication during in-patient admission with clinical teams at the point of care
- Review current policies, procedures and processes relevant to medication management during admission
- Develop an individual ward level action plan outlining local recommendations and required actions
- Identify wider systems and organisational issues and themes to be incorporated into a thematic review and organisational improvement plan

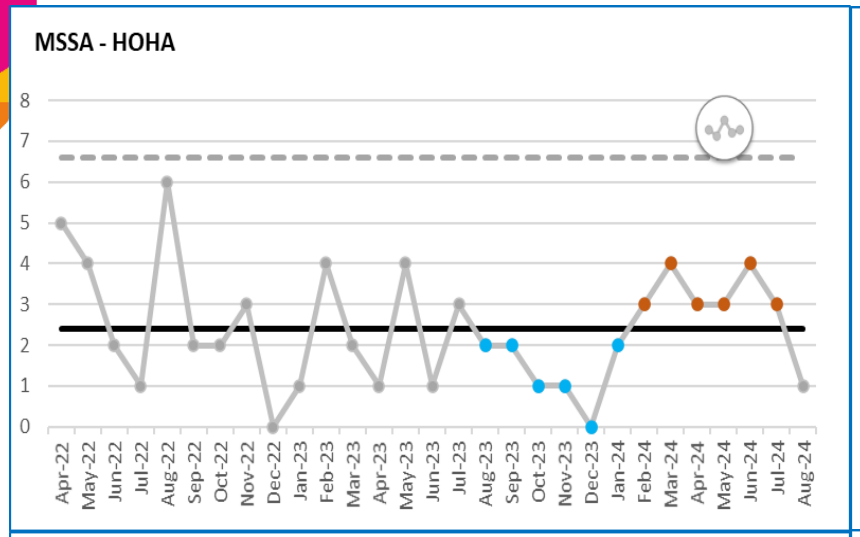
Anticipated impact and timescales for improvement:

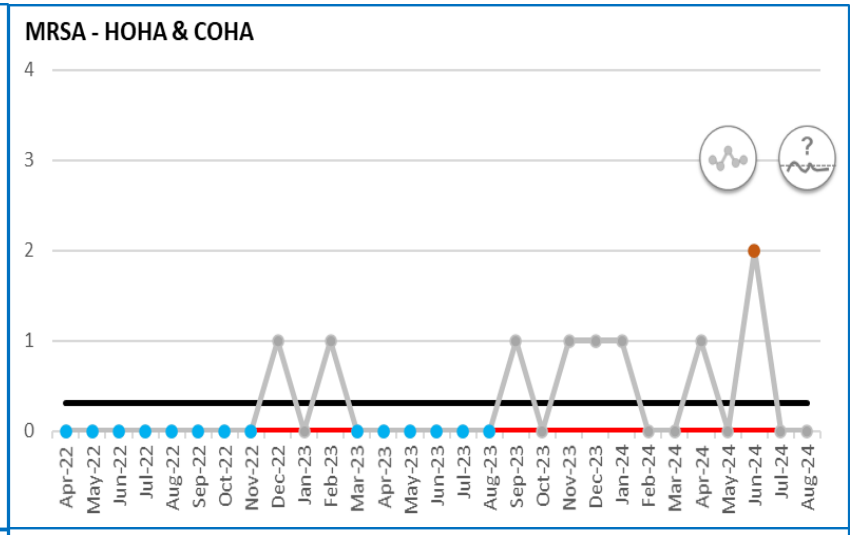
To be agreed and approved via Chief Pharmacist and Clinical Director for Medicines Optimisation

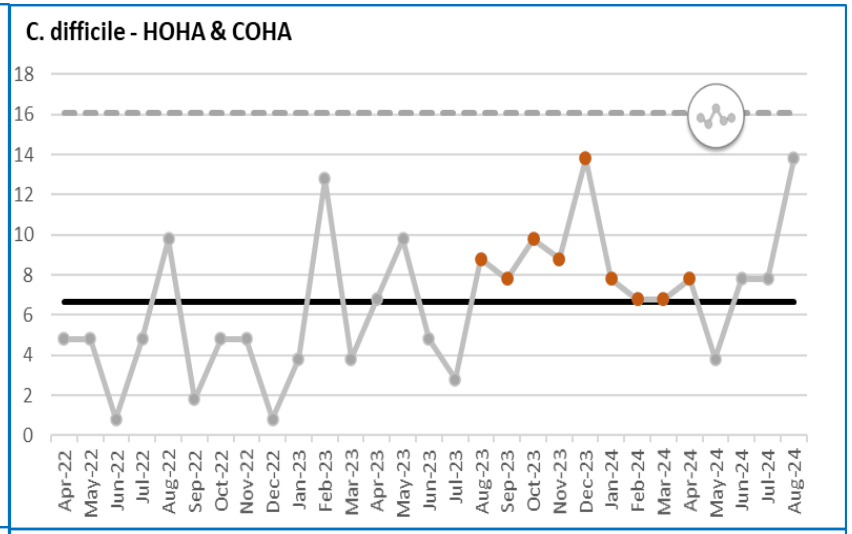
Recovery dependencies:

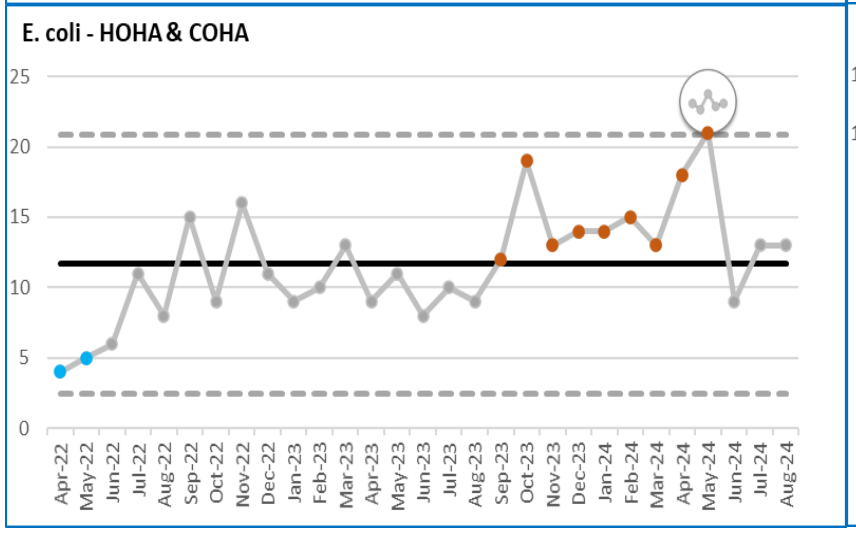
Infection prevention and control

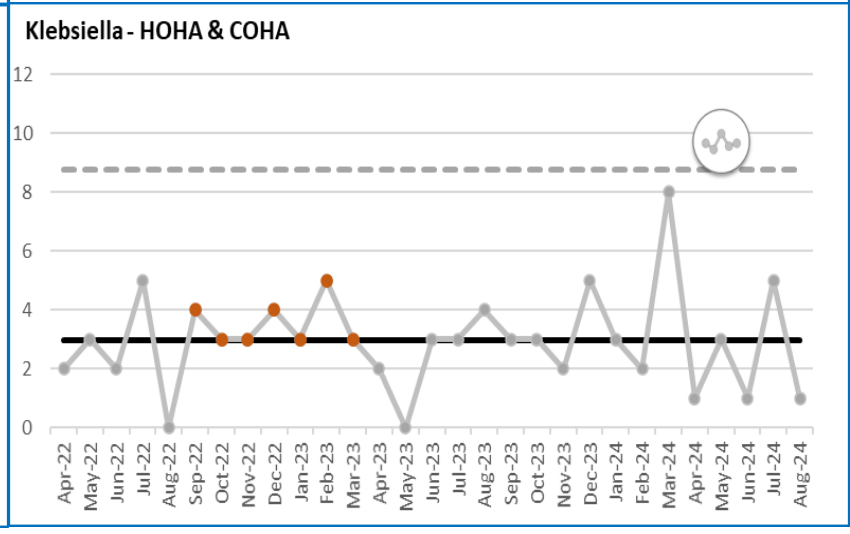
The Shrewsbury and Telford Hospital NHS Trust

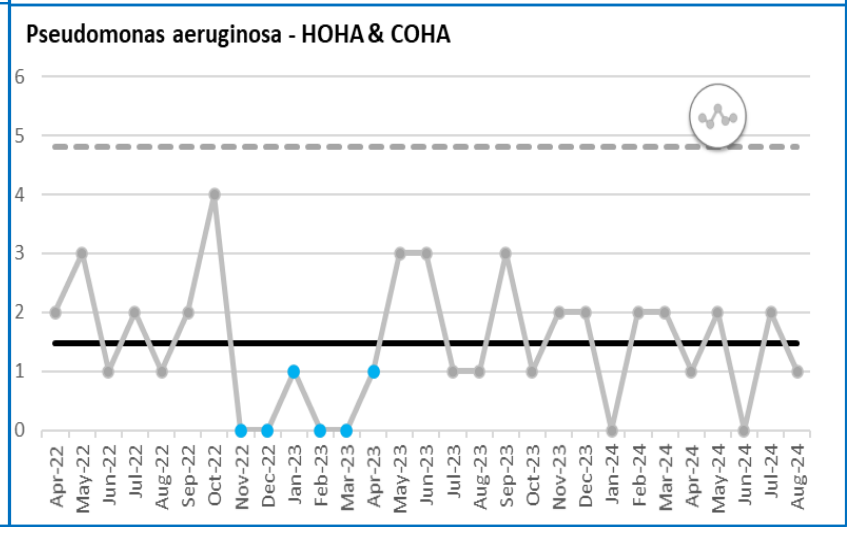












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Infection prevention and control

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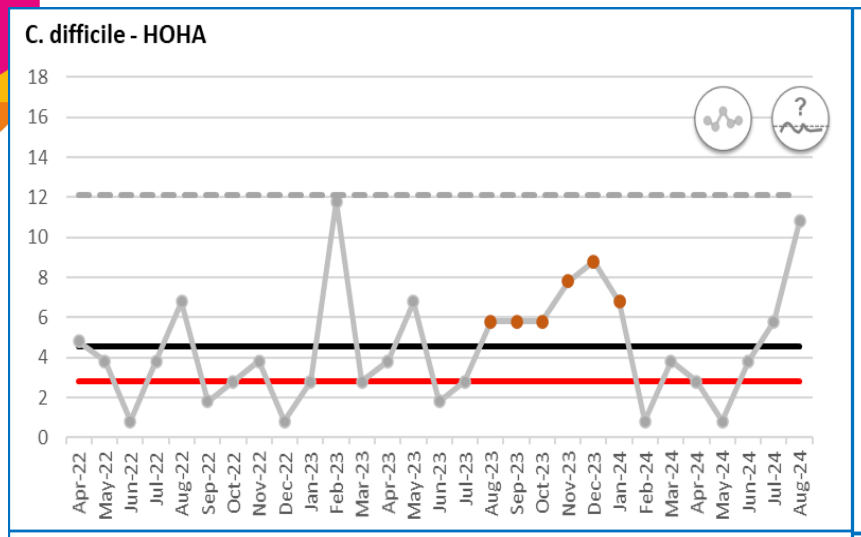

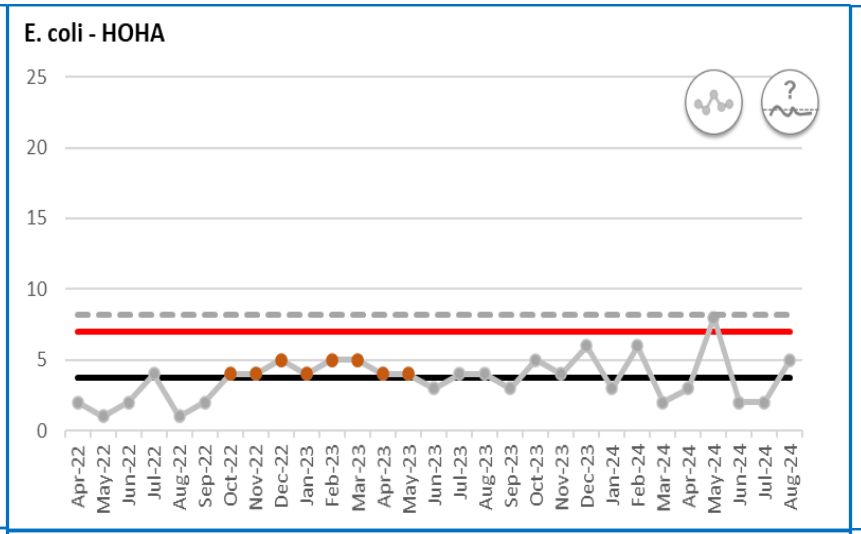

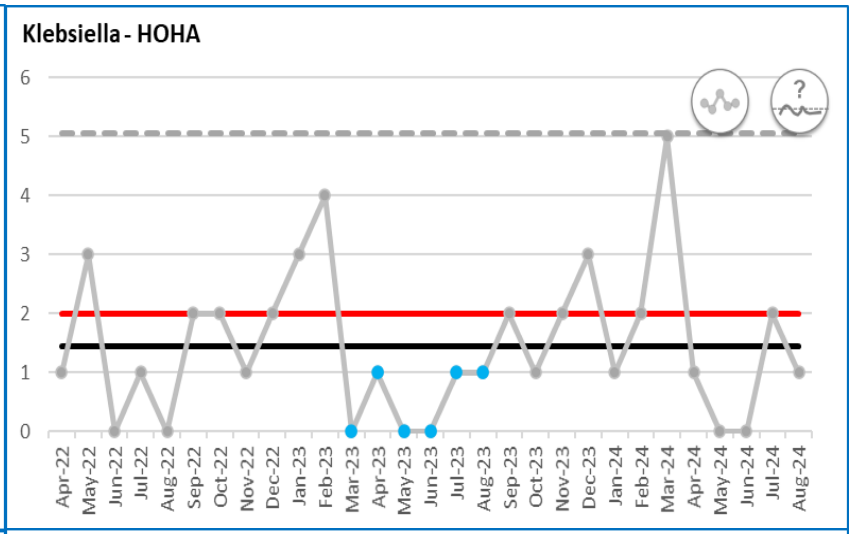

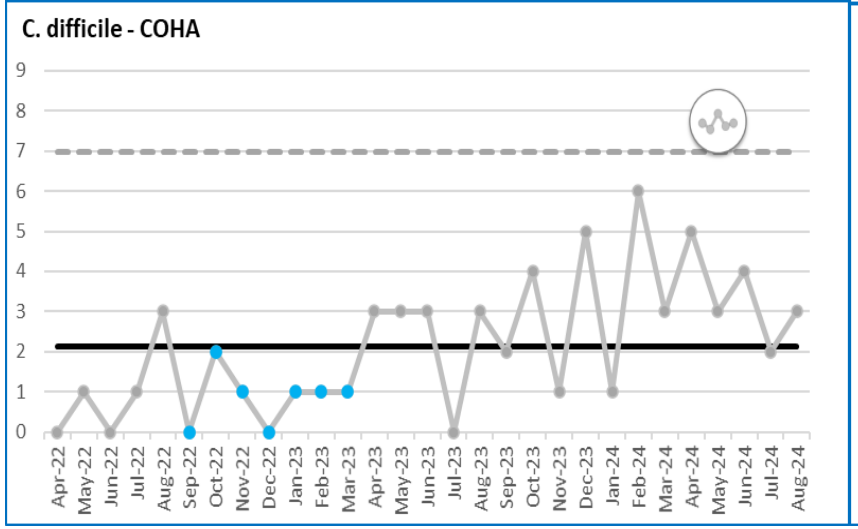

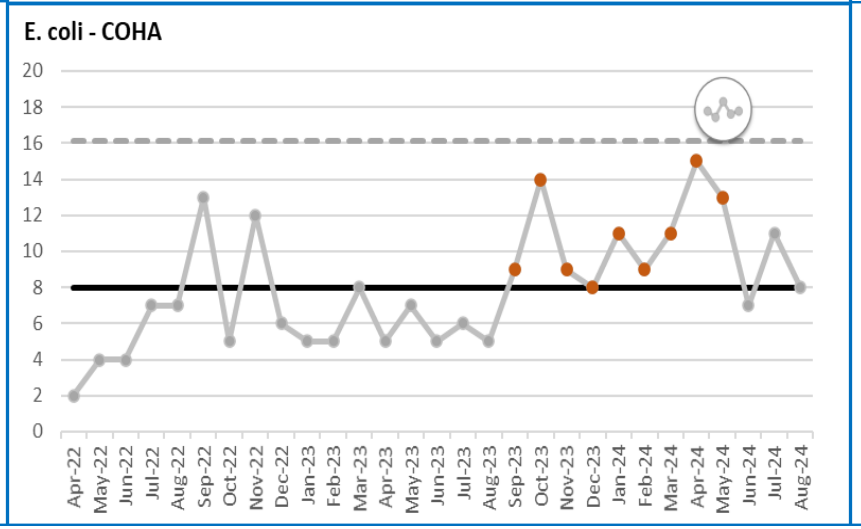

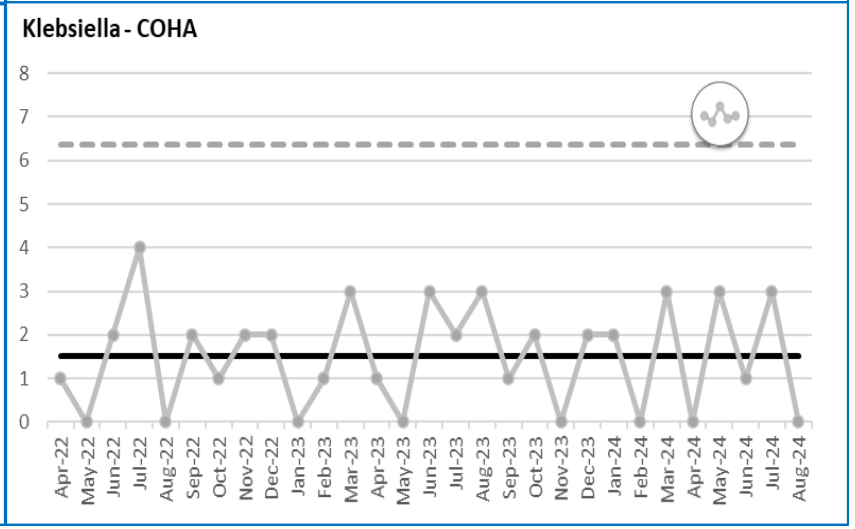

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Summary: In August 2024 there were the following bacteremia:
- 1 MSSA (HOHA)
- 0 MRSA bacteremia
- 14 C. diff (11 HOHA, 3 COHA)
- 13 E. coli bacteremia (5 HOHA, 8 COHA)
- 1 Klebsiella bacteremia (HOHA)
- 1 Pseudomonas bacteremia (HOHA)

Recovery actions:
In August 2024, there were 0 MRSA bacteremia reported.
C. diff cases remain high with 42 cases reported. 11 of these cases occurred greater than 48 hours after admission (post 48) and the remaining 3 cases had recent contact in the Trust in the 28 days prior to the positive sample (recent contact).

The IPC doctor is undertaking an in-depth review to look at the breakdown between community sources and hospital sources and possible underlying drivers for the increase.

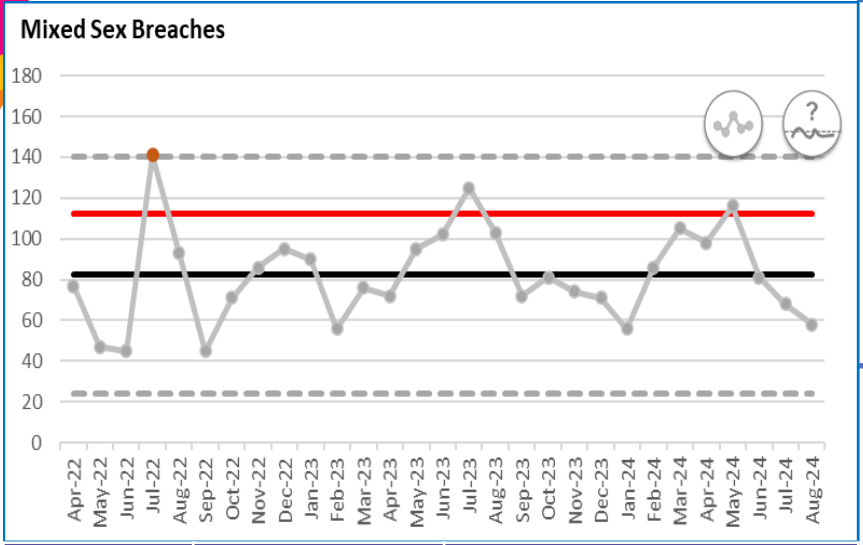
Daily visits continue to ED departments with a focus on patient placement. It remains difficult in isolating patients in ED, especially at PRH due to the limited number of side rooms available.

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

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

Mixed sex accommodation breaches

The Shrewsbury and Telford Hospital NHS Trust



Summary:
There continues to be a large number of mixed sex breaches, this is due to the wider capacity issues around bed availability across the Trust. 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. Although the use of AMA to accommodate patients overnight who require an inpatient bed is only to be used with Executive approval, this area has continued to be used due to the capacity pressures within the Trust. The number has reduced as AMA has been used less frequently overnight over the last 3 months and the Clinical Site Team have tried to prioritise step down patients from ITU when this is possible.

Location	Number of breaches	Additional Information
AMU (PRH)	21 breaches	Over 5 occasions in AMA
ITU / HDU (PRH)	13 primary breaches	7 medical, 3 surgical, 3 gynae
ITU / HDU (RSH)	24 primary breaches	7 medical, 16 surgical, 1 nephrology

Recovery actions:

- The Divisional and Operational teams continue with the improvement work in relation to patient flow, discharges earlier in the day (including increasing the number of discharges before midday and 5pm) and a reduction in patients with no criteria to reside
- Executive approval to use AMA continues to be required before this area can be used
- Ongoing improvement work and proactive consideration of Virtual Ward and OPAT continues with improvement work in relation to earlier discharges and the use of the discharge lounge

Anticipated impact and timescales for improvement:

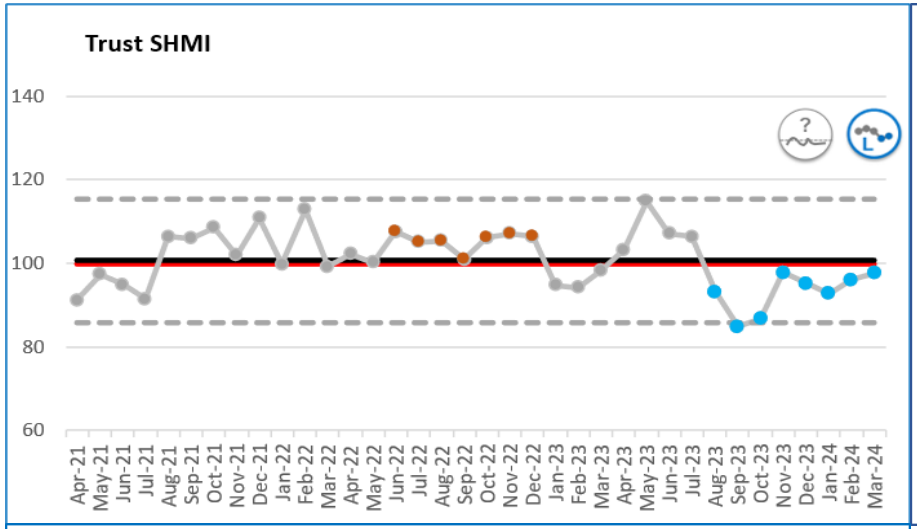
- Beds available earlier in day
- Less patients attending ED with conditions which could be treated on alternative pathways
- Reduction in no criteria to reside patients in hospital

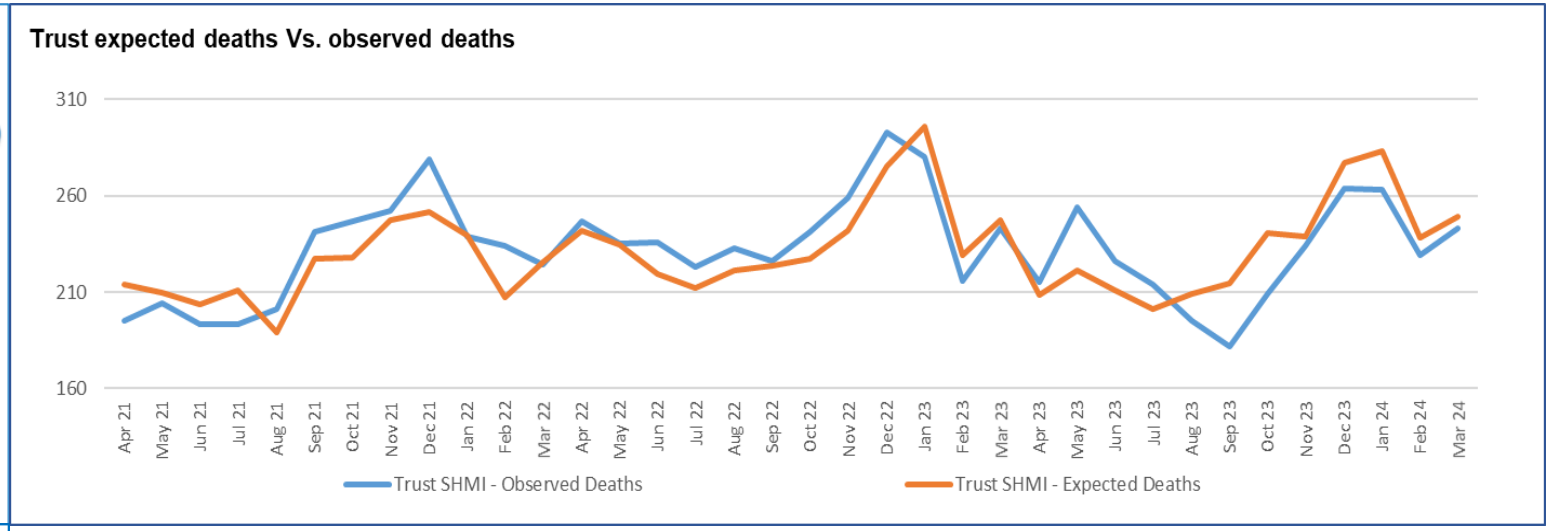
Recovery dependencies:

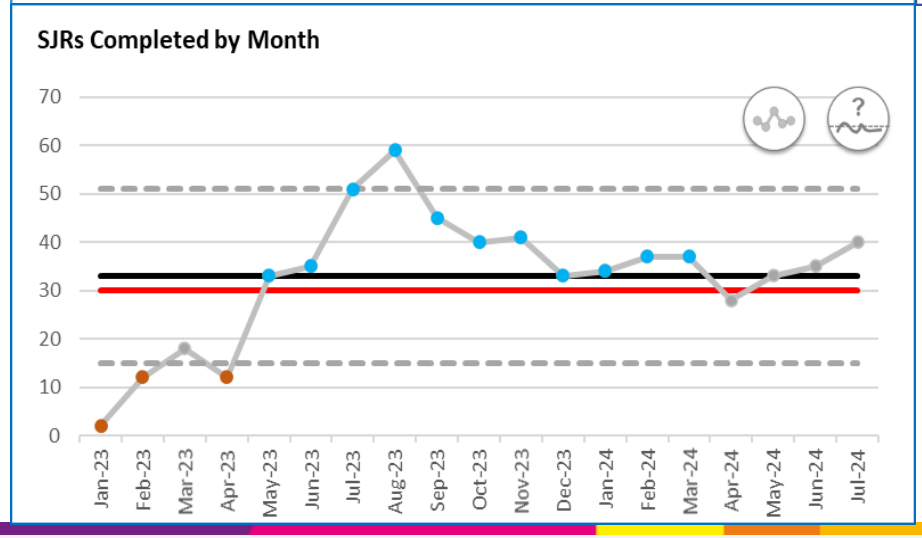
Patient flow improvement work.
System wide work and alternative community pathways of care.
Reduction in patients with no criteria to reside

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 March 2024 was 97.5. Observed v expected deaths were 243:249. The latest reported SJR completion rate for June 2024, within the 8-week timeframe, is 17% of deaths. Significant concerns raised by the Bereaved from the ME scrutiny from August 2024 include concerns around communication and care and comfort on one ward. SJRs or Datix investigations have either been completed or are in progress.

Recovery actions:	**Anticipated impact and timescales for improvement:**
Key themes identified for learning through the Mortality Triangulation Group (MTG) were readmission and discharge issues; patients medically fit for discharge; delays in ambulance offload and admission to wards; incomplete documentation, delays in recognition of deterioration and/or sepsis, issues around treatment escalation, identification of new confusions, cross-site transfers.	Data acquisition problems within the Data Warehouse are resulting in delays in analysis of mortality metrics. Key themes are shared with Divisions for action. Septicaemia remains the diagnosis condition with the highest number of excess deaths across the Trust. This has been communicated to the Deteriorating Patient Group as previously noted.

Recovery dependencies:	Dr Dewi Eden has been appointed as Clinical Lead for Learning from Deaths. The Corporate Learning from Deaths team remain without administrative support whilst the band 4 role is vacant.

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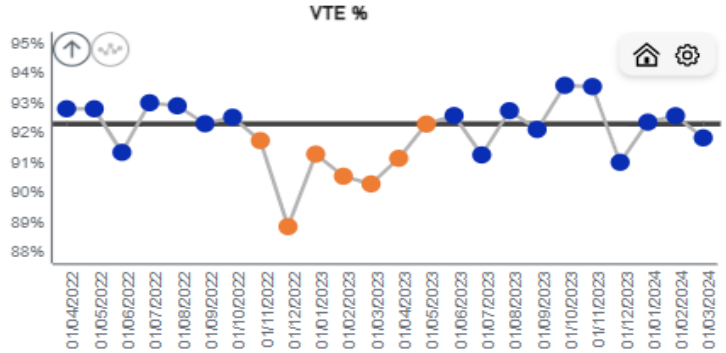
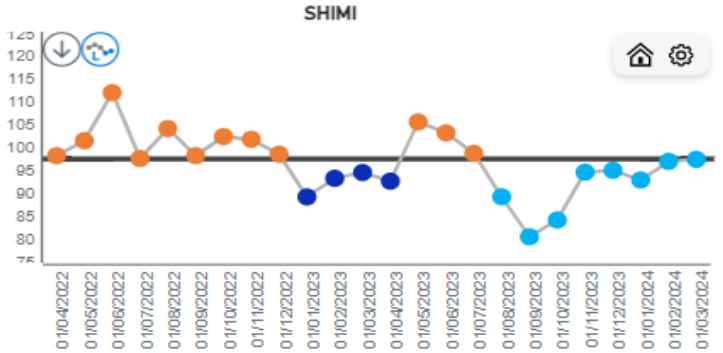
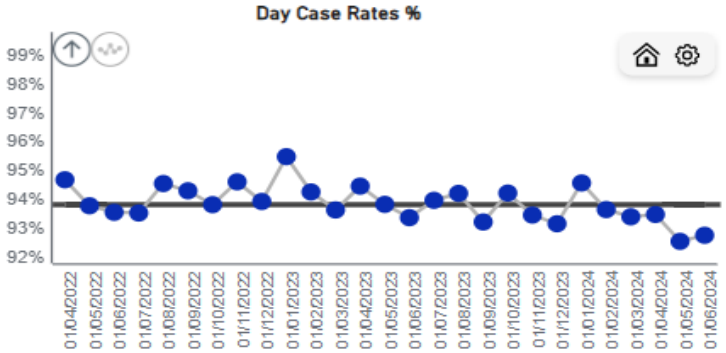
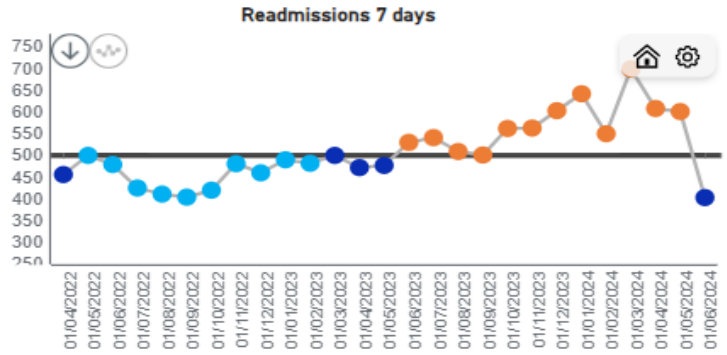
Right Care, Right Place, Right Time

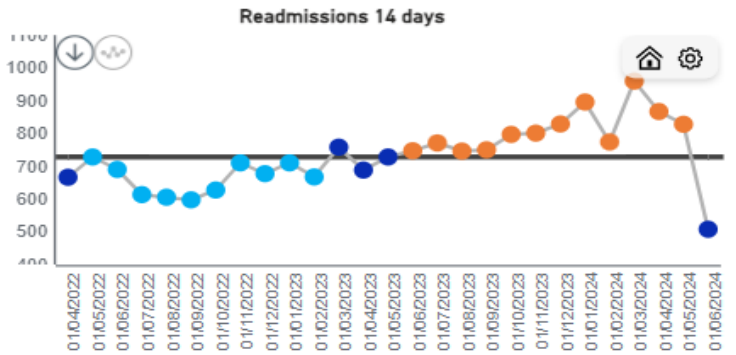
	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024
VTE %	91.73	88.86	91.28	90.54	90.29	91.14	92.29	92.57	91.26	92.74	92.11	93.58	93.54	91.01	92.35	92.57	91.83			
SHMI	101.96	98.71	89.40	93.46	94.72	92.84	105.75	103.36	98.90	89.43	80.70	84.37	94.79	95.20	93.09	97.14	97.59			
Day Case Rates %	94.61	93.93	95.48	94.26	93.64	94.46	93.83	93.37	93.97	94.21	93.22	94.22	93.46	93.16	94.57	93.65	93.40	93.48	92.55	92.76
Readmissions 7 days	481	460	490	482	500	472	477	530	541	509	501	562	563	603	642	550	699	608	601	403
Readmissions 14 days	711	678	711	668	759	689	729	748	772	747	751	798	802	830	897	775	961	868	829	508
Readmissions 28 days	975	936	975	938	1033	987	1026	1002	1040	1030	1021	1124	1112	1082	1212	1094	1274	1170	1100	552

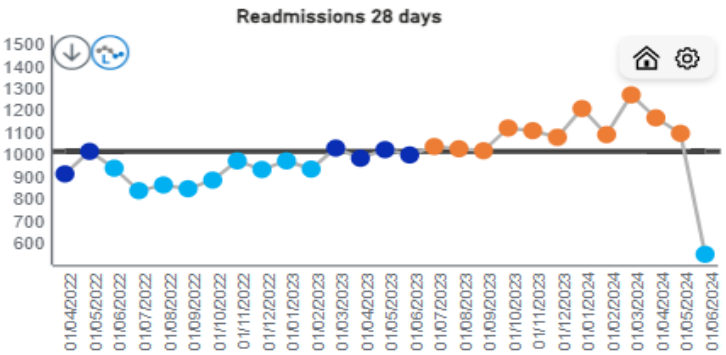












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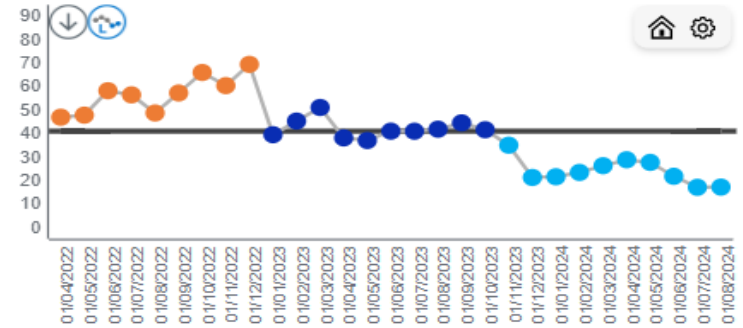
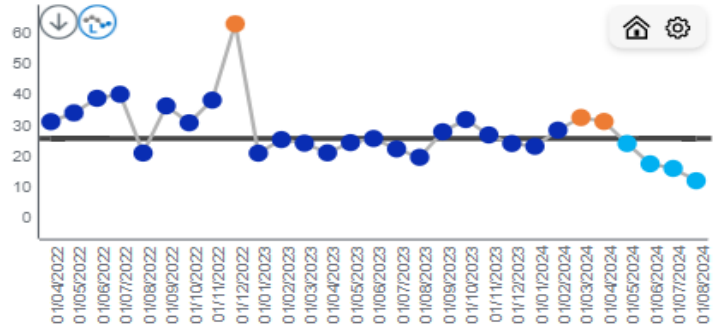
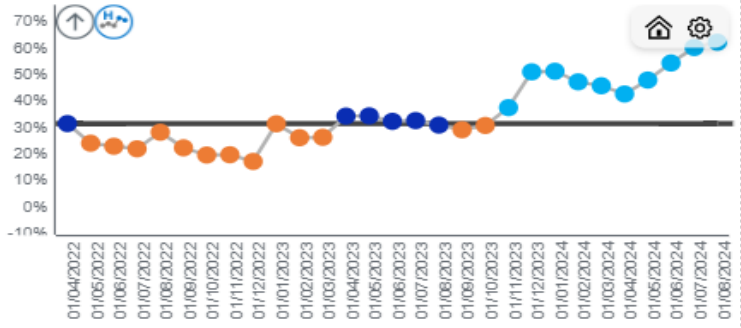
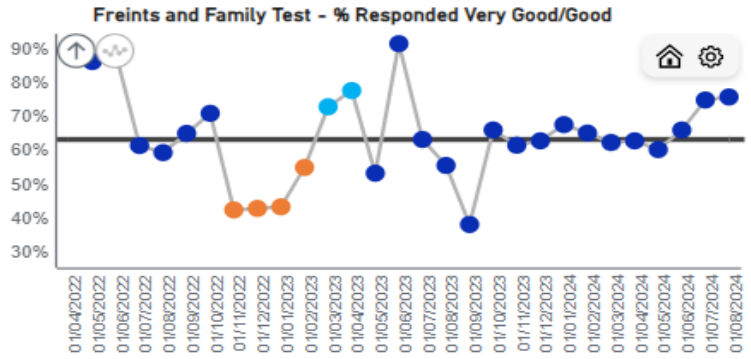
Best Clinical Outcomes

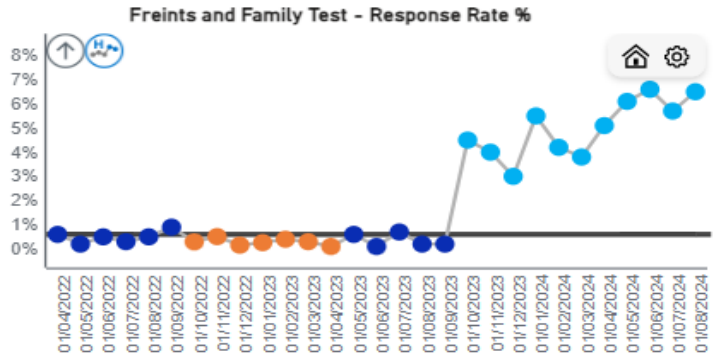
	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024
ED Triage Average Time To Streaming - Adults	37.00	40.98	40.95	41.82	44.51	41.59	35.01	21.30	21.59	23.43	26.28	28.82	27.70	21.79	17.11	17.20
ED Triage Average Time To Streaming - Children	24.39	25.72	22.34	19.62	27.92	31.88	26.89	24.09	23.20	28.44	32.54	31.26	24.10	17.50	16.00	12.00
% Patients seen within 15 minutes for initial assessment	34.15	32.07	32.37	30.68	28.91	30.52	37.27	50.80	51.02	47.02	45.54	42.43	47.70	54.14	59.99	62.00
Friends and Family Test - A&E - % responded Very Good/Good	53.30	91.70	63.30	55.60	38.10	66.10	61.60	62.90	67.70	65.20	62.40	62.90	60.30	66.10	75.00	75.90
Friends and Family Test - A&E - Response Rate %	0.60	0.10	0.70	0.20	0.20	4.50	4.00	3.00	5.50	4.20	3.80	5.10	6.10	6.60	5.70	6.50
Complaints by Theme - Admission / Discharge	23	15	18	20	12	18	8	12	14	13	12	20	14	17	17	22

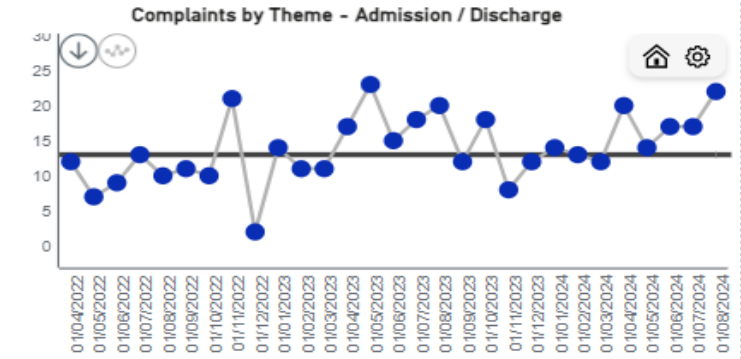












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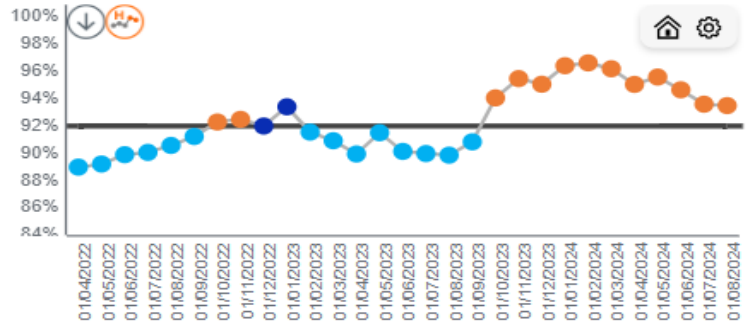
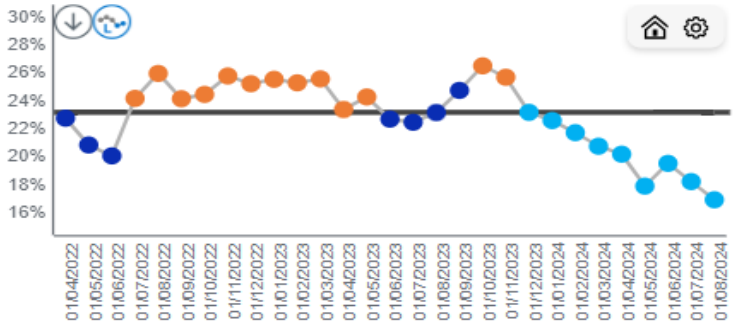
Best Clinical Outcomes

	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024
Occupancy Rate %	89.87	91.42	90.05	89.90	89.78	90.75	93.96	95.37	94.96	96.31	96.52	96.09	94.95	95.49	94.55	93.50	93.40
% beds occupied by patients with LOS >14 days	23.35	24.25	22.66	22.44	23.13	24.72	26.48	25.66	23.15	22.56	21.70	20.73	20.16	17.88	19.50	18.20	16.90
% beds occupied by patients with LOS >21 days	13.59	14.03	13.03	13.04	13.65	14.77	16.53	15.24	12.83	13.01	12.29	11.50	11.24	9.57	10.94	10.34	9.75
% Discharged By 10am	8.52	7.99	6.85	8.41	7.80	8.14	8.09	9.51	9.25	9.75	10.06	9.17	8.18				
% Discharged By 12pm	13.26	13.03	11.86	13.83	12.52	13.91	14.29	15.85	14.85	15.25	16.00	15.34	13.87				
No criteria to reside	144	136	137	114	117	131	143	140	137	123	104	101	114	112	114	106	106

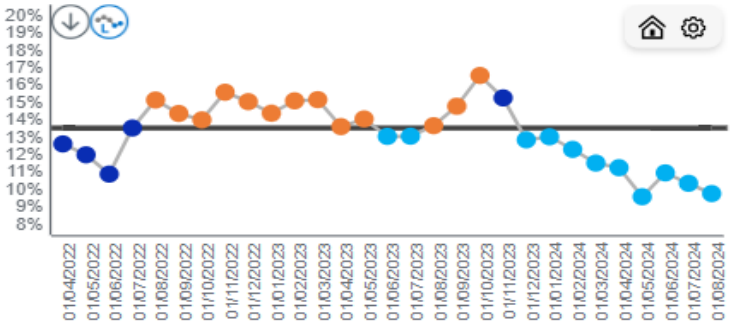
Occupancy Rate %



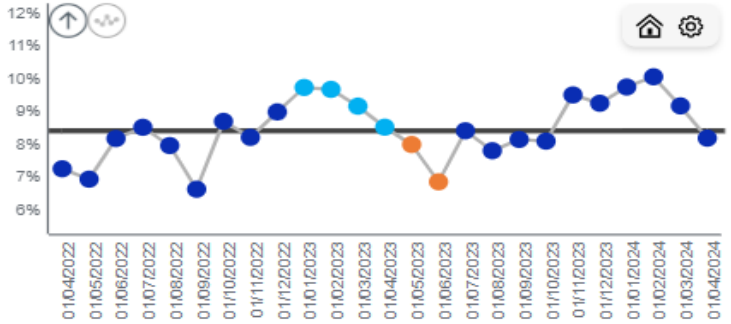
% beds occupied by patients with LOS >14 days



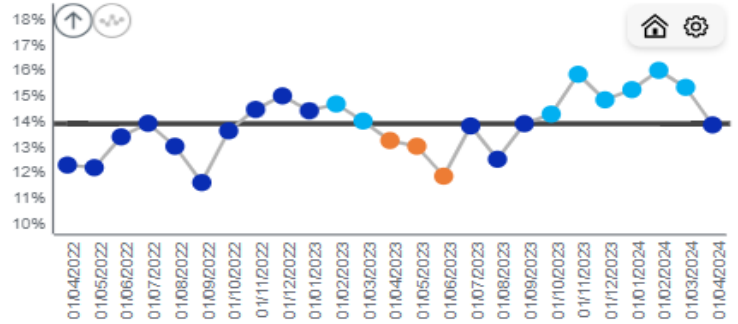
% beds occupied by patients with LOS >21 days



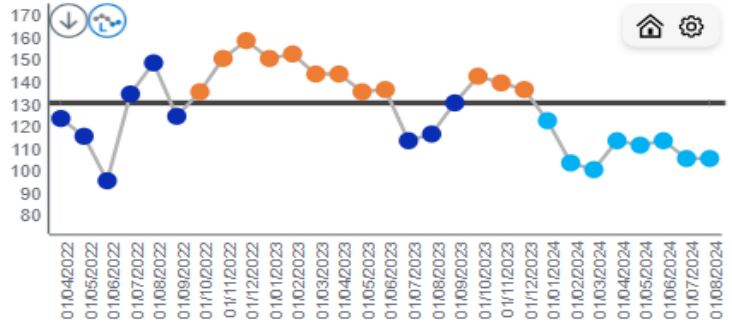
% Discharged By 10am



% Discharged By 12pm



No criteria to reside



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Diabetic foot

The Shrewsbury and Telford Hospital NHS Trust

Summary:
STW are an outlier for minor and major diabetes foot ulcers. We have a higher than national average of hospital spells for foot disease for people with diabetes. (PWD)
Recent audit has shown we are a long way from delivering NICE guidance.
People with diabetes should have foot assessment within 6 hours of admission. Only 10% of PWD have a compulsory foot assessment within 24 hrs.
People with diabetes foot ulcer should have MDFT referral within 24 hours of finding the wound. Only 42% of PWD with wounds were referred to the MDFT.
People at high risk of developing a hospital acquired foot problem should be issued with heel offloading. Only 13% of high risk PWD were issued heel offloading.

Recovery actions:

- Diabetes foot document included within the overall admission assessment document
- Easy to use document – Achilles heel which assesses, protects, easy referral process and helps report heel ulcers correctly
- Education for nurses and HCAs (LMS, Ward, Introduction of link workers)
- Education for medics – new documents and quick referral posters
- Update all inpatient foot documents. Accessible to all – complete
- Heel offloading available on ward – Heel boot taken through procurement, awaiting process for ordering on wards
- Hot clinics introduced for A&E for quick access to MDT clinic (ring fenced slots)
- Quick access to outpatients with new diabetes foot complications – introduction of Hot phone
- Capacity to see PWD with acute problems in < 5 working days by changing ratio of new patient/follow up appointments
- Inhouse Diabetes Podiatry team (previously Shropcom who reduced contract, currently locum staff)

Anticipated impact and timescales for improvement:
Implementation of the new diabetes foot assessment document is due in mid-November. This has been delayed due to the old documentation, which needs to be utilised first.
Education for both HCAs are on LMS – awaiting approval from education committee.
Hot clinics in A&E from 30.10.24
Business Case agreed at review group.

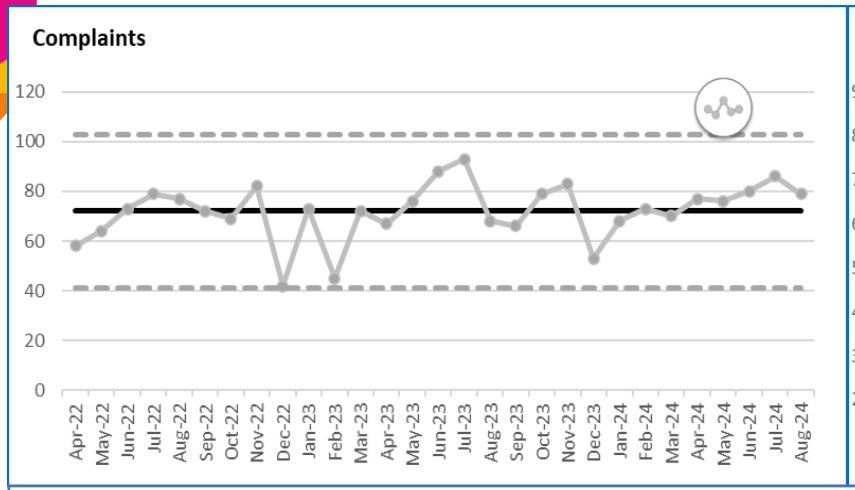
Anticipated impact improvement in Diabetes foot pressure ulcers / hospital acquired diabetes foot ulcers.
Clinical strategy priority is reducing hospital spells for diabetes foot issued to 15 per 100k population and the relative number of diabetes lower limb amputations by 11 K per 100k population by 2025

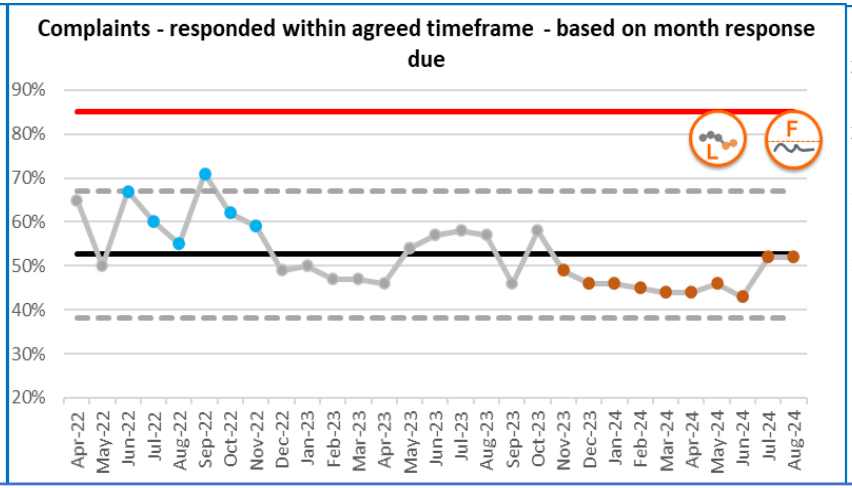
Recovery dependencies:

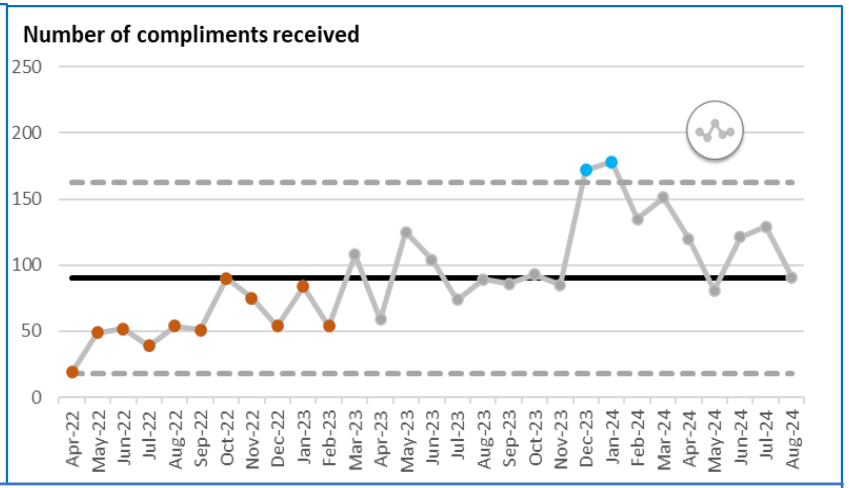
Business case for SaTH Diabetes Podiatry Team agreed at innovation and investment committee
Ownership of new documentation and education for diabetes foot at ward and matron level

Complaints and compliments

The Shrewsbury and Telford Hospital NHS Trust







Summary:
Numbers of new complaints remain within expected levels in August 2024, although we have seen an increase in the last 3 months. Work continues to reduce the number of overdue cases and to improve the timeliness of responses, with a sustained improvement in August 2024, as well as improvements in the amount of time that overdue complaints remain open for. 85% of complaints were acknowledged within one working day and 97% were acknowledged within two working days, with 100% acknowledged within the national timescale of three working days.

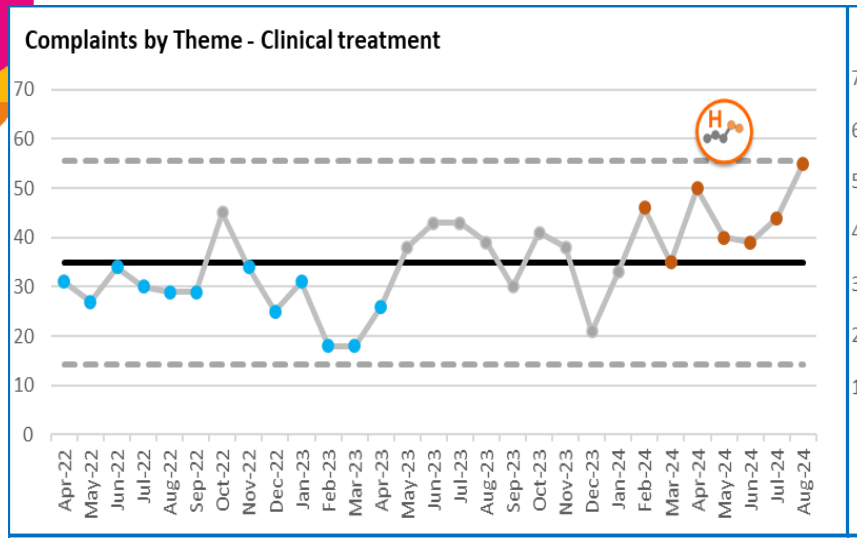
Recovery actions:
Weekly monitoring meetings with the Divisions of overdue complaints with greater ownership at specialty level and matron oversight.
Encourage earlier interventions in relation to resolving complaints.
Trust Complaints Policy being revised to provide a greater emphasis on early resolution, clinical ownership and earlier escalation of any barriers to achieving timely complaint responses.

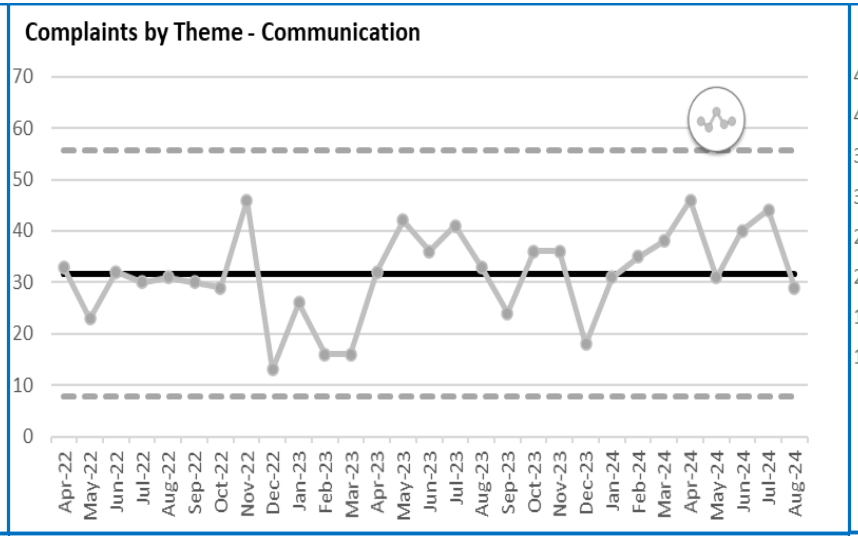
Anticipated impact and timescales for improvement:
Improvement in timeliness of responses.

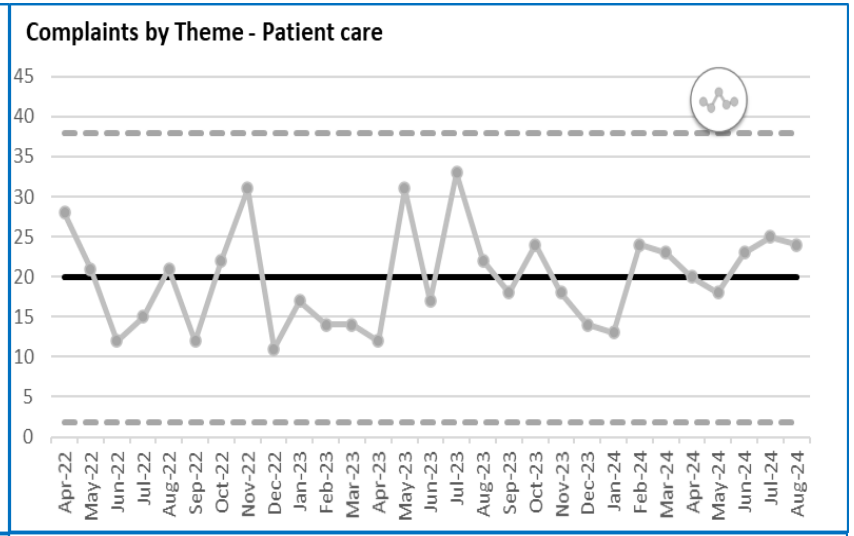
Recovery dependencies:	Capacity within complaints team due to vacancies. Capacity within Divisional teams due to high levels of clinical activity.

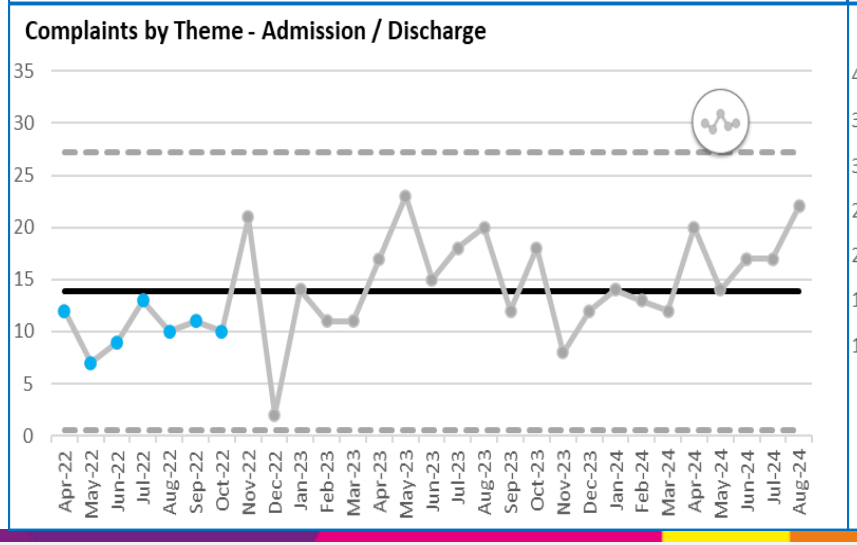
Complaints by theme – Top 6

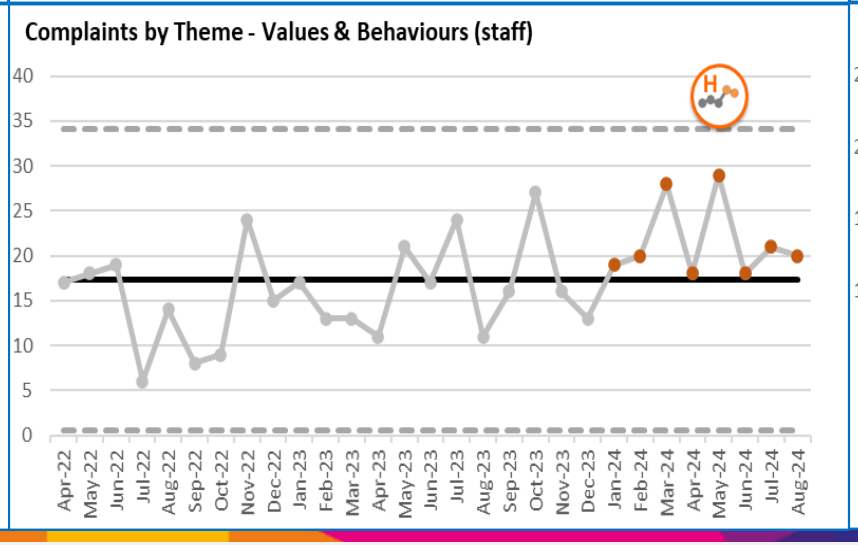
The Shrewsbury and Telford Hospital NHS Trust

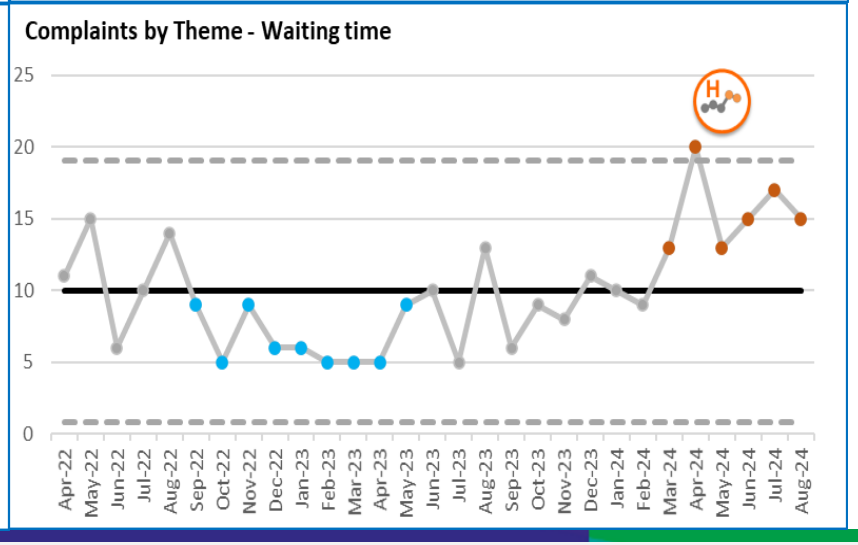












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Quality - Patient Experience - Learning from Experience

The Shrewsbury and Telford Hospital NHS Trust
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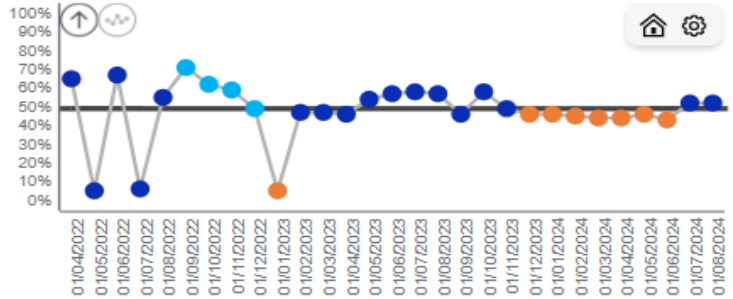
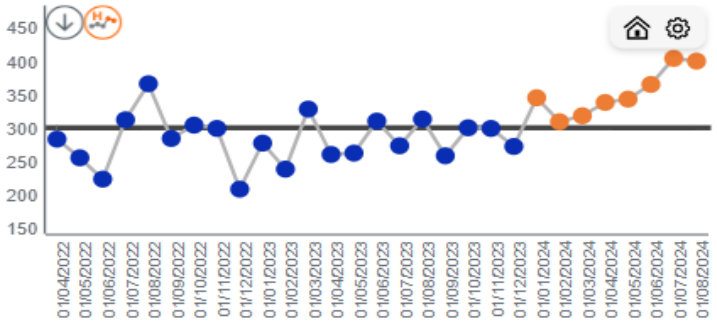
End of Life Care

	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024
Complaints - % Acknowledged within agreed timeframe based on month response due	58	57	46	58	49	46	46	45	44	44	46	43	52	52
PALS contacts	275	315	260	302	301	274	347	311	320	340	345	367	406	402
Complaints by Theme - Staff	76	54	44	70	58	37	53	61	70	70	67	63	79	55
Complaints upheld	1	0	1	0	0	0	1	0	0	0	0	0	0	0
Compliments Received	74	89	86	93	85	109	178	135	151	120	81	121	129	91
Friends and Family Test % recommenders	97.1	98.2	98.2	90.9	93.5	92.7	91.8	93.3	91.0	89.1	88.4	89.7	93.4	93.0

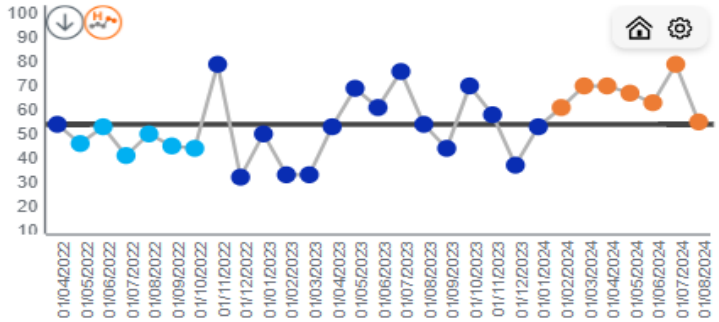
Complaints - % Acknowledged within agreed timeframe based on month response due



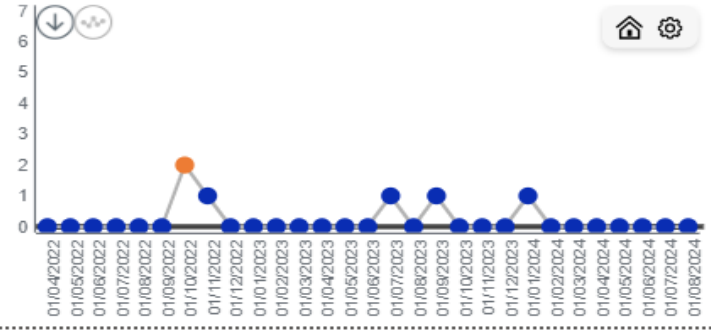
PALS contacts



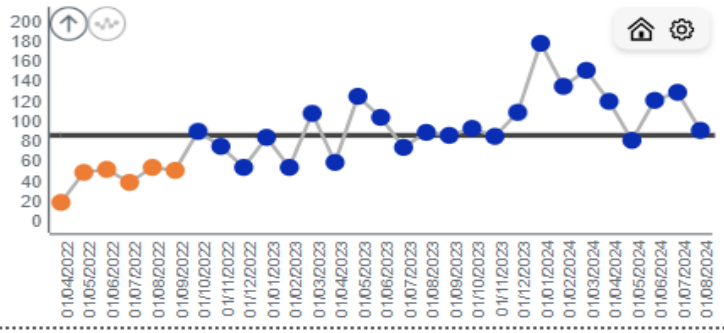
Complaints by Theme - Staff



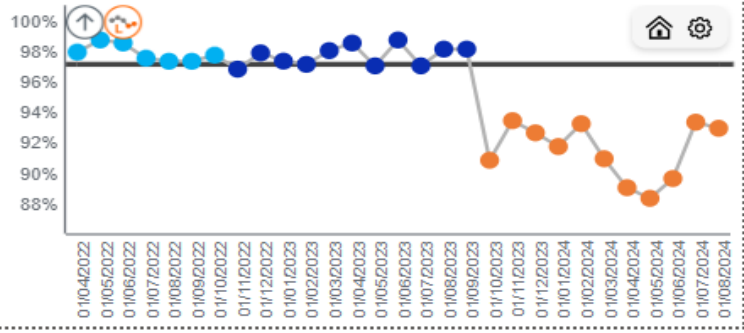
Complaints upheld



Compliments Received

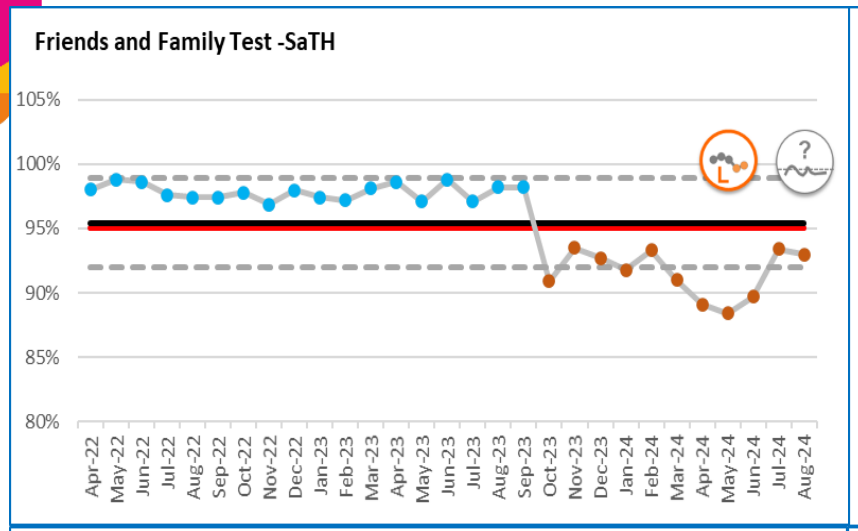


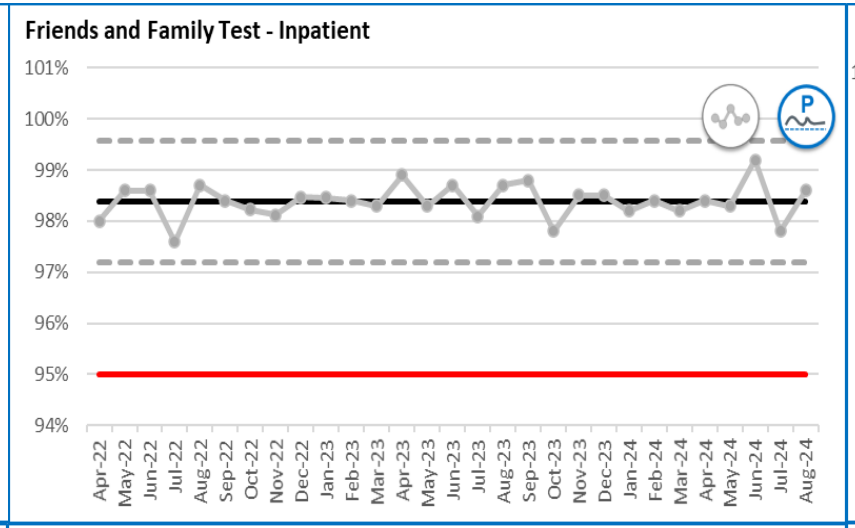
Freinds & Family Test % recommenders

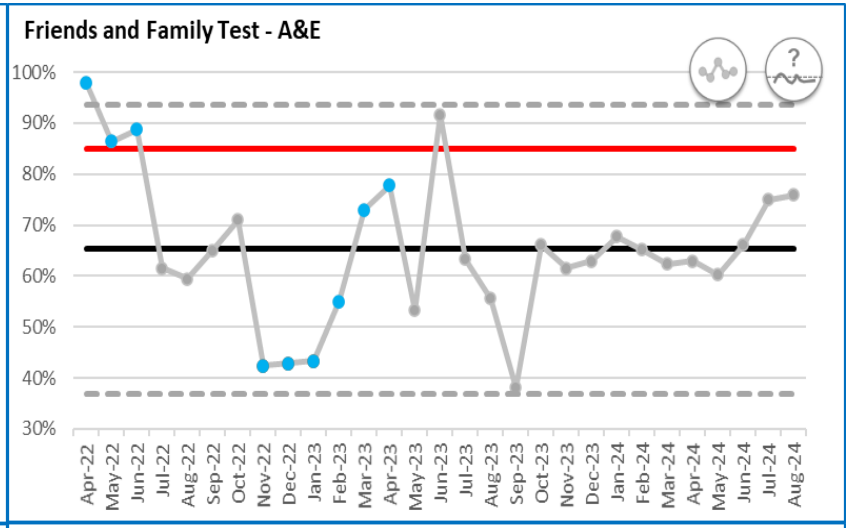


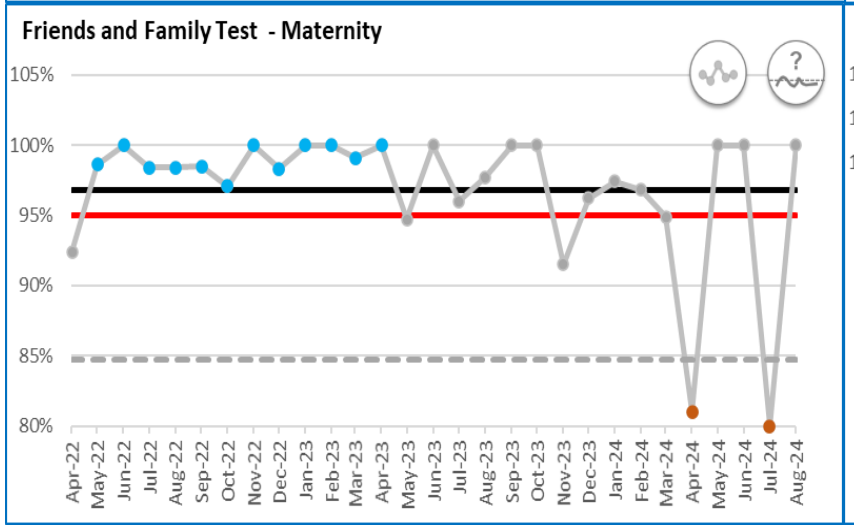
Friends and family test

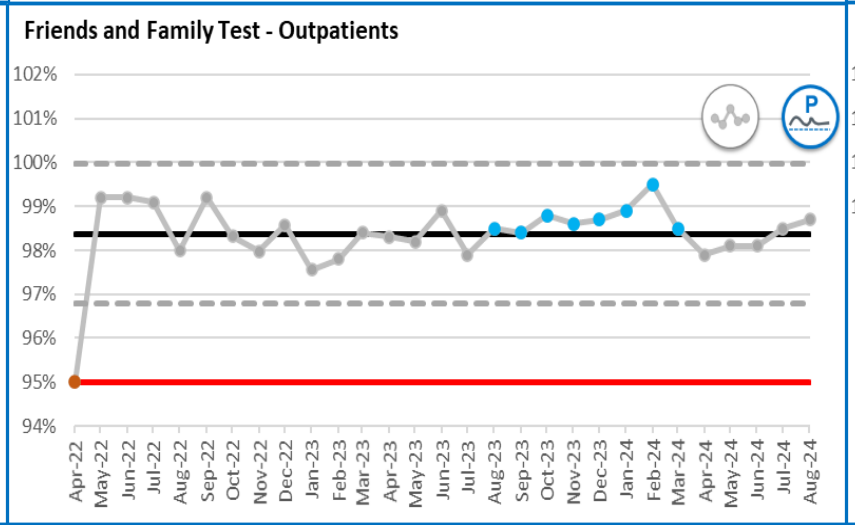
The Shrewsbury and Telford Hospital NHS Trust

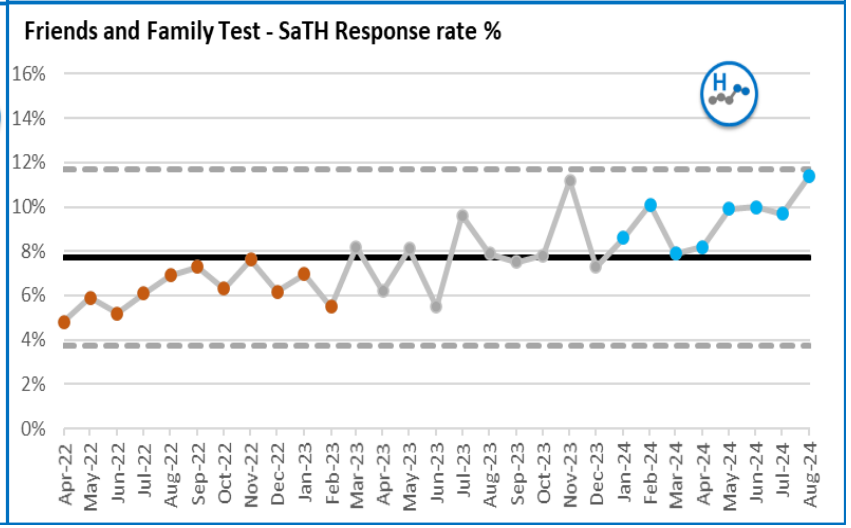






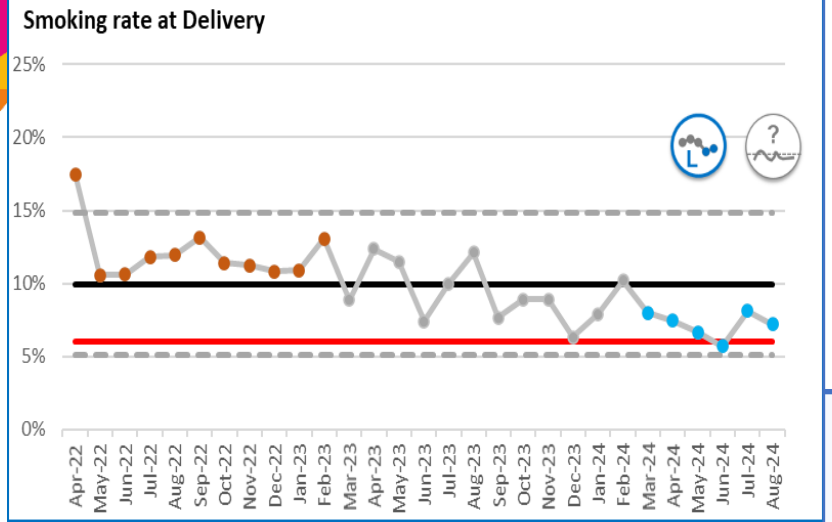


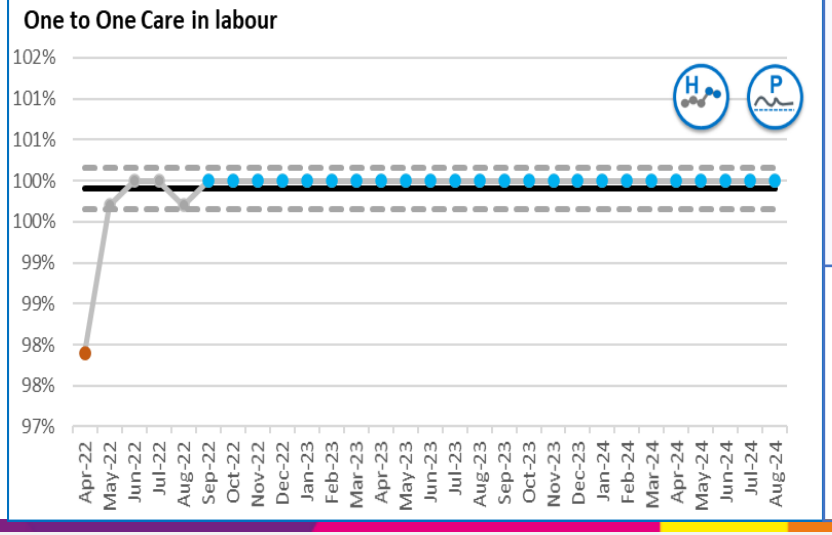




Maternity

The Shrewsbury and Telford Hospital NHS Trust





Summary:
Smoking at Onset of Delivery (SATOD) has seen a marked decrease in August from 8.1% to 7.2%. This is below the 2023/24 average SATOD of 9.3%. 2024/25 has so far seen an average of 7% SATOD.
Accurate recording of SATOD status is being closely monitored by the Healthy Pregnancy Support Service (HPSS) team.
Government target for this metric remains at 6%.

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

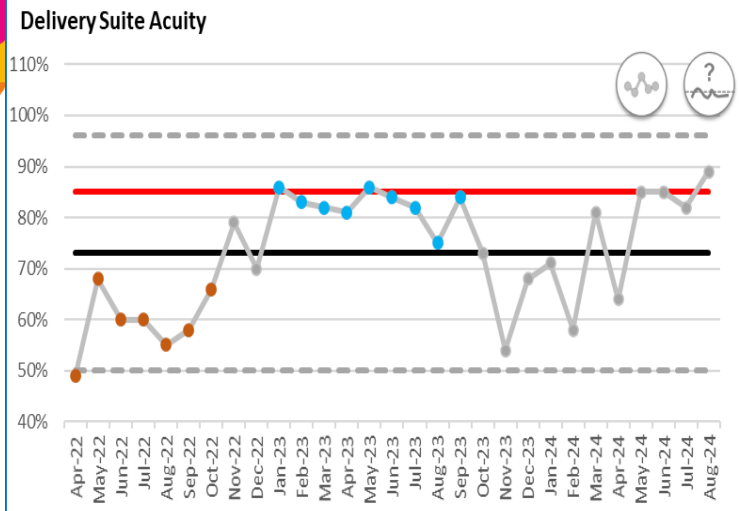
Recovery actions:
Look to further decrease SATOD in 2024/25.
Continue to work towards Government target.
Able to refer family members for support to Telford Council or Shropshire Social prescribing service.

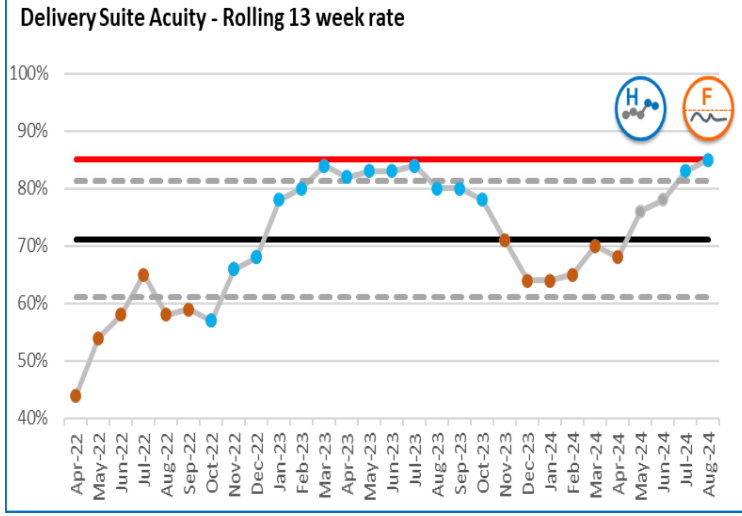
Anticipated impact and timescales for improvement:
Continue to target areas of deprivation and provide smoking cessation support for pregnant women and refer family members to local smoking cessation services.
Due to publication of Saving Babies Lives version 3, all staff to discuss smoking cessation at every appointment and update smoking status. CO monitoring to be completed at every antenatal appointment and offer 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 HPSS. The local demographic has higher than average deprivation, unemployment and complex social needs, which is linked to higher rates of tobacco dependence. 22 out of 106 (20%) of Integrated Care Boards (ICB's) are currently reaching the Government target. It is evident that this is a challenging target to reach for most Maternity services.

Maternity – delivery suite acuity

The Shrewsbury and Telford Hospital NHS Trust





Summary:
Delivery suite acuity has increased in August to 89%, a significant improvement from previous months and is aligned to the National target of 85%. The service continues to experience high levels of unavailability (>30wte against template) as a result of maternity leave/sick leave/supernumerary status of the international midwives. This is in addition to short term sickness for seasonal bugs for staff and their dependants. In order to reduce the risk to the service, the specialist midwifery workforce has been reviewed with several being redeployed into the clinical workforce which reduces the risk to patient safety but increases the risk of non-delivery of the specialist workforce agenda. There are 17 Band 5 midwives starting at the Trust in October which demonstrates a supportive environment for students and newly qualified midwives who upon qualification have opted to work at SaTH.

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 daily staffing meetings and the escalation policy, ensuring staff compliance with 1:1 care in labour and the coordinator maintains supernumerary status as per Clinical Negligence Scheme for Trusts (CNST).
100% 1:1 care in labour consistently being achieved.

Anticipated impact and timescales for improvement:
Continue to work towards maintaining 85% target for green acuity using proactive management of the clinical midwifery workforce.
High levels of unavailability continue to be anticipated which is mitigated by increasing clinical work for specialist midwives and senior leadership teams. Several specialist roles have been paused to support the clinical workforce which has given a total of 16.8wte additional staffing resource.
The Head of Midwifery has stepped up to Interim Director of Midwifery role, subsequently, resulting in a shortfall in Head of Midwifery hours. This has been mitigated by introducing an interim job share Matron role.

Recovery dependencies:	The introduction of vacancy panels have hindered recruitment, as proactive management of attrition rates has been affected significantly.

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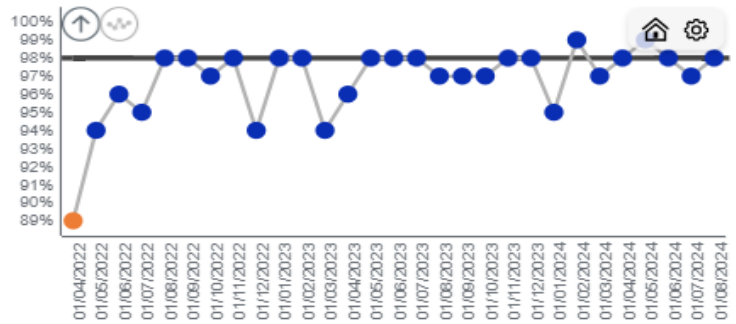
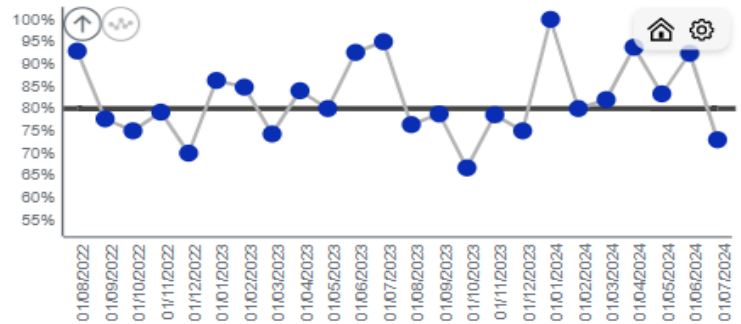
Learning from Experience

	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024
Palliative and End of Life Care - Audit Score % Score	96	98	98	98	97	97	97	98	98	95	99	97	98	99	98	97	98
% Overall rating of the PEoLC - Outstanding	84.0	80.0	92.6	95.0	76.4	78.8	66.7	78.6	75.0	100.0	80.0	82.0	93.8	83.3	92.4	73.0	
PPOC Discussion - total number	72	98	106	78	89	75	107	77	96	96	92	98	94	92	94	107	
PPOC Achieved - total number	61	83	95	76	79	61	96	72	91	86	82	86	88	86	78	97	
% Felt their loved one was comfortable in last days	74.0	68.0	92.3	85.0	83.3	65.0	76.5	92.6	92.0	82.8	72.8	72.4	88.2	60.6	78.6	69.2	
Palliative/End of Life Care - Nursing QA Audit	314	314	295	296	294	312	320	310	297	284	295	291	268	266	275	274	266

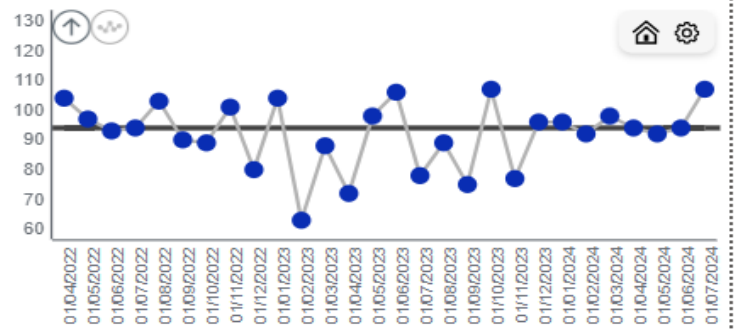
Palliative and End of Life Care - Audit Score % Score



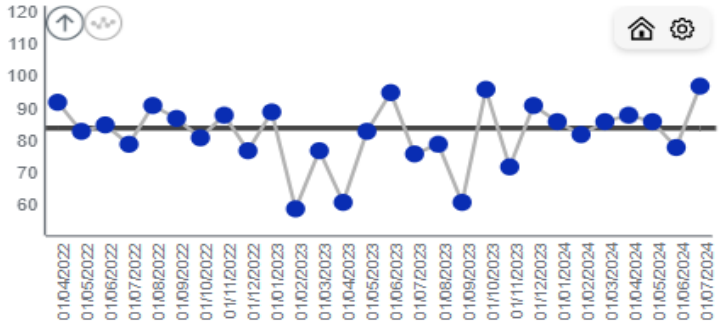
% Overall rating of the PEoLC - Outstanding



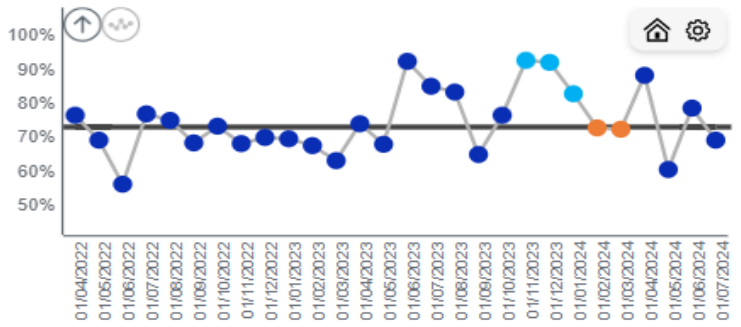
PPOC Discussion - total number



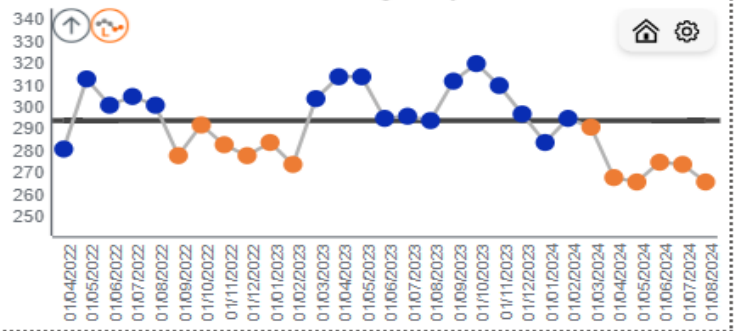
PPOC Achieved - total number



% Felt their loved one was comfortable in last days



Palliative/End of Life Care - Nursing Quality Assurance Audit



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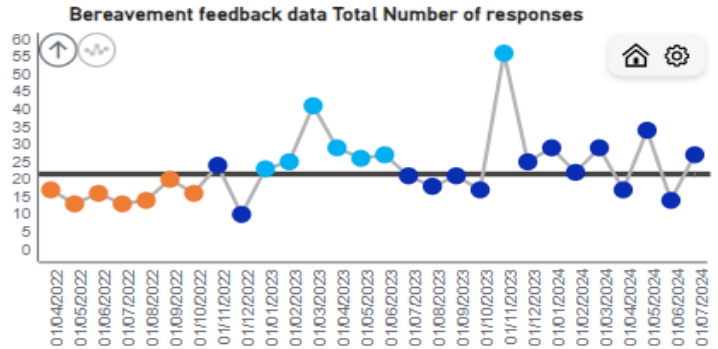
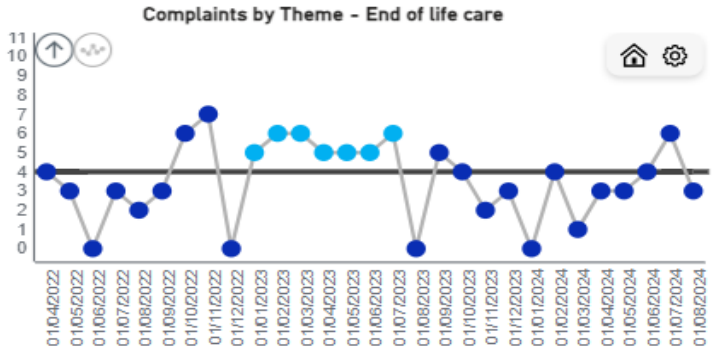
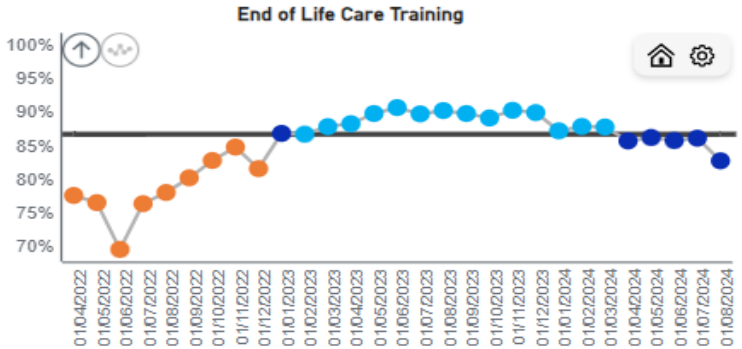
Learning from Experience

	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024
Bereavement feedback data - Total Number of responses	29	26	27	21	18	21	17	56	25	29	22	29	17	34	14	27	
Complaints by Theme - End of life care	5	5	5	6	0	5	4	2	3	0	4	1	3	3	4	6	3
End of Life Care Training	88.30	89.81	90.69	89.76	90.25	89.81	89.15	90.29	89.95	87.24	87.89	87.81	85.74	86.25	85.80	86.15	82.79







Partnering Ambitious Caring Trusted

VETERAN AWARE

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

End of life

The Shrewsbury and Telford Hospital NHS Trust

Summary:
Performance in relation to Palliative and End of Life Care (PEOLC) Metrics remain good. Training is above Trust target and patient feedback remains positive. Ongoing review and monitoring of the metrics takes place monthly via the Palliative and End of Life Care Steering Group and reports quarterly to the Quality Operational Committee.

Recovery actions:	**Anticipated impact and timescales for improvement:**
There is an overarching PEOLC improvement action plan and a PEOLC dashboard reviewed monthly at the PEOLC Steering Group enabling early identification of actions to maintain or improve compliance. PEOLC complaints decreased in month, these are discussed at the Steering Group, themes relate to communication around end of life care. PEOLC ward support programme which supports wards with all aspects of PEOLC continues. Recent Mock Care Quality Commission (CQC) assessment was overall positive.	

Recovery dependencies:	N/A

Mental health training

The Shrewsbury and Telford Hospital NHS Trust

Summary:

- Introduction to the Mental Health Act (1983) training is available on Learning Made Simple (LMS). This training will provide an understanding of the Mental Health Act (1983), its application within an acute hospital context and an understanding of relevant considerations following detention under the Mental Health Act (1983), including giving of rights
- All Clinical Site Managers (CSM) should be trained in scrutiny and acceptance of Section Papers, refresher training (annually) has been planned for August 2024 and September 2024. Refresher training is important as detentions in SaTH are infrequent. CSM may not be exposed to this regularly, however, when they are it is important that they have up to date knowledge to accurately scrutinise the legal documents and to uphold patients' rights
- Restrictive Intervention Training- De-escalation, management and intervention training competency lasts for 12 months before it expires. An update is required before the 12-month period usually at half the amount of training received- for example two-day DMI course for the enhanced care team would require a one-day update. There is a need to review how this training going forward is going be delivered, a scoping exercise is being undertaken and will be shared in October 2024. Areas that should maintain DMI competency include the Emergency Departments, The Enhanced Care Team and Ward 19, there will need to be a plan for how this training will be funded and delivered moving forward as the trust has an obligation to comply with the legal considerations surrounding restrictive interventions including: Health & Safety, Risk assessment, Mental Capacity Act 2005, Criminal Law Act 1967 (reasonable force, intent, potential), Human Rights Act 1998 and Duty of Care/Wilful Neglect. National Institute for Health and Care Excellence (NICE) guidance violence and aggression NICE guideline [NG10] (NICE, 2015) also states healthcare providers should train staff in de-escalation and specific areas in restraint
- The Mental Health Liaison team are currently developing a training package for staff which will cover mental health illnesses, presentations and symptoms, mental health triage and brief risk assessment. This will be available as e-learning modules and face to face depending on the area and need

Recovery actions:

- Mental Health Liaison (MPFT) progressing with development of training package
- De-escalation, Management and Interventions (de-escalation and clinical holding) training scoping exercise completed

Anticipated impact and timescales for improvement:

- Compliance with mental health triage - standards In line with Royal College of Emergency Medicine Mental Health Audit Standards for Individual Patients. Completion August 2025
- Scoping exercise for de-escalation, management and intervention completed by October 2024

Recovery dependencies:

- Joint working with Mental Health Liaison Team (Midlands Partnership Foundation Trust) to ensure targets are met
- Availability of funds for De-escalation, Management and Intervention Training
- Staff uptake of training offered

Learning disability and/or Autism (draft)

The Shrewsbury and Telford Hospital NHS Trust

Summary:
Improve the care and experience for patients with Learning Disabilities and/or Autism.

Recovery actions:

- Recruit a Learning Disability and /or Autism Lead Nurse
- Oliver McGowan training figures T1 and T2
- PACE panel
- Implementation of the patient passport
- Enhance communication channels between the Community Learning Disability Team and the Head of Adult Safeguarding, MCA & Prevent Lead role to ensure direct contact is made relating to MCA/BI or Safeguarding and adhere to MCA policy.
- Oliver McGowan added to the mandatory training requirements for all locum and short-term medical staff.
- E-Learning training added to the mandatory list for doctors during induction and reflected on LMS.
- Review of LD.A Policy
- Learning from incidents

Anticipated impact and timescales for improvement:
Lead nurse in post by December 2024
Compliance with Oliver McGowan training, March 2025

Recovery dependencies:
Recruitment into the lead nurse post.
Availability of the Oliver McGowan training T1 and T 2.

Responsiveness

Executive Lead:

Chief Operating Officer

Ned Hobbs

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulator	National Standard	Current Month Trajectory (RAG)	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Trend
Responsiveness	ED - 4 Hour Performance (SaTH Type 1 & 3) %		78% Mar'25	61.8%	50.9%	51.7%	50.2%	51.5%	50.5%	50.0%	51.1%	50.0%	48.6%	52.2%	54.8%	55.9%	52.4%	
	ED - 4 Hour Performance (All Types inc MIU) %		-	-	61.0%	61.4%	59.8%	60.0%	59.6%	59.1%	60.3%	60.2%	59.2%	61.9%	64.7%	65.0%	62.2%	
	ED - 12 Hour Trolley Breaches	R	0	0	1026	1088	862	1068	957	860	844	579	829	647	560	546	587	
	Number of Ambulance Arrivals	R	-	-	2992	3005	2893	3141	3047	2821	3124	3089	2909	2853	3096	3404	3107	
	Ambulance Delays > 15 minutes	R	-	-	2705	2702	2271	2343	2340	2198	2536	2327	2391	2553	2675	2595	2624	
	Ambulance Delays > 15 minutes %	R	0%		89.2%	87.8%	76.8%	72.8%	72.4%	73.9%	78.4%	75.3%	77.9%	86.2%	82.4%	76.2%	84.5%	
	Ambulance Delays > 60 minutes %	R	0%		31.3%	36.4%	43.0%	30.4%	37.1%	36.8%	34.3%	33.6%	36.2%	30.3%	23.6%	17.7%	32.4%	
	ED activity (total excluding planned returns)		-	13123	12858	13062	12318	12827	12659	12249	13804	12983	13773	12940	12865	12401	12364	
	ED activity (type 1 excluding planned returns)		-	10884	10668	10779	10101	10231	10128	9851	10921	10731	11351	10721	10713	10254	10271	
	Total Emergency Admissions from A&E		-	-	2660	2778	2718	2951	2760	2787	3028	3050	3076	3054	3345	3281	3241	
	% Patients seen within 15 minutes for initial assessment		-		28.9%	30.5%	37.3%	50.8%	51.0%	47.0%	45.5%	42.4%	47.7%	54.1%	60.0%	64.8%	59.8%	
	Average time to initial assessment (mins)		15 Mins	15	40	39	33	22	22	25	28	29	27	21	17	16	18	
	Average time to initial assessment (mins) Adults		15 Mins	15	45	42	35	21	22	23	26	29	28	22	17	17	19	
	Average time to initial assessment (mins) Children		15 Mins	15	28	32	27	24	23	28	33	31	24	18	16	12	14	
	Mean Time in ED Non Admitted (mins)		-	215	343	337	368	350	363	358	374	386	335	302	269	259	288	
	Mean Time in ED admitted (mins)		-	500	1243	1232	1252	1154	1333	1326	1265	1175	1250	1148	939	889	1113	
	No. Of Patients who spend more than 12 Hours in ED		< 2023/24	165	2329	2488	2538	2360	2584	2509	2519	2588	2679	2308	2103	2080	2394	
	12 Hours in ED Performance %		< 2023/24	6%	18.11%	19.05%	20.60%	18.40%	20.41%	20.48%	18.25%	19.94%	19.50%	17.84%	16.35%	16.77%	19.36%	
	Bed Occupancy Rate G&A (SitReps)		92%	-	90.8%	94.0%	95.4%	95.0%	96.3%	96.5%	93.0%	94.9%	95.5%	94.6%	93.5%	93.4%	94.5%	
	Diagnostic Activity Total			-	20188	21686	22753	20435	22704	20925	20125	20309	20617	19745	22698	21496	22212	
	Diagnostic 6 Week Wait Performance %		95% Mar'25	-	70.4%	73.4%	73.7%	71.4%	75.8%	80.5%	75.4%	71.0%	68.9%	63.4%	61.5%	57.8%	59.4%	
	Diagnostic 6+ Week Breaches		0	-	3344	2894	3204	2924	2563	2275	3318	4233	4627	5653	6323	7056	7509	
	Total Non Elective Activity		-	4909	5066	5398	5375	5457	5673	5420	5673	5515	5701	5380	Not Available	Not Available	Not Available	
	Total elective IPDC activity		-	6706	5833	6294	6416	5214	6187	5877	5909	5706	5564	5505	Not Available	Not Available	Not Available	
	Total outpatient attendances		-	46711	47231	50310	51741	42728	53961	49592	49950	45943	38762	29237	Not Available	Not Available	Not Available	
	DNA rate - all ages		-	-	4.7%	5.3%	4.7%	5.0%	4.8%	4.8%	5.3%	5.4%	7.6%	Not Available	Not Available	Not Available	Not Available	
	DNA rate - paeds		-	-	8.9%	9.6%	8.7%	9.4%	8.0%	7.5%	7.7%	8.8%	11.8%	Not Available	Not Available	Not Available	Not Available	
	Number of episodes moved or discharged to PIFU		-	3100	1561	1768	1908	1831	1800	1873	1978	1896	1864	1693	2223	1964	2247	
	Number of episodes moved or discharged to PIFU %		-	6.6%	3.3%	3.5%	3.7%	4.3%	3.3%	3.8%	4.0%	4.1%	4.8%	5.8%	Not Available	Not Available	Not Available	
	Total virtual outpatient attendances - All - SaTH		-	10930	8122	8952	8991	7605	10281	8941	8370	6768	4212	2578	Not Available	Not Available	Not Available	
	Total virtual outpatient attendances % - All - SaTH		-		17.2%	17.8%	17.4%	17.8%	19.1%	18.0%	16.8%	14.7%	10.9%	8.8%	Not Available	Not Available	Not Available	
	RTT Incomplete 18 Week Performance		92%	-	55.9%	56.6%	55.2%	52.3%	50.7%	49.8%	50.2%	50.8%	51.4%	49.1%	49.6%	44.6%	42.3%	
	RTT Waiting list - Total size	R	-	-	38859	39659	38793	38697	38828	39582	41331	46317	49409	53280	55492	56163	53276	
	RTT Waiting list - English only		-	34161	34751	35459	34563	34427	34548	35220	36794	41406	44042	47563	49625	50364	47529	
	RTT 52+ Week Breaches (All)	R	0	-	2164	2206	2088	2179	2387	2704	2967	3584	3756	4656	4450	4614	4238	
	RTT 52+ Week Breaches - English only		-	1203	1925	1966	1839	1921	2133	2421	2673	3210	3321	4131	3944	4088	3705	
	RTT 65+ Week Breaches (All)		0 Sep'24	-	305	398	371	429	478	518	447	786	921	1330	1184	1130	685	
	RTT 65+ Week Breaches - English only		0 Sep'24	0	260	348	315	374	427	447	378	708	824	1185	1025	948	508	
	RTT 78+ Week Breaches (All)	R	0	0	8	10	8	8	9	11	5	0	1	2	2	65	87	
	RTT 78+ Week Breaches - English only		0	0	2	1	1	1	2	3	0	0	0	0	1	49	49	
	RTT 104+ Week Breaches (All)	R	0	0	0	0	0	1	0	2	1	0	1	1	1	1	1	
	RTT 104+ Week Breaches - English only		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Cancer 62 Day Standard	R	70% Mar'25	60.2%	49.0%	56.0%	46.4%	52.1%	50.1%	54.4%	58.2%	59.5%	62.3%	56.9%	53.1%	53.3%	-	
	Cancer 31 Day First Treatment		96%	93.1%	86.6%	85.8%	91.2%	90.8%	86.6%	91.4%	91.6%	85.0%	91.6%	79.8%	81.8%	84.7%	-	
	Cancer 28 Day Faster Diagnosis	R	77% Mar'25	75.7%	71.8%	74.1%	75.1%	74.4%	71.1%	77.3%	74.3%	73.6%	68.6%	67.0%	70.5%	67.6%	-	
	Theatre productivity			85%	69%	68%	72%	74%	72%	75%	76%	78%	79%	79%	78%	78%	77%	

Operational Summary

The Shrewsbury and Telford Hospital NHS Trust

Performance against the 4-hour trajectory for September declined 3.5%, 9.5% below plan (52.3% vs 61.8%). Time to initial assessment has declined by 5% overall. Average time to Initial Assessment for adults increased slightly to 18.9 mins versus 17.2 mins in August. Average time to IA for paediatrics has also increased marginally but remains within target at 14.3 mins. Each of the Urgent and Emergency Care (UEC) workstreams has a detailed implementation plan supporting the Tier 1 PIDs which will be managed through the UEC Transformation Assurance Committee within SATH through to the UEC Delivery Group with a focus on recovery and improvement.

RTT - There were no 104w breaches in September, but there were 49 x 78w breaches and 459 x65w breaches due to lack of capacity in ENT/Dental, T&O, Respiratory, Dermatology, UGI and Vascular. RJAH continues to support elective orthopaedic activity pending preparation of a bed base in SaTH from 4/11/24. There is increased risk of 78w breaches in October particularly in ENT and T&O. We are exploring opportunities within SaTH and via Independent Sector Providers (ISP) to offer dates to treat patients. We are addressing challenges within the pre-operative assessment and scheduling teams to ensure patients can be booked and are prepared for surgery. Additional resources have been mobilised to address the backlog of validation, booking and cashing up of clinics. Theatre Utilisation in September was 77%, falling short of our target of >80%. Identification of themes and actions for improvement are a priority for the Theatre Look Back Meetings and supported by NHSE.

Cancer – The combined backlog at the end of September was 407 (reduction from 535 in August), 112 of which were over 104 days. Unvalidated compliance with the 62-day performance standard in September is 51%, falling short of our operational plan for the month of 59.5% (and commitment to 70.4% by March 2025). The unvalidated Faster Diagnosis Standard (FDS) position for September is 67.9% against the operational plan of 74% with 98.7% data completeness.

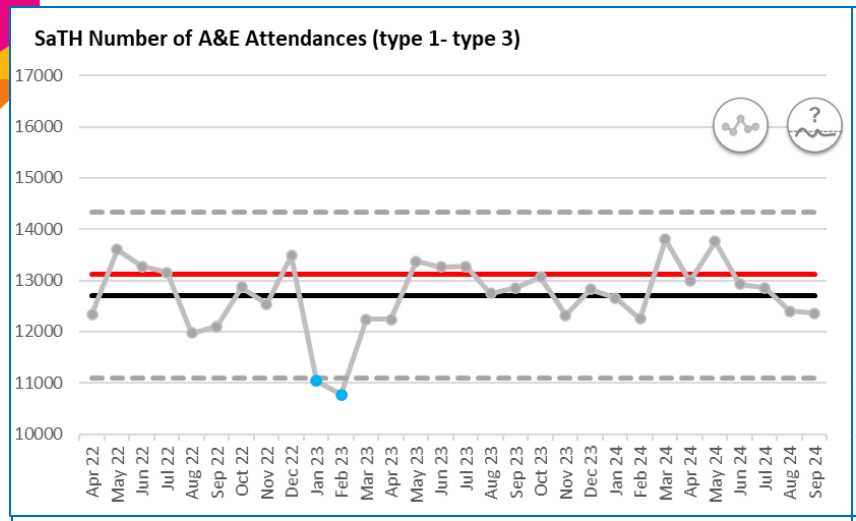
DM01 validated performance in September was 60.7%. Radiology reporting delays remain of concern due to increased demand and specialist skills needed. Urgent Suspected Cancer (USC) reporting is prioritised. MRI reporting turnaround times are: USC 2-3 weeks, urgent 9-10 weeks, and routine tests at 9-10 weeks. CT reporting times are; USC 2-3 weeks, urgent 13-14 weeks and routine at 14-15 weeks. A recovery plan has been proposed, which is currently awaiting approval.

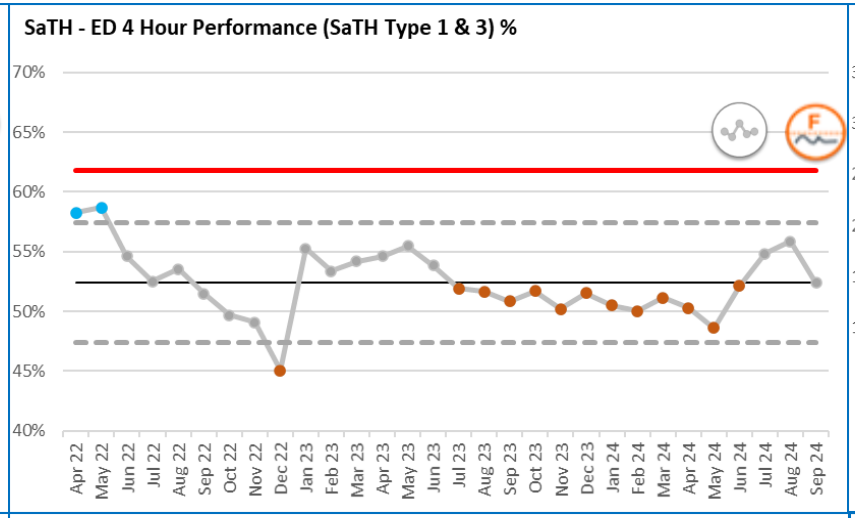
Key actions

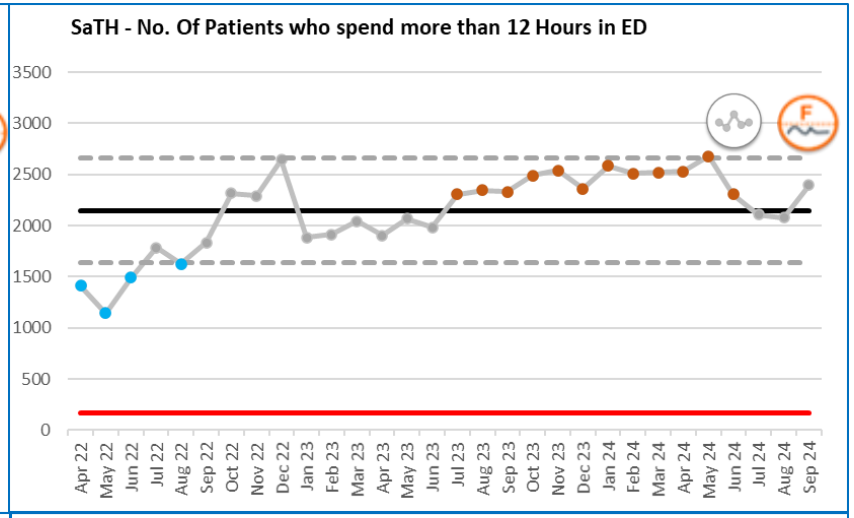
- Progression of actions within all Tier 1 workstreams
- Test of change for Acute floor to improve discharges and flow from ED
- Mobilise additional insourcing and Independent Sector provider activity for elective and cancer recovery
- Increase validation of elective PTL using internal and external resources to address data quality issues following completion of Careflow PAS cutover.
- Respond to objectives from the recent Theatre Productivity report to improve productivity in Elective Hub.

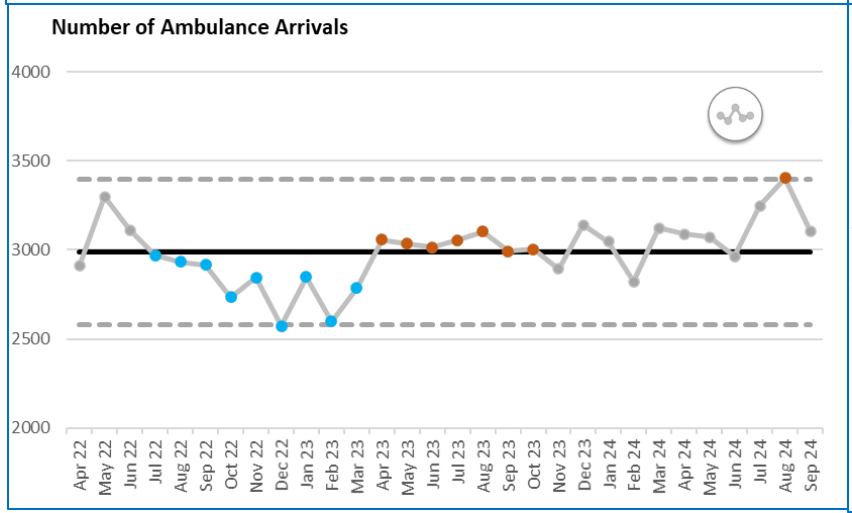
Operational – Emergency care

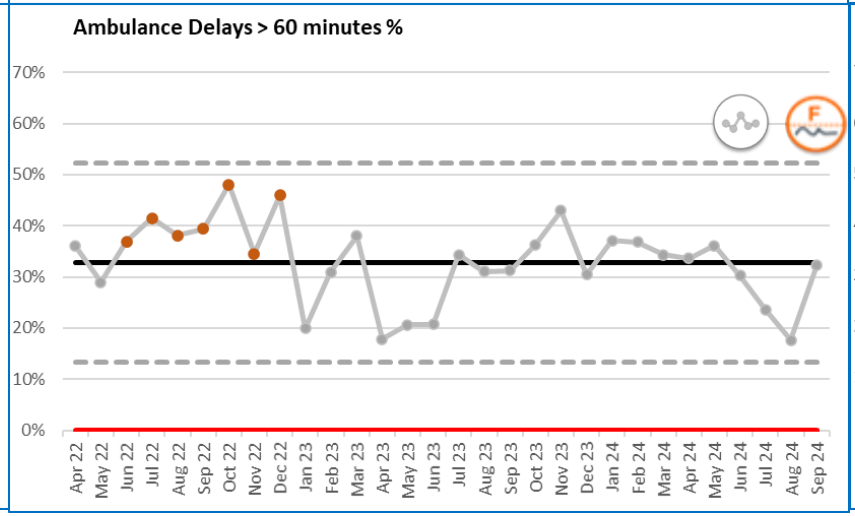
The Shrewsbury and Telford Hospital NHS Trust

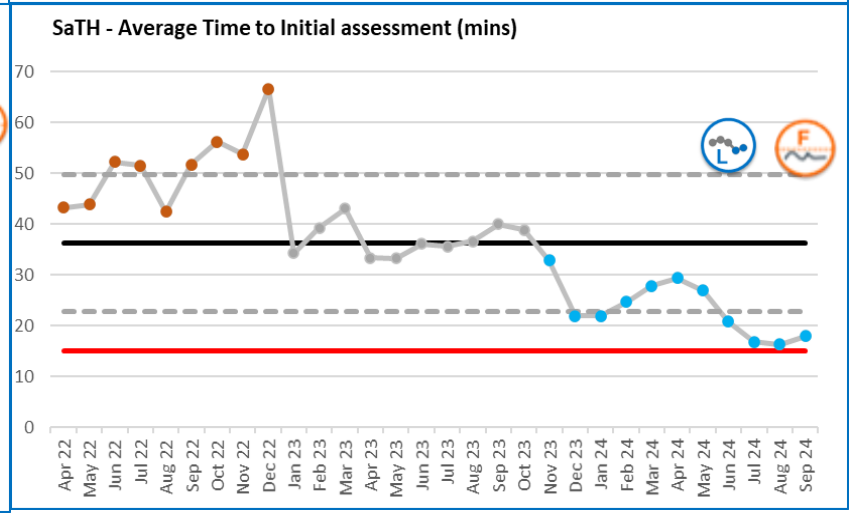












Operational – Emergency care

The Shrewsbury and Telford Hospital NHS Trust

Summary:

- September has seen attendances remain stable in comparison with the previous month however there was an 8.73% reduction in ambulance arrivals.
- Time to initial assessment (IA) has declined by 5% overall. Average time to IA for adults increased slightly to 18.9mins vs 17.2mins in August. Average time to IA for paediatrics has also increased marginally but remains within target at 14.3 mins
- SaTH 4-hour type 1 & 3 performance (excluding Minor Injury Unit MIU) saw a 3.5% reduction in performance at 52.4% against a plan of 61.8%
- In September, paediatric 4-hour performance was 82.8%. Paediatric attendances increased by 129 in month
- Minors performance in September was 91%
- Ambulance delays >60 minutes 32.4% compared to 18% in July
- % of medical admissions assessed via Same Day Emergency Care (SDEC) was at 31.7% vs the national standard of 30%
- September saw an increase in 12-hour breaches of 103 on August
- Discharges before 12 across Medical Flow wards was 33.5% in September

Recovery actions:

- Minors test of change week focusing on out of hours and T&O
- AMA test of change programme
- Revised ward processes implemented with ongoing peer support to ensure continued sustainability
- Roll out of Medicine ward processes work across all other Divisions
- NHSE lead supporting work with UTC provider to improve utilisation
- Referral and admissions protocol implemented with further work to define governance processes (formerly Internal Professional standards)
- Working with system to increase utilisation of Frailty Assessment Unit advice and guidance line by WMAS & GPs to support patient management and reduce conveyance to ED
- System led alternatives to ED programme to reduce A&E attendances

Anticipated impact and timescales for improvement:

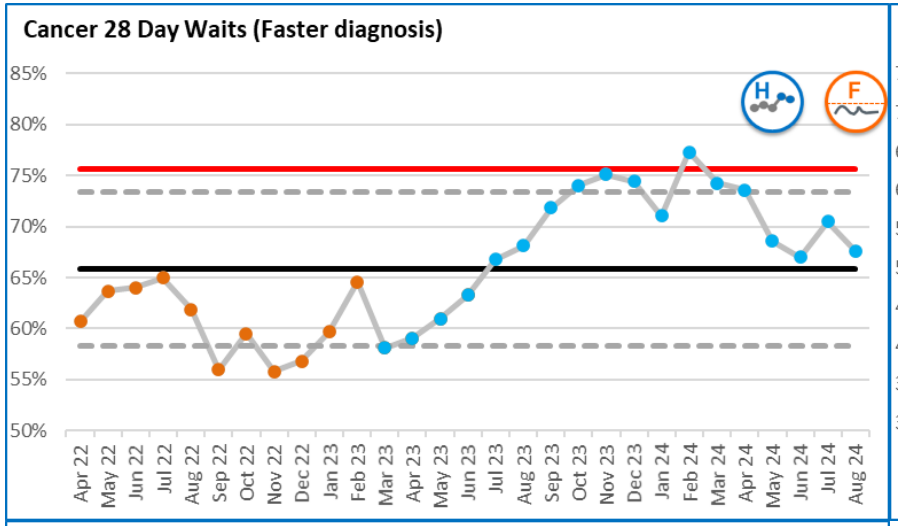
Progress reported monthly through UEC Flow improvement group to Performance Assurance Committee (PAC) and system UEC meeting.

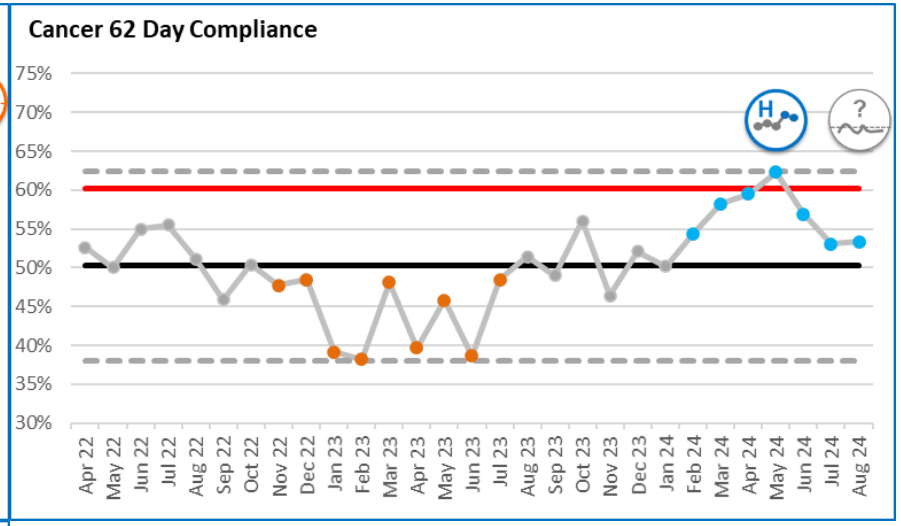
Progress reported monthly through Emergency Care Transformation Assurance Committee (ECTAC) /MEDTAC and weekly cross Divisional metrics meeting.

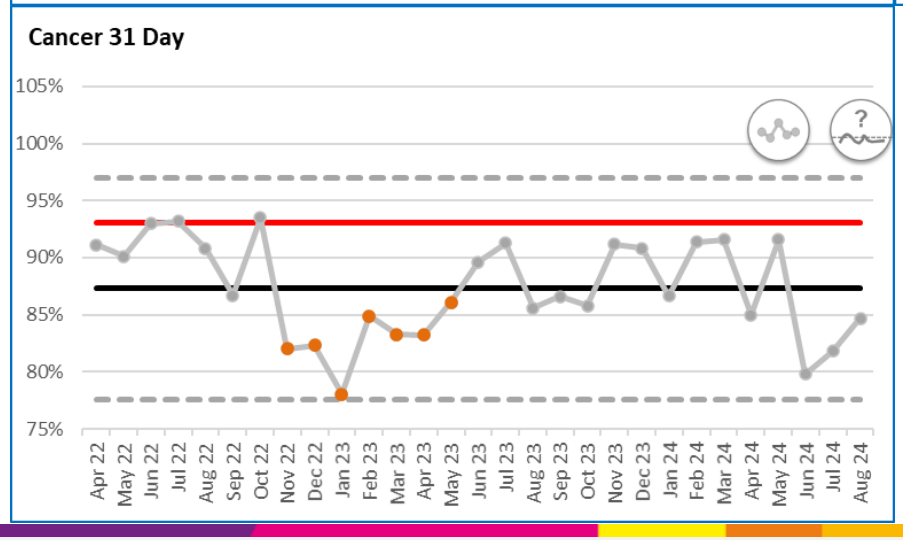
Recovery dependencies:	System tier 1 workstreams – to reduce demand on A&E and reduce exit block.

Operational – Cancer performance

The Shrewsbury and Telford Hospital NHS Trust







Operational – Cancer performance

The Shrewsbury and Telford Hospital NHS Trust

Summary:
The combined backlog on the 30th September was 407 (improvement from 535 in August). 112 of which were over 104 days. Unvalidated compliance with the 62-day standard in September is 51%, falling short of our operational plan for the month of 59.5% (and commitment to 70.4% by March 2025). The unvalidated Faster Diagnosis Standard (FDS) position for September is 67.9% against the operational plan of 74% with 98.7% data completeness.
Our focus remains on actions to reduce the backlog of patients waiting over 62 days for treatment and to improve FDS and 62-day performance.

Recovery actions:
We moved back into NHSE Tier 1 monitoring due to the deterioration in performance in all indicators in Q1. Remedial recovery plans have been put in place and additional external non-recurrent funding has been confirmed which is supporting improvement in all tumour sites. Business plans for continuation of posts and services following West Midlands Cancer Alliance (WMCA) funding are being developed to ensure sustainable services from April 2025. These are due to go through Business case review group in November. Patient Tracking List (PTL) reviews have been restructured to ensure focused reviews on elements of the PTL throughout the week. Pathway deep dives have taken place in all cancer sites and recovery trajectories have been calculated to meet required standards by March 2025. NHSE support for developing demand and capacity tools and to support operational management of cancer pathways for 3 months commenced 5th August.

There have been specific challenges from April in the colorectal, skin, head & neck and gynae pathways which have resulted in deterioration of 62d performance. Action plans in place to support improvement include regional mutual aid requested for Head & Neck.
Capacity at tertiary centres for surgery is causing pathway delays, resulting in additional delays for treatment and delays in receiving histology results. Workforce constraints continue within Haematology, Oncology and Urology. There has been an improvement in the delays for Oncology and Radiotherapy outpatient appointments (OPA) +/- treatment, particularly in Colorectal.

Additional workforce support has been provided by NHSE to help improve performance and assist with capacity and demand modelling.

Anticipated impact and timescales for improvement:

18-Weeks local anaesthetic transperineal prostate biopsy (LATP) activity in place from 22nd June. Improvement delivered means wait time is reduced to 5 days.

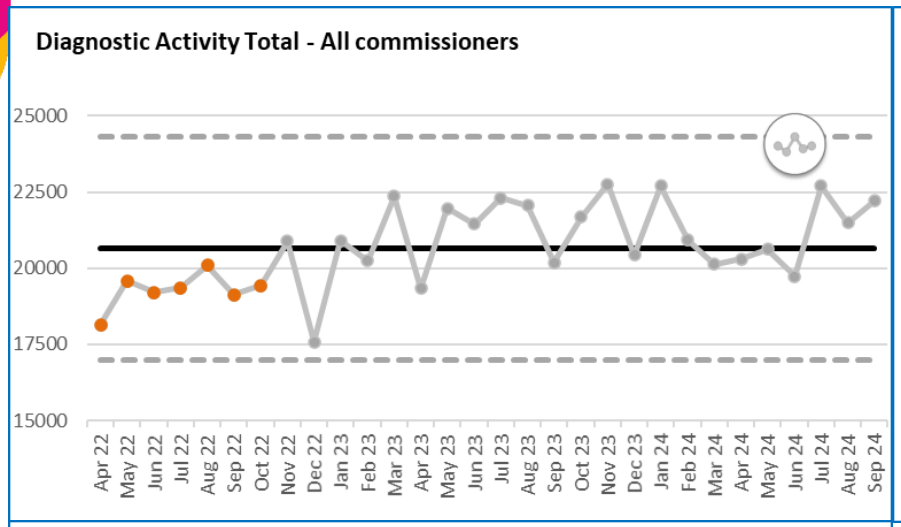
WMCA & NHSE 2024/25 funding being mobilised. Improvement being delivered from September due to lead time required.

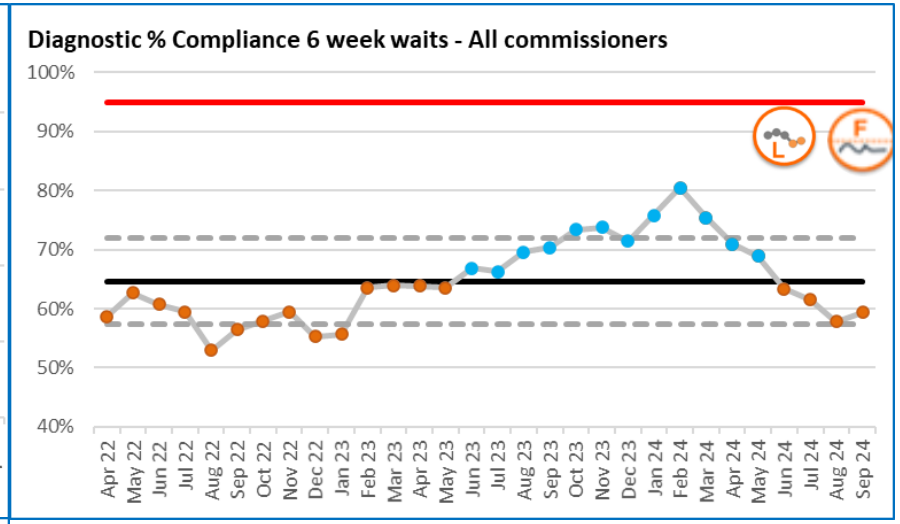
Elective Recovery Funding (ERF) and phased capacity mobilised from 15th June. This will have a positive impact on cancer capacity and performance improvement expected from September.

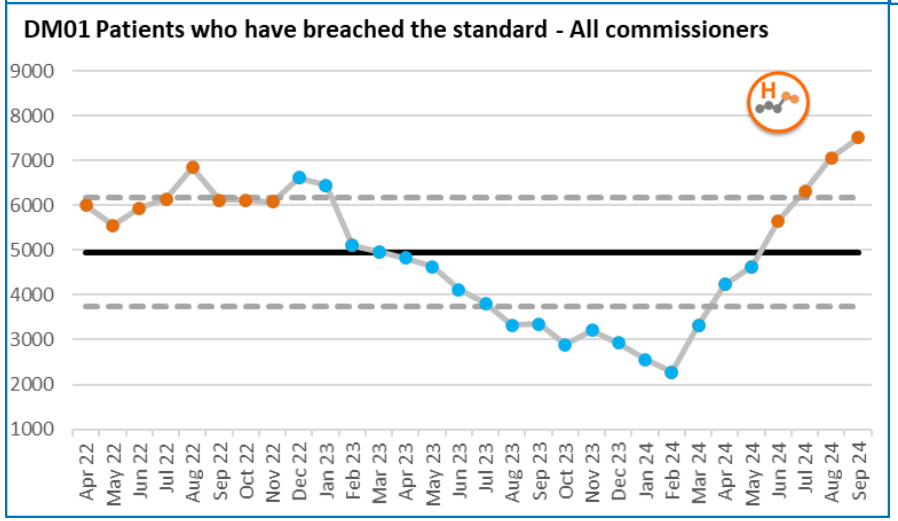
Recovery dependencies:	Clinical and Booking resource to maximise additional capacity.

Operational – Diagnostic waiting times

The Shrewsbury and Telford Hospital NHS Trust







Operational – Diagnostic waiting times

The Shrewsbury and Telford Hospital NHS Trust

Summary

The validated overall DM01 position for September was 60.7%.

Radiology reporting delays remain of concern. MRI reporting turnaround times are:- USC 2-3 weeks, urgent 9-10 weeks, and routine tests at 9-10 weeks. CT reporting times are; USC 2-3 weeks, urgent 13-14 weeks and routine at 14-15 weeks. NOUS reporting times are; USC 2-3 weeks, urgent 5-6 weeks and routine at 8-9 weeks. Training posts and sickness in cross-sectional modalities continue to restrict capacity, with reduced resilience during periods of sickness or annual leave

- Recruitment is challenging and we are utilising agency staff where possible and insourcing to support NOUS and MRI
- 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 urgent and routine capacity
- Insufficient capacity within endoscopy remains a concern. The sustainable endoscopy workforce business case has been approved and was mobilised in June requiring continued support of insourcing for the next 2 years pending recruitment and training lead time
- 13w waits are a particular concern and validation is underway to identify data quality issues. Trajectories have been completed for these modalities reflecting that the 13+ww will reduce to zero by end March 2025
- CDC has celebrated its first anniversary since opening

Recovery actions:

Outsourced reporting continues to provide additional capacity. Enhanced payments and WLIs are encouraging additional in-house reporting sessions across all modalities with backlogs being targeted. ERF funding has also been provided and will improve FDS performance levels over the next 6 months.

MRI performance remains challenged. A recovery plan for the DM01 is currently with the executive team for review/approval.

Process for avoiding RTT breaches is in place with daily calls attended by the operational teams. Daily calls are also in place between radiology and the gynaecology booking team to ensure all capacity is utilised for PMB USS.

The sustainable endoscopy business case has been approved and is a 3-year programme of work requiring support from an IS provider pending recruitment to substantive posts and lead time for training until endoscopy practitioners become independent.

Anticipated impact and timescales for improvement:

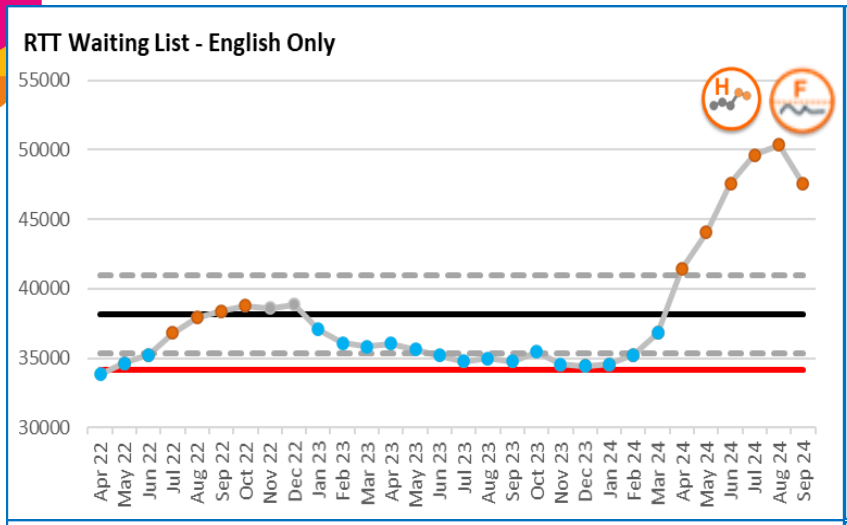
Additional insourcing from '18 Weeks' to support endoscopy DM01 at weekends has been supported through the ERF. There is ongoing recruitment for radiologists, radiographers and sonographers.

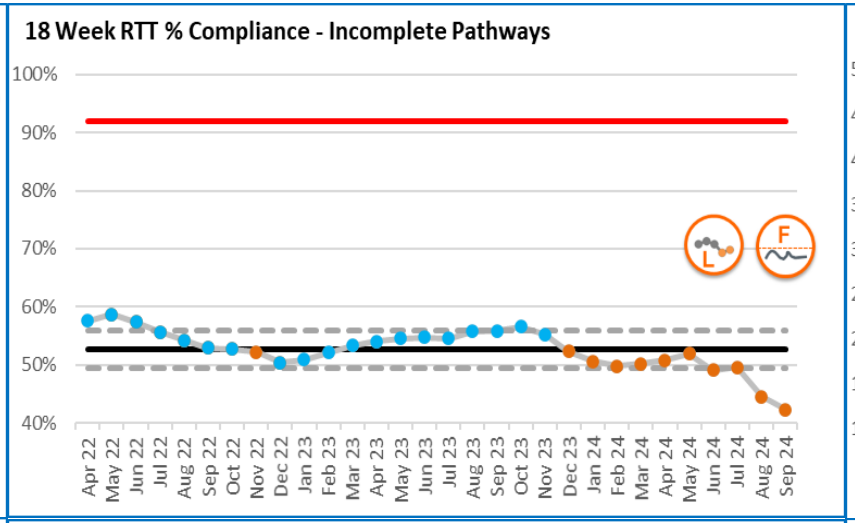
The department has seen 2 consultants leave during August, having an impact on reporting turnaround times. The first replacement is due to start in November and we are still in the recruiting phase for the second radiologist.

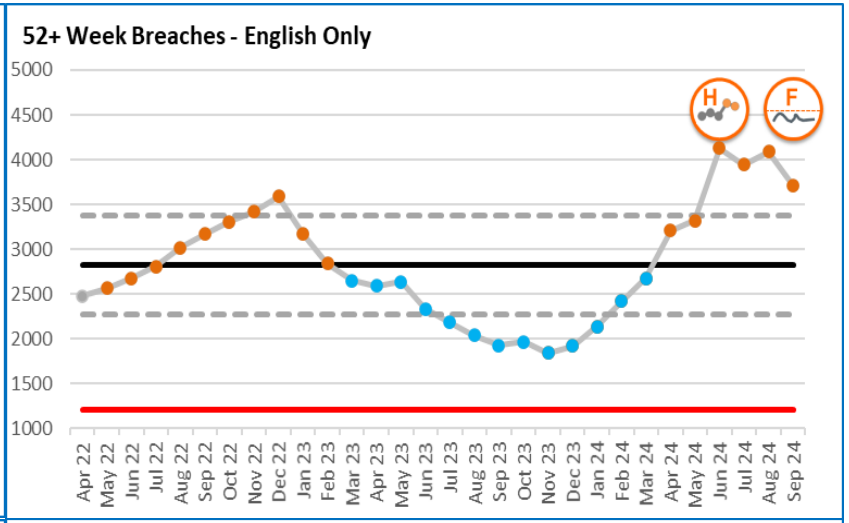
Use of agency and bank staff to cover workforce gaps and insourcing for US and MRI is proving successful.

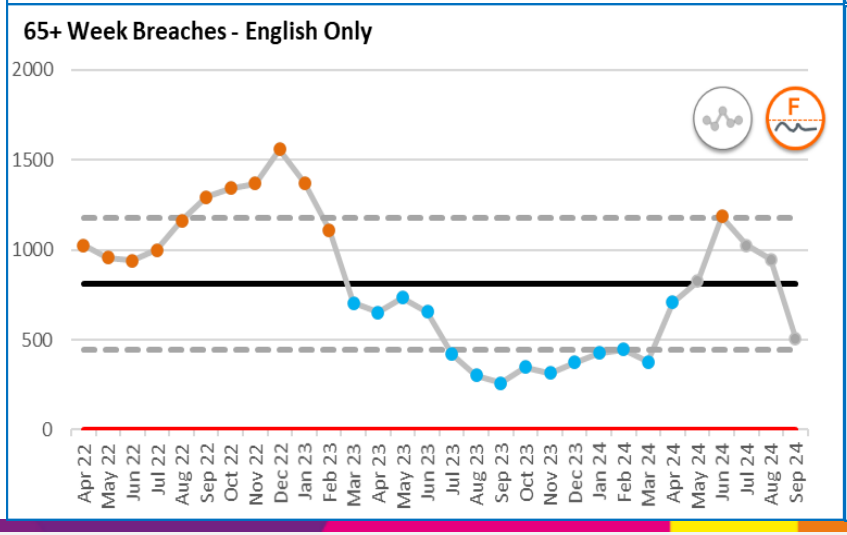
Operational – Referral to treatment (RTT)

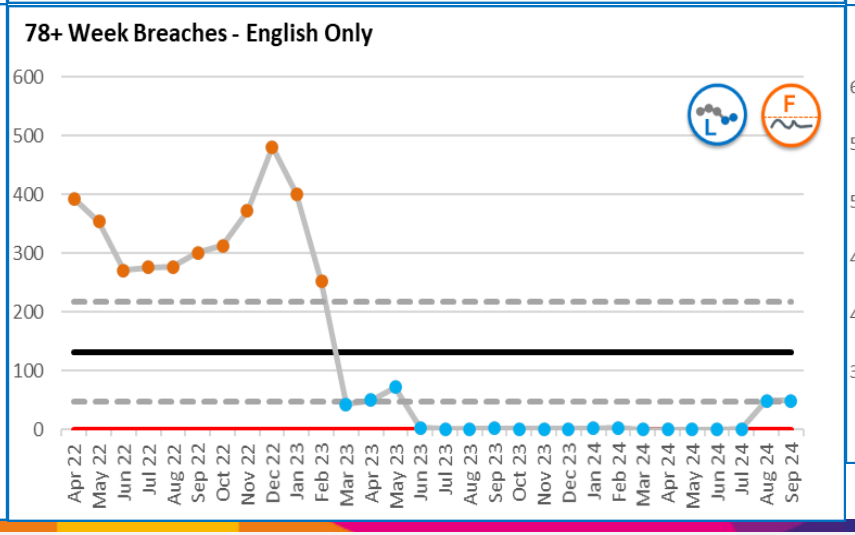
The Shrewsbury and Telford Hospital NHS Trust

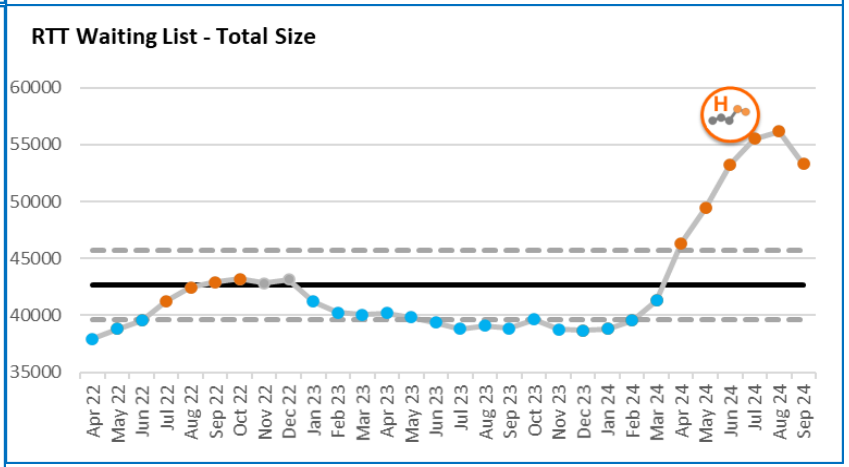












Note: Total size - includes unvalidated Welsh position

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VETERAN AWARE

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

Operational – Referral to treatment (RTT)

The Shrewsbury and Telford Hospital NHS Trust

Summary: The total waiting list size reduced in September which is the first time since the implementation of Careflow and data migration. There has been a decline in overall 18-week RTT percentage compliance in month. We saw an improvement in Did Not Attends (DNAs) during September from 7.6% in August to 6.9% in September. TAO and Therapy services are continuing to see the highest DNA rates, investigations are underway. The Trust reported 49 x 78-week breaches, and 459 x 65-week breaches in September. The PTL has been subject to intense validation since May. This continues with additional ISP support from MBI Health, which commenced on 9th September and the Trust is also taking part in the NHSE Validation Sprint, supporting the reduction of the PTL. Training continues with all teams to ensure that RTT clocks are not re-activated inappropriately on Careflow. Daily meetings continue with all clinical Centres to monitor risk of breaches and support additional mitigations. Capacity is being sought from the independent sector in ENT, General Surgery, Dermatology and Respiratory diagnostics. RJAH continue to support TAO with additional patients being sent for treatment at the Nuffield and ROH. SaTH continue to be monitored weekly at Tier 1 level.

Recovery actions: Elective recovery is part of the Trust's 'Getting to Good' programme and TIF programme. Recovery plans have been developed as part of the 2024/25 integrated operational planning cycle and are continuously monitored. Theatre recruitment is ongoing at the PRH site. An additional theatre will open from 1st September at the RSH site now that staffing has improved and the Lofthouse Suite re-opened in September. Patients are dated in clinical priority and date order and lists are allocated in line with clinical need. Operational monitoring is by daily 78/65-week meetings and there is a weekly RTT Performance & Assurance Meeting. Teams are validating the October 65 week patient cohort. A Task and Finish Group has been established to manage issues arising in Careflow. Theatre Utilisation in September was 77%, falling short of our target of >80%. Identification of themes and actions for improvement are discussed at weekly Theatre Look Back Meetings. The opening of the Elective Hub has given the opportunity to review the utilisation of high-volume lists in detail to ensure every opportunity is taken to safely utilise available session time. Actions are in place to improve efficiency. Weekly outpatient transformation meetings are in place with Centres to further develop and monitor PIFU and virtual plans by specialty, with clinical engagement. 'Further Faster' Handbooks have been shared and actions monitored via Outpatient Transformation meetings. GIRFT Meetings are continuing with specialties supported by Clinical Leads for both Outpatient Transformation and GIRFT.

Anticipated impact and timescales for improvement:
Validation of the 65-week October cohort and ERF funding allocated this month will facilitate progress towards 'route to zero' - ISP capacity being booked to ensure patients are treated by 31st October.

Task and Finish Group commenced in June to review issues within Careflow and work with IT and BI colleagues to resolve issues.

A specialty level performance meeting remains in place to man-mark patients at risk for escalation and assurance Monday to Friday with an additional review/meeting afternoon

The Trust continues to report to NHSE as part of a weekly call on Electives. 0 x 78 weeks breaches remains a challenge.

Recovery dependencies:	Continued validation of PTL, Capacity and staffing support from ISPs, (particularly in ENT, T&O and general surgery) and Theatre staffing

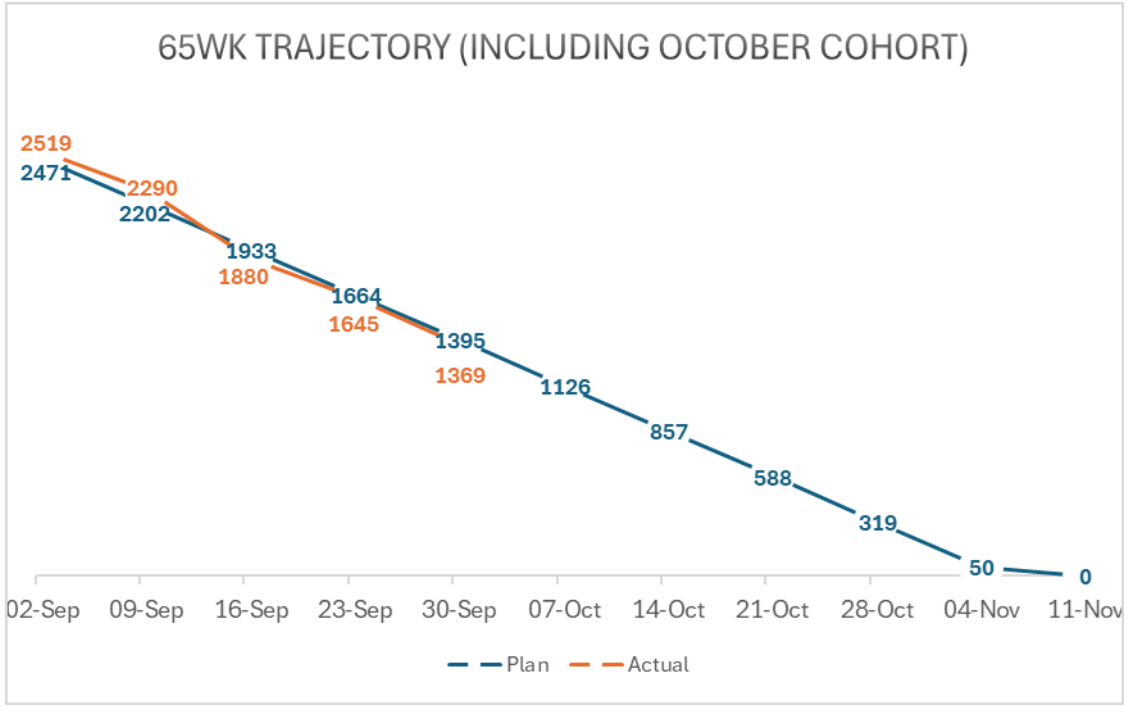
Operational – 65 plus weeks trajectory

The Shrewsbury and Telford Hospital NHS Trust

This chart shows (unvalidated) delivery against the improvement trajectory for patients booked to enable the Trust to deliver the target of zero patients waiting over 65 weeks for treatment. The Trust will not achieve the 65-week target in September but is expected to deliver in early November. Work continues to track progress at specialty level to identify areas where additional support is needed, and performance is monitored through daily meetings with the specialties. ENT capacity is of particular concern.

TOTAL COHORT (All Stages)	09/09/2024	16/09/2024	23/09/2024	30/09/2024
ACTUAL TOTAL - 65+ Week Cohort	2,290	1,999	1,645	1,369
% Actual Movement	-9.1%	-12.7%	-17.7%	-16.8%

65+ Week Cohort - Split by Stage	09/09/2024	16/09/2024	23/09/2024	30/09/2024
Milestone 1 *(awaiting 1st appt)*	664	541	396	331
Milestone 2/Other *(follow-up/diagnostic stages/validation)*	605	551	516	451
Milestone 3 *(awaiting admission)*	1,021	907	733	587
Milestone 1 Trajectory *(awaiting 1st appt)*	0	0	0	0
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	664	541	396	331
Patients undated	149	112	95	95
Patients dated	515	429	301	236
Patients dated by month:				
Apr-24				
May-24				
Jun-24				
Jul-24				
Aug-24				
Sep-24	347	234	87	11
Oct-24	167	191	205	207
Nov-24	1	4	9	18
Dec-24	0	0	0	0
Jan-25	0	0	0	0
Feb-25	0	0	0	0
Mar-25	0	0	0	0
>1st April 2025	0	0	0	0

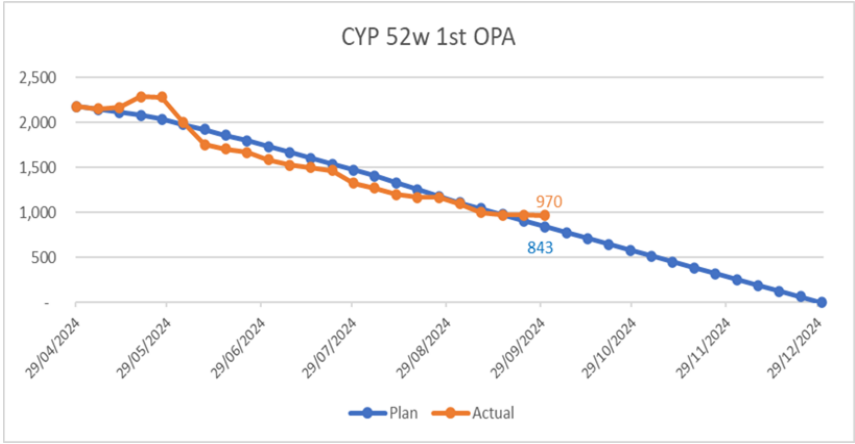


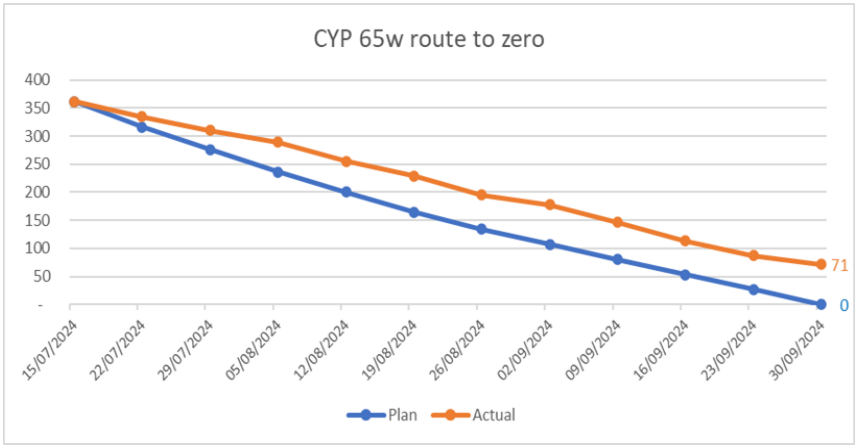
Operational – CYP cohort

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 have been waiting 52 weeks or more by 31st March 2025. Ensuring we can provide targeted support in booking these patients earlier in the year will prevent unavoidable delays and ensure parity with adult recovery. Performance against the booking of these patients is monitored on a weekly basis and is also being tracked at a specialty level.

TOTAL COHORT (All Stages)	26/08/2024	02/09/2024	09/09/2024	16/09/2024	23/09/2024	30/09/2024
ACTUAL TOTAL - 52+ Week CYP Cohort	2,031	1,973	1,840	1,730	1,657	1,592
% Actual Movement	-2.5%	-2.9%	-6.7%	-6.0%	-4.2%	-3.9%
52+ Week CYP Cohort - Split by Stage	**26/08/2024**	**02/09/2024**	**09/09/2024**	**16/09/2024**	**23/09/2024**	**30/09/2024**
Milestone 1 *(awaiting 1st appt)*	1,454	1,400	1,293	1,219	1,173	1,138
Milestone 2/Other *(follow-up/diagnostic stages/validation)*	257	256	251	240	236	208
Milestone 3 *(awaiting admission)*	320	317	296	271	248	246
Milestone 1 Trajectory *(awaiting 1st appt)*						
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	1,454	1,400	1,293	1,219	1,173	1,138
Patients undated	1,167	1,098	998	972	974	970
Patients dated	287	302	295	247	199	168
Patients dated by month:						
Apr-24						
May-24						
Jun-24						
Jul-24						
Aug-24	42					
Sep-24	226	259	187	112	51	10
Oct-24	18	43	107	130	139	138
Nov-24	1	0	1	5	9	20
Dec-24	0	0	0	0	0	0
Jan-25	0	0	0	0	0	0
Feb-25	0	0	0	0	0	0
Mar-25	0	0	0	0	0	0
>1st April 2025	0	0	0	0	0	0
Actual Patients After Sept Tracking	0	0	0	0	0	0
Undated Tracking	1,167	1,098	998	972	974	970





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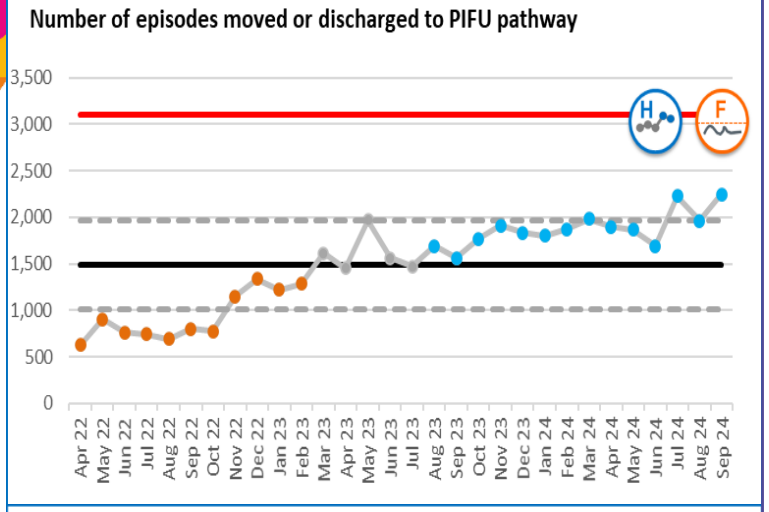
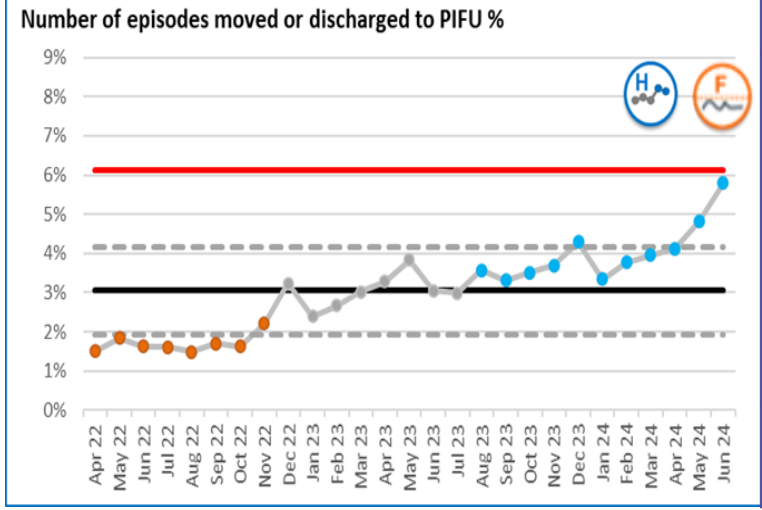
Operational – PIFU

The Shrewsbury and Telford Hospital NHS Trust





Summary:

The unvalidated Patient Initiated Follow-Up (PIFU) performance in September was an increase to 4.9%, but falling short of the plan.

- Careflow Task and Finish Group continues to meet on a regular basis to resolve issues and progress towards providing more robust data quality
- There is clear guidance on the intranet for patients on a PIFU pathway, to support staff in selecting the correct RTT pathway code
- Stable internal upward trajectory. Project running with Nephrology reviewing Past Max Waits (PMW) and PIFU opportunity
- Refresh of the Outpatient Transformation Group meeting process, due to varied attendance within the organisation
- Clinician attendance at the Get it Right First Time (GIRFT) Action Plan Review meetings is allowing more direct clinical conversation and challenge
- PIFU performance within Urology is in top 3 in the country (14.7%)
- Women & Children's Lead visiting Alder Hey Children's NHS Foundation Trust to look at their use of PIFU opportunity

Recovery actions:

- Patient Pathway Manager attending governance meeting to provide education and support to Clinical Teams and revising the Clinical Outcome Form (COF) in conjunction with Clinical Teams to reflect clinic outcomes
- Increased validation of patient data due to increased discrepancies in the PTL following the introduction of Careflow
- New Further Faster Handbooks are being reviewed for changes / guidance

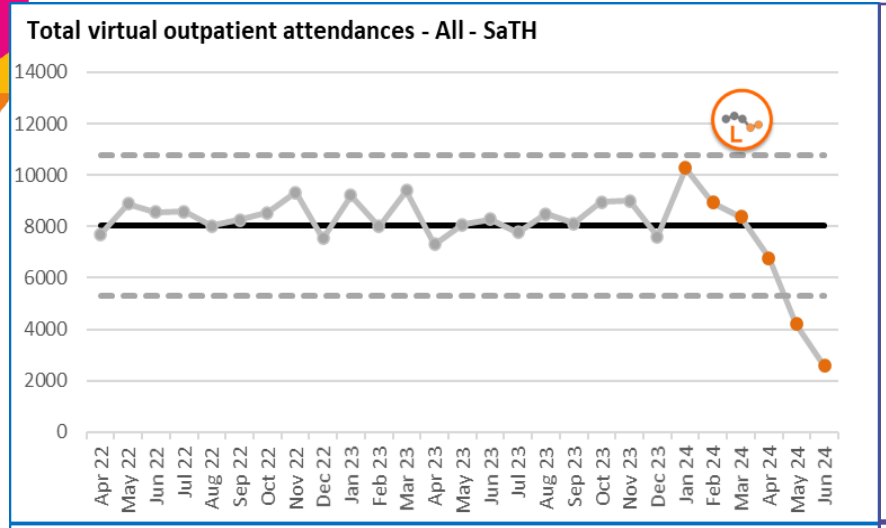
Anticipated timescales for improvement:

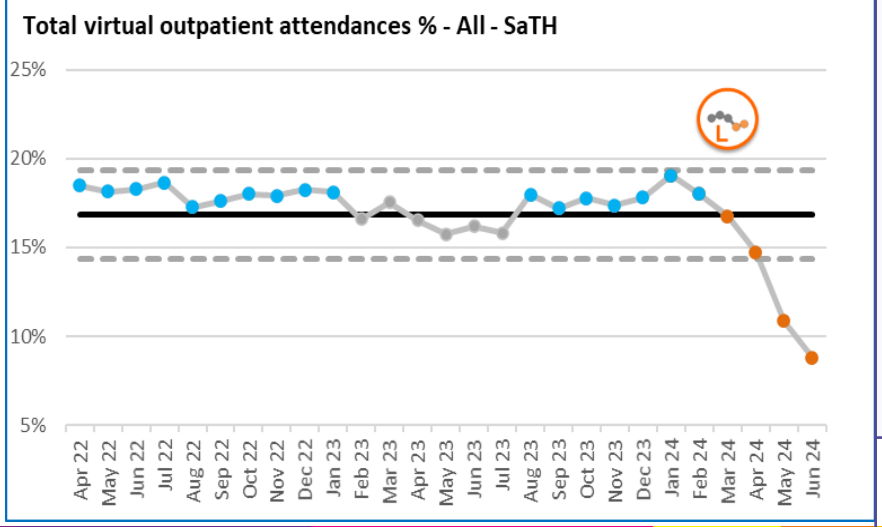
Performance will continue to be monitored at weekly outpatient transformation meetings

Recovery dependencies:	Due to data warehouse issues SUS submissions are currently suspended.

Operational – Virtual OP attendances

The Shrewsbury and Telford Hospital NHS Trust





Summary:

The unvalidated Virtual OP performance for September was 15% (as at 16/10). Work continues with Centre operational and clinical teams to improve this position through GIRFT Further Faster meetings that are in place and supported by the GIRFT clinical lead and outpatient transformation clinical lead.

- Promote involvement of GIRFT virtual opportunities in other organisations
- Careflow Task and Finish Group continues to meet on a regular basis to resolve issues and progress towards providing more robust data for monitoring
- Issue with Careflow in relation to identifying appointment type (face to face / virtual). However, appointment type can now be identified on the clinic list *(which is extracted from Careflow)*
- Following a query, Dermatology team ensuring Virtual appointments are being captured appropriately
- Clinician attendance at the GIRFT Action Plan Review meetings is allowing more direct clinical conversation and challenge

Recovery actions:

- Women & Children's Lead visiting Alder Hey Children's NHS Foundation Trust to learn from their use of Virtual OP opportunities
- Attend Anywhere and SaTH IT colleagues meeting on a weekly basis to resolve issue
- Continue to identify more pathways suitable to move to virtual appointments
- New Further Faster Handbooks are being reviewed for changes / guidance
- Vascular surgery virtual and face to face DNA audit agreed with Operational and Clinical Team

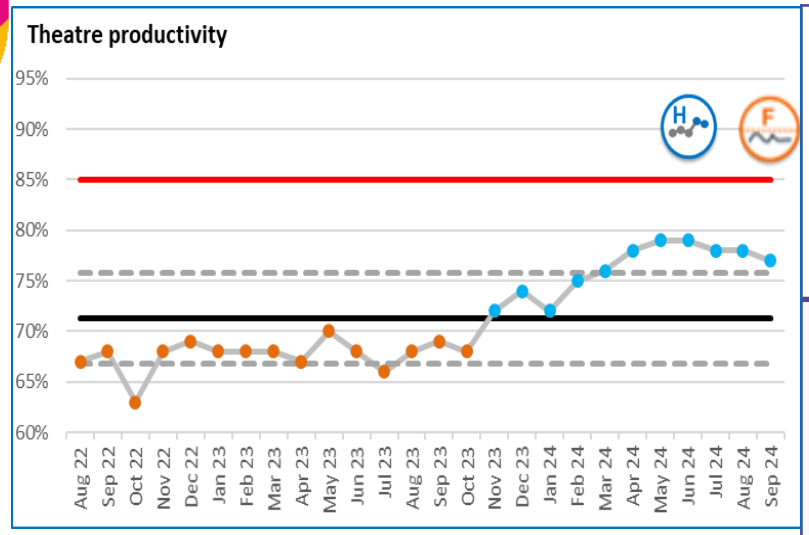
Anticipated timescales for improvement:

Performance will continue to be monitored at weekly outpatient transformation meetings

Recovery dependencies:	Due to data warehouse issues SUS submissions are currently suspended

Operational – Theatre productivity

The Shrewsbury and Telford Hospital NHS Trust



Summary:
Capped theatre productivity for the month of September was 77%. The Surgical Elective Hub opened in June and productivity improvement is being investigated following feedback from clinicians. Theatre allocation, list planning and look back meetings continue with the teams. Hotspots have been identified and learning shared with Centres, Booking, Ward and Theatre teams and with consultant colleagues via operational meetings. Additional pre-op capacity created by additional staffing is gradually allowing booking and scheduling of lists further in advance, which will support improved utilisation of lists and thereby improve productivity.

Recovery actions:

- Work and regular updates continue with NHSE Regional Theatre Productivity Lead with a two-day site visit to PRH in August and a return visit in early October
- ISP, 18 Weeks, is providing support at weekends for lists in gynaecology, urology and upper GI. Continuing dialogue to ensure case mix is appropriate to maximise productivity and patient safety
- In terms of 18 Weeks, we have seen improved utilisation since its last implementation by the Trust, although there remain challenges regarding acceptance criteria and pre-op assessment
- Pre-operative assessments are now predominantly conducted remotely. Staffing establishment has improved, with new recruits now in post
- Plans are in place for a screening nurse to effectively allocate patients to appropriate appointment slots, along with an increase in administrative support to facilitate clinical activities

Anticipated timescales for improvement:

Further meeting planned with NHSE Regional Theatre Lead to investigate recent increase in on- the-day cancellations.

Opportunities to provide extra lists across the specialties including paediatrics to support elective recovery being explored throughout October.

Recovery dependencies:	Theatre staffing. Pre-operative assessment capacity.

Well Led

Executive Lead:

Chief People Officer

Rhia Boyode

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Trend
Well Led	WTE employed		-	7,863	6890	6990	7043	7089	7081	7100	7114	7107	7117	7093	7057	7095	7152	
	Temporary/agency staffing		-	-	1046	1033	1027	952	1003	1017	1010	887	880	851	862	824	769	
	Staff turnover rate (excluding Junior Doctors)		0.8%	0.75%	1.3%	0.8%	0.5%	1.1%	0.8%	0.7%	1.1%	0.7%	0.9%	1.2%	1.0%	1.0%	0.7%	
	Vacancies - month end		10%	<10%	2.7%	2.5%	1.8%	1.8%	2.1%	2.4%	2.1%	9.0%	8.9%	8.7%	9.5%	9.0%	9.0%	
	Sickness Absence rate		4%	4%	5.5%	5.4%	5.1%	5.5%	5.9%	5.5%	5.0%	5.1%	4.9%	5.0%	5.4%	5.2%	5.32%	
	Trust - Appraisal compliance		90%	90%	82.2%	82.0%	81.2%	80.0%	79.7%	78.8%	80.0%	78.4%	78.4%	78.3%	74.9%	77.4%	77.9%	
	Trust Appraisal – medical staff		90%	90%	93.1%	92.3%	92.8%	92.6%	92.9%	93.4%	94.1%	93.0%	93.2%	92.6%	91.5%	92.0%	89.8%	
	Trust Statutory and mandatory training compliance		90%	90%	92.0%	91.1%	91.7%	92.2%	92.7%	92.7%	92.5%	91.5%	91.5%	91.9%	92.0%	91.9%	92.1%	
	Trust MCA – DOLS and MHA		90%	90%	79.5%	79.4%	78.1%	78.0%	77.8%	78.4%	80.8%	79.7%	79.4%	80.2%	80.2%	79.9%	82.7%	
	Safeguarding Children - Level 2		90%	90%	94.9%	95.5%	95.4%	95.7%	95.4%	95.2%	95.2%	94.7%	89.2%	90.1%	94.9%	95.0%	95.0%	
	Safeguarding Adult - Level 2		90%	90%	95.1%	95.3%	95.4%	95.7%	95.3%	95.2%	94.8%	93.9%	87.9%	89.3%	94.5%	94.6%	95.2%	
	Safeguarding Children - Level 3		90%	90%	87.9%	87.7%	88.1%	90.3%	88.9%	89.4%	90.0%	88.4%	83.4%	88.4%	88.5%	88.1%	88.3%	
	Safeguarding Adult - Level 3		90%	90%	90.5%	91.3%	91.1%	90.3%	89.6%	89.8%	89.1%	87.3%	82.9%	90.4%	88.4%	87.2%	88.8%	
	Monthly agency expenditure (£'000)		-	1,305	3490	3612	3638	3230	2985	2654	1448	2400	1918	1952	1954	1700	1526	
Safe Staffing	Fill Rate % - All Staff - Day/Night			100%	100.8%	100.6%	99.5%	97.9%	97.1%	96.0%	96.5%	97.4%	96.8%	97.0%	96.6%	95.1%	94.5%	
	Fill Rate % - All Staff - Day			100%	98.2%	99.2%	98.4%	97.4%	97.1%	95.7%	95.4%	96.3%	95.5%	95.7%	95.7%	94.9%	94.0%	
	Fill Rate % - All Staff - Night			100%	103.9%	102.3%	100.7%	98.4%	97.2%	96.3%	97.9%	98.8%	98.4%	98.5%	97.7%	95.4%	95.1%	
	Fill Rate % - Registered Nurses/Midwives - Day/Night			100%	105.5%	104.9%	105.4%	105.8%	105.5%	105.3%	106.2%	106.8%	106.7%	106.0%	105.9%	104.4%	103.6%	
	Fill Rate % - Registered Nurses/Midwives - Day			100%	104.6%	105.1%	106.3%	107.1%	107.1%	106.0%	106.4%	107.8%	107.2%	106.2%	106.1%	104.5%	103.6%	
	Fill Rate % - Registered Nurses/Midwives - Night			100%	106.5%	104.6%	104.4%	104.4%	103.6%	104.5%	106.1%	105.6%	106.0%	105.6%	105.7%	104.2%	103.6%	
	Fill Rate % - Non-Registered Nurses/Midwives - Day/Night			100%	114.6%	113.1%	109.2%	104.6%	103.4%	100.9%	101.0%	101.0%	99.7%	100.3%	100.2%	98.9%	98.6%	
	Fill Rate % - Non-Registered Nurses/Midwives - Day			100%	110.8%	110.3%	106.2%	103.0%	102.3%	100.6%	99.7%	97.8%	96.4%	97.2%	98.3%	98.9%	98.2%	
	Fill Rate % - Non-Registered Nurses/Midwives - Night			100%	119.1%	116.4%	112.9%	106.5%	104.7%	101.2%	102.6%	104.9%	103.7%	103.9%	102.5%	98.9%	99.0%	
	Fill Rate % - Registered Nursing Associates - Day/Night			-	14.3%	19.9%	21.2%	19.1%	17.1%	15.9%	16.4%	23.0%	22.9%	22.4%	21.6%	19.8%	18.3%	
	Fill Rate % - Registered Nursing Associates - Day			-	16.1%	23.0%	25.7%	22.8%	19.7%	19.2%	17.8%	26.1%	27.2%	25.0%	25.3%	23.8%	21.4%	
	Fill Rate % - Registered Nursing Associates - Night			-	11.4%	15.1%	14.4%	13.5%	13.2%	11.1%	14.4%	18.6%	16.4%	18.7%	16.3%	14.2%	14.0%	
	CHPPD - Overall - National 11.99			11.99	9.14	9.20	8.90	8.97	8.99	8.66	8.72	8.86	9.04	9.55	9.10	8.99	8.73	
	CHPPD - Registered Nurses/Midwives - National 4.9			4.9	5.1	5.1	5.1	5.2	5.2	5.1	5.1	5.2	5.3	5.7	5.3	5.3	5.2	
	CHPPD - Non-Registered Nurses/Midwives - National 4.9			4.9	3.9	3.9	3.7	3.6	3.6	3.4	3.5	3.5	3.5	3.7	3.6	3.5	3.4	
	CHPPD - Registered Nursing Associates			-	0.1	0.2	0.2	0.2	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.1	

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VETERAN AWARE

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

Workforce Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

2024/25 Workforce Plan – Month 6. The workforce plan for 24/25 set an ambitious target to reduce total workforce by 7% across the year. This included the addition of 214 WTE of service developments/investments such as Endoscopy and Radiology services. Since the beginning of the year, our total workforce has been under plan, averaging 119 WTE under the plan target across the first half of the year. The total workforce at month 6 is now over plan by 18 WTE. However, there have been a number of additional posts that have been recruited with external funding including the 51 resident doctors (which were not in the original plan). Including these income backed posts puts the plan on track at this point. September has seen an increase of substantive workforce by 53 WTE. The level of agency is still on track to deliver against plan based on the current trajectory, which is currently 56 WTE under plan. Bank has seen a greater reduction this month from August position, although is 22 WTE over plan.

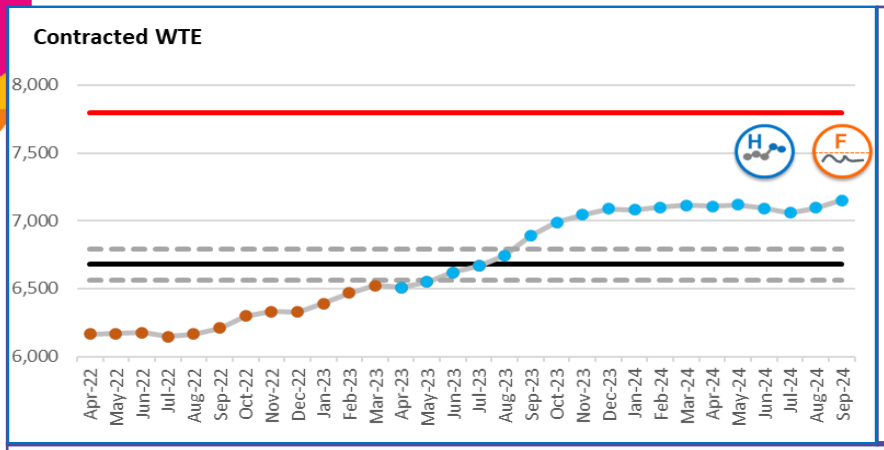
Turnover – The rolling 12-month turnover rate for September decreased by 0.5% to 10.5% which equates to 697 WTE leavers. The 2024 Staff Survey has launched where we will continue to engage and listen to our people on how we can improve working life at SaTH and aid retention. Developing a system talent management approach is part of our People Strategy will also support retaining our workforce.

Wellbeing of our staff – September sickness rate increased to 5.32% (379 WTE) remaining above target by 0.82% (58 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 26% of calendar days lost in September equating to 97 WTE. Creating the right culture is fundamental to ensuring SaTH is a great place to work which in turn will support delivery of all the strategic priorities. Our culture improvement programme, to support leadership development continues and remains critical to this work.

Agency and temporary staffing – In September overall pay reduced compared to August as expected. Agency staffing costs continue to fall, especially agency which was down to £1.5m in month. Nursing agency has continued to reduce supported by a further 60 newly qualified nurses commencing in September and October. Bank usage remains high although health care support workers bank usage has reduced throughout September. Enhanced bank rates have ceased from 1st October across all areas except for Theatres workforce supporting elective activity. NHSE have launched a new programme aiming to improve price cap compliance for agencies across the Midlands. In terms of price cap overrides there were 10 shifts in September within Neonates and 183 shifts in Theatres. The remaining were all medical shifts which is a clear priority to reduce (793 shifts).

Workforce – Contracted WTE

The Shrewsbury and Telford Hospital NHS Trust



Summary:

Contracted figure of 7,152 WTE in September, which is an increase of 57 WTE in month.

Total workforce utilisation in September increased by 3 WTE to 7921 WTE with an increase in contracted of 57 WTE offset by a reduction in agency of 9 WTE and decrease in bank of 46 WTE.

The agency panels continue to monitor shifts being released to capped rate agencies. All nursing agency rates are now at capped rates with the exception of a few specialist areas. Work with NHSP National Bank continues to further reduce reliance on agency.

Reductions in agency use reflects the rigor of the agency panels in reviewing requests. All internationally educated nurses have now complete their supernumerary training period.

Recovery actions:

- A process being developed to support with the recording and reporting of individuals who have been promoted to a higher grade
- Work to deploy Manager Self Service continues with pilot phase commencing through November; ensuring we are a self-service enabled organisation is a key enabler for delivery against new Future Workforce Solution
- Review of coding constructs on ESR is underway to assure that the quality if data helped on our workforce systems is of high quality
- Agency performance continues to be monitored t reduce the number of agencies we are engaging with
- Automation of our systems continues with nine new ESR BI alerts developed totalling 27 that remove manual processes
- Loop continues to be deployed to which provides enhanced mechanism for individuals to review their shifts and supports utilisation of our digital systems
- Development work continues to transition some key divisional workforce reports to a Power BI platform with a view to providing better visibility of our key workforce metrics therefore allowing for better decision making
- Roster approval lead-times have now moved to 8 weeks

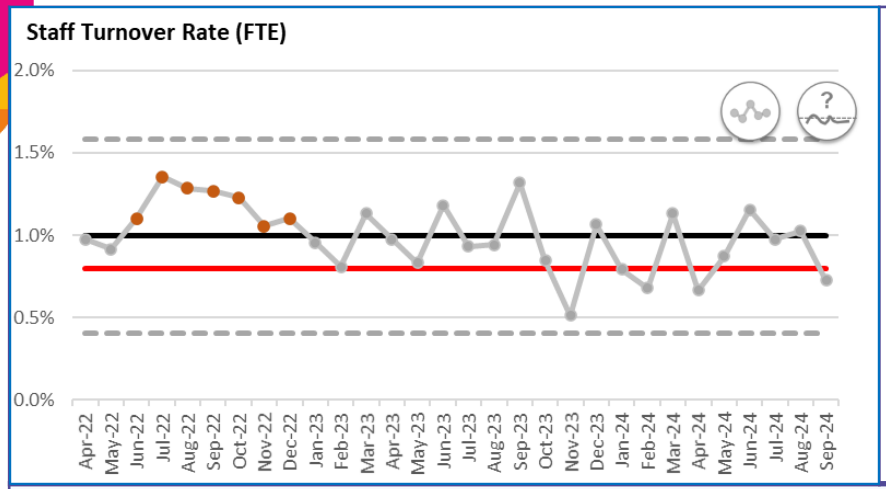
Anticipated impact and timescales for improvement:

Key priorities for People Plan 2024/25.

Recovery dependencies:	On-going focus on progressing workforce systems utilisation and leadership alongside system approach to working.

Workforce – Staff turnover rate

The Shrewsbury and Telford Hospital NHS Trust



Summary:

Our Turnover target for 2026 is 10%. The rolling 12-month turnover rate for September decreased by 0.5% to 10.5% which equates to 697 WTE leavers. An in month turnover rate of 0.7% equates to 48 WTE leavers in September. NHS Leaver turnover rate (those moving outside of the NHS) over the last 12 months is 6.8% equating to 455 WTE NHS leavers.

Staff groups where turnover is above 10.5% include Allied Health Professionals (12.8%), mainly attributed to Physiotherapist (17 WTE) and Diagnostic Radiographers (12 WTE) leavers; Add Prof Scientific and Technic (12.4%); Additional Clinical Services (11.7%) and Admin and Clerical (10.8%).

We continue to see low numbers of those reporting 'unknown' as a reason for leaving. Work life balance remains the highest reason for leaving with 130 WTE leavers over the last 12 months and relocation the second highest reason with 126 WTE leavers.

Recovery actions to achieve our turnover target:

- Launch of Staff Survey 2024 to continue engagement and listening to our people on how further we can improve working life at SaTH
- Plans being developed to promote the Bank Staff Survey
- Civility Respect and Inclusion programme continues- Delivery to MEC colleagues is a priority
- Anti racism, bystander, allyship and cultural awareness programme to be delivered to band 7-8C nursing, midwifery and AHP workforce as a priority group
- Staff Networks and regular cultural awareness and recognition events continue. More to be done to support and engage networks but good executive engagement. System plans also being developed and we are supporting and engaged in this
- Staff health clinics continue, and more focus needed on Menopause
- Facilitated conversation training to be launched by Q3/4 to support early intervention and resolution of issues

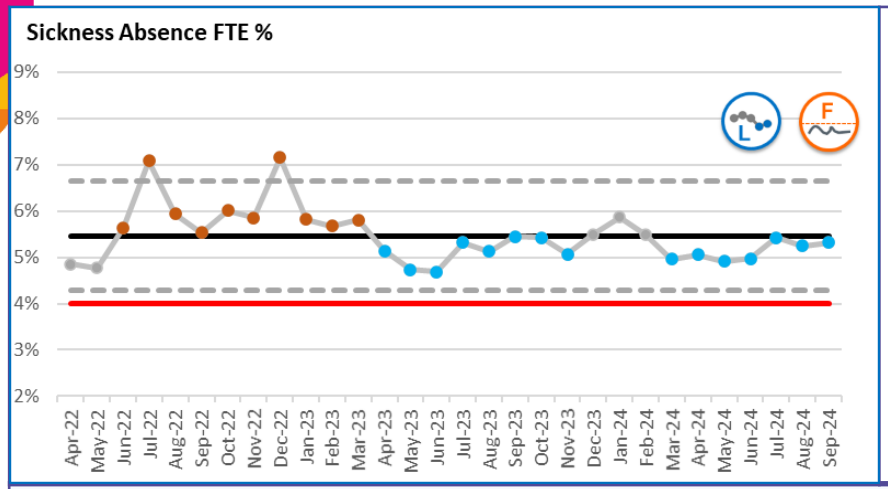
Anticipated impact and timescales for improvement:

Key priorities for People Plan 2024/25.

Recovery dependencies:	On-going focus on culture and leadership alongside system approach to working. Engagement and support from our divisions.

Workforce – Sickness absence

The Shrewsbury and Telford Hospital NHS Trust



Summary:
Our sickness target for 2026 is 4.5%. September sickness rate increased to 5.32% (379 WTE) remaining above target by 0.82% (58 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 26% of calendar days lost in September equating to 97 WTE. 12% (45 WTE) of sickness was attributed to other known causes with other musculoskeletal (which does not include back problems) at 11% (40 WTE). The average number of calendar days absent per sickness episode in September reduced from 8.9 days in August to 7.6 days in September. Target reduction of 4% total unavailability (31% to 27%) by the end of the year to support our cost improvement programme)

Estates and Ancillary staff group has the highest sickness rate at 8.2%, with Additional Clinical Services at 6.3% and Nursing and Midwifery at 5.6%.

Recovery actions to achieve our target:

- Deep dive into mental health absences and triangulation, alignment to unavailability work continues. Review of colleagues awaiting interventions on long term sickness to explore further support
- Wellbeing conversation masterclasses are now available to support a preventative approach
- People promise exemplar remains on track. Health passport updated and relaunched. Guidance to support reasonable adjustments in development
- Menopause discussion to be held at Leadership Conference on World Menopause Day- 18th October 2024
- Creating the right culture is fundamental to ensuring SaTH is a great place to work which in turn will support delivery of all the strategic priorities. Our culture improvement programme, to support leadership development continues and remains critical to this work
- Review of Healthroster with People Advisory Team to support the management of sickness absence and realise the benefits of our digital systems in a real-time environment; working group in place to further develop this

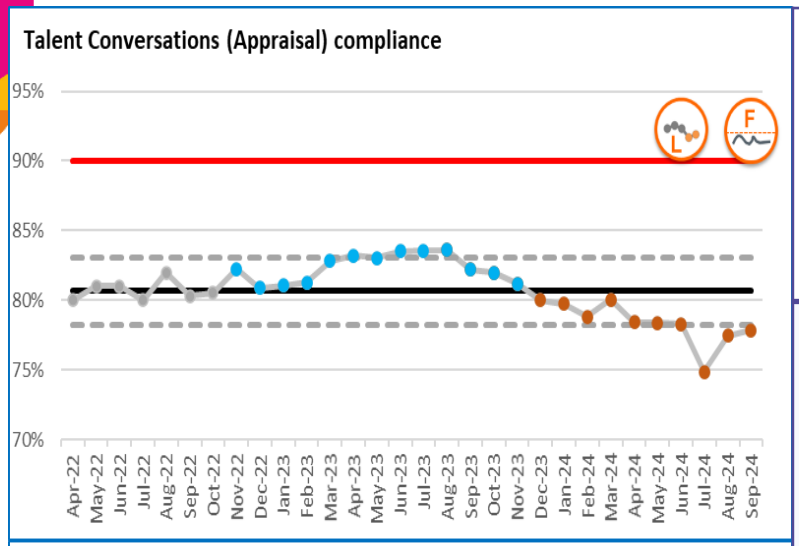
Anticipated impact and timescales for improvement:

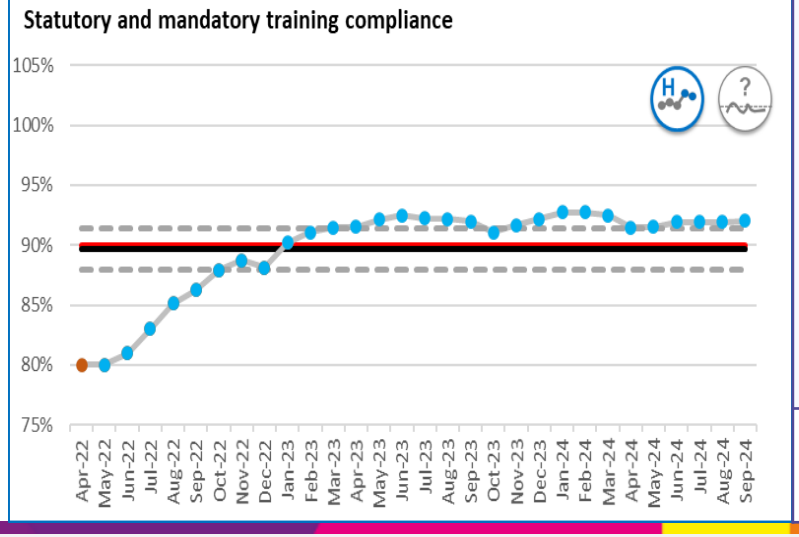
Key priorities for People Plan 2024/25.

Recovery dependencies:	To ensure strong leadership behaviours, values to support desired culture during challenging times. Support from leaders to ensure proactive management of people and support provided.

Workforce – Talent Conversations & Training

The Shrewsbury and Telford Hospital NHS Trust





Summary:

Our Mandatory and statutory training compliance target by 2026 is 93%. The current rate is 92.1% which is 0.9% below the 2026 target.

Talent Conversations (Appraisals) target for 2026 is 90%, this month saw our medical appraisals drop to 89.8% which is the lowest for the last 12 months. For non-medical colleagues, talent conversations increased to 77.9% but still vastly below where we need to be.

Recovery actions to achieve our 2026 target:

- Review of our compliance alert processes to ensure all leaders have access to data to support forward planning
- Sustained improvement in Talent Conversations is critical, the refreshed paperwork has been launched and need to monitor impact
- Developing a system talent management approach and pool is part of our People Strategy and ambitions and support scope for growth and High Potential Scheme further discussions end October
- Review of mandatory and statutory training continues
- Apprenticeships completion rate remains at 88%, 201 active learners on programme
- DFN Search Intern programme continues – seeking 3 further placements
- Telford college, Keele university collaboration to start with Nursing Associate qualification

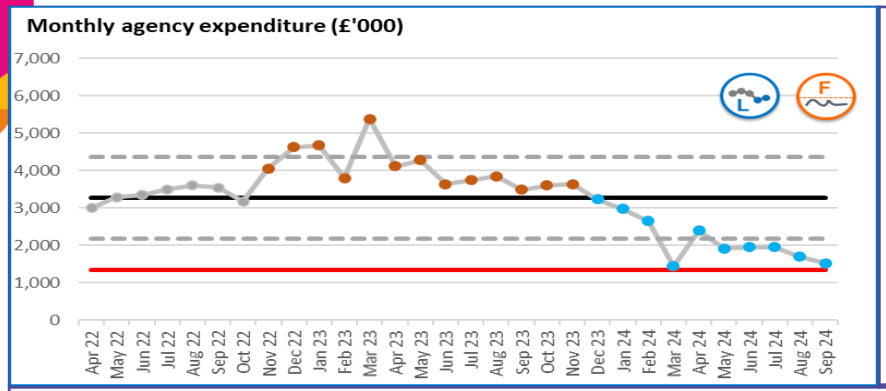
Anticipated impact and timescales for improvement:

Key priorities for People Plan 2024/25.

Recovery dependencies:	Leading by example to support colleagues to undertaking Talent conversations. Continue to support development of education as fundamental to our reform agenda.

Agency Expenditure – Monthly

The Shrewsbury and Telford Hospital NHS Trust



Summary:

In September overall pay reduced compared to August. Agency staffing costs continue to fall, with in-month expenditure of £1.5m.

At month 6 total medical agency costs reduced by £119k, bank costs also reduced marginally by £14,000. Total medical temporary workforce usage has been reducing since July 2024, however bank costs remain high, and a number of specialties usage remain at higher than planned levels. The highest cost sits within three specialties, Emergency medicine, General Medicine and Acute Medical. Currently 60 medical agency doctors supporting the Trust which are being reviewed through the medical efficiency group.

Recovery actions to achieve our 2026 target:

- Rigor around WTE budgets continues requiring either approval through the 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
- Escalation of agency nursing requests beyond capped rates continue to be reviewed at twice daily approval panels with minimal numbers escalated above capped rate
- Currently reviewing process for nursing agency requests to be approved via a panel before releasing to capped rate agency
- Commenced working with NHSP National Bank to facilitate a migration of non-medical agency workers to join the NHSP bank which will further reduce agency use
- All substantive recruitment continues to be monitored through vacancy control panels at divisional level with executive attendance
- 100% compliant with no off-framework agency use and are working with agency providers to further reduce nursing agency capped rates which will drive further cost reductions over the coming months
- By working with the West Midlands Cluster to implement agency target rates for medical workforce there is an expected reduction in medical agency costs. This will be introduced over the next three months
- Nurses continue to be automatically auto-enrolled on Trust Bank

Anticipated impact and timescales for improvement:

Continued reduction of agency nursing expected to end of year.

Recovery dependencies:	Escalation plan delivery and workforce unavailability going into winter.

Staffing – actuals vs plan

Plan	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Substantive	7113	7116	7123	7119	7107	7,099
Bank	687	687	687	653	619	585
Agency	321	313	306	277	247	218
Total	8121	8116	8116	8049	7973	7,903
Actual	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**
Substantive	7107	7118	7093	7057	7095	7152
Bank	618	628	624	652	653	607
Agency	269	252	226	213	171	162
Total	7994	7999	7942	7922	7918	7921
Variance	**Apr-24**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**
Substantive	-6	2	-30	-62	-12	53
Bank	-69	-59	-63	-1	34	22
Agency	-52	-61	-80	-64	-76	-56
Total	-127	-117	-174	-127	-55	18

Summary:
Total staff usage of 7,921 WTE in September which is 17.23 WTE over plan and an increase of 2.92 WTEs compared to August.

Contracted figure of 7,152 WTE in September, which is an increase of 57 WTE in month. Overall reduction in temporary staffing usage of 55 WTE in September with a reduction in agency use of 9 WTE and a reduction in bank of 46 WTE. The contracted increase reflects additional resident doctors and recruitment into agreed service developments such as Endoscopy and Radiology. Since the operational plan was approved, there have been circa 100 new additional externally funded posts agreed.

Bank costs however are not reducing as planned month on month and are materially adverse to plan (£1.9m, 8.3%). It should be noted that £0.6m of this relates to the cover of industrial action

Continued actions:

- All recovery actions are clinically led
- A process for approving capped rate shifts to be escalated to agency has been introduced which will further provide further rigor around agency utilisation
- The roster scorecard dashboard continues to support the monitoring of workforce utilisation and efficiency
- We continue to progress with work to increase the lead-time for our roster approvals from 6 weeks to 8 weeks
- Further agency controls
- Divisional WTE reduction plans being developed

Anticipated impact and timescales for improvement:

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

Dependencies:	On-going focus on progressing workforce systems utilisation, culture and leadership alongside system approach to working.

Well Led - Finance

Executive Lead:

Director of Finance

Helen Troalen

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Current Month Trajectory (RAG)	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Trend
Finance	End of month cash balance £'000	1,700	2,271	16,537	11,748	14,939	15,038	49,472	54,689	58,369	39,634	36,999	29,444	24,375	15,051	
	CIP Delivery £'000	2,636	1,027	1,138	2,010	1,317	1,978	2,400	3,506	850	869	1,915	2,125	2,367	2,799	
	Balanced £ Position £'000	30,240	(57,447)	(68,661)	(80,155)	(87,977)	(91,696)	(57,673)	(54,583)	(7,209)	(5,721)	(8,100)	(7,676)	(5,524)	28,608	
	Year to date capital expenditure £'000	7,669	2,497	3,205	4,478	4,951	8,246	9,058	18,423	741	993	1,544	2,146	1,940	1,039	

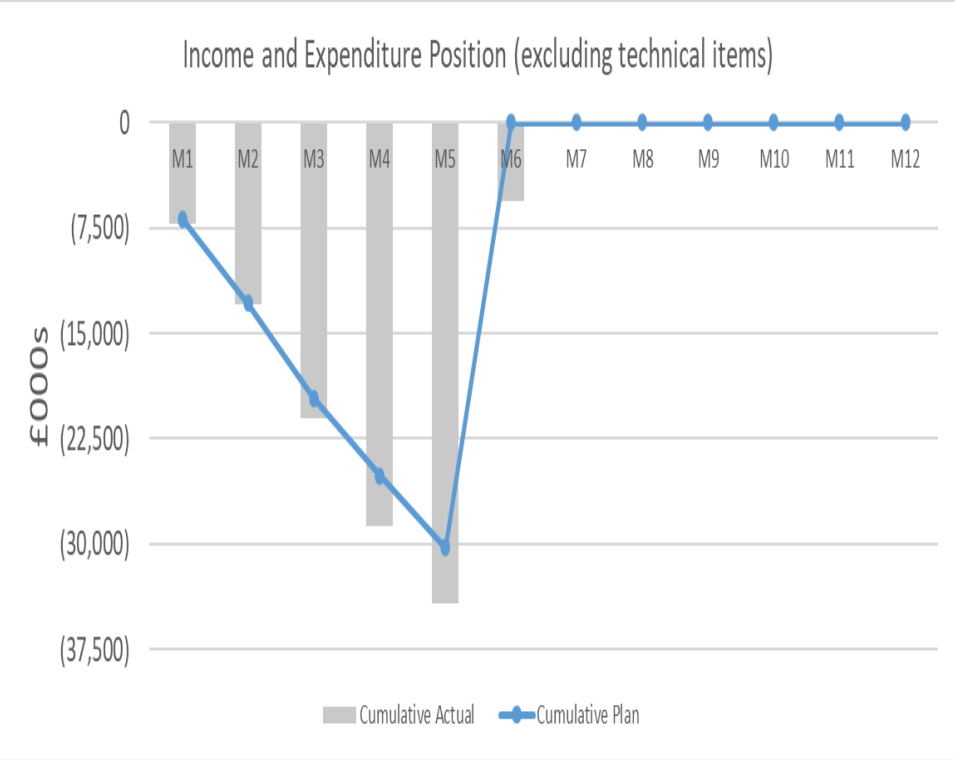
Finance Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

- The Trust submitted an updated finance plan to NHSE on 12th June which showed a deficit plan of £44.3m for the year which is in line with the financial parameters set by NHSE. In September the Trust received additional funding to cover the planned deficit resetting the annual plan to breakeven and phasing the additional income to also reset the year to date position to breakeven. At the end of September (month six), the Trust has a deficit of £5.6m against that restated breakeven position which has moved from a £4m adverse variance at month five. The drivers of the variance remain largely consist: loss of income due to the non-consultant industrial action in June and July (£1.7m), escalation costs being above plan in July (£0.4m), temporary staffing premiums (£2.1m), endoscopy income (£0.5m) and CIP slippage (£0.4m). The Trust has five main deliverables within the operating plan for 2024/25 which will materially impact the financial position if not delivered:
    - Delivery of the activity plan to secure the ERF and potentially additional income – The Trust continued to record activity income in line with plan at month six due to reporting limitations linked to the EPR replacement. However, it is of note that excluded drugs and devices and ERF income continue to be reported in line with expenditure.
    - Delivery of the efficiency plan – The trust has an efficiency target of £44.7m (7.6%) in 2024/25. At the end of September, £10.9m has been delivered against a target of £11.7m with shortfalls against the planned reduction of escalation capacity and income related schemes which currently cannot be validated.
    - WTE reduction plan – the current operational plan includes a reduction of 644.39 WTE by March 2025 compared to the number of staff in post in March 2024. At the end of September the actual wte is 17.23 WTE above plan which relates to substantive (51.48), and bank (22.03), partially offset by agency being below plan (56.29) .
    - Delivery of the agency reduction plan – the successful arrangements in relation to nurse agency remain in place. Expenditure has continued to fall with total expenditure of £11.5m year to date which is £1.0m deficit to plan which is driven by escalation costs being above plan and medical staffing linked to vacancy cover. There is a renewed focus on medical agency in the second half of the year.
    - Delivery of the bed plan with reliance on system partners for out of hospital capacity – the current operational plan requires a significant reduction in escalation capacity and improvements in length of stay. This necessitates both internal and external interventions to deliver in full and links to the actions being taken by the UEC transformation board. At the end of September, the planned reductions in escalation had occurred however slippage seen in July has not been fully recovered. The operational plan is for the majority of escalation capacity to cease from the end of September and is therefore a risk to the financial position.
- The Trust has set an operational capital programme of £16.8m and £75.5m for externally funded schemes for 2024/25, giving a total capital programme of £92.3m of which £8.4m has been spent at month six.
- The Trust held a cash balance at the end of September 2024 of £15.1m.

Income and expenditure

The Shrewsbury and Telford Hospital NHS Trust



Summary:
The Trust has submitted and had approved a financial plan deficit of £44.3m in 2024/25. In line with the stated NHSE policy at the time of planning, as a result of the STW plan for the year being within the NHSE agreed deficit, the Trust has received financial support to the value of the planned deficit. This has adjusted the annual and year to date plan to a breakeven position.

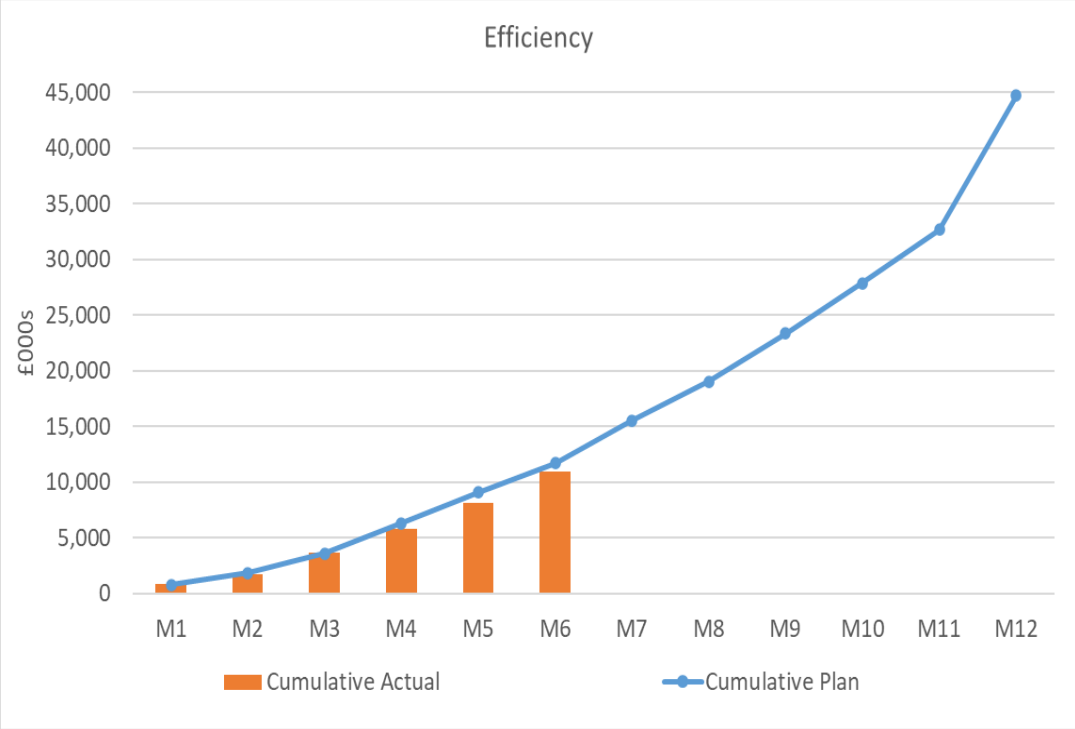
The Trust recorded a year-to-date deficit at month five of £5.6m against a revised planned breakeven position. Of the £5.6m deficit, £1.7m relates to the lost income of industrial action, £0.4m relates to escalation, £2.1m relates to agency and locum expenditure predominantly in medical staffing, £0.4m caused by CIP slippage, £0.3m due to the increase in deanery doctors and £0.5m at risk endoscopy income.

The key driver of the costs within the direct control of the Trust are staffing costs and recovery actions linked to staffing costs whilst maintaining service standards are a key focus for the second half of the year.

Recovery actions:	**Anticipated impact and timescales for improvement:**
Recovery actions remain in 2024/25 and include: - Further reduction of escalation capacity which is dependent on both internal and external actions and is being supported by PwC. - Complete review of medical staffing and process to secure staffing to ensure efficient temporary staffing cover and utilisation of additional resident doctors.	Actions being undertaken will have a continued improvement on the financial position and are monitored on a weekly basis. This work is being supported by the financial recovery taskforce.

Recovery dependencies:	Risk remains in relation to the use of escalation capacity.

Efficiency



Summary:
The Trust has a total efficiency target for 2023/24 of £44.7m. This includes £41.0m of budget releasing savings and £3.7m of run rate reductions.

As at the end of September (month 6), the Trust has delivered £10.9m of efficiency savings for 24/25 which is £0.8m deficit to planned delivery of £11.7m.

The main drivers for this under delivery is escalation costs not reducing to the levels planned in July along with slippage in relation to activity income schemes which cannot be validated. There are also a number of red and amber rates schemes which put at risk the delivery of the in-year plan.

Recovery actions:
The Trust has stood up a multi-disciplinary financial recovery programme office which is being supported by PWC through a contract commissioned by the ICB. The main focus of this work is delivery of the WTE plan, unavailability, medical workforce efficiency and any support required on the plan to reduce reliance on escalation.

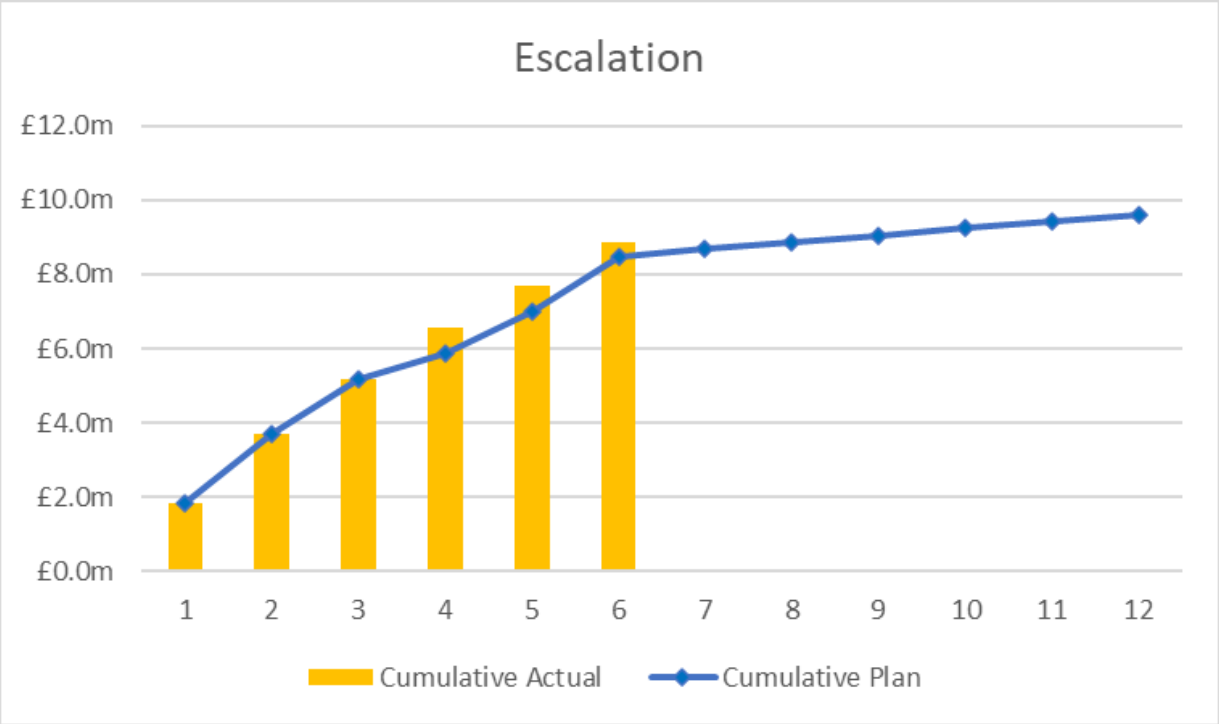
The efficiency programme is managed through the Efficiency and Sustainability Group and Operational Performance and Oversight Group with executive oversight through Finance Recovery Group.

Anticipated impact and timescales for improvement:

By year end (March 2025)

Recovery dependencies:	Delivery of actions against PIDs

Escalation



Summary:
Included within the operational plan bed model is a requirement for varying levels of escalation throughout the year including core beds as well as utilising unconventional capacity.

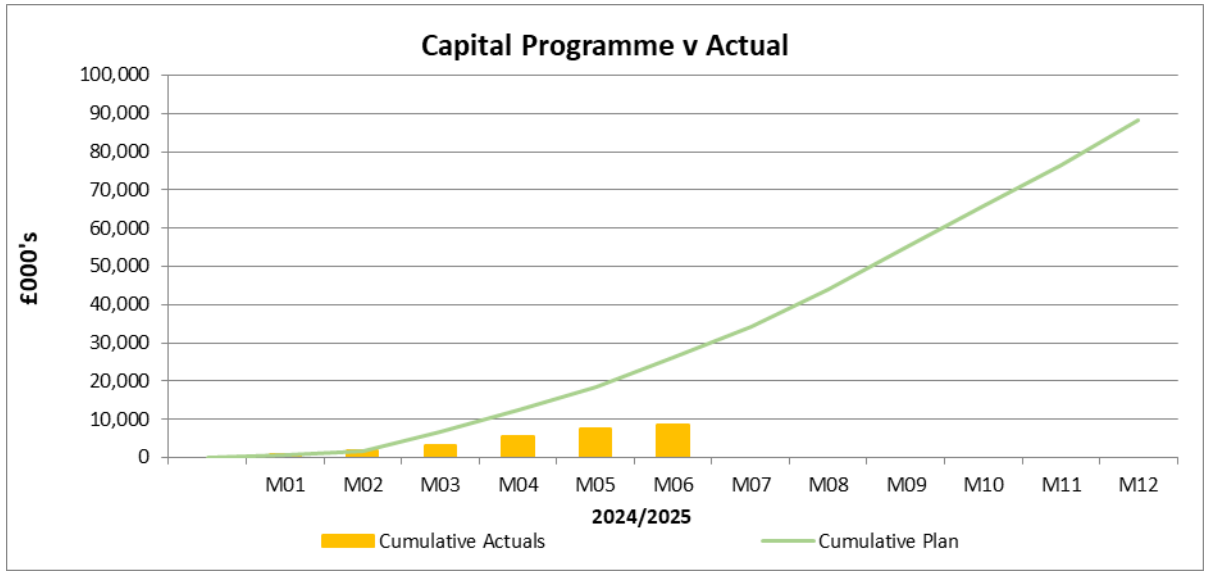
The requirement on a monthly basis is driven by changes in demand, offset by both internal and external interventions such as reduction length of stay and reductions in the number of patients with no criteria to reside, all of which is linked to the delivery of the 4 UEC transformation workstreams.

In September, the escalation costs reduced by more than was forecast in the month, however, overall the expenditure remains off plan year to date due to slippage in July. There is now limited scope to recover in year and there is in fact a risk of a significant overspend against the budget.

Recovery actions:	**Anticipated impact and timescales for improvement:**
SaTH is working in conjunction with the ICB, other system partners supported by PWC to reduce the need for expensive escalation capacity. This is directly overseen by the UEC Programme Board.	Increased delivery expected over the coming months, linked to further improvement in UEC metrics.

Recovery dependencies:	Delivery of escalation reduction is linked to 5 workstreams from UEC transformation programme and managed through UEC board.

Capital Programme



Summary:
As required due to the NHSE business rules, the 2024/25 operational capital programme has been revised down by 10% to £16.8m.

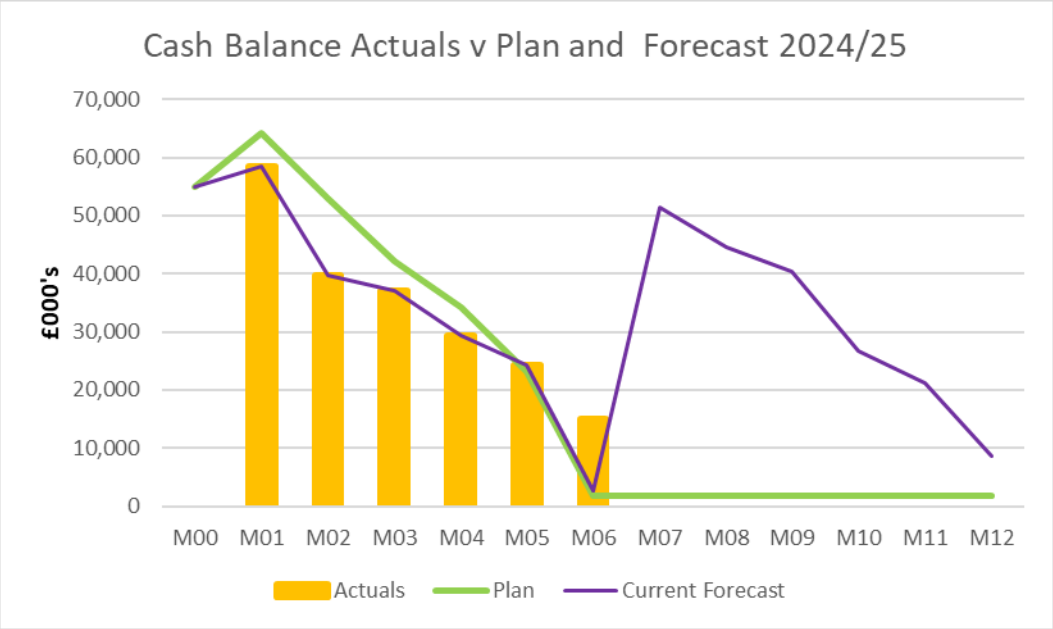
In additional to the £71.6m already agreed for externally funded schemes, the Trust has received confirmation of £3.9m funding for RAAC, bringing the total external funding to £75.5m. In addition, a Public Sector Decarbonisation Scheme grant of £8.1m in 2024/25 has also been approved to be spent on decarbonisation initiative on the Shrewsbury site.

The total capital programme for 2024/25 has now increased to £92.3m (excluding Salix).

As at month six £8.4m of expenditure has been incurred.

Recovery actions:	**Anticipated impact and timescales for improvement:**
The delay on HTP due to the pre-election period has slowed expenditure. A key recovery action will be the pace linked to this programme.	Year end (March 2025)
Recovery dependencies:	N/A

Cash



Summary:
The Trust undertakes monthly cashflow forecasting.

The cash balance brought forward into 2024/25 was £54.9m with a cash balance of £15.1m (ledger balance of £14.9m due to reconciling items) held at end of September 2024.

The Trust has received confirmation of receipt of planned deficit cash support of £44.3m in October, which is shown in the graph.

The graph illustrates actual cash held against the plan. The cash position is in excess of the original plan at end of September, due to higher capital balances held and lower spending on creditors to date, this is a timing issue only.

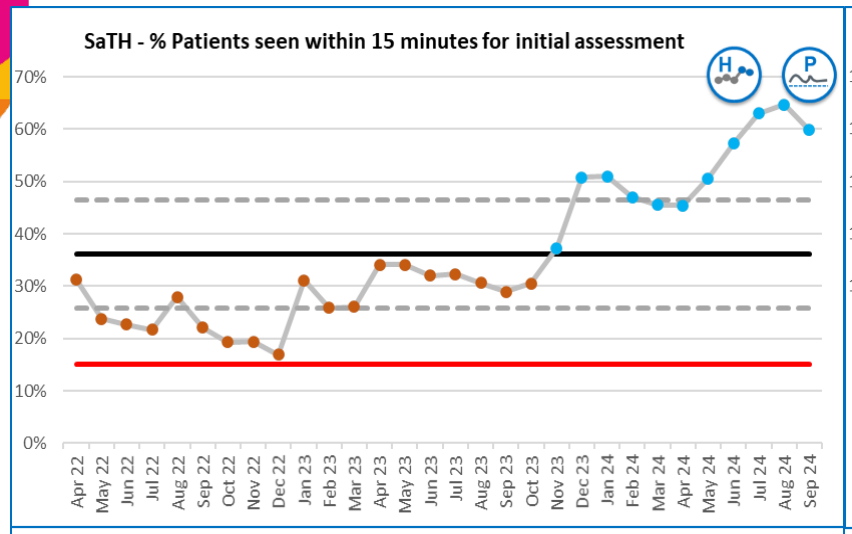
Recovery actions:	**Anticipated impact and timescales for improvement:**
N/A	N/A

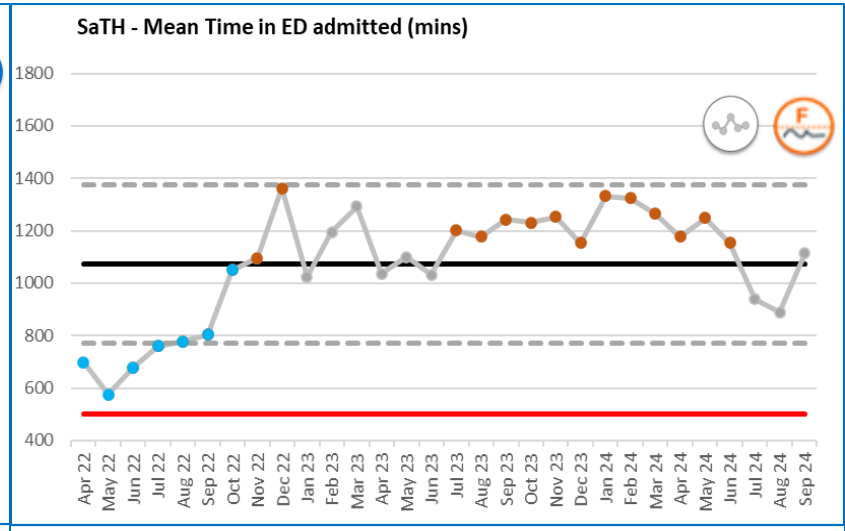
Recovery dependencies:	N/A

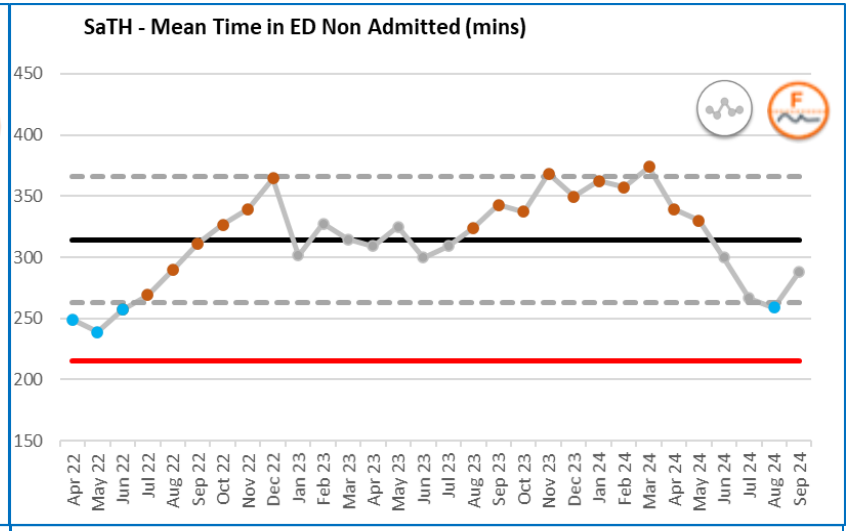
Appendices – Responsiveness and Well Led

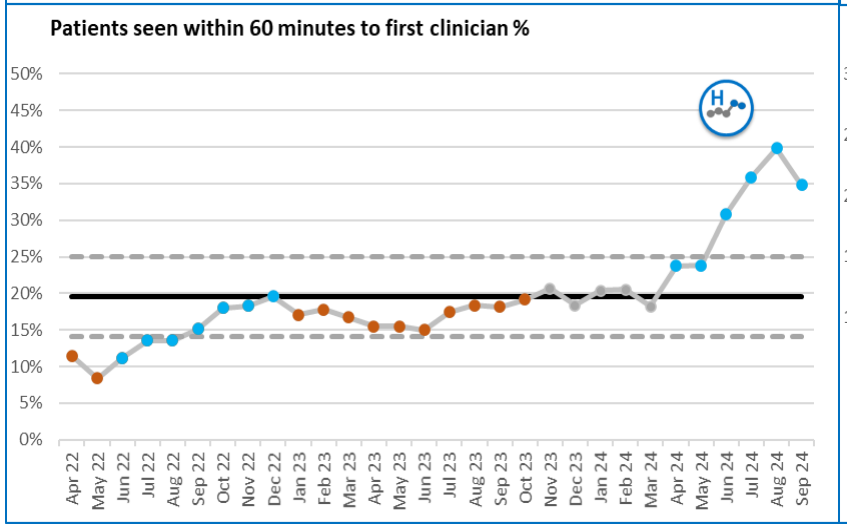
Appendix 1 – supporting detail on Responsiveness

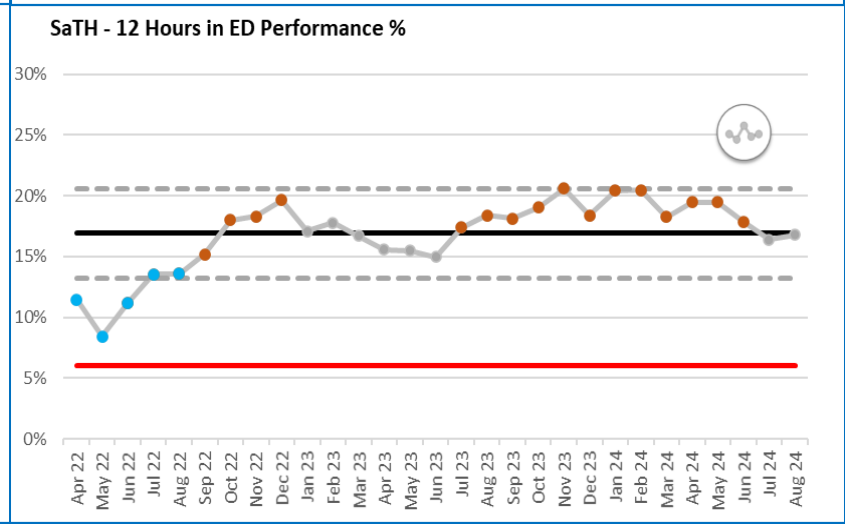
The Shrewsbury and Telford Hospital NHS Trust

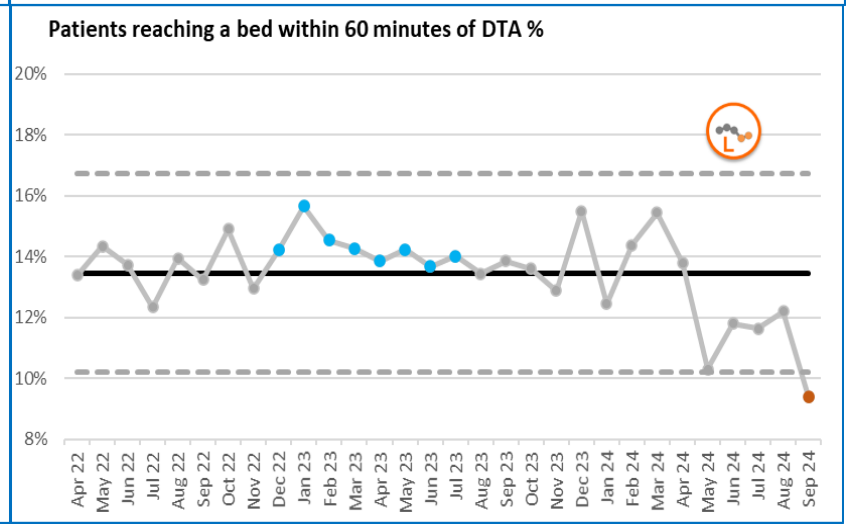






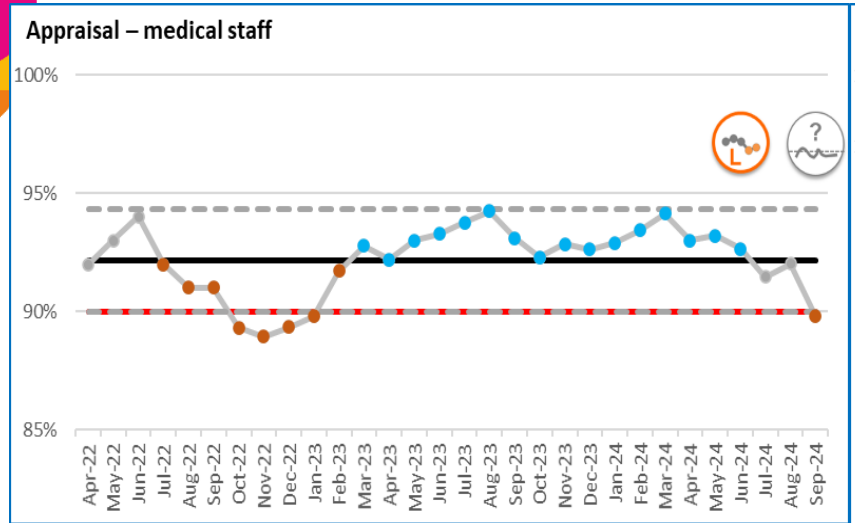


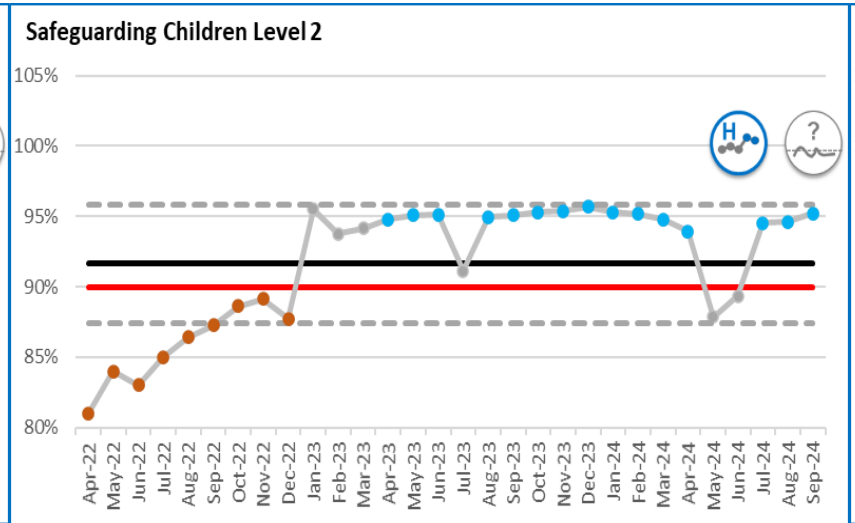


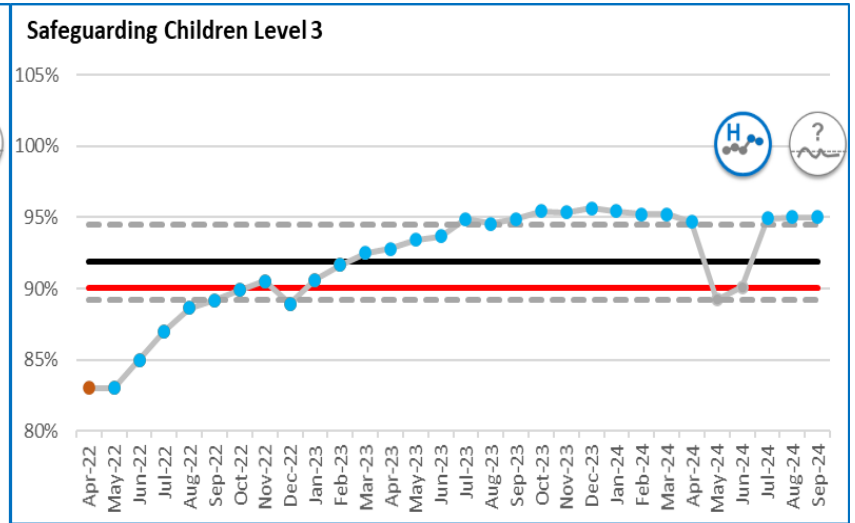


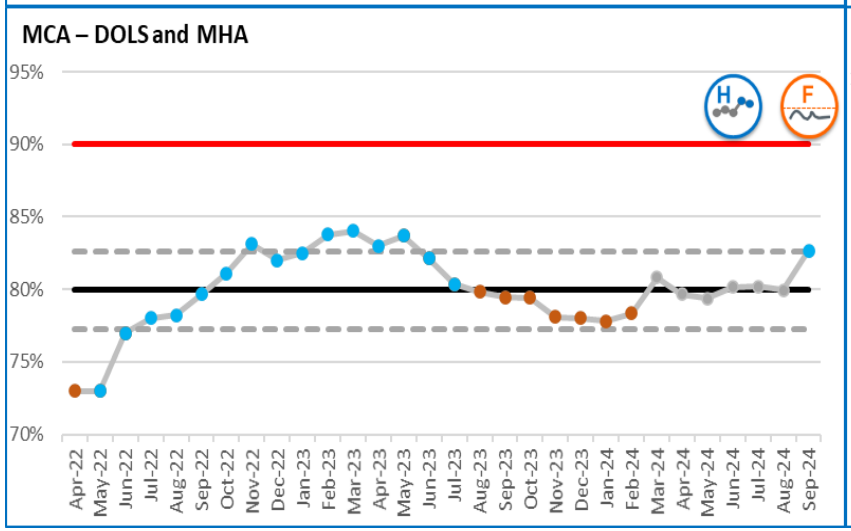
Appendix 2 – supporting detail on Well Led

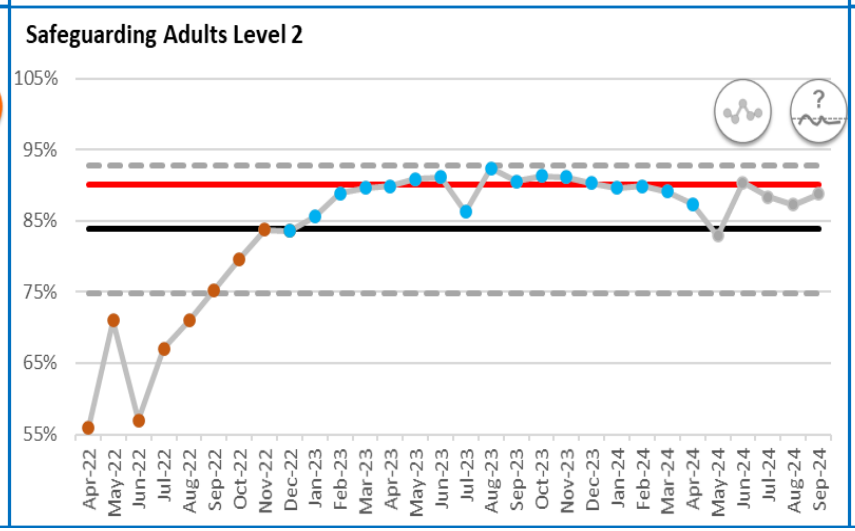
The Shrewsbury and Telford Hospital NHS Trust

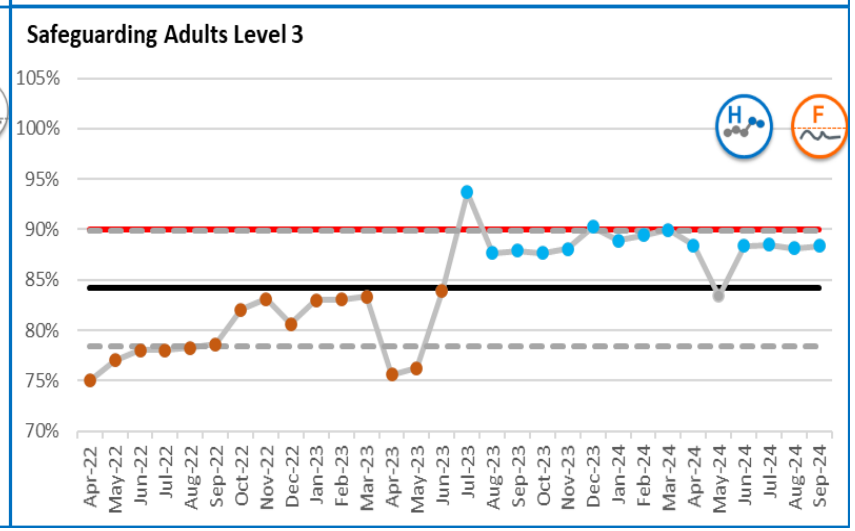












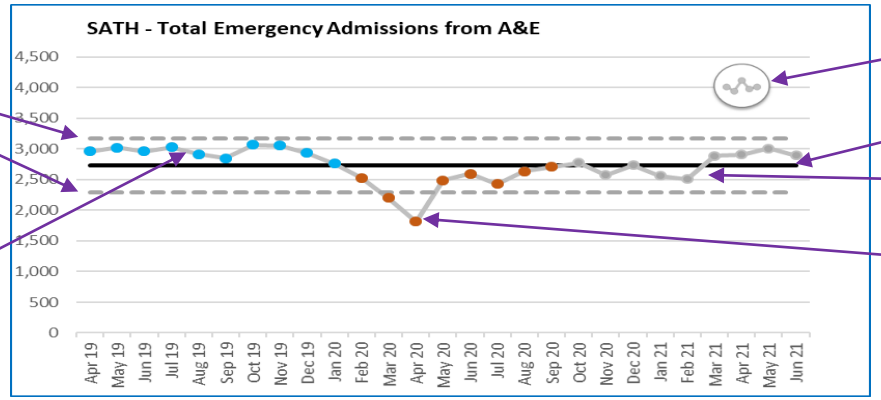
Appendix 3 – Understanding statistical control process charts in this report

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



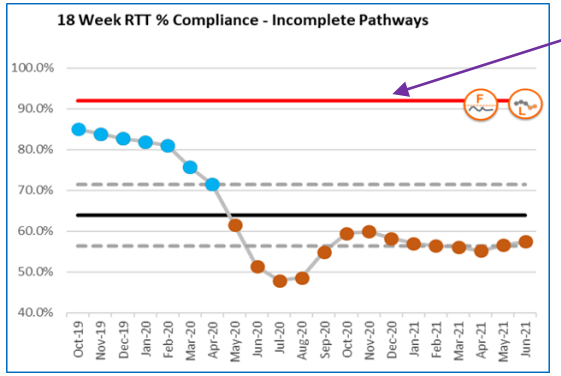
Icon showing most recent point type of variation

Mean or median line

Common cause variation

Special cause variation – data point outside of the process limit

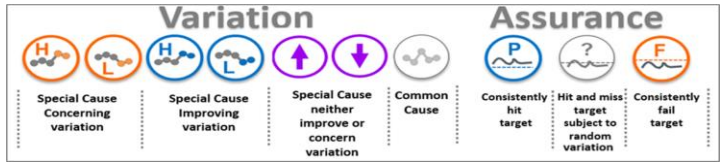
Where a target has been set the target line is superimposed on the SPC chart. It is not a function of the process.

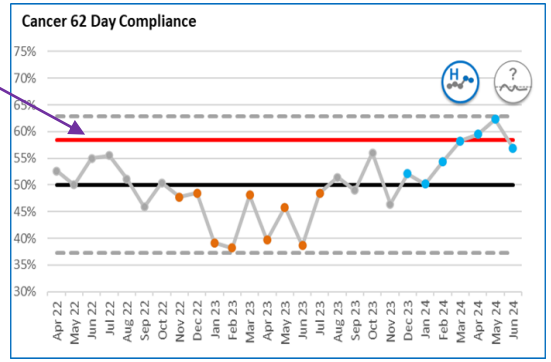


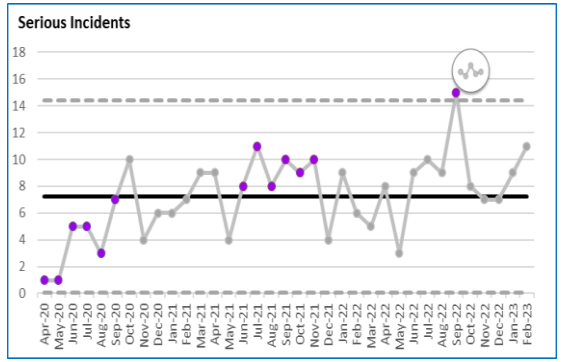
Target line – outside the process limits.

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







Appendix 4 – 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 4 – 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 4 – 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