Board of Directors' Meeting: 11 July 2024

Agenda item		103/24		
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, 2024.06.21 Quality & Safety Assurance Committee, 2024.06.28 Finance Performance Assurance Committee, 2024.06.28 Senior Leadership Committee – Operational, 2024.07.04		
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 April/May 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 11 July 2024

Presenting Month 2 performance data

Contents

The Shrewsbury and Telford Hospital NHS Trust

Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

The performance against the 4-hour UEC standard in May 2024 showed a marginal deterioration – 59.2% versus 60.2% in April 2024 and there was a marked increase in the monthly number of 12-hour trolley breaches (829 in May 2024 v 579 in April 2024). However, the percentage of patients seen within 15 minutes for initial assessment increased by 5.3% (47.7% in May v 42.4% in April).

The Trust has submitted a financial plan for a deficit of £44.3m for 2024/25. This plan is in line with the financial parameters set by NHSE but is yet to be approved and as such should be treated as draft. At month two the Trust has recorded a deficit of £12.9m against a planned deficit of £13.0m. The Trust has an efficiency target of £37.7m plus a £7m stretch, thus the total efficiency target equates to £44.7m. At the end of month two £1.7m of efficiency savings have been delivered against a plan of £1.8m. It should be noted that the efficiency delivery plan increases month on month and schemes continue to be developed to mitigate the risk of non-delivery against the plan.

In relation to the elective recovery programme the Trust is being monitored in Tier 2. There were no English patients waiting over 104 weeks or over 78 weeks at the end of May 2024. There were 942 patients in the June 65-week cohort requiring 1st appointments to achieve the operational plan of zero by end of Q2. Following the cutover to the new EPR, there will be an intense period of validation during the month of June and it is anticipated that PTL will reduce as a result. RJAH is supporting elective activity as continuation beyond the winter plan, and we are reviewing alternative options to recommence elective orthopaedic at PRH.

Cancer recovery continues to be monitored in Tier 2. 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 May was 303 against a trajectory of 197. The increase in backlog is due to the delay in securing additional in sourcing capacity from April and workforce capacity in specialty clinics. The validated FDS position for April was 73.6% against the plan of 75.1% .

Performance against the diagnostic standard showed a further deterioration compared to April 2024 (68.9% v 71.0%) with another associated increase in the volume of 6-week breaches from 4233 to 4627.

Getting to Good Programme

The Shrewsbury and Telford Hospital NHS Trust

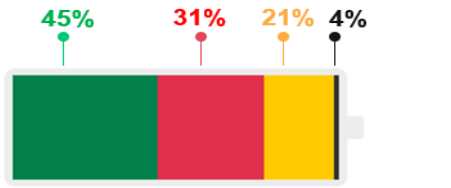
Summary:
Getting to Good is the Trust's improvement programme which aims to help us achieve our overarching vision to provide excellent care. It will ensure that the changes and improvements being made fully address root causes, are sustainable and lay the foundations for future success.

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

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

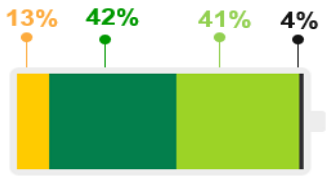
The overall delivery and progress status of the remaining milestones within the G2G programme can be found below.

Overall Delivery Status



31.3% Not yet delivered
20.5% Delivered not yet evidenced
44.6% Evidenced and assured
3.6% Descoped

Overall Progress Status



13.3% At Risk
41.0% On Track
42.2% Complete
3.6% Descoped

Programme Highlights in the reporting period:

Theatre Productivity
The Elective Hub is due to open on the 10th June at the PRH site, providing dedicated space for Elective Surgery with four operating theatres, along with stage one and two bedded recovery areas, helping to ease capacity issues related to escalation. To ensure slots are fully utilised the Booking and Scheduling team have been provided with protected time by reducing the opening hours of the call centre on a temporary basis.

Emergency Care Transformation
The recent process changes in following up Paediatric patients who leave ED without being seen by a clinician have delivered strong improvements in compliance. Since the change, 100% of patients are now followed up within 48 hours and 85% are followed up within 24 hours. The SOP relating to this process stipulates a 48-hour window and this is monitored by the Corporate Nursing team for assurance and reported to the CQC as per the Section 31 requirements.

Flow Improvement Programme
The improvement deconditioning project on Ward 26 has undertaken a 90-day remeasure, which showed sustained improvement in total overall discharges from 126 to 110, and a reduction in PW0 to 56% compared to 69% in April 2024. There was also a sustained improvement in total LOS of 9.43% within the month of May 2024.

Digital
Office 365 has now been deployed to 5,440 devices and 8,126 users across the organisation. This process will transition to business-as-usual onboarding and will be managed in line with the Trust starter / mover / leaver procedures.

Diagnostics Recovery
The CDC is now fully operational, which now includes Cardiorespiratory services.

Cancer Performance
Two Clinical Oncologists were successfully recruited, start dates are to be confirmed.

Quality Patient Safety, Clinical Effectiveness and Patient Experience

Executive Leads :

Director of Nursing
Hayley Flavell

Medical Director
John Jones

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Description	Regulatory	National Standard 24/25	Current Month Trajectory (RAG)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Trend
Trust SHMI (HED)		100	100	96	110	107	102	92	82	84	95	-	-	-	-	-	
Trust SHMI - Expected Deaths		-	-	185	208	206	197	202	199	223	229	-	-	-	-	-	
Trust SHMI - Observed Deaths		-	-	178	229	219	202	187	163	188	217	-	-	-	-	-	
SJRs Completed by Month				12	33	35	51	59	45	40	41	33	34	37	37	28	
MRSA - HOHA	R	0	0	0	0	0	0	0	0	0	1	1	1	0	0	1	
MRSA - COHA				0	0	0	0	0	1	0	0	0	0	0	0	0	
MSSA - HOHA		-	-	1	4	1	3	2	2	1	3	0	2	3	4	3	
C. difficile - HOHA	R	32	3	4	7	2	3	6	6	6	8	9	7	1	4	3	
C. difficile - COHA				3	3	3	0	3	2	4	1	5	1	6	3	5	
E. coli - HOHA	R	90	7	4	4	3	4	4	3	5	4	6	1	6	2	3	
E. coli - COHA				5	7	5	6	5	9	14	9	8	11	9	11	15	
Klebsiella - HOHA	R	22	2	1	0	0	1	1	2	1	2	3	1	2	5	1	
Klebsiella - COHA				1	0	3	2	3	1	2	0	2	2	0	3	0	
Pseudomonas Aeruginosa - HOHA	R	18	1	1	3	2	1	0	1	0	1	1	0	2	0	0	
Pseudomonas Aeruginosa - COHA				0	0	1	0	1	2	1	1	1	0	0	2	1	
Pressure Ulcers - Category 2 and above		-	15	23	38	20	17	28	28	22	28	22	24	21	37	29	
Pressure Ulcers - Category 2 and above per 1000 Bed Days		-	-	0.99	1.50	0.80	0.75	1.13	1.15	0.87	1.06	0.88	0.90	0.82	1.40	1.19	
VTE Risk Assessment completion		95%	95%	89.7%	92.3%	92.6%	91.3%	92.7%	92.1%	93.6%	93.5%	91.0%	92.4%	92.6%	91.8%	-	
Falls - per 1000 Bed Days		6.6	4.5	4.55	3.38	3.82	3.74	4.17	3.52	4.01	3.55	4.55	3.78	4.35	4.56	5.14	
Falls - total		-	105	106	85	96	85	103	86	101	94	114	101	111	121	125	
Falls - with Harm per 1000 Bed Days		0.19	0.17	0.21	0.08	0.08	0.22	0.12	0.12	0.20	0.15	0.24	0.15	0.08	0.23	0.08	
Falls - Resulting in Harm Moderate or Severe		0	0	5	2	2	5	3	3	5	4	6	4	2	6	2	
Never Events		0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
Coroner Regulation 28s		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mixed Sex Accommodation - breaches		0	0	72	95	102	125	103	72	81	74	71	56	86	105	98	
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%	81%	86%	84%	82%	75%	84%	73%	54%	68%	71%	58%	81%	64%	
Smoking Rate at Delivery		6%	6%	12.3%	11.5%	7.4%	10.0%	12.1%	7.7%	8.9%	8.8%	6.3%	7.9%	10.2%	8.0%	7.5%	
Therapy stroke treatment within 72 hours - Occupational Therapy		100%		91.3%	97.0%	94.5%	94.2%	79.3%	91.2%	96.2%	73.7%	90.9%	89.4%	89.1%	82.8%	-	
Therapy stroke treatment within 72 hours - Physiotherapy		100%		92.9%	97.0%	95.5%	94.5%	78.6%	92.6%	96.4%	75.4%	91.4%	89.6%	92.6%	92.1%	-	
Therapy stroke treatment within 72 hours - Speech & Language Therapy		100%		90.3%	91.3%	94.1%	94.1%	62.5%	90.9%	93.3%	77.4%	90.5%	80.0%	82.4%	87.5%	-	
Therapy stroke treatment 45 mins per therapy per day - Occupational Therapy		45		44.2	40	33.3	36.8	40	40.3	35	40	45.5	40	40	38.1	-	
Therapy stroke treatment 45 mins per therapy per day - Physiotherapy		45		30	29.3	30	30	30	30	30	30	30	32	30	30	-	
Therapy stroke treatment 45 mins per therapy per day - Speech & Language Therapy		45		30	32.9	27.9	30	33.8	31.7	30	30	30	30.8	30	30	-	
Stroke Patients Scanned - within 1 Hour of clock start				38.4%	35.8%	28.2%	32.9%	30.9%	35.2%	35.9%	44.6%	52.2%	46.7%	30.2%	46.4%	-	
Stroke Patients Scanned - within 12 Hours of clock start				98.8%	98.8%	92.9%	98.8%	91.4%	98.6%	100.0%	98.5%	97.1%	90.7%	93.7%	92.8%	-	
Complaints		-	-	67	76	88	93	68	66	79	83	53	68	73	70	77	
Complaints -responded within agreed timeframe - based on month response due		85%	85%	46%	54%	57%	58%	57%	46%	58%	49%	46%	46%	45%	44%	44%	
PALS - Count of concerns		-	-	262	264	312	275	315	260	302	301	274	347	311	320	340	
Compliments		-	-	59	125	104	74	89	86	93	87	173	178	135	151	120	
Friends and Family Test -SaTH		95%	95%	98.6%	97.1%	98.8%	97.1%	98.2%	98.2%	90.9%	93.5%	92.7%	91.8%	93.3%	91.0%	89.1%	
Friends and Family Test - Inpatient		95%	95%	98.9%	98.3%	98.7%	98.1%	98.7%	98.8%	97.8%	98.5%	98.5%	98.2%	98.4%	98.2%	98.4%	
Friends and Family Test - A&E		85%	85%	77.8%	53.3%	91.7%	63.3%	55.6%	38.1%	66.1%	61.6%	62.9%	67.7%	65.2%	62.4%	62.9%	
Friends and Family Test - Maternity		95%	95%	100.0%	95.0%	100.0%	96.0%	97.7%	100.0%	100.0%	91.5%	96.2%	97.4%	96.8%	94.9%	81.0%	
Friends and Family Test - Outpatients		95%	95%	98.3%	98.2%	98.9%	97.9%	98.5%	98.4%	98.8%	98.6%	98.7%	98.9%	99.5%	98.5%	97.9%	
Friends and Family Test - SaTH Response rate %		-	-	6.2%	8.1%	5.5%	9.6%	7.9%	7.5%	7.8%	11.2%	7.3%	8.6%	10.1%	7.9%	8.2%	
Friends and Family Test - Inpatient Response rate %		-	-	16.5%	21.8%	14.5%	24.7%	20.1%	19.8%	13.5%	22.1%	14.6%	13.5%	19.8%	15.1%	13.5%	
Friends and Family Test - A&E Response rate %		-	-	0.1%	0.6%	0.1%	0.7%	0.2%	0.2%	4.5%	4.0%	3.0%	5.5%	4.2%	3.8%	5.1%	
Friends and Family Test - Maternity (Birth) Response rate %		-	-	0.6%	8.1%	0.3%	6.0%	1.2%	6.5%	7.1%	3.3%	1.9%	1.8%	5.0%	1.4%	1.1%	

Patient Safety, Clinical Effectiveness, Patient Experience Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

The embedding of PSIRF continues to be a priority and the impact of this can be seen through IPC, Tissue Viability and Falls work.

April 2024 saw one case of MRSA bacteremia attributed to the trust. Learning from this case was identified in relation to screening, blood culture practice and antimicrobial stewardship.

The focused work on C.difficile related workstreams is continuing trust wide and focused work in relation to pressure ulcers continues, with the purpose-T rollout planned in September 2024.

Out performance against SATOD continues to improve and we have seen a reduction to 7.4%, compared to 12.3% seen in April 2023.

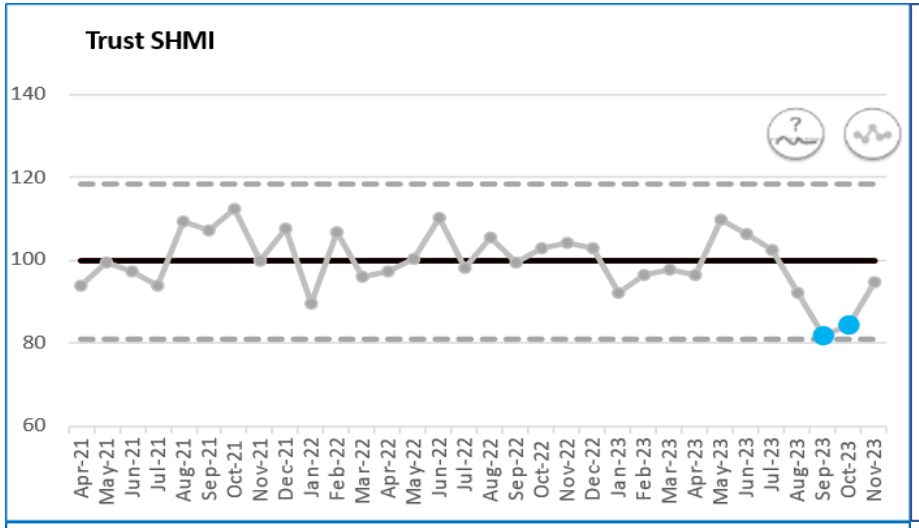
In April, delivery suite acuity decreased to 64%. In response to this performance, an escalation plan has been activated and 26 WTE band 5 posts will join the team in September 2024 to support in improving this performance.

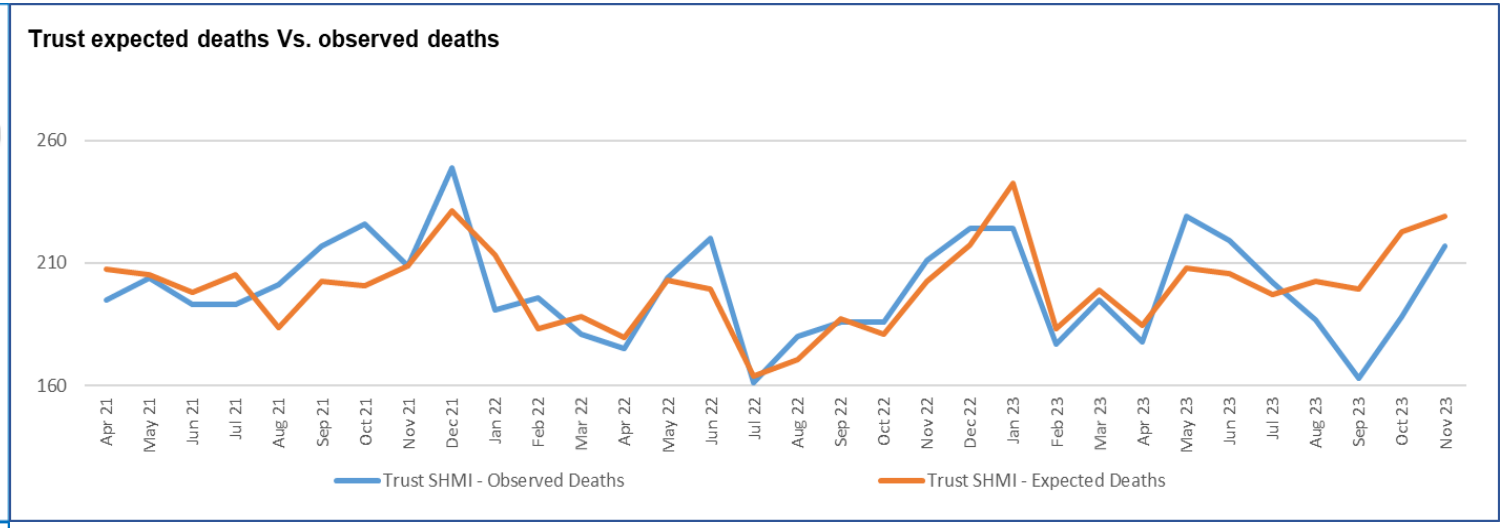
VTE is included in ward metric from June 24 to ensure we continue to track this performance.

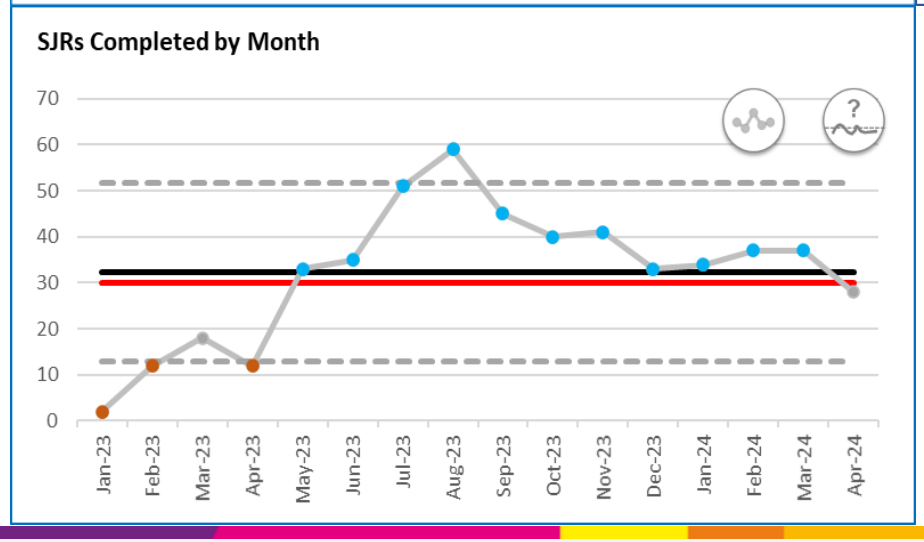
A deep dive into MSA breaches is taking place and learning will be fed back through governance groups.

Mortality outcome data

The Shrewsbury and Telford Hospital NHS Trust







Mortality outcome data

The Shrewsbury and Telford Hospital NHS Trust

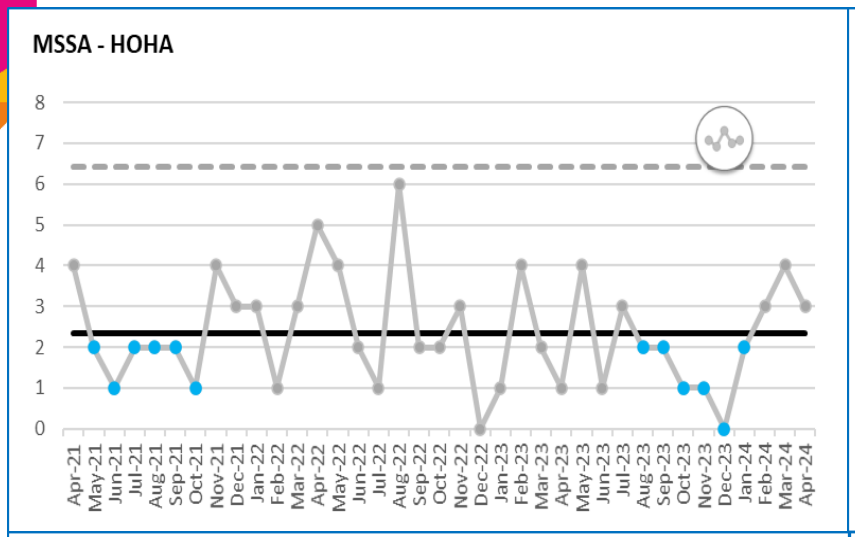
Summary:
The Trust's SHMI to November 2023 was 94.79. Observed v expected deaths were 217:229. The latest reported Structured Judgement Review completion rate for February 2024, within the 8-week timeframe, is 19.4% of deaths. Challenges to SJR timeliness are coding issues and notes availability. Significant concerns raised by the bereaved from the ME scrutiny from April 2024 include perceived lack of clinical observations, communication and treatment refusal management.

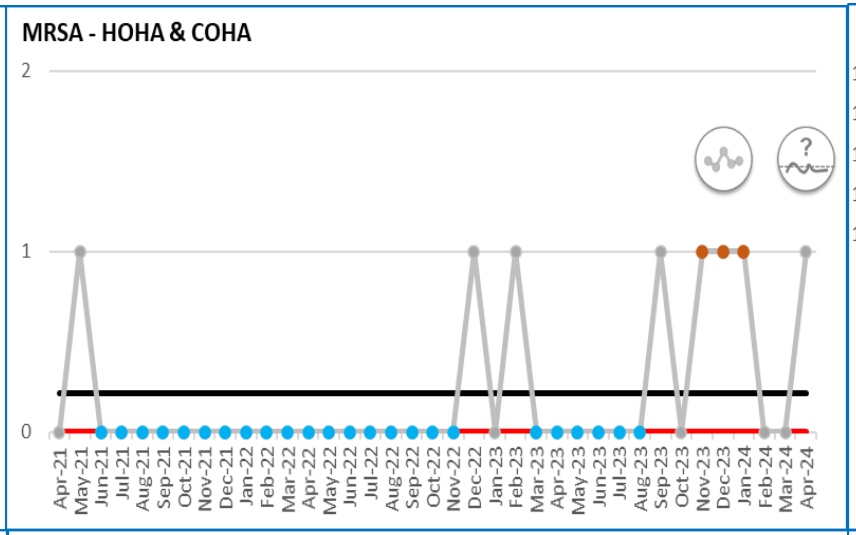
Recovery actions:	**Anticipated impact and timescales for improvement:**
Work is in progress to resolve completion of SJR Datix submissions. The SJR+ app is now being hosted by AQUA, accessing historical SJR data for analysis prior to AQUA hosting is as yet an unresolved challenge.	CHKS have provided comparative data concerning Septicaemia deaths with our peer group of Trusts. The Deteriorating Patient Team continues to work with the Learning from Deaths team concerning validation of sepsis pathways across the Trust.

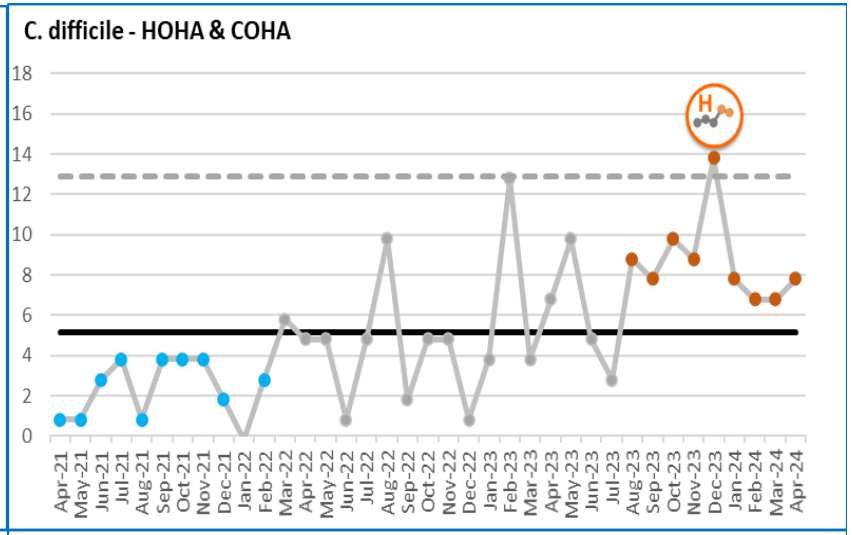
Recovery dependencies:	Complete recruitment to the Learning from Deaths team. The Clinical Lead for Learning from Deaths post has been advertised but remains vacant. SJR training and masterclass work are adversely impacted whilst this role remains unfilled. The Corporate Learning from Deaths team remain without administrative support whilst the band 4 role is vacant.

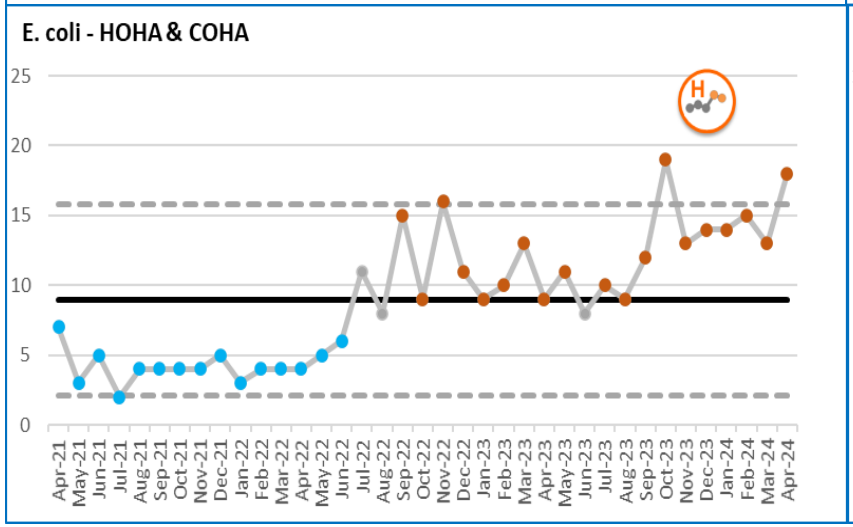
Infection Prevention and Control

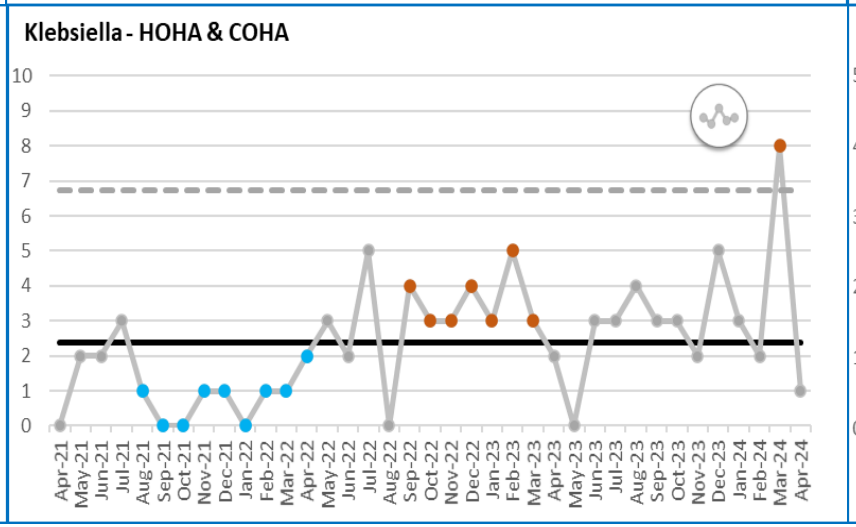
The Shrewsbury and Telford Hospital NHS Trust

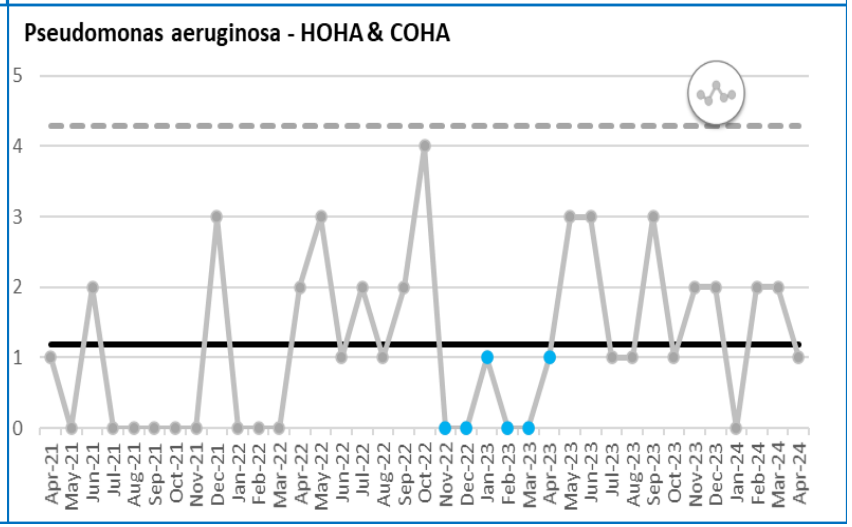












Partnering Ambitious Caring Trusted

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

Infection Prevention and Control

The Shrewsbury and Telford Hospital NHS Trust

Summary: In April 2024 there were the following bacteraemia:
• 3 MSSA (3 HOHA)
• 1 MSSA (1 COHA)
• 1 MRSA (HOHA)
• 8 C.Diff (3 HOHA, 5 COHA)
• 18 E-coli (3 HOHA, 15 COHA)
• 1 Klebsiella (1 HOHA)
• 1 Pseudomonas (1 COHA)

Recovery actions:
In April 2024, 1 inpatient case of MRSA bacteraemia was reported while in hospital, linked to a Hickman line used for home-administered TPN. Trust's investigation identified learning in MRSA screening on admission, screening post positive blood cultures, antibiotic prescribing and pharmacist review.
Actions: discussing the case at governance meetings, disseminating best practice guidance, re screening processes, presenting safety issues at RALIG, reviewing prescribing and pharmacy practices and updating relevant policies.

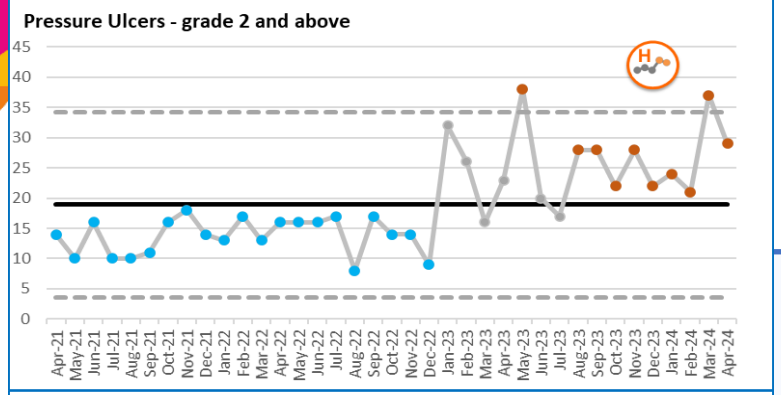
C- Diff action plan in place and monitored at IPCOG and IPCAC.
Deep drive into MSSA cases to identify themes and learning.

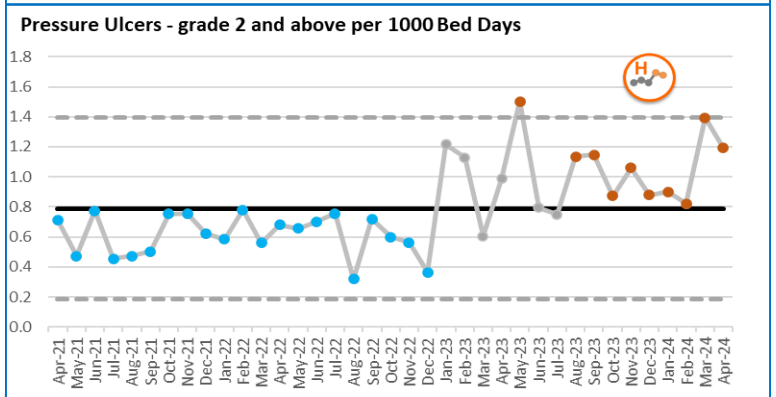
Anticipated impact and timescales for improvement:
To be agreed and approved via Director of Infection Prevention and Control at the IPC Assurance Committee.

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

Patient harm – Pressure ulcers

The Shrewsbury and Telford Hospital NHS Trust





Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	13
Surgery, Anaesthetics and Cancer	16
Women's & Children's	0

Summary:
The number of hospital acquired pressure ulcers reported remains consistently higher in Q1 of 2024 than Q1 of 2023 and remains higher throughout 2023/24 than in Q1, Q2 & 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, quality of completed documentation.

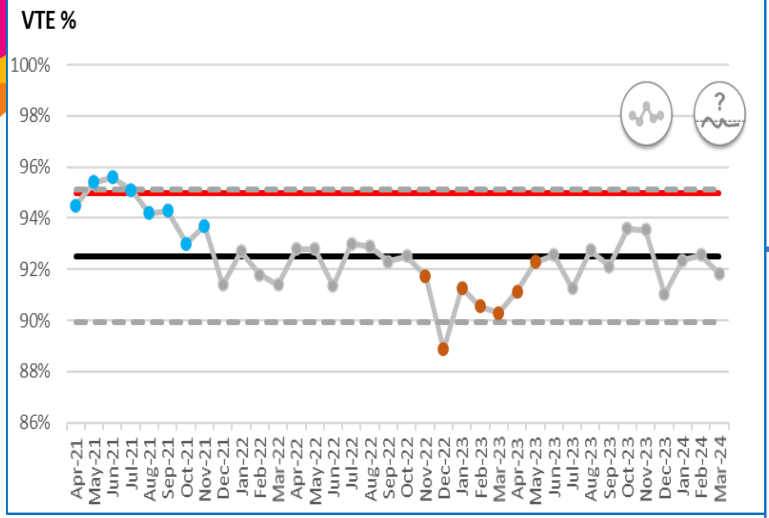
Recovery actions:
Move to PSIRF review processes in place. There is a focus on the common themes and associated action plans to be implemented to ensure improvements. Ownership at ward and Divisional level with Tissue Viability oversight. Initial planning meeting completed, now in the process of action planning and target setting. Monthly meeting going forward with a link into the monthly Trust Nursing Metrics meetings.

Review of Tissue Viability processes in line with the National Wound Care Strategy Programme to ensure recommended practice is in place. The Implementation of PURPOSE T risk assessment tool is in progress and implementation target date is September 2024. 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:
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. Filled vacancy within the Tissue Viability Team.

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.

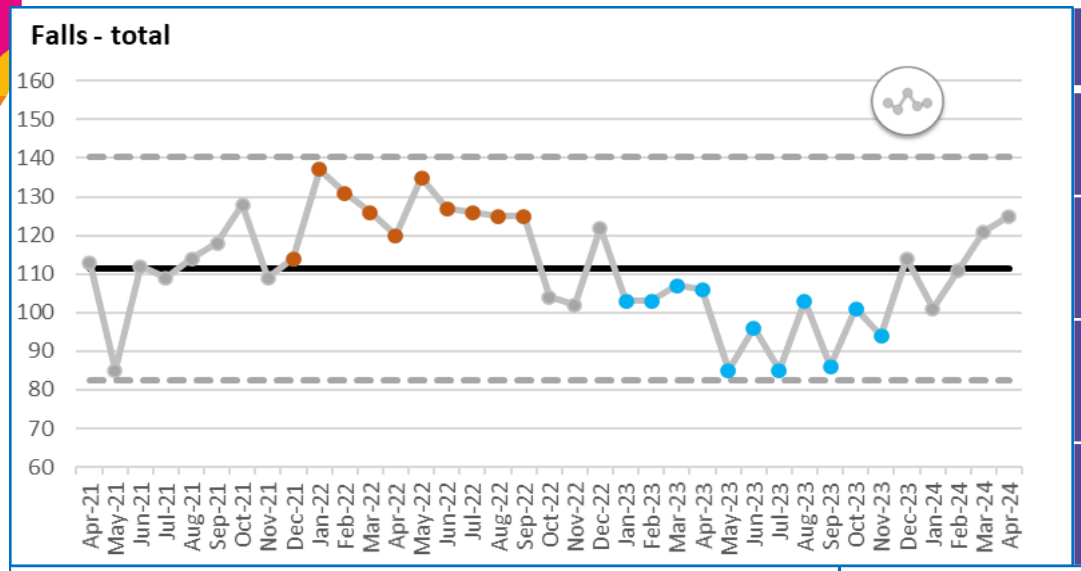
Added to the Urgent and Emergency Transformation Programme work stream. Review of Board Round checklists is underway to include VTE assessments
.

Anticipated impact and timescales for improvement:
Continued monitoring of compliance on the daily snapshot data. Introduction of the EPMA will ensure that VTE assessments are completed prior to prescription but this is not anticipated to be completed on the Digital programme for 18 months.

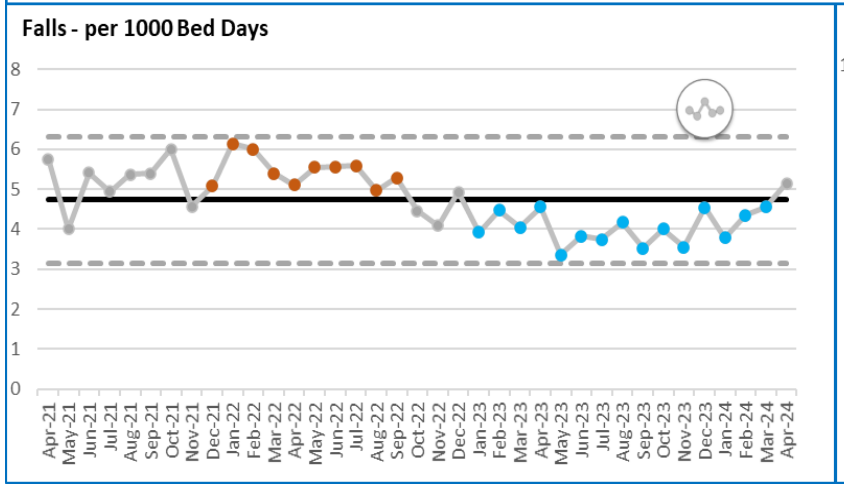
Recovery dependencies:

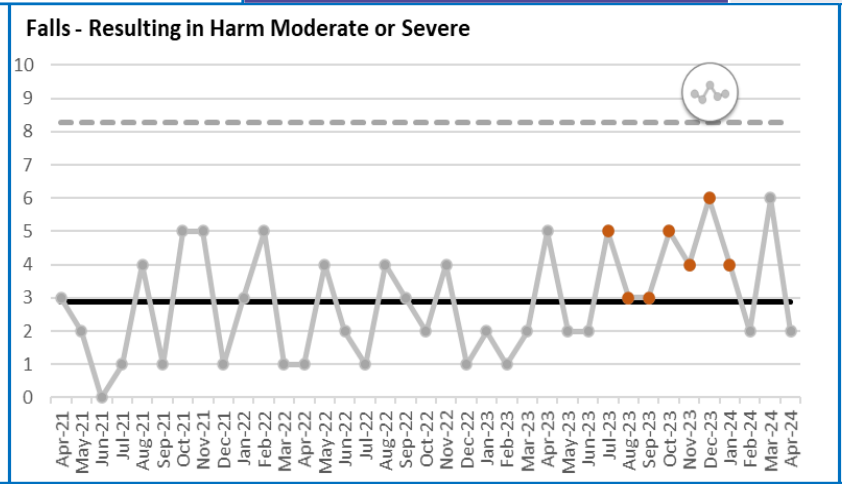
Patient harm - Falls

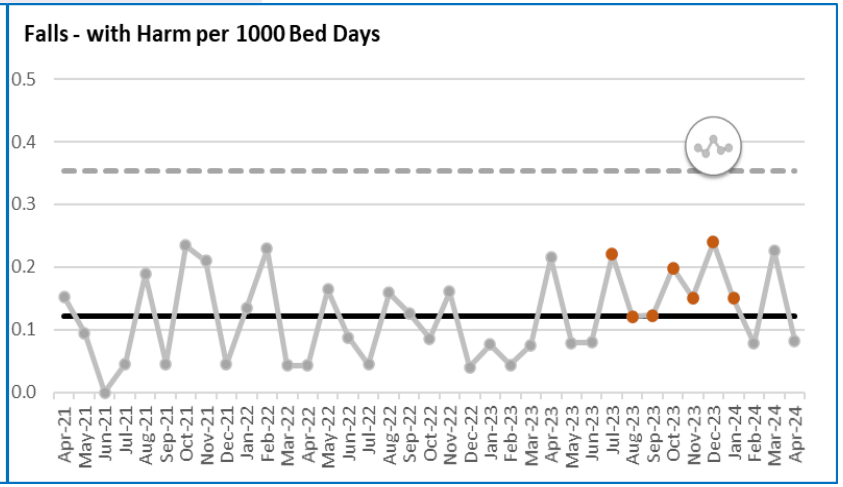
The Shrewsbury and Telford Hospital NHS Trust



Falls – Total per Division	Number Reported
Medicine and Emergency Care	99
Surgery, Anaesthetics and Cancer	23
Women's & Children's	1
Clinical Support Services	2







Patient harm - Falls

The Shrewsbury and Telford Hospital NHS Trust

Summary:
There was an increase in April 2024 with 125 falls reported in total. This remains marginally higher than the same month last year where we reported 106 falls. Overall, the number of falls per month and falls per 1,000 bed days reduced in each quarter of 2023/24 compared to 2022/23 (194 less falls reported).

A review of falls has shown inconsistent practice in relation to pre-falls recording of lying and standing blood pressure and actions required in relation to postural drop in blood pressure and issues with patients wearing appropriate footwear at the time of the fall.

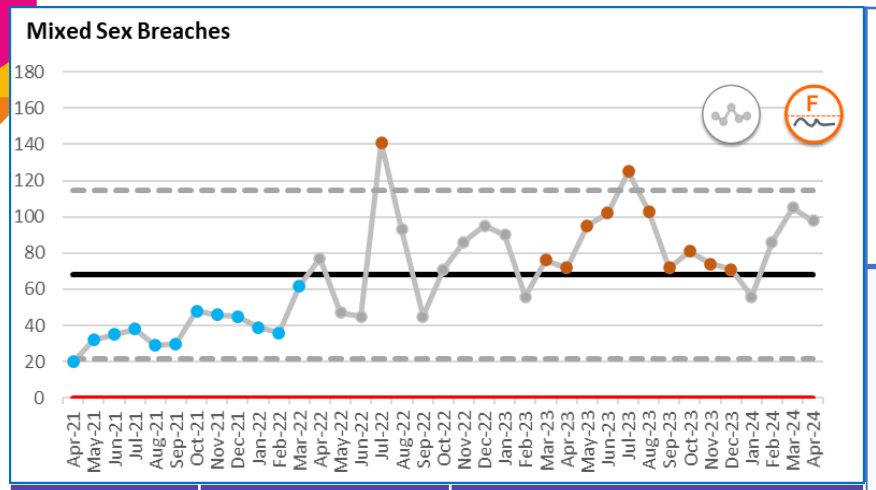
There continues to be falls with harm with 2 falls being seen in April 2024 that resulted in moderate harm or above, which is a decrease from 6 taking place last month.

Recovery actions:	**Anticipated impact and timescales for improvement:**
Overarching Trust action plan in place that has been revised to align with PSIRF priorities and now presented as a project plan. Ongoing education and support from the Quality Team to wards in the absence of a falls practitioner. Education in relation to ensuring patient has appropriate footwear or hospital slipper socks in-situ prior to mobilising. Continue to support staff with education around deconditioning and monthly quality team recon games work that was paused in January recognising the pressures on flow has now recommenced. Weekly meeting to review falls has been reviewed to align with the new PSIRF framework, focusing on improvements. Initial feedback from those attending is positive.	Continue with full implementation and embedding of the fall's project plan. We now have a vacancy in the Falls practitioner role - 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 went to system panel on 12.05.24 still awaiting a decision to appoint

Recovery dependencies:	Recruitment to replace to the now vacant falls post and quality team facilitator role

Mixed sex breaches exception report

The Shrewsbury and Telford Hospital NHS Trust



Location	Number of breaches	Additional Information
AMU (PRH)	50 breaches	Over 11 occasions in AMA
ITU / HDU (PRH)	12 primary breaches	9 medical, 3 surgery,
Ward 6 (PRH)	4 breaches	
ITU / HDU (RSH)	28 primary breaches	8 medical, 15 surgical, 3 respiratory, 1 nephrology, 1 urology
SDEC (RSH)	4 breaches	

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

Recovery actions:

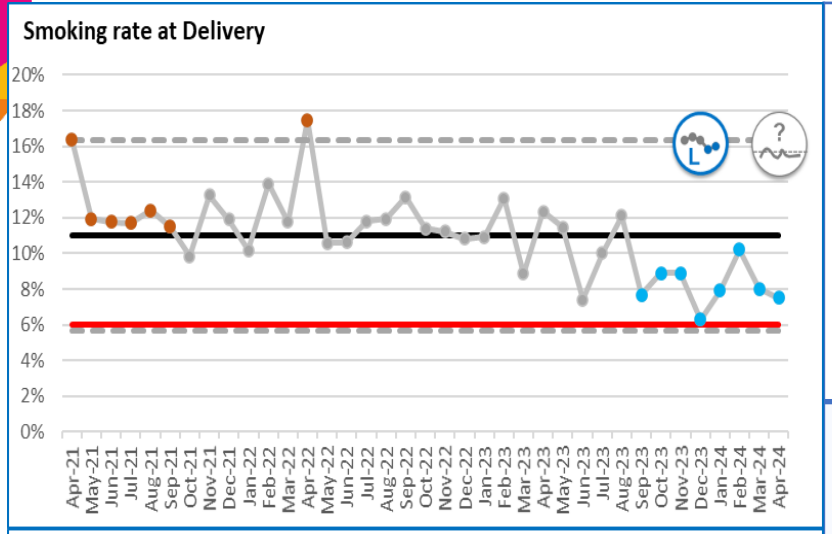
- The Divisional and Operational teams continue with the improvement work in relation to patient flow, discharges earlier in the day including increasing the number of discharges before midday and 5pm and a reduction in patients with no criteria to reside.
- Executive approval to always be sought and 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

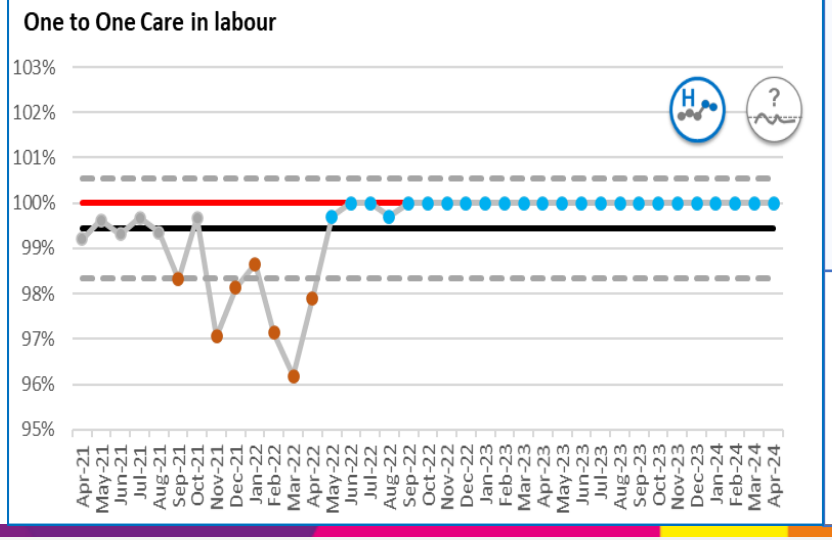
Anticipated impact and timescales for improvement:
Ongoing
Beds available earlier in day. Less patients attending ED with conditions which could be treated on alternative pathways. Reduction in no criteria to reside patients in hospital.

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

Maternity

The Shrewsbury and Telford Hospital NHS Trust





Summary:
SATOD has further decreased in April to 7.4%. Accurate recording of SATOD status is being closely monitored by HPSS team.

2023-24 finished with an average SATOD figure of 9.3%, a 2.5% drop from the previous year. This is the first time SaTH Maternity has seen an annual rate below 10%.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.

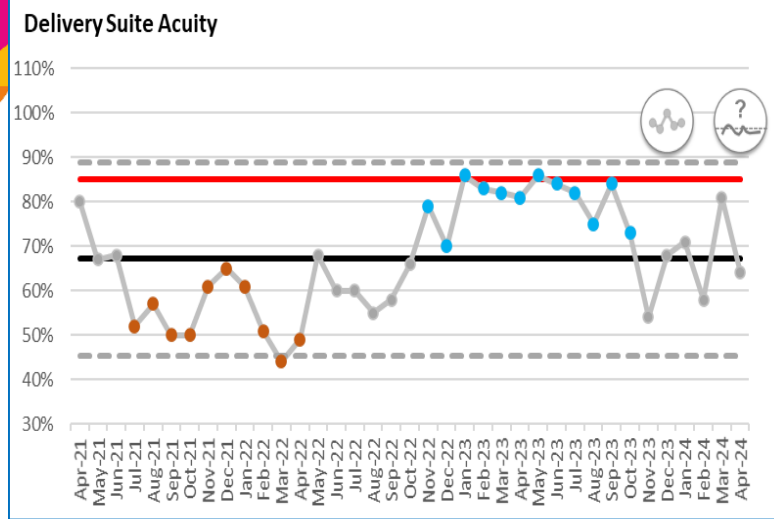
Recovery actions:
Look to further decrease SATOD in 2024-25.
Continue to work towards Government target.

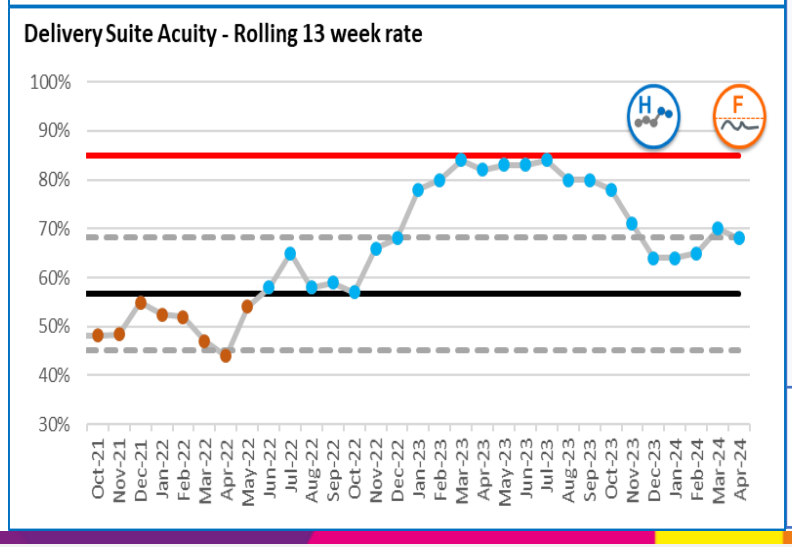
Anticipated impact and timescales for improvement:
Continue to target areas of deprivation and provide smoking cessation support for pregnant women and refer family members to local smoking cessation services.
Due to publication of Saving Babies Lives version 3, all staff to discuss smoking cessation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

Recovery dependencies:
Local demographic has a large impact on SATOD rates despite intervention and support from the 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 Government target. It is evident that this is a challenging target to reach for most Maternity services.

Maternity – Delivery suite acuity

The Shrewsbury and Telford Hospital NHS Trust





Summary:
Delivery suite acuity has decreased in month to 64%, a significant drop from the previous month and remains below the target of 85%. The service continues to experience 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. In order to reduce the risk to the service, the specialist midwifery workforce has been reviewed with several being redeployed into the clinical workforce which reduces the risk to patient safety but increases the risk of non-delivery of the specialist workforce agenda.

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 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.

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 Q1 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.

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

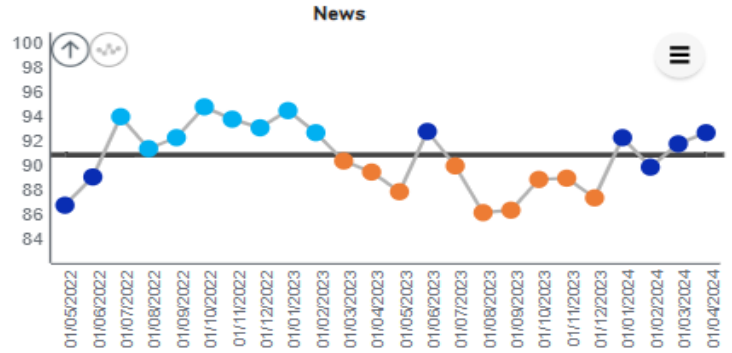
Quality - Safe - Deteriorating Patient

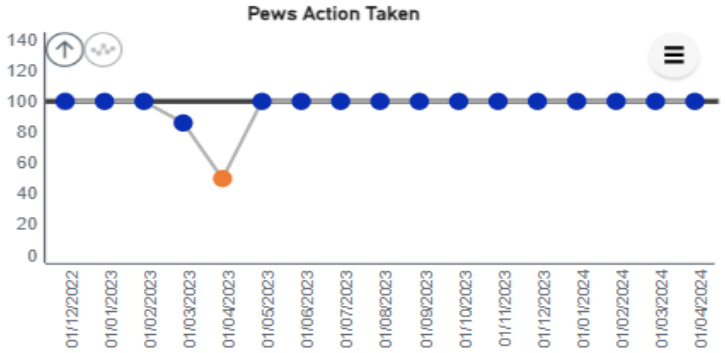
Partnering · Ambitious Caring · Trusted

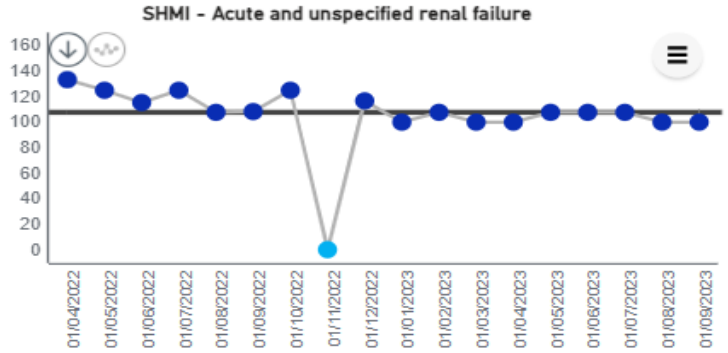
The Shrewsbury and Telford Hospital NHS Trust

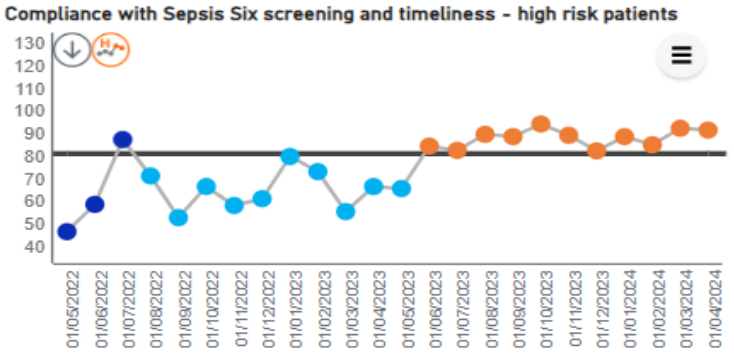
Falls

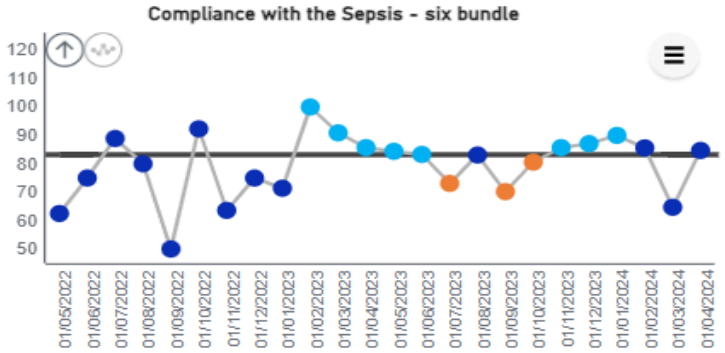
	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024
News	93.1	94.5	92.7	90.4	89.5	87.9	92.8	90.0	86.2	86.4	88.9	89.0	87.4	92.3	89.9	91.8	92.7
Pews Action taken	100.0	100.0	100.0	86.0	50.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
% Compliance with Sepsis Six screening and timeliness - high risk patients	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	92.50	91.70
% Compliance with the Sepsis Six bundle	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	64.70	84.70
SHMI - Septicaemia (except in labour), Shock	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	116.70	100.00	107.70	100.00	100.00	107.70	107.70	107.70	100.00	100.00							

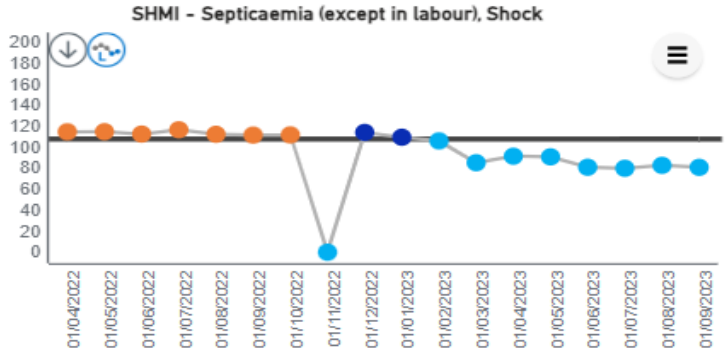












Deteriorating Patients

The Shrewsbury and Telford Hospital NHS Trust

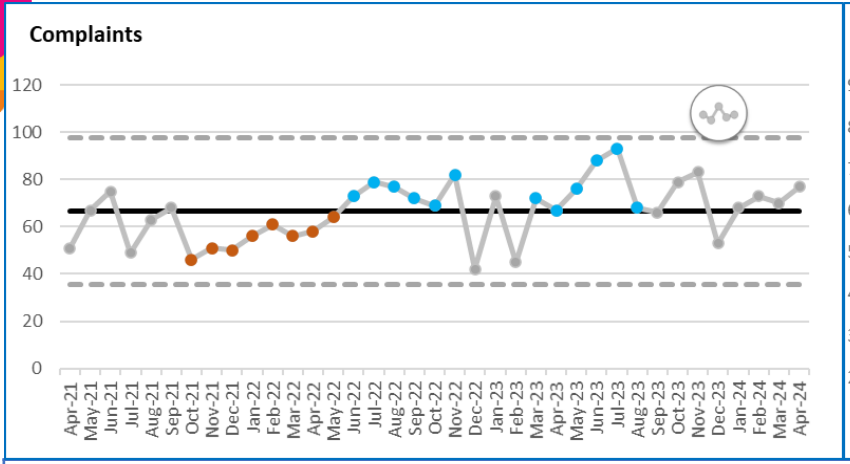
Summary:
Deteriorating patient team continue to work alongside the divisions to support implementation of standards and new national guidance issued.
Attendance at deteriorating patient group is slowly improving and as such, rich discussions are being held.
An initial meeting has taken place with the new Deputy Medical Director with further meetings planned.
Next month's IPR will include refreshed graphs following a review of data used within the report.

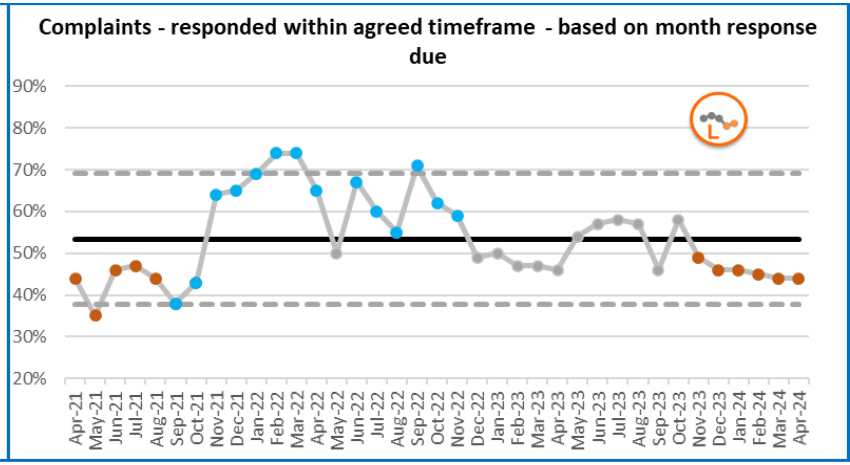
Recovery actions:	**Anticipated impact and timescales for improvement:**
Sepsis module upgrade on vitals launched in November 2023. Ongoing sepsis vitals eLearning on LMS and face to face training are in place to improve consistency and compliance. Improvements have been seen and sustained since launch in all divisions. Escalation response forms for trial within the trust have been received. The goal is to refine individual escalation plans, ensuring patients are appropriately escalated. To streamline the escalation process, redistributing resources promptly for a timelier response. Full review of job descriptions taken place within the deteriorating patient specialist nurse role. Validation process implemented in April to support Wards/departments with ongoing education and increase knowledge around standards for deteriorating patients and sepsis management at ward level. The Trust Intranet page has been updated to ensure ease of access for staff.	Measures outlined in the overarching deteriorating patient action plan to be reviewed with DPG and Deputy Medical Director to prioritise workstreams and assign leads. Significant amount of work completed following review of processes within the deteriorating patient nurse portfolio. Paediatric Vitals launch on track for June/July 2024.

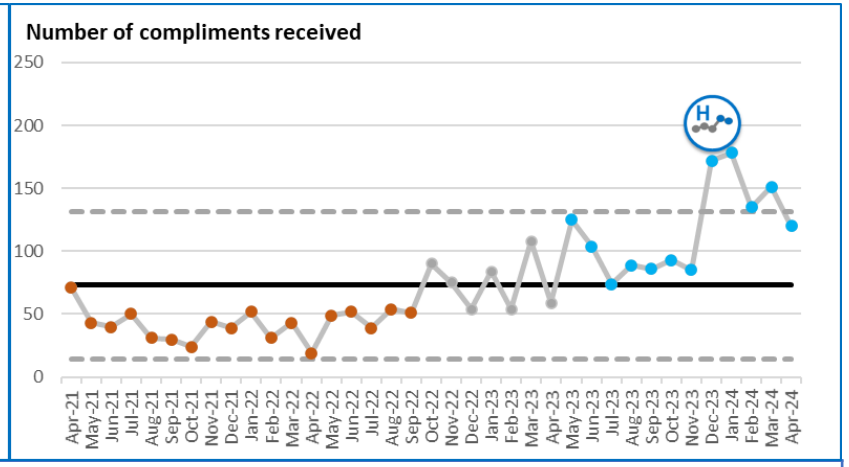
Recovery dependencies:	Support and engagement throughout the trust with decisions made by Deteriorating Patient Group (DPG). Divisional representation at DPG.

Complaints and Compliments

The Shrewsbury and Telford Hospital NHS Trust







Summary:
Numbers of new complaints remain within expected levels, with no new trends noted in April 2024. Response rates remain below the Trust target, however work is ongoing with the divisions to reduce the number of overdue cases and the amount of time investigations take. 74% of complaints were acknowledged within one working day and 87% were acknowledged within two working days, with 100% acknowledged within the national timescale of three working days. In April 2024 the PALS team commenced weekend working, with positive feedback received from those accessing the service.

Recovery actions:
Embedding of better ownership at specialty level, and improved use of Datix to monitor progress of complaints.
Weekly monitoring meetings with the Divisions of overdue complaints, trajectories set to reduce backlog

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

Recovery dependencies:	Capacity within complaints team as number of vacancies. Capacity within Divisional teams.

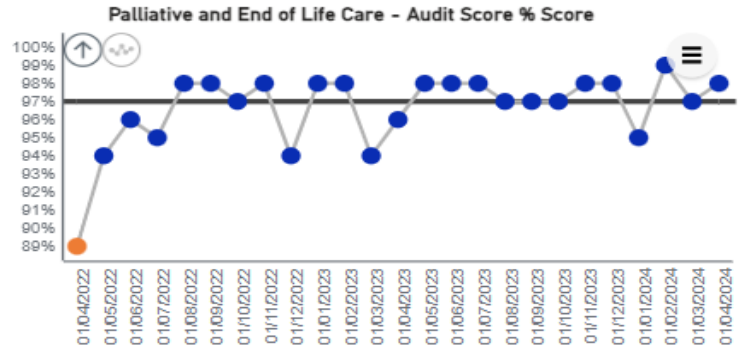
Quality - Patient Experience - End of Life Care

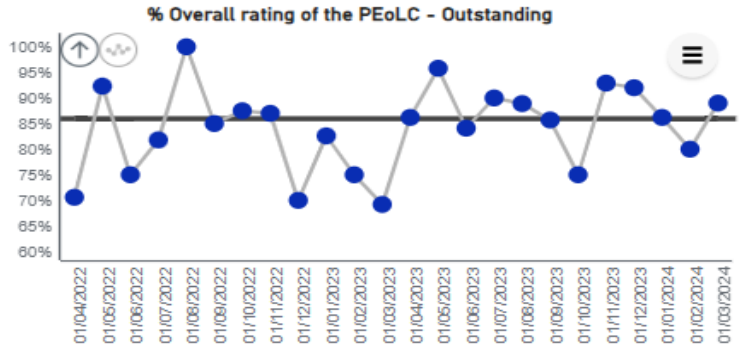
Partnering · Ambitious Caring · Trusted

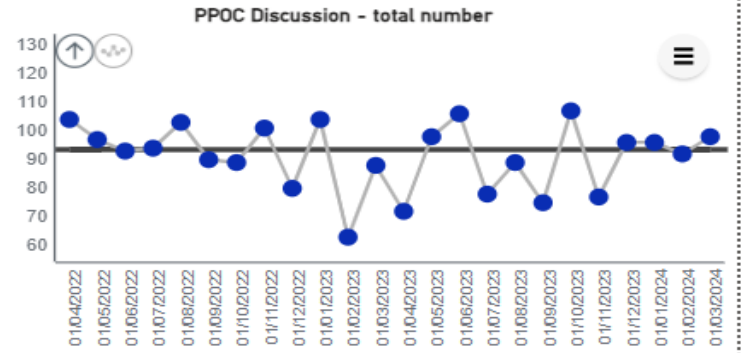
The Shrewsbury and Telford Hospital NHS Trust

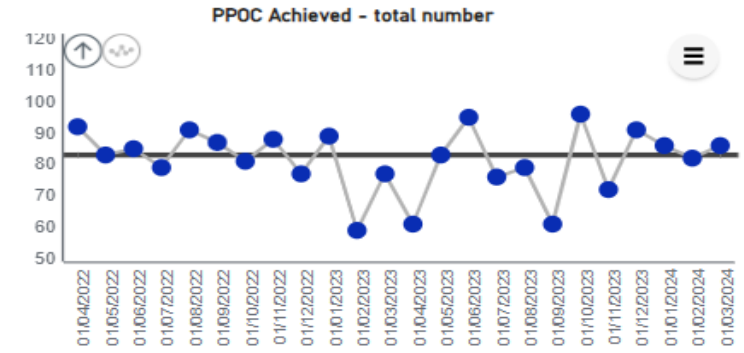
Page 2 | Learning from Experience | Vulnerable Patients

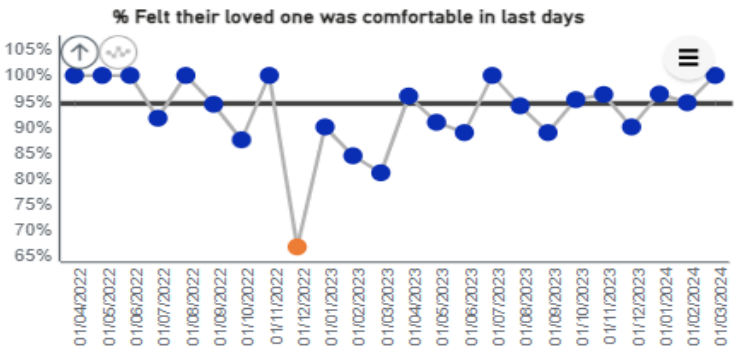
	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024
Palliative and End of Life Care - Audit Score % Score	94	98	98	94	96	98	98	98	97	97	97	98	98	95	99	97	98
% Overall rating of the PEoLC - Outstanding	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	80.0	89.0	
PPOC Discussion - total number	80	104	63	88	72	98	106	78	89	75	107	77	96	96	92	98	
PPOC Achieved - total number	77	89	59	77	61	83	95	76	79	61	96	72	91	86	82	86	
% Felt their loved one was comfortable in last days	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	94.7	100.0	
Palliative/End of Life Care - Nursing QA Audit	278	284	274	304	314	314	295	296	294	312	320	310	297	289	301	297	279

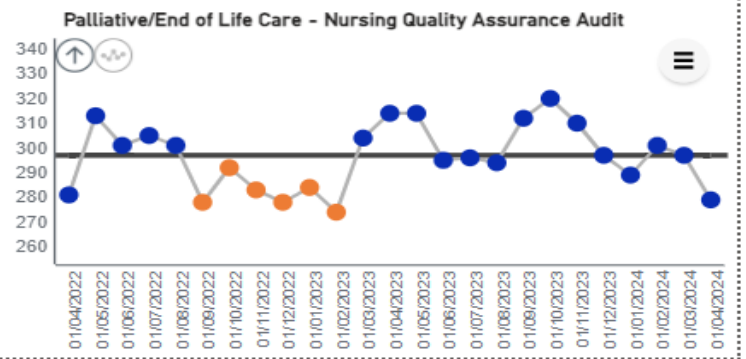












Quality - Patient Experience - End of Life Care

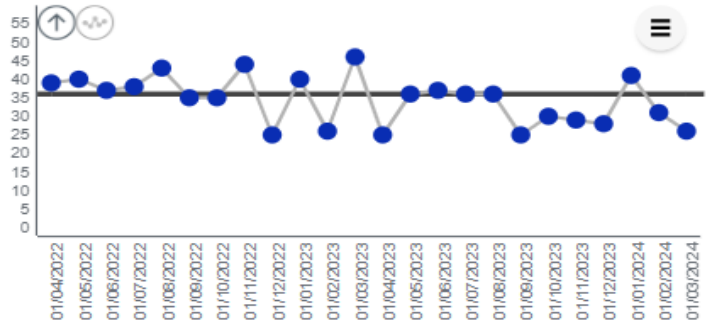
Partnering · Ambitious Caring · Trusted

NHS The Shrewsbury and Telford Hospital NHS Trust

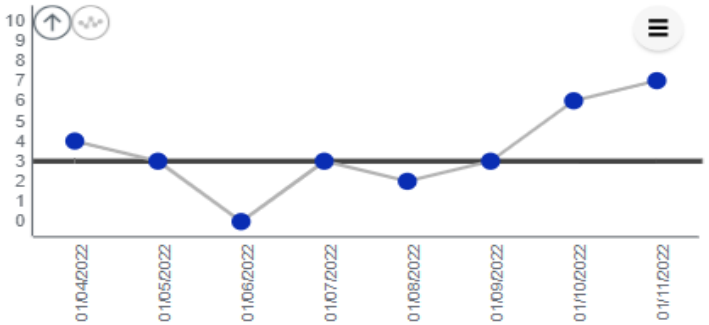
Page 1 | Learning from Experience | Vulnerable Patients

	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024
Bereavement feedback data - Total Number of responses	25	40	26	46	25	36	37	36	36	25	30	29	28	41	31	26	
Complaints by Theme - End of life care																	
End of Life Care Training	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	87.81	85.74

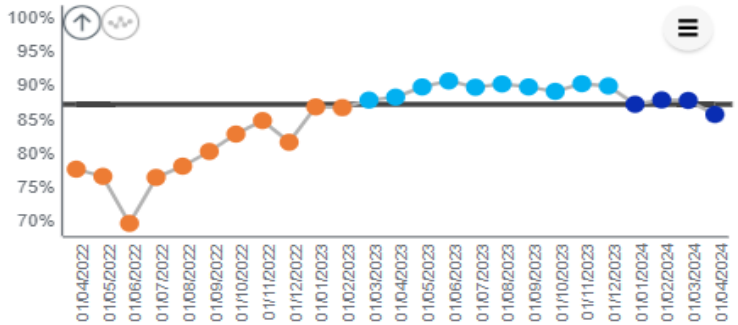
Bereavement feedback data Total Number of responses



Complaints by Theme - End of life care



End of Life Care Training



End of Life

The Shrewsbury and Telford Hospital NHS Trust

Summary:
Performance in relation to Palliative and End of Life Care (PEOLC) metrics remain good, training is above Trust target and patient feedback remains good. 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, themes relate to communication around end of life care. Actions included in the overarching improvement plan include 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

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Trend
Responsiveness	ED - 4 Hour Performance (SaTH Type 1 & 3) %		78% Mar'25	56.4%	55.5%	53.8%	51.9%	51.7%	50.9%	51.7%	50.2%	51.5%	50.5%	50.0%	51.1%	50.0%	48.6%	
	ED - 4 Hour Performance (All Types inc MIU) %		-	-	64.9%	64.0%	62.1%	61.5%	61.0%	61.4%	59.8%	60.0%	59.6%	59.1%	60.3%	60.2%	59.2%	
	ED - 12 Hour Trolley Breaches	R	0	0	529	525	479	803	1026	1088	862	1068	957	860	844	579	829	
	Number of Ambulance Arrivals	R	-	-	3034	3014	3055	3104	2992	3005	2893	3141	3047	2821	3124	3089	2909	
	Ambulance Delays > 15 minutes	R	-	-	2646	2448	2686	2778	2705	2702	2271	2343	2340	2198	2536	2327	2391	
	Ambulance Delays > 15 minutes %	R	0%		85.6%	80.7%	87.8%	88.3%	89.2%	87.8%	76.8%	72.8%	72.4%	73.9%	78.4%	75.3%	77.9%	
	Ambulance Delays > 60 minutes %	R	0%		20.7%	20.7%	34.4%	31.1%	31.3%	36.4%	43.0%	30.4%	37.1%	36.8%	34.3%	33.6%	36.2%	
	ED activity (total excluding planned returns)		-	13749	13375	13265	13273	12752	12858	13062	12318	12827	12659	12249	13804	12983	13773	
	ED activity (type 1 excluding planned returns)		-	11167	11023	10875	10833	10478	10668	10779	10101	10231	10128	9851	10921	10731	11351	
	Total Emergency Admissions from A&E		-	-	2634	2700	2715	2667	2660	2778	2718	2951	2760	2787	3028	3050	3076	
	% Patients seen within 15 minutes for initial assessment		-		34.2%	32.1%	32.4%	30.7%	28.9%	30.5%	37.3%	50.8%	51.0%	47.0%	45.5%	42.4%	47.7%	
	Average time to initial assessment (mins)		15 Mins	15	33	36	36	37	40	39	33	22	22	25	28	29	27	
	Average time to initial assessment (mins) Adults		15 Mins	15	37	41	41	42	45	42	35	21	22	23	26	29	28	
	Average time to initial assessment (mins) Children		15 Mins	15	24	26	22	20	28	32	27	24	23	28	33	31	24	
	Mean Time in ED Non Admitted (mins)		-	215	325	300	309	324	343	337	368	350	363	358	374	386	335	
	Mean Time in ED admitted (mins)		-	500	1100	1033	1202	1177	1243	1232	1252	1154	1333	1326	1265	1175	1250	
	No. Of Patients who spend more than 12 Hours in ED		> 2023/24	165	2070	1984	2309	2344	2329	2488	2538	2360	2584	2509	2519	2588	2679	
	12 Hours in ED Performance %		> 2023/24	6%	15.48%	14.96%	17.40%	18.38%	18.11%	19.05%	20.60%	18.40%	20.41%	20.48%	18.25%	19.94%	19.50%	
	Bed Occupancy Rate G&A (SitReps)		92%	-	91.4%	90.1%	89.9%	89.8%	90.8%	94.0%	95.4%	95.0%	96.3%	96.5%	93.0%	94.9%	95.5%	
	Diagnostic Activity Total			-	21966	21450	22314	22064	20188	21686	22753	20435	22704	20925	20125	20309	20617	
	Diagnostic 6 Week Wait Performance %		95% Mar'25	-	63.6%	66.8%	66.3%	69.5%	70.4%	73.4%	73.7%	71.4%	75.8%	80.5%	75.4%	71.0%	68.9%	
	Diagnostic 6+ Week Breaches		0	-	4625	4115	3815	3321	3344	2894	3204	2924	2563	2275	3318	4233	4627	
	Total Non Elective Activity		-	4612	5123	5114	5099	5150	5066	5398	5375	5457	5673	5420	5673	5525	5700	
	Total elective IPDC activity		-	6519	5855	6153	5984	6136	5833	6294	6416	5214	6187	5877	5909	5705	5521	
	Total outpatient attendances		-	50214	51227	51151	49181	47305	47231	50310	51741	42728	53961	49592	49950	45041	37634	
	DNA rate - all ages				5.0%	4.9%	4.7%	4.7%	4.7%	5.3%	4.7%	5.0%	4.8%	4.8%	5.3%	5.4%	7.6%	
	DNA rate - paeds				8.0%	8.9%	9.2%	9.9%	8.9%	9.6%	8.7%	9.4%	8.0%	7.5%	7.7%	8.8%	11.8%	
	Number of episodes moved or discharged to PIFU			2710	1966	1559	1473	1693	1561	1768	1908	1831	1800	1873	1978	1896	1864	
	RTT Incomplete 18 Week Performance		92%	-	54.6%	54.9%	54.6%	55.8%	55.9%	56.6%	55.2%	52.3%	50.7%	49.8%	50.2%	50.8%	51.4%	
	RTT Waiting list - Total size	R	-	-	39841	39360	38819	39117	38859	39659	38793	38697	38828	39582	41331	46317	49409	
	RTT Waiting list - English only			34524	35614	35176	34754	34977	34751	35459	34563	34427	34548	35220	36794	41406	44042	
	RTT 52+ Week Breaches (All)	R	0		2920	2605	2454	2297	2164	2206	2088	2179	2387	2704	2967	3584	3756	
	RTT 52+ Week Breaches - English only			2142	2635	2335	2183	2035	1925	1966	1839	1921	2133	2421	2673	3210	3321	
	RTT 65+ Week Breaches (All)		0 Sep'24		796	729	489	359	305	398	371	429	478	518	447	786	921	
	RTT 65+ Week Breaches - English only		0 Sep'24	465	733	654	419	302	260	348	315	374	427	447	378	708	824	
	RTT 78+ Week Breaches (All)	R	0	0	82	11	11	11	8	10	8	8	9	11	5	0	1	
	RTT 78+ Week Breaches - English only		0	0	72	3	1	1	2	1	1	1	2	3	0	0	0	
	RTT 104+ Week Breaches (All)	R	0	0	0	1	0	0	0	0	0	1	0	2	1	0	1	
	RTT 104+ Week Breaches - English only		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Cancer 62 Day Standard	R	70% Mar'25	59.5%	45.8%	38.7%	48.5%	51.4%	49.0%	56.0%	46.4%	52.1%	50.1%	54.4%	58.2%	59.5%	-	
	Cancer 31 Day First Treatment		96%	91.0%	86.1%	89.6%	91.3%	85.6%	86.6%	85.8%	91.2%	90.8%	86.6%	91.4%	91.6%	85.0%	-	
	Cancer 28 Day Faster Diagnosis	R	77% Mar'25	75.1%	61.0%	63.3%	66.8%	68.1%	71.8%	74.1%	75.1%	74.4%	71.1%	77.3%	74.3%	73.6%	-	

Operational Summary

The Shrewsbury and Telford Hospital NHS Trust

Performance against the 4-hour trajectory for May was 7.8% below plan. In May, the Urgent Treatment Centre at PRH was relocated to facilitate the expansion of the Children's and young people ED area. This resulted in a 9.8% improvement in paediatric 4-hour performance in month, post change. Following further improvement work, there has also been a 5.1% improvement in performance against time to Initial Assessment on the previous month.

Each of the Urgent and Emergency Care (UEC) workstreams has a detailed implementation plan which will be managed through the newly formed UEC Transformation Assurance Committee within SATH through to the UEC Delivery Group.

RTT elective recovery continues to be monitored at Tier 2 level. There were no English 104w or 78w breaches reported in May. There were 942 patients in the June 65-week cohort requiring 1st appointments to achieve the operational plan for zero by end of Q2. Following the cutover to the new EPR, there will be an intense period of validation during June to ensure the PTL is accurate, and we expect the PTL to reduce as a result. RJAH is supporting elective activity as a continuation beyond the winter plan, and we are reviewing alternative options to recommence elective activity at PRH.

The 62-day cancer backlog at the end of May was 303. The increase in backlog is due to the delay in securing additional in sourcing capacity from April and workforce capacity in specialty clinics. The validated FDS position for April was 73.6% against the plan of 75.1% and the national target of 77% and our unvalidated position for May is 73.7% against the plan (75.1%)

Uro-oncology wait time has improved to 13 from 20 weeks due to additional clinics and locum consultant activity.

DM01 imaging position for May is 75.3%. Radiology reporting delays remain of concern in some areas due to high demand and specialist skills needed

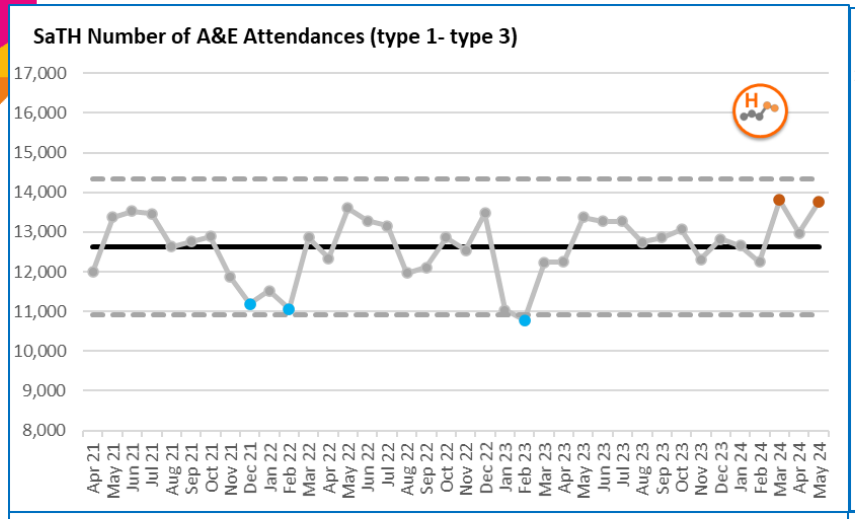
Key actions for June and July

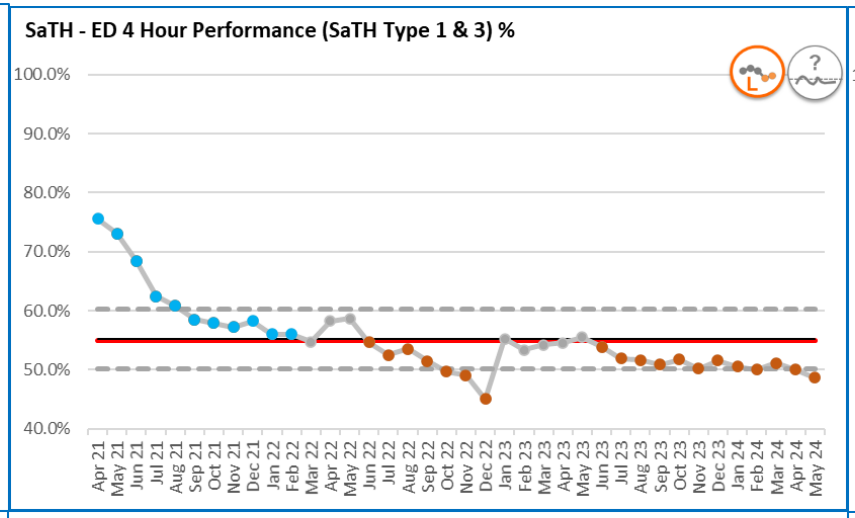
Progression of actions within Tier 1 workstreams

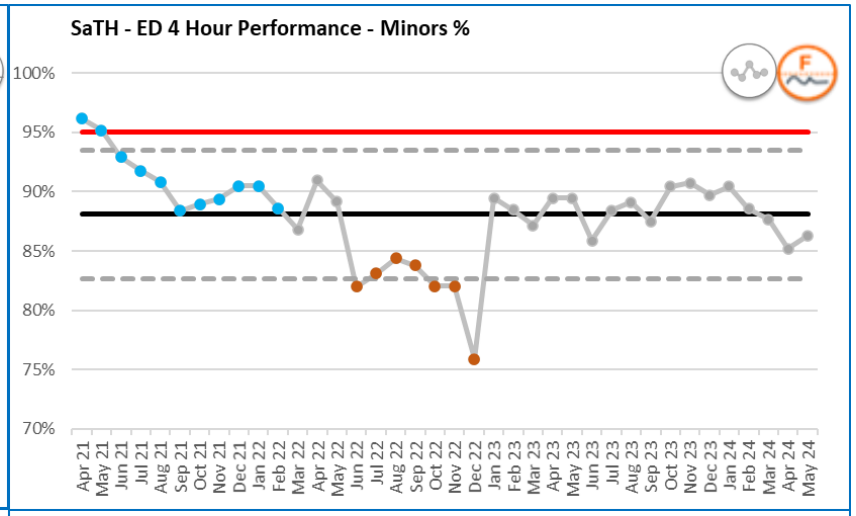
- Test of change for Acute floor to improve discharges and flow from ED
- Mobilise additional insourcing activity for elective and cancer recovery
- Intense 2w period of validation of elective PTL to address data quality issues following completion of Careflow PAS cutover.
- Opening of Elective Hub

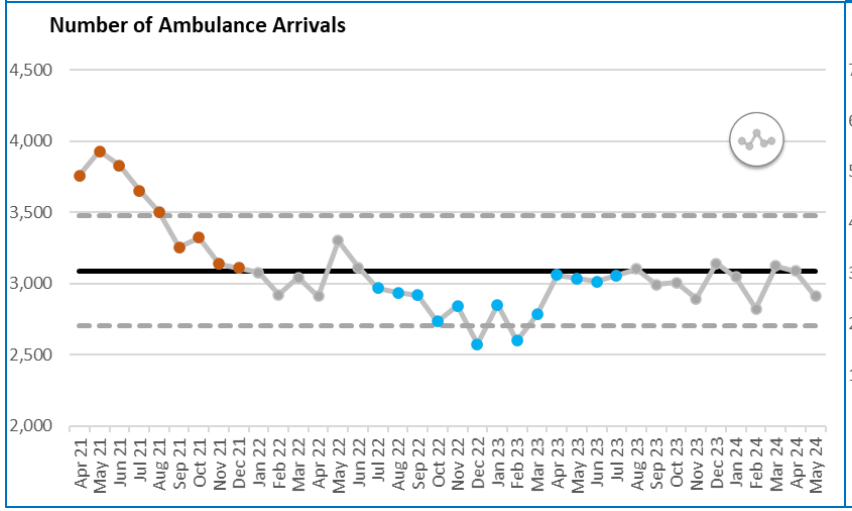
Operational – Emergency Care

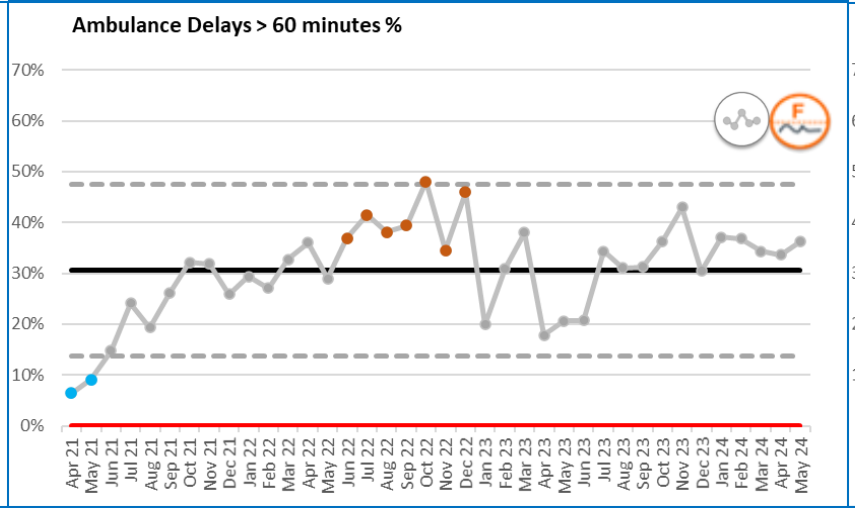
The Shrewsbury and Telford Hospital NHS Trust

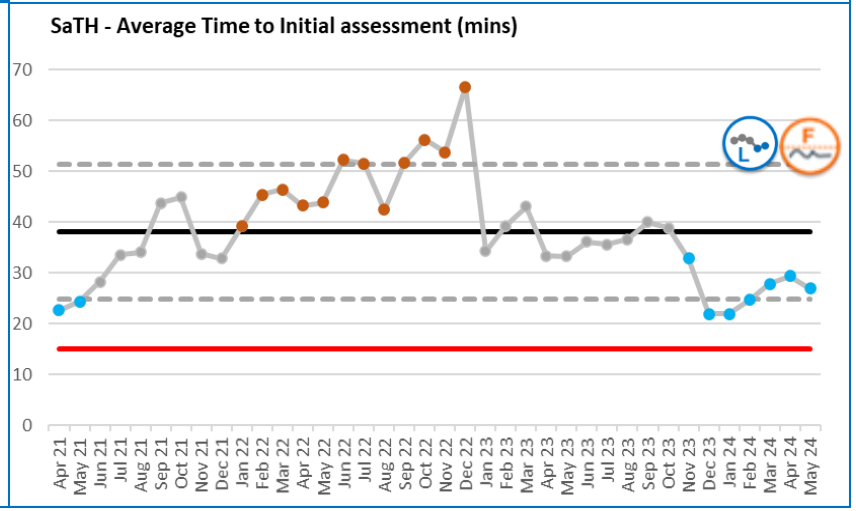












Operational – Emergency Care

The Shrewsbury and Telford Hospital NHS Trust

Summary:

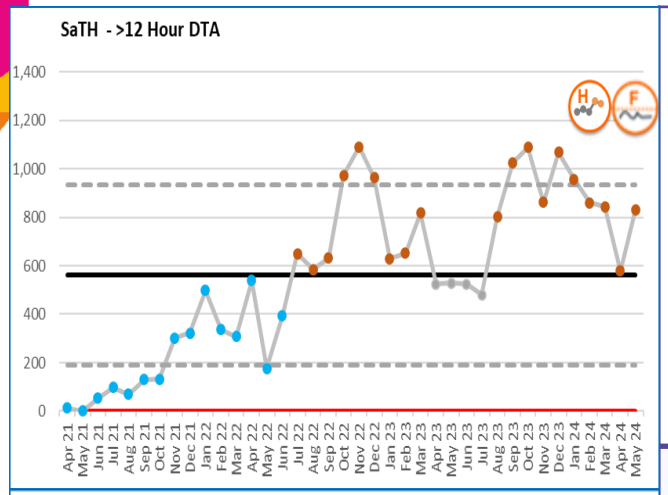
- May has seen a 6.08% increase in attendances on the previous month (+790)
- Relocation of UTC and subsequent expansion of paediatric assessment capacity/test of change week at PRH has seen a 9.8% improvement in paediatric 4-hour performance in month post change (1st-12th May 69.9%; 13th-31st May 79.7%)
- May has seen a 5.1% improvement in performance against time to Initial Assessment on the previous month
- SaTH 4-hour type 1 & 3 performance (excluding MIU) is 7.8% below plan, 48.6% against a trajectory of 56.4%
- There has been a 2.54% increase in ambulance delays >60 minutes
- ED occupancy frequently reported at over 200%. Sustained pressure on both ED departments

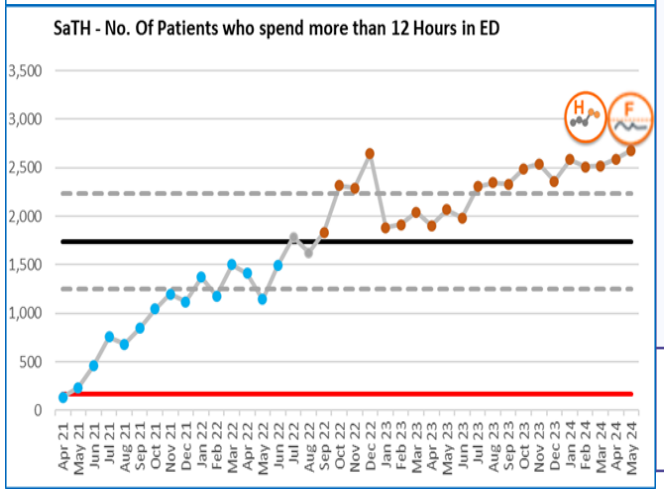
Recovery actions:	**Anticipated impact and timescales for improvement:**
• Post CareFlow deployment optimisation review • Standardisation of ward flow management process • Short stay test of change • Improve response time to referrals on the AMU & Medical wards – mapping exercise of current referral processes to determine optimum process • Re-launch of SDEC access criteria/education to increase utilisation • Promotion of the Internal Professional standards • Test of change week - paediatric pathways • Introduction of Frailty Assessment Units on both sites 8th July (post IA)	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

The Shrewsbury and Telford Hospital NHS Trust





Summary:

The NCTR data is currently undergoing validation following the EPR implementation. As a result, the NCTR data is not available for this report. The number of patients over 21 days has increased slightly from 103 in April to 98 in May. The number of patients waiting in ED for over 12 hours continues to be extremely high. This is due to our continued significant bed gap. Average total LOS has reduced from 9.9 days to 7.6 days in May. Simple LOS has reduced from 5.5 days to 5 days in May. Patients on PW0 are staying on average 5.5 days and patients on complex pathways (1-3) staying 14.1 days.

Tier 1 workstreams include a 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:

- Tier one meeting structure is in place with PiDs developed for the 5 areas of focus as a system - care coordination and alternatives to ED, 4-hour performance, acute medicine and internal professional standards, system wide frailty and system discharge
- Flow workstream actions on track against each PiD within the Medicine Transformation Programme.
- Continued focus on the IDT and therapy processes to reduce the length of time between NCTR and discharge
- Roll out to all wards the deconditioning change model, piloted on ward 26

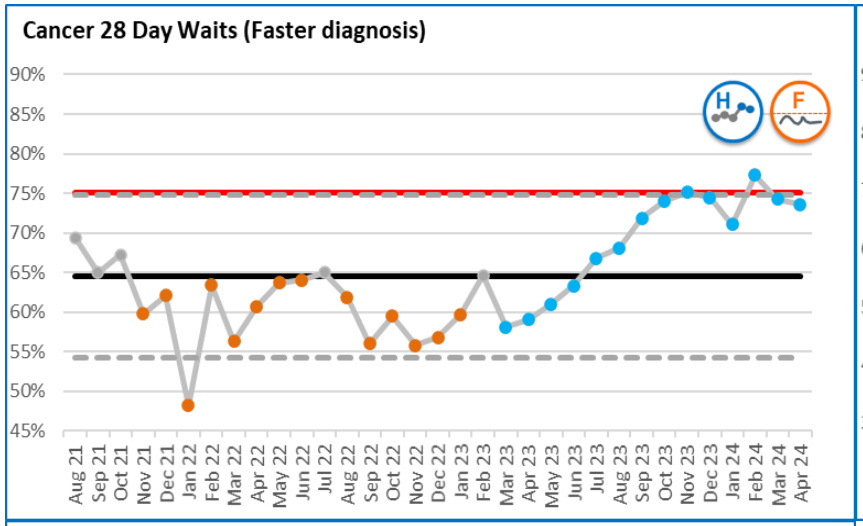
Anticipated timescales for improvement:

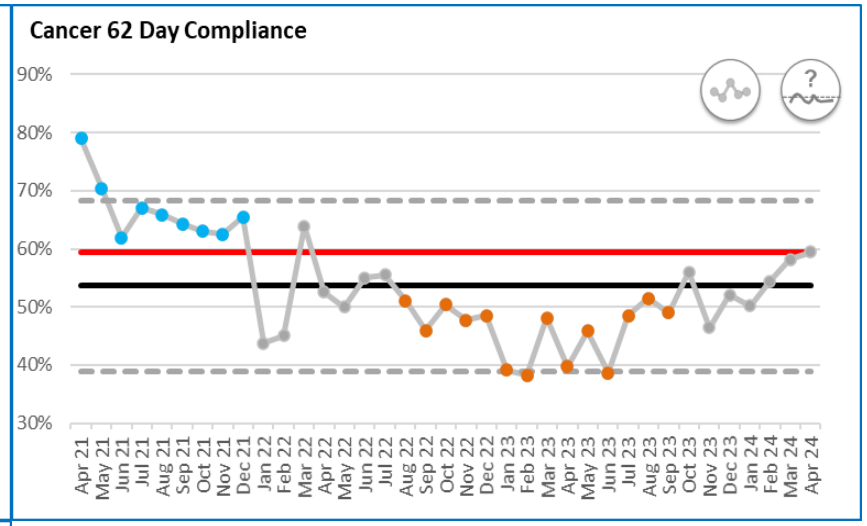
July 24

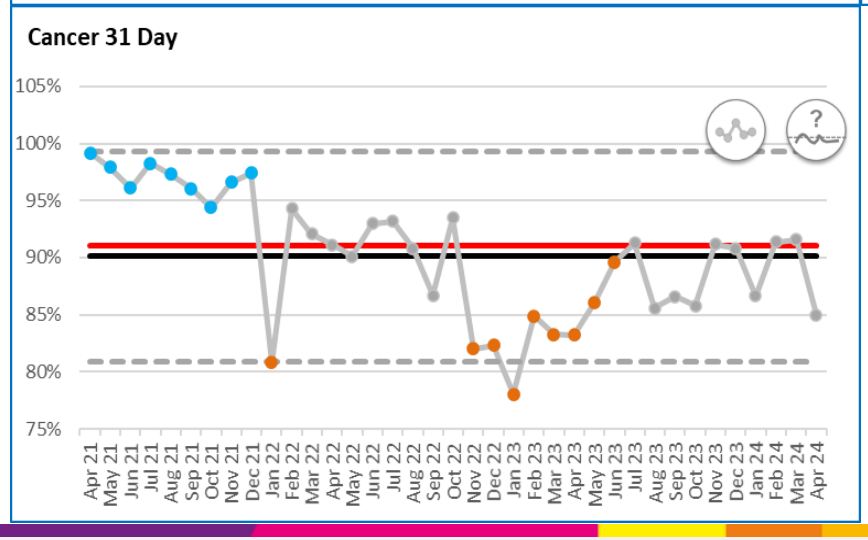
Recovery dependencies:	PW1, 2 and 3 capacity to support complex discharge pathways. Medical decision makers to support discharge decisions available on all wards throughout the day.

Operational – Cancer performance

The Shrewsbury and Telford Hospital NHS Trust







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 May was 303 against a trajectory of 197. The validated FDS position for April was 73.6% against the national target of 75%. The current unvalidated FDS position for May is 68.1% with 88.6% data completeness.

Recovery actions:
We are now in NHSE Tier 2 management and weekly meetings continue to be in place. Pathway deep dives have taken place in all cancer sites. Capacity at Tertiary Centres for surgery is impacting on pathways resulting in additional delays for treatment and delays in receiving histology results. There are workforce constraints within Haematology, Oncology 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 recruited and will join the team in the Autumn. The most affected Oncology sites are Urology (improved to 14 week wait at the end of May) and Colorectal (improved to 3-4 week wait). A GPwSI has been identified to support the non-site-specific pathway (NSS) from June/July in Q1 and is completing preparatory formalities and contracting processes. Demand for Local Anaesthetic Trans-perineal Prostate biopsies (LATP) remains high however WMCA funding support for additional insourcing ceased at the end of March. There is a weekly capacity/demand shortfall of 12 patients and as such the Urology backlog is expected to increase. In addition, all funding supporting backlog reduction stopped on 31st March and there is a risk that backlogs will rise unless prompt decisions are made on the allocation of ERF. Delays following the recruitment freeze are affecting all Divisions, all describing risks to maintaining improvement in cancer performance due to delays in appointing to essential posts, some of which are dependent on backfilling. Funding bids have been submitted to both NHSE & WMCA to support performance – the outcome of which are still pending.

Anticipated impact and timescales for improvement:

18-Weeks insourcing contract negotiations to be completed during May so that activity can be scheduled.

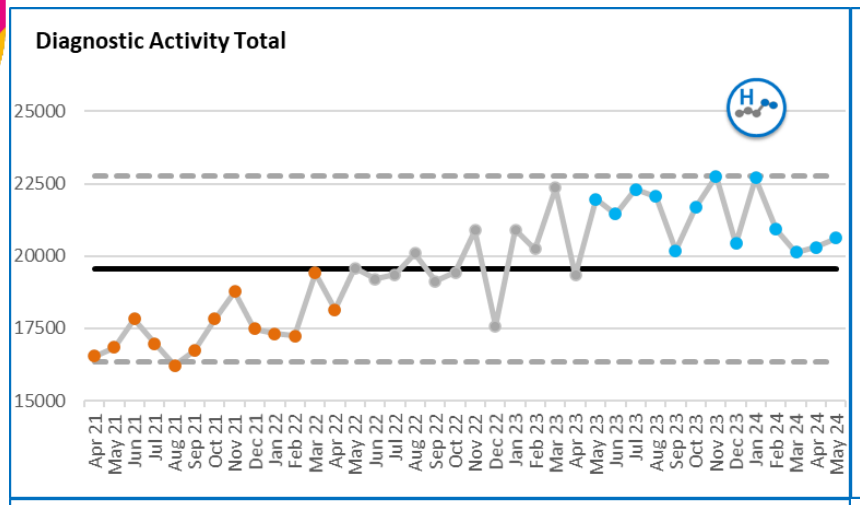
WMCA & NHSE 2024/25 funding due to be confirmed end of Q1.

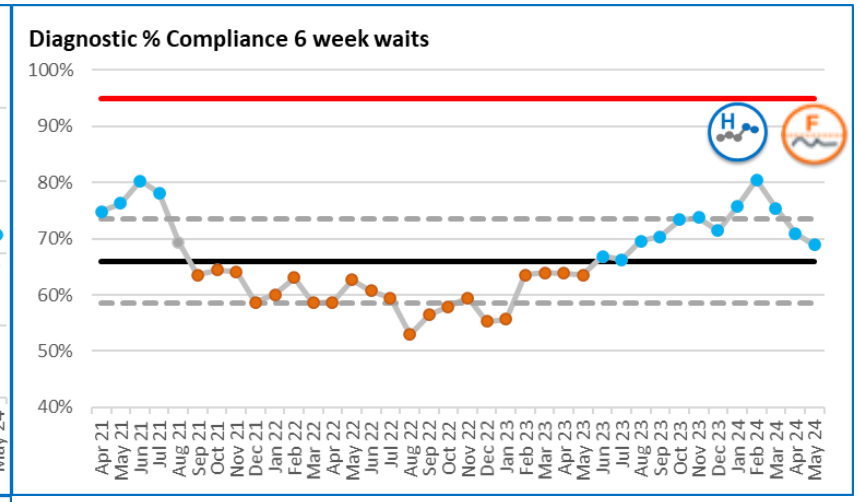
ERF funding confirmed 3rd May so that activity can be scheduled.

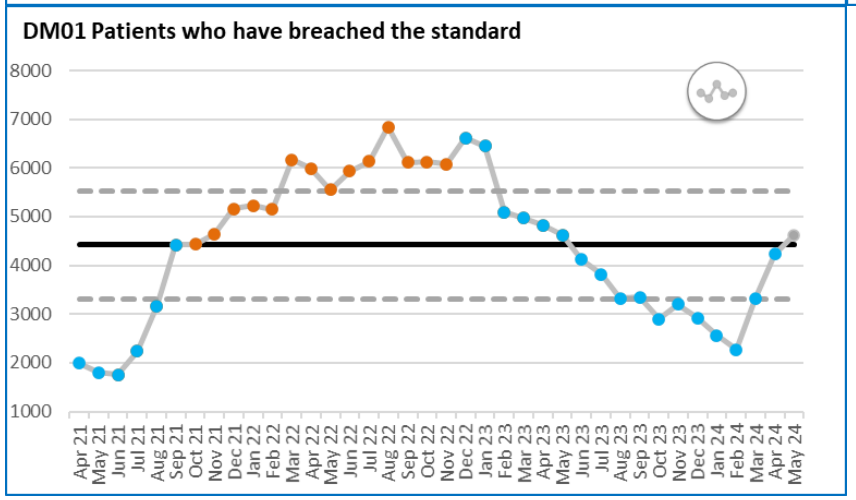
Recovery dependencies:	ERF funding. 18-week insourcing. WMCA & NHSE funding allocations for 2024/25.

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 imaging position for April was 78.8% and the submitted position for May is 75.3%. Radiology reporting delays remain of concern in some areas due to high demand and specialist skills needed (mpMRI). MRI reporting turnaround times are:- USC 1-2 weeks, urgent 2-4 weeks, and routine tests at 3-4 weeks. CT reporting times are; USC 2-3 weeks, urgent 5-6 weeks and routine at 5-6 weeks. NOUS reporting times are; USC 2-3 weeks, urgent 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 NOUS
- 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. The sustainable endoscopy workforce business case has been approved and will be mobilised by the end of May.
- 13w waits are a particular concern in the following areas: audiology assessment, echo, uro-dynamics and colonoscopy.

Recovery actions:

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. ERF funding has also been provided to focus on FDS to improve performance levels over the next 6 months. 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 75% at the end of May. NOUS performance being 79%, CT scanning performance at 95% and MRI at 64%. MRI performance was impacted by high levels of absence within the team during March and April, plans are now being enacted to recover this. Process for avoiding RTT breaches is in place with daily calls attended by radiology and the operational teams. Daily calls are also in place between radiology and the gynaecology booking team to ensure all capacity is utilised for PMB USS. The sustainable endoscopy business case has been approved and is a 3-year programme of work requiring support from an IS provider pending recruitment to substantive posts and lead time for training until endoscopy practitioners become independent. DM01 for Endoscopy is 88.2%.

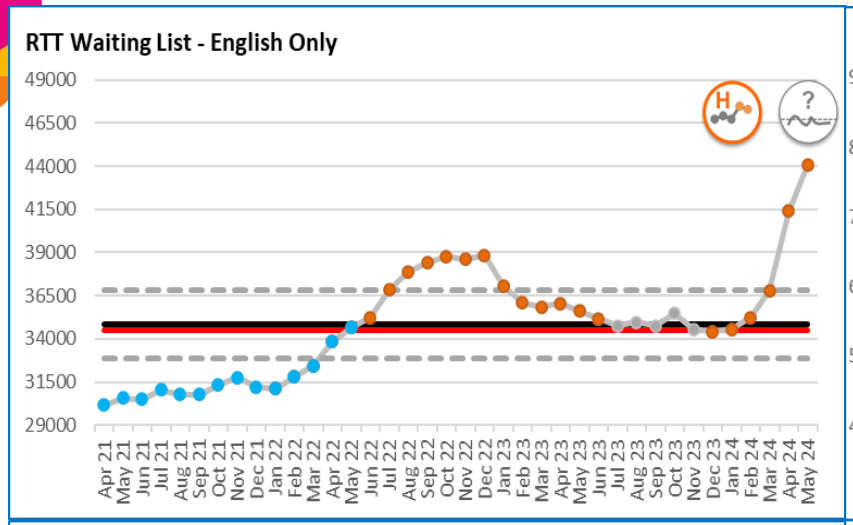
Anticipated impact and timescales for improvement:

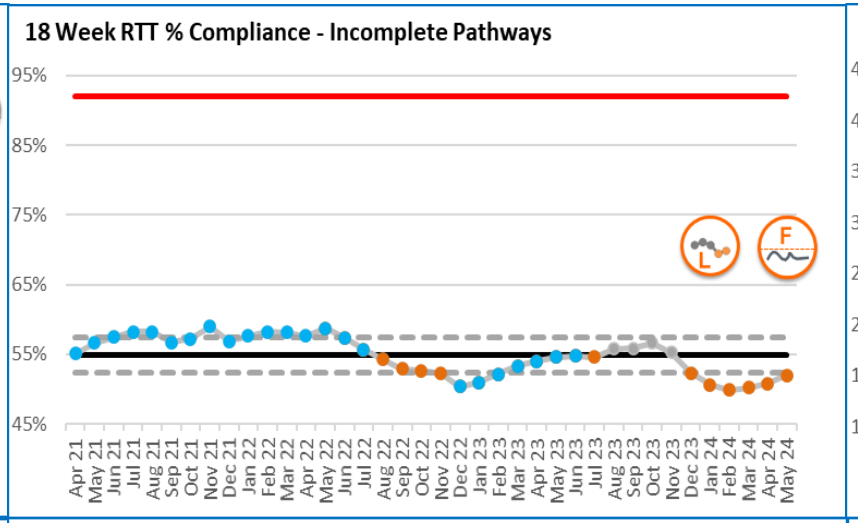
Additional insourcing from '18 Weeks' to support endoscopy DM01 at weekends has been supported through the ERF. There is ongoing recruitment for radiologists, radiographers and sonographers. The second cohort of 10x band 5 international radiographers are in post and undergoing a full induction, with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

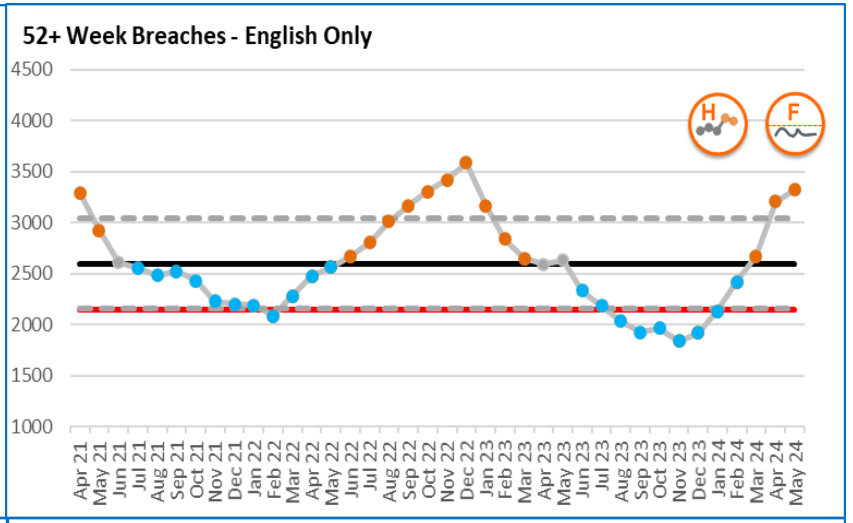
1 additional Radiologist specialising in head, neck and neurology has been recruited and joined the department in April. We are also recruiting a further 2 radiologists, as 2 consultants will be leaving the trust in August. Use of agency and bank staff to cover workforce gaps and insourcing for US is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

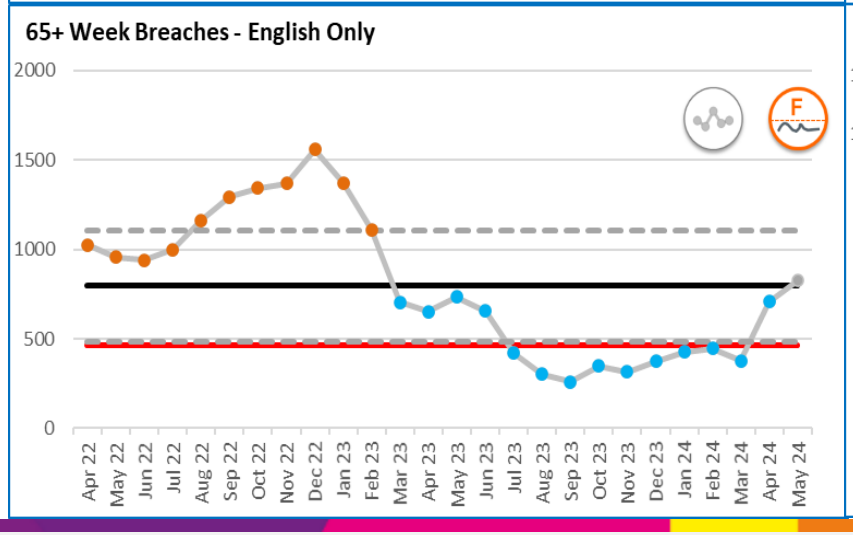
Operational – Referral to treatment (RTT)

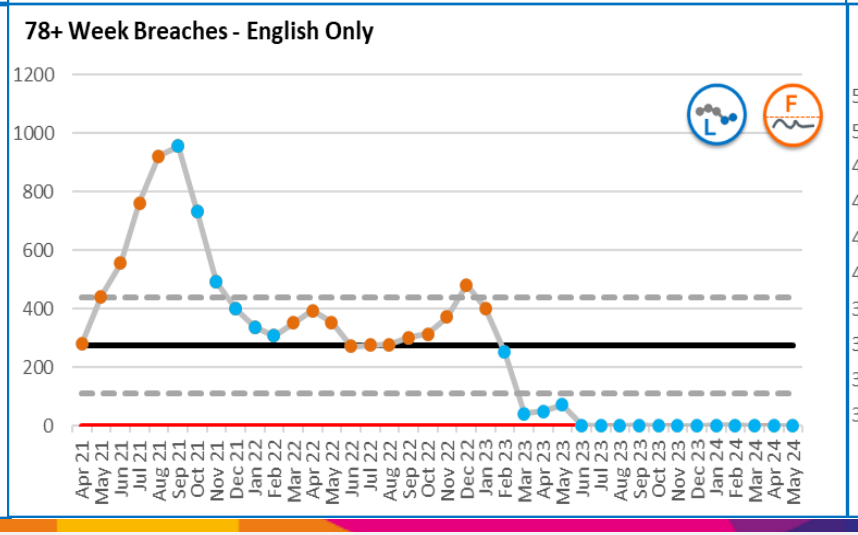
The Shrewsbury and Telford Hospital NHS Trust

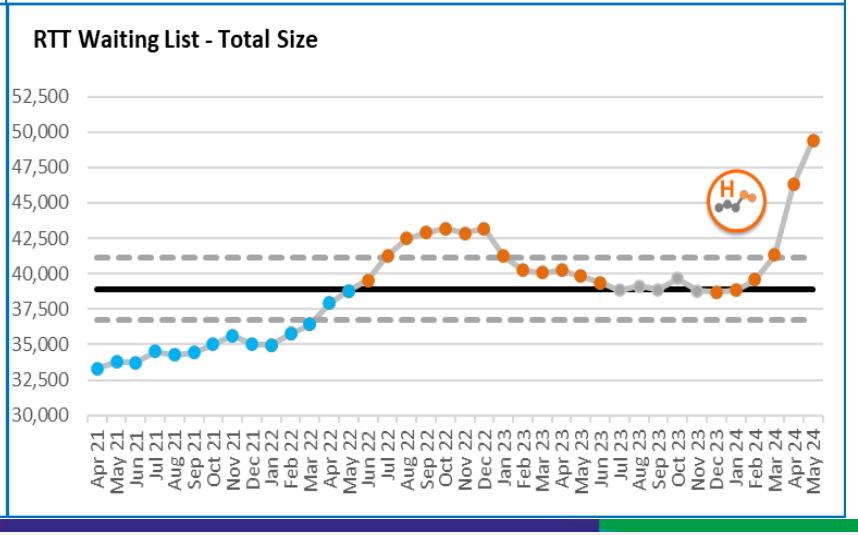












Partnering Ambitious Caring Trusted

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

Operational – Referral to treatment (RTT)

The Shrewsbury and Telford Hospital NHS Trust

Summary:
There has been another increase in the total waiting list in May which continues to exceed control limits. This is due to the implementation of Careflow and data migration. There is a slight improvement in overall 18-week RTT percentage compliance. 78-week breaches remain low with 1 Welsh Patient breaching 78 weeks. 65-week breaches have increased in month, again due to data migration. The PTL was subject to intense validation for the last two weeks in May, but this needs to continue. Teams have been asked to validate down to 46 weeks to ensure the 65-week September cohort is captured by the end of June. SaTH is continuing to see an increase in wait list size due to pathways being reactivated, which is a training issue we are working on. Faster recovery is constrained by persisting emergency flow pressures across both sites and the lack of additional Elective capacity. Theatre staffing also remains a constraint which includes the provision of supernumerary periods for new staff as we are unable to open additional lists. Faster recovery is expected in June with the commencement of 18-week support and the opening of the Surgical Elective Hub at PRH. RJAH continues to support as an extension of the winter plan. In the month of May, Ward 5 continued to support Elective day case activity.

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 workforce restructure has been completed and recruitment ongoing. There are still several supernumerary staff to complete training, 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. Teams asked to validate to 46 weeks by end of June to ensure 65 weeks September cohort is captured. A task and finish group is being established to look at issues in Careflow. Theatre Utilisation for May was 79% (increase of 1% on previous month). Ongoing monitoring and identification of themes and actions for improvement are discussed at weekly Theatre Look Back Meetings. New Elective Hub opens 10th June.
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 and monitored via Outpatient Transformation meetings. GIRFT Meetings are continuing with specialties supported by Clinical Leads for both Outpatient Transformation and GIRFT.

Anticipated impact and timescales for improvement:
Teams have been asked to validate down to 46 weeks to ensure the 65-week September cohort is captured by the end of June and should result in reduction of numbers on the PTL.

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

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.

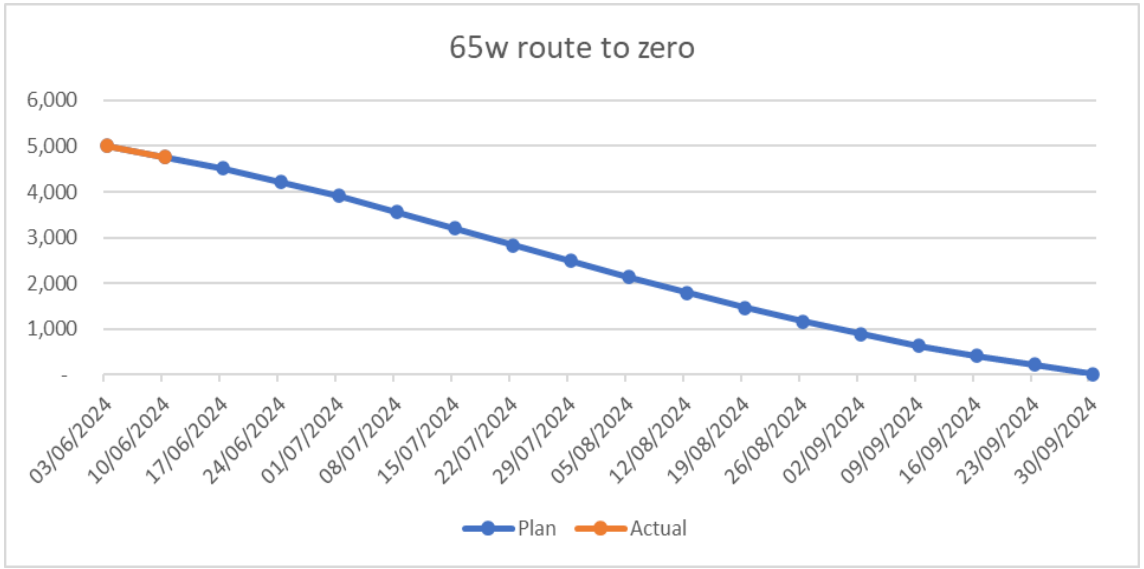
Recovery dependencies:	Availability of suitable bed base for elective orthopaedic surgery; UEC pressures; reduction of patients with no criteria to reside to further reduce medical escalation, WLI, impact of further industrial action.

Operational – 65 plus Weeks Trajectory

The Shrewsbury and Telford Hospital NHS Trust

This chart shows (unvalidated) delivery against the improvement trajectory for patients booked to enable the Trust to deliver the target of zero patients waiting over 65 weeks by the end of September 2024. Work continues to track the below at specialty level to identify areas where additional support is needed and performance is monitored through weekly meetings with the specialties.

	65+ Weeks cohort actuals (all stages)									
TOTAL COHORT (All Stages)	28/04/2024	06/05/2024	13/05/2024	20/05/2024	27/05/2024	03/06/2024	10/06/2024	17/06/2024	24/06/2024	01/07/2024
ACTUAL TOTAL - 65+ Week Cohort	20,281	20,205	19,832	19,427	18,906	18,409	17,970			
% Actual Movement	#DIV/0!	-0.4%	-1.8%	-2.0%	-2.7%	-2.6%	-2.4%			
	Of which; Patients awaiting a first appointment breakdown									
65+ Week Cohort - Split by Stage	28/04/2024	06/05/2024	13/05/2024	20/05/2024	27/05/2024	03/06/2024	10/06/2024	17/06/2024	24/06/2024	01/07/2024
Milestone 1 *(awaiting 1st appt)*	12,006	11,916	11,678	11,349	10,951	10,596	10,245			
Milestone 2/Other *(follow-up/diagnostic stages/validation)*	3,451	3,513	3,473	3,490	3,482	3,451	3,447			
Milestone 3 *(awaiting admission)*	4,824	4,776	4,681	4,588	4,473	4,362	4,278			
Milestone 1 Trajectory *(awaiting 1st appt)*	0	0	0	0	0	0	0	0	0	0
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	12,006	11,916	11,678	11,349	10,951	10,596	10,245	0	0	0
Patients undated	10,705	10,647	10,402	13,423	13,141	9,231	8,592			
Patients dated	1,301	1,269	1,276	1,416	1,292	1,365	1,653			
Patients dated by month:										
Apr-24	181									
May-24	1,057	1,090	1,015	894	424					
Jun-24	62	177	255	490	802	1,205	1,058			
Jul-24	1	2	5	30	61	156	584			
Aug-24	0	0	0	1	2	1	8			
Sep-24	0	0	0	0	1	1	1			
Oct-24	0	0	1	1	2	2	2			
Nov-24	0	0	0	0	0	0	0			
Dec-24	0	0	0	0	0	0	0			
Jan-25	0	0	0	0	0	0	0			
Feb-25	0	0	0	0	0	0	0			
Mar-25	0	0	0	0	0	0	0			
>1st April 2025	0	0	0	0	0	0	0			
Actual Patients After Sept Tracking	0	0	1	1	2	2	2	0	0	0
Patients after Sept traj	0	0	1	2	3	4	5	6	7	8
Undated Tracking	10,705	10,647	10,402	13,423	13,141	9,231	8,592	0	0	0
Undated Trajec	0	0	1	2	3	4	5	6	7	8



Partnering Ambitious Caring Trusted

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

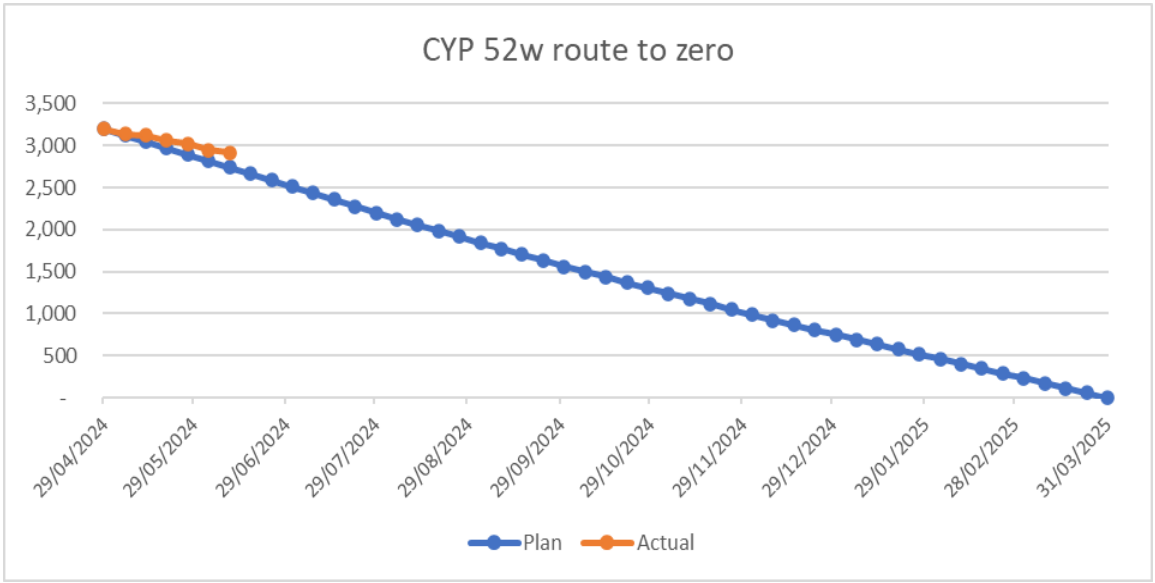
Operational – 52 plus Weeks for CYP cohort

The Shrewsbury and Telford Hospital NHS Trust

In addition to tracking overall patient cohorts, we also continue to track our children and young people cohort who have been waiting 52 weeks or more by 31st March 2025. Ensuring we can provide targeted support in booking these patients earlier in the year will prevent unavoidable delays and ensure parity with adult recovery. Performance against the booking of these patients is monitored on a weekly basis and is also being tracked at a specialty level.

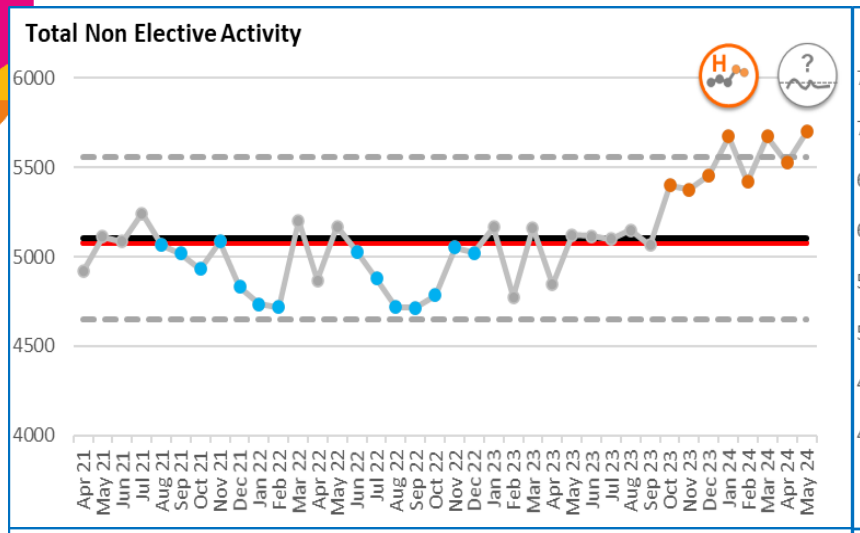
	52+ Weeks cohort actuals (all stages) for CYP patients									
TOTAL COHORT (All Stages)	28/04/2024	06/05/2024	13/05/2024	20/05/2024	27/05/2024	03/06/2024	10/06/2024	17/06/2024	24/06/2024	01/07/2024
ACTUAL TOTAL - 52+ Week CYP Cohort	3,201	3,137	3,123	3,057	3,022	2,946	2,912			
% Actual Movement	#DIV/0!	-2.0%	-0.4%	-2.1%	-1.1%	-2.5%	-1.2%			

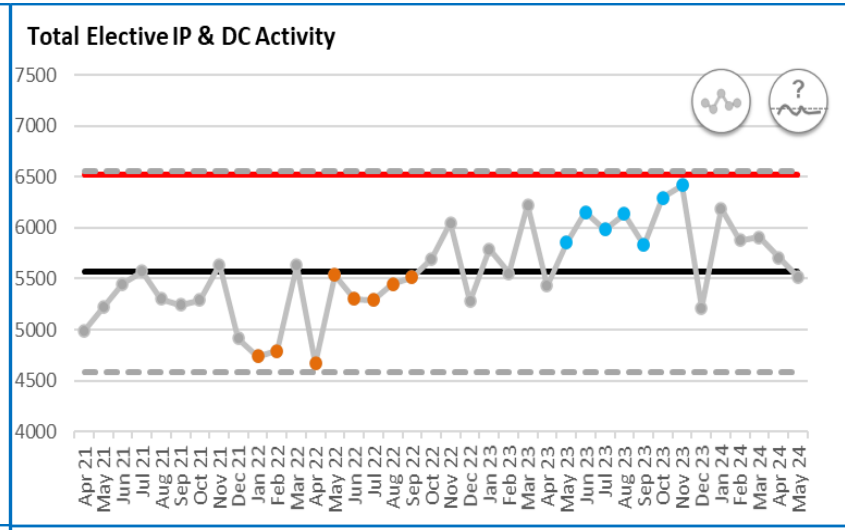
	Of which; Patients awaiting a first appointment breakdown									
52+ Week CYP Cohort - Split by Stage	28/04/2024	06/05/2024	13/05/2024	20/05/2024	27/05/2024	03/06/2024	10/06/2024	17/06/2024	24/06/2024	01/07/2024
Milestone 1 *(awaiting 1st appt)*	2,613	2,566	2,550	2,480	2,434	2,369	2,246			
Milestone 2/Other *(follow-up/diagnostic stages/validation)*	150	151	148	176	188	190	203			
Milestone 3 *(awaiting admission)*	438	419	425	401	400	387	463			
Milestone 1 Trajectory *(awaiting 1st appt)*										
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	2,613	2,566	2,550	2,480	2,434	2,369	2,246			
Patients undated	2,183	2,156	2,172	2,291	2,284	2,001	1,756			
Patients dated	430	410	378	365	338	368	490			
Patients dated by month:										
Apr-24	51									
May-24	349	349	294	235	125					
Jun-24	30	60	81	123	198	348	295			
Jul-24	0	1	3	7	14	19	190			
Aug-24	0	0	0	0	1	1	5			
Sep-24	0	0	0	0	0	0	0			
Oct-24	0	0	0	0	0	0	0			
Nov-24	0	0	0	0	0	0	0			
Dec-24	0	0	0	0	0	0	0			
Jan-25	0	0	0	0	0	0	0			
Feb-25	0	0	0	0	0	0	0			
Mar-25	0	0	0	0	0	0	0			
>1st April 2025	0	0	0	0	0	0	0			
Actual Patients After Sept Tracking	0	0	0	0	0	0	0	0	0	0
Undated Tracking	2,183	2,156	2,172	2,291	2,284	2,001	1,756	0	0	0
Actual Patients After Sept Tracking + Undated	2,183	2,156	2,172	2,291	2,284	2,001	1,756	0	0	0

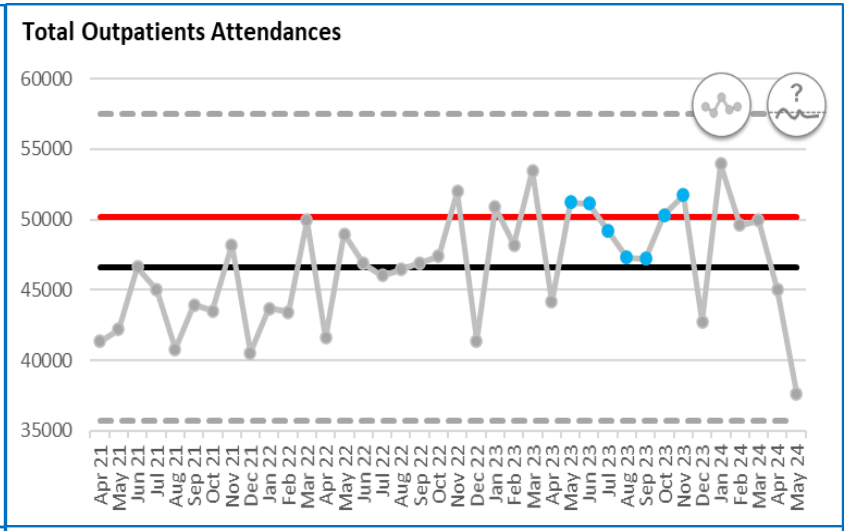


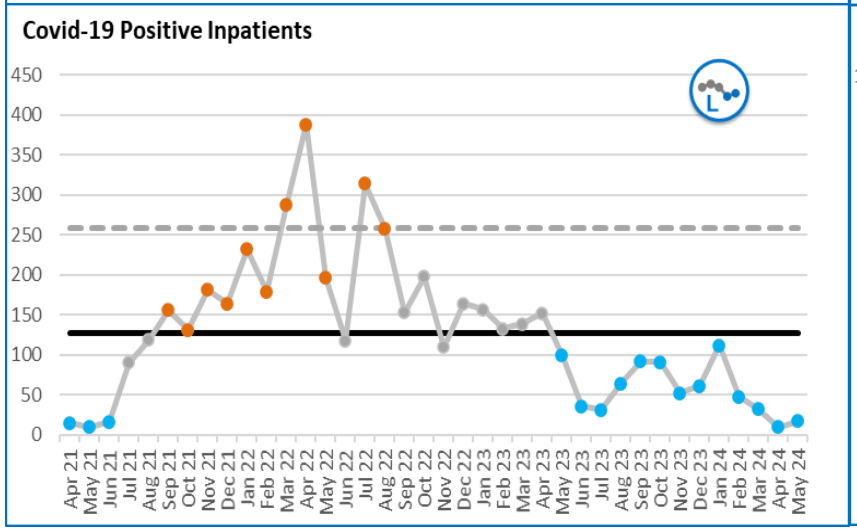
Operational - Activity

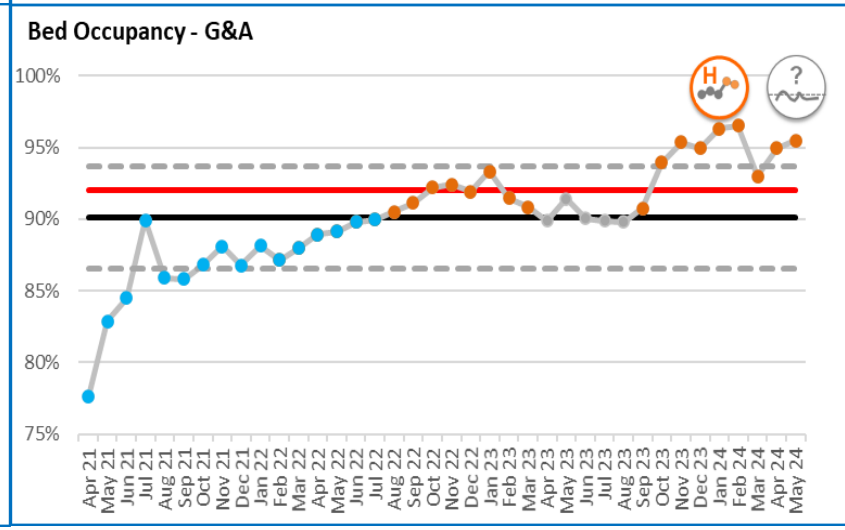
The Shrewsbury and Telford Hospital NHS Trust

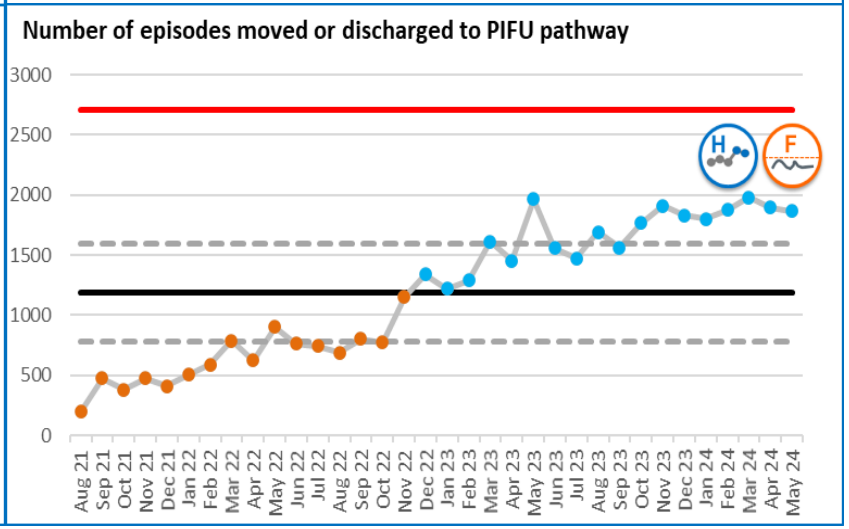












Well Led

Executive Lead:

Director of People and Organisational Development

Rhia Boyode

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Trend
Well Led	WTE employed		-	-	6549	6619	6665	6744	6890	6990	7043	7089	7081	7100	7114	7107	7117	
	Temporary/agency staffing		-	-	1113	1013	1054	1106	1046	1033	1027	952	1003	1017	1010	887	880	
	Staff turnover rate (excluding Junior Doctors)		0.8%	0.75%	0.8%	1.2%	0.9%	0.9%	1.3%	0.8%	0.5%	1.1%	0.8%	0.7%	1.1%	0.7%	0.9%	
	Vacancies - month end		10%	<10%	6.9%	4.5%	5.2%	4.7%	2.7%	2.5%	1.8%	1.8%	2.1%	2.4%	2.1%	6.0%	5.8%	
	Sickness Absence rate		4%	4%	4.7%	4.7%	5.3%	5.1%	5.5%	5.4%	5.1%	5.5%	5.9%	5.5%	5.0%	5.1%	5.0%	
	Trust - Appraisal compliance		90%	90%	83.1%	83.5%	83.6%	83.6%	82.2%	82.0%	81.2%	80.0%	79.7%	78.8%	80.0%	78.4%	78.4%	
	Trust Appraisal – medical staff		90%	90%	93.0%	93.3%	93.8%	94.2%	93.1%	92.3%	92.8%	92.6%	92.9%	93.4%	94.1%	93.0%	93.2%	
	Trust Statutory and mandatory training compliance		90%	90%	92.1%	92.5%	92.2%	92.2%	92.0%	91.1%	91.7%	92.2%	92.7%	92.7%	92.5%	91.5%	91.5%	
	Trust MCA – DOLS and MHA		90%	90%	83.7%	82.2%	80.4%	79.8%	79.5%	79.4%	78.1%	78.0%	77.8%	78.4%	80.8%	79.7%	79.4%	
	Safeguarding Children - Level 2		90%	90%	93.4%	93.7%	94.9%	94.6%	94.9%	95.5%	95.4%	95.7%	95.4%	95.2%	95.2%	94.7%	89.2%	
	Safeguarding Adult - Level 2		90%	90%	95.1%	95.1%	91.1%	95.0%	95.1%	95.3%	95.4%	95.7%	95.3%	95.2%	94.8%	93.9%	87.9%	
	Safeguarding Children - Level 3		90%	90%	76.3%	83.9%	93.7%	87.6%	87.9%	87.7%	88.1%	90.3%	88.9%	89.4%	90.0%	88.4%	83.4%	
	Safeguarding Adult - Level 3		90%	90%	90.9%	91.1%	86.2%	92.4%	90.5%	91.3%	91.1%	90.3%	89.6%	89.8%	89.1%	87.3%	82.9%	
	Monthly agency expenditure (£'000)		-	-	4277	3646	3750	3856	3490	3612	3638	3230	2985	2654	1448	2400	1918	

Workforce Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

2024/25 Workforce Plan – Month 2 – The total workforce remains under plan in May by 188 WTE. The substantive workforce is marginally above plan by 1.3 WTE. The planned reductions agreed in the operational plan commence from Q2, teams are managing their vacancies each week to support delivery of planned levels. Bank usage remains under plan by 59 WTE however increased by 10 from month 1. Agency has continued to decrease by 16 WTE from month 1. Nursing agency has decreased as the final internationally educated nurse cohorts filter into our wards. Consultant temporary workforce also reduced marginally in month 2.

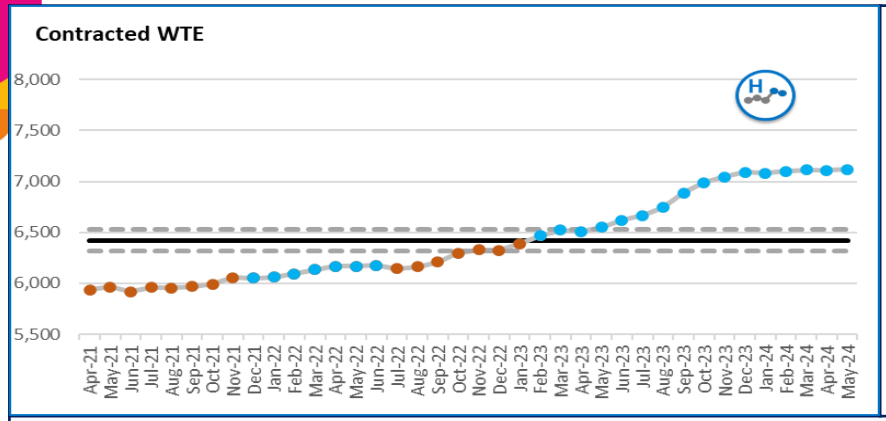
Turnover – Turnover is above last month's position at 10.9% (rolling 12-month position). Our in month turnover rate of 0.87% equates to 85 WTE leavers in May 2024 however several staff groups continue to have a higher turnover rate. Retention remains a clear priority for the Trust.

Wellbeing of our staff – Our overall sickness rate has reduced to 5.0%, which equates to 355 WTE remaining above target by 1.0% (73 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 25% of calendar days lost in May equating to 87 WTE. 13% of sickness was attributed to other known causes with other musculoskeletal at 12%. The average number of days absent per sickness episode in May increased to 7.7 days.

Agency and temporary staffing – our price cap compliance remains at 70%, we expect this to improve from June as we have a significant price reduction for our nursing agencies following agreement with our framework, this will support further compliance. We are 100% compliant in our framework usage. The key focus is to implement the NHS Professionals National Bank scheme which will further support agency reductions within Q2. The key focus for our medical workforce is to implement the West Midlands Cluster agency target rates which will reduce price of medical agency. This is expected to be in place over the three months. Our Nursing agency will continue to reduce as we fill vacancies and keep them to minimal levels. We have recently interviewed 66 appointable student nurses which will aid a vacancy position and reduce agency. We are now putting in place a practice of reviewing all requests for agency which will be monitored through daily panels.

Workforce – Contracted WTE

The Shrewsbury and Telford Hospital NHS Trust



Summary:

Contracted figure of 7,117 in May, which is an increase of 10 WTE in month.

Overall reduction in temporary staffing usage of 7 WTE in May with a reduction in agency use of 17 WTE and an increase in bank of 10 WTE.

This reflects the anticipated reductions as internationally educated nurses complete their training and agency usage continues to be rigorously reviewed. Further reductions are expected over the coming months as there are currently 18 WTE internationally educated nurses in their supernumerary training period.

Recovery actions:

- We are working introduce a process for approving capped rate shifts to be escalated to agency which will be introduced over the coming months
- Our strengthened governance arrangements continue to support initiatives to reduce agency use whilst maximising our existing substantive and bank workforce
- Our new roster scorecard dashboard has now been launched which will help to monitor workforce utilisation and efficiency
- We are developing further reporting functionality around annual leave to provide additional rigor around compliance and appropriate allocation
- Maximising opportunities to automate our workforce systems continues to be a priority with on-going development of automated alerts to monitor and address data quality anomalies to provide assurance our workforce data is accurate and of high quality
- We are introducing weekly pay for medical bank which aligns to our non-medical offering and helps encourage uptake of medical bank duties
- We continue to progress with work to increase the lead-time for our roster approvals from 6 weeks to 8 weeks
- Our new partnership with NHSP National Bank will further help in reducing our non-medical agency usage over the coming months
- We have commenced with the introduction of Loop which is the predecessor of employee on line. This new platform provides an enhanced mechanism for individuals to review their shifts and supports utilisation of our digital systems.

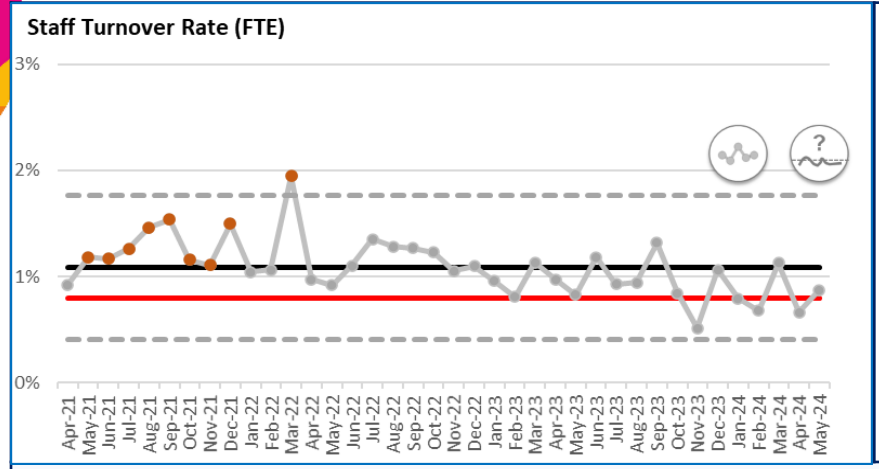
Anticipated impact and timescales for improvement:

Key priorities for People Plan 2024

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

Workforce – Staff Turnover Rate

The Shrewsbury and Telford Hospital NHS Trust



Summary:

The rolling 12-month turnover rate for May increased to 10.9% which equates to 712 WTE leavers. An in month turnover rate of 0.87% equates to 85 WTE leavers in May.

Staff groups where turnover is above 10.9% include Add Prof Scientific and Technic (13.6%), which is attributable to pharmacy staff leaving, Allied Health Professionals (13.1%) and Additional Clinical Services (12.6%).

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 119 WTE leavers over the last 12 months and relocation the second highest reason with 107 WTE leavers.

Recovery actions:

- Work has commenced on designing and reviewing our stay conversation framework taking learning from SCHT and The Black Country. We have also agreed the pilot areas for HCA stay conversations.
- We have sought senior leaders across the Trust as part of development supports and attends one of the staff networks to further understand colleague experiences and our role in supporting the right culture and living our values.
- We continue to work with IT to develop our processes for colleagues who need reasonable adjustments, so these happen in a timely and supportive manner.
- Further work to improve training for investigation officers and panel members with keen focus on systemic discrimination and racism in its covert form to improve investigation processes.
- Working with Facilities to explore options to improve nutritious and affordable food options across Trust sites.
- To work with PSIRF team to further review People processes and alignment to PSIRF.

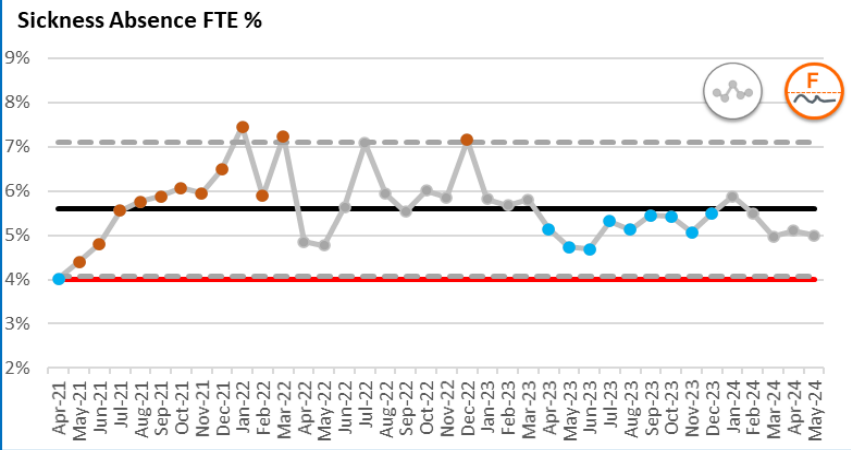
Anticipated impact and timescales for improvement:

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:
May sickness rate reduced to 5.0% (355 WTE) remaining above target by 1.0% (73 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 25% of calendar days lost in May equating to 87 WTE. 13% of sickness was attributed to other known causes with other musculoskeletal (which does not include back problems) at 12%. The average number of days absent per sickness episode in May was 7.7 days.

Recovery actions:

- We have supported attendance on a national course regarding manager wellbeing conversations at the end of April, We are now developing our training plan on manager wellbeing conversations.
- Our health clinics for staff are designed however we have a risk in respect of resource availability to deliver the sessions. We are reviewing our options to support.
- Mental health continues to be our top reason for absence further work with staff psychology to explore what else we can do to support. Risk with staffing vacancies within the service.
- Working to fully deploy Manager self-service on ESR to further support flexible working. Train of team-based rostering on ward 23.
- Working to embed SafeCare as a digital solution to balance workforce efficiency and deployment alongside quality and safety. A full training programme has successfully been delivered to support this with work continuing to facilitate SafeCare being used as part of bed meetings.

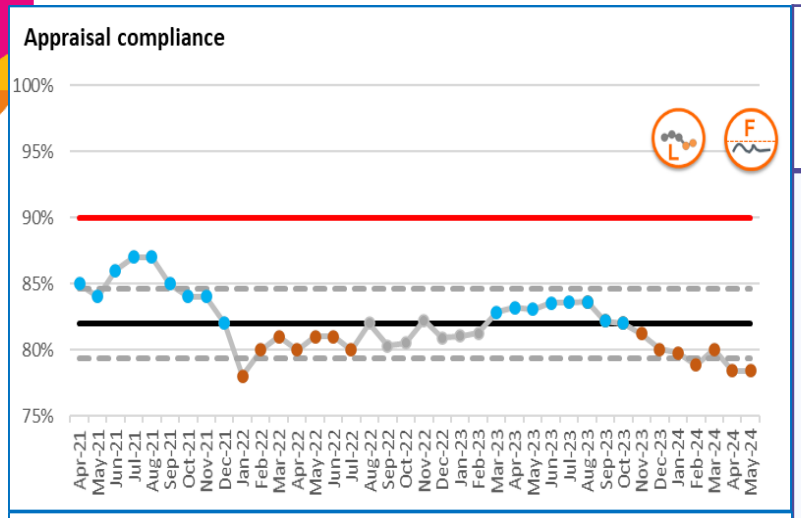
Anticipated impact and timescales for improvement:

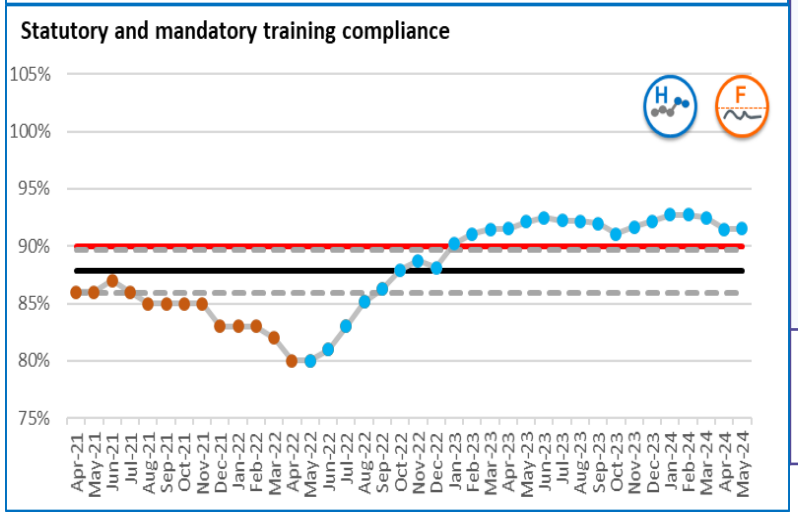
Priority for our 2024/25 people delivery plans.

Recovery dependencies:	To ensure strong leadership behaviours, values to support desired culture during challenging times. Resource availability to support staff health clinics and staff psychology services.

Workforce – Appraisal & Training

The Shrewsbury and Telford Hospital NHS Trust





Summary:
The statutory training compliance rate has remained at 91.51% in May 2024, this remains above the target of 90%. Appraisals are still decreasing and are now at 78.38%.

Recovery actions:
We are exploring how we can expand our relationships with further and higher education to support delivery of training.

Subject to funding availability seeking to align STEP and Galvanise to an accredited programme with Telford college.

Updates to our Talent management processes are being put in place. Mandatory training review continues.

Working with Divisional leadership teams to identify individuals to attend SATH Improvement programmes to support UEC improvement programme.

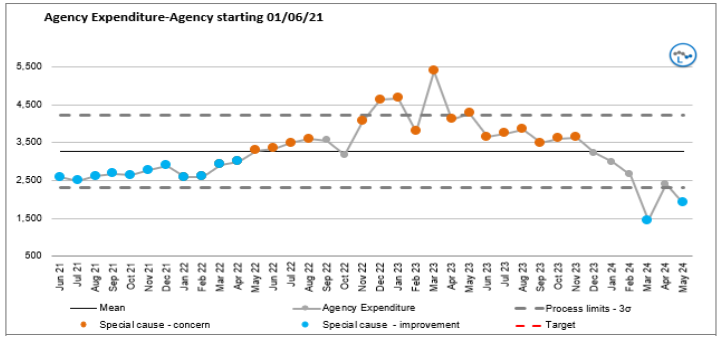
Anticipated impact and timescales for improvement:

Key priorities for People Plan 2024

Recovery dependencies:	Leading by example to support colleagues to undertaking Talent conversations. Divisional leadership support to build capability in improvement methodology.

Agency Expenditure – Monthly

The Shrewsbury and Telford Hospital NHS Trust



Summary:

Reduction of overall agency spend in May. Agency HCAs are now solely supporting escalation areas which has resulted in minimal agency usage for this staff group. Nursing agency has decreased by 17 WTE this month and doctors have decreased by 3 WTE with bank usage remaining the same as last month.

Total medical agency usage has reduced over the last three months and is at the lowest combined levels in last 12 months. There has been a gradual shifts from agency to bank as each specialty reviews their agency usage and delivered their respective plans to reduce top 10 agency workers from Trust. Total nursing agency usage has been reducing significantly since the 18 May as final international cohorts complete their registration.

Recovery actions:

- Rigor around WTE budgets continues requiring either approval through the budget setting round or triple lock approvals – increases in substantive WTE budget all funded or run rate reducing temporary medical staffing – three times a week approval panels jointly chaired by COO and MD/DMD
- Escalation of agency nursing requests beyond capped rates continue to be reviewed at twice daily approval panels with minimal numbers escalated above capped rate
- Currently reviewing process for nursing agency requests to be approved via a panel before releasing to capped rate agency
- We have commenced working with NHSP National Bank to facilitate a migration of non-medical agency workers to join the NHSP bank which will further reduce agency use
- All substantive recruitment continues to be monitored through vacancy control panels at divisional level with executive attendance
- We are 100% compliant with our off-framework agency use and we are working with agency providers to further reduce nursing agency capped rates which will drive further cost reductions over the coming months
- By working with the West Midlands Cluster to implement agency target rates for our medical workforce, we expect to see a reduction in medical agency costs. This will be introduced over the next three months.
- Nurses continue to be automatically auto-enrolled on Trust Bank

Anticipated impact and timescales for improvement:

Continued reduction of agency nursing expected to end of year.

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

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	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Trend
Finance	Cash -end of month cash balance £'000's		-	1,582	10,319	6,517	7,709	2,271	16,537	11,748	14,939	15,038	49,472	54,689	58,400	39,634	
	Efficiency - £000's - in-month delivery		-	693	1110	1121	1086	1027	1138	2010	1317	1978	2400	3506	745	984	
	Year to date surplus/(deficit) £'000		-	(16,909)	(26,359)	(36,151)	(46,086)	(57,447)	(68,661)	(80,155)	(87,977)	(91,696)	(57,673)	(54,583)	(7,213)	(12,930)	
	Year to date capital expenditure £'000			323	917	1,062	1,637	2,497	3,205	4,478	4,951	8,246	9,058	18,423	400	611	

Finance Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

- The Trust submitted an updated finance plan to NHSE on 12th June which showed a deficit plan of £44.3m for the year. This plan is in line with the financial parameters set by NHSE but is yet to be approved and as such should be treated as draft. The Trust has set draft budgets and the performance against the draft budgets is outlined below

- At the end of May (month two), the Trust has recorded a deficit of £12.9m against a planned deficit of £13.0m, thus the Trust have a small surplus at month two

- The key areas of risk remaining to the SaTH financial position are:
  - Delivery of reduction in escalation capacity
  - Delivery of the activity plan within planned resources
  - Delivery of the efficiency programme
  - Delivery of the workforce plan

- SaTH has an efficiency target of £37.7m plus a £7m stretch making a total efficiency plan of £44.7m. Of that £41.0m is expected to be budget reduction and £3.7m is a planned run rate reduction against 2023/24 expenditure. At the end of month two, £1.7m of efficiency savings has been delivered against a plan of £1.8m. It should be noted that the efficiency delivery plan increases monthly and schemes currently being written up need to move to the delivery stage to mitigate the risk of non-delivery of the plan

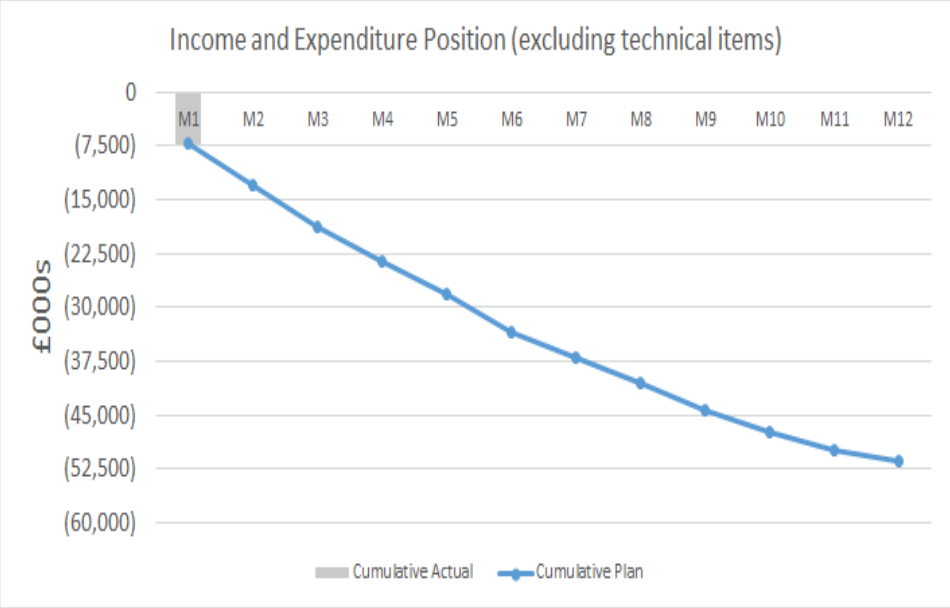
- The Trust continued to record activity income in line with plan at month two due to reporting limitations linked to the EPR replacement. The issues are not significant and are expected to be resolved reasonably quickly

- The Trust has proposed an operational capital programme of £18.4m for 2024/25, of which £0.6m has been spent at month 02

- The Trust held a cash balance at the end of May 2024 of £39.6m

Income and expenditure

The Shrewsbury and Telford Hospital NHS Trust



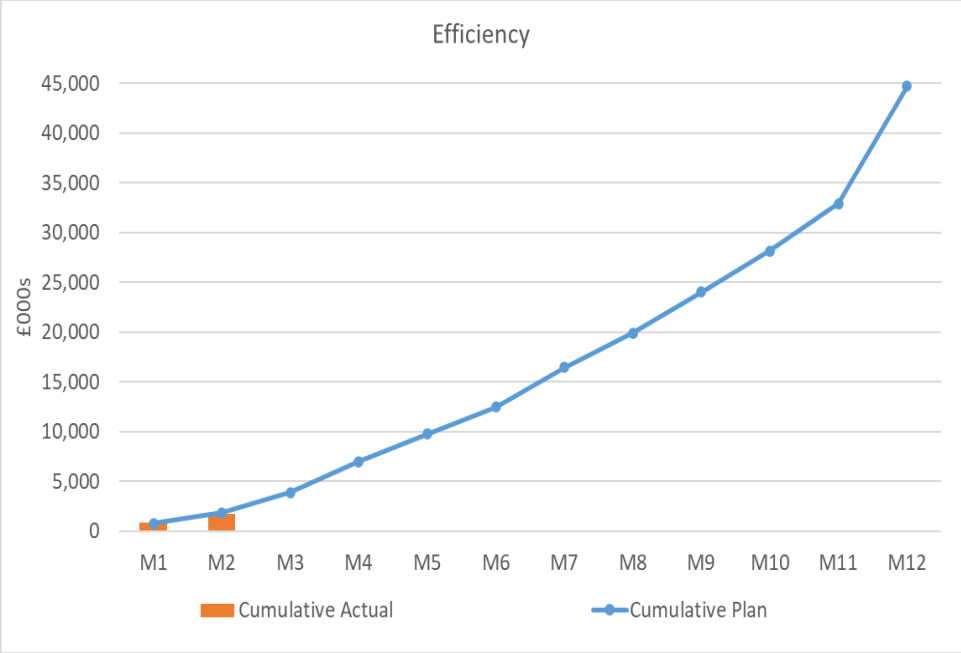
Summary:
The Trust has submitted a financial plan for a deficit of £44.3m in 2024/25 which is in line with the underlying deficit identified in recent years. However, this is yet to be approved by NHSE and should therefore be treated as draft until this is formally approved.

The Trust recorded a year-to-date deficit at month two of £12.9m against a planned deficit of £13.0m, with additional pay expenditure to plan being offset by additional income and lower non-pay expenditure than plan, predominantly in relation to ERF.

Recovery actions:	**Anticipated impact and timescales for improvement:**
Recovery actions remain in 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. - Job planning reviews.	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.

Efficiency



Summary:
The Trust has an efficiency target for 2024/25 of £37.7m plus a £7m stretch. This is comprised of; 2.2% business as usual efficiency (£12.9m), workforce (£10.3m), escalation (£10.8m), run rates savings (£3.7m) and system stretch target (£7.0m).

£1.7m of efficiency savings has been delivered at month two against a plan of £1.8m. It should be noted that the efficiency delivery plan increases monthly and schemes currently being written up need to move to the delivery stage.

Recovery actions:

Efficiency schemes and delivery to be monitored through the weekly executive meeting.

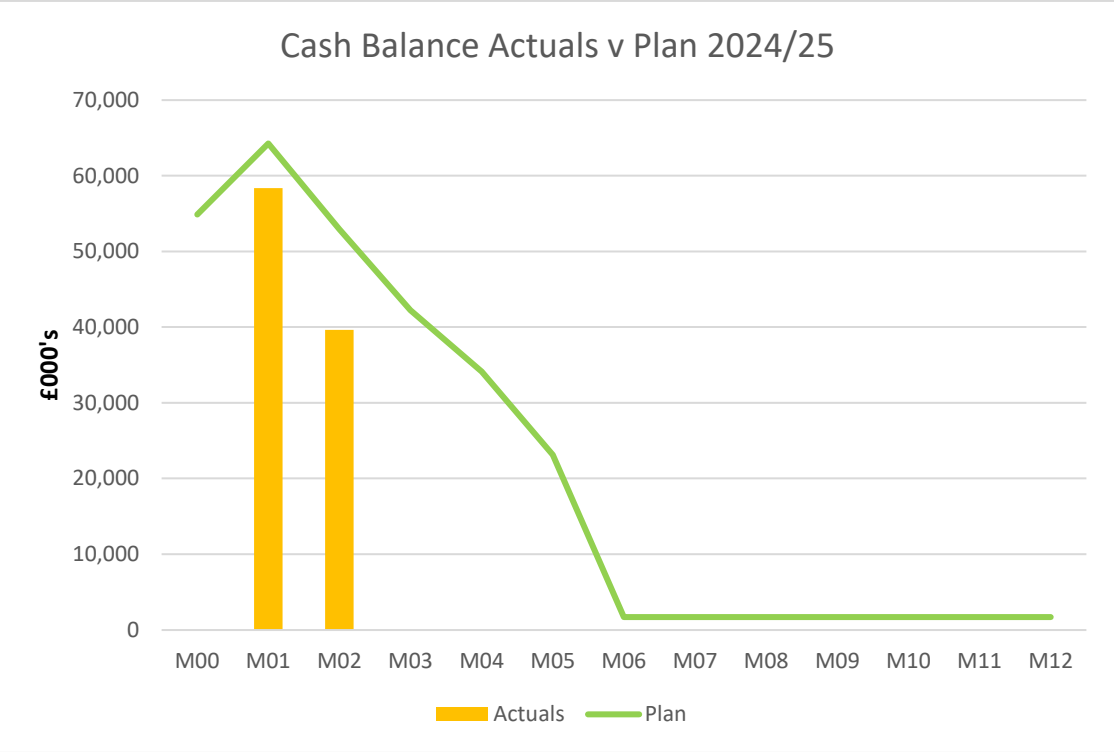
Escalation efficiency to be driven through a combination of system wide and internal interventions with key performance indicators linked to escalation monitored on a weekly basis.

Anticipated impact and timescales for improvement:

Increased delivery expected over the coming months, linked to increased substantive recruitment and international recruited staff no longer being supernumerary as well as procurement and improved productivity.

Recovery dependencies:	Delivery of escalation efficiency (£10.8m) linked to 5 workstreams from UEC transformation programme.

Cash



Summary:

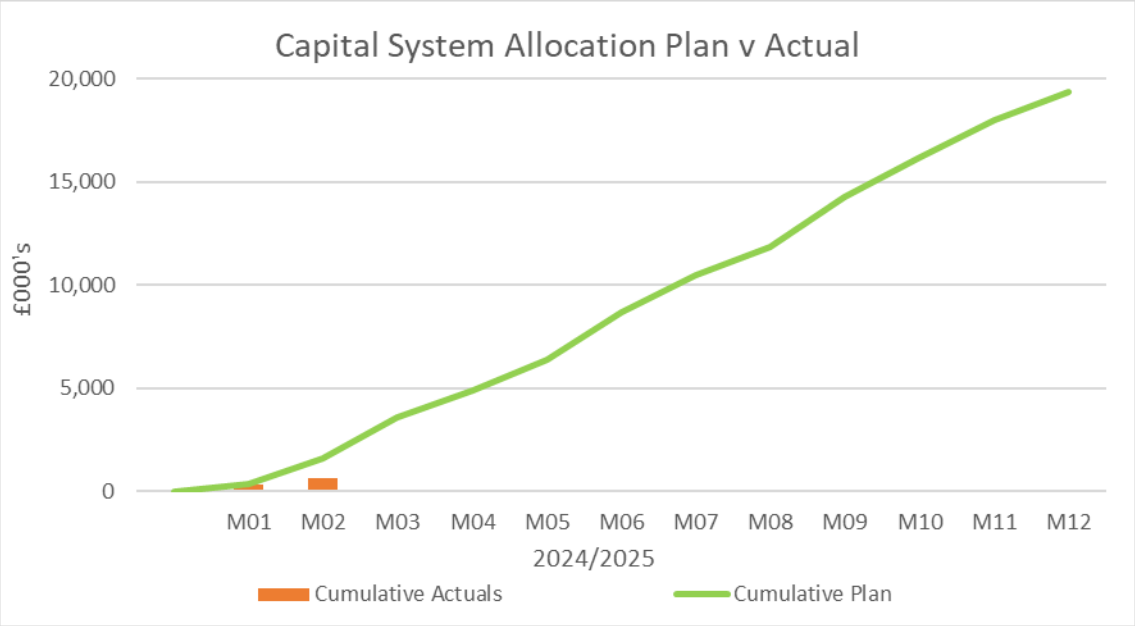
The Trust undertakes monthly cashflow forecasting.

The cash balance brought forward in 2024/25 was £54.9m with a cash balance of £39.6m held at end of May 2024. The high cash balance is due to the deficit support cash that was received in month 12 of 2023/24.

The graph illustrates actuals against the plan. The cash position at end of May is lower than plan and is driven by a change in capital expenditure profile.

Recovery actions: N/A	
Recovery dependencies:	N/A

Capital – System Allocation



Summary:

2024/25 is the third year of the three-year capital allocations given to systems. The SaTH operational capital plan for 2024/25 is £18.4m and has been approved by the Board. It is comprised of estates backlog, digital and replacement equipment.

As the ICB is in financial deficit, a 10% reduction has been applied to the system capital allocation. This has been apportioned across system partners equitably and this reduction has been included in plan resubmission in June.

As at month two £0.6m of expenditure has been incurred.

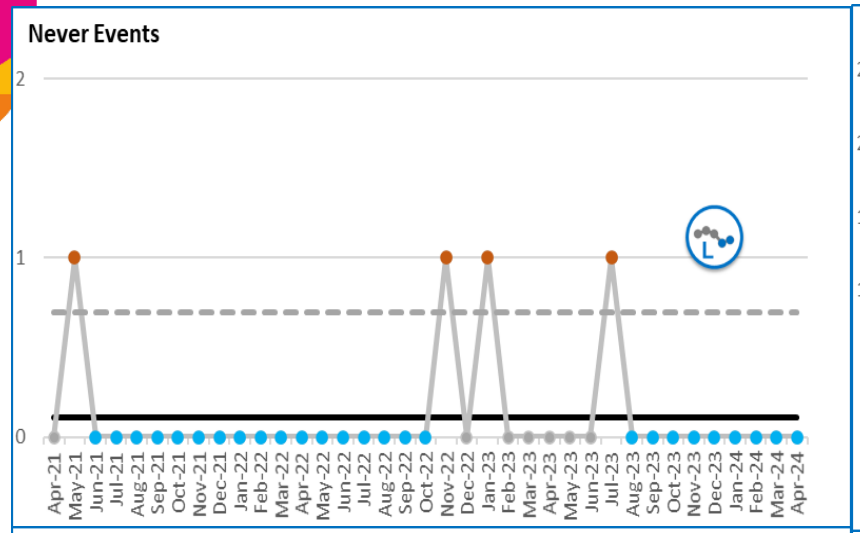
Recovery actions: N/A	**Anticipated impact and timescales for improvement:** N/A

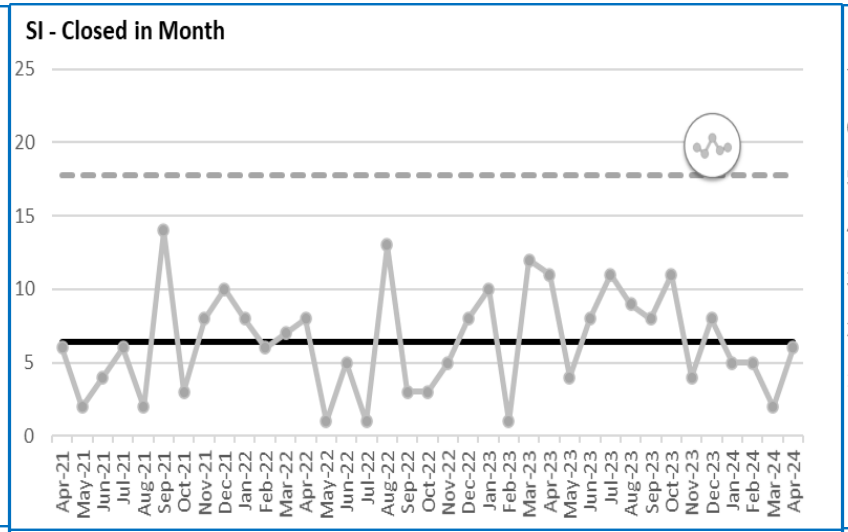
Recovery dependencies:	N/A

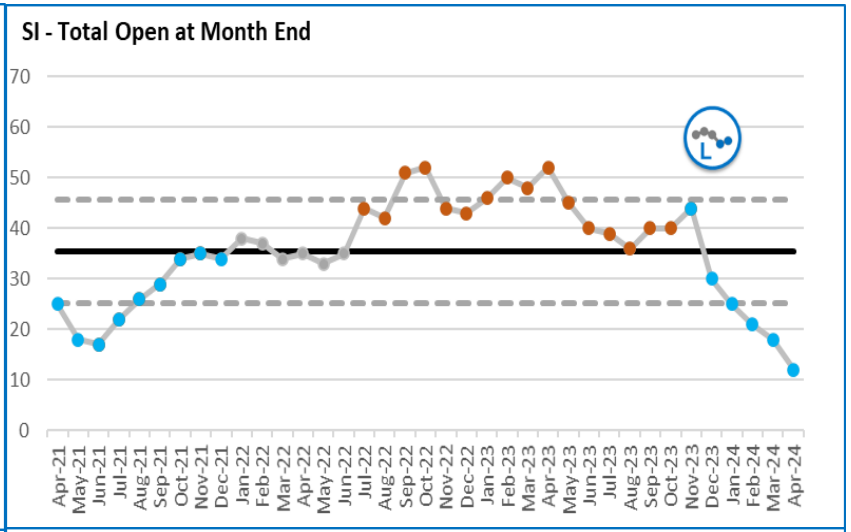
Appendices

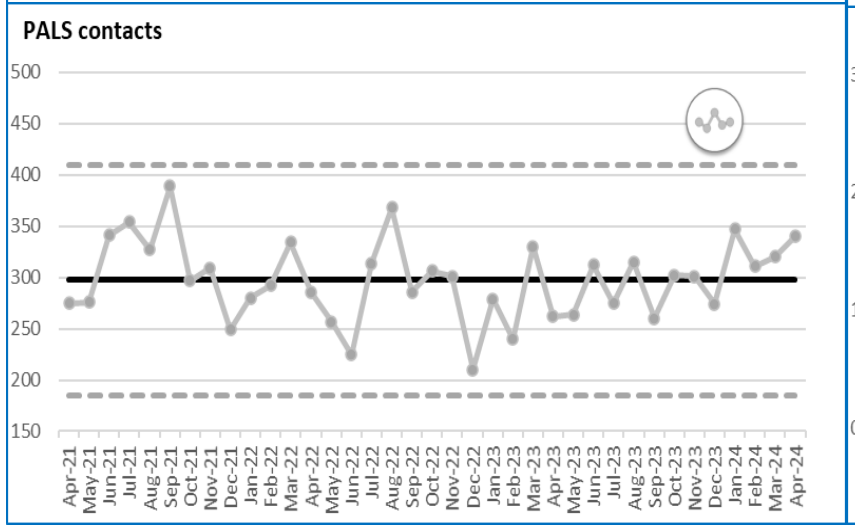
Appendices – supporting detail on Quality and Effectiveness

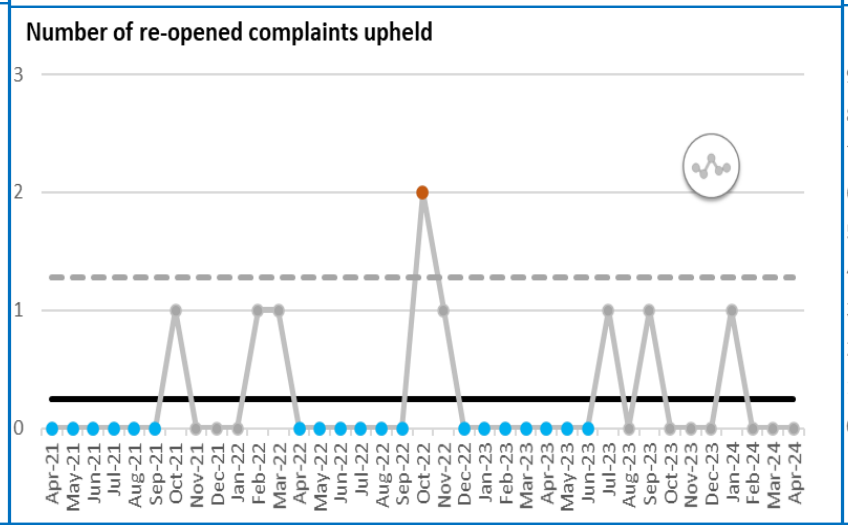
The Shrewsbury and Telford Hospital NHS Trust

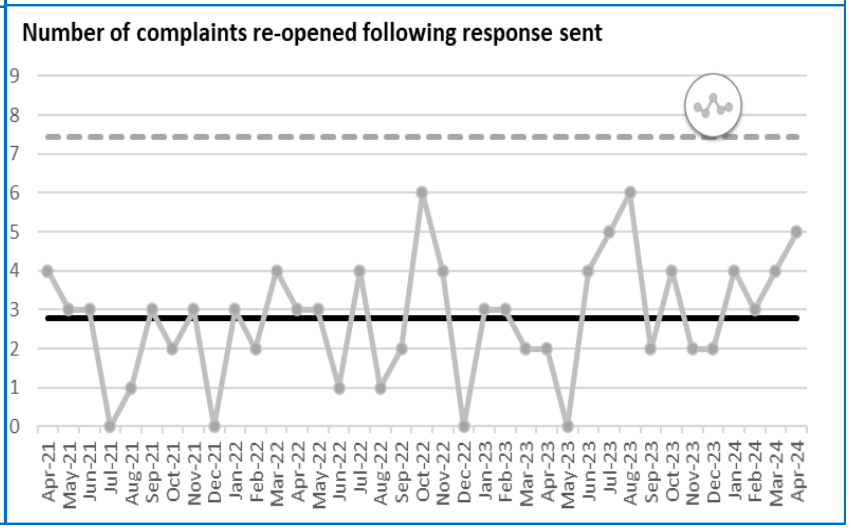






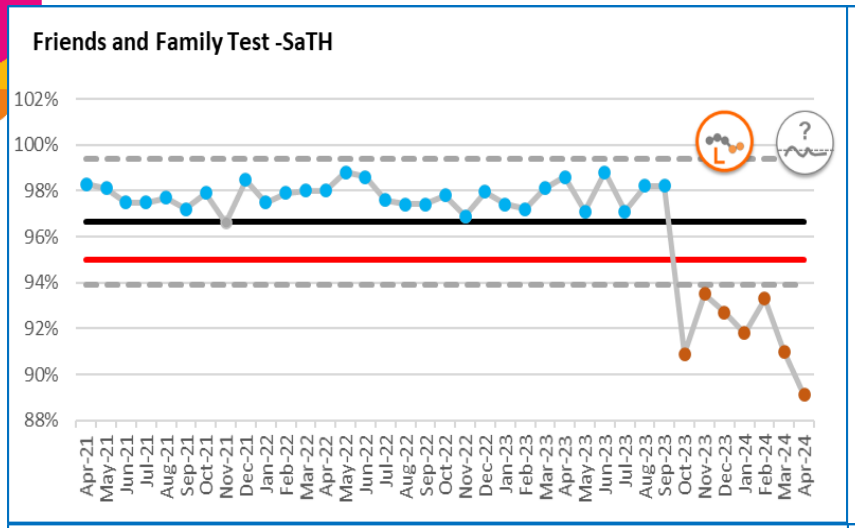


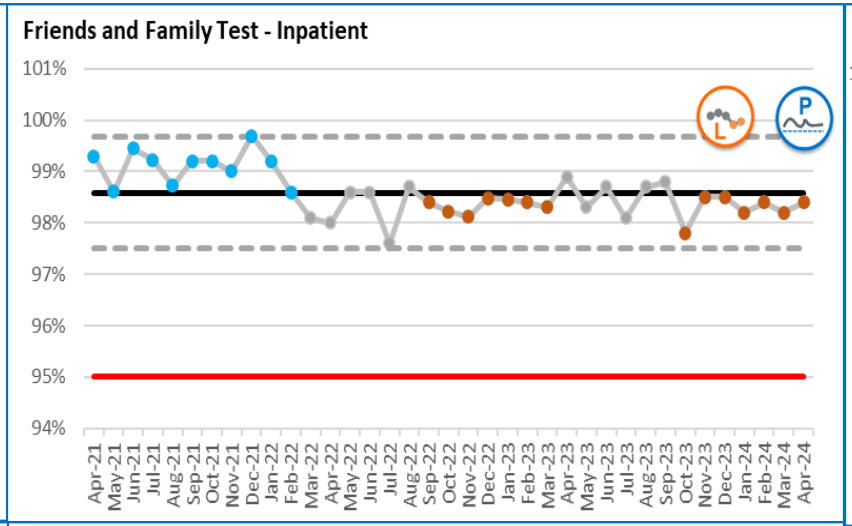


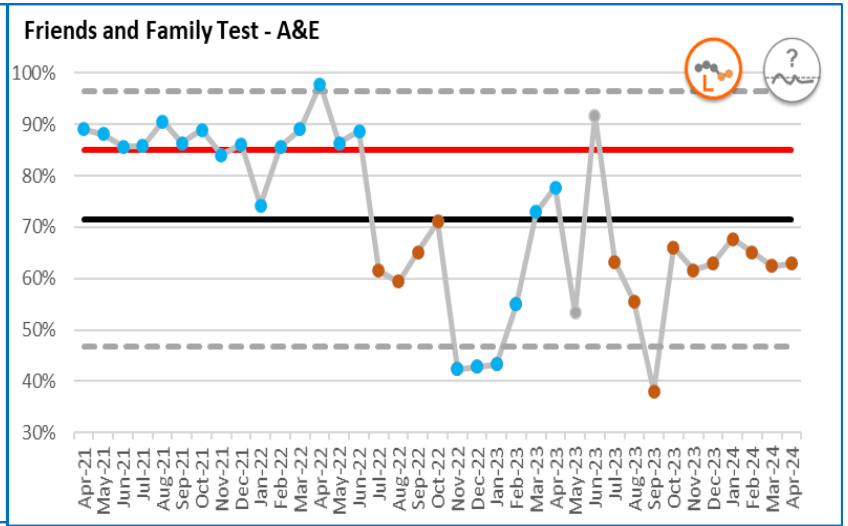


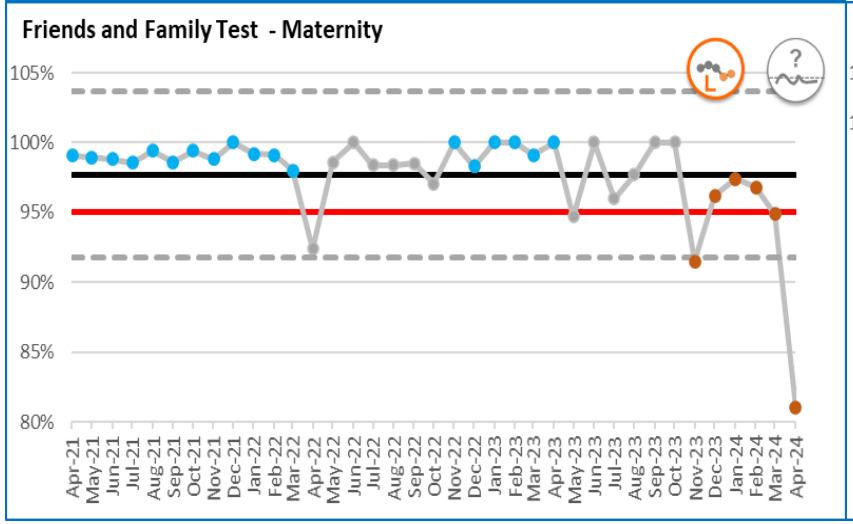
Appendices – supporting detail on Quality and Effectiveness

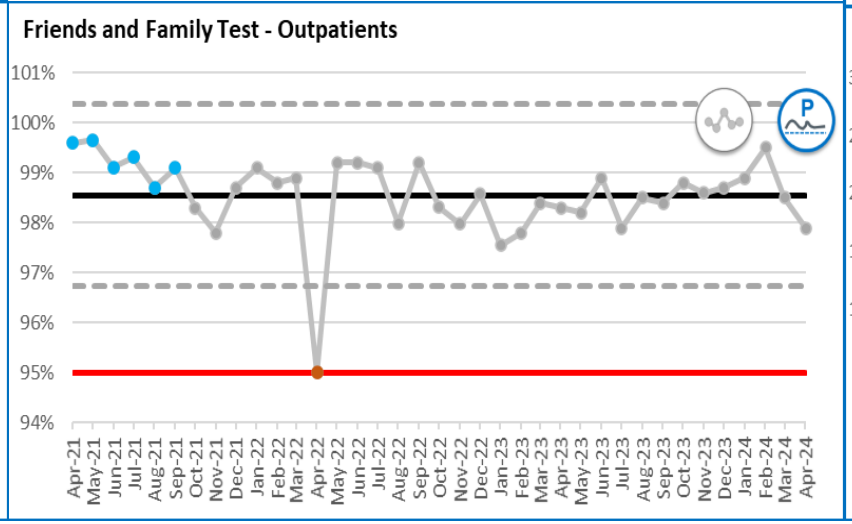
The Shrewsbury and Telford Hospital NHS Trust

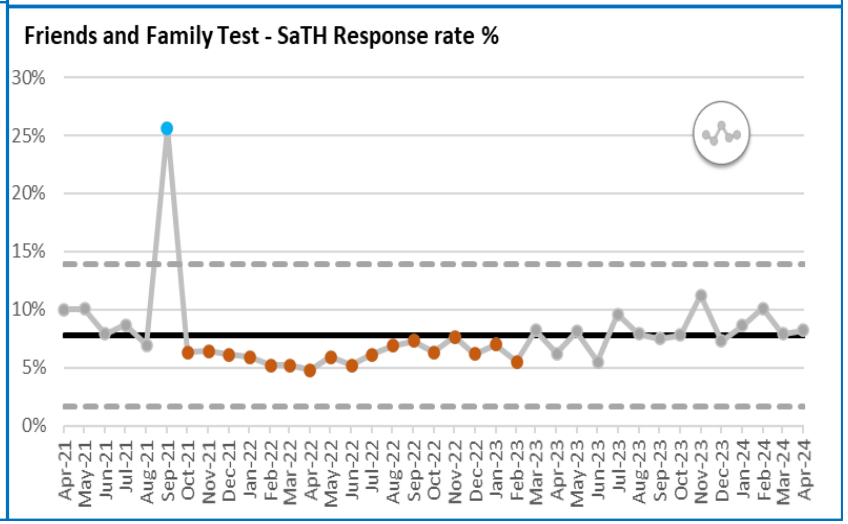












Appendices supporting Quality Strategy

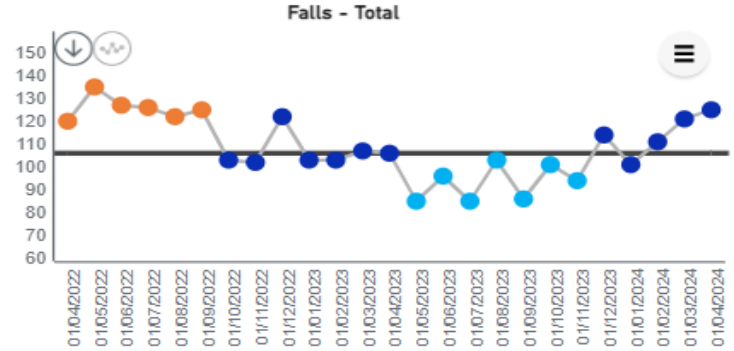
Quality - Safe - Falls

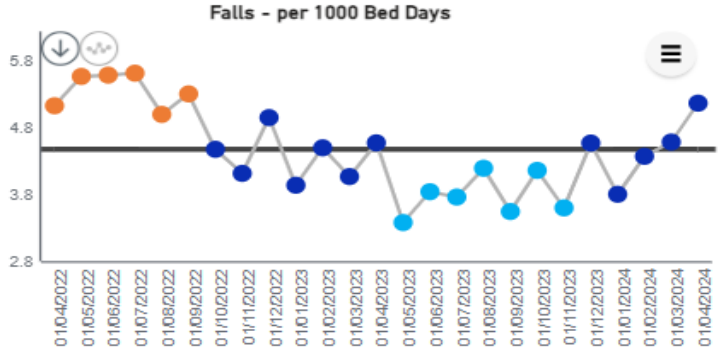
Partnering · Ambitious Caring · Trusted

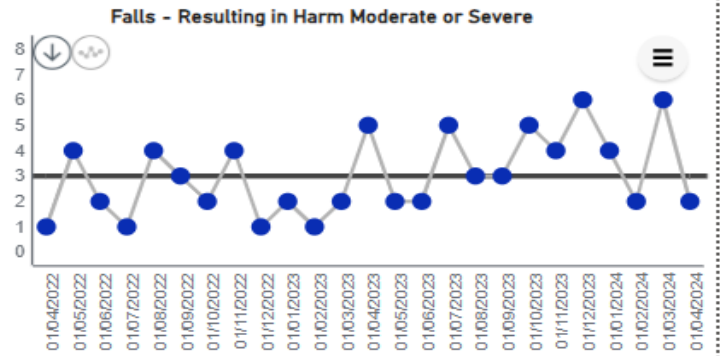
The Shrewsbury and Telford Hospital NHS Trust

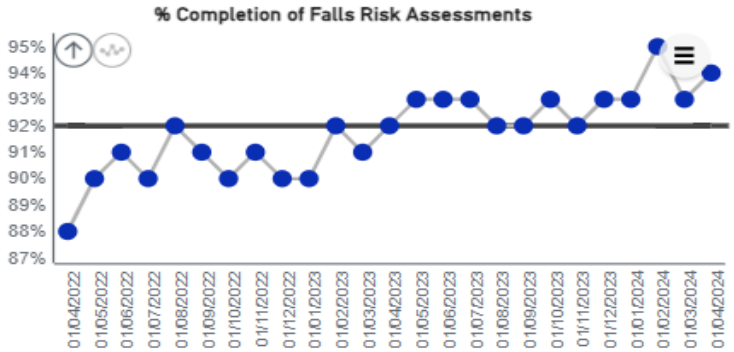
Deteriorating Patient

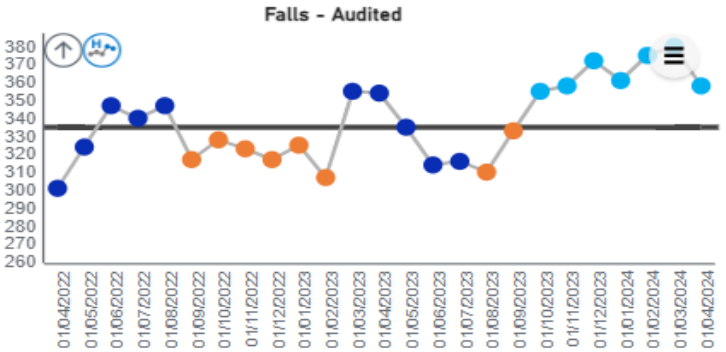
	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024
Falls - Total	122	103	103	107	106	85	96	85	103	86	101	94	114	101	111	121	125
Falls - per 1000 Bed Days	4.93	3.92	4.48	4.05	4.55	3.36	3.82	3.74	4.17	3.52	4.14	3.58	4.55	3.78	4.35	4.56	5.14
Falls - Resulting in Harm Moderate or Severe	1	2	1	2	5	2	2	5	3	3	5	4	6	4	2	6	2
% Completion of Falls Risk Assessments	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	93.0	94.0
Falls Audited	317	325	307	355	354	335	314	316	310	333	355	358	372	361	375	380	358
Falls Prevention Training Compliance % - 2	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	89.12	89.40

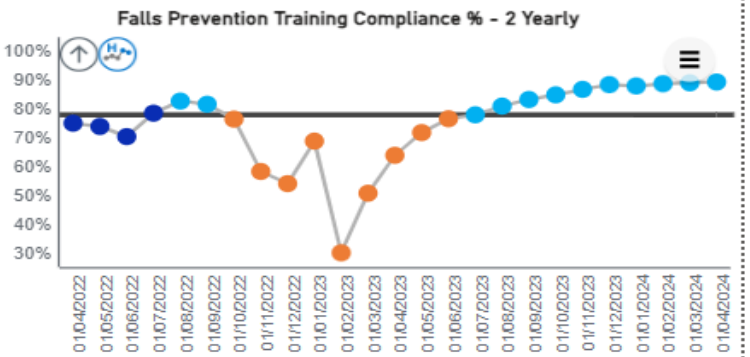












Quality - Effective - Best Clinical Outcomes

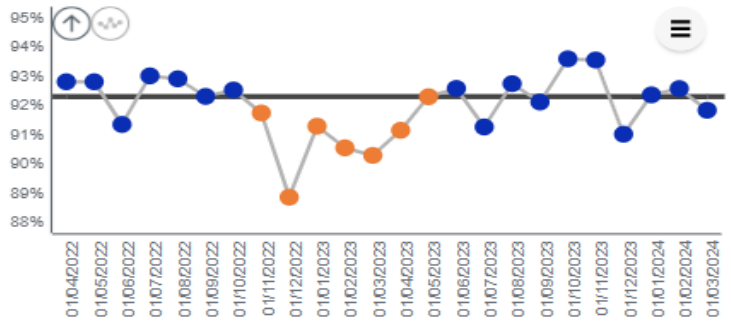
Partnering · Ambitious Caring · Trusted

The Shrewsbury and Telford Hospital NHS Trust

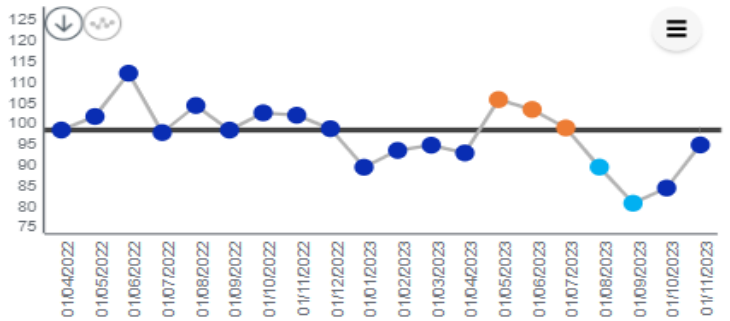
Right Care, Right Place, Right Time

	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	Mar-2024	Apr-2024
VTE %	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	92.57	91.83	
SHMI	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	84.37	94.79					
Day Case Rates %	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	93.40	93.72
Readmissions 7 days	404	420	481	460	490	482	500	472	477	530	541	509	501	562	563	603	642	550	699	457
Readmissions 14 days	598	628	711	678	711	668	759	689	729	748	772	747	751	798	802	830	897	775	961	564
Readmissions 28 days	849	888	975	936	975	938	1033	987	1026	1002	1040	1030	1021	1124	1112	1082	1212	1094	1274	615

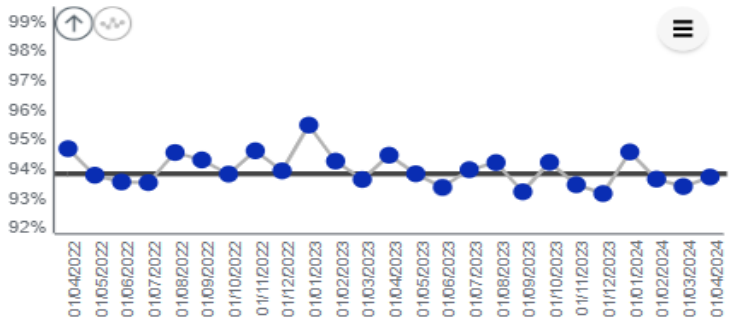
VTE %



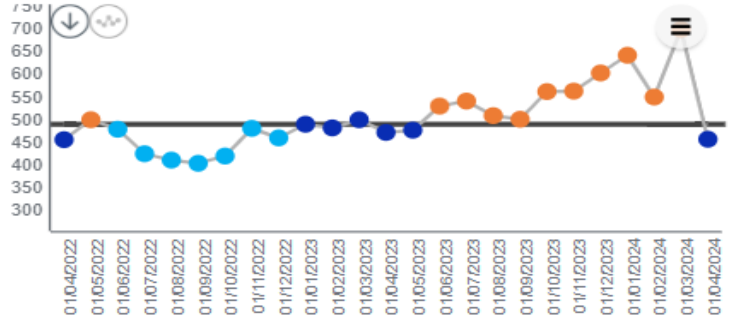
SHIMI



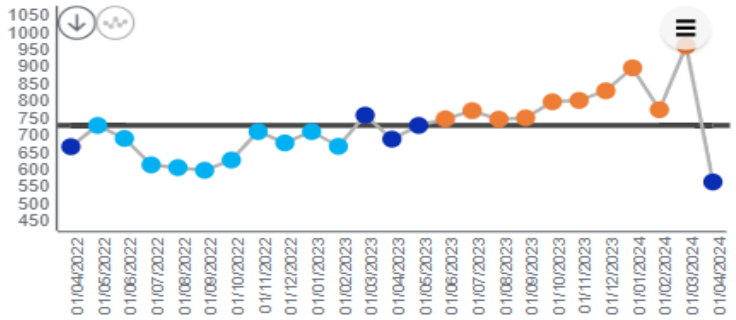
Day Case Rates %



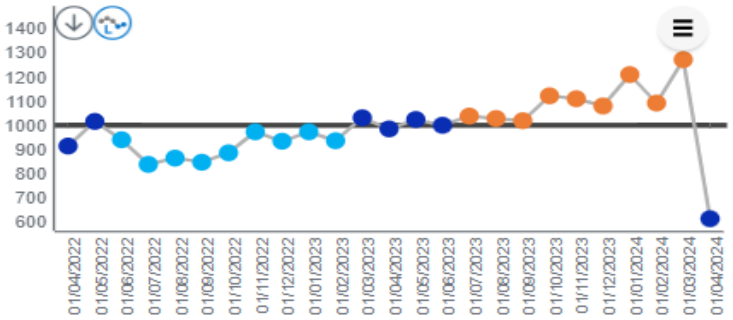
Readmissions 7 days



Readmissions 14 days



Readmissions 28 days



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

Partnering · Ambitious Caring · Trusted

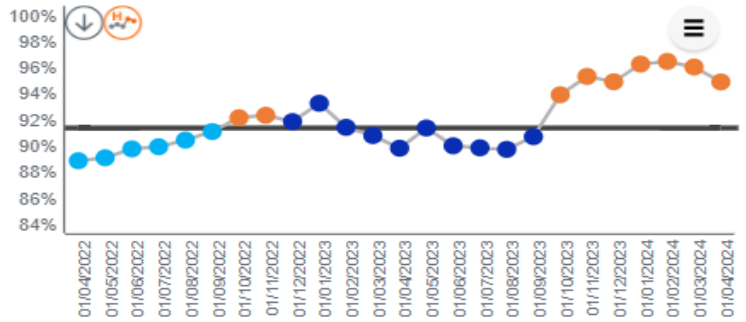
The Shrewsbury and Telford Hospital NHS Trust

Page 2

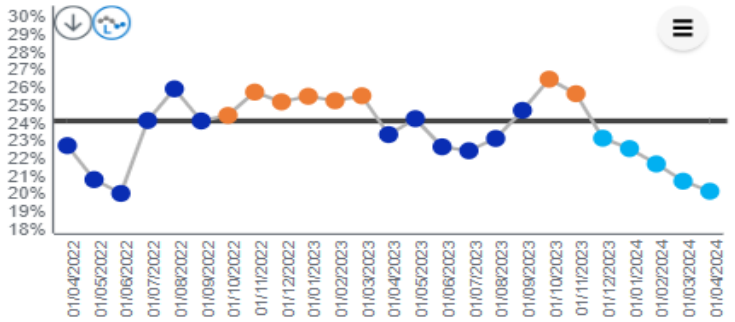
Best Clinical Outcomes

	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024
Occupancy Rate %	91.91	93.31	91.47	90.84	89.87	91.42	90.05	89.90	89.78	90.75	93.96	95.37	94.96	96.31	96.52	96.09	94.95
% beds occupied by patients with LOS >14 days	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	20.73	20.16
% beds occupied by patients with LOS >21 days	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	11.50	11.24
Medically Fit For Discharge	159	151	153	144	144	136	137	114	117	131	143	140	137	123	104	101	114
% Discharged By 12pm	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	15.34	13.87
% Discharged By 5pm	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	54.71	53.63	55.18

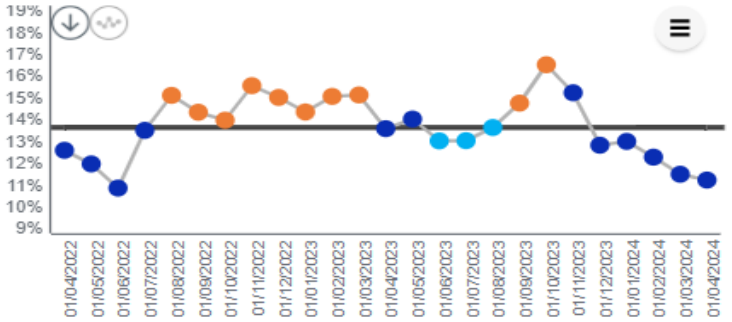
Occupancy Rate %



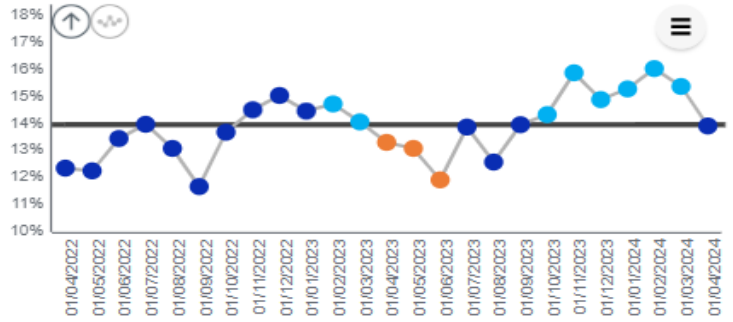
% beds occupied by patients with LOS >14 days



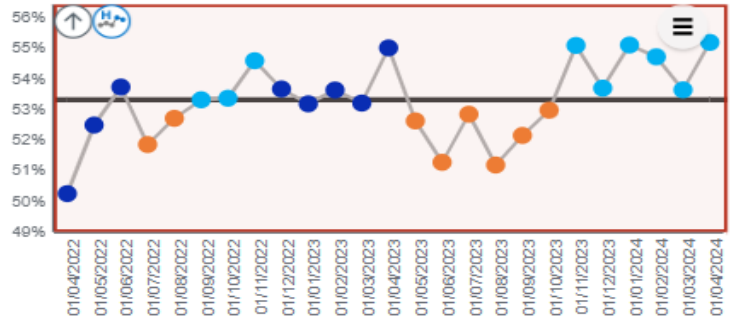
% beds occupied by patients with LOS >21 days



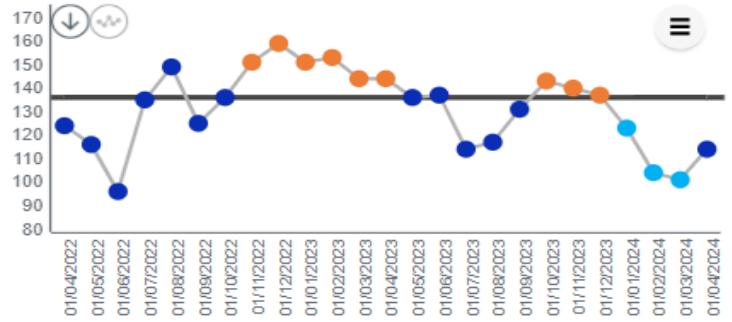
% Discharged By 12pm



% Discharged By 5pm



Medically Fit for Discharge



Partnering Ambitious Caring Trusted

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

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

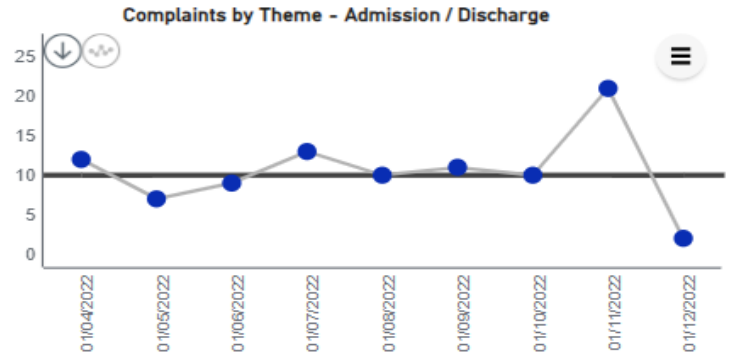
Partnering · Ambitious Caring · Trusted

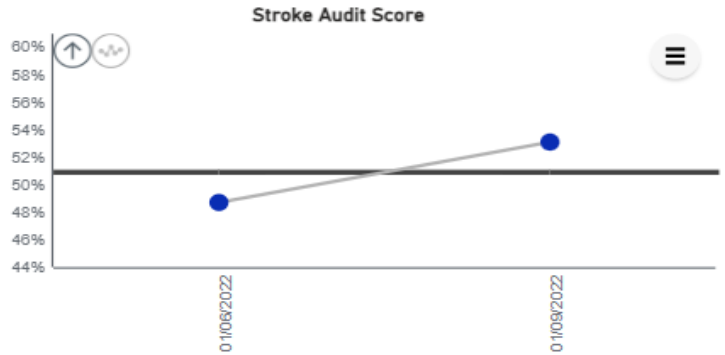
NHS The Shrewsbury and Telford Hospital NHS Trust

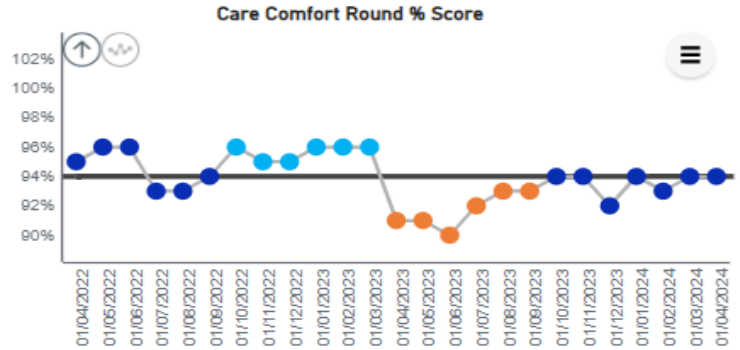
Page 1

Best Clinical Outcomes

	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024
Care Comfort Round % Score	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	94.0	94.0
Stroke Audit Score																	
Complaints by Theme - Admission / Discharge	2																







Quality - Patient Experience - Learning from Experience

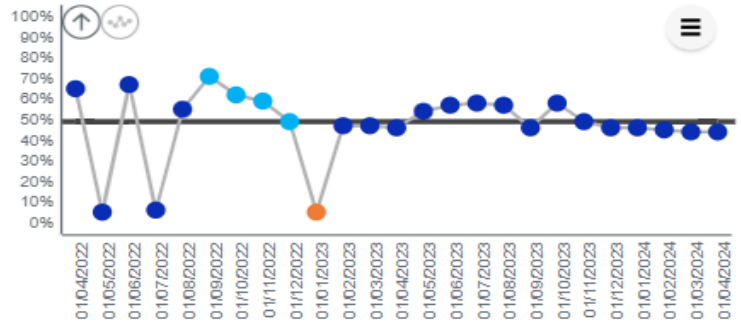
Partnering · Ambitious Caring · Trusted

The Shrewsbury and Telford Hospital NHS Trust

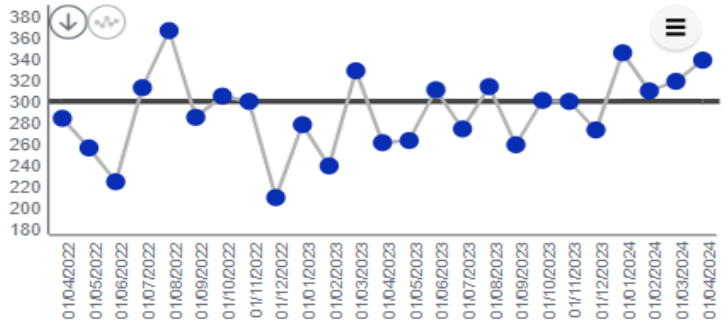
Vulnerable Patients | **End of Life Care**

	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024
Complaints - % Acknowledged within agreed timeframe	49	5	47	47	46	54	57	58	57	46	58	49	46	46	45	44	44
PALS contacts	210	279	240	330	262	264	312	275	315	260	302	301	274	347	311	320	340
Complaints by Theme - Staff	32																
Complaints upheld	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0
Compliments Received	54	84	54	108	59	125	104	74	89	86	93	85	109	178	135	151	120
Friends and Family Test % recommenders	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	91.0	89.1

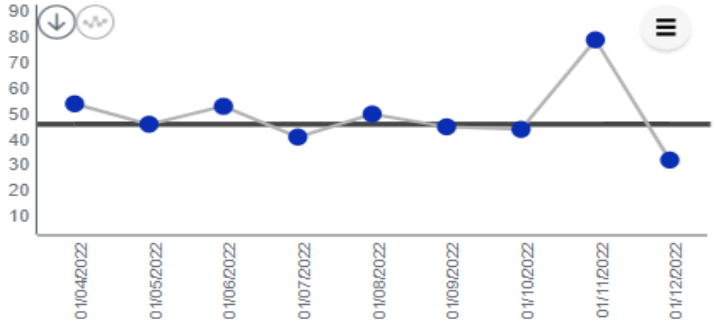
Complaints - % Acknowledged with agreed timeframe



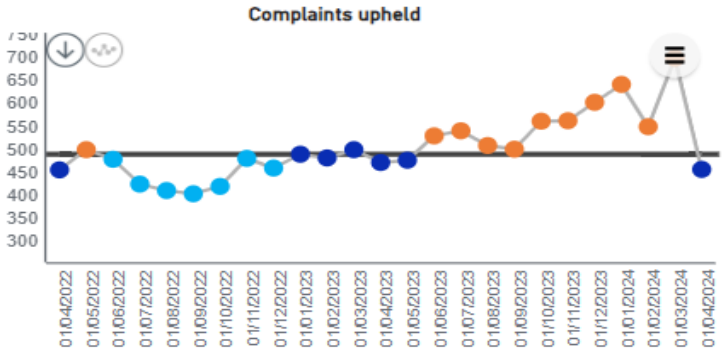
PALS contacts



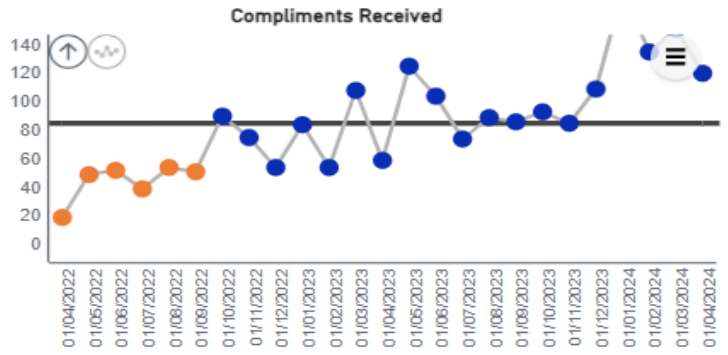
Complaints by Theme - Staff



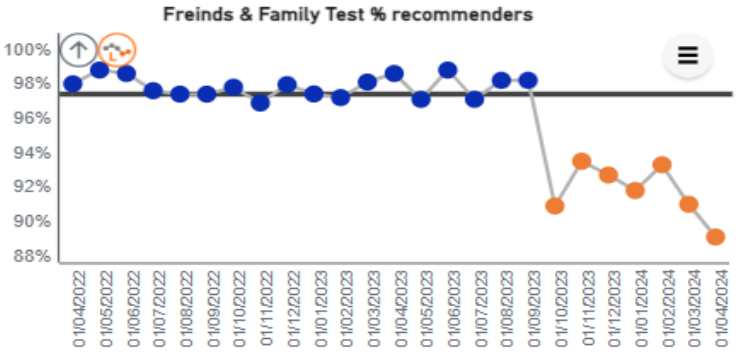
Complaints upheld



Compliments Received



Freinds & Family Test % recommenders



Quality - Patient Experience - Vulnerable Patients

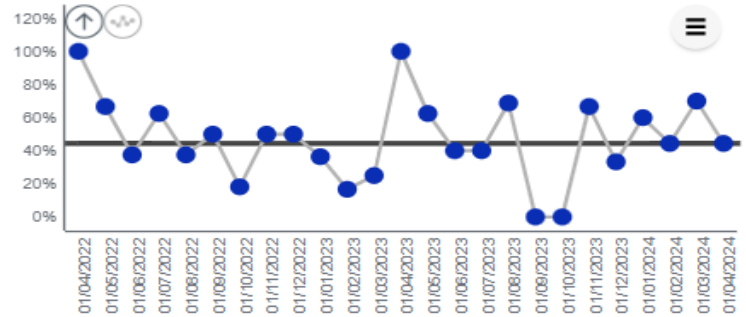
Partnering · Ambitious Caring · Trusted

The Shrewsbury and Telford Hospital NHS Trust

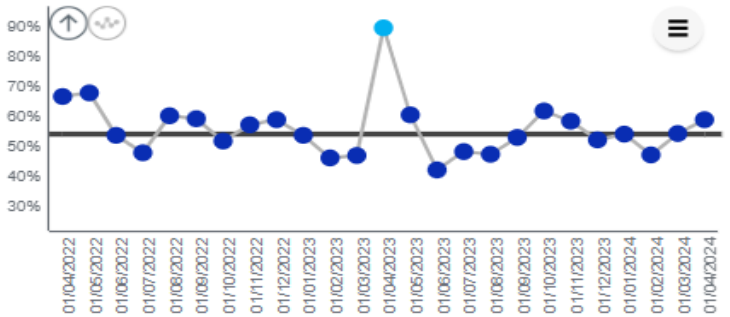
Learning from Experience | End of Life Care

	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024
Improve Dementia screening rates - Patient had an AMT - ED	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	70.0	44.4
Improve Dementia screening rates - Patient had an AMT - Adult IP	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	54.4	59.0
Improve Dementia screening rates - referral to Team? ED	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	50.0	60.0
Improve Dementia screening rates - referral to Team? Adult IP	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	92.9	59.0
Dementia Indicator (Fluid and Food)	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	100.0	100.0
Complaints by Theme - Dementia Care																

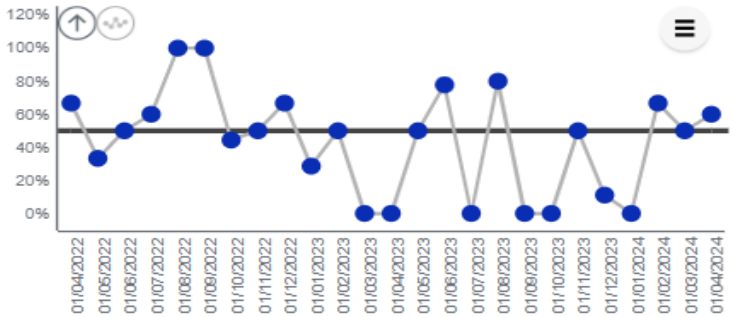
Improve Dementia screening rates - ED



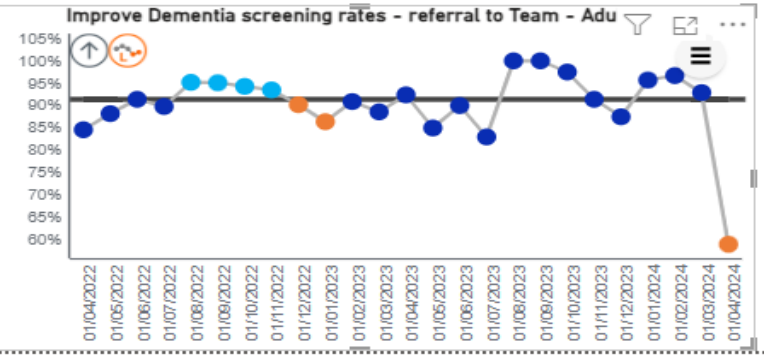
Improve Dementia screening rates - Adult IP



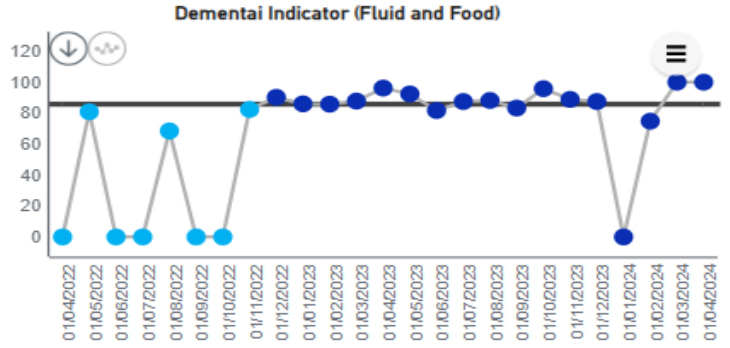
Improve Dementia screening rates - referral to Team - ED



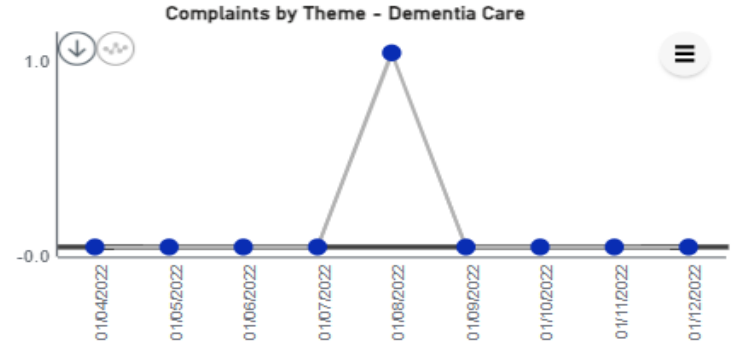
Improve Dementia screening rates - referral to Team - Adu



Dementai Indicator (Fluid and Food)



Complaints by Theme - Dementia Care



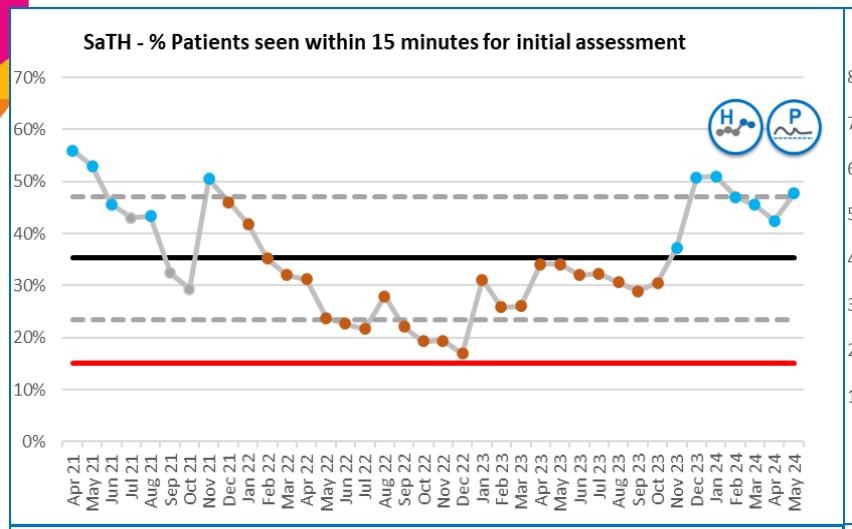
Partnering Ambitious Caring Trusted

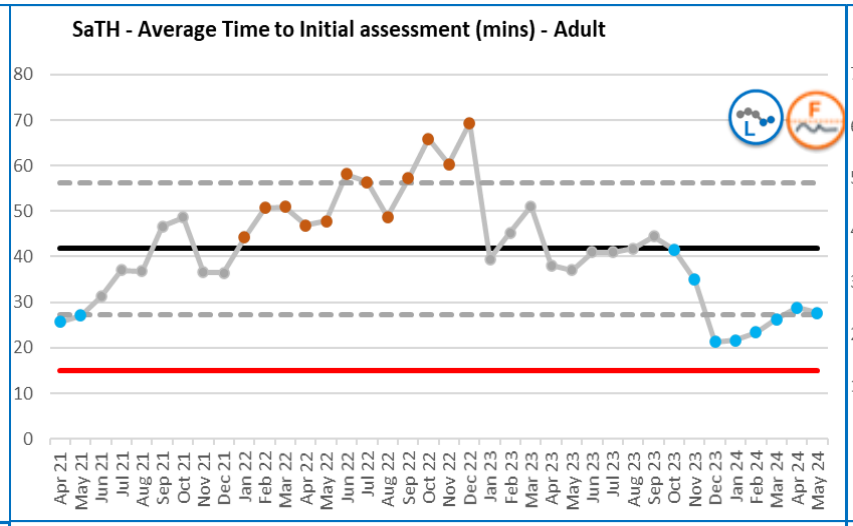
Our Vision: To provide excellent care for the communities we serve

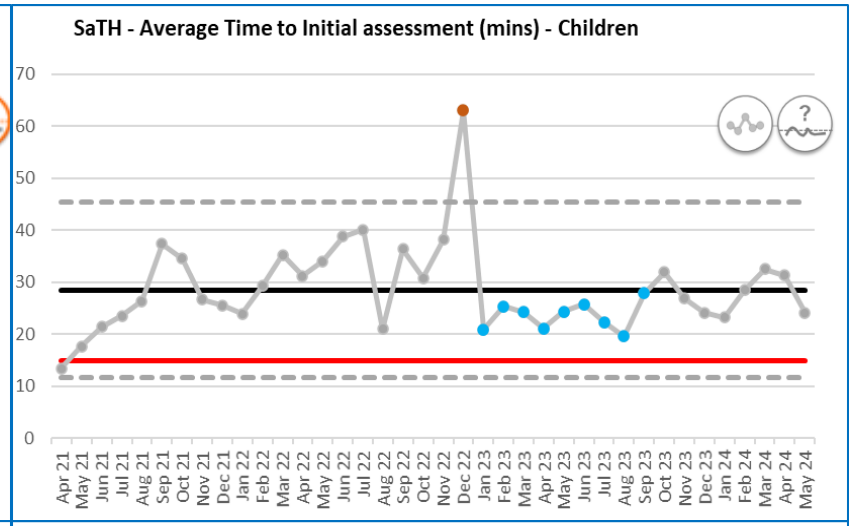
Appendices

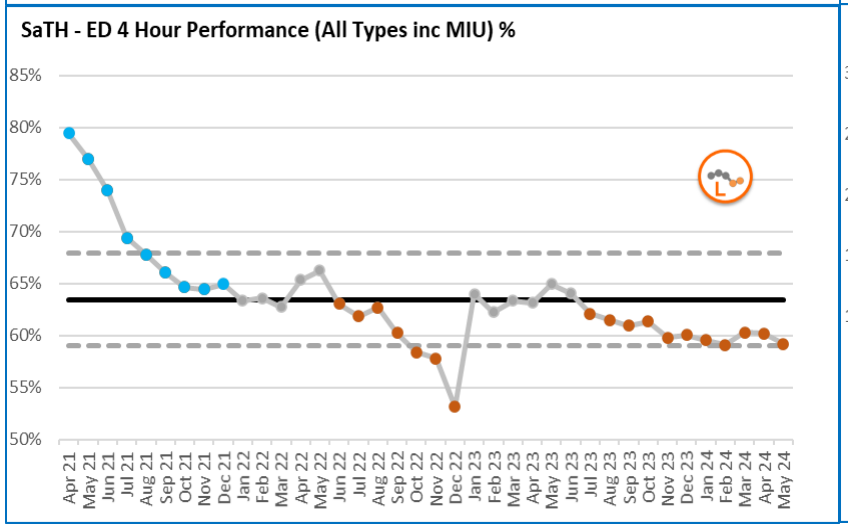
Appendices 2. – supporting detail on Responsiveness

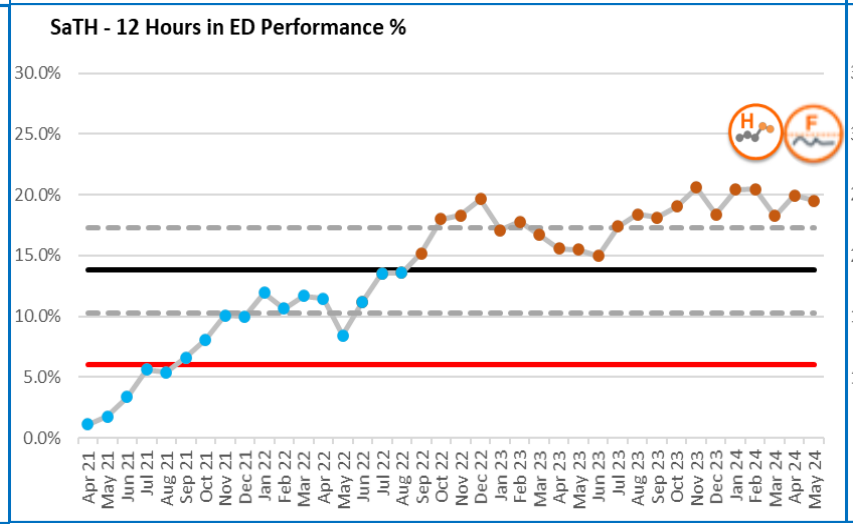
The Shrewsbury and Telford Hospital NHS Trust

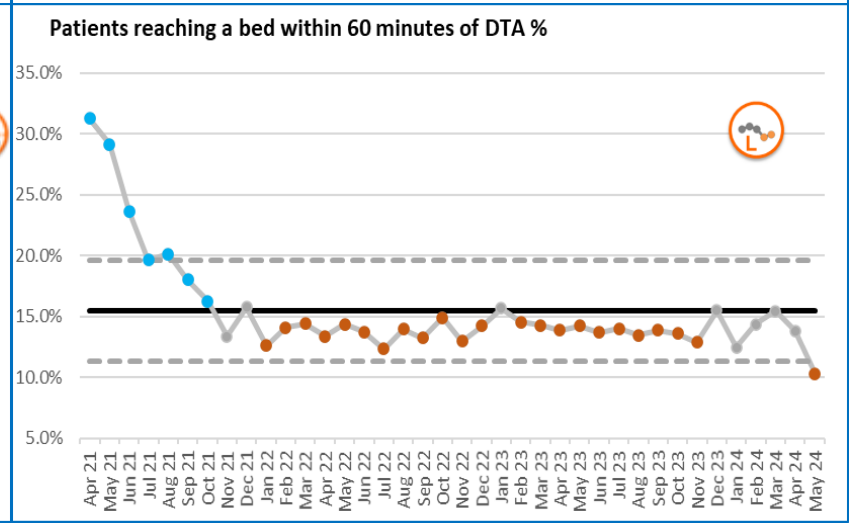






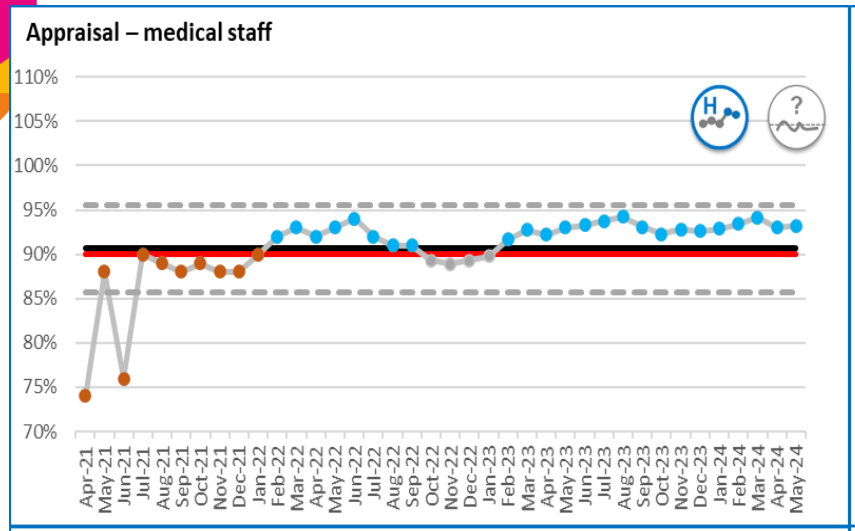


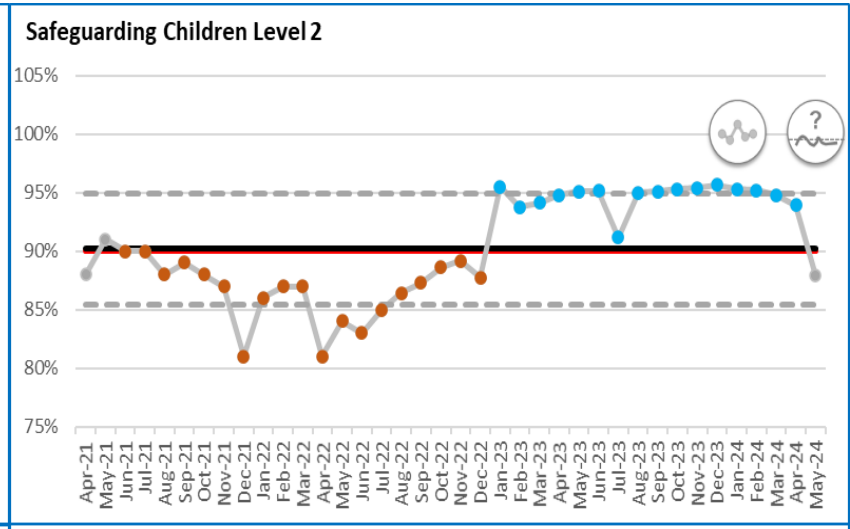


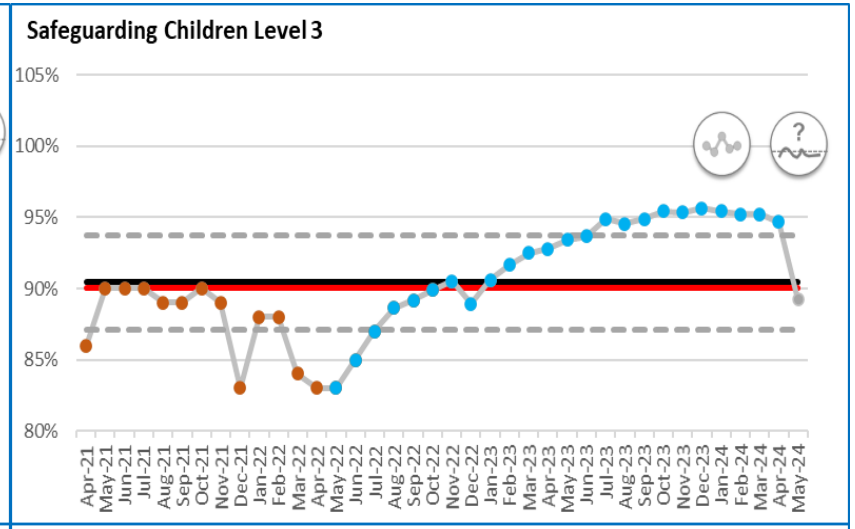


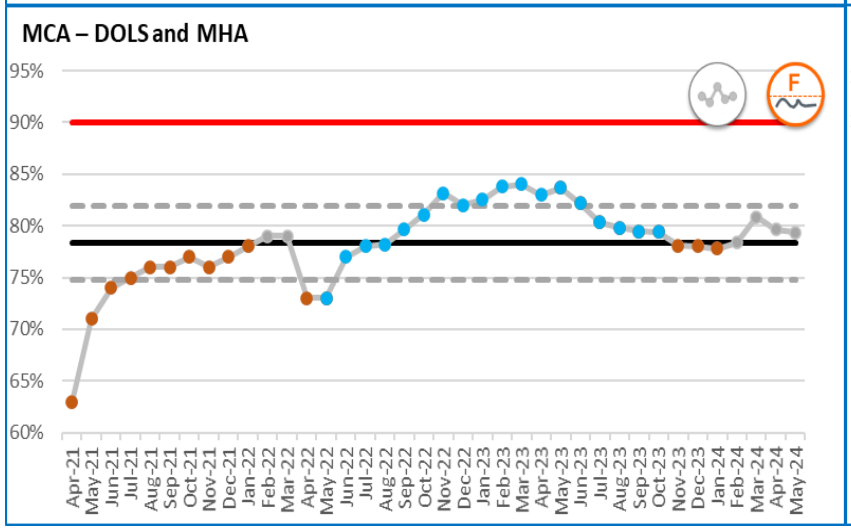
Appendices 3. – supporting detail on Well Led

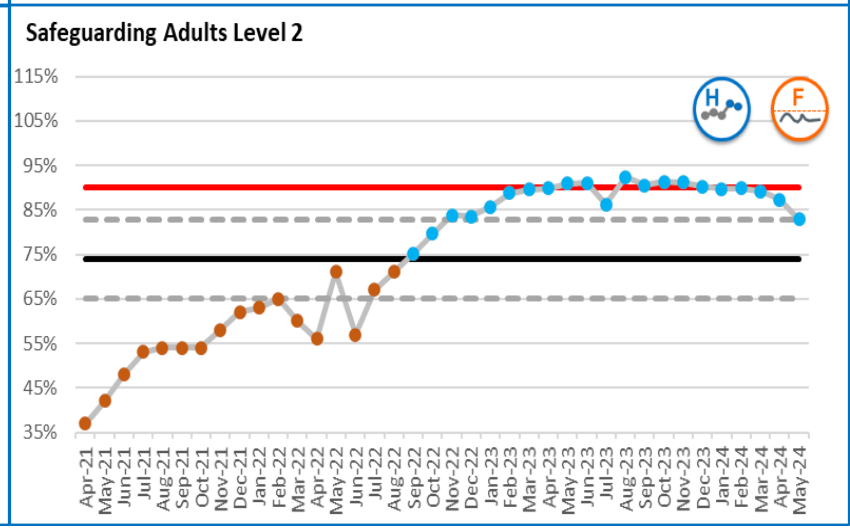
The Shrewsbury and Telford Hospital NHS Trust

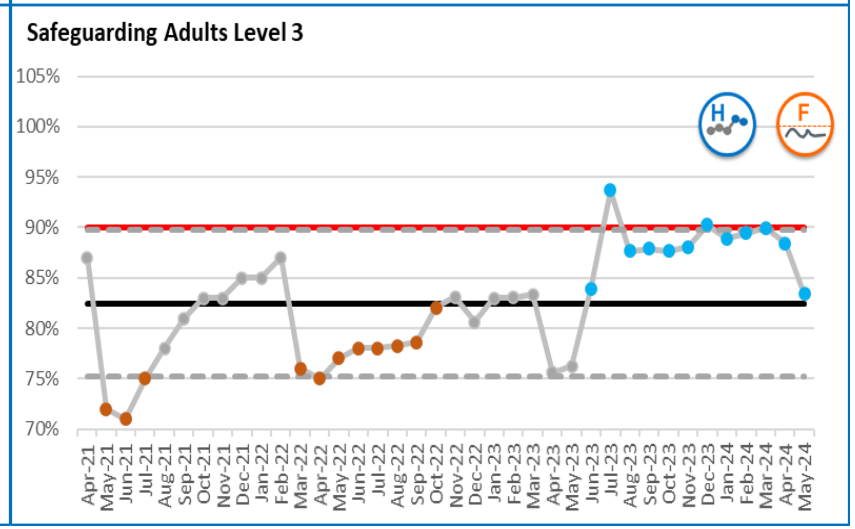










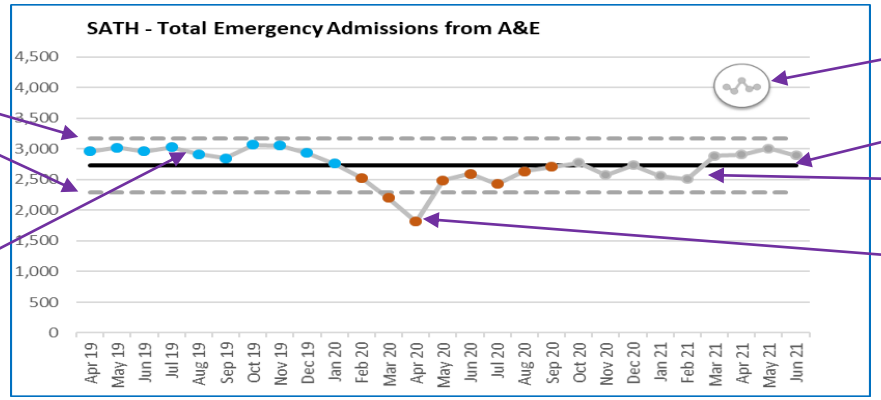


Appendix 4. Understanding Statistical control process charts in this report

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

Process limits – upper and lower

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



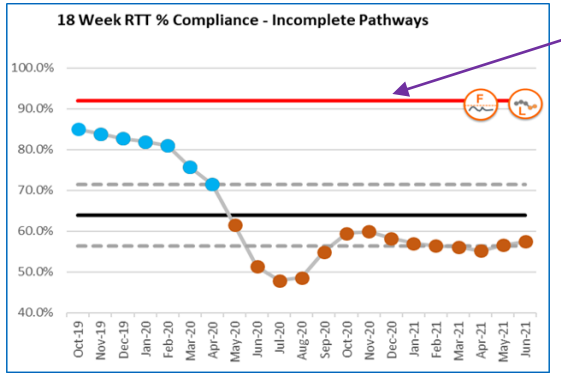
Icon showing most recent point type of variation

Mean or median line

Common cause variation

Special cause variation – data point outside of the process limit

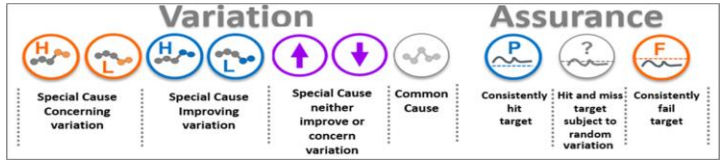
Where a target has been set the target line is superimposed on the SPC chart. It is not a function of the process.

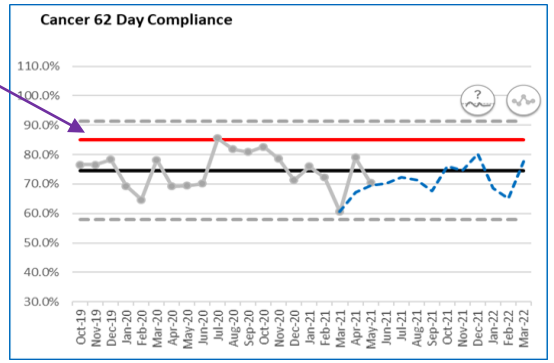


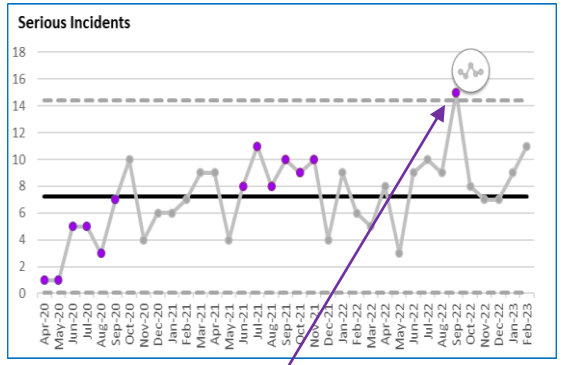
Target line – outside the process limits.

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

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







Icon– Special cause concern

Appendix 3. Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

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

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

Appendix 3. Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

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

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

Appendix 3. Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

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