The Shrewsbury and Telford Hospital NHS Trust

Board of Directors' Meeting: 9 May 2024

Agenda item	072/24			
Report Title	Integrated Performance Report			
Executive Lead	Louise Barnett, Chief Executive Officer			
Report Author	Inese Robotham, Assistant Chief Executive			
CQC Domain:		**Link to Strategic Goal:**		**Link to BAF / risk:**
Safe	√	Our patients and community	√	BAF 1, 2, 3, 4, 5, 8, 9, 10, 11, 12
Effective	√	Our people	√	
Caring	√	Our service delivery	√	**Trust Risk Register id:**
Responsive	√	Our governance	√	All risks
Well Led	√	Our partners	√	
Consultation Communication	Quality Operational Committee, 2024.04.16 Quality & Safety Assurance Committee, 2024.04.30 Finance Performance Assurance Committee, 2024.04.30 Senior Leadership Committee – Operational, 2024.04.18			
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 February/March 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 9 May 2024

Presenting Month 12 performance data

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

Contents

The Shrewsbury and Telford Hospital NHS Trust

Domain/Report Section	Executive Lead	Slide location
Executive Summary	Chief Executive	3
Operational Plan 2023/2024	Chief Executive	4
Quality Patient Safety and Clinical Effectiveness	Director of Nursing Medical Director	9
Responsiveness	Chief Operating Officer	29
Well Led (Workforce)	Director of People and Organisational Development	44
Well Led (Finance)	Director of Finance	52
Appendix		59

Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

The performance against the 4-hour UEC standard in March 2024 showed a marginal improvement – 60.3% versus 59.1% in February 2024 and there was a reduction in the monthly number of 12-hour trolley breaches (844 In March 2024 v 860 in February 2024). The percentage of patients seen within 15 minutes for initial assessment decreased further by 1.5% (45.5% in March 2024 v 47% in February 2024).

The Trust submitted a plan for a deficit of £45.5m for 2023/24 on the 4th May 2023. The Trust has subsequently been notified by NHSE that the planned deficit of £45.5m will be funded non-recurrently in year, with this being reflected in the month eleven financial position. At month twelve the Trust has recorded a deficit of £54.6m against planned deficit of £0.0m; an adverse overall variance to plan of £54.6m but in line with the forecast. £17.2m of efficiency savings have been delivered year to date against the internal plan of £19.7m, with year-to-date slippage predominantly against the workforce BTI and direct engagement schemes. In addition, £1.7m of the stretch target of £5.3m has been delivered taking the total delivery to £18.9m. Whilst there is slippage in year, recurrently the target of £17.1m has been met in full. The Trust has also fully delivered the 2023/24 operational capital programme.

In relation to the elective recovery programme the Trust continues to be monitored at Tier 3. There were 0 patients waiting over 104 weeks and over 78 weeks at the end of March 2024 and none forecast for April 2024. The validated year end position was 378 patients waiting over 65 weeks against our re-forecast plan of 550. PRH DSU is fully escalated to support UEC and we are unable to use W5 for elective orthopaedic activity pending upgrade of the ventilation system. RJAH is supporting elective activity as continuation beyond the winter plan, and we are reviewing alternative options to recommence elective activity until the Elective hub becomes available in early June.

Cancer recovery continues to be monitored at Tier 1 level. In cancer our focus continues to be on reducing the backlog of patients waiting over 62 days for treatment and on Faster Diagnosis Standards (FDS). The 'fair shares' 62-day target was exceeded by achieving 197 as at the end of March 2024 against a target of 212. Our validated FDS position for February was 77.3% against the national target of 75% and the unvalidated position for March is 77.4% against the plan of 78.3% with 78.1% data completeness.

Performance against the diagnostic standard showed a deterioration compared to February 2024 (75.4% v 80.5%) with an associated increase in the volume of 6-week breaches from 2275 to 3318.

Operational Plan 2023/24 Objectives

The Shrewsbury and Telford Hospital NHS Trust

Objective	Month 12 Status Summary	Current Status	Committee
1: Deliver phase 3 of our Getting to Good Programme to continuously improve care for our patients and community standards	Progress status for Medical Staffing project remains off track and RAG rated **Red** in the period. Work is ongoing to develop a new delivery plan for this area. Progress status of the Recruitment and Retention project has moved from **Red** to **Amber**, new plans on a page have now been agreed and will be monitored through "Getting To Good". Progress with the Cultures and Behaviours project has moved from **Amber** to **Green**, assurance has been provided for the delivery of the programme by the end of the year. Nine projects are RAG rated **Green** – On Track for overall progress and the remaining eleven projects are all RAG rated **Amber** – At Risk. One project remains Red 'Off Track. At year end 2023/24 we have successfully **Delivered and closed** four projects.	A	QSAC SLC-O
2: Restore and sustain elective orthopaedics and other services	The opening of the Elective Hub has been delayed until June 2024. Elective day case activity is being supported by W5 beds and in-patient elective orthopaedics is being supported via mutual aid by RJAH as part of the winter plan. DSU at PRH is fully escalated to support UEC pressures.	A	FPAC
3: Achieve 28-day faster cancer diagnosis standard for patients	Our validated position for February was 77.4% against the target of 73.7%. March's unvalidated position is 77.4% with 78.9% data completeness.	G	FPAC
4: Improve flow through our hospitals by delivering our Emergency Care Improvement Programme	1) ED 4 hour performance was 60.3% against a trajectory of 76%. This was a slight improvement on February which was 59.1%. There was a reduction in the monthly number of 12-hour trolley breaches (844 In March 2024 v 860 in February 2024) 2) Average days between a patient on discharge pathway 1-3 being declared fit to leave hospital and discharge has reduced further from 5 days in April 2023 to 3 days in March 2024	R	FPAC
5: Improve efficiency, deliver within our budget, demonstrating financial prudence and making every penny count	The year end deficit to plan is £54.6m and is in line with forecast. Recruiting substantively to reduce the reliance on high-cost agency remains priority along with reviewing the headcount across the Trust. Financial controls have been put in place and are under continuous review.	R	FPAC

Operational Plan 2023/24 Enablers

The Shrewsbury and Telford Hospital NHS Trust

Enablers	Month 12 Status Summary	Current Status	Committee
1: Value difference and live the People Promise in our teams	Recruitment into substantive vacancies has slowed as greater scrutiny is now in place on reviewing our vacancies. However, our vacancy position is at the lowest levels seen in many years now at 2.1% following successful recruitment efforts this year. Our overall turnover position remains below target which is encouraging, there are however some staff groups are requiring additional support to help improve retention including Theatres, Pharmacy, and Healthcare Support Workers. Mandatory training has been above target since January 2023 and the Education Team continue to use Pareto Analysis to identify areas to improve compliance levels. STEP management skills programme new cohort started in January 2024 along with re-launch of The Foundations of Supervision and Team Leadership (FOSATL) Programme. Over 1,300 staff have accessed and used resources on our Talent Platform, including career planning tools, self-assessments and online learning modules.	A	People Committee
2: Progress our Hospitals Transformation Programme Plans to improve care for all	We are progressing through the final stages of the business case approvals process for the programme. Enabling works continue with contractors on the RSH site. Engagement work remains ongoing, and throughout the programme we continue to work closely with our local communities, patients, and colleagues along every step of the journey to improve the experience for all our communities and staff.	A	HTP Programme Board
3: Implement phase one of our Electronic Patient Record (EPR) programme - includes replacing the Patient Administration System	The final stages of preparation have been ongoing and several dress rehearsals (operational, technical and business continuity) have been completed. The final element of testing was completed and controls put in place to reduce further changes to the configuration of the Patient Administration Systems (Sema Helix and Careflow). Training compliance continues to increase across all staffing groups and set to achieve the target for go live. Internal and external communications has continued throughout March with a particular focus on the EPR Newsletter along with several videos and ward / departmental walkabouts by the EPR Team. The Digital System Support Team completed their go-live assurance review which will be scheduled for approval on April 9th 2024. The project has a clear 'path to Green' and is expected to go-live as planned 19-21 April 2024.	A	FPAC
4: Estates	A number of critical estates programmes are nearing completion to improve facilities for patients and staff. Estates teams are working with SaTH and system colleagues to progress these schemes, address key challenges and mitigate risks.	A	FPAC
5: Information Governance	A new appointment has been made to the position of Data Protection Officer and IG Manager – the DPO being a legally required appointment, with the Director of Governance having covered this position for the last 12 months. A significant project is currently underway with regard to renewed storage, and/or disposal of older records, in accordance with national retention requirements.	A	Information Governance Committee

Operational Plan 2023/24 Objectives

NHS
The Shrewsbury and Telford Hospital NHS Trust

Trust Objective	Delivery Metric		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Performance	Assurance
Objective 2: Restore and sustain elective orthopaedics and other services	Achieve zero 65 week waits by the end of March 2024	Plan	709	611	598	511	438	358	289	228	176	123	84	0		
		Actual	652	733	654	419	302	260	348	317	380	427	447	378		
	Ensure all waiting lists are subject to 12 week validations	Plan							90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
		Actual					81.8%	87.8%	96.5%	85.0%	80.9%	91.8%	91.8%	96.0%		
	Achieve 5% Patient Intiated Follow Ups	Plan	3.8%	3.9%	4.1%	4.3%	4.4%	4.4%	4.5%	4.5%	4.7%	5.1%	5.1%	5.1%		
		Actual	3.30%	3.80%	3.00%	3.00%	3.60%	3.30%	3.50%	3.70%	4.30%	3.30%	3.80%	4.20%		
	Achieve 25% virtual outpatient appointments	Plan	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	28.0%	28.0%	28.0%	28.0%	28.0%	28.0%		
		Actual	16.5%	15.8%	16.2%	15.8%	18.0%	17.2%	17.8%	17.4%	17.8%	19.1%	17.7%	16.5%		
	Achieve 85% theatre capacity	Plan	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		
		Actual	71.0%	74.0%	72.0%	70.0%	72.0%	73.0%	71.0%	75.0%	77.0%	76.0%	80.0%	80.0%		
Objective 3: Achieve the 28 day faster cancer diagnosis standard for patients	Cancer 28 day faster diagnosis	Plan	57.7%	63.2%	67.5%	67.3%	68.5%	70.0%	69.6%	70.6%	72.5%	72.2%	73.7%	75.0%		
		Actual	59.0%	61.0%	63.3%	66.8%	68.1%	71.8%	74.1%	75.1%	74.4%	71.1%	77.3%			
	Patients who have breached the diagnostic standard	Plan	3447	3378	3197	3185	3104	2884	2652	2591	2503	2428	2457	2592		
		Actual	4820	4625	4115	3815	3321	3344	2894	3204	2924	2563	2275	3318		
	Diagnostic compliance of 6 week waits	Plan	66.5%	62.3%	56.5%	56.7%	53.4%	57.1%	57.6%	56.0%	49.6%	56.5%	57.2%	55.2%		
		Actual	71.0%	63.6%	66.8%	66.3%	69.5%	70.4%	73.4%	73.7%	71.4%	75.8%	80.5%	75.4%		

Operational Plan 2023/24 Objectives

NHS
The Shrewsbury and Telford Hospital
NHS Trust

Trust Objective	Delivery Metric		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Performance	Assurance
Objective 4: Improve flow through our hospitals by delivering our Emergency Care Improvement Programme	Percentage of admissions discharged before midday	Plan	20%	22%	24%	26%	28%	30%	33%	33%	33%	33%	33%	33%		
		Actual	19.7%	19.1%	19.0%	20.0%	19.2%	20.4%	18.5%	20.3%	18.7%	18.7%	18.9%	18.4%		
	Percentage of discharges through the discharge lounge	Plan	25%	25%	25%	25%	25%	25%	28%	28%	28%	28%	28%	28%		
		Actual	22.3%	24.8%	26.1%	24.9%	24.6%	24.7%	23.1%	27.3%	25.0%	25.8%	28.2%	26.3%		
	Virtual ward utilisation (step down)	Plan	31	31	31	61	61	77	77	69	75	81	87	100		
		Actual	15	12	18	25	17	28	39	36	29	31	38.48	40.74		
	Reduce simple length of stay	Plan	4.9	4.7	4.7	4.6	4.8	4.8	5	4.9	4.8	4.3	4.5	4.7		
		Actual	5	5.4	4.8	4.7	5.3	5.1	5.3	5.2	5.1	5.1	5.18	5.44		
	Time from NCTR to discharge	Plan	5	4.6	4.5	4.2	4.4	4.3	4.7	4.1	3.9	3.9	4	3.8		
		Actual	4.8	4.7	5	3.8	4.0	4	4.4	4.5	3.8	3.4	3.14	2.73		
	Patients in hospital 14+ days	Plan	227	218	199	180	155	147	146	142	150	135	126	133		
		Actual	171	186	173	170	176	190	204	198	178	187	180	173		
	Patients in hospital 21+ days	Plan	131	126	115	104	90	85	84	82	86	78	73	77		
		Actual	103	108	99	99	104	114	128	118	99	108	102	96		
Objective 5: Improve efficiency, deliver within our budget, demonstrating financial prudence and making every penny count	Trust vacancy rates	Plan	TBC													
		Actual	7.6%	6.9%	4.5%	5.2%	4.7%	2.7%	2.5%	1.8%	1.8%	2.1%	2.4%	2.1%		
	Agency expenditure	Plan	3937	2886	3126	2422	2356	2287	2214	2120	1721	1632	1632	1575		
		Actual	4118	4277	3646	3750	3856	3490	3786	3638	3230	2985	2654	1448		
	In month efficiency delivery	Plan	193	1443	1318	2258	2272	2448	2728	2887	3494	3631	3681	9099		
		Actual	805	693	1110	1121	1086	1027	1138	1904	1317	1938	2400	2469		
	Utilisation of escalation beds	Plan	44	44	44	41	41	41	41	0	0	0	0	0		
		Actual	80	80	80	72	72	72	72							

Getting to Good Programme

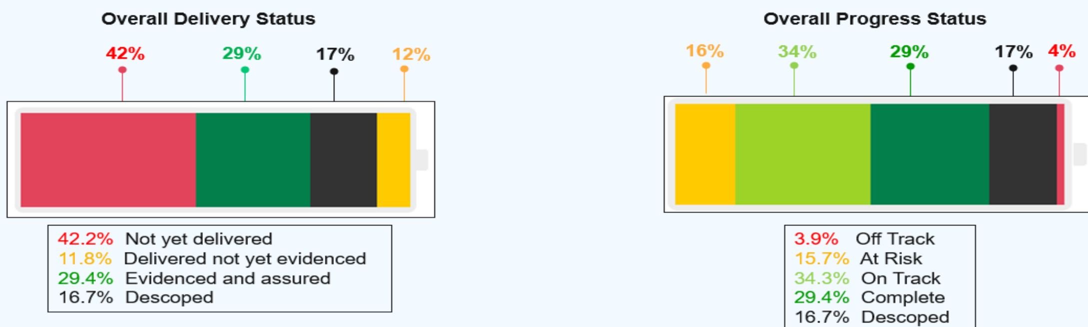
The Shrewsbury and Telford Hospital NHS Trust

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

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

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

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



Programme Highlights in the reporting period:

Digital Infrastructure

Careflow training compliance at 81.2%, with some divisions getting very close to the 86% target at the end of March 2024.

Maternity Transformation

The Maternity Services Open Day took place on the 23rd of March and saw over 160 visitors come through the doors to meet staff, external colleagues and tour the unit. The feedback received was overwhelmingly positive.

Flow Improvement

A nurse led improvement project to reduce deconditioning of patients on Ward 26 saw a reduction in PW3's and LOS of 6.6 days compared to 10 days in February 2024.

Expansion of MEO

Information sharing events took place across three dates in March 2024 for GP practices not yet actively engaged with the ME Service. Attendance was positive with representatives attending multiple sessions.

Culture and Behaviours

The Neurodiversity Celebration Week took place in March 2024 with several events taking place to engage staff and raise awareness of neurodivergence, showcasing the support available.

Quality Patient Safety, Clinical Effectiveness and Patient Experience

Executive Leads :

Director of Nursing
Hayley Flavell

Medical Director
John Jones

Integrated Performance Report

NHS
The Shrewsbury and Telford Hospital
NHS Trust

Domain	Description	Regulatory	National Standard 23/24	Current Month Trajectory (RAG)	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Trend
Quality Patient Safety & Effectiveness	Trust SHMI (HED)		100	100	95	96	94	107	103	99	89	81	-	-	-	-	-	
	Trust SHMI - Expected Deaths		-	-	187	203	190	214	211	202	207	201	-	-	-	-	-	
	Trust SHMI - Observed Deaths		-	-	177	195	178	228	218	201	185	162	-	-	-	-	-	
	SJRs Completed by Month				12	18	12	33	35	51	59	45	40	42	33	35	0	
	HOHA - MRSA	R	0	0	1	0	0	0	0	0	0	0	0	1	1	1	0	
	COHA - MRSA	R			0	0	0	0	0	0	0	1	0	0	0	0	0	
	HOHA - MSSA		-	-	4	2	1	4	1	3	2	2	1	3	0	2	3	
	HOHA - C.Difficile	R	32	3	12	3	4	7	2	3	6	6	6	8	9	7	1	
	COHA - C.Difficile	R			1	1	3	3	3	0	3	2	4	1	5	1	6	
	HOHA - E-coli	R	90	7	5	5	4	4	3	4	4	3	5	4	6	1	6	
	COHA - E-coli	R			5	8	5	7	5	6	5	9	14	9	8	11	9	
	HOHA - Klebsiella	R	22	2	4	0	1	0	0	1	1	2	1	2	3	1	2	
	COHA - Klebsiella	R			1	3	1	0	3	2	3	1	2	0	2	2	0	
	HOHA - Pseudomonas Aeruginosa	R	18	1	0	0	1	3	2	1	0	1	0	1	1	0	2	
	COHA - Pseudomonas Aeruginosa	R			0	0	0	0	1	0	1	2	1	1	1	0	0	
	Pressure Ulcers - Category 2 and above		-	15	26	16	23	38	20	17	28	28	22	28	22	24	21	
	Pressure Ulcers - Category 2 and above per 1000 Bed Days		-	-	1.13	0.61	0.99	1.50	0.80	0.75	1.13	1.15	0.90	1.07	0.88	0.92	0.85	
	VTE Risk Assessment completion		95%	95%	90.5%	90.3%	89.7%	92.3%	92.6%	91.3%	92.7%	92.1%	93.6%	93.5%	91.0%	92.4%	-	
	Falls - per 1000 Bed Days		6.6	4.5	4.48	4.05	4.55	3.38	3.82	3.74	4.17	3.52	4.01	3.55	4.55	3.87	4.48	
	Falls - total		-	105	103	107	106	85	96	85	103	86	101	94	114	101	111	
	Falls - with Harm per 1000 Bed Days		0.19	0.17	0.04	0.08	0.21	0.08	0.08	0.22	0.12	0.12	0.20	0.15	0.24	0.15	0.08	
	Falls - Resulting in Harm Moderate or Severe		0	0	1	2	5	2	2	5	3	3	5	4	6	4	2	
	Never Events		0	0	0	0	0	0	0	1	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	
	Mixed Sex Accommodation - breaches		0	0	56	76	72	95	102	125	103	72	81	74	71	56	86	
	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%	83%	82%	81%	86%	84%	82%	75%	84%	73%	54%	68%	71%	58%	
	Smoking Rate at Delivery		6%	6%	13.1%	8.8%	12.3%	11.5%	7.4%	10.0%	12.1%	7.7%	8.9%	8.8%	6.3%	7.9%	10.2%	
Quality Caring & Experience	Complaints		-	-	45	75	67	76	88	93	68	66	79	83	53	68	73	
	Complaints -responded within agreed timeframe - based on month response due		85%	85%	47%	47%	46%	54%	57%	58%	57%	46%	58%	49%	46%	46%	45%	
	PALS - Count of concerns		-	-	240	330	262	264	312	275	315	260	302	301	274	347	311	
	Compliments		-	-	54	108	59	125	104	74	89	86	93	87	173	178	135	
	Friends and Family Test -SaTH		95%	95%	97%	98%	99%	97%	99%	97%	98%	98%	91%	94%	93%	92%	93%	
	Friends and Family Test - Inpatient		95%	95%	98%	98%	99%	98%	99%	98%	99%	99%	98%	99%	99%	98%	98%	
	Friends and Family Test - A&E		85%	85%	55%	73%	78%	53%	92%	63%	56%	38%	66%	62%	63%	68%	65%	
	Friends and Family Test - Maternity		95%	95%	100%	99%	100%	95%	100%	96%	98%	100%	100%	92%	96%	97%	97%	
	Friends and Family Test - Outpatients		95%	95%	98%	98%	98%	98%	99%	98%	99%	98%	99%	99%	99%	99%	100%	
	Friends and Family Test - SaTH Response rate %		-	-	6%	8%	6%	8%	6%	10%	8%	8%	8%	11%	7%	9%	10%	
	Friends and Family Test - Inpatient Response rate %		-	-	14%	20%	17%	22%	15%	25%	20%	20%	14%	22%	15%	14%	20%	
	Friends and Family Test - A&E Response rate %		-	-	0.4%	0.3%	0.1%	0.6%	0.1%	0.7%	0.2%	0.2%	4.5%	4.0%	3.0%	5.5%	4.2%	
	Friends and Family Test - Maternity (Birth) Response rate %		-	-	6%	7%	1%	8%	0.3%	6.0%	1.2%	6.5%	7.1%	3.3%	1.9%	1.8%	5.0%	

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

Patient Safety, Clinical Effectiveness, Patient Experience Executive Summary

Achievement of VTE assessments remains below the trust target of 95%. To support improvement in this area, the ward process work continues, and the ward rounds are now forming part of the GIRFT reviews, which will include VTE assessment and intervention. To triangulate compliance, VTE assessments will also be included in the ward metrics / exemplar programme from May 2024.

The rate of C.Difficile infections remain a challenge an MDT deep dive is planned to take place in April 2024. This deep dive will include representation from divisional, corporate and regional colleagues with a view to progressing key improvement workstreams:

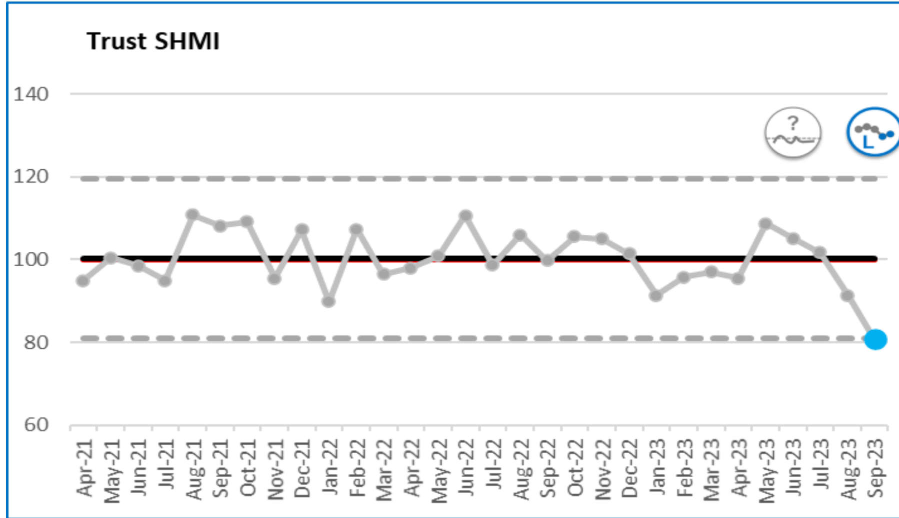
- Decontamination of equipment and environment
- Hand Hygiene
- Work Processes
- ED
- AMS

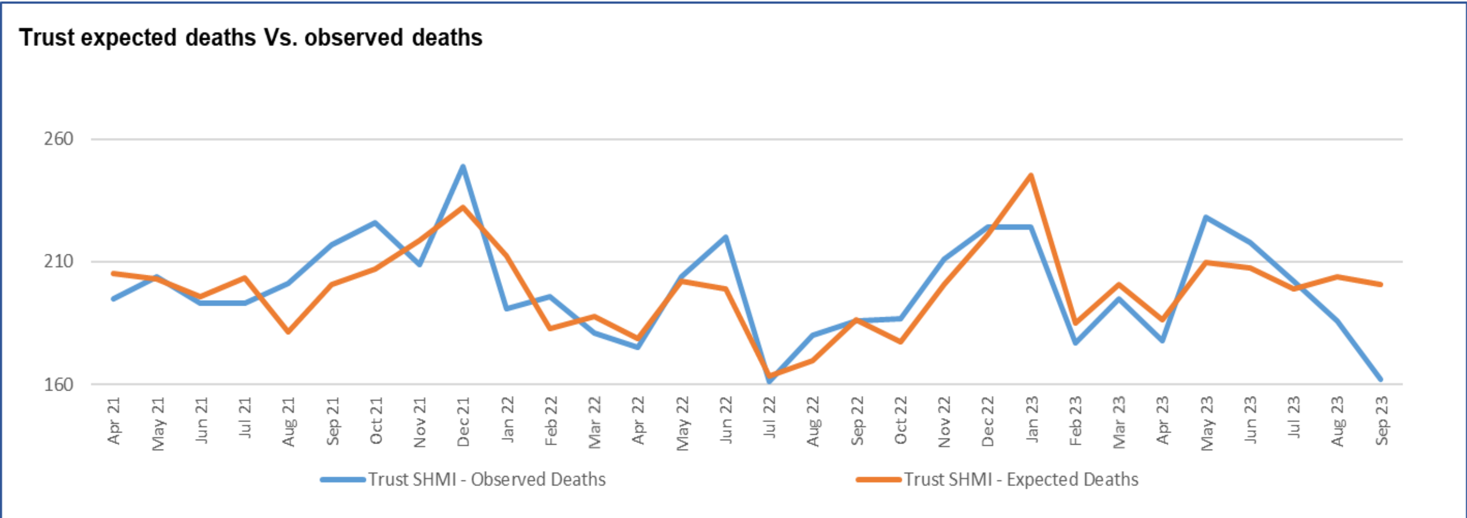
Mixed sex breaches continue and have increased from the positive performance seen in January. This is linked to continued bed pressures being seen across the Trust but a specific deep dive is taking place in AMU PRH to identify areas for improvement.

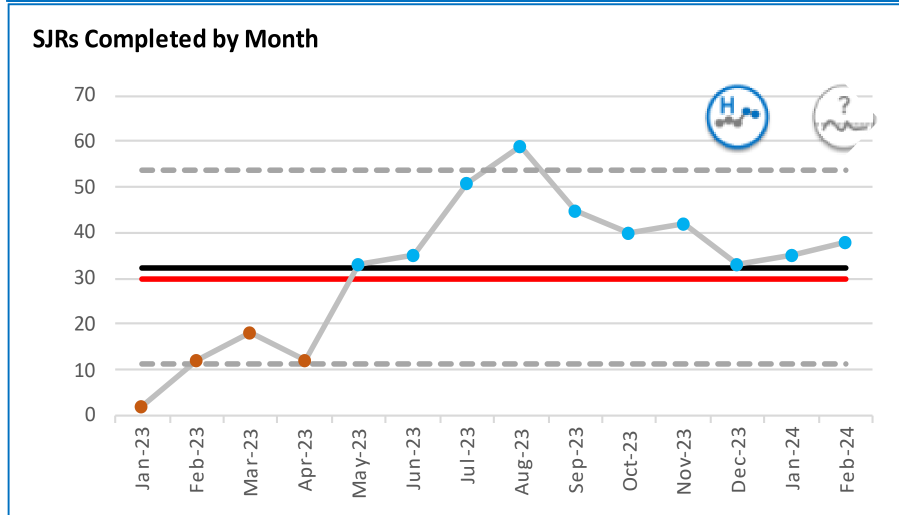
Delivery suite acuity in month is at the lowest point seen since September 2022, which is due to workforce unavailability. Previous risks identified regarding staff joining the bank have been addressed. Recovery actions have been identified and metrics will continue to be monitored around acuity and 1to1 care in labour.

Mortality outcome data

The Shrewsbury and Telford Hospital NHS Trust







Mortality outcome data

NHS
The Shrewsbury and Telford Hospital NHS Trust

Summary:
The Trust's SHMI to September 2023 was 80.7. Observed v expected deaths were 162:201. The latest reported Structured Judgement Review completion rate for December, within the 8-week timeframe, is 13% of deaths. Challenges to SJR timeliness are coding issues and notes availability. The top 3 Problems in Care identified via SJRs over 11 months are problems with medication, team communication and problems in assessments. Other issues identified are delays with in-patient bed availability and lack of senior/specialist input in patient care. The MIAA audit report into Learning from Deaths gave an overall assurance opinion of 'Substantial'.

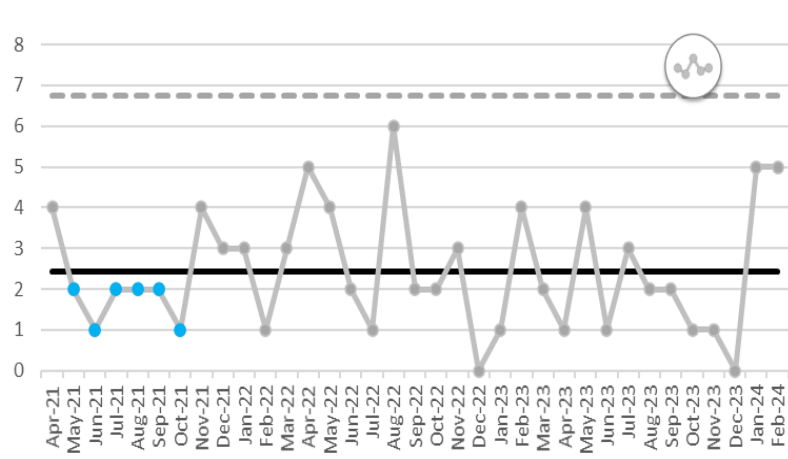
Recovery actions:
Work is in progress with SJR reviewers and Divisional Quality Governance Teams to address the issue of SJR Datix submissions. Weekly monitoring of this process is being established via the Learning from Deaths team. The issue of medication problems relates to delays in antibiotic dosages, insulin therapy and opioid medication. Assessment problems relate mainly to ambulance offload delays and delays in assessment in ED.

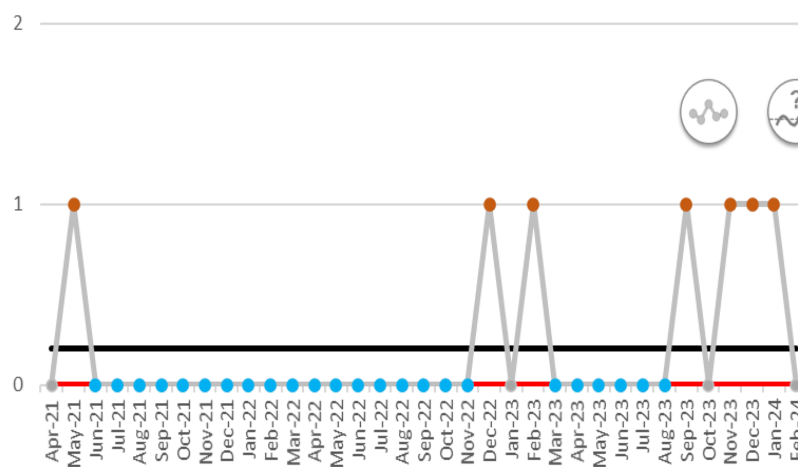
Anticipated impact and timescales for improvement:
The LfD Dashboard shows the monthly SJR report with themes and trends and provides details of the outcome of reviews where the bereaved have raised concerns. With respect to individual conditions identified through the quarterly mortality metrics reports, septicaemia deaths are being closely monitored. The Deteriorating Patient Team continues to work with the Learning from Deaths team concerning validation of sepsis pathways across the Trust.

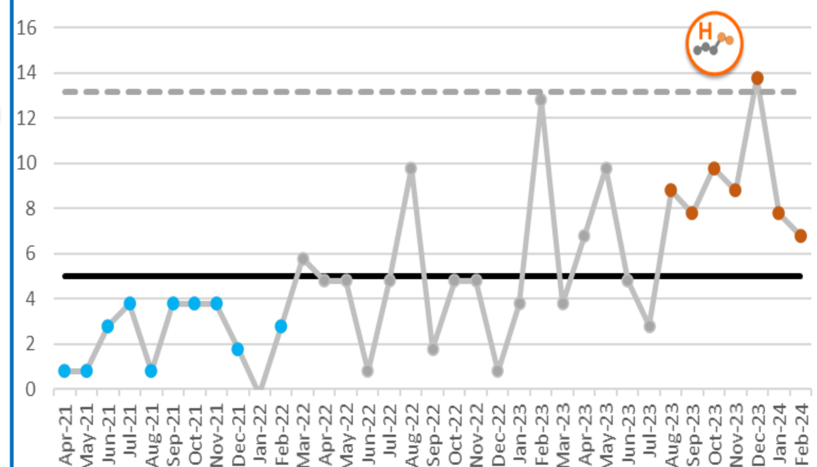
Recovery dependencies:
Complete recruitment to the Learning from deaths team. The Clinical Lead for Learning from Deaths has stepped down after one year. This post has been advertised and has generated some interest. SJR training and masterclass work will be affected unless this post can be filled.

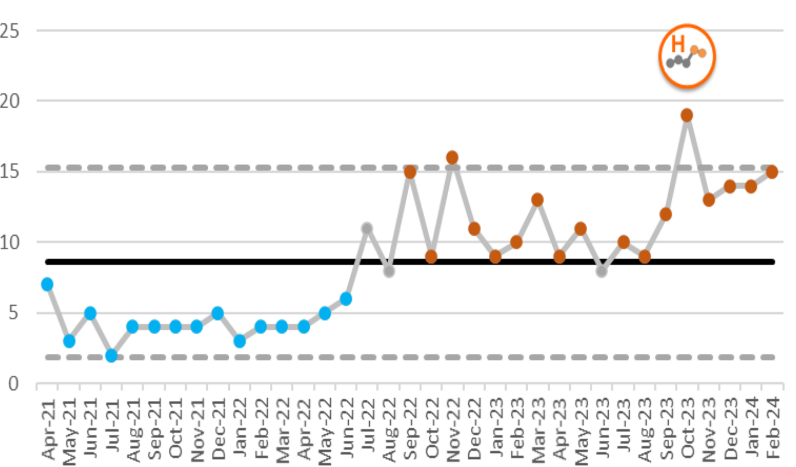
Infection Prevention and Control

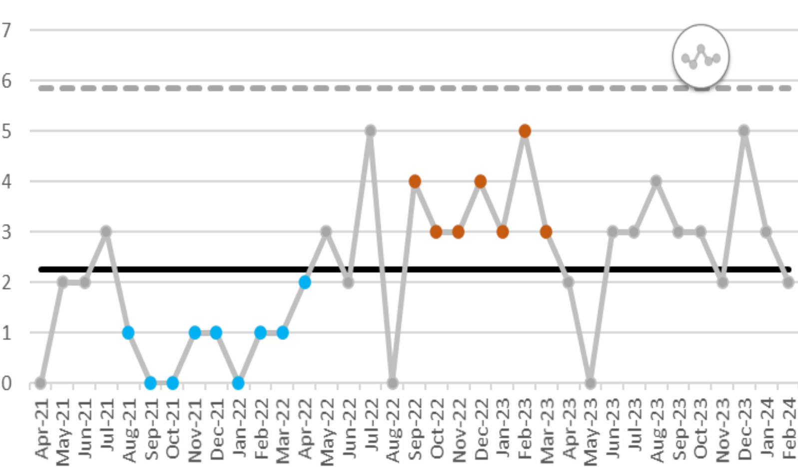
The Shrewsbury and Telford Hospital NHS Trust

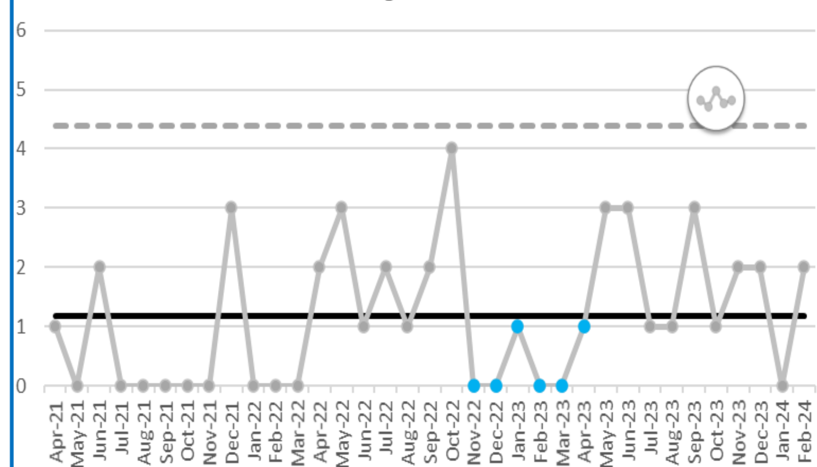












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Our Vision: To provide excellent care for the communities we serve

Infection Prevention and Control

Summary: In February 2024 there were the following bacteraemia:
- 5 MSSA (3 HOHA, 2 COHA)
- 0 MRSA
- 7 C.Diff (1 HOHA, 6 COHA)
- 15 E-coli (6 HOHA, 9 COHA)
- 2 Klebsiella (2 HOHA)
- 2 Pseudomonas (2 HOHA)

Recovery actions:
- C.Diff numbers continue to increase within the Trust and there were 7 cases attributed to the Trust in February. The DoN has arranged for a deep dive to take place on the 26th April which will be co-chaired by Kirsty Morgan (NHSE IPC Assistant Director of Infection Prevention and Control).

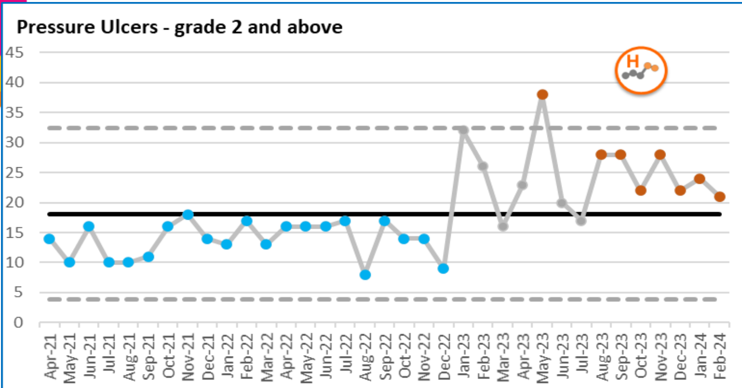
Areas for discussion
- Data analysis – inc. rates, ED occupancy, LOS, NCTR data
- Review of the cases seen over the last quarter – any further themes
- Review of the C diff action plan – what's going well, what do we need to focus on
- Anti-microbial stewardship

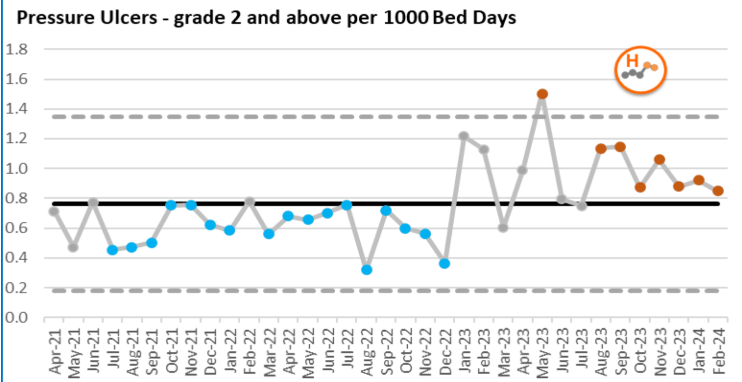
Anticipated impact and timescales for improvement:
To be agreed and approved via the Director of Infection Prevention and Control at the IPC Assurance Committee.

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

Patient harm – Pressure ulcers

NHS
The Shrewsbury and Telford Hospital NHS Trust





Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	15
Surgery, Anaesthetics and Cancer	6
Women's & Children's	0

Summary:
The number of hospital acquired pressure ulcers reported remains consistent and is higher throughout 2023/24 than the combined total seen in Q1-Q3 of 2022/23. 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 the quality of completed documentation.

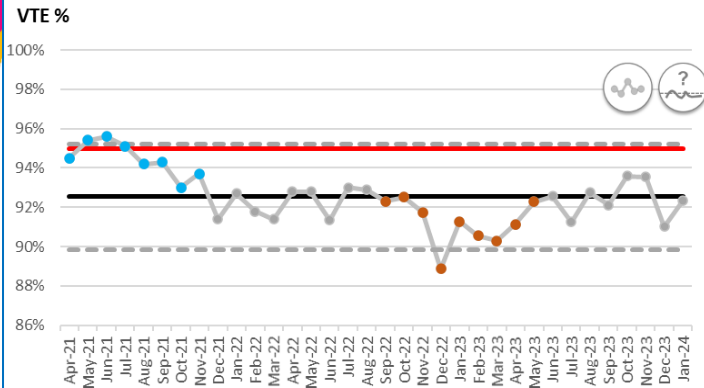
Recovery actions:
Move to the PSIRF review processes is in progress. Aim to focus on common themes and associated action plans to be implemented to ensure improvements. Ownership at ward and Divisional level with Tissue Viability oversight. Initial planning meeting scheduled for May.

Review of Tissue Viability processes in line with the National Wound Care Strategy Programme to ensure recommended practice is in place. Implementation of the PURPOSE T risk assessment tool is in progress. Ongoing face to face education, training and support in areas of high incidence. Continue with accredited training of the Tissue viability link nurses. Continue with training for all new registered entrants joining the Trust.

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

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

Patient Harm - VTE



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

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

The Medical Director, in collaboration with the Director of Nursing proposes to include VTE assessment performance in the Exemplar Ward Programme to reinforce the importance of this work and to improve the overall performance of VTE assessment completion.

Added to the Urgent and Emergency Transformation Programme work stream. Review of Board Round checklists is underway to include VTE assessments.

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

Recovery dependencies:

Patient harm - Falls

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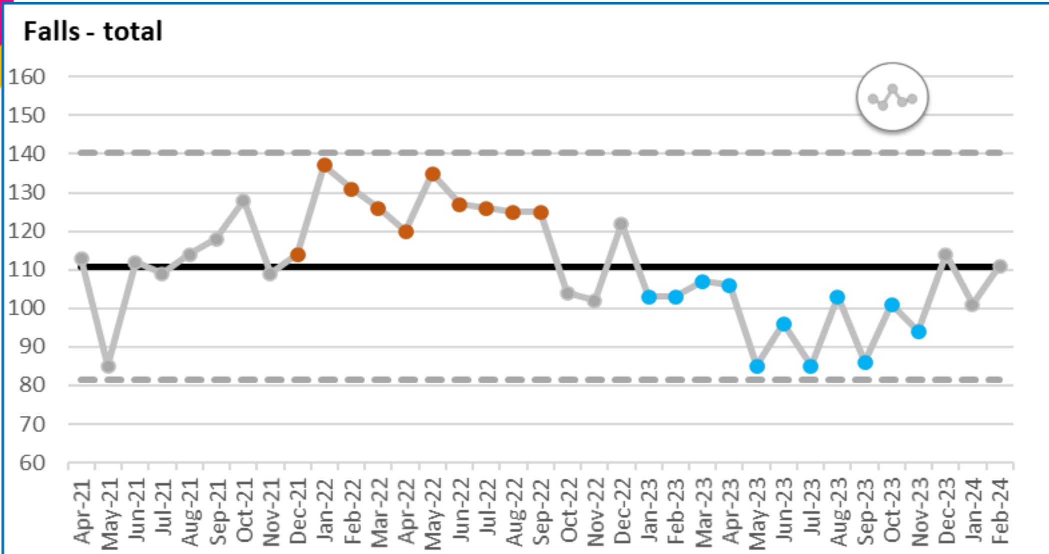
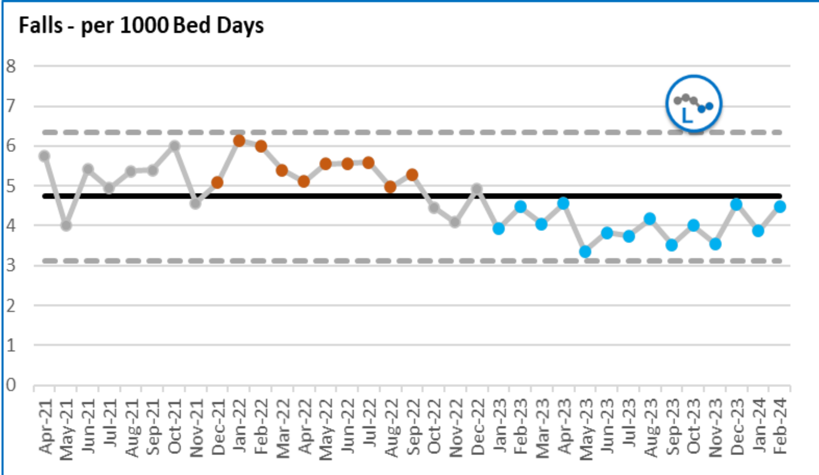
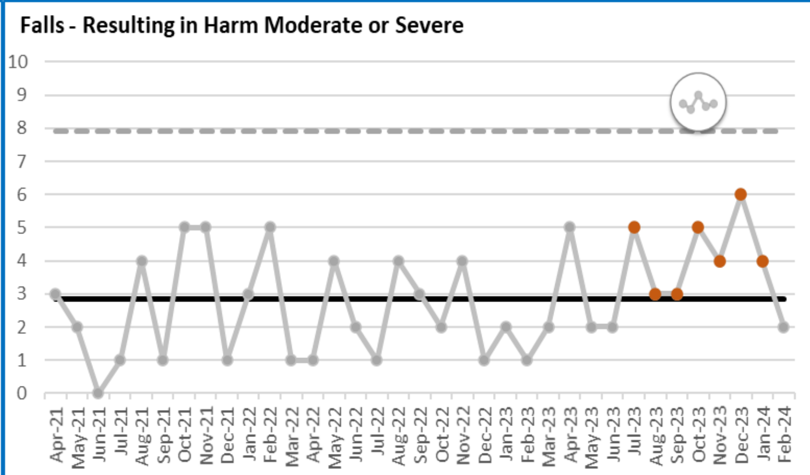
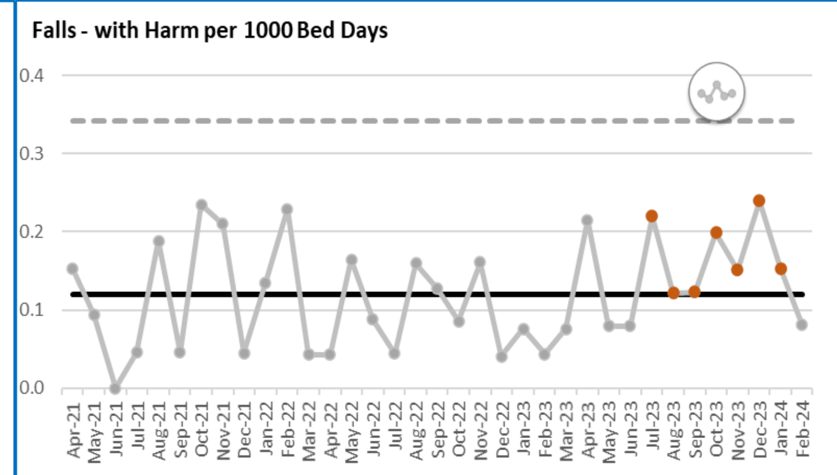


Falls – Total per Division	Number Reported
Medicine and Emergency Care	81
Surgery, Anaesthetics and Cancer	28
Women's & Children's	2
Clinical Support Services	0







Patient harm - Falls

Summary:

There was an increase in February 2024 with 111 falls reported in total. This remains marginally higher than the same month last year where we reported 103 falls. Overall, the number of falls per month and falls per 1,000 bed days has reduced in Q1, Q2 and Q3 of 2023/24 compared to the same period in 2022/23. A review of falls has shown inconsistent practice in relation to pre-falls recording of lying and standing blood pressure, actions required in relation to postural drop in blood pressure and issues with patients wearing appropriate footwear at the time of the fall.

There continues to be falls with harm with 2 falls being seen in February 2024 that resulted in moderate harm or above. This is a reduction from 4 falls with harm seen the previous month and is at the lowest level since June 2023.

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. Ongoing education and support from the Falls practitioner and Quality Team to wards. Education in relation to ensuring patient has appropriate footwear or hospital slipper socks in-situ prior to mobilising. Continue to support staff with education around deconditioning however the monthly quality team recon games work was paused recognising the pressures on flow. Weekly meeting to review falls has been reviewed to align with the new PSIRF framework, focusing on improvements and initial feedback from those attending is positive.

Anticipated impact and timescales for improvement:

Continue with full implementation and embedding of the falls project plan.
We are soon to have a vacancy in the Falls practitioner role and this role has been reviewed in line with national recommendations and guidance and reframed to include the reconditioning work that is essential to prevent falls. The role is currently sitting with panel but a delay in recruitment will affect the project plan.

Recovery dependencies:

Mixed sex breaches exception report

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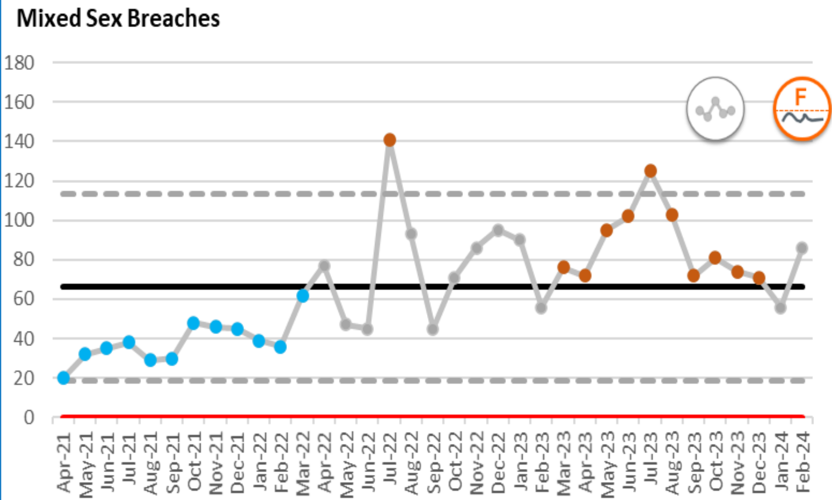
The Shrewsbury and Telford Hospital NHS Trust



Location	Number of breaches	Additional Information
AMU (PRH)	41 breaches	Over 8 occasions in AMA
ITU / HDU (PRH)	11 primary breaches	2 medical, 4 respiratory, 2 head & neck, 1 renal, 1 gynae, 1 maternity
Ward 16 - PRH	2 breaches	One occasion due to capacity pressures
ITU / HDU (RSH)	33 primary breaches	3 medical, 22 surgical, 6 respiratory, 1 gastro,
Acute Trauma Unit	2 breaches	One occasion

Summary:
There continues to be a large number of mixed sex breaches, with breaches increasing in February 2024 to 86. Challenges remain in relation to the step down of patients from HDU/ITU who are stable and can be cared for in a ward environment. This is linked to the continued bed pressures across the Trust.

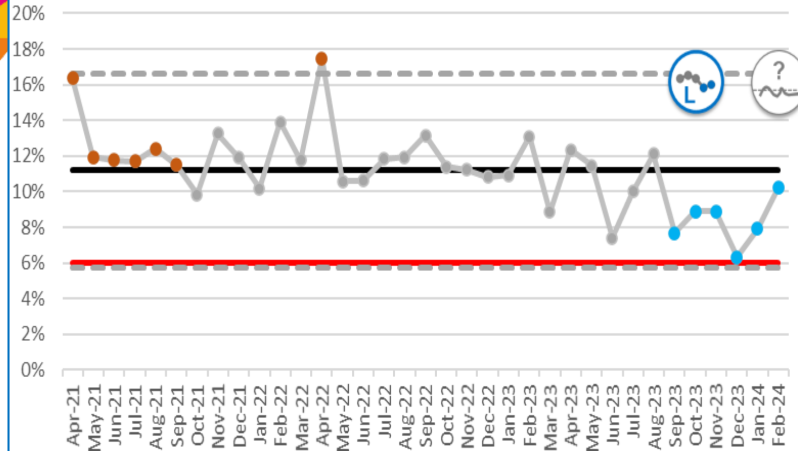
Recovery actions:

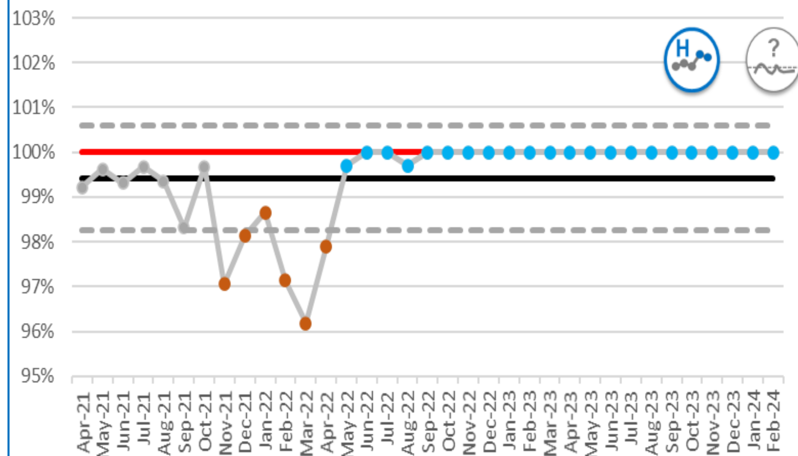
- The Divisional and Operational teams continue with the improvement work in relation to patient flow, discharges earlier in the day including increasing the number of discharges before midday and 5pm and a reduction in patients with no criteria to reside
- Executive approval to always be sought and be granted before using AMA to bed patients overnight and that this should only be in extremis
- System wide improvements required which include greater use of virtual ward, OPAT, alternative pathways of care and admission avoidance
- Improvements in earlier discharges and use of discharge lounge

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

Recovery dependencies:
Patient flow improvement work.
Alternative community pathways of care.
Reduction in patients with no criteria to reside

Maternity





Summary:
SATOD has shown an increase in February with a large proportion of smokers delivering in February from areas of high deprivation.
2022-23 SaTH had a SATOD rate of 11.8%.
2023-24 has shown an average rate of 9.3% SATOD with 1 month of the financial year to complete.
A year end SATOD below 10% would be the first in SaTH’s history.
Government target 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:
Despite an anomalous result this month, the overall average has dropped significantly across the financial year.

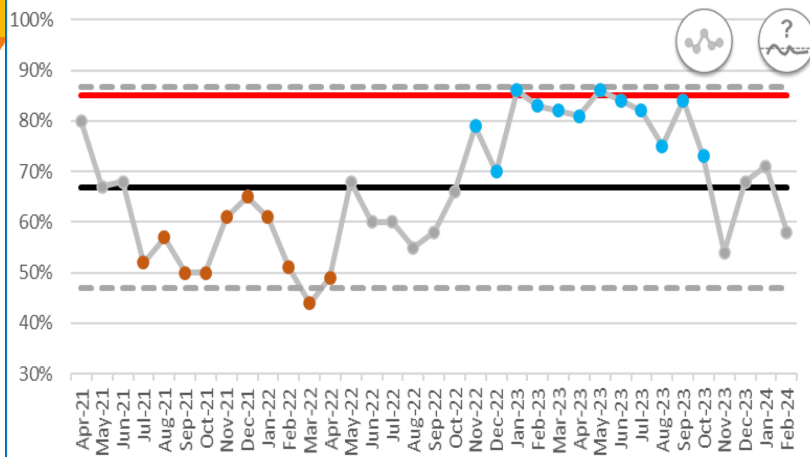
Continue to work towards Government target.

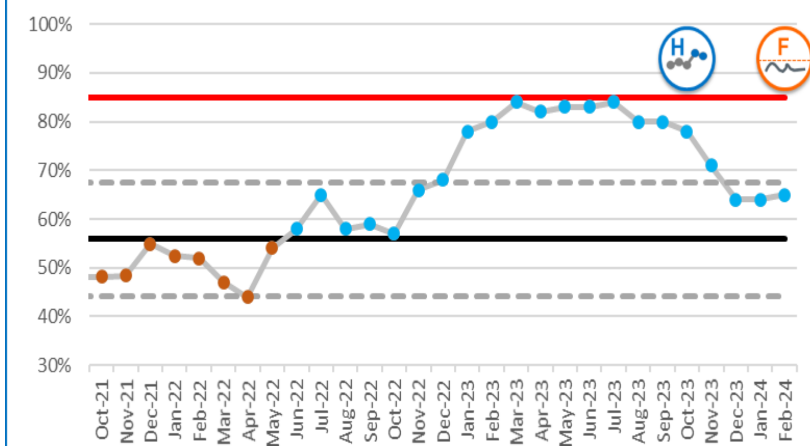
Anticipated impact and timescales for improvement:
Continue to target areas of deprivation and provide smoking cessation support for pregnant women and refer family members to local smoking cessation services.
Due to publication of Saving Babies Lives version 3, all staff are to discuss smoking cessation at every appointment and update smoking status. CO monitoring to be completed at every antenatal appointment and offer re-referral to in house support services at any time during pregnancy.

Recovery dependencies:
Local demographic has a large impact on SATOD rates despite intervention and support from the Healthy Pregnancy Support Service (HPSS). The local demographic has higher than average deprivation, unemployment and complex social needs, which is linked to higher rates of tobacco dependence. 22 out of 106 ICB's (20%) 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

NHS
The Shrewsbury and Telford Hospital
NHS Trust





Summary:
Delivery suite acuity has decreased in month to the second lowest point since September 2022. This is due to significantly high levels of unavailability (>50wte 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.
The service is no longer able to actively manage attrition rates due to the recently introduced vacancy panels which have hindered recruitment and prevented leavers from joining the staff bank. This has been highlighted as a risk to the service.

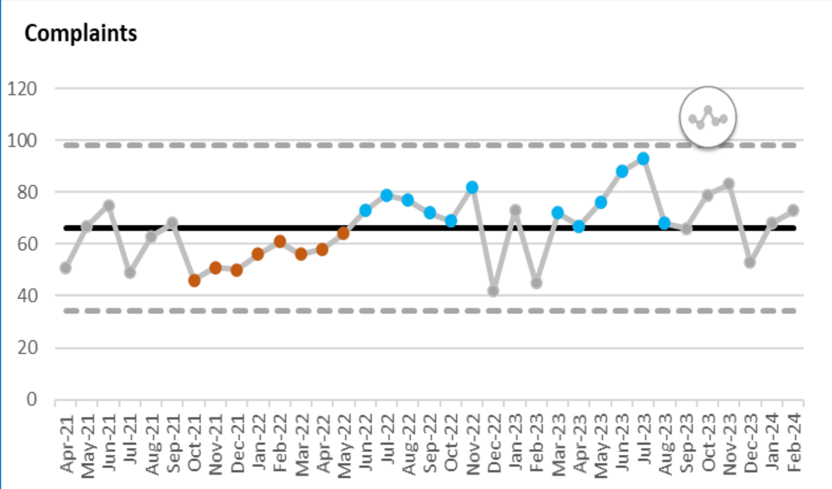
Recovery actions:
We continue to work through a comprehensive workforce plan which focuses on retention of current staff and proactive recruitment in conjunction with active management of attrition rates. The service has offered 26wte B5 posts to our 3rd year students who will start to drop into supernumerary status from September onwards.
Proactive management of staffing deficits are embedded via weekly staffing meetings and the escalation policy, ensuring staff compliance with 1:1 care in labour and the coordinator maintains supernumerary status as per CNST.
100% 1:1 care in labour consistently being achieved.
The 10 international midwives are coming to an end of their preceptorship period, with 2 of them now working unsupervised and included within the midwifery workforce numbers.

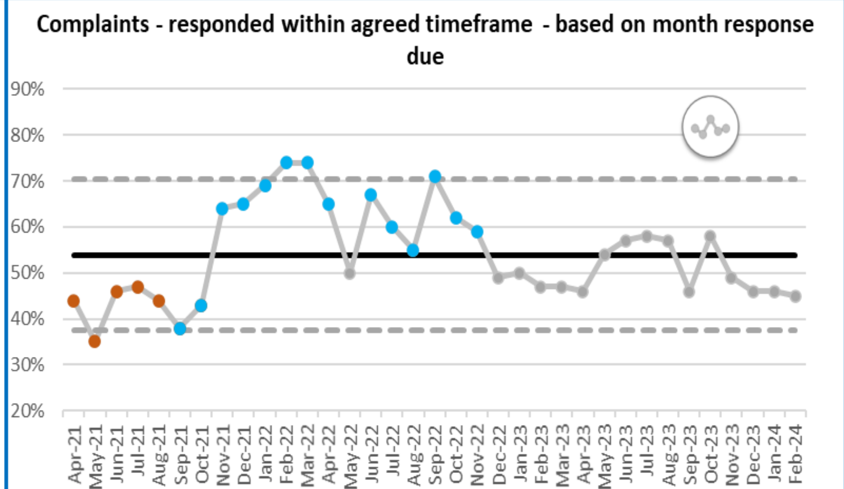
Anticipated impact and timescales for improvement:
Continue to work towards 85% target for green acuity using proactive management of the clinical midwifery workforce.

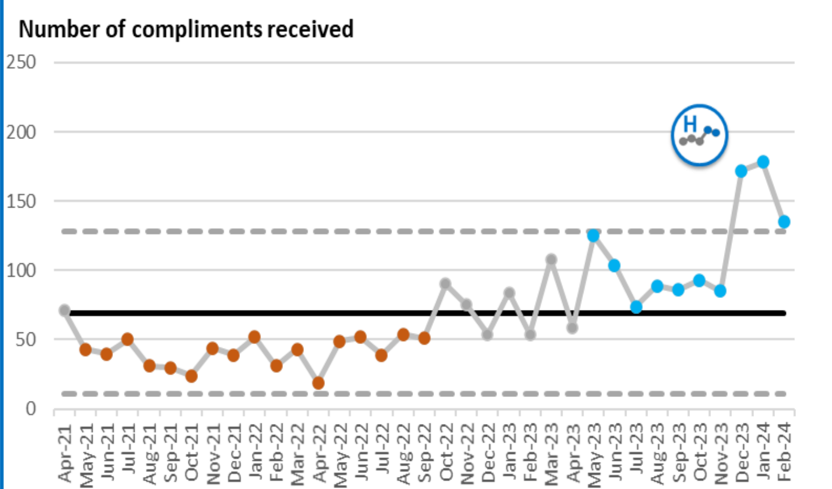
High levels of unavailability continue to be anticipated throughout Q4 which is mitigated by increasing clinical work for specialist midwives and senior leadership teams.
Several specialist roles have been paused to support the clinical workforce which has given a total of 16.8wte additional staffing resource. This will of course have a subsequent effect on any improvement work in the short term.

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

Complaints and Compliments







Summary:
Numbers of new complaints remain within expected levels; there were no trends noted in February 2024. Response rates remain below the Trust target; this is due to a number of factors including clinical pressures on staff and capacity within the complaints team. 86% 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. The Trust has continued to use volunteers to capture compliment data, leading to an increase in the number of compliments being recorded.

Recovery actions:
New processes are now in place to assist Divisions in providing more timely responses to complaints. Ongoing improvement work to refine processes, tracking and interventions to increase early resolution of concerns raised. Additional PALS staff have been recruited to support the expansion of PALS, to include weekend working from April 2024.

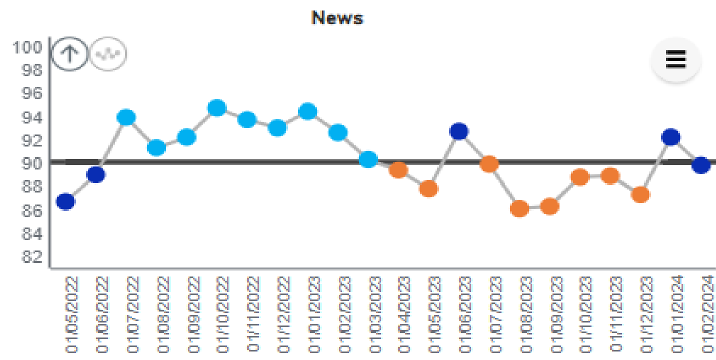
Anticipated impact and timescales for improvement:
Improvement in timeliness of responses.

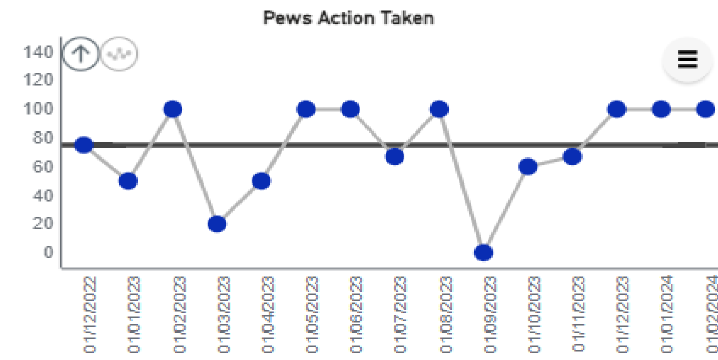
Recovery dependencies:

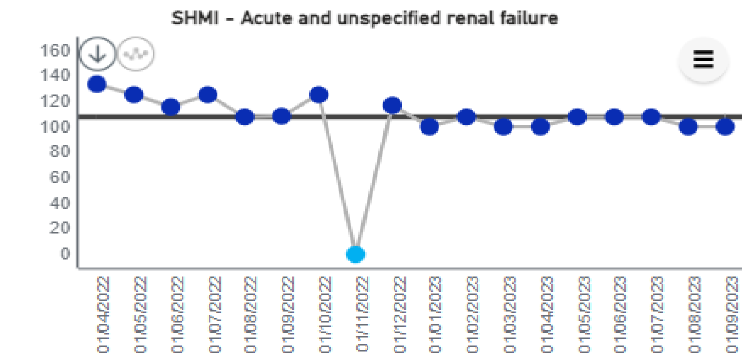
Quality - Safe - Deteriorating Patient

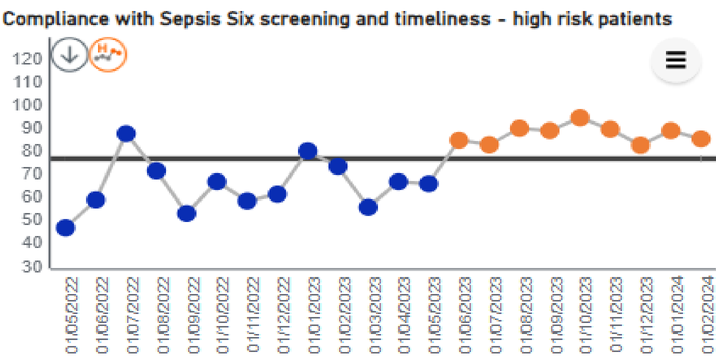
Falls

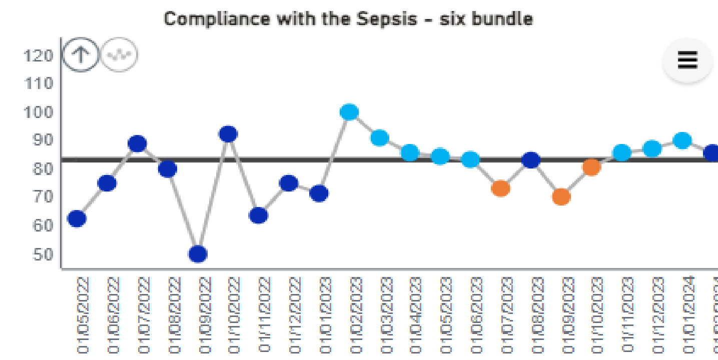
	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024
News	94.8	93.8	93.1	94.5	92.7	90.4	89.5	87.9	92.8	90.0	86.2	86.4	88.9	89.0	87.4	92.3	89.9
Pews Action taken			75.0	50.0	100.0	20.0	50.0	100.0	100.0	67.0	100.0	0.0	60.0	67.0	100.0	100.0	100.0
% Compliance with Sepsis Six screening and timeliness - high risk patients	66.70	58.30	61.30	80.00	73.30	55.60	66.70	65.80	84.60	82.70	89.80	88.80	94.40	89.40	82.50	88.80	85.20
% Compliance with the Sepsis Six bundle	92.30	63.60	75.00	71.40	100.00	90.90	85.70	84.40	83.30	73.10	83.10	70.20	80.60	85.70	87.10	90.00	85.60
SHMI - Septicaemia (except in labour), Shock	111.80	0.00	114.20	109.60	106.10	85.30	91.50	90.90	81.00	80.00	82.80	80.90					
SHMI - Acute and unspecified renal failure	125.00	0.00	116.70	100.00	107.70	100.00	100.00	107.70	107.70	107.70	100.00	100.00					

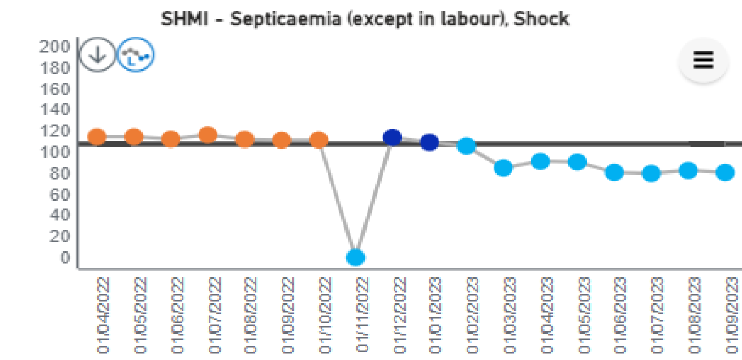












Deteriorating Patients

The Shrewsbury and Telford Hospital NHS Trust

Summary:
NEWS Escalation compliance rose to 88.6% compared to 83.6% last month. Compliance with sepsis six screening slightly decreased to 81.6% compared to the previous monthly performance of 84.1%.
Compliance with late observations increased but only to 54.4% from 46.4% last month.
PEWS recognition and escalation has continued to improve since September in both ED and Paediatric wards however there still remains a lot of work to increase compliance in documentation standards.

Recovery actions:	**Anticipated impact and timescales for improvement:**
Sepsis module upgrade on Vitals launched in November 2023. Ongoing sepsis Vitals eLearning on LMS and face to face training are in place to improve consistency and compliance. To create escalation response forms for trial within the trust. The goal is to refine individual escalation plans, ensuring patients are appropriately escalated. To streamline the escalation process, redistributing resources promptly for a timelier response. The paediatric department and ED colleagues convene weekly to assess audit data, identify notable practices, and develop improvement plans. Awareness around documentation standards has been discussed with the Lead Consultants in both areas. Options appraisal is being written for continuation of the Fluid Nurse Practitioner role to support deteriorating patient work. Full review of job descriptions is planned within the deteriorating patient specialist nurse role.	We persist in implementing the measures outlined in the deteriorating patient action plan. Paediatric Vitals launch remains on track for June 2024.

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

Quality - Patient Experience - End of Life Care

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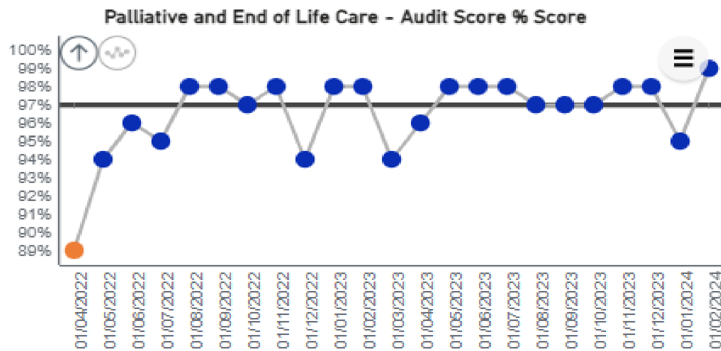
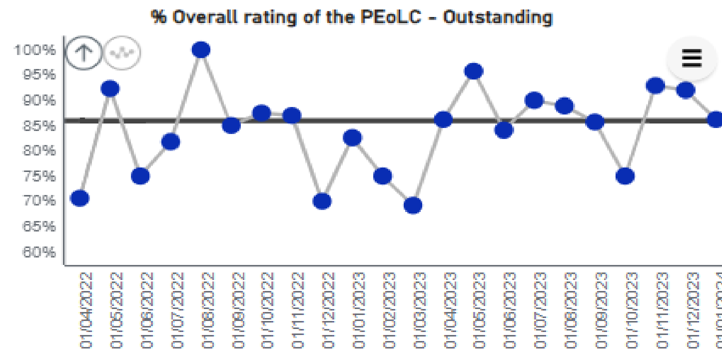
	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024
Palliative and End of Life Care - Audit Score % Score	97	98	94	98	98	94	96	98	98	98	97	97	97	98	98	95	99
% Overall rating of the PEoLC - Outstanding	87.5	87.0	70.0	82.6	75.0	69.2	86.2	95.8	84.1	90.0	88.9	85.7	75.0	92.9	92.0	86.2	
PPOC Discussion - total number	89	101	80	104	63	88	72	98	106	78	89	75	107	77	96	96	
PPOC Achieved - total number	81	88	77	89	59	77	61	83	95	76	79	61	96	72	91	86	
% Felt their loved one was comfortable in last days	87.5	100.0	66.7	90.0	84.4	81.1	96.0	90.9	88.9	100.0	94.1	88.9	95.3	96.3	90.0	96.4	
Palliative/End of Life Care - Nursing QA Audit	292	283	278	284	274	304	314	314	295	296	294	312	320	310	297	289	301

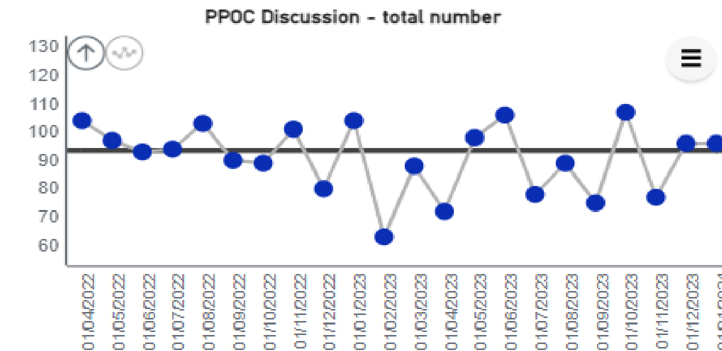
Palliative and End of Life Care - Audit Score % Score



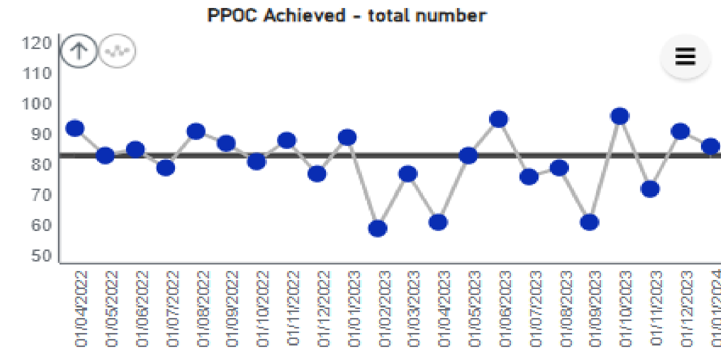
% Overall rating of the PEoLC - Outstanding



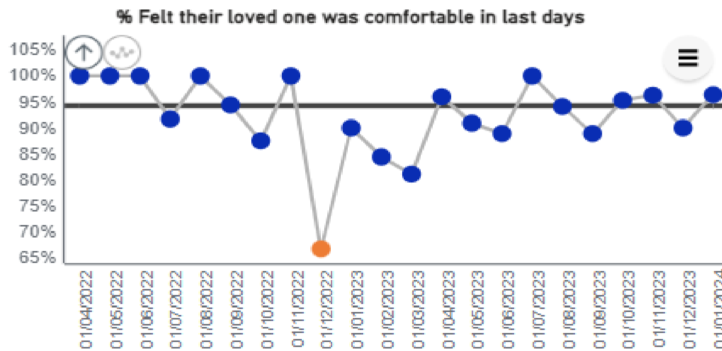
PPOC Discussion - total number



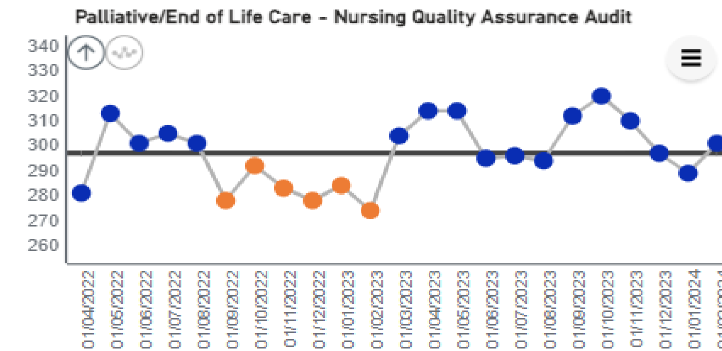
PPOC Achieved - total number



% Felt their loved one was comfortable in last days



Palliative/End of Life Care - Nursing Quality Assurance Audit

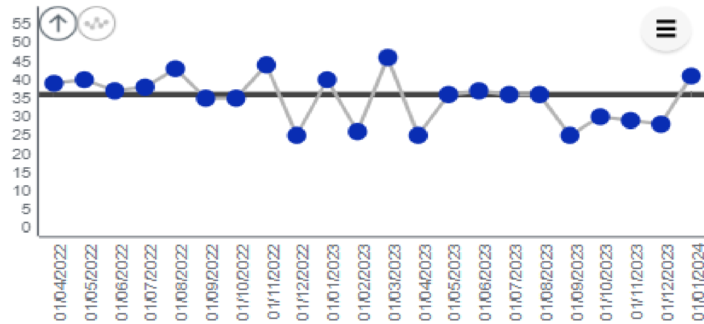


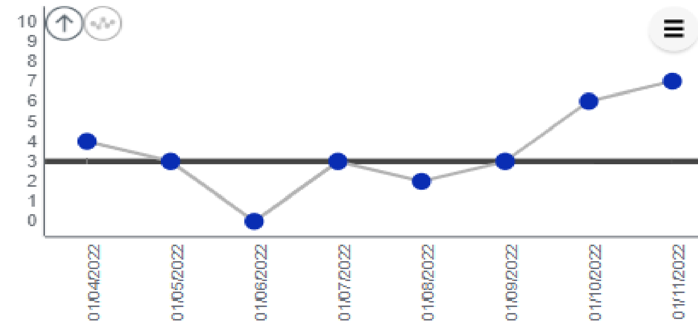
Quality - Patient Experience - End of Life Care

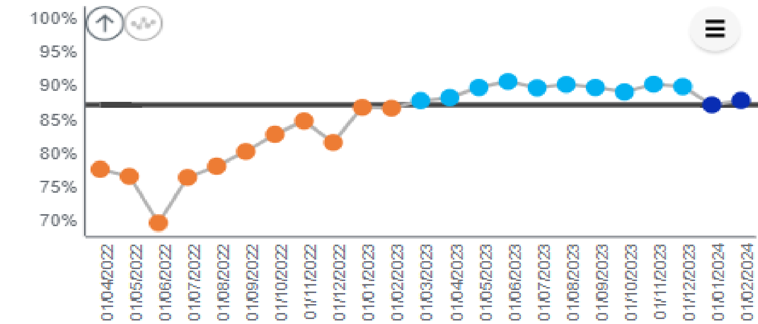
Partnering · Ambitious Caring · Trusted — The Shrewsbury and Telford Hospital NHS Trust

Page 1 | Learning from Experience | Vulnerable Patients

	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024
Bereavement feedback data - Total Number of responses	35	44	25	40	26	46	25	36	37	36	36	25	30	29	28	41	
Complaints by Theme - End of life care	6	7															
End of Life Care Training	82.84	84.83	81.63	86.86	86.74	87.86	88.30	89.81	90.69	89.76	90.25	89.81	89.15	90.29	89.95	87.24	87.89







End of Life

Summary:
Performance in relation to Palliative and End of Life Care (PEOLC) Metrics remain good. Training is above the 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. PEOLC complaints increased in month, these are discussed at the Steering Group with themes identified relating to communication around end of life care. Actions are included in the overarching improvement plan and included the PEOLC ward support programme, which supports wards with all aspects of PEOLC	

Recovery dependencies:	N/A

Responsiveness

Executive Lead:

Acting Chief Operating Officer
Sara Biffen

Integrated Performance Report

The Shrewsbury and Telford Hospital
NHS Trust

Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Trend
ED - 4 Hour Performance (SaTH Type 1 & 3) %		76%	76.4%	54.2%	54.6%	55.5%	53.8%	51.9%	51.7%	50.9%	51.7%	50.2%	51.5%	50.5%	50.0%	51.1%	
ED - 4 Hour Performance (All Types inc MIU) %		-	-	63.3%	63.1%	64.9%	64.0%	62.1%	61.5%	61.0%	61.4%	59.8%	60.0%	59.6%	59.1%	60.3%	
ED - 12 Hour Trolley Breaches	R	0	0	817	524	529	525	479	803	1026	1088	862	1068	957	860	844	
Number of Ambulance Arrivals	R	-	-	2784	3058	3034	3014	3055	3104	2992	3005	2893	3141	3047	2821	3124	
Ambulance Delays > 15 minutes	R	-	-	2654	2599	2646	2448	2686	2778	2705	2702	2271	2343	2340	2198	2536	
Ambulance Delays > 15 minutes %	R	0%		91.1%	82.9%	85.6%	80.7%	87.8%	88.3%	89.2%	87.8%	76.8%	72.8%	72.4%	73.9%	78.4%	
Ambulance Delays > 60 minutes %	R	0%		38.1%	17.8%	20.7%	20.7%	34.4%	31.1%	31.3%	36.4%	43.0%	30.4%	37.1%	36.8%	34.3%	
ED activity (total excluding planned returns)		-	12940	12239	12243	13375	13265	13273	12752	12858	13062	12318	12827	12659	12249	13804	
ED activity (type 1 excluding planned returns)		-	10813	10086	9902	11023	10875	10833	10478	10668	10779	10101	10231	10128	9851	10921	
Total Emergency Admissions from A&E		-	-	2599	2588	2634	2700	2715	2667	2660	2778	2718	2951	2760	2787	3028	
% Patients seen within 15 minutes for initial assessment		-		26.1%	34.1%	34.2%	32.1%	32.4%	30.7%	28.9%	30.5%	37.3%	50.8%	51.0%	47.0%	45.5%	
Average time to initial assessment (mins)		15 Mins	15	43	33	33	36	36	37	40	39	33	22	22	25	28	
Average time to initial assessment (mins) Adults		15 Mins	15	51	38	37	41	41	42	45	42	35	21	22	23	26	
Average time to initial assessment (mins) Children		15 Mins	15	24	21	24	26	22	20	28	32	27	24	23	28	33	
Mean Time in ED Non Admitted (mins)		-	215	315	309	325	300	309	324	343	337	368	350	363	358	374	
Mean Time in ED admitted (mins)		-	500	1292	1036	1100	1033	1202	1177	1243	1232	1252	1154	1333	1326	1265	
No. Of Patients who spend more than 12 Hours in ED		-	165	2044	1905	2070	1984	2309	2344	2329	2489	2538	2360	2584	2510	2527	
12 Hours in ED Performance %		-	6%	16.70%	15.56%	15.48%	14.96%	17.40%	18.38%	18.11%	19.06%	20.60%	18.40%	20.41%	20.49%	18.31%	
Bed Occupancy Rate G&A (SitReps)		92%	-	90.8%	89.9%	91.4%	90.1%	89.9%	89.8%	90.8%	94.0%	95.4%	95.0%	96.3%	96.5%	93.0%	
Diagnostic Activity Total			-	22366	19341	21966	21450	22314	22064	20188	21686	22753	20435	22704	20925	20125	
Diagnostic 6 Week Wait Performance %		95%	-	63.9%	63.9%	63.6%	66.8%	66.3%	69.5%	70.4%	73.4%	73.7%	71.4%	75.8%	80.5%	75.4%	
Diagnostic 6+ Week Breaches		0	-	4968	4820	4625	4115	3815	3321	3344	2894	3204	2924	2563	2275	3318	
Total Non Elective Activity		-	-	5163	4844	5123	5114	5099	5150	5066	5398	5375	5457	5673	5422	5684	
Total elective IPDC activity		-	-	6223	5432	5855	6153	5984	6136	5833	6294	6416	5214	6187	5855	5789	
Total outpatient attendances		-	-	53474	44164	51227	51151	49181	47305	47231	50310	51741	42728	53961	49229	47251	
DNA rate - all ages				5.0%	4.9%	5.0%	4.9%	4.7%	4.7%	4.7%	5.3%	4.7%	5.0%	4.8%	4.8%	5.3%	
DNA rate - paeds				8.5%	9.5%	8.0%	8.9%	9.2%	9.9%	8.9%	9.6%	8.7%	9.4%	8.0%	7.5%	7.7%	
Number of episodes moved or discharged to PIFU			2084	1614	1452	1966	1559	1473	1693	1561	1768	1908	1831	1800	1873	1978	
RTT Incomplete 18 Week Performance		92%	-	53.3%	54.1%	54.6%	54.9%	54.6%	55.8%	55.9%	56.6%	55.2%	52.3%	50.7%	49.8%	50.2%	
RTT Waiting list - Total size	R	-	-	40069	40228	39841	39360	38819	39117	38859	39659	38793	38697	38828	39582	41331	
RTT Waiting list - English only			38208	35841	36043	35614	35176	34754	34977	34751	35459	34563	34427	34548	35220	36794	
RTT 52+ Week Breaches (All)	R	0		2965	2852	2920	2605	2454	2297	2164	2206	2088	2179	2387	2704	2967	
RTT 52+ Week Breaches - English only			1480	2652	2592	2635	2335	2183	2035	1925	1966	1839	1921	2133	2421	2673	
RTT 65+ Week Breaches (All)				785	726	796	729	489	359	305	398	371	429	478	518	447	
RTT 65+ Week Breaches - English only			0	705	652	733	654	419	302	260	348	315	374	427	447	378	
RTT 78+ Week Breaches (All)	R	0	0	57	57	82	11	11	11	8	10	8	8	9	11	5	
RTT 78+ Week Breaches - English only			0	43	50	72	3	1	1	2	1	1	1	2	3	0	
RTT 104+ Week Breaches (All)	R	0	0	0	0	0	1	0	0	0	0	0	1	0	2	1	
RTT 104+ Week Breaches - English only			0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cancer 62 Day Standard	R	85%	-	48.1%	39.7%	45.8%	38.7%	48.5%	51.4%	49.0%	56.0%	46.4%	52.1%	50.1%	54.4%	-	
Cancer 31 Day First Treatment		96%	-	83.3%	83.2%	86.1%	89.6%	91.3%	85.6%	86.6%	85.8%	91.2%	90.8%	86.6%	91.4%	-	
Cancer 28 Day Faster Diagnosis - Urgent Suspected Cancer	R	75%	73.7%	58.1%	59.0%	61.0%	63.3%	66.8%	68.1%	71.8%	74.1%	75.1%	74.4%	71.1%	77.3%	-	

Operational Summary

The Shrewsbury and Telford Hospital NHS Trust

Significant challenges in UEC pathways have continued in March, impacting on ambulance handover delays and long waits for a bed in ED. 4-hour performance has improved marginally despite these continued pressures. The GIRFT recommendations and Tier 1 recovery actions have been incorporated into a formal programme of work with 6 defined workstreams, focussed on the following areas:- care coordination, 4-hour performance, alternatives to ED, discharge, frailty, inter-professional standards and pathways. Our current 4-hour performance (inc. MIUs) for March was 60.2% against a trajectory of 76%. We have additional actions in place to improve the 4-hour performance through additional tracking of patients, a clear focus on 4 hours from all team members and validation. Further actions are planned over the coming months to improve performance including the expansion of the paediatric department at PRH following the relocation of the UTC in May. This is also expected to deliver a further improvement in initial assessment performance.

RTT elective recovery continues to be monitored at Tier 3 level. Our elective recovery is underpinned by additional capacity from waiting list initiatives, mutual aid and insourcing which supports our challenged specialties. There were no 104w or 78w breaches in March and none forecast in April. We ended the year with the validated position of 378 (English) patients in the 65-week cohort against our re-forecast plan of 550. PRH DSU is fully escalated in support of UEC, and we are unable to use W5 for elective orthopaedic activity pending upgrade of the ventilation system. RJAH is supporting elective activity as a continuation beyond the winter plan, and we are reviewing alternative options to recommence elective activity until the Elective hub becomes available in early June.

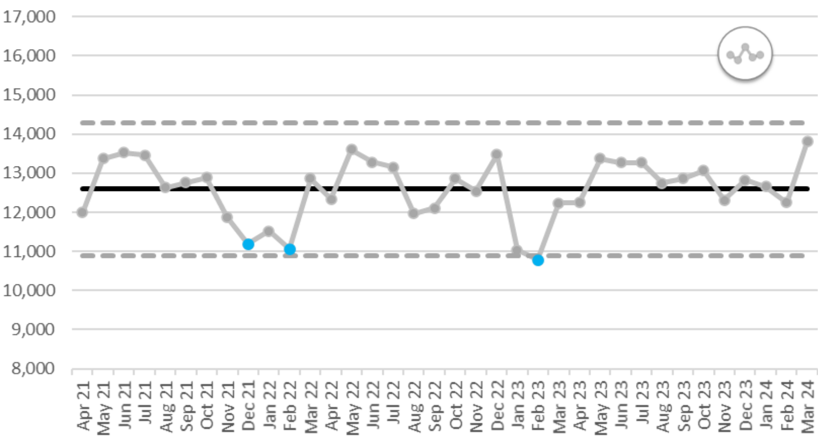
Cancer recovery continues to be monitored at Tier 1 level. We exceeded our 'fair shares' 62-day target of 212, achieving 197 at the end of March. We also achieved the national FDS target; our validated FDS position for February was 77.3% against the national target of 75% and our unvalidated position for March is 76.8% against the plan (78.3%) with 79.6% data completion. Colorectal oncology wait time has improved to 3-4 weeks. Uro-oncology wait time has improved to 25 weeks as a result of additional WLIs and locum consultant activity, and we anticipate that an additional 2.5 WTE oncologists will join the team in the autumn.

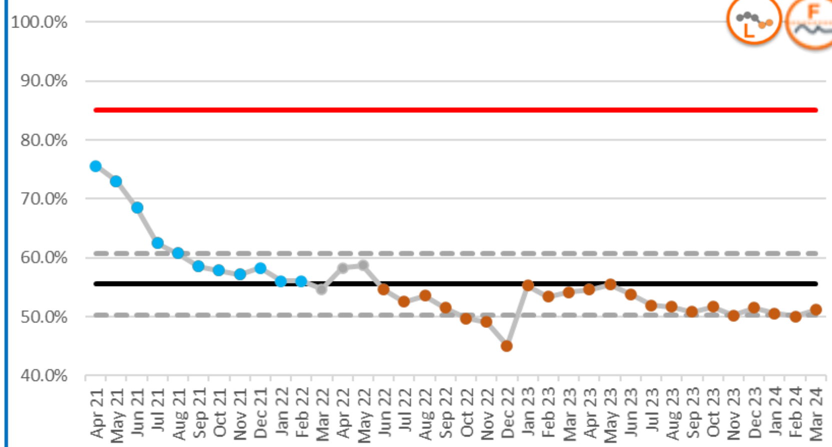
Key Actions for April

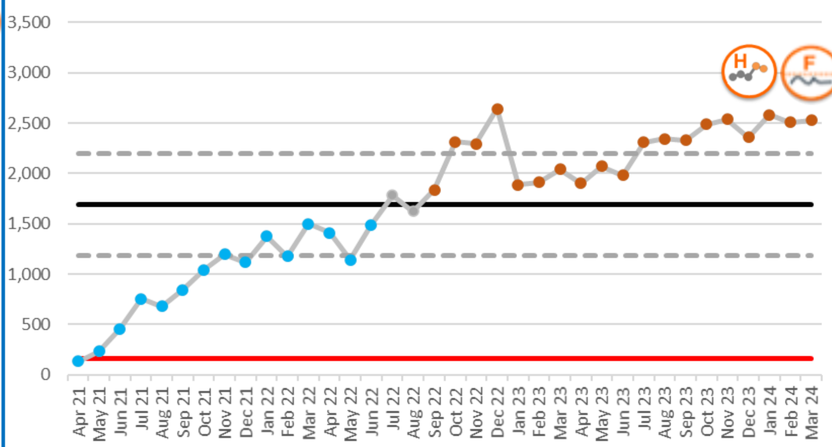
- Support successful introduction of Careflow PAS
- Progression of actions within Tier 1 workstreams
- Relocation of UTC at PRH to allow expansion of the paediatric A&E department improving 4-hour performance and time to initial assessment
- Review of pathways for the sub-acute ward to support effective utilisation and right patient in right place
- Specialty direct access test of change week to reduce demand on A&E and reduce length of stay
- Following completion of Careflow PAS cutover, refine cancer and RTT backlog improvement trajectories for 2024/25.
- Replace locum Uro-oncology consultant to support improvement in current wait times pending commencement of substantive consultants.

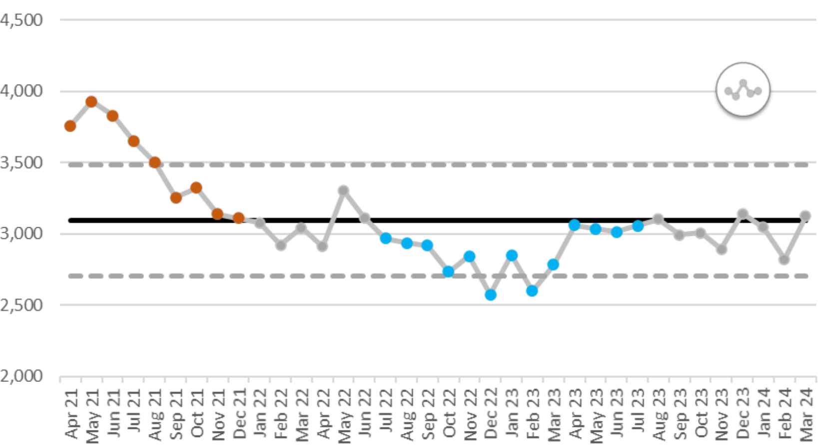
Operational – Emergency Care

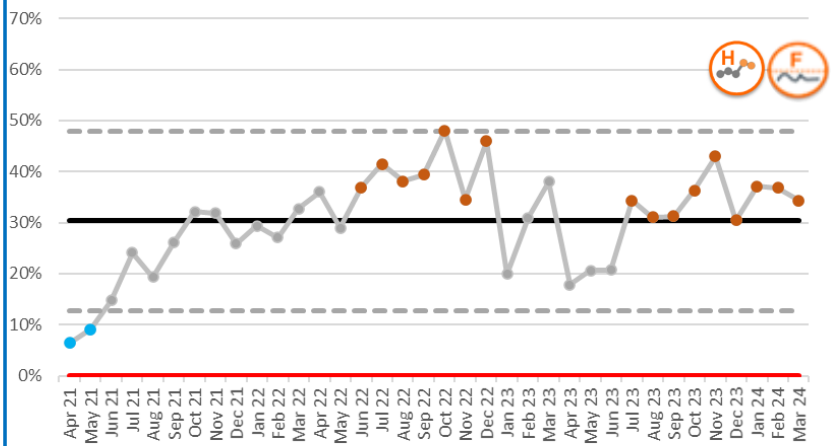
The Shrewsbury and Telford Hospital NHS Trust

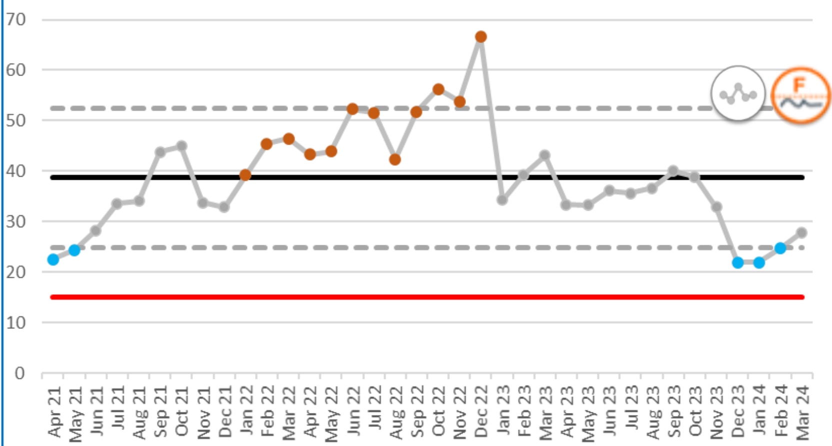












Partnering Ambitious Caring Trusted

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

Operational – Emergency Care

The Shrewsbury and Telford Hospital NHS Trust

Summary:

- Month 12 has seen a 12.69% increase in attendances on the previous month (+1,555)
- There has been a small decrease in performance against time to Initial Assessment. Challenges surrounding paediatric capacity due to the loss of physical estate to triage at times when a child presents with suspected measles due to isolation requirements
- Reduction in ambulance offload delays from previous month
- There were 2,510 12-hour breaches in month, which is an increase of 17 compared with the previous month
- SaTH 4-hour type 1 & 3 performance (excluding MIU) showed a 1.2% increase, 51.1% against a trajectory of 66%
- System wide 4-hour performance type 1 & 3 performance (including MIU) was 60.2% against a trajectory of 76%
- ED occupancy frequently reported at over 200%. Sustained pressure on both ED departments demonstrated by 12 hour waits to be admitted

Recovery actions:

- Daily 4-hour performance huddles
- 4-hour validation SOP
- Revised UTC criteria agreed
- Increase in SDEC pull/push model
- Relocation of UTC at PRH 7th May to provide increased capacity for paediatrics
- Medicine & Emergency Care Transformation Programmes taking forward GIRFT actions (frailty, acute med, flow)
- Flow improvement workstream – Ongoing PDSA cycles
- Test of change week - specialty direct access pathways
- Reconfiguration of PRH site to expand AMU and introduce the frailty assessment unit at the end of Q1 2024/25
- External expert support via GIRFT – Grand Round focused on SHOP model & GIRFT findings
- Tier 1 system workstreams

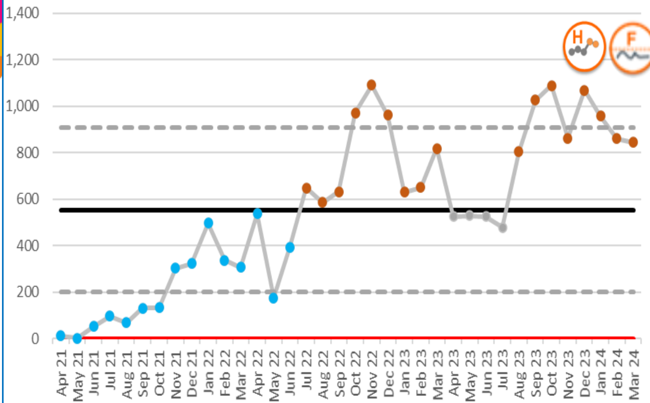
Anticipated impact and timescales for improvement:

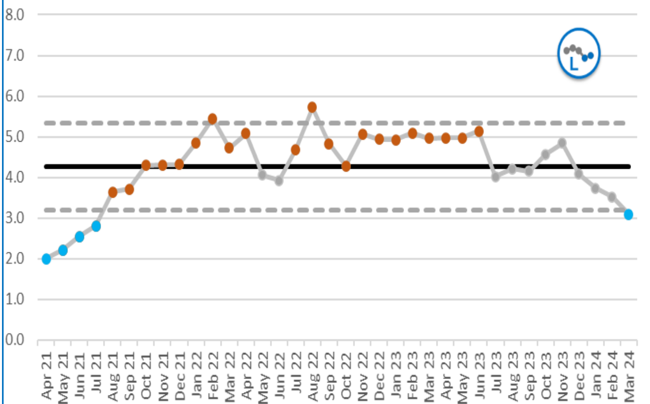
Progress reported monthly through UEC Flow improvement group to FPAC and system UEC meeting.

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

Recovery dependencies:	Recovery of NCTR reduction to achieve trajectory. System tier 1 workstreams – to reduce demand on A&E and reduce exit block.

Operational – Patient Flow





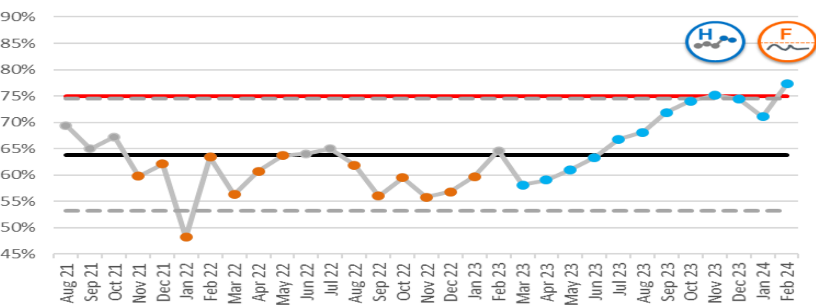
Summary:
A reduction in average LOS from NCTR to Discharge has continued into the fourth month with the average now being around 3 days compared with 5 days the same time last year. There was a further reduction in the number of NCTR patients in March 2024 (125 on average compared with 172 in March 2023). The number of patients over 21 days has reduced from 115 in March 2023 to 91 in March 2024. The number of patients waiting in ED for over 12 hours continues to be extremely high, although has reduced month on month since December 2023. This is due to our continued significant bed gap. Total length of stay for patients that stay over 1 day in hospital reduced to 7.5 days (from 7.9 days in February and compared to 8.2 in March 2023). Patients on PW0 staying on average 5.4 days and patients on a complex pathways (1-3) staying 14.1 days. The remaining 6 beds in the rehabilitation and recovery ward 18 at RSH opened in March (ward is now at 26 patients).The test of change on ward 26 to reduce deconditioning has proved successful; reducing LOS, reducing inappropriate referrals to therapies and enabling more patients to remain mobile whilst in hospital. A roll out plan is being developed for all wards to benefit from this initiative. Tier 1 workstreams will include focus on earlier in the day discharges, consistent weekend and weekday discharges, rhythm of the day and consistency of patient discharges throughout the day, reconditioning and planning discharge on admission.

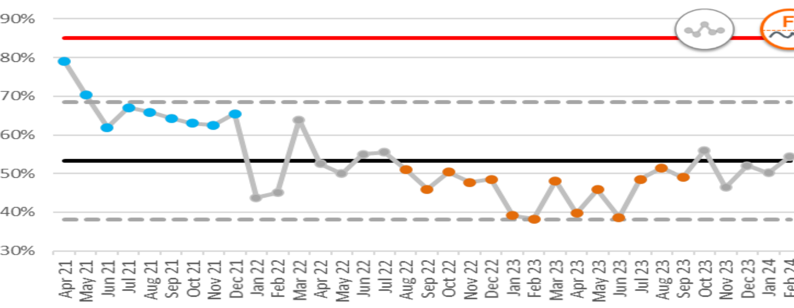
Recovery actions:	Anticipated timescales for improvement:
• Tier one meeting structure is in place with PiDs developed for the 6 areas of focus as a system - care coordination, alternatives to ED, 4-hour performance, acute medicine and Internal professional standards, system wide frailty, system discharge	30 April 2024
• Flow workstream commenced within the Medicine Transformation Programme. Test of change week completed in March. Ongoing PDSA cycles	30 April 2024
• Choice policy has been reviewed and is to launch in April	May 2024
• Continued focus on the IDT and therapy processes to reduce the length of time between NCTR and discharge	April 2024
• Roll out to all wards the deconditioning change model, piloted on ward 26	June 2024

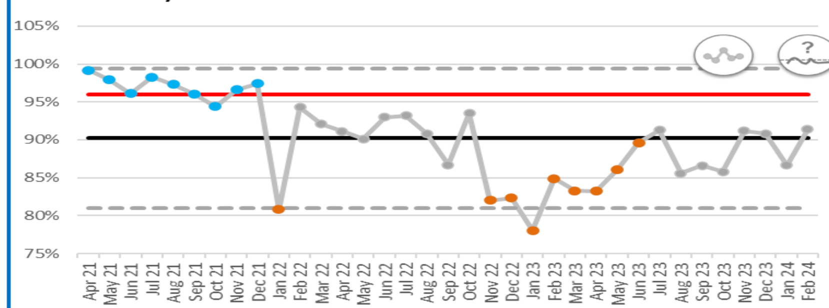
Recovery dependencies:	PW1, 2 and 3 capacity to support complex discharge pathways. Medical decision makers to support discharge decisions available on all wards throughout the day.

Operational – Cancer performance

The Shrewsbury and Telford Hospital NHS Trust





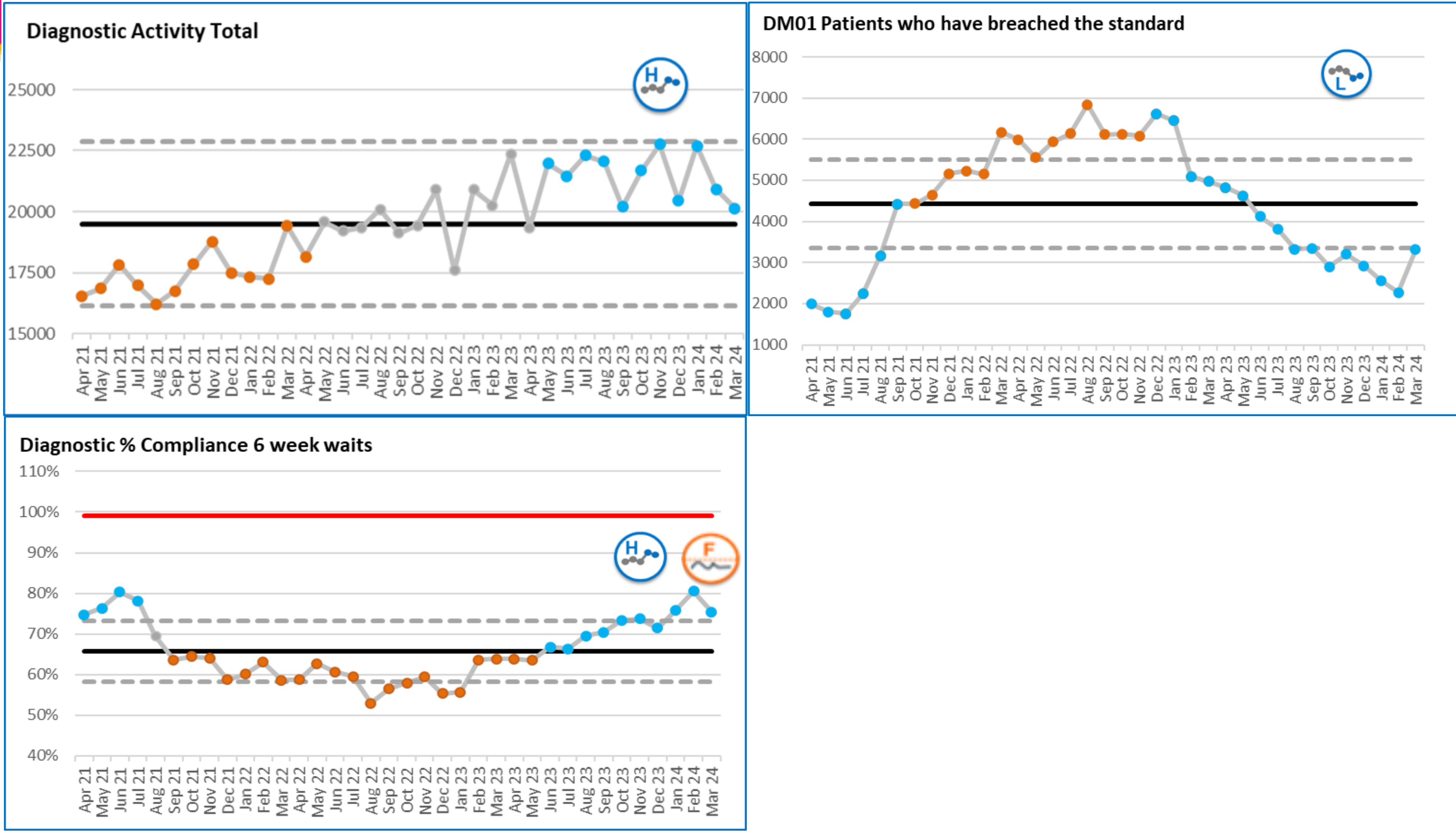


Summary: Our focus remains on reducing the backlog of patients waiting over 62 days for treatment and on the Faster Diagnosis Standard (FDS). The 62+ day backlog at the end of March was 197 against the revised stretch target of 182 and an NHSE fair shares target of 212. The validated FDS position for February was 77.3% against the Operational Plan target of 74.9% (revised plan 76.7%) and the national target of 75%. The current unvalidated FDS position for March is 76.8% with 79.6% data completeness, which exceeds the national target.

Recovery actions: We remain in NHSE Tier 1 management with weekly meetings in place, however we have met all year end targets and now in discussions regarding exit criteria to step down from Tier 1. Pathway deep dives have taken place in all cancer sites, with the exception of skin, which is due to take place in June and improvement action plans are in place. We continue to support STW in the implementation of 80% compliance with Faecal Immunochemical Testing (FIT) and exceeded this in March with a score of circa 87.2% compliance at March end for cancer referrals received with a FIT result. Capacity at Tertiary Centres for surgery is impacting on pathways resulting in additional delays for treatment. There are workforce constraints within Haematology, Oncology, Dermatology and Urology and we have been unable to recruit locums to support to a full complement. There were long delays within Oncology and Radiotherapy for OPA +/- treatment due to limited workforce particularly in Colorectal and Urology. 2.5WTE Oncologists have been identified who will potentially join the team in the Autumn. Chemotherapy wait times have improved to 2-3 weeks. The most affected Oncology sites are Urology (improved to 25 weeks wait) and Colorectal (improved to 3-4 week wait). An SLA has been approved to progress by STW and is nearing completion with Clatterbridge Private Clinic to provide mutual aid if required to the Colorectal Oncology service. A GPwSI has been appointed to support the non-site-specific pathway (NSS) from Q1 and is completing preparatory formalities.
An Advanced Practitioner has been appointed to support clinics and will commence from 20th May, providing delays and governance surrounding the vacancy freeze are satisfied. Demand for Local Anaesthetic Trans-perineal Prostate biopsies (LATP) remains high and has been being supported by 40 additional procedures being insourced per month funded by WMCA. All additional funding supporting backlog reduction stopped at 31/3 and there is a risk that backlogs will rise unless prompt decisions are made on the allocation of ERF. The recruitment freeze is affecting all Divisions and Centres, all describing risks to maintaining improvement in cancer performance due to delays in appointing to essential posts, some of which are dependent on backfilling. There is a risk to the CDC Teledermatology service as there are insufficient posts to maintain the service within required cancer waiting times targets.

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 February was 80.5% and the unvalidated position for March is 75.4%. Radiology reporting delays remain of concern in some areas due to high demand and specialist skills needed (mpMRI). MRI reporting turnaround times are:- USC 3-5 weeks, urgent 6-7 weeks, and routine tests at 8-9 weeks. CT reporting times are; USC 3-5 weeks, urgent 5-7 weeks and routine at 9-10 weeks. NOUS reporting times are; USC 2-3 weeks, urgent 3-4 weeks and routine at 6 weeks. Long standing vacancies and long-term sickness in cross-sectional modalities continue to restrict capacity, with reduced resilience during periods of sickness or annual leave.

- Recruitment is challenging and we are utilising agency staff where possible and insourcing to support the improvement in NOUS (90% within 6 weeks)
- Focus continues to be on the induction of the 10 new international recruits who joined the department at the end of 2023, the first of whom have now been signed off from induction and are working independently. It is anticipated that they will all have completed induction in the next 2 months.
- Clinical prioritisation of radiology referrals is in place and reporting for the most urgent patients is being targeted alongside elective recovery of long waits.
- Staff are deployed to prioritise acute and cancer pathways and the longest waiting patients, with a resultant impact on new routine capacity.
- Insufficient capacity within endoscopy remains a concern and additional non-recurring monies from WMCA is in place to bridge the gap until the sustainable endoscopy workforce business case has been approved by STW triple lock and can be actioned.
- 13w waits are a particular concern in the following areas: audiology assessment, echo, uro-dynamics and colonoscopy

Recovery actions:

Additional outsourced reporting continues to provide additional capacity. Enhanced payments and WLIs are encouraging additional in-house reporting sessions across Plain film with backlogs being targeted. Funding has also been provided to focus on FDS for prostates and head and neck. CT insourcing continues to provide additional capacity to maintain improved performance levels until the end of April. Clinical prioritisation is in place for all radiology appointments and reports and priority is given to urgent cancer patients and longest waiting patients on RTT pathways. Imaging DM01 performance is at 87% at the end of March. NOUS performance being 90%, CT scanning performance at 99% and MRI at 76%. MRI performance was impacted by high levels of absence within the team during March. Process for avoiding RTT breaches is in place with daily calls attended by radiology and the operational teams. Daily calls are also operational between radiology and the gynaecology booking team to ensure all capacity is utilised for PMB USS. Approval of the endoscopy business case is required to provide a sustainable solution. DM01 for Endoscopy is 65.2%.

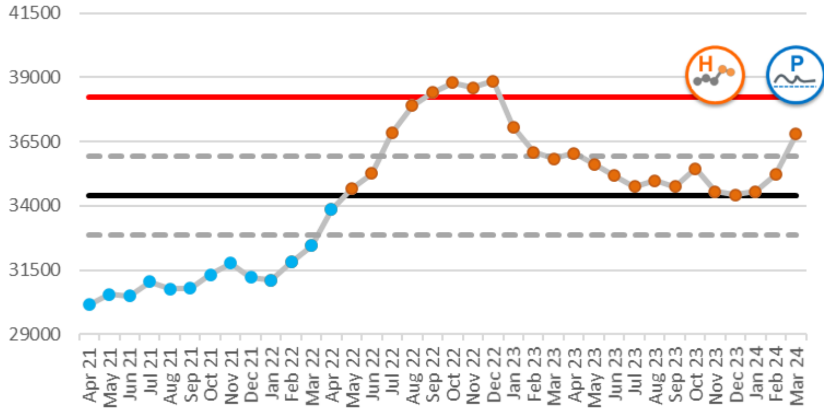
Anticipated impact and timescales for improvement:

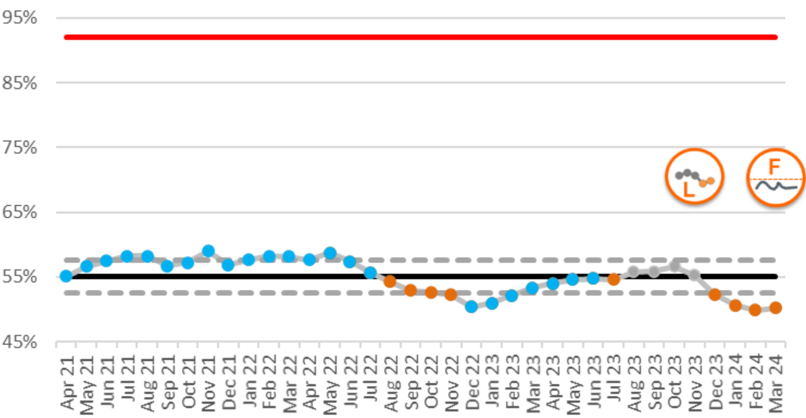
Additional insourcing from '18 Weeks' to support endoscopy DM01 at weekends has been supported through the ERF. There is ongoing recruitment for radiologists, radiographers and sonographers. The second cohort of 10x band 5 international radiographers are in post and undergoing a full induction, with the first now signed off to work independently Rotation through the CDC commenced from the beginning of October.

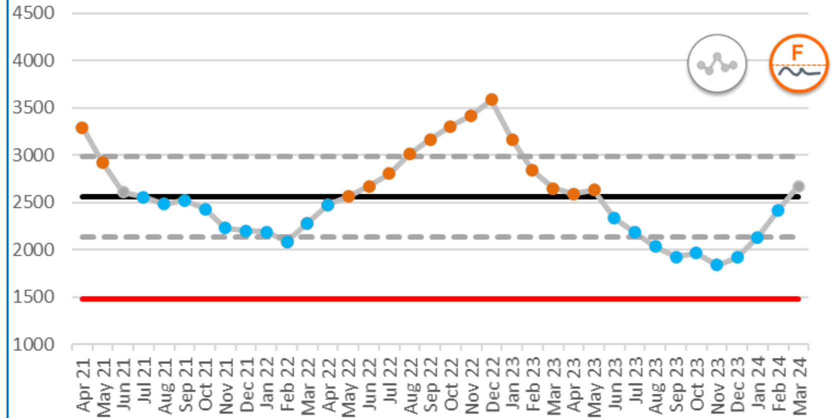
1 additional Radiologist specialising in head, neck and neurology has been recruited and is due to join the department in April. We are also recruiting a further 2 radiologists. Use of agency and bank staff to cover workforce gaps and insourcing for US is proving successful.

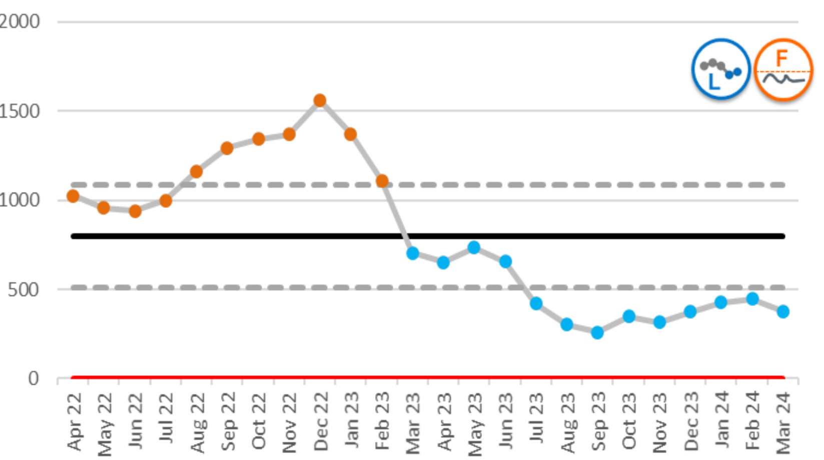
Operational – Referral to treatment (RTT)

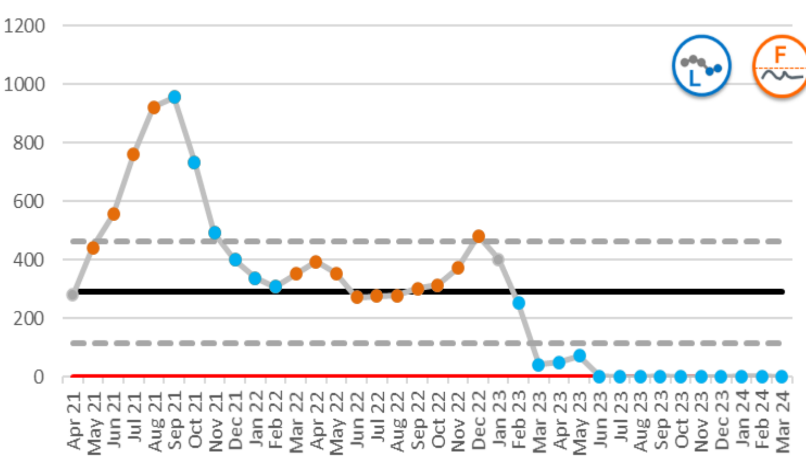
The Shrewsbury and Telford Hospital NHS Trust

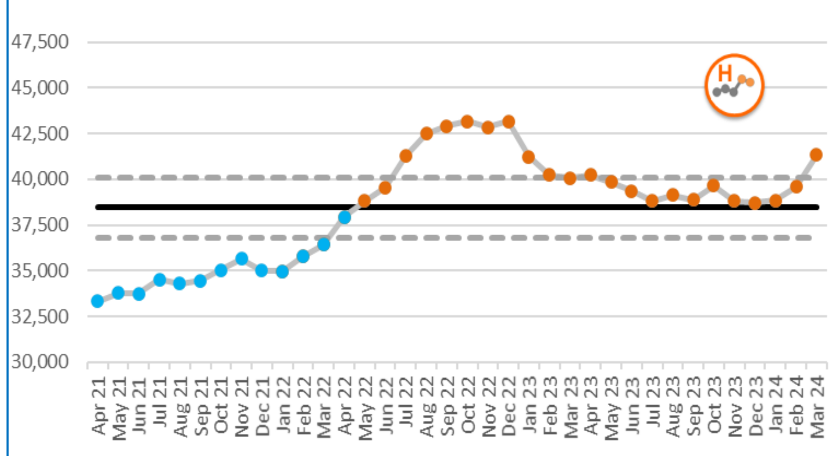












Operational – Referral to treatment (RTT)

The Shrewsbury and Telford Hospital NHS Trust

Summary:
The total waiting list size remains high but is lower than plan. There has been an increase in the total waiting list in March which now exceeds the control limits. There continues to be a decline in overall 18-week RTT percentage compliance, however 78-week breaches remains low. 65-week breaches have reduced slightly in month. Faster recovery is constrained by persisting emergency flow pressures across both sites and the lack of additional Elective capacity. DSU PRH is fully escalated with medical outliers, and we are currently using Ward 5 as our day ward area which is ring fenced and will support theatre utilisation and reduce cancellations on the day due to lack of beds. We are unable to use this area for elective orthopaedics pending an upgrade to the ventilation system and RJAH continues to support the Trust with inpatients as an extension of the winter plan. Theatre staffing remains a constraint which includes the provision of supernumerary periods for new staff as we are unable to open additional lists. Currently demand and capacity modelling is being refined and activity planned within the Divisions including ERF funding. Sickness levels remain high within PRH Theatres.

Recovery actions:
Elective recovery is part of the Trust's 'Getting to Good' programme. Recovery plans have been developed as part of the 2024/25 integrated operational planning cycle and are continuously monitored. Theatre vacancies are being addressed through a restructure of the theatre teams to develop new roles and ways of working which will help with future succession planning. Theatre recruitment remains challenging and is ongoing with further recruitment events being planned. Clinical priority of the longest waiting patients continues, and lists are allocated in line with clinical need. This is supported by twice weekly 78/65-week meetings and via the weekly RTT Assurance Meeting. The Trust continues to explore mutual aid for challenged specialties. There has been some improvement in theatre utilisation since December and this is largely due to the introduction of new List Allocation, Scheduling and Look Back Meetings which has largely been supported by both Clinical and Operational teams.

Weekly outpatient transformation meetings are in place with Centres to further develop and monitor PIFU and virtual plans by specialty, with clinical engagement. GIRFT Further Faster Handbooks have been shared with all Centres with an expectation to implement good practice. GIRFT Meetings have been set up supported by Clinical Leads for both Outpatient Transformation and GIRFT.

Anticipated impact and timescales for improvement:
SaTH has met the requirement by NHSE to clear all 78 week waits by the end of March 2024. We now need to maintain this position.

In addition, there is a requirement for all patients in the 65w patient cohort to have received a 1st OPA by the end of quarter 1 in line with the 'route to zero' plan by quarter 2 in line with planning guidance.

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

The Trust continues to report to NHSE as part of a weekly call on Electives. We have moved from Tier 1 to Tier 3 monitoring for electives but ensuring 0 x 78 weeks breaches remains a challenge.

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

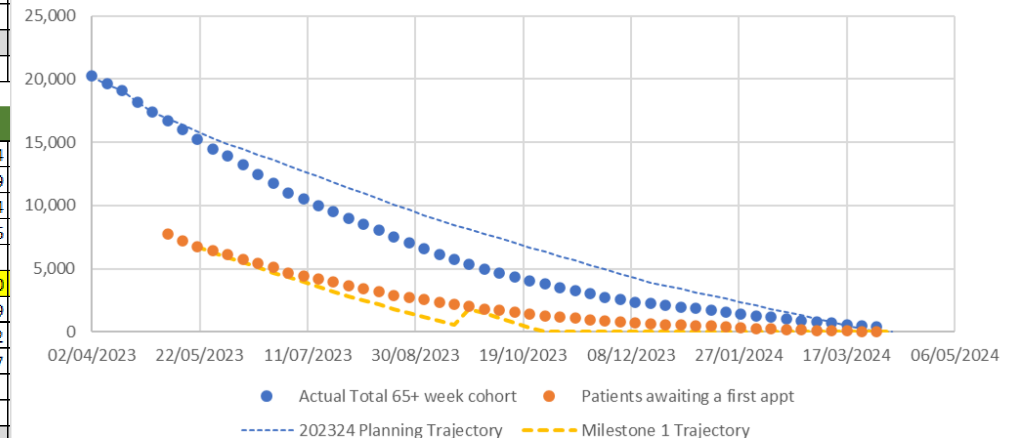
Operational – 65 plus Weeks Trajectory

NHS
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. Teams had formulated a recovery plans for 65 weeks, but we were not successful in obtaining any additional funding therefore improvement of our 65 weeks position has slowed. Work continues to track the below at specialty level to identify areas where additional support is needed. The revised forecast was for 550 remaining at the end of March 2024, but the validated year-end position was 378 (409 pre-validation) and therefore better than expected.

TOTAL COHORT (All Stages)	11/02/2024	18/02/2024	25/02/2024	03/03/2024	10/03/2024	17/03/2024	24/03/2024	31/03/2024
NHSE Planning: - TASK50828 - 2023/24 Trajectory	1,828	1,567	1,306	1,044	783	522	261	0
ACTUAL TOTAL - 65+ Week Cohort	**1,162**	**1,025**	**894**	**793**	**690**	**601**	**484**	**409**
% Actual Movement	-9.7%	-11.8%	-12.8%	-11.3%	-13.0%	-12.9%	-19.5%	-15.5%

65+ Week Cohort - Split by Stage	11/02/2024	18/02/2024	25/02/2024	03/03/2024	10/03/2024	17/03/2024	24/03/2024	31/03/2024
Milestone 1 *(awaiting 1st appt)*	226	189	163	129	102	62	38	29
Milestone 2/Other *(follow-up/diagnostic stages/validation)*	237	208	161	135	112	105	79	64
Milestone 3 *(awaiting admission)*	699	628	570	529	476	434	367	316
Milestone 1 Trajectory *(awaiting 1st appt)*	0	0	0	0	0	0	0	0
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	226	189	163	129	102	62	38	29
Patients undated	23	19	30	9	12	9	4	2
Patients dated	203	170	133	120	90	53	34	27
Patients dated by month:								
Apr-23								
May-23								
Jun-23								
Jul-23								
Aug-23								
Sep-23								
Oct-23								
Nov-23								
Dec-23								
Jan-24								
Feb-24	101	69	21					
Mar-24	96	95	100	104	76	34	11	0
>1st April 2024	6	6	12	16	14	19	23	27



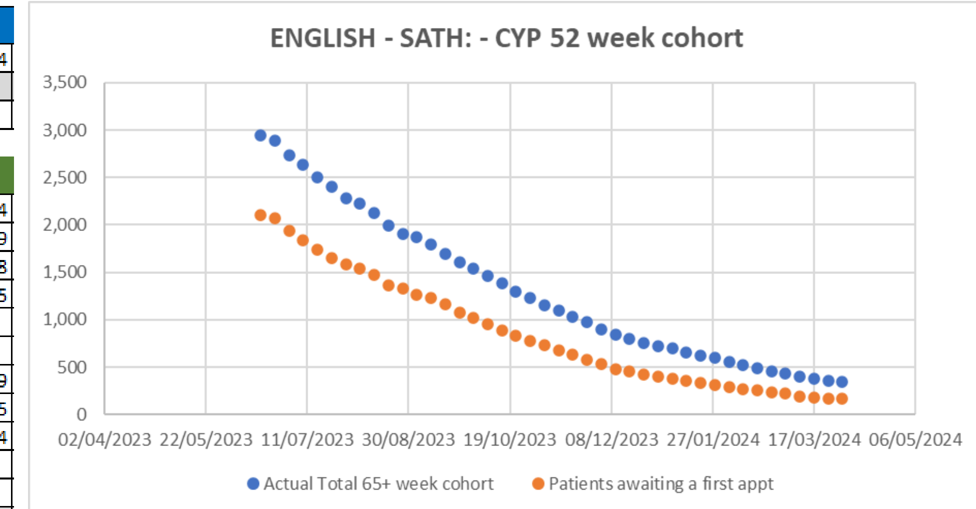
Operational – 52 plus Weeks for CYP cohort

The Shrewsbury and Telford Hospital NHS Trust

In addition to tracking overall patient cohorts, we also continue to track our children and young people cohort who have been waiting 52 weeks or more by 31st March 2024. Ensuring we can provide targeted support in booking these patients earlier in the year will prevent unavoidable delays and ensure parity with adult recovery. Performance against the booking of these patients is monitored on a weekly basis and is also being tracked at a specialty level.

TOTAL COHORT (All Stages)	11/02/2024	18/02/2024	25/02/2024	03/03/2024	10/03/2024	17/03/2024	24/03/2024	31/03/2024
ACTUAL TOTAL - 52+ Week CYP Cohort	525	492	461	434	403	378	357	342
% Actual Movement	-6.3%	-6.3%	-6.3%	-5.9%	-7.1%	-6.2%	-5.6%	-4.2%

52+ Week CYP Cohort - Split by Stage	11/02/2024	18/02/2024	25/02/2024	03/03/2024	10/03/2024	17/03/2024	24/03/2024	31/03/2024
Milestone 1 *(awaiting 1st appt)*	265	255	235	223	195	184	171	169
Milestone 2/Other *(follow-up/diagnostic stages/validation)*	86	78	81	66	68	56	56	48
Milestone 3 *(awaiting admission)*	174	159	145	145	140	138	130	125
Milestone 1 Trajectory *(awaiting 1st appt)*								
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	265	255	235	223	195	184	171	169
Patients undated	139	143	139	136	126	124	114	115
Patients dated	126	112	96	87	69	60	57	54
Patients dated by month:								
Apr-23								
May-23								
Jun-23								
Jul-23								
Aug-23								
Sep-23								
Oct-23								
Nov-23								
Dec-23								
Jan-24								
Feb-24	38	26	5					
Mar-24	53	52	55	48	31	18	7	0
>1st April 2024	35	34	36	39	38	42	50	54



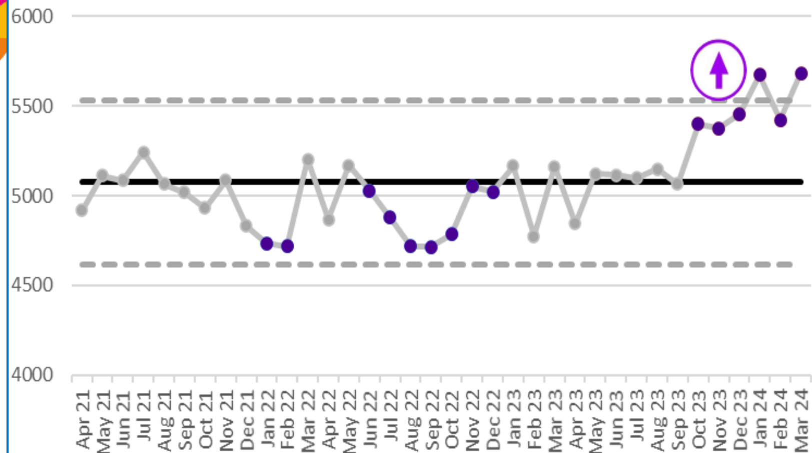
Activity vs Operational Planning

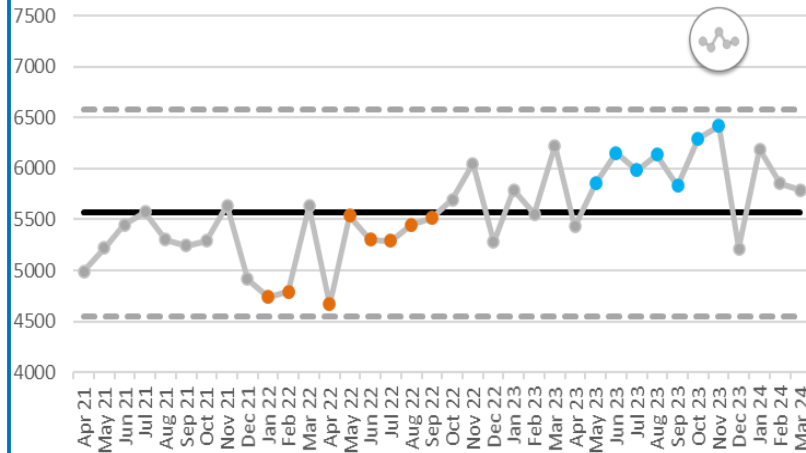
The Shrewsbury and Telford Hospital NHS Trust

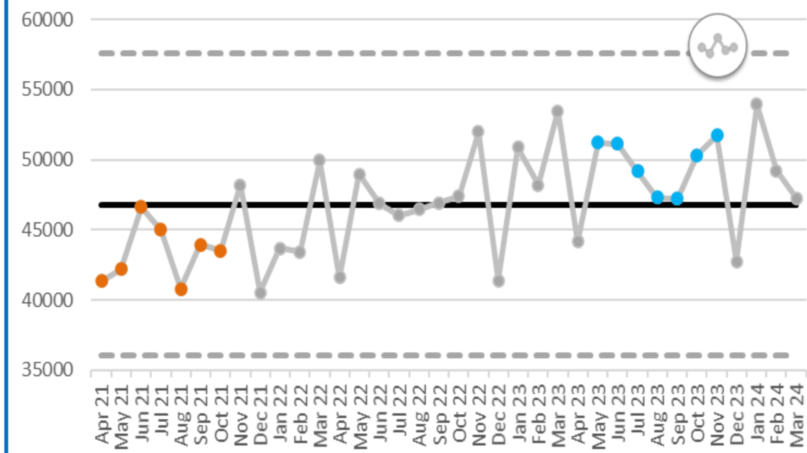
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
OP 1st attendances	19/20 actual	11,351	12,494	11,557	13,204	11,192	11,869	13,109	11,963	10,485	12,467	11,814	9,775	141,280
	23/24 plan	14,696	14,710	14,899	13,951	12,608	13,608	13,859	13,740	11,937	13,405	13,047	12,861	163,320
	23/24 actual	12,152	13,878	13,723	13,684	13,504	13,331	13,954	14,222	11,134	13,891	12,908	12,585	158,966
	Variance to plan	82.7%	94.3%	92.1%	98.1%	107.1%	98.0%	100.7%	103.5%	93.3%	103.6%	98.9%	97.9%	97.3%
	Variance to 19/20	107.1%	111.1%	118.7%	103.6%	120.7%	112.3%	106.4%	118.9%	106.2%	111.4%	109.3%	128.7%	112.5%
OP FU attendances	19/20 actual	20,440	20,687	19,968	22,403	19,694	20,846	22,935	22,073	18,997	23,138	20,001	18,935	250,117
	23/24 plan	20,201	20,693	21,069	21,055	20,020	20,487	21,413	21,760	18,646	21,281	19,764	20,011	246,401
	23/24 actual	18,666	22,000	22,587	21,809	21,523	22,386	23,713	24,661	20,446	26,367	23,611	22,216	269,985
	Variance to plan	92.4%	106.3%	107.2%	103.6%	107.5%	109.3%	110.7%	113.3%	109.7%	123.9%	119.5%	111.0%	109.6%
	Variance to 19/20	91.3%	106.3%	113.1%	97.3%	109.3%	107.4%	103.4%	111.7%	107.6%	114.0%	118.0%	117.3%	107.9%
Elective admissions	19/20 actual	362	430	473	516	447	421	470	461	401	320	408	307	5,016
	23/24 plan	246	246	296	347	317	329	357	416	341	303	324	403	3,924
	23/24 actual	268	343	371	324	321	367	339	402	330	305	340	357	4,067
	Variance to plan	109.2%	139.6%	125.5%	93.5%	101.3%	111.7%	94.9%	96.7%	96.7%	100.6%	104.9%	88.5%	103.6%
	Variance to 19/20	74.0%	79.8%	78.4%	62.8%	71.8%	87.2%	72.1%	87.2%	82.3%	95.3%	83.3%	116.3%	81.1%
Day case admissions	19/20 actual	5,495	5,974	5,475	5,911	5,419	5,419	5,906	5,628	5,249	5,972	5,492	4,457	66,397
	23/24 plan	5,449	5,487	5,866	5,984	5,635	5,759	5,998	6,179	5,309	5,530	5,514	6,275	68,985
	23/24 actual	5,164	5,512	5,782	5,660	5,815	5,466	5,955	6,013	4,884	5,882	5,537	5,432	67,102
	Variance to plan	94.8%	100.5%	98.6%	94.6%	103.2%	94.9%	99.3%	97.3%	92.0%	106.4%	100.4%	86.6%	97.3%
	Variance to 19/20	94.0%	92.3%	105.6%	95.8%	107.3%	100.9%	100.8%	106.8%	93.0%	98.5%	100.8%	121.9%	101.1%
Non-elective admissions Zero day LOS	19/20 actual	1,589	1,721	1,737	1,873	1,603	1,725	1,851	1,918	1,642	1,575	1,355	1,131	19,720
	23/24 plan	1,503	1,588	1,542	1,577	1,516	1,544	1,626	1,670	1,631	1,527	1,456	1,487	18,668
	23/24 actual	1,451	1,651	1,613	1,552	1,605	1,636	1,787	1,757	1,831	1,821	1,778	1,846	20,328
	Variance to plan	96.5%	104.0%	104.6%	98.4%	105.9%	106.0%	109.9%	105.2%	112.3%	119.2%	122.1%	124.1%	108.9%
	Variance to 19/20	91.3%	95.9%	92.9%	82.9%	100.1%	94.8%	96.5%	91.6%	111.5%	115.6%	131.2%	163.2%	103.1%
Non-elective admissions 1+ day LOS	19/20 actual	3,346	3,486	3,215	3,318	3,289	3,236	3,493	3,343	3,413	3,407	3,029	2,852	39,427
	23/24 plan	3,207	3,334	3,192	3,352	3,246	3,212	3,319	3,298	3,229	3,247	3,028	3,121	38,785
	23/24 actual	3,065	3,173	3,191	3,205	3,216	3,087	3,265	3,235	3,285	3,494	3,296	3,522	39,034
	Variance to plan	95.6%	95.2%	100.0%	95.6%	99.1%	96.1%	98.4%	98.1%	101.7%	107.6%	108.8%	112.8%	100.6%
	Variance to 19/20	91.6%	91.0%	99.3%	96.6%	97.8%	95.4%	93.5%	96.8%	96.2%	102.6%	108.8%	123.5%	99.0%

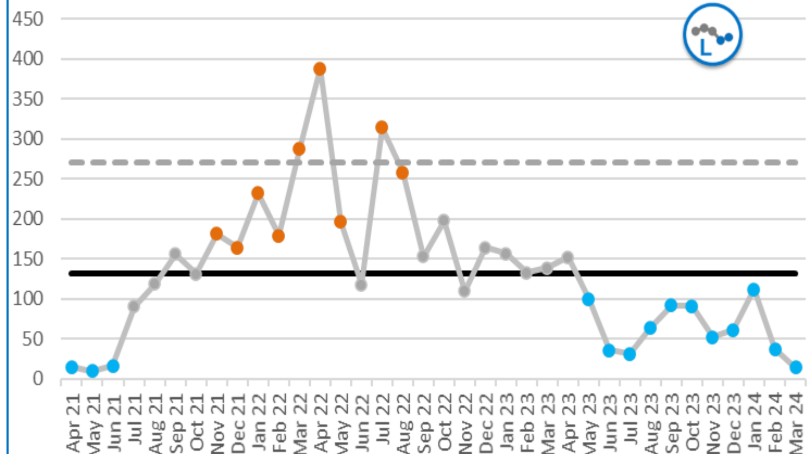
Operational - Activity

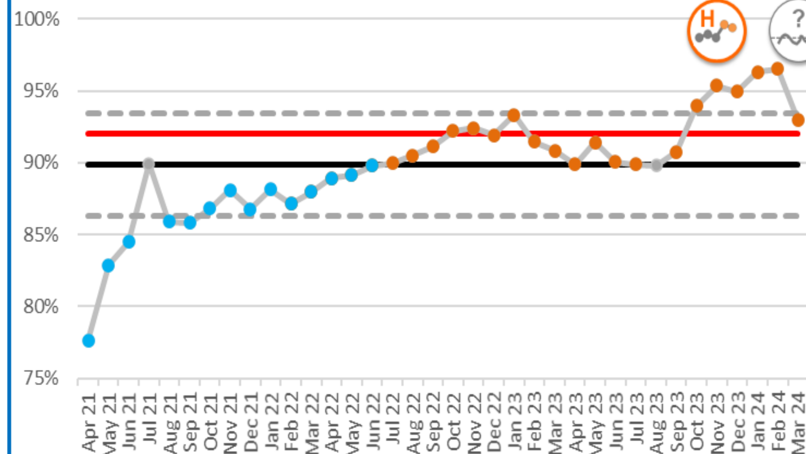
The Shrewsbury and Telford Hospital NHS Trust

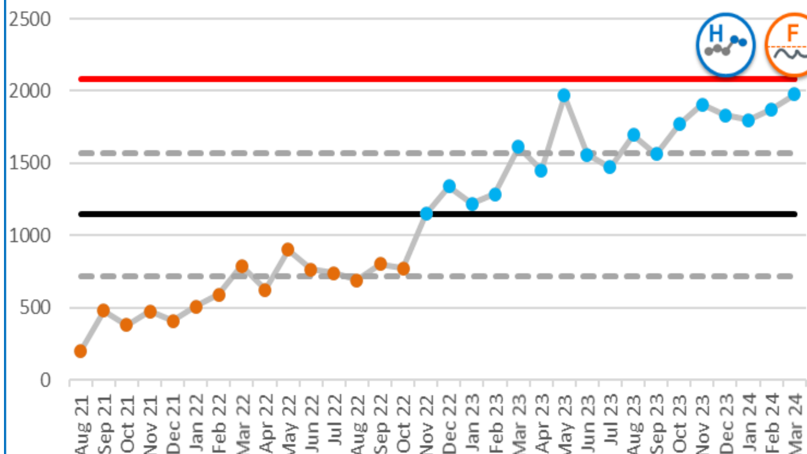












Partnering Ambitious Caring Trusted

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

Well Led

Executive Lead:

Director of People and Organisational Development

Rhia Boyode

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Trend
Well Led	WTE employed		-	7,267	6524	6508	6549	6619	6665	6744	6890	6990	7043	7089	7081	7100	7114	
	Temporary/agency staffing		-	-	1114	1057	1113	1013	1054	1106	1046	1033	1027	952	1003	1017	1010	
	Staff turnover rate (excluding Junior Doctors)		0.8%	0.75%	1.1%	1.0%	0.8%	1.2%	0.9%	0.9%	1.3%	0.8%	0.5%	1.1%	0.8%	0.7%	1.1%	
	Vacancies - month end		10%	<10%	6.8%	7.6%	6.9%	4.5%	5.2%	4.7%	2.7%	2.5%	1.8%	1.8%	2.1%	2.4%	2.1%	
	Sickness Absence rate		4%	4%	5.8%	5.1%	4.7%	4.7%	5.3%	5.1%	5.5%	5.4%	5.1%	5.5%	5.9%	5.5%	5.1%	
	Trust - Appraisal compliance		90%	90%	82.8%	83.2%	83.1%	83.5%	83.6%	83.6%	82.2%	82.0%	81.2%	80.0%	79.7%	78.8%	80.0%	
	Trust Appraisal – medical staff		90%	90%	92.8%	92.2%	93.0%	93.3%	93.8%	94.2%	93.1%	92.3%	92.8%	92.6%	92.9%	93.4%	94.1%	
	Trust Statutory and mandatory training compliance		90%	90%	91.5%	91.5%	92.1%	92.5%	92.2%	92.2%	92.0%	91.1%	91.7%	92.2%	92.7%	92.7%	92.5%	
	Trust MCA – DOLS and MHA		90%	90%	84.0%	83.0%	83.7%	82.2%	80.4%	79.8%	79.5%	79.4%	78.1%	78.0%	77.8%	78.4%	80.8%	
	Safeguarding Children - Level 2		90%	90%	92.5%	92.8%	93.4%	93.7%	94.9%	94.6%	94.9%	95.5%	95.4%	95.7%	95.4%	95.2%	95.2%	
	Safeguarding Adult - Level 2		90%	90%	94.1%	94.8%	95.1%	95.1%	91.1%	95.0%	95.1%	95.3%	95.4%	95.7%	95.3%	95.2%	94.8%	
	Safeguarding Children - Level 3		90%	90%	83.3%	75.6%	76.3%	83.9%	93.7%	87.6%	87.9%	87.7%	88.1%	90.3%	88.9%	89.4%	89.1%	
	Safeguarding Adult - Level 3		90%	90%	89.6%	89.9%	90.9%	91.1%	86.2%	92.4%	90.5%	91.3%	91.1%	90.3%	89.6%	89.8%	90.0%	
	Monthly agency expenditure (£'000)		-	1,575	5387	4118	4277	3646	3750	3856	3490	3612	3638	3230	2985	2654	1448	

Workforce Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

Vacancies - Vacancies this month are at 2.1% with scrutiny continuing through the vacancy control panel process. Agency has reduced by 5 WTE to 321 WTE. Agency HCAs are now solely supporting escalation areas only. Through on-going recruitment efforts, we expect to achieve zero agency for escalation areas through Q4.

205 international nurses have now been recruited with a clear intention to achieve near-zero agency usage for non-escalation in 2024/25. 109 nurses will become non-supernumerary over the next six months which will further reduce agency usage.

Turnover – Turnover is in line with last month's position at 11.1% (rolling 12-month position). Our in month turnover rate of 1.1% equates to 72 WTE leavers in March 2024 however several staff groups continue to have a higher turnover rate. Retention remains a clear priority for the Trust.

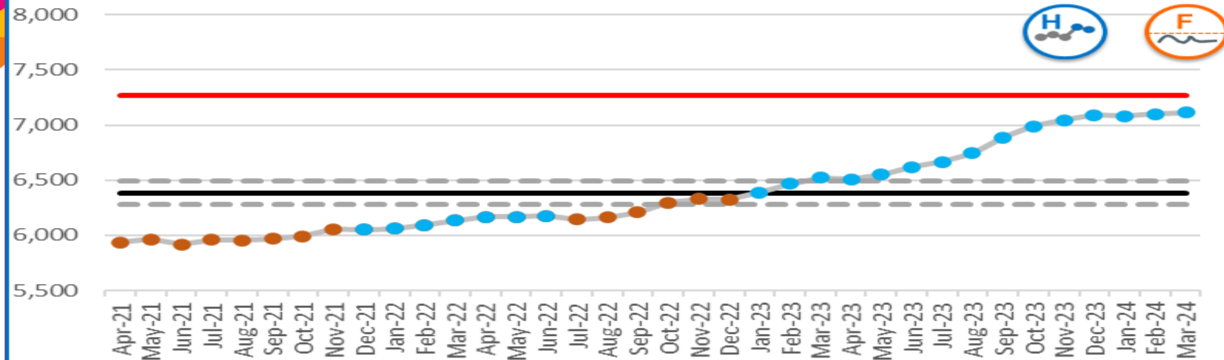
Wellbeing of our staff – Our overall sickness rate has reduced to 5.1%, which equates to 361 WTE remaining above target by 1.1% (76 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 26% of calendar days lost in March equating to 93 WTE. 13% of sickness was attributed to Other Known Causes with cold, cough, flu at 10%. The average number of days absent per sickness episode in March remained at 7.6 days.

Agency and temporary staffing - Agency spend has reduced to its lowest level since September 2021. The overall whole time equivalent levels are at the lowest rate since Feb 22 at 321 WTE. Our agency reduction strategy has continued to deliver workforce efficiency resulting in the following reductions:

- A reduction in off-framework nursing usage from c80 WTE's in January 2023 to an average of 3 WTE in March.
- Continued work with agency providers to reduce hourly rates. 14 suppliers reduced rates to date and moved to lower tiers
- Elimination of HCA agency, except for escalation and ECS bookings.
- Reduced non consultant agency doctors from 58 in March 2023 to 19 in March 2024
- Reduced overall agency levels by 191 WTE across 23/24.
- Trust benefiting from 241 WTE international nurses arriving in this financial year plus local UK recruitment of more than 50 WTE

Workforce – Contracted WTE

The Shrewsbury and Telford Hospital NHS Trust



Summary:

Contracted figure of 7,114 in March, which is an increase of 14 WTE in month.

March agency usage reduced by 5 WTE however overall, there has been a reduction of 119 WTE since August. It is anticipated there will be further reductions over the coming months as internationally educated nurses complete their training and agency usage continues to be rigorously reviewed. There are currently 71 WTE in their supernumerary training period.

Recovery actions:

- We have ceased using agency to cover HCA shifts and have introduced an additional level of rigor to approve any registered nursing shifts being escalated above a capped rate agency provider.
- We continue to strengthen our governance arrangements, improving procurement arrangements when using agency and maximising our supply of both substantive and bank workforce.
- Further development of our automating functionality in ESR has continued including engaging with the regional ESR group to showcase how our BI alerting is being used to assist in monitoring data quality and communicate system changes and updates.
- Development of a revised rostering scorecard dashboard is continuing which will provide Managers with greater oversight of our rostering metrics and assist in supporting efficient rostering practices.
- We have undertaken a project plan review for our ESR Levels of Attainment to develop a pathway to meet the standards in preparation for the Future Workforce Solution.
- Support work continues to help embed SafeCare by providing training sessions with Senior Nursing Management. Fully utilising this digital solution will assist in providing oversight and deployment of our workforce balancing efficiency alongside quality and safety.

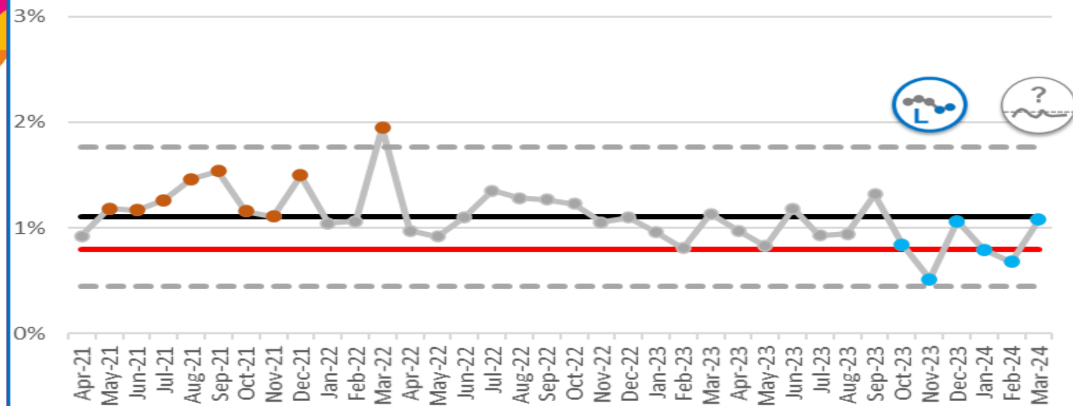
Anticipated impact and timescales for improvement:

Key 2024/25 People Plan priorities.

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

Workforce – Staff Turnover Rate

The Shrewsbury and Telford Hospital NHS Trust



Summary:
The rolling 12-month turnover rate for March remained at 11.1% which equates to 719 WTE leavers. An in month turnover rate of 1.1% equates to 72 WTE leavers in March.
Staff groups where turnover is above 11.1% include Add Prof Scientific and Technic (16.1%), which is attributable to pharmacy staff leaving, Additional Clinical Services (12.9%) attributable to high HCA leavers within the first 12 months of starting, Allied Health Professionals (12.5%) and Estates and Ancillary (11.7%).
We continue to see low numbers of those reporting 'unknown' as a reason for leaving. Work life balance is now the highest reason for leaving with 113 WTE leavers over the last 12 months and relocation the second highest reason with 108 WTE leavers.

Recovery actions:

- The Trust has received funding for a People Promise Manager role as part of a national retention programme. Pending recruitment, we will confirm our priorities for this project.
- We are developing Care for you spaces in partnership with our Chaplaincy, FTSU, Staff Psychology and OD colleagues. The aim is to provide regular space for colleagues to drop in to access information and support from a multi-disciplinary team on a wide range of aspects using a one-stop approach.
- Further investigation is being undertaken to understand where colleagues are moving to when leaving for the reason of work life balance and which staff groups this is particularly impacting.
- We are working to finalise our NHS Impact plans that will be monitored through Getting too Good.
- We have seen clear improvements in our job evaluation processes with the average evaluation being completed within 6-8 weeks.

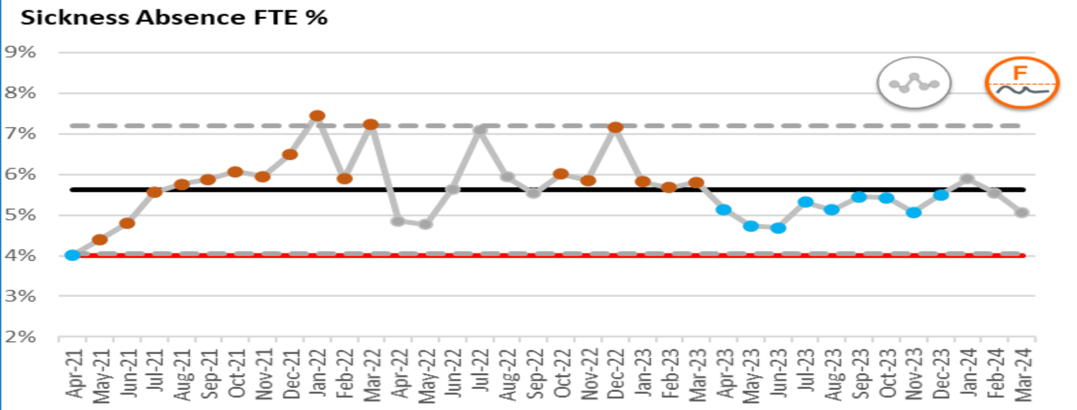
Anticipated impact and timescales for improvement:

Key priorities for People Plan 2024

Recovery dependencies:	On-going focus on culture and leadership alongside system approach to working.

Workforce – Sickness Absence

The Shrewsbury and Telford Hospital NHS Trust



Summary:
March sickness rate reduced to 5.1% (361 WTE) remaining above target by 1.1% (76 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 26% of calendar days lost in March equating to 93 WTE. 13% of sickness was attributed to Other Known Causes with cold, cough, flu at 10%. The average number of days absent per sickness episode in March was 7.6 days.

Recovery actions:

- As part of our CIP programme to reduce unavailability we continue to actively support managers with Absence support and management, pro-active annual leave management to support HWB, provide good training on our policies to ensure consistency and fair processes for all.
- Our Bariatric teams have been providing 'healthy eating a better you' sessions for our colleagues across both sites. This is a proactive intervention as part of our health inequalities work.
- Facilities have been piloting a new approach to return-to-work interviews and supporting training for managers to ensure colleagues are supported at initial absence periods.
- Return to work audit is being undertaken and we expect recommendations during May/ June.
- A review of our top 10 areas and sharing good practice is underway to share and ensure consistent good absence management practices and support.

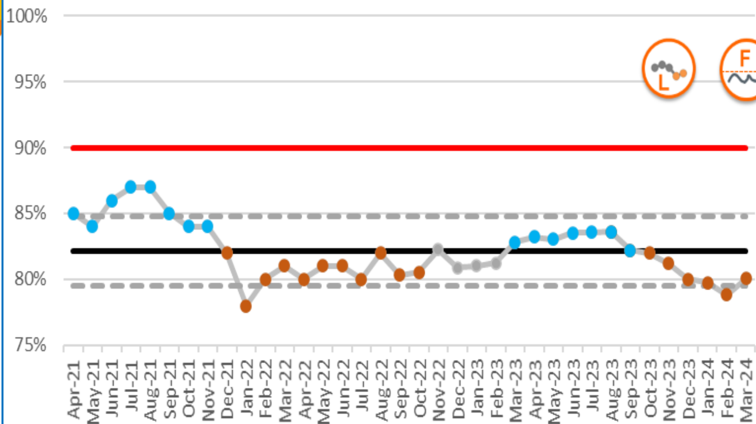
Anticipated impact and timescales for improvement:

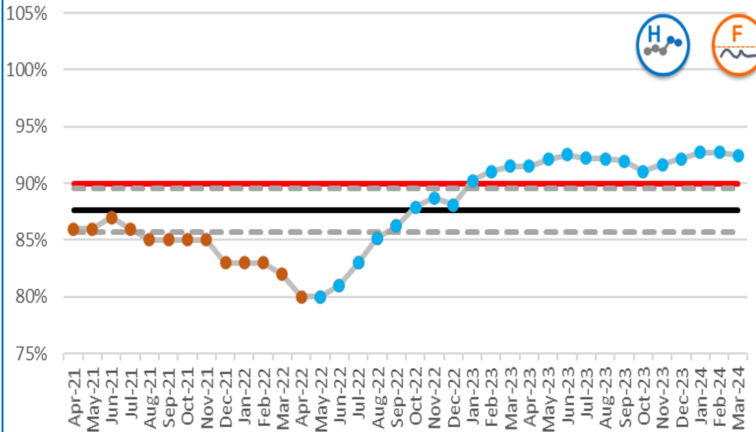
Priority for our 2024/25 people delivery plans.

Recovery dependencies: To ensure strong leadership behaviours, values to support desired culture during challenging times.

Workforce – Appraisal & Training

The Shrewsbury and Telford Hospital NHS Trust





Summary:
The statutory training compliance rate has maintained 92.5% in March 2024, this remains above the target of 90%. We have also seen an increase in our appraisal rates to 80%, while this is still below target it is encouraging to see although does follow a trend.

Recovery actions:

Review of Talent (Appraisal) paperwork underway to seek sustained improvements. Leadership competencies for Board members has been published and alongside the Line manager competencies will be incorporated into our leadership programmes.

Trust MCA DOLS and MCA training compliance rates are a concern despite a slight improvement in month. We are urgently reviewing the content of these programmes.

Anticipated impact and timescales for improvement:

Key priorities for People Plan 2024

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

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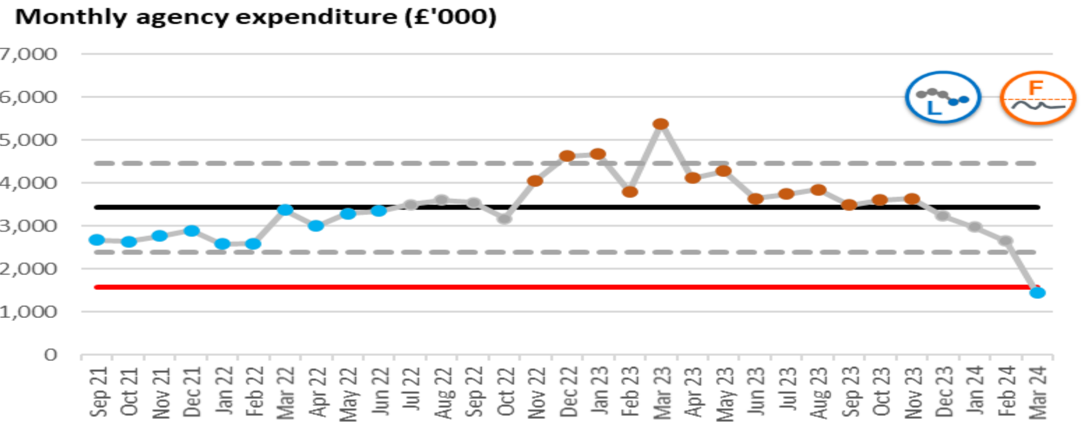
Our Vision: To provide excellent care for the communities we serve

Agency Expenditure – Monthly

The Shrewsbury and Telford Hospital NHS Trust



Summary:
Decrease of overall agency spend in March. Agency HCAs are now solely supporting escalation areas which has resulted in minimal agency usage for this staff group. Nursing agency has decreased by 8 WTE this month and non-consultant grade doctors have marginally increased by 2 WTE but we have used 10 WTE less bank and locum doctors in the month.

Recovery actions:

- All increases in WTE budget subject to 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.
- Temporary nursing staffing (qualified and unqualified) – twice daily approval panels chaired by the Deputy DoN.
- Ward staffing during the day capped at 85% of roster unless substantively covered.
- Only budgeted substantive posts are considered for recruitment.
- All substantive recruitment approval through vacancy control panels at divisional level (now with executive attendance).
- All posts within recruitment stages subject to Trust-wide review completed with on-going ‘pausing’ of posts.
- No non-frontline agency employed in the Trust (excluding capital projects) – with the exception of 2 WTE on maternity transformation plan (Ockenden).
- Review clinical time for clinically qualified non-frontline staff.
- Strengthened review of WLI, clinical and non-clinical overtime requests.
- Nurses automatically auto-enrolled on Trust Bank.

Anticipated impact and timescales for improvement:
Continued reduction of agency nursing expected to end of year.

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

Well Led - Finance

Executive Lead:

Director of Finance

Helen Troalen

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

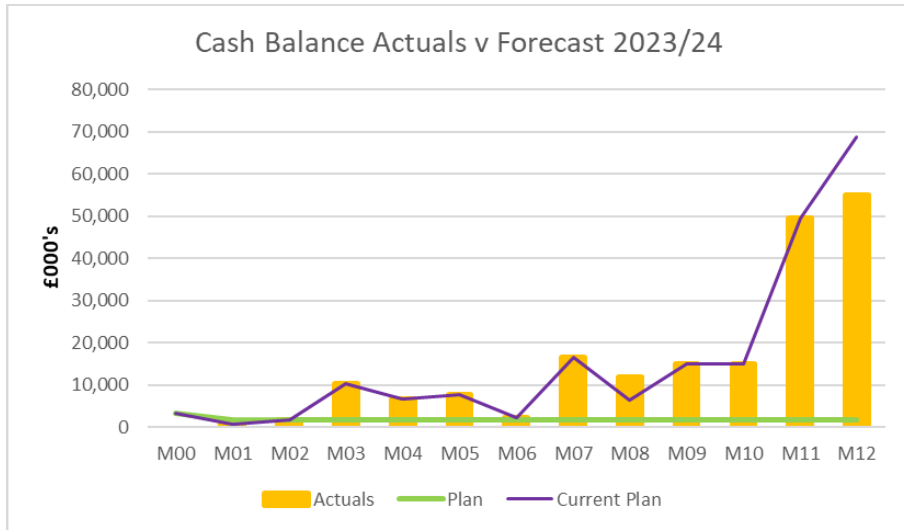
Domain	Description	Regulatory	National Standard	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Trend
Finance	Cash -end of month cash balance £'000's		-	3,279	712	1,582	10,319	6,517	7,709	2,271	16,537	11,748	14,939	15,038	49,472	54,689	
	Efficiency - £000's - in-month delivery		-	1363	805	693	1110	1121	1086	1027	1138	2010	1317	1978	2400	2469	
	Year to date surplus/(deficit) £'000		-	(47,206)	(8,538)	(16,909)	(26,359)	(36,151)	(46,086)	(57,447)	(68,661)	(80,155)	(87,977)	(91,696)	(57,673)	(54,583)	
	Year to date capital expenditure £'000			19,798	140	323	917	1,062	1,637	2,497	3,205	4,478	4,951	8,246	9,058	18,423	

Finance Executive Summary

NHS
The Shrewsbury and Telford Hospital
NHS Trust

- The Trust submitted a plan for a deficit of £45.5m for 2023/24 on the 4th May 2023 and subsequently received notification from NHSE that this plan has been accepted subject to the implementation of additional controls. These controls were reviewed against what is already in place and where necessary additional actions implemented. The trust were further notified that the planned deficit of £45.5m will be funded non-recurrently in year, with this being reflected from the month eleven financial position
- At the end of March (month twelve), the Trust has recorded a deficit of £54.6m against a planned deficit of £0.0m, an adverse variance to plan of £54.6m but in line with forecast
- The year end deficit to plan of £54.6m is linked to the core deliverables from the operational plan and is split between items within and items out of SaTH's direct control. Of the year end deficit £12.6m is deemed to be within SaTH's direct control and £42.0m outside. This is broken down further as follows:
  - Within SaTH's direct control
    - Additional junior doctors to ensure contract compliance and premium costs - £6.4m
    - Nursing unavailability above plan - £4.1m
    - Staffing costs above planned levels driven by continued use of agency nursing - £3.5m
    - Slippage against in year CIP target - £2.6m
    - Slippage on 2022/23 workforce BTI - £2.4m
    - Enhanced bank rates and bank incentive scheme - £2.1m
  - Outside of SaTH's direct control
    - Escalation costs above plan - £17.2m
    - Activity costs above operational plan including drugs and devices - £14.5m
    - System stretch efficiency target - £3.5m
    - Costs of covering industrial action and associated income loss - £2.9m
    - Pay award impact for both medical and agenda for change staff - £2.3m
    - Additional enhanced care provision, linked to high number of NCTR patients - £2.0m
- £17.2m of efficiency savings have been delivered full year against an internal plan of £19.7m with year-to-date slippage predominantly against the workforce BTI and direct engagement schemes. In addition, £1.7m of the stretch target of £5.3m has been delivered taking the total delivery to £18.9m. Whilst there is slippage in year, recurrently the target of £17.1m has been met in full
- The Trust has fully delivered the 2023/24 operational capital programme of £18.4m
- The Trust held a cash balance at the end of March 2024 of £54.9m

Cash



Summary:
The Trust undertakes monthly cashflow forecasting.

Due to the Trust's deficit position, the Trust has required revenue support throughout 2023/24. In total the Trust has received revenue support of £103.7m (of which £5.7m relates to working capital).

The cash balance brought forward in 2023/24 was £3.3m with a cash balance of £54.9m held at end of March 2024 (ledger balance of £54.7m due to reconciling items).

The graph illustrates actuals against original plan and includes a reforecast post-M11 (February 24). The cash position at end of March was lower than plan as a result of management of cash over financial years.

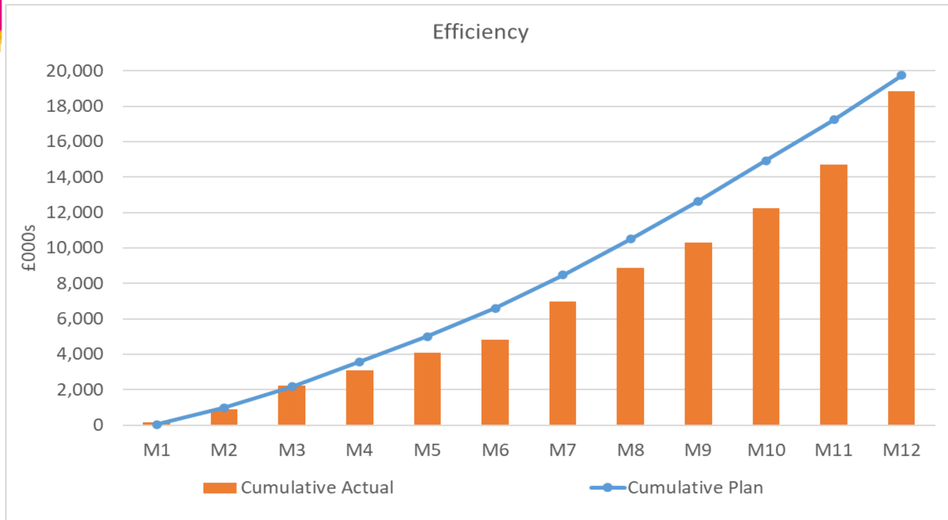
It should be noted that in line with the process to access provider revenue support, revenue and capital cash are now identified separately, leading to more variability in the level of cash held.

Recovery actions:
N/A

Recovery dependencies:	N/A

Efficiency

The Shrewsbury and Telford Hospital NHS Trust



Summary:

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

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

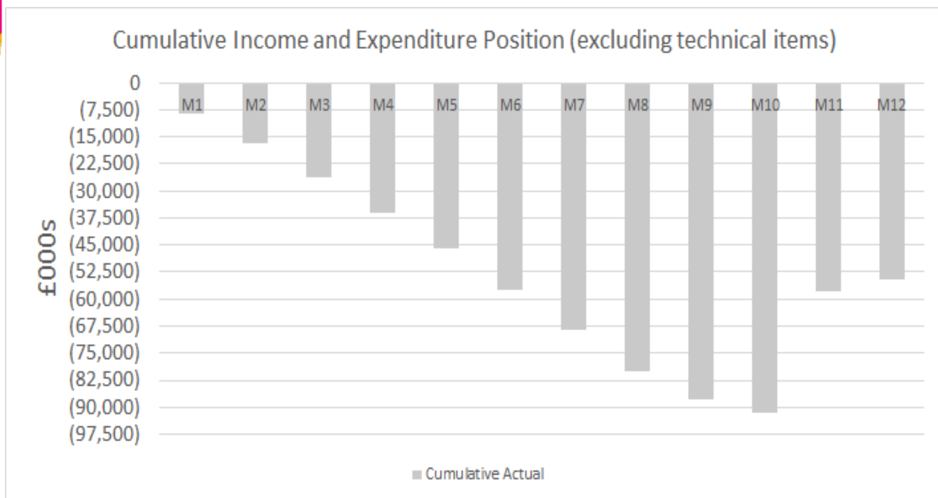
£17.2 of efficiency savings has been delivered at year end against a plan of £19.7m with slippage predominantly being against the workforce BTI and direct engagement schemes. In addition, £1.7m of the stretch target of £5.3m has been delivered taking the total delivery to £18.9m. Whilst there is slippage in year, recurrently the target of £17.1m has been met in full.

Recovery actions:	**Anticipated impact and timescales for improvement:**
Schemes delivered recurrently in full. Schemes being identified for 2024/25.	N/A

Recovery dependencies:	N/A

Income and expenditure

The Shrewsbury and Telford Hospital NHS Trust



Summary:
The Trust submitted a financial plan for a deficit of £45.5m for 2023/24. The trust were subsequently notified that the planned deficit of £45.5m will be funded non-recurrently in year, with this being reflected in the month eleven financial position.

The Trust recorded a year-to-date deficit at month twelve of £54.6m which is £54.6m adverse to the plan but in line with the revised forecast.

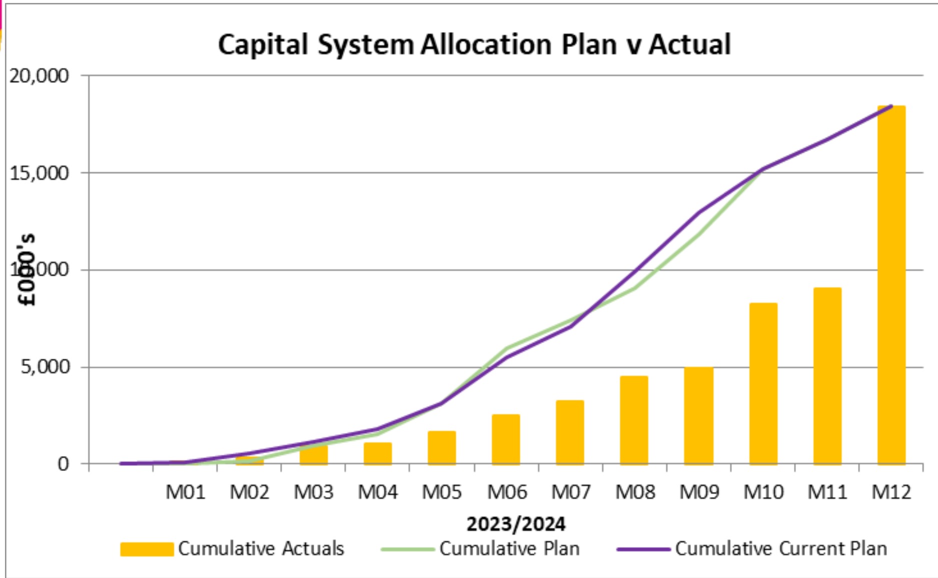
The year end deficit to plan of £54.6m is linked split between items within (£12.5m) and out of SaTH's direct control (£42.0m). The key pressures are escalation costs (£17.2m), increased activity related costs (£13.0m), nurse staffing and unavailability (£8.1m), junior doctor rota compliance costs (£6.4m) and industrial action cover costs (£2.9m).

Recovery actions:	**Anticipated impact and timescales for improvement:**
Recovery actions remain moving in to 2024/25 and include: - Executive led finance governance group in place and meeting weekly. - Regular review of nursing agency requests through a twice daily panel. - Review of junior doctor rotas to ensure efficiency and compliance. - Implementation of bank incentive scheme to encourage the uptake of bank shifts and reduce the reliance on agency.	Actions being undertaken will have a continued improvement on the financial position and are monitored on a weekly basis.

Recovery dependencies:	Risk remains in relation to the use of escalation capacity and high number of patients with no criteria to reside.

Capital – System Allocation

The Shrewsbury and Telford Hospital NHS Trust



Summary:

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

The Trust's capital programme delivered at the plan funding of £18.4m.

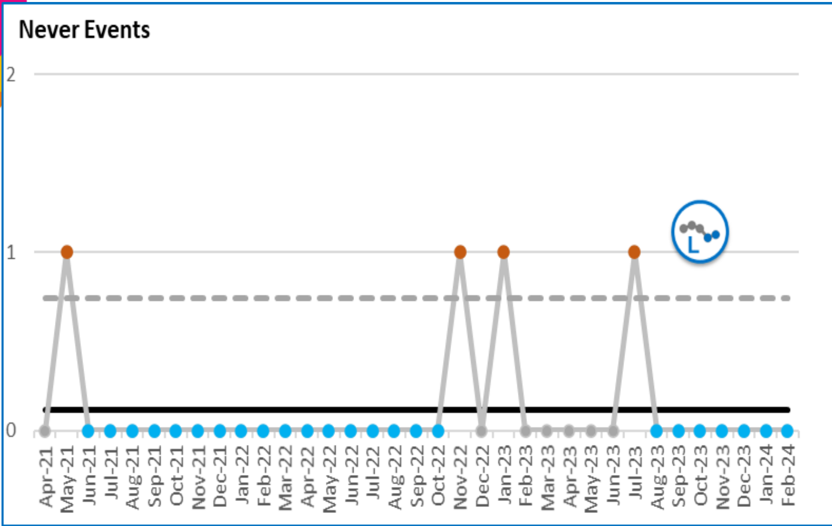
Recovery actions:	**Anticipated impact and timescales for improvement:**
N/A	N/A

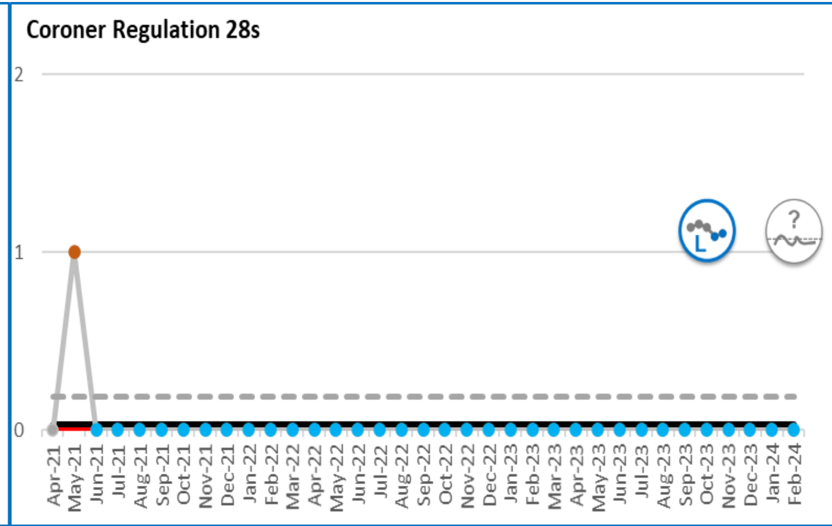
Recovery dependencies:	N/A

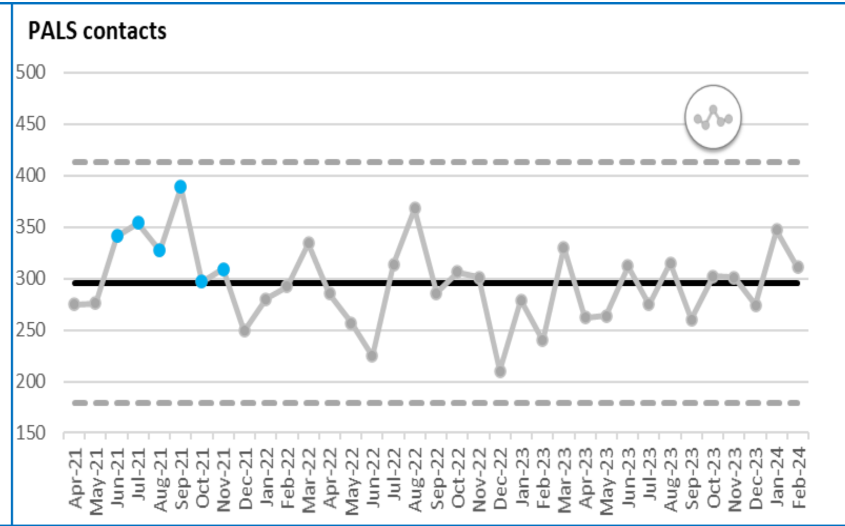
Appendices

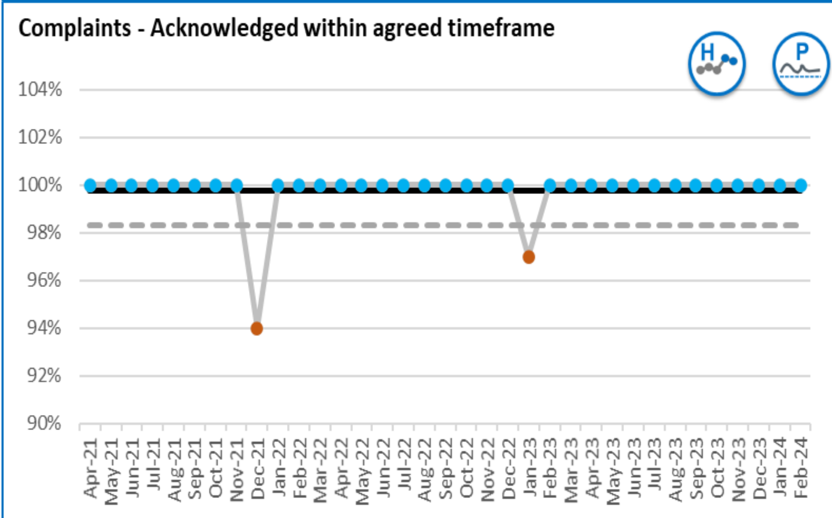
Appendices – supporting detail on Quality and Effectiveness

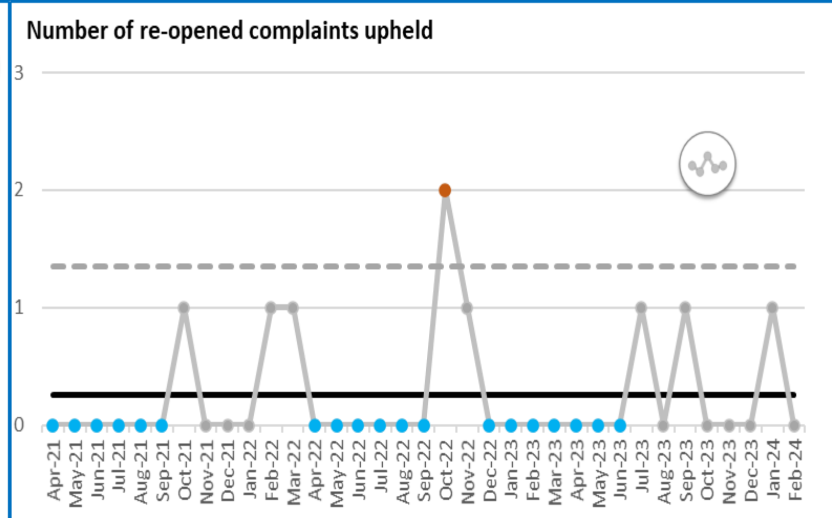
The Shrewsbury and Telford Hospital NHS Trust

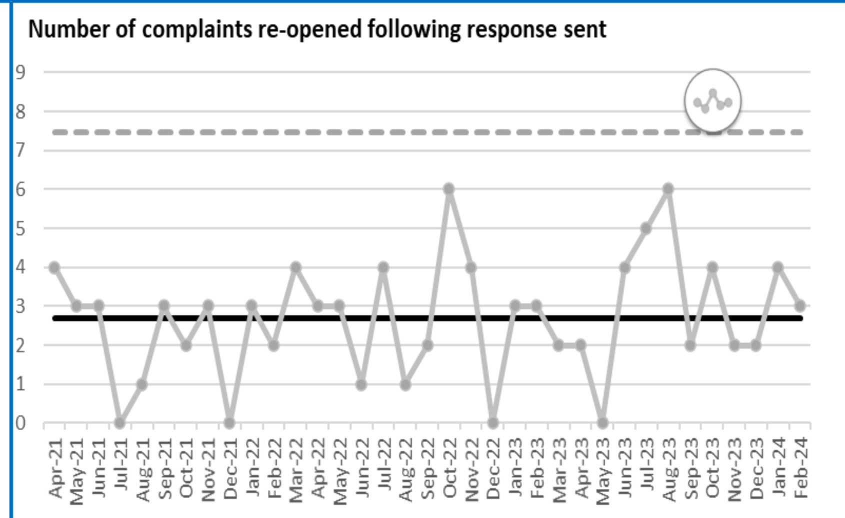












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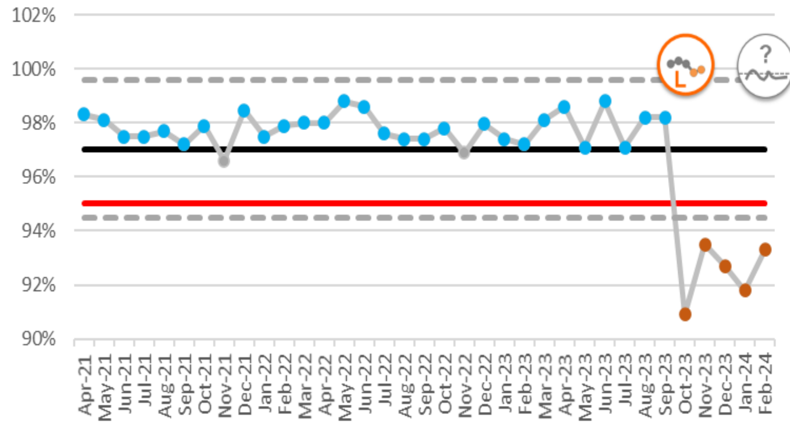
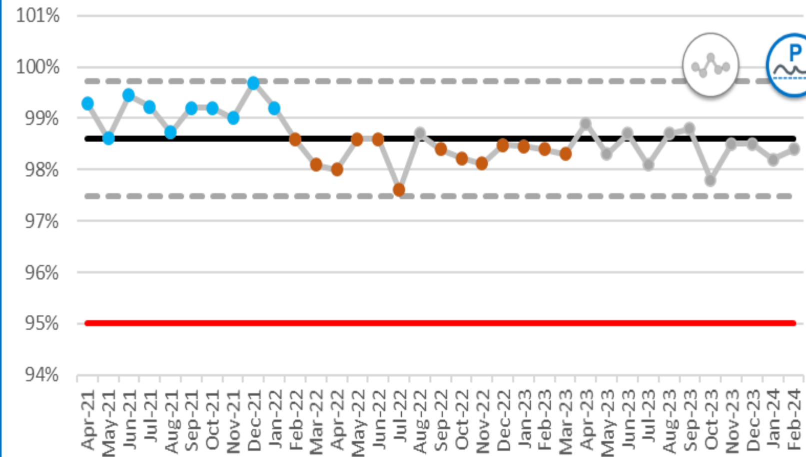
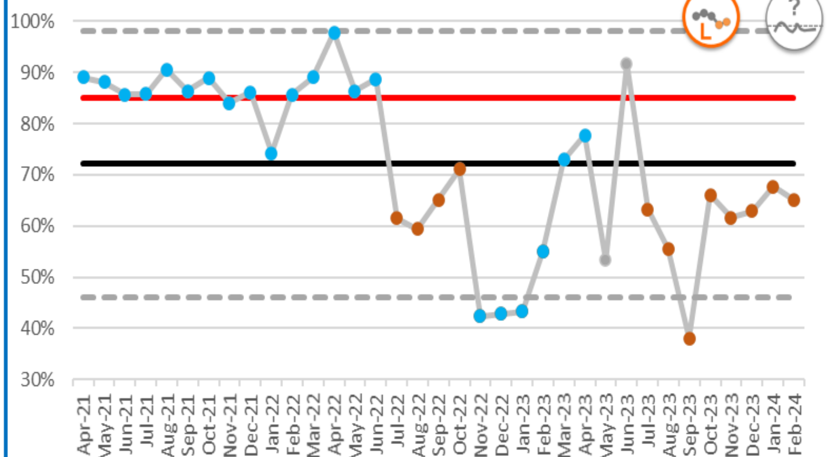
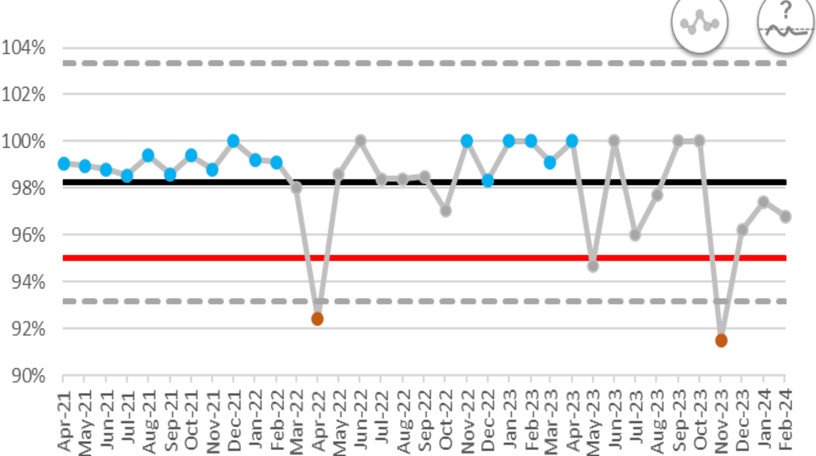
Appendices – supporting detail on Quality and Effectiveness

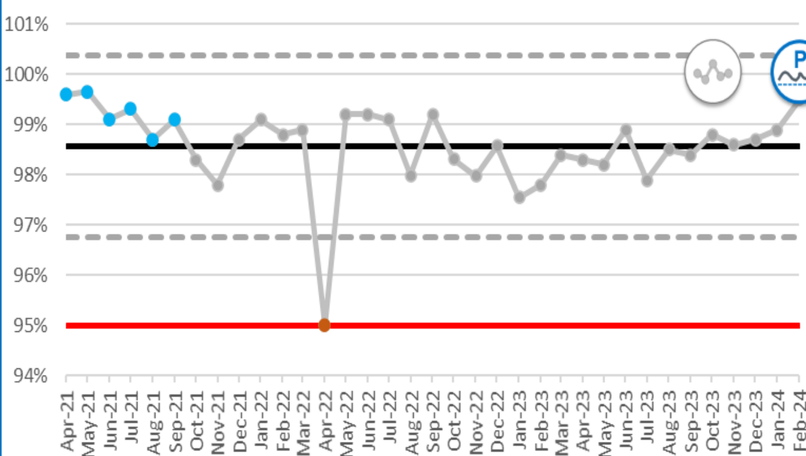
NHS
The Shrewsbury and Telford Hospital
NHS Trust

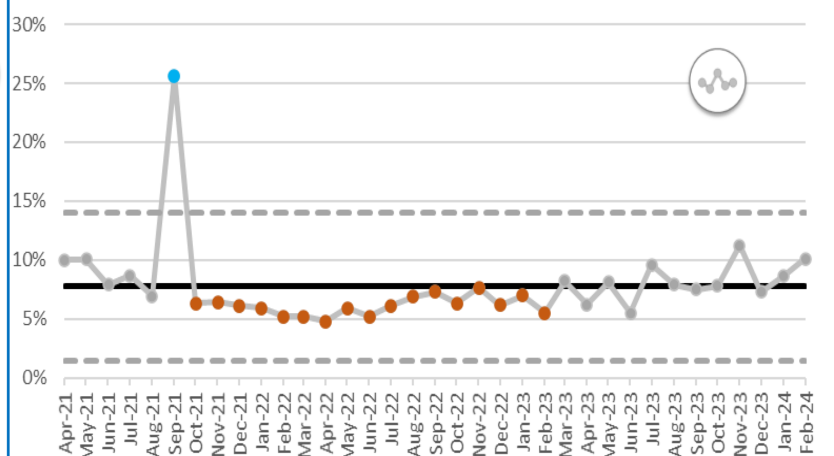












Appendices supporting Quality Strategy

Quality - Safe - Falls

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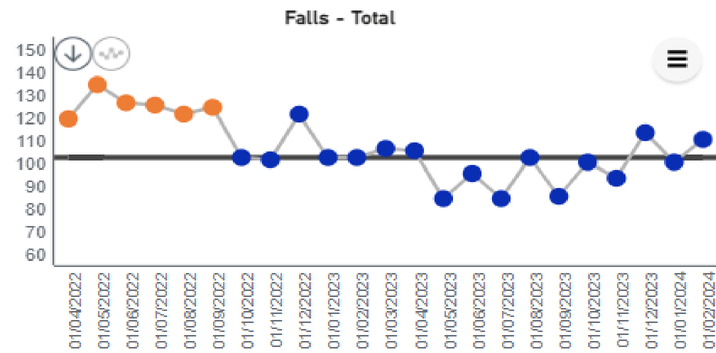
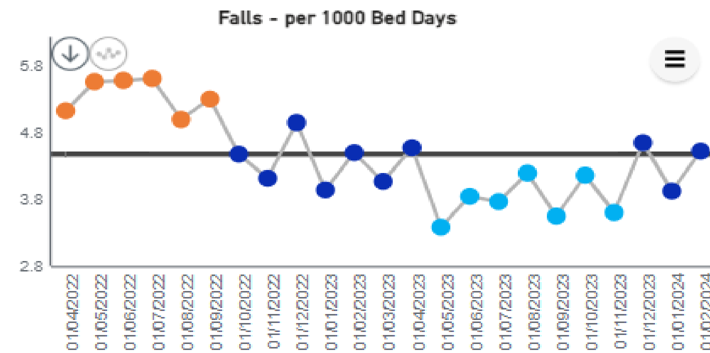
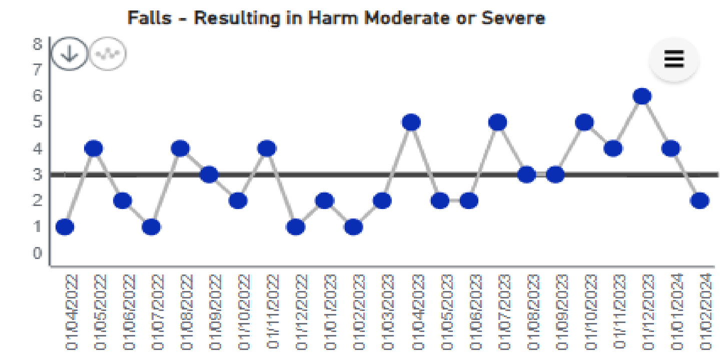
NHS The Shrewsbury and Telford Hospital NHS Trust

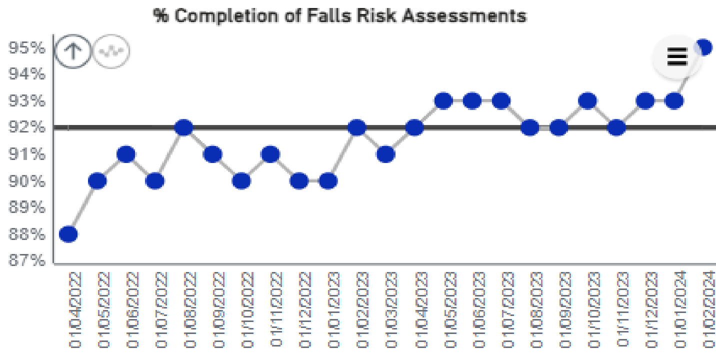
Deteriorating Patient

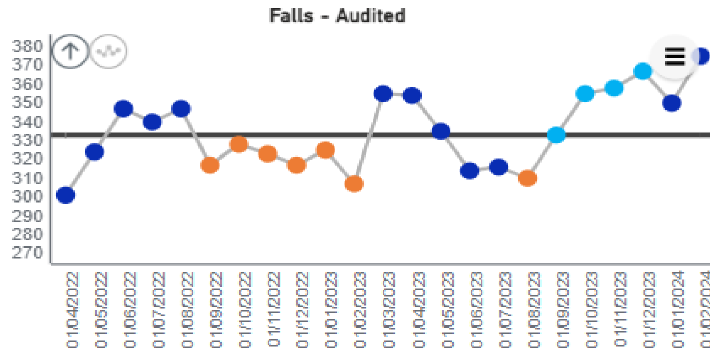
	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024
Falls - Total	103	102	122	103	103	107	106	85	96	85	103	86	101	94	114	101	111
Falls - per 1000 Bed Days	4.45	4.09	4.93	3.92	4.48	4.05	4.55	3.36	3.82	3.74	4.17	3.52	4.14	3.58	4.63	3.90	4.50
Falls - Resulting in Harm Moderate or Severe	2	4	1	2	1	2	5	2	2	5	3	3	5	4	6	4	2
% Completion of Falls Risk Assessments	90.0	91.0	90.0	90.0	92.0	91.0	92.0	93.0	93.0	93.0	92.0	92.0	93.0	92.0	93.0	93.0	95.0
Falls Audited	328	323	317	325	307	355	354	335	314	316	310	333	355	358	367	350	375
Falls Prevention Training Compliance % - 2	76.59	58.51	54.31	68.99	30.42	51.00	64.09	71.94	76.72	78.08	81.08	83.36	84.98	86.86	88.50	88.05	88.82

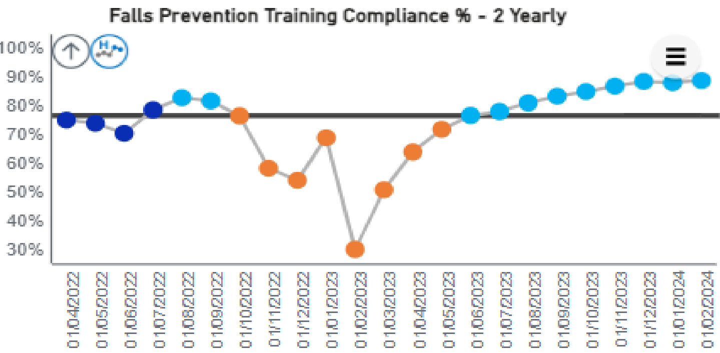












Quality - Effective - Best Clinical Outcomes

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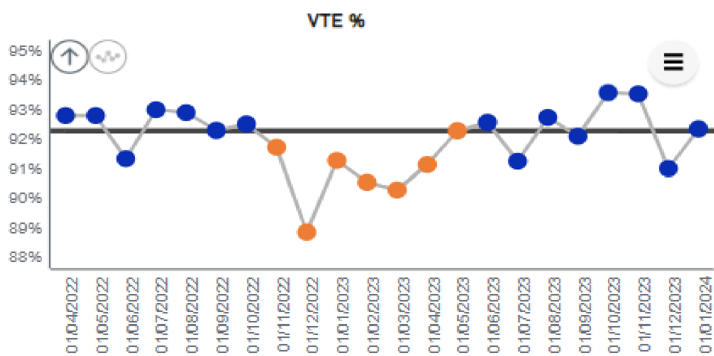
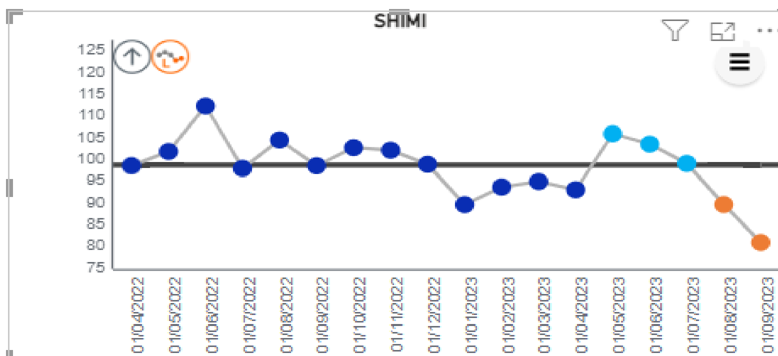
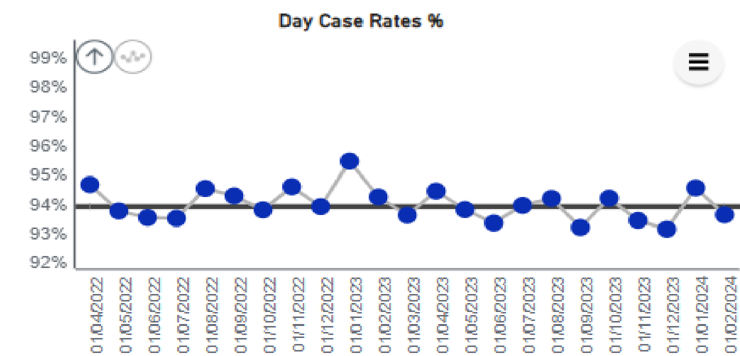
NHS The Shrewsbury and Telford Hospital NHS Trust

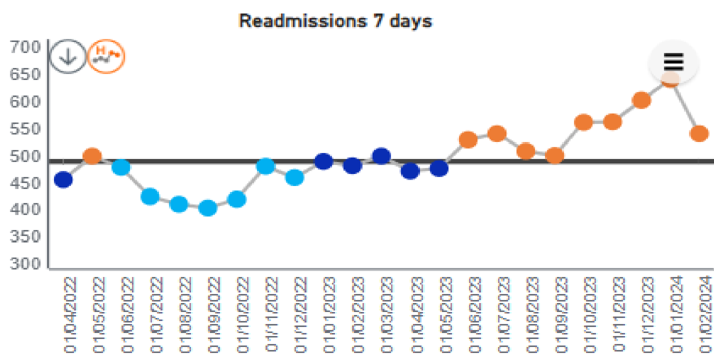
Right Care, Right Place, Right Time

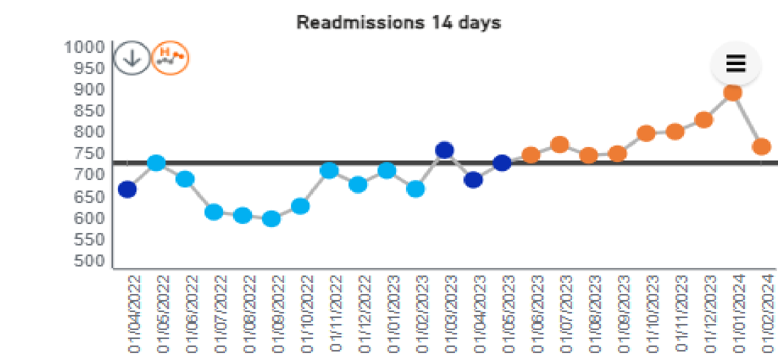
	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024
VTE %	93.00	92.90	92.30	92.52	91.73	88.86	91.28	90.54	90.29	91.14	92.29	92.57	91.26	92.74	92.11	93.58	93.54	91.01	92.35	
SHMI	97.77	104.32	98.38	102.55	101.96	98.71	89.40	93.46	94.72	92.84	105.75	103.36	98.90	89.43	80.70					
Day Case Rates %	93.53	94.55	94.30	93.82	94.61	93.93	95.48	94.26	93.64	94.46	93.83	93.37	93.97	94.21	93.22	94.22	93.46	93.16	94.57	93.65
Readmissions 7 days	425	411	404	420	481	460	490	482	500	472	477	530	541	509	501	562	563	603	641	541
Readmissions 14 days	614	606	598	628	711	678	711	668	759	689	729	748	772	747	751	798	802	830	894	767
Readmissions 28 days	840	866	849	888	975	936	975	938	1033	987	1026	1002	1040	1030	1021	1124	1112	1082	1206	1067

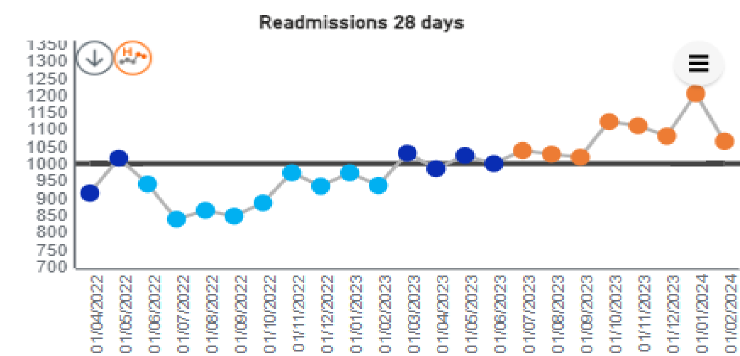










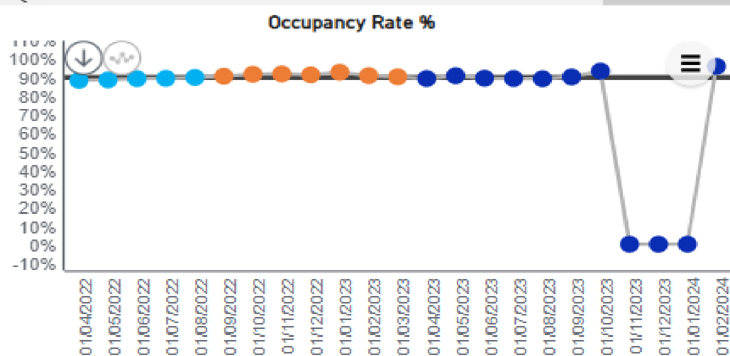


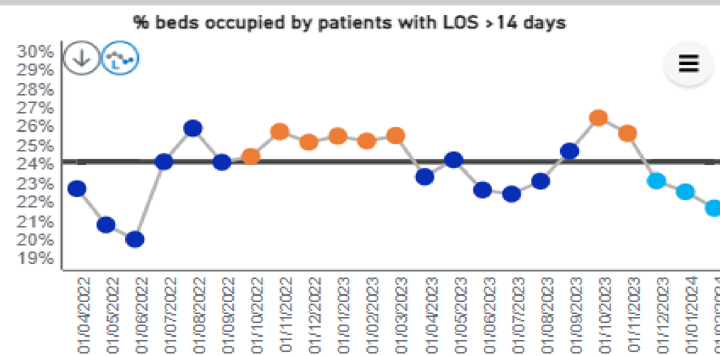
Quality - Effective - Right Care, Right Place, Right Time

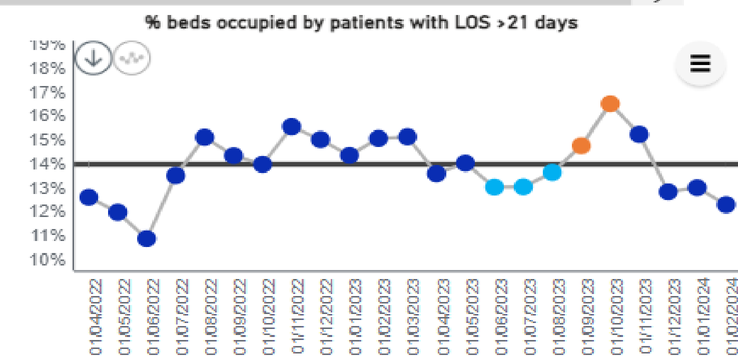
Page 2

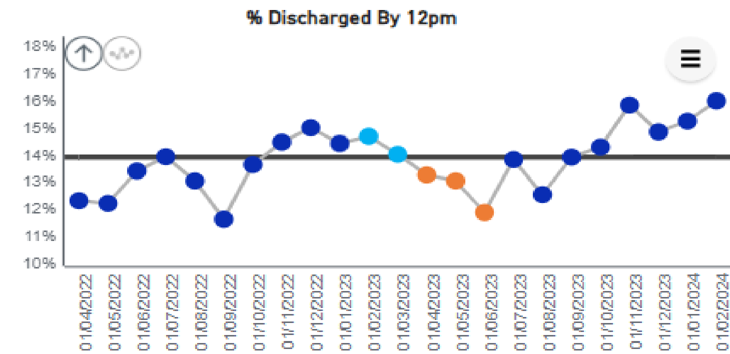
Best Clinical Outcomes

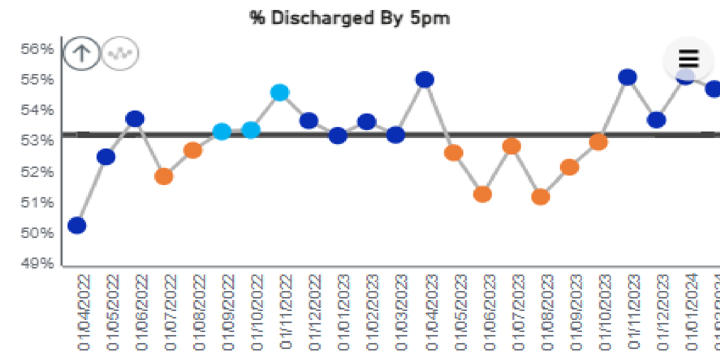
	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024
Occupancy Rate %	92.20	92.39	91.91	93.31	91.47	90.84	89.87	91.42	90.05	89.90	89.78	90.75	93.96	0.95	0.95	0.96	96.52
% beds occupied by patients with LOS >14 days	24.43	25.75	25.20	25.51	25.26	25.54	23.35	24.25	22.66	22.44	23.13	24.72	26.48	25.66	23.15	22.56	21.70
% beds occupied by patients with LOS >21 days	13.98	15.57	15.03	14.36	15.07	15.14	13.59	14.03	13.03	13.04	13.65	14.77	16.53	15.24	12.83	13.01	12.29
Medically Fit For Discharge	136	151	159	151	153	144	144	136	137	114	117	131	143	140	137	123	104
% Discharged By 12pm	13.64	14.47	15.00	14.42	14.69	14.02	13.26	13.03	11.86	13.83	12.52	13.91	14.29	15.85	14.85	15.25	16.00
% Discharged By 5pm	53.36	54.58	53.66	53.18	53.63	53.20	55.00	52.62	51.27	52.84	51.18	52.15	52.97	55.08	53.69	55.10	54.70

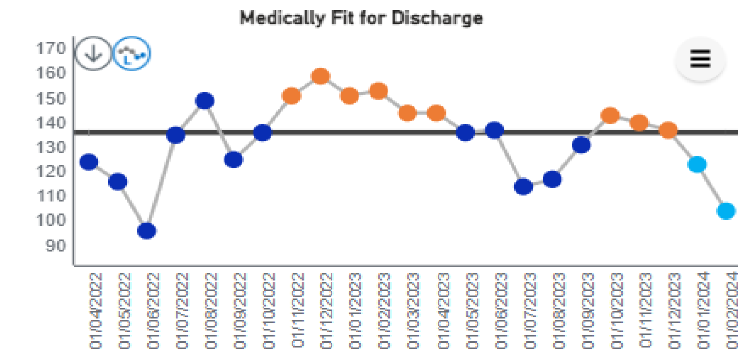










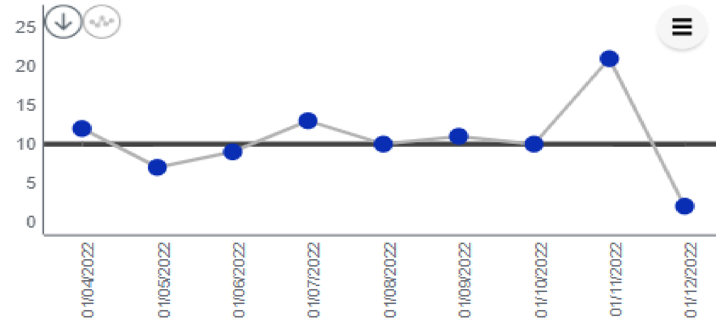


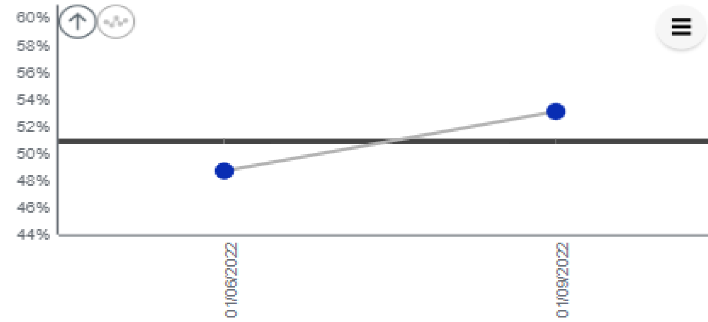
Quality - Effective - Right Care, Right Place, Right Time

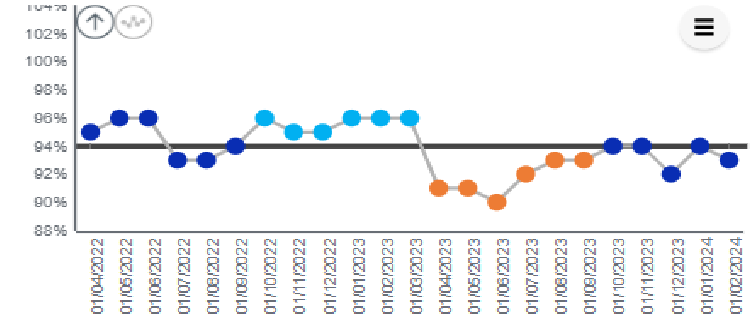
Page 1

Best Clinical Outcomes

	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024
Care Comfort Round % Score	96.0	95.0	95.0	96.0	96.0	96.0	91.0	91.0	90.0	92.0	93.0	93.0	94.0	94.0	92.0	94.0	93.0
Stroke Audit Score																	
Complaints by Theme - Admission / Discharge	10	21	2														



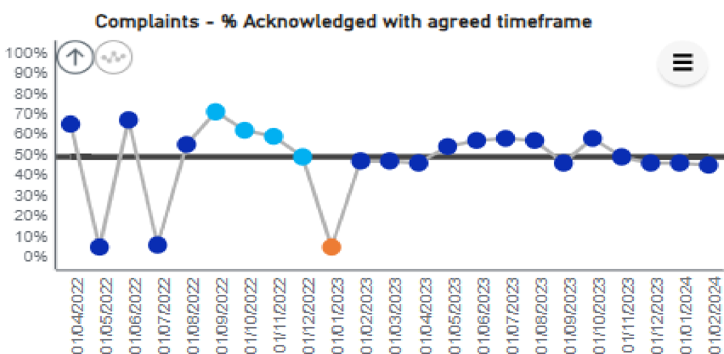


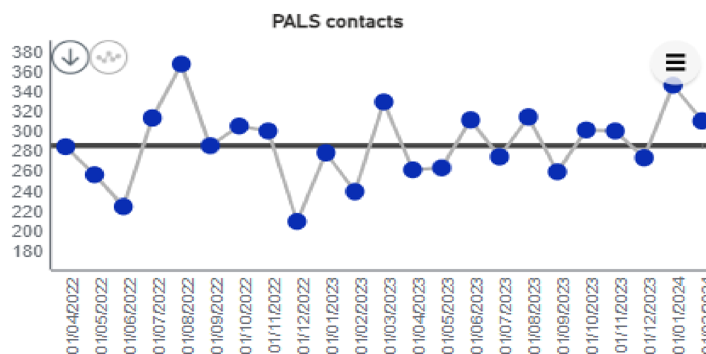


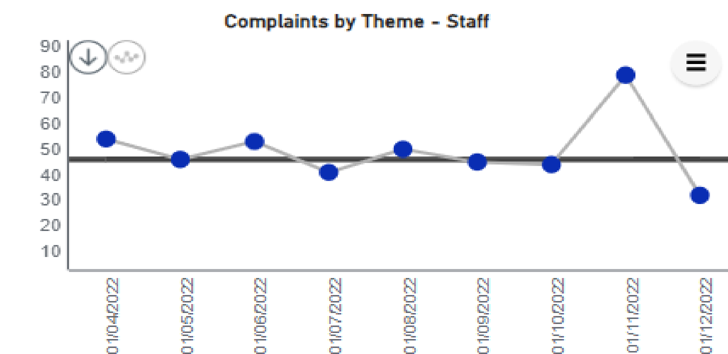
Quality - Patient Experience - Learning from Experience

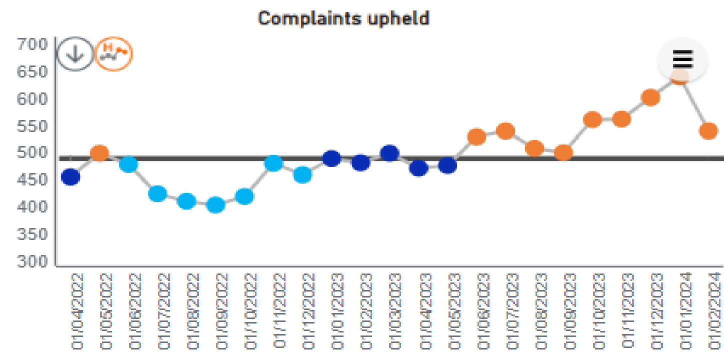
Vulnerable Patients | End of Life Care

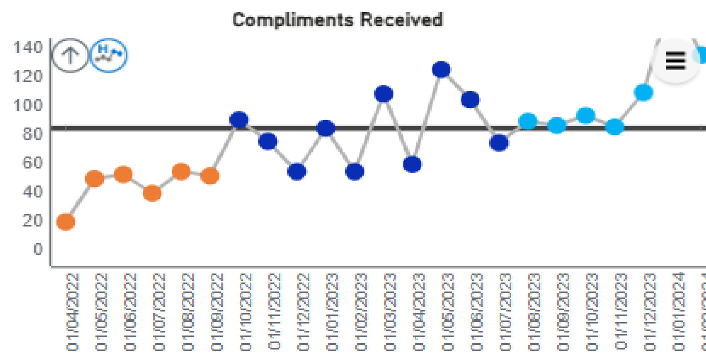
	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024
Complaints - % Acknowledged within agreed timeframe	62	59	49	5	47	47	46	54	57	58	57	46	58	49	46	46	45
PALS contacts	306	301	210	279	240	330	262	264	312	275	315	260	302	301	274	347	311
Complaints by Theme - Staff	44	79	32														
Complaints upheld	2	1	0	0	0	0	0	0	0	1	0	1	0	0	0	1	2
Compliments Received	90	75	54	84	54	108	59	125	104	74	89	86	93	85	109	178	135
Friends and Family Test % recommenders	97.8	96.9	98.0	97.4	97.2	98.1	98.6	97.1	98.8	97.1	98.2	98.2	90.9	93.5	92.7	91.8	93.3

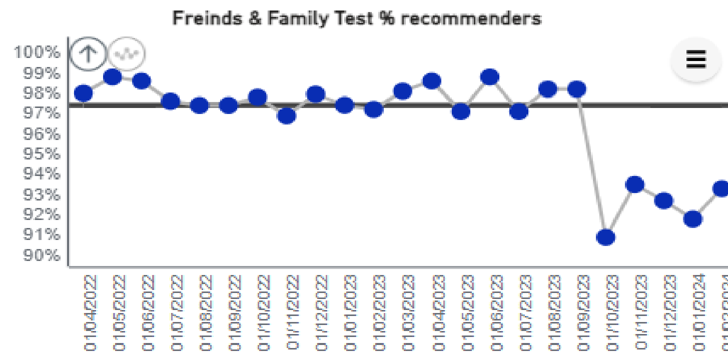












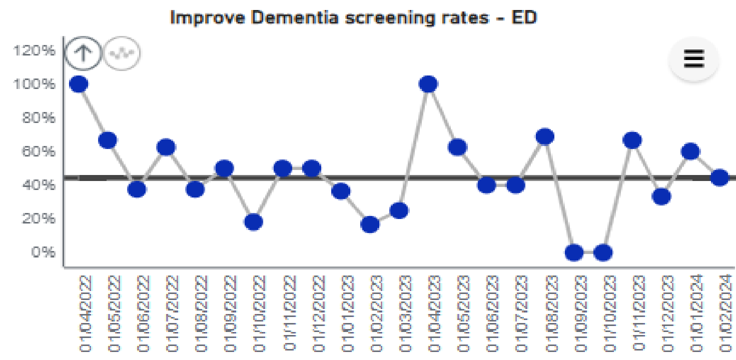
Quality - Patient Experience - Vulnerable Patients

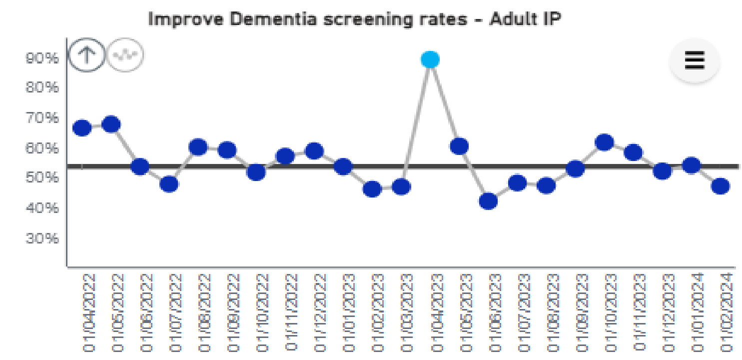
Partnering · Ambitious Caring · Trusted

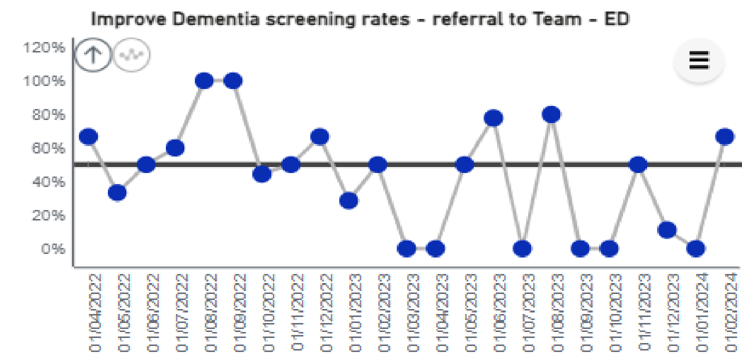
NHS The Shrewsbury and Telford Hospital NHS Trust

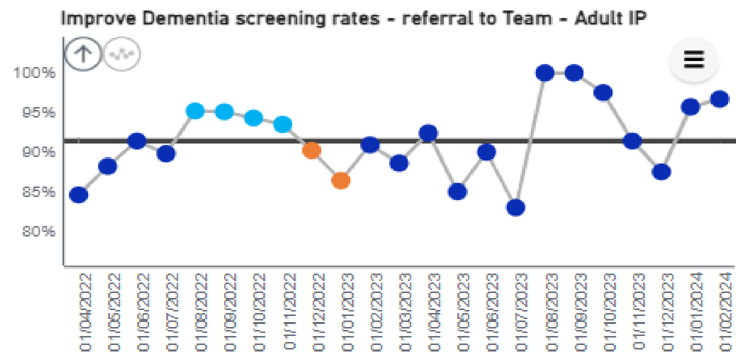
Learning from Experience | End of Life Care

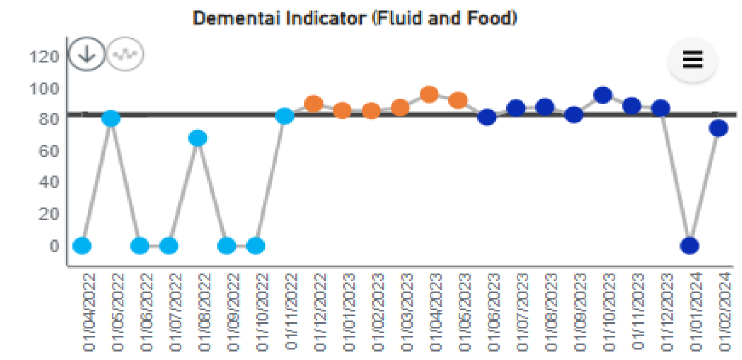
	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024
Improve Dementia screening rates - Patient had an AMT - ED	50.0	50.0	36.4	16.7	25.0	100.0	62.5	40.0	40.0	68.8	0.0	0.0	66.7	33.3	60.0	44.4
Improve Dementia screening rates - Patient had an AMT - Adult IP	57.3	59.0	53.8	46.3	47.1	89.5	60.6	42.3	48.4	47.5	53.1	61.9	58.5	52.3	54.2	47.3
Improve Dementia screening rates - referral to Team? ED	50.0	66.7	28.6	50.0	0.0	0.0	50.0	77.8	0.0	80.0	0.0	0.0	50.0	11.1	0.0	66.7
Improve Dementia screening rates - referral to Team? Adult IP	93.5	90.2	86.4	90.9	88.6	92.4	85.0	90.0	83.0	100.0	100.0	97.5	91.4	87.5	95.7	96.7
Dementia Indicator (Fluid and Food)	82.4	90.2	86.0	85.8	87.8	96.2	92.4	81.7	87.5	88.2	83.3	95.8	88.9	87.5	0.0	74.8
Complaints by Theme - Dementia Care	0	0														

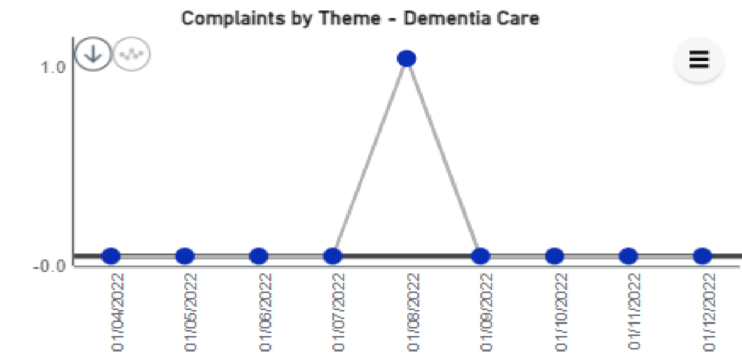








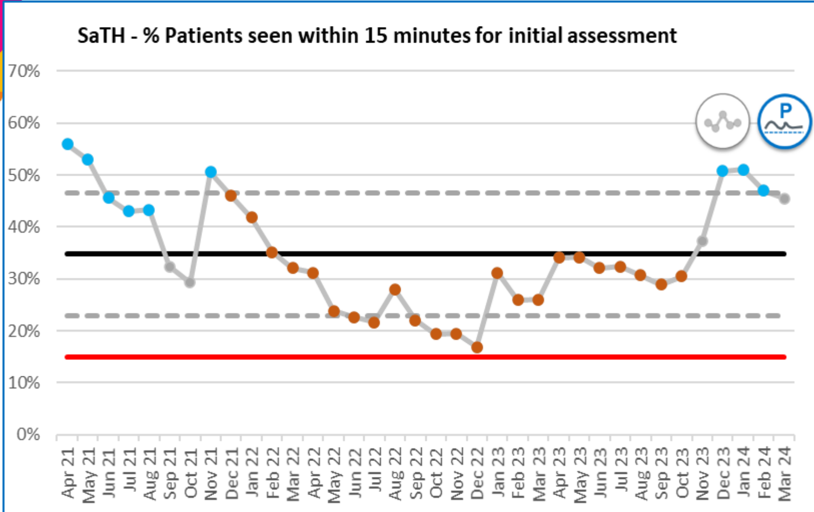


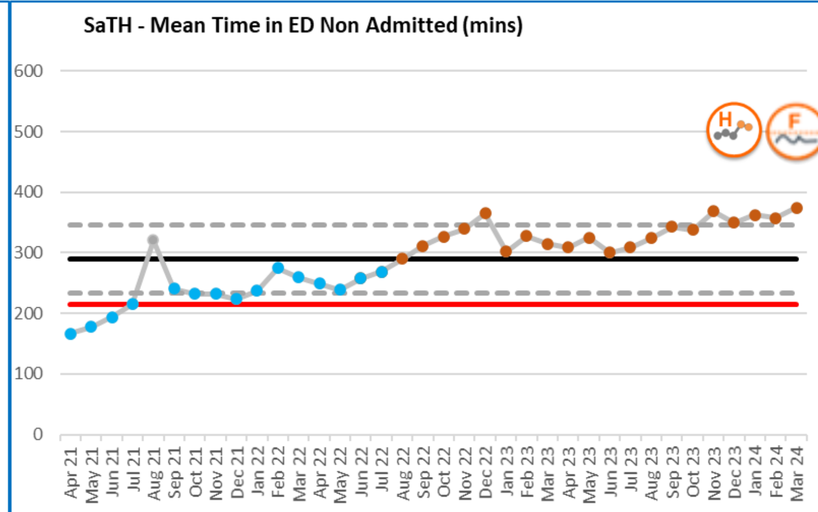


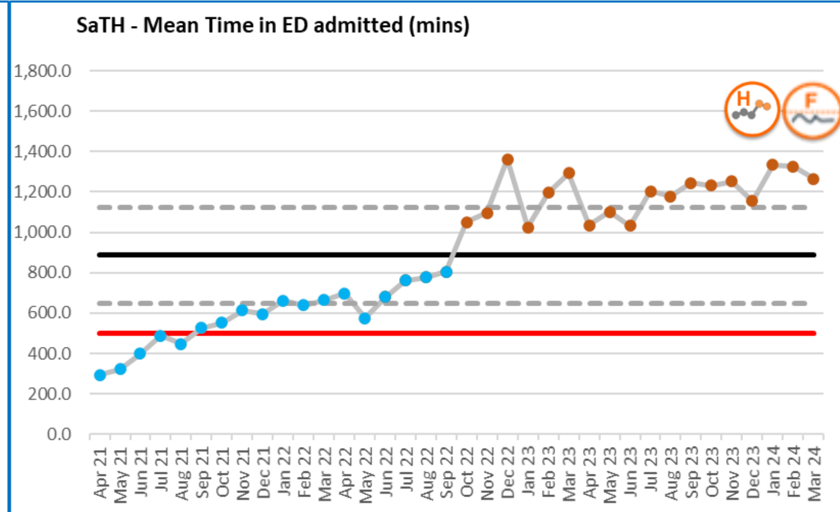
Appendices

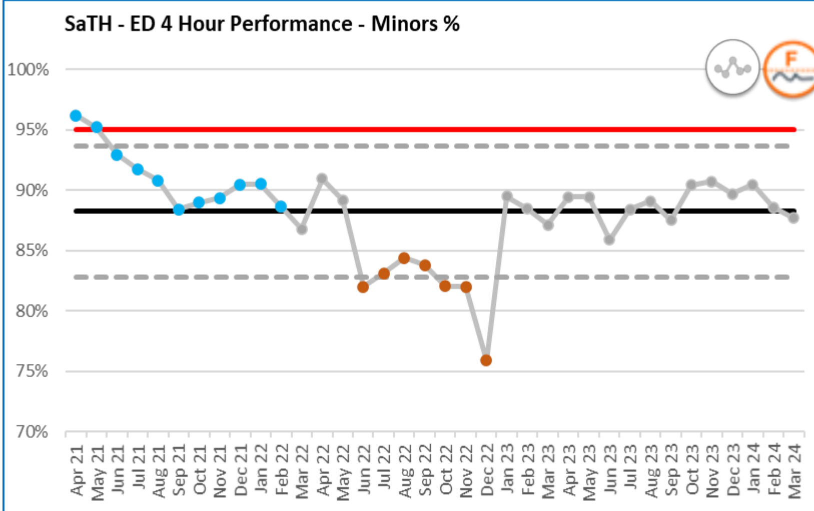
Appendices 2. – supporting detail on Responsiveness

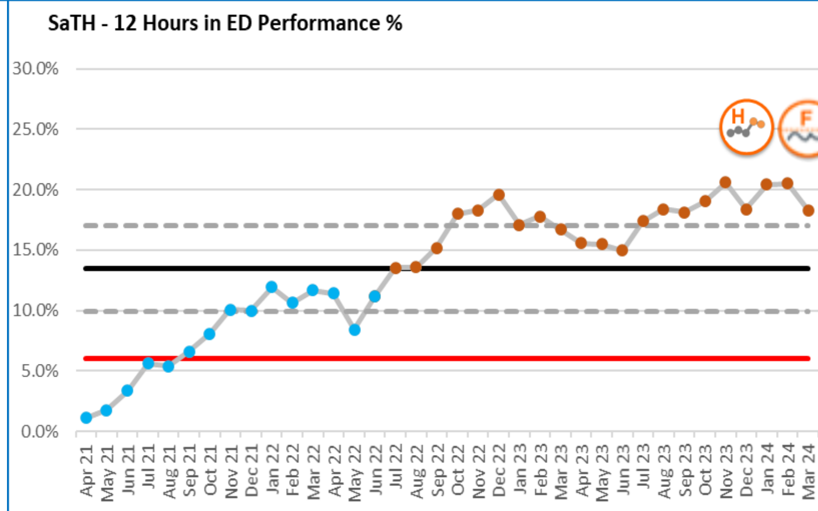
NHS
The Shrewsbury and Telford Hospital
NHS Trust

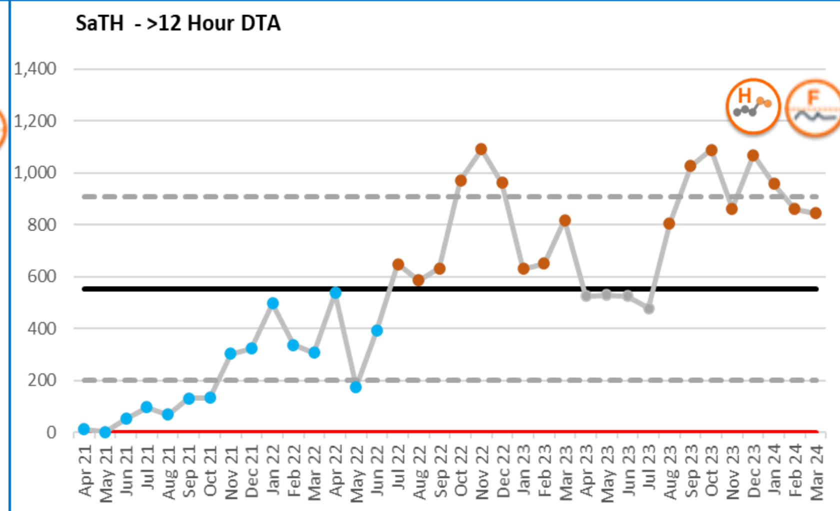




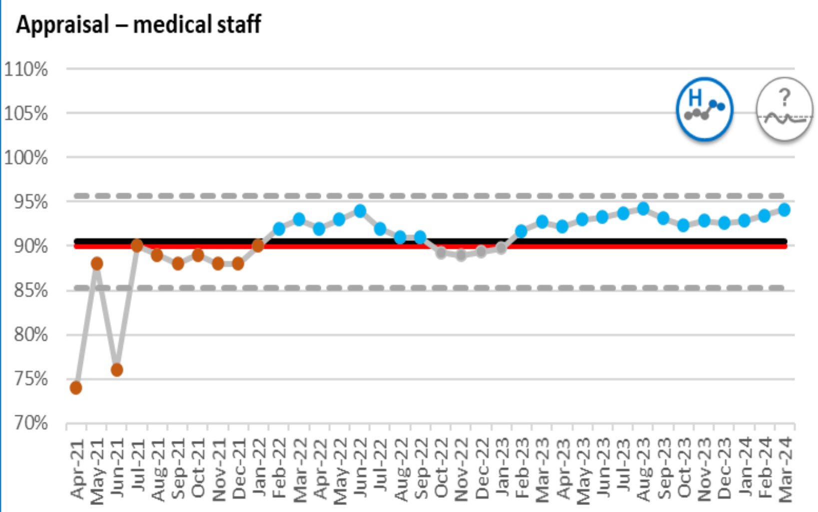


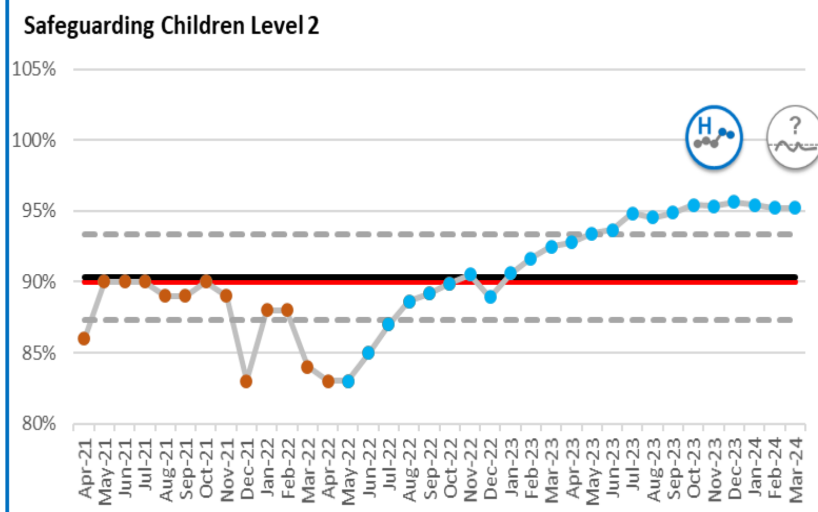


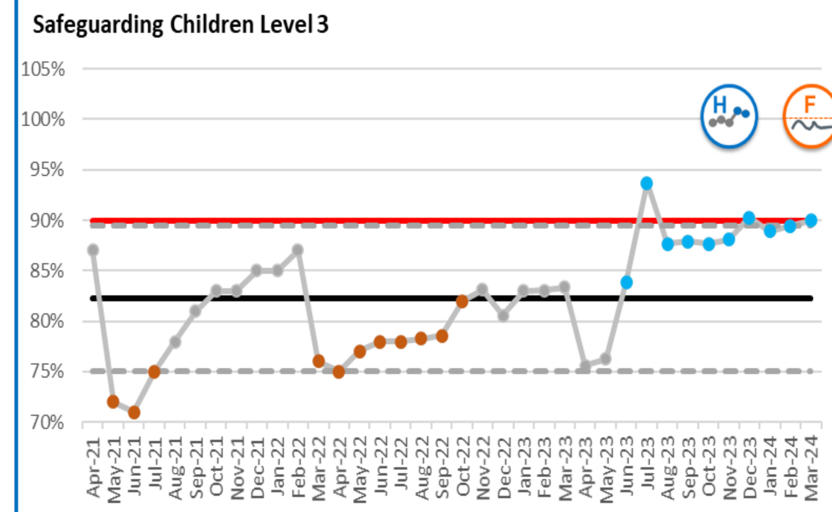


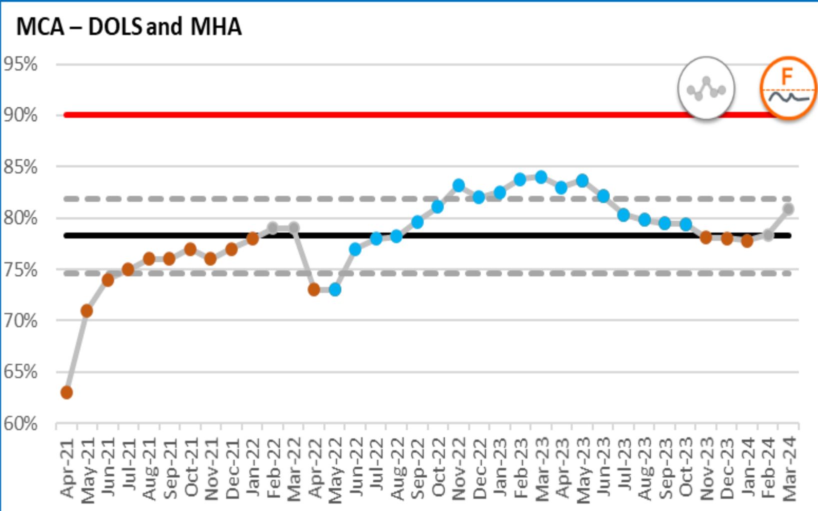


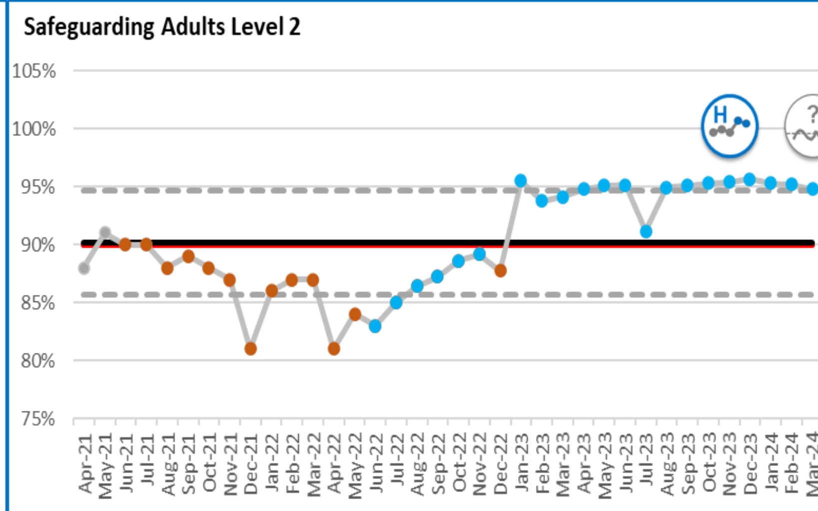
Appendices 3. – supporting detail on Well Led

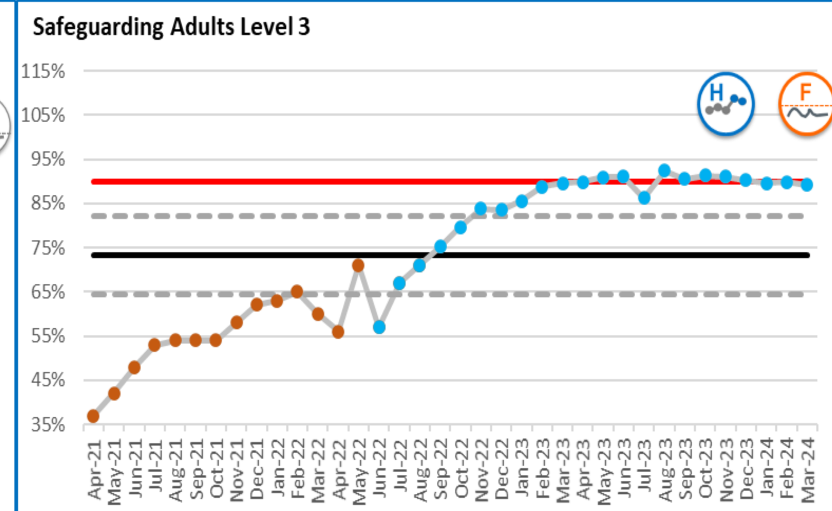








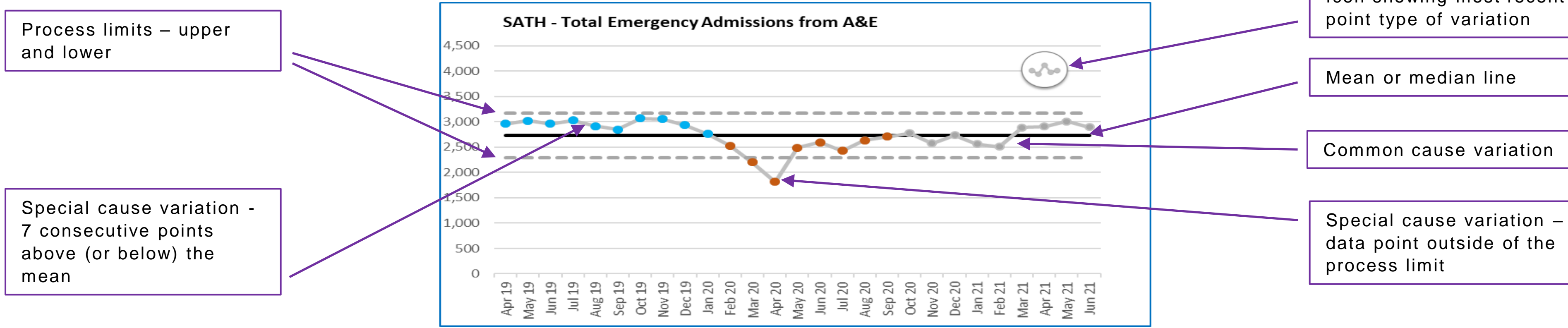




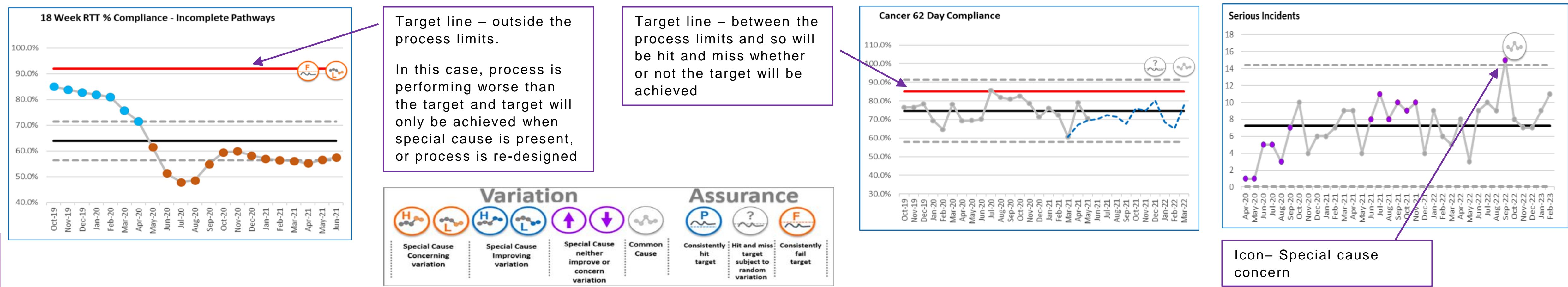
Appendix 4. Understanding Statistical control process charts in this report

The Shrewsbury and Telford Hospital NHS Trust

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



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



Appendix 3. Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

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

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

Appendix 3. Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

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

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

Appendix 3. Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

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

The Shrewsbury and Telford Hospital NHS Trust

Partnering
Ambitious
Caring
Trusted

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