

Board of Directors' Meeting: 12 September 2024

Agenda item	131/24		
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: All risks
Responsive	√	Our governance	
Well Led	√	Our partners	
Consultation Communication	Quality Operational Committee, 2024.08.20 Quality & Safety Assurance Committee, 2024.08.27 Finance Performance Assurance Committee, 2024.08.27 Senior Leadership Committee – Operational, 2024.09.05		
Executive summary:	<p>This report provides an update on progress against the Trust's Operating Plan and associated objectives and enablers.</p> <p>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.</p> <p>The report provides an overview of the performance indicators to the end of June/July 2024, summarises planned recovery actions, correlated impact, and timescales for improvement.</p>		
Recommendations for the Board:	The Board is asked to note the contents of the report for assurance		
Appendices:	Appendix 1: Integrated Performance Report		



Integrated Performance Report

Board of Directors' Meeting 12th September 2024

Presenting Month 4 performance data



Contents

Domain/Report Section	Executive Lead	Slide location
Executive Summary	Chief Executive	3
Operational Plan 2024/2025	Chief Executive	4
Quality Patient Safety and Clinical Effectiveness	Director of Nursing Medical Director	8
Responsiveness	Chief Operating Officer	32
Well Led (Workforce)	Director of People and Organisational Development	50
Well Led (Finance)	Director of Finance	59
Appendix		67

Executive Summary

The performance against the 4-hour UEC standard in July 2024 showed a further improvement – 64.7% versus 61.9% in June 2024 and there was a further associated decrease in the monthly number of 12-hour trolley breaches (560 in July 2024 v 647 in June 2024). The percentage of patients seen within 15 minutes for initial assessment also increased by further a 5.9% (60.0% in July 2024 v 54.1% in June 2024).

At month four the Trust has recorded a deficit of £28.7m against a planned deficit of £25.1m, an adverse variance of £3.6m to plan linked to non-consultant industrial action which took place in June and July and escalation cost being above plan in July. 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 four £5.8m of efficiency savings have been delivered against a plan of £6.3m. 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. The Trust has set an operational capital programme of £16.8m and £71.6m for externally funded schemes for 2024/25 giving a total capital programme of £88.3m of which £5.4m has been spent at month four.

In relation to the elective recovery programme, the Trust has been moved back to Tier 1 monitoring. There were no patients waiting over 104 weeks and one patient waiting over 78 weeks as at the end of July 2024 (English only). Validation work continues on the 65-week cohort requiring 1st appointments to achieve the operational plan of zero by end of Q2. RJAH is supporting elective activity as continuation beyond the winter plan, and we are reviewing alternative options to recommence elective orthopaedic activity at PRH. ERF funding has been allocated, releasing capacity which will support a reduction in waiting list numbers in conjunction with validation.

The Trust has been moved back to Tier 1 monitoring for cancer due to deterioration in performance in Q1. 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 July increased to 419 (from 378 as the end of June). The increase in backlog was due to the delay in securing ongoing insourced capacity during Q1 and workforce capacity in specialty clinics. Compliance with the 62-day standard in June was 56.9% against our plan for the month of 58% (and commitment to 70.4% by March 2025). The validated FDS position for June was 67.0% against the plan of 70.5% . The current unvalidated July position is 72.1%.

Performance against the diagnostic standard showed a further deterioration compared to June 2024 (61.5% v 63.4%) with another associated increase in the volume of 6-week breaches from 5653 to 6323.

Operational Plan 2024/25 Objectives



The Shrewsbury and
Telford Hospital
NHS Trust

Objective

Month 4 Status Summary

Current
Status

Assurance
Committee

1: Deliver our Quality Priorities and the next phase of our Getting to Good Programme

A quality dashboard being developed with focus on the metric indicators for each quality priority. Plans in place to commence the introduction of the Purpose- T skin assessment tool which will replace the waterlow assessment. Falls per 1000 bed days in June increased slightly. 6 falls with moderate or above harm were reported. Common cause variation continues to be seen. Paediatric vitals launched July.

A

QSAC

2: Deliver Elective Services and implement Enhanced Recovery

The Elective Hub opened June 10th 2024. Elective day case activity continues to be supported by the bed base on W5. In-patient elective orthopaedics cannot re-commence at SaTH until a suitable bed base is established at PRH. This service is being supported via mutual aid by RJAH and ROH. DSU at PRH remains fully escalated to support UEC pressures. There is increased risk of 78w breaches in August and 65w breaches in September.

R

FPAC

3: Maintain FDS and achieve 62 day referral to treatment standard

Our validated performance in June was 67% (against plan 70.5%). Our unvalidated July performance is 71.6% (against plan 70.6% with 96.3% data completeness).

A

FPAC

4: Improve UEC performance in line with GIRFT recommendations

The month 4 A&E performance is 54.8% which is a 4.9% improvement since April 2024. A reduction in the number of patients waiting over 12 hours in A&E by 17% since April 2024. Pre 12 discharges from the medical wards has improved to 29% against the target of 33%. There has been a sustained improvement in Time to initial assessment for all patients in A&E.

R

FPAC

5: Use of Resources – operate within our budget through delivery of efficient and productivity measures

The year end deficit at the end of month 4 (July) is £28.7m against a planned deficit of £25.1m. This deficit to plan of £3.6m is predominantly driven by industrial action (£2.4m). Of remaining £1.2m deficit to plan £0.7m relates to escalation and £0.3m for temporary staffing. Recruiting substantively to reduce the reliance on high-cost agency remains priority along with reviewing the headcount across the Trust alongside further actions to reduce the reliance on escalation capacity. Financial controls have been put in place and are under continuous review.

A

FPAC

Operational Plan 2024/25 Enablers

Enablers	Month 4 Status Summary	Current Status	Assurance Committee
1: Live the People Promise in our teams through valuing difference and inclusivity	During July we continued to have conversations at an OD Collaborative event with ST&W ICS about upscaling our Leadership and OD offer across the system. Priorities identified include the High Potential Scheme, talent pool, inclusive leadership and disability programme. We are exploring how we can better provide opportunities for internationally educated colleagues (IEC) to access apprenticeships removing systemic barriers, so they feel SaTH is an inclusive place to work and live.	A	PODAC
2: Deliver our Workforce plan, including agency cost reduction based on the principles of Train, Retain and Reform	The total workforce in July was under plan by 126 WTE with further reductions in substantive workforce of by 36 WTE from June and is 61 WTE below planned levels. The reductions have been seen across most staff groups with majority in roles that support clinical and administrative roles. Agency has decreased by 14 WTE this month which is 64 WTE below plan and bank usage was at the planned levels for July.	A	PODAC
3: Develop an estates plan to optimise our current estate and continue to progress our Hospital Transformation Programme	Trust's Estates strategy being developed with focus on staff competences, compliance, space utilisation, best use of resources and long term sustainability. Elective Hub and Gamma camera projects completed and handed over for operational utilisation. Work on the new LINAC progressing to plan. Ongoing engagement with the Contractor for Modular Build. Close working on a daily basis between Estates and HTP team	A	FPAC
4: Develop and implement sustainable travel plan to improve patient and staff experience	Park and Ride schemes operational at both RSH and PRH. Car Parking at RSH has been reconfigured to support both visitor and staff parking and enable construction works to deliver HTP. There has been an increase in EV chargers across the Trust (RSH,PRH and HWH); work progressing on Trust wide EV strategy. Trust's Green Travel Plan has gone through JNCC.	A	FPAC
5: Electronic Patient Record (EPR) - complete Phase 1 (implement and embed Careflow PAS and ED) and commence Phase 2.	Phase 1 successfully delivered and ongoing support provided to operational teams to optimize the use of Careflow PAS and ED. Electronic ordering and results reporting (OCRR ICE) project has commenced as part of Phase 2, along with several other digital projects.	A	FPAC/ QSAC

Operational Plan 2024/25 Objectives



The Shrewsbury and Telford Hospital
NHS Trust

Delivery Metric		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Performance	Assurance
Achieve zero 65 week waits by the end of September 2024	Plan	537	465	344	189	53	0	0	0	0	0	0	0		
	Actual	708	824	1185	1025										
Achieve 85% theatre capacity by end Q3 2024/25	Plan	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		
	Actual	78.0%	79.0%	79.0%	78.0%										
Achieve 85% daycase by end Q3 2024/25 (BADs)	Plan	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		
	Actual	33.6%	36.2%	30.3%	23.6%										
Achieve PIFU performance to maximise productivity in outpatients	Plan	4.7%	5.4%	6.1%	6.6%	6.6%	6.6%	6.6%	6.6%	6.6%	6.6%	6.6%	6.6%		
	Actual	4.1%	4.8%	5.8%	Not Available										
Outpatients with procedure - ERF - English only	Plan	6844	7755	7455	7279	7437	7332	7548	7646	6903	7700	7345	7662		
	Actual	7192	7603	2030	Not Available										
90% of patients waiting over 12 weeks are validated every 12 weeks	Plan	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
	Actual	0%	62.3%	49.3%	37.4%										
Diagnostics within 6 week waits (95% by March 2025) *	Plan	76.0%	74.1%	74.8%	76.0%	77.2%	78.9%	80.0%	82.2%	83.2%	84.2%	85.3%	86.3%		
	Actual	70.6%	68.7%	63.1%	61.6%										
FDS % (77% by March 2025)	Plan	75.1%	73.9%	75.0%	74.7%	75.7%	76.9%	76.7%	76.7%	77.1%	76.8%	77.5%	77.5%		
	Actual	73.6%	68.6%	67.0%											
62 Day % (70% by March 2025)	Plan	59.5%	58.6%	58.4%	74.7%	60.2%	60.1%	65.0%	64.2%	65.4%	66.3%	68.1%	70.3%		
	Actual	59.5%	62.3%	56.9%											

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

Operational Plan 2024/25 Objectives

Delivery Metric		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Performance	Assurance
4 hours (78% by March 2025) Type 1, 2 & 3	Plan	55.0%	56.4%	57.7%	59.1%	60.5%	61.8%	63.2%	64.6%	65.9%	67.3%	68.6%	70.0%		
	Actual	50.0%	48.6%	52.2%	54.8%										
Cat 2 Amb response times (AVG=30min) STW ICB	Plan	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00		
	Actual	00:38:17	00:39:20	00:34:30											
Achieve 33% of discharges before midday	Plan	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%		
	Actual	20.1%	20.5%	20.7%	20.6%										
Reduce LOS (<12h) in ED	Plan	0	0	0	0	0	0	0	0	0	0	0	0		
	Actual	2588	2679	2308	2103										
Minors 4 hour performance	Plan	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		
	Actual	85.2%	86.3%	90.2%	91.8%										
UTC 4 hour performance	Plan	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		
	Actual	71.9%	82.3%	90.2%	93.4%										
CYP 4 hour performance	Plan	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		
	Actual	74.2%	75.9%	81.5%	84.0%										
Balanced £ position	Plan	(6,844)	(6,027)	(6,718)	(5,527)	(5,124)	(4,900)	(3,719)	(2,826)	(3,559)	(2,633)	(2,815)	6,365		
	Actual	(7,209)	(5,721)	(8,100)	(7,676)										
Agency Expenditure (max 3.2% of pay bill) **	Plan	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%		
	Actual	6.41%	5.16%	5.28%	5.27%										
In month efficiency delivery	Plan	794	1,069	1,731	2,710	2,776	2,636	3,832	3,498	4,291	4,544	4,780	12,046		
	Actual	850	869	1,915	2,125										

** National Target 3.2%, STW Target 6.4%



Quality Patient Safety, Clinical Effectiveness and Patient Experience

Executive Leads :

**Director of Nursing
Hayley Flavell**

**Medical Director
John Jones**



Integrated Performance Report

Domain	Description	Regulatory	National Standard 24/25	Current Month Trajectory (RAG)	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Trend	
Quality Patient Safety & Effectiveness	Trust SHMI (HED)		100	100	106	106	93	84	85	97	95	93	-	-	-	-	-		
	Trust SHMI - Expected Deaths		-	-	213	203	211	216	242	241	277	283	-	-	-	-	-	-	
	Trust SHMI - Observed Deaths		-	-	226	214	195	182	207	233	264	263	-	-	-	-	-	-	
	SJR's Completed by Month				35	51	59	45	40	41	33	34	37	37	28	32	35		
	MRSA - HOHA	R	0	0	0	0	0	0	0	1	1	1	0	0	1	0	1		
	MRSA - COHA				0	0	0	1	0	0	0	0	0	0	0	0	0	1	
	MSSA - HOHA				1	3	2	2	1	1	0	2	3	4	3	3	4		
	C. difficile - HOHA	R	32	3	2	3	6	6	6	8	9	9	7	1	4	3	1	4	
	C. difficile - COHA				3	0	3	2	4	1	5	1	6	3	5	3	4		
	E. coli - HOHA	R	90	7	3	4	4	3	5	4	6	3	6	2	3	8	2		
	E. coli - COHA				5	6	5	9	14	9	8	11	9	11	15	13	7		
	Klebsiella - HOHA	R	22	2	0	1	1	2	1	2	3	1	2	5	1	0	0		
	Klebsiella - COHA				3	2	3	1	2	0	2	2	0	3	0	3	1		
	Pseudomonas Aeruginosa - HOHA	R	18	1	2	1	0	1	0	1	1	0	2	0	0	0	0		
	Pseudomonas Aeruginosa - COHA				1	0	1	2	1	1	1	0	0	2	1	2	0		
	Pressure Ulcers - Category 2			20% < 2023-24	17	15	23	22	20	21	21	20	21	24	20	18	21		
	Pressure Ulcers - Category 2 per 1000 Bed Days			20% < 2023-24	0.68	0.66	0.93	0.90	0.79	0.79	0.84	0.75	0.82	0.91	0.80	0.66	0.83		
	Pressure Ulcers - Category 3			10% < 2023-24	3	2	4	4	2	6	2	4	5	13	9	9	8		
	Pressure Ulcers - Category 3 per 1000 Bed Days			10% < 2023-24	0.12	0.09	0.16	0.16	0.08	0.23	0.08	0.15	0.20	0.49	0.36	0.33	0.32		
	Pressure Ulcers - Category 4			0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	VTE Risk Assessment completion			95%	95%	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			5% < 2023-24	3.82	3.74	4.17	3.52	4.01	3.55	4.55	3.78	4.35	4.56	5.01	4.65	4.73		
	Falls - total			-	96	85	103	86	101	94	114	101	111	121	125	127	120		
	Falls - with Harm per 1000 Bed Days			5% < 2023-24	0.08	0.22	0.12	0.12	0.20	0.15	0.24	0.15	0.08	0.23	0.08	0.15	0.24		
	Falls - Resulting in Harm Moderate or Severe			0	0	2	5	3	3	5	4	6	4	2	6	2	4	6	
	Never Events			0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	
	Coroner Regulation 28s			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Mixed Sex Accommodation - breaches			0	0	102	125	103	72	81	74	71	56	86	105	98	116	81	
	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%	84%	82%	75%	84%	73%	54%	68%	71%	58%	81%	64%	85%	85%	
Smoking Rate at Delivery			6%	6%	7.4%	10.0%	12.1%	7.7%	8.9%	8.8%	6.3%	7.9%	10.2%	8.0%	7.4%	6.6%	5.7%		
Therapy stroke treatment within 72 hours - Occupational Therapy			100%		94.5%	94.2%	79.3%	91.2%	96.2%	73.7%	90.9%	89.4%	89.1%	81.1%	94.1%	100.0%	100.0%		
Therapy stroke treatment within 72 hours - Physiotherapy			100%		95.5%	94.5%	78.6%	92.6%	96.4%	75.4%	91.4%	89.6%	92.6%	91.4%	94.4%	100.0%	100.0%		
Therapy stroke treatment within 72 hours - Speech & Language Therapy			100%		94.1%	94.1%	62.5%	90.9%	93.3%	77.4%	90.5%	80.0%	82.4%	85.2%	100.0%	100.0%	100.0%		
Therapy stroke treatment 45 mins per therapy per day - Occupational Therapy			45		33.3	36.8	40	40.3	35	40	45.5	40	40	38.1	50	60	-		
Therapy stroke treatment 45 mins per therapy per day - Physiotherapy			45		30	30	30	30	30	30	30	32	30	30	23.8	30	-		
Therapy stroke treatment 45 mins per therapy per day - Speech & Language Therapy			45		27.9	30	33.8	31.7	30	30	30	30.8	30	30	-	30	-		
Stroke Patients Scanned - within 1 Hour of clock start					28.2%	32.9%	30.9%	35.2%	35.9%	44.6%	52.2%	46.7%	30.2%	45.3%	42.1%	72.7%	100.0%		
Stroke Patients Scanned - within 12 Hours of clock start					92.9%	98.8%	91.4%	98.6%	100.0%	98.5%	97.1%	90.7%	93.7%	93.8%	100.0%	90.9%	100.0%		
Readmissions within 28 days			-	-	1002	1040	1031	1021	1124	1112	1083	1212	1097	1298	1170	1100	552		
% readmission within 28 days			-	-	8.7%	9.1%	8.9%	9.1%	9.3%	9.1%	9.8%	9.9%	9.4%	10.8%	10.1%	9.5%	4.9%		

Integrated Performance Report - continued

Domain	Description	Regulatory	National Standard 24/25	Current Month Trajectory (RAG)	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Trend
Quality Caring & Experience	Complaints		-	-	88	93	68	66	79	83	53	68	73	70	77	76	80	
	Complaints - responded within agreed timeframe - based on month response due		85%	85%	57%	58%	57%	46%	58%	49%	46%	46%	45%	44%	44%	46%	43%	
	PALS - Count of concerns		-	-	312	275	315	260	302	301	274	347	311	320	340	345	367	
	Compliments		-	-	104	74	89	86	93	85	172	178	135	151	120	81	121	
	Friends and Family Test - SaTH		95%	95%	98.8%	97.1%	98.2%	98.2%	90.9%	93.5%	92.7%	91.8%	93.3%	91.0%	89.1%	88.4%	89.7%	
	Friends and Family Test - Inpatient		95%	95%	98.7%	98.1%	98.7%	98.8%	97.8%	98.5%	98.5%	98.2%	98.4%	98.2%	98.4%	98.3%	99.2%	
	Friends and Family Test - A&E		85%	85%	91.7%	63.3%	55.6%	38.1%	66.1%	61.6%	62.9%	67.7%	65.2%	62.4%	62.9%	60.3%	66.1%	
	Friends and Family Test - Maternity		95%	95%	100.0%	96.0%	97.7%	100.0%	100.0%	91.5%	96.2%	97.4%	96.8%	94.9%	81.0%	100.0%	100.0%	
	Friends and Family Test - Outpatients		95%	95%	98.9%	97.9%	98.5%	98.4%	98.8%	98.6%	98.7%	98.9%	99.5%	98.5%	97.9%	98.1%	98.1%	
	Friends and Family Test - SaTH Response rate %		-	-	5.5%	9.6%	7.9%	7.5%	7.8%	11.2%	7.3%	8.6%	10.1%	7.9%	8.2%	9.9%	10.0%	
	Friends and Family Test - Inpatient Response rate %		-	-	14.5%	24.7%	20.1%	19.8%	13.5%	22.1%	14.6%	13.5%	19.8%	15.1%	13.5%	16.7%	15.8%	
	Friends and Family Test - A&E Response rate %		-	-	0.1%	0.7%	0.2%	0.2%	4.5%	4.0%	3.0%	5.5%	4.2%	3.8%	5.1%	6.1%	6.6%	
	Friends and Family Test - Maternity (Birth) Response rate %		-	-	0.3%	6.0%	1.2%	6.5%	7.1%	3.3%	1.9%	1.8%	5.0%	1.4%	1.1%	27.3%	1.0%	

Patient Safety, Clinical Effectiveness, Patient Experience Executive Summary

Re-admission data has been added onto the IPR for the first time and now starting to explore benchmarking of the re-admission data.

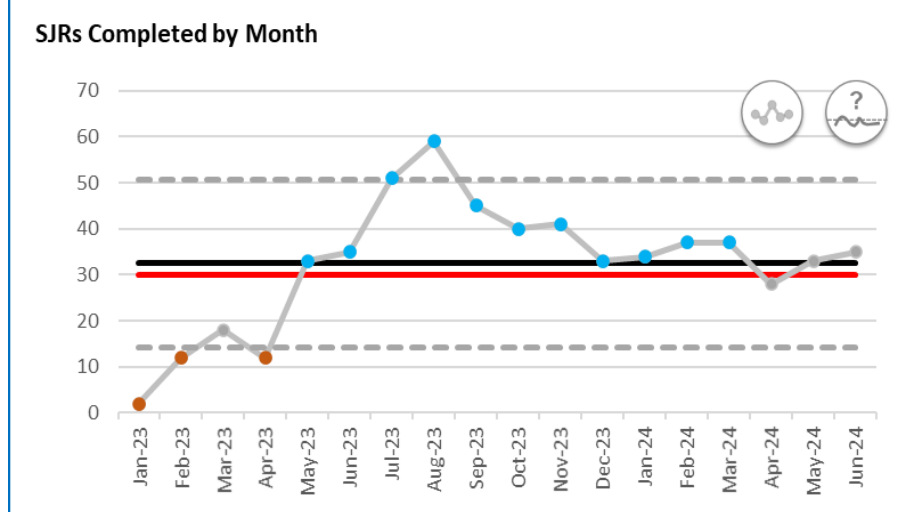
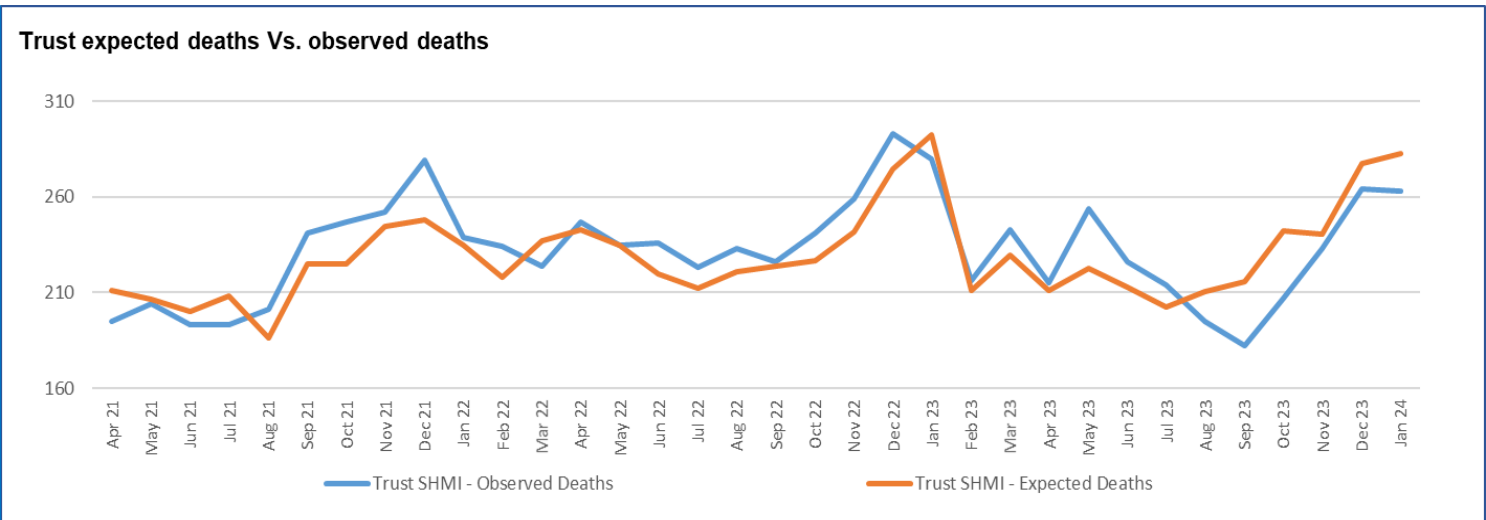
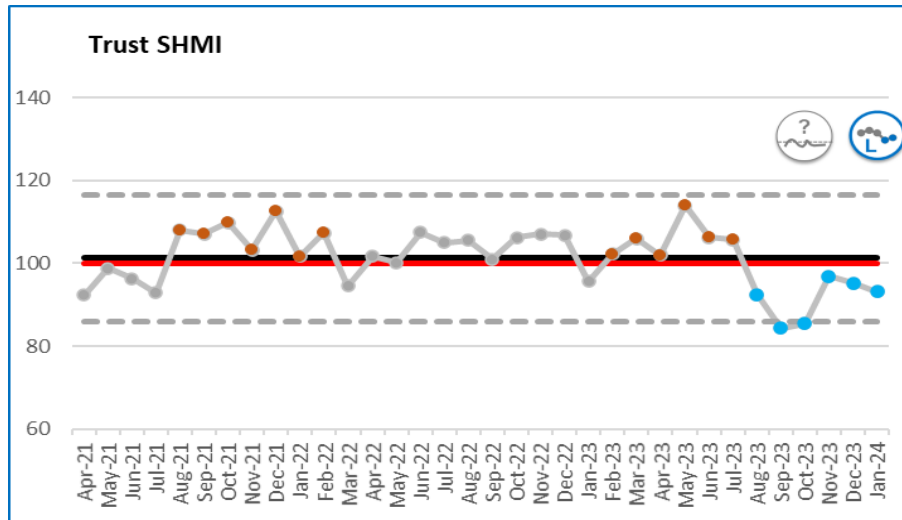
C. diff remains high with 20 cases and work ongoing.

We are not seeing a fall in Pressure ulcers and report will be coming in October to QOC.

Falls per 1000 bed days in June has increased slightly from last month; we continue to monitor closely and work on the quality priority milestones.

Data warehouse issue means not currently getting some data sets including VTE assessments.

Mortality outcome data



Mortality outcome data

Summary:

The Trust's SHMI to January 2024 was 93.09. Observed v expected deaths were 263:283. The latest reported Structured Judgement Review completion rate for April 2024, within the 8-week timeframe, is 15% of deaths. Challenges to SJR timeliness remains as coding issues and notes availability continues. Significant concerns raised by the Bereaved from the ME scrutiny from June 2024 include issues around falls and timeliness of investigation and treatment of sepsis.

Recovery actions:

SJR Datix submissions processing has improved.
The SJR+ app is now being hosted by AQUA, accessing historical SJR data for analysis prior to AQUA hosting remains a challenge.

Anticipated impact and timescales for improvement:

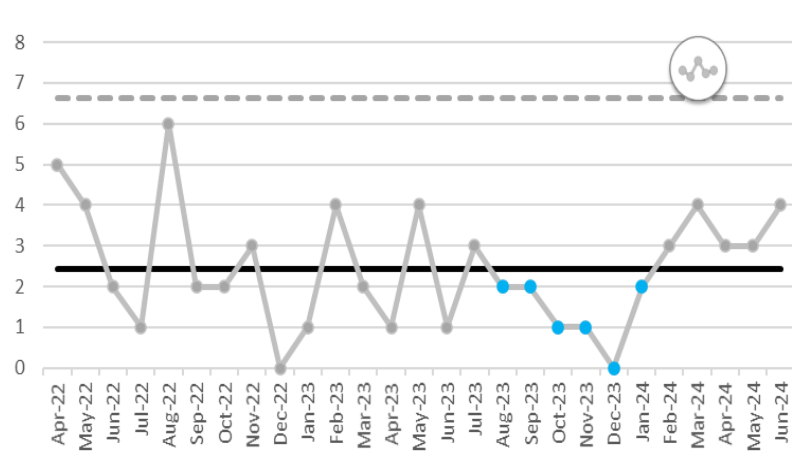
Septicaemia remains an outlier condition in mortality metrics. The most frequently identified problems highlighted in the SJR report for Q1 were problems in initial assessment, investigation and diagnosis, problems leading to readmission and problems related to initial or ongoing treatment and management plan.

Recovery dependencies:

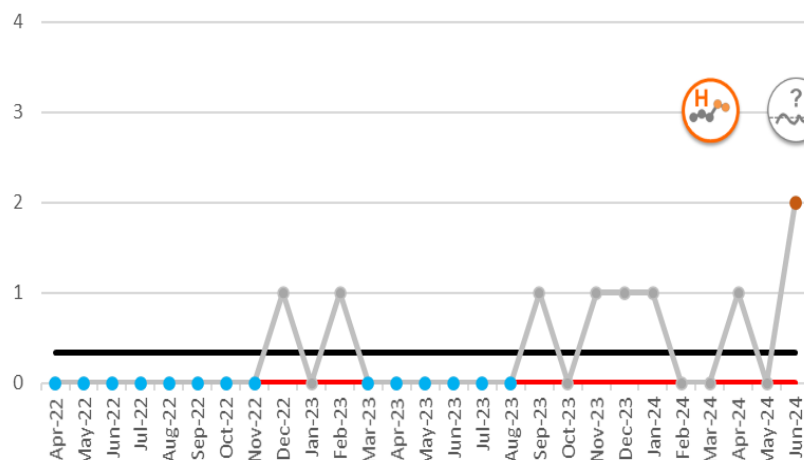
Candidates for the Clinical Lead for Learning from Deaths post will be interviewed at the end of August. The Corporate Learning from Deaths team remain without administrative support whilst the band 4 role is vacant.

Infection Prevention and Control

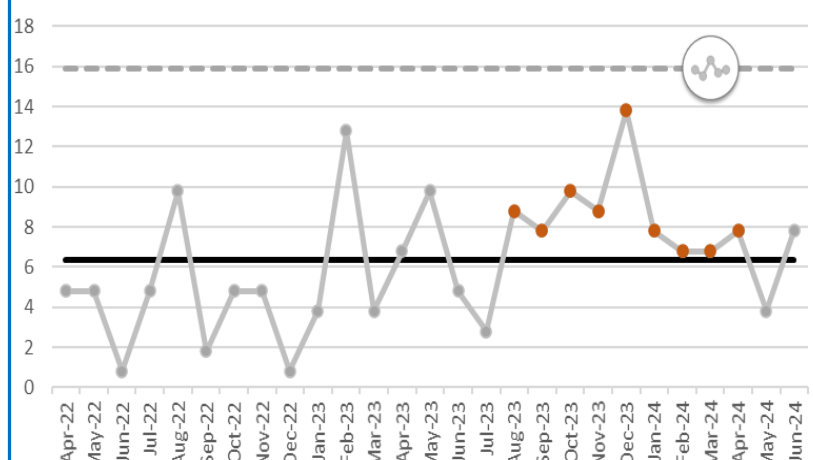
MSSA - HOHA



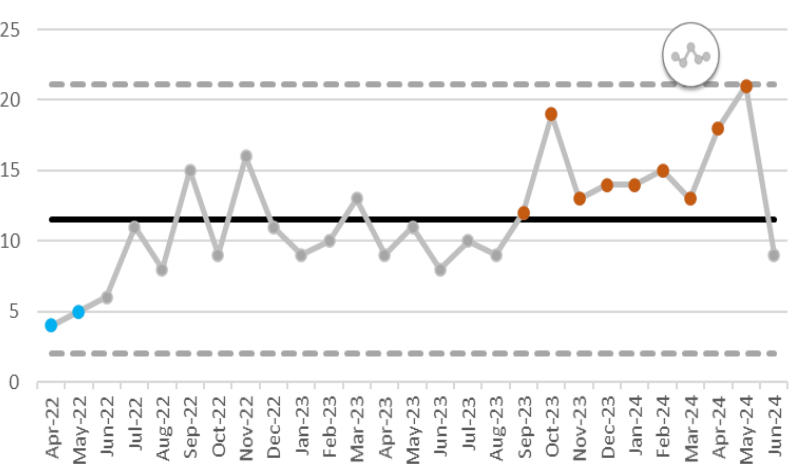
MRSA - HOHA & COHA



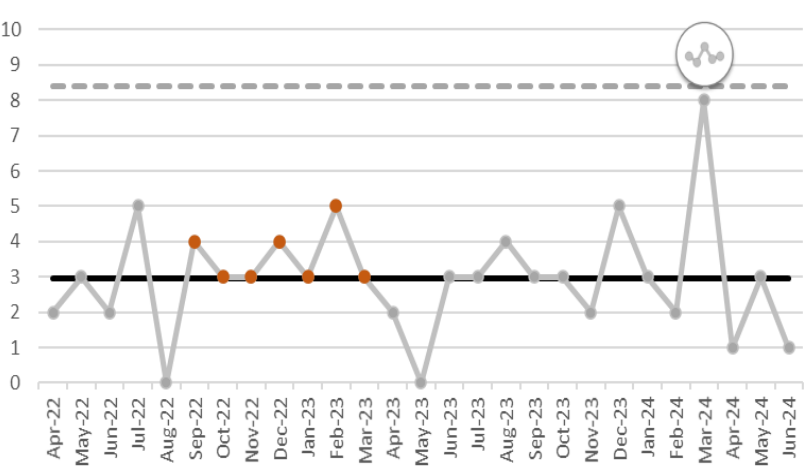
C. difficile - HOHA & COHA



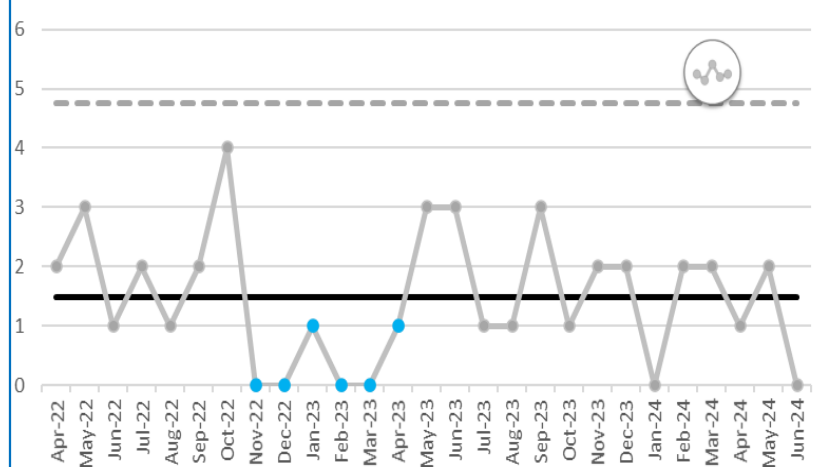
E. coli - HOHA & COHA



Klebsiella - HOHA & COHA



Pseudomonas aeruginosa - HOHA & COHA



Infection Prevention and Control

Summary: In June 2024 there were the following bacteremia:

- 5 MSSA (4 HOHA / 1 COHA)
- 1 MRSA Bacteremia
- 8 C. diff (4 HOHA, 4 COHA)
- 9 E. coli Bacteremia (2 HOHA, 7 COHA)
- 1 Klebsiella Bacteremia (1 COHA)
- 0 Pseudomonas Bacteremia

Recovery actions:

In June 2024, there was 1 MRSA bacteremia reported while in hospital. Learning points were shared with the associated care group and at NMF

C. diff cases remain high with 20 cases reported. 9 of these cases occurred greater than 48 hours after admission (post 48) and the remaining 11 cases had recent contact in the Trust in the 28 days prior to the positive sample (recent contact).

A working group was held in April 2024 as a result of SaTH's high C. diff rate

- Each workstream will meet monthly and update on progress. During these meetings, actions will be agreed to help achieve defined milestones and updates given on previously agreed actions. Risks and issues will also be highlighted and discussed
- Each workstream will be accountable not only to deliver improvements defined within the programme but also to track the impact of these improvements

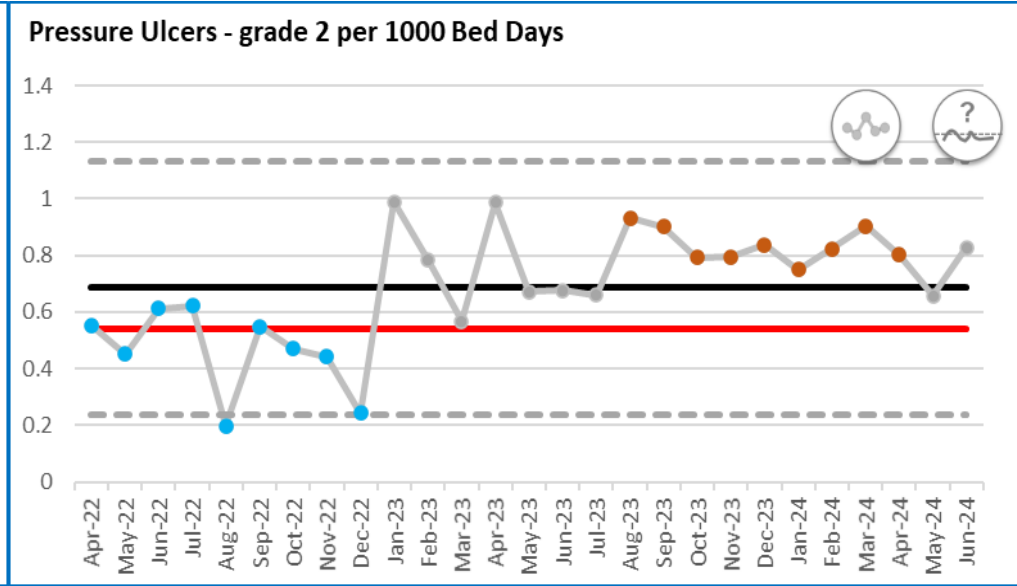
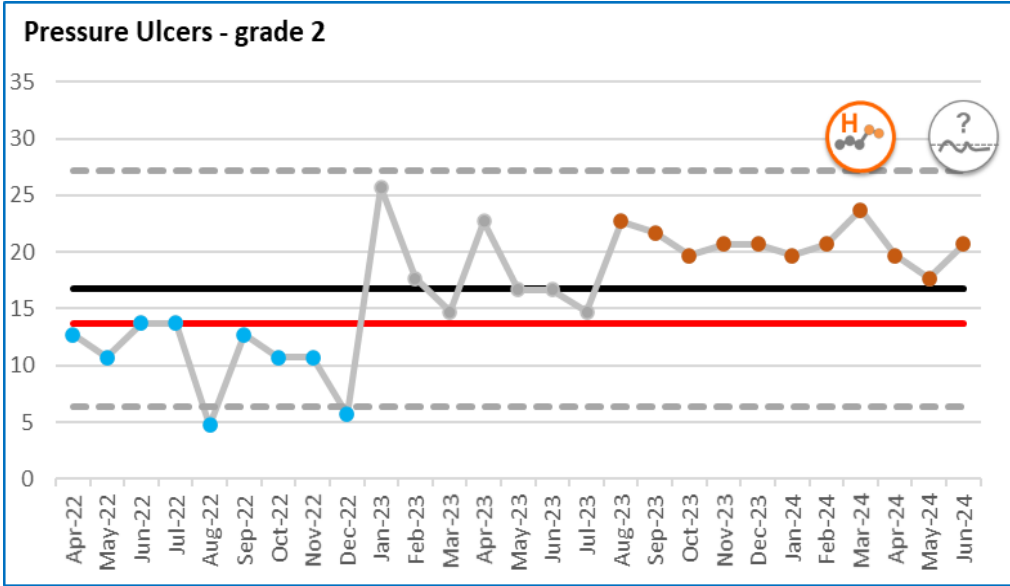
Anticipated impact and timescales for improvement:

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 - Category 2



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

Patient harm – Pressure ulcers - Category 2

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 is 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, and we are now in the process of action planning and target setting. Going forward, a monthly meeting will take place with a link into the monthly Trust Nursing Metrics meetings.

Review of Tissue Viability processes in line with National Wound Care Strategy Programme to ensure recommended practice is in place. The Implementation of PURPOSE T risk assessment tool is in progress and implementation target date remains 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.

Senior oversight is maintained through the monthly Tissue Viability Steering Group and Pressure Ulcer Reduction Group.

These figures are correct at the time of validation by the Tissue Viability Service. Any agreed changes following departmental review will be clearly documented on the incident report system for tracking purposes.

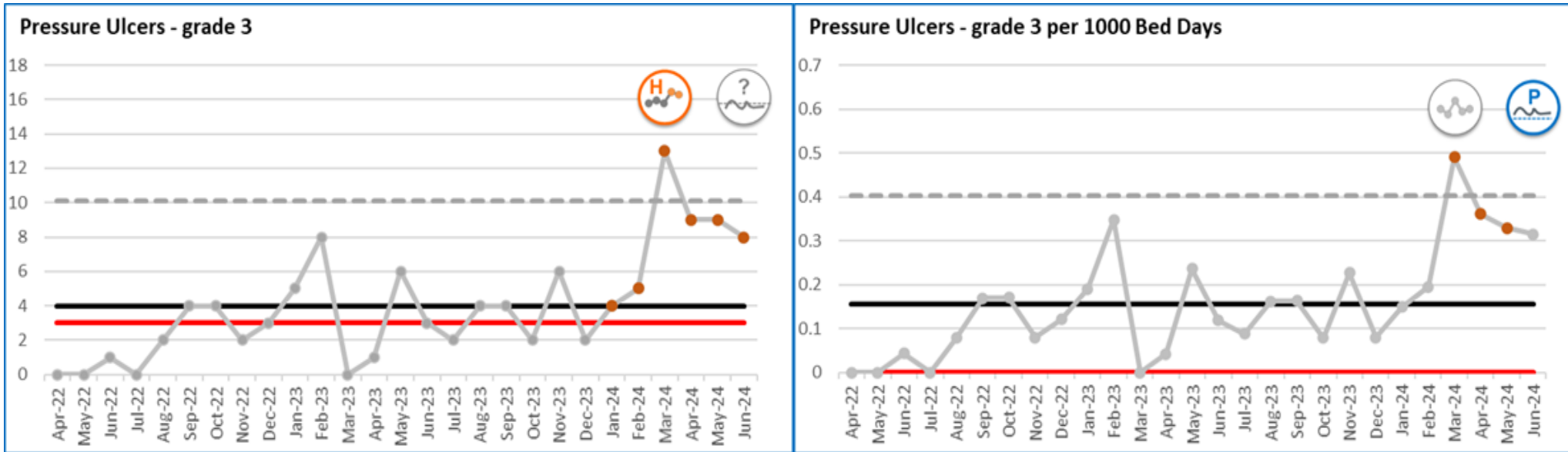
Anticipated impact and timescales for improvement:

Reduction in consistent themes in relation to pressure ulcers. Aim for a 40% reduction in sustained pressure ulcers by 31/3/2025.

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 – Pressure ulcers - Category 3



Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	5
Surgery, Anaesthetics and Cancer	2
Women's & Children's	1

Patient harm – Pressure ulcers - Category 3

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 National Wound Care Strategy Programme to ensure recommended practice in place. The Implementation of PURPOSE T risk assessment tool is in progress and implementation target date remains 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.

Senior oversight is maintained through The monthly Tissue Viability Steering Group and Pressure Ulcer Reduction Group. Figures are correct at the time of validation by the Tissue Viability Service. Any agreed changes following departmental review will be clearly documented on the incident report system for tracking purposes.

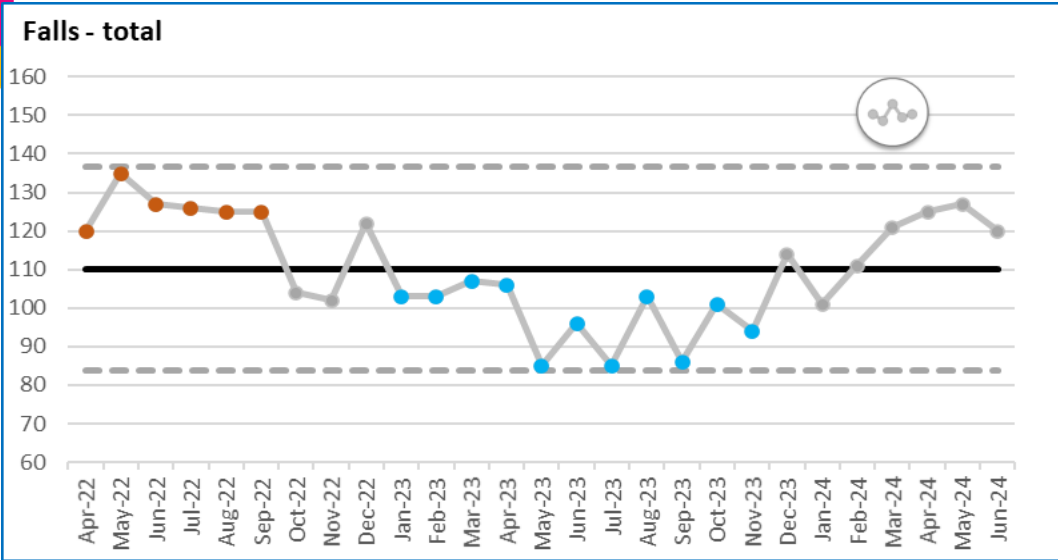
Anticipated impact and timescales for improvement:

Reduction in consistent themes in relation to pressure ulcers. Aim for a 40% reduction in sustained pressure ulcers by 31/3/2025.

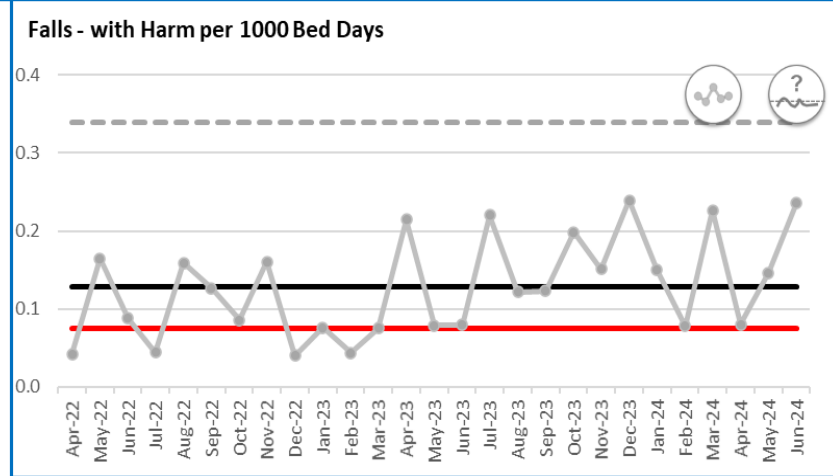
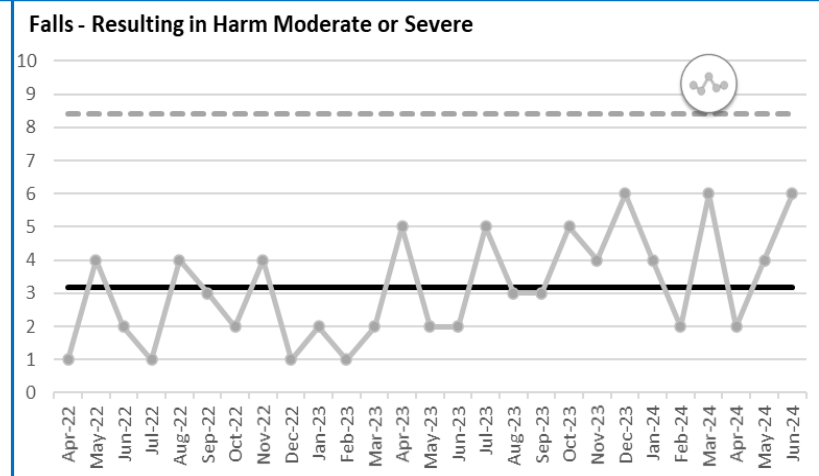
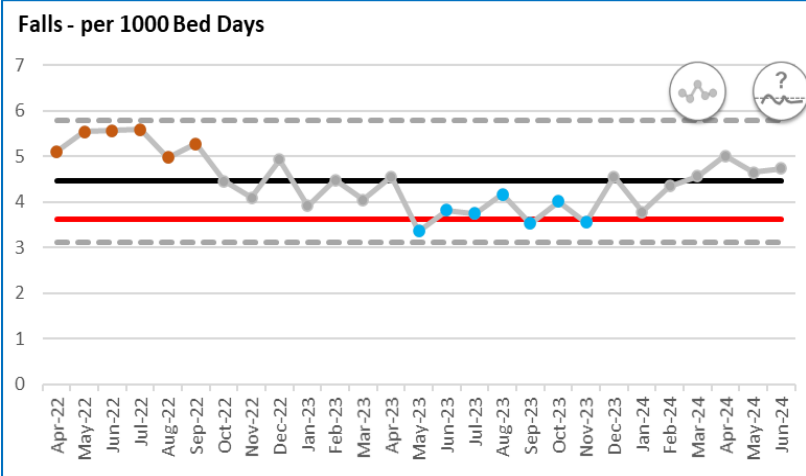
Recovery dependencies:

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 - Falls



Falls – Total per Division	Number Reported
Medicine and Emergency Care	89
Surgery, Anaesthetics and Cancer	29
Women's & Children's	0
Clinical Support Services	2



Patient harm - Falls

Summary:

Falls per 1000 bed days in June increased slightly from last month but continues to show common cause variation, although we did report a lower number of total falls in month of 120.

There continues to be falls with harm with 6 falls being seen in June 2024 that resulted in moderate harm or above. Common cause variation continues to be seen on the falls with harm and falls with harm per 1000 bed days charts.

Recovery actions:

Overarching Trust action plan is in place that has been revised to align with PSIRF priorities and now presented as a project plan. This plan is due to be revised further once the Reconditioning/Movement matters lead starts in post mid September. Ongoing education and support from the Quality Team to wards in the absence of a falls practitioner. Continue to support staff with education around deconditioning. Ward 27 have received external education from Elevate and a trial due to commence in October with Elevate attending the ward to work with Patients and Staff. Weekly meeting to review falls has been reviewed to align with the new PSIRF framework, focusing on improvements and initial feedback from those attending is positive.

Anticipated impact and timescales for improvement:

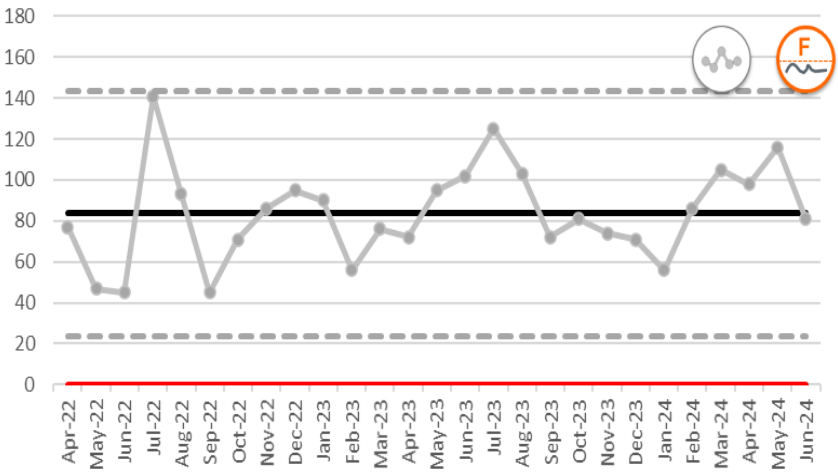
Continue with full implementation and embedding of the fall's project plan. We now have a vacancy in the Falls practitioner role - this role has been reviewed in line with national recommendations and guidance and reframed to include the reconditioning work that is essential to prevent falls. The role went out to advert late June and closed 3rd July, applicant starts post 15th September. Further improvement work is planned on a number of different wards and progress will be shared through Falls Steering Group.

Recovery dependencies:

Recruitment to replace to the now vacant falls post and quality team facilitator role.

Mixed sex breaches exception report

Mixed Sex Breaches



Summary:

There continues to be a large number of mixed sex breaches, this is due to the wider capacity issues around bed availability across the Trust. There remains challenges in relation to the step down of patients from HDU/ITU who are stable and can be cared for in a ward environment. Although the use of AMA to accommodate patients overnight who require an inpatient bed is only to be with Executive approval, this area has continued to be used due to the capacity pressures within 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, however currently this space continues to be used
- Continue to push the use of Virtual Ward and OPAT continues with improvement work in relation to earlier discharges and use of the 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.

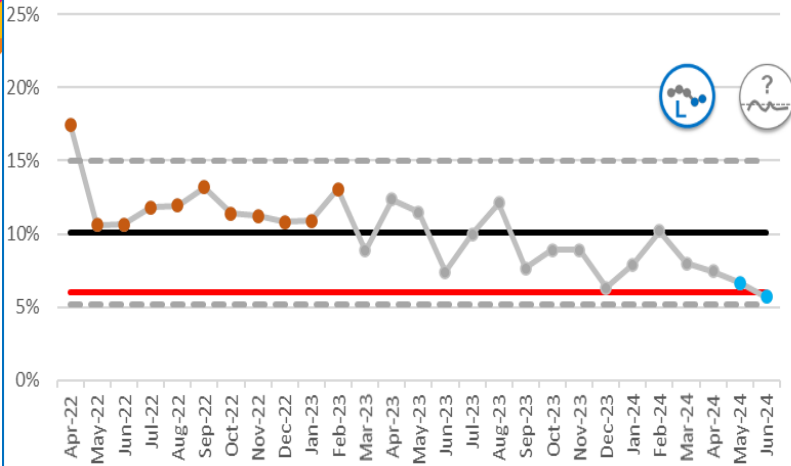
Location	Number of breaches	Additional Information
AMU (PRH)	38 breaches	Over 9 occasions in AMA
ITU / HDU (PRH)	12 primary breaches	8 medical, 1 ENT, 1 endocrine, 1 cardiology, 1 nephrology
ITU / HDU (RSH)	31 primary breaches	7 medical, 19 surgical, 1 T&O, 1 urology, 2 gastro, 1 oncology

Recovery dependencies:

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

Maternity

Smoking rate at Delivery



Summary:

SATOD has further decreased in June to 5.7% which is exceeding the Government target of 6%. 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%.

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.

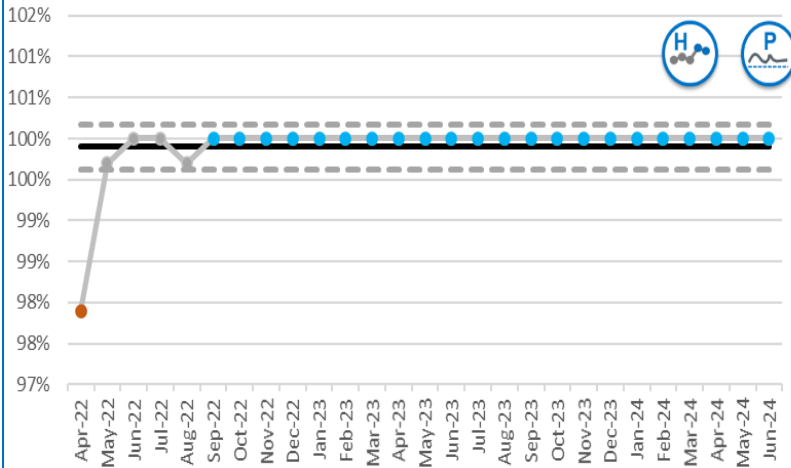
Recovery actions:

Look to further decrease SATOD in 2024/25.

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.

One to One Care in labour

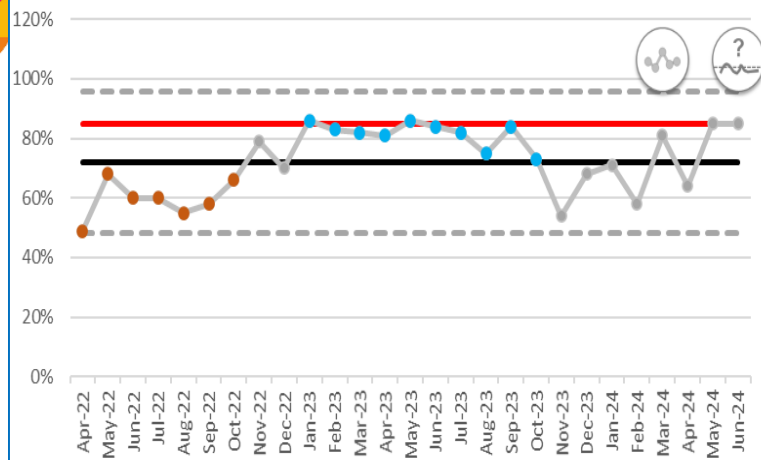


Recovery dependencies:

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

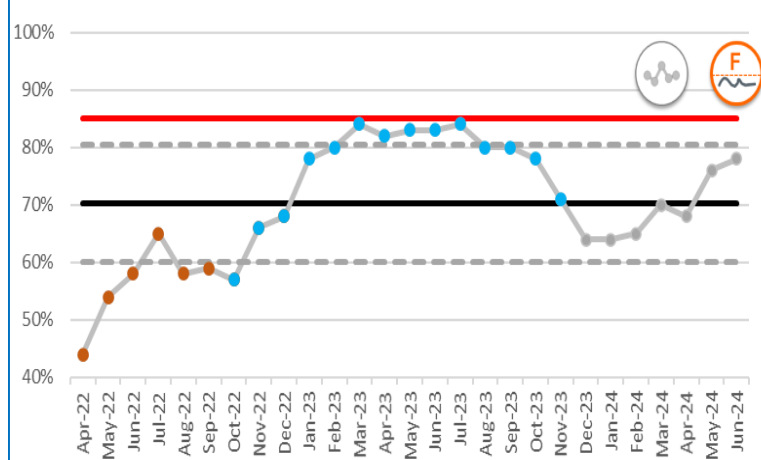
Delivery Suite Acuity



Summary:

Delivery suite acuity has increased in June to 85%, a significant improvement from April and remains in line with the National target of 85%. The service continues to experience high levels of unavailability (>30wte against template) as a result of maternity leave/sick leave/supernumerary status of the international midwives. This is in addition to short term sickness for seasonal bugs for staff and their dependants. In order to reduce the risk to the service, the specialist midwifery workforce has been reviewed with several being redeployed into the clinical workforce which reduces the risk to patient safety but increases the risk of non-delivery of the specialist workforce agenda. This is currently under review with acuity demonstrating a more stable rate at 85% for the months of May and June, this has facilitated a return of the Specialist midwives back to specialist duties maintaining 1 clinical shift per week.

Delivery Suite Acuity - Rolling 13 week rate



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 19wte 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 maintaining 85% target for green acuity using proactive management of the clinical midwifery workforce.

High levels of unavailability continue to be anticipated which is mitigated by increasing clinical work for specialist midwives and senior leadership teams. Several specialist roles have been paused to support the clinical workforce which has given a total of 16.8wte additional staffing resource.

Recovery dependencies:

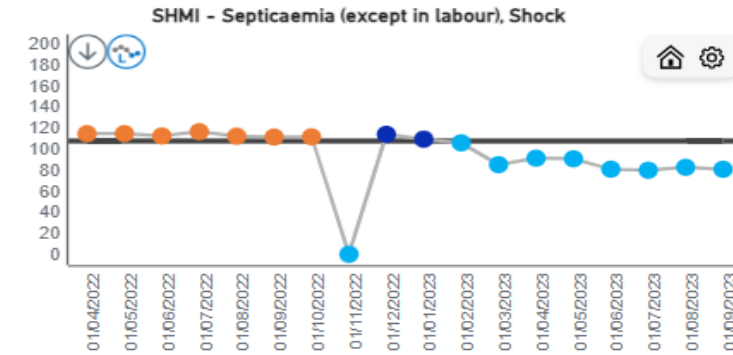
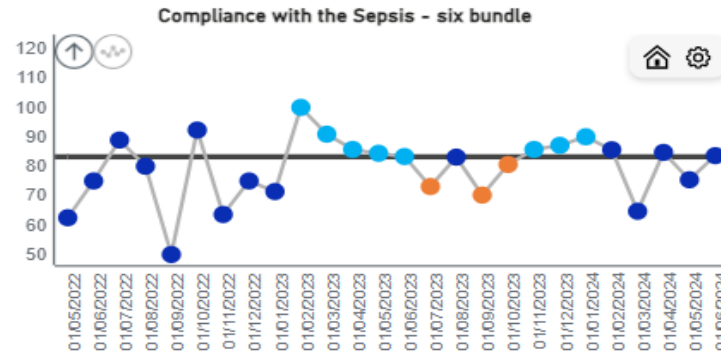
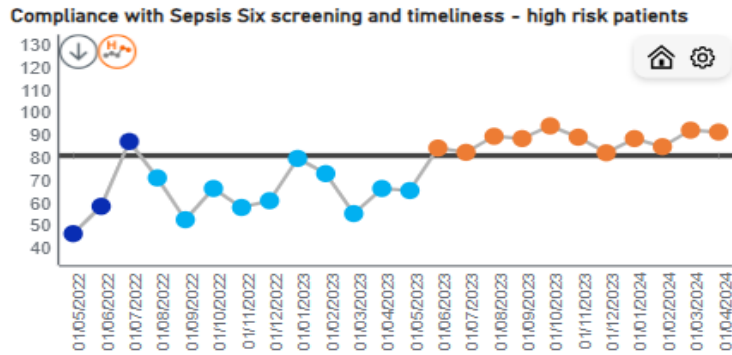
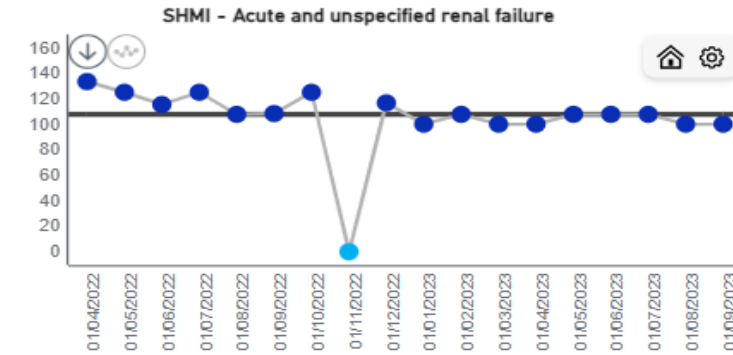
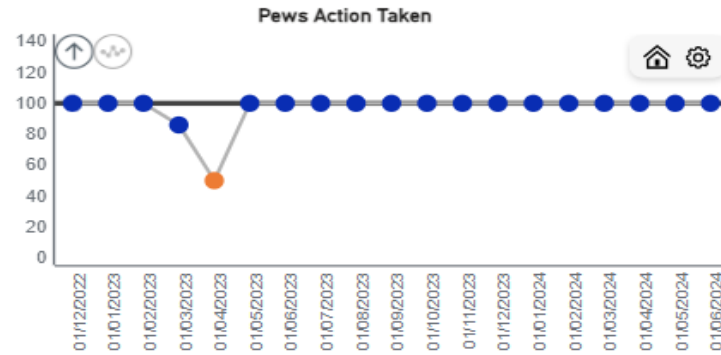
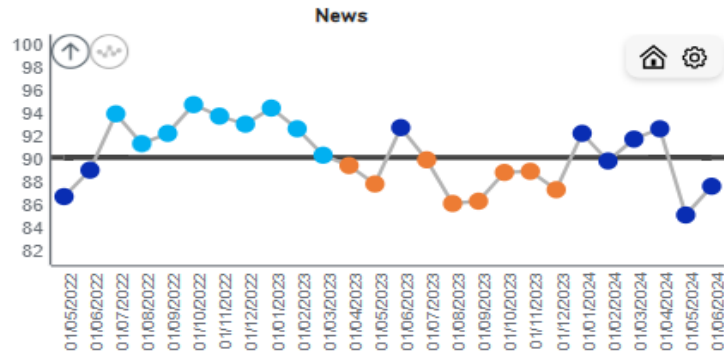
The introduction of vacancy panels have hindered recruitment, as proactive management of attrition rates has been affected significantly.



Quality - Safe - Deteriorating Patient

Falls

	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024
News	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	85.2	87.7
Pews Action taken	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	100.0	100.0
% Compliance with Sepsis Six screening and timeliness - high risk patients	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	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	75.40	83.60
SHMI - Septicaemia (except in labour), Shock	106.10	85.30	91.50	90.90	81.00	80.00	82.80	80.90									
SHMI - Acute and unspecified renal failure	107.70	100.00	100.00	107.70	107.70	107.70	100.00	100.00									



Deteriorating Patients

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. The IPR data is under review and will include refreshed graphs following a review of data used within the report.

Recovery actions:

Sepsis module upgrade on vitals launched in November 2023.
Ongoing sepsis vitals eLearning on LMS and face to face training are in place to improve consistency and compliance. Improvements have been seen and sustained since launching 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 in knowledge around standards for deteriorating patient and sepsis management at ward level.
The Trust Intranet page has been updated to ensure ease of access for staff.
Paeds vitals launched July 24.

Anticipated impact and timescales for improvement:

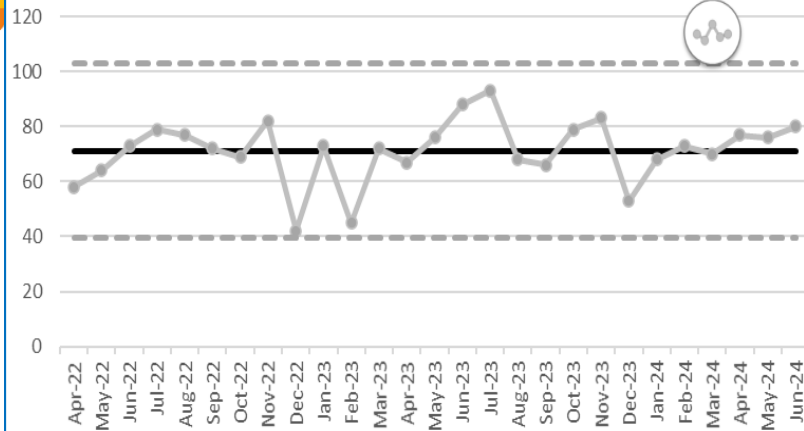
Measures outlined in the overarching deteriorating patient action plan to be reviewed with DPG and Deputy Medical Director to prioritise workstreams and assign leads.
Significant amount of work completed following review of processes within the deteriorating patient nurse portfolio.
Launch of paed's sepsis module on vitals

Recovery dependencies:

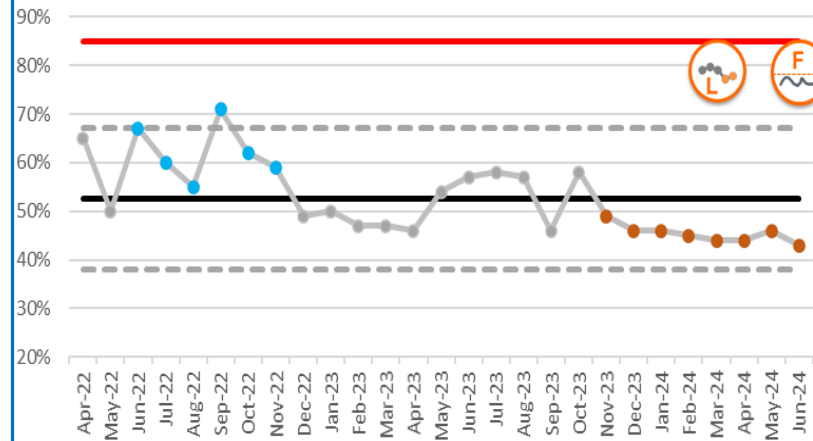
Support and engagement throughout the trust with decisions made by Deteriorating Patient Group (DPG).
Divisional representation at DPG.

Complaints and Compliments

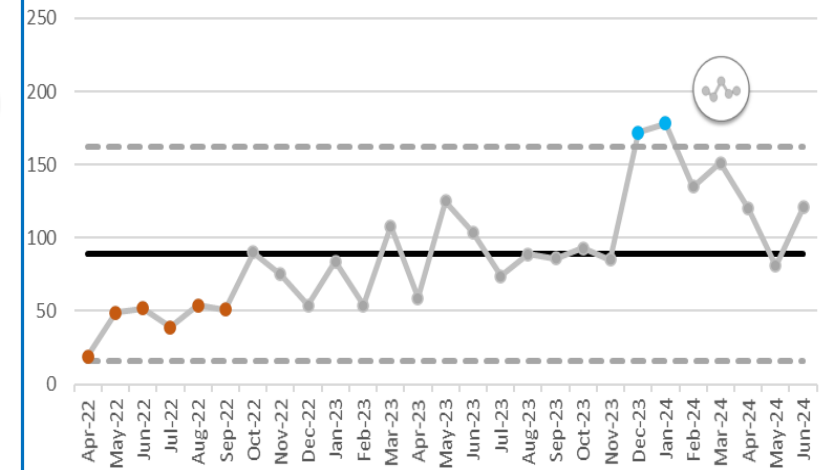
Complaints



Complaints - responded within agreed timeframe - based on month response due



Number of compliments received



Summary:

Numbers of new complaints remain within expected levels in June 2024. Work continues to reduce the number of overdue cases and to improve the timeliness of responses. 80% of complaints were acknowledged within one working day and 94% were acknowledged within two working days, with 100% acknowledged within the national timescale of three working days. We continue to breach the timescales for completion of complaints but have seen a reduction in how long the outstanding complaints have been, with the longest outstanding complaints having reduced.

Recovery actions:

- Weekly monitoring meetings with the Divisions of overdue complaints, trajectories set to reduce backlog.
- Encourage earlier interventions in relation to resolving complaints.
- Review of Policy to include new actions for management of complaints.

Anticipated impact and timescales for improvement:

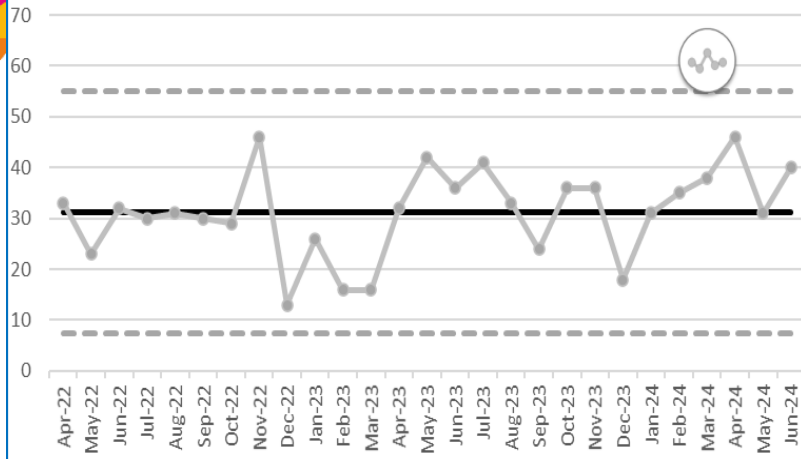
Improvement in timeliness of responses.

Recovery dependencies:

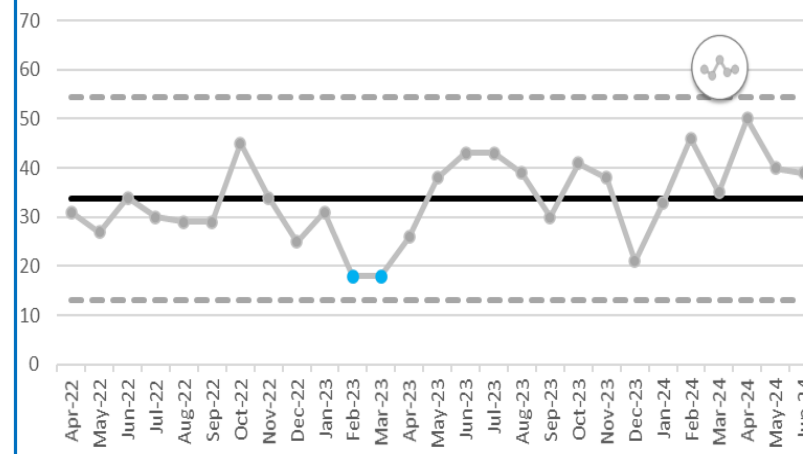
Capacity within complaints team due to vacancies. Capacity within Divisional teams due to high levels of clinical activity

Complaints by Theme – Top 6

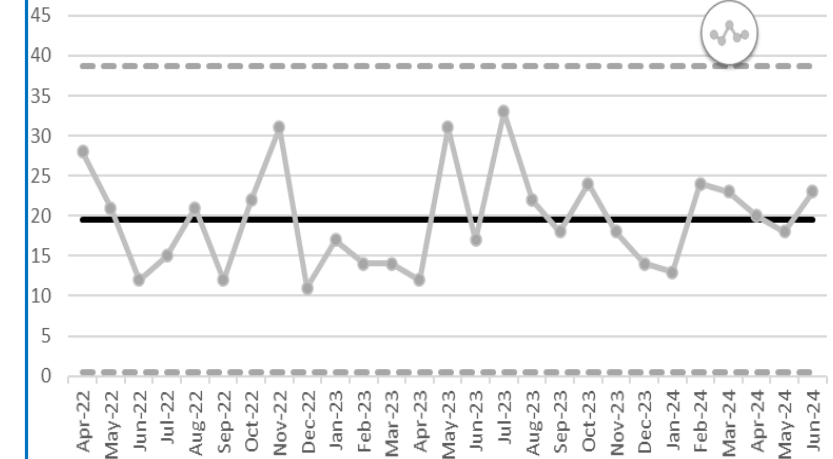
Complaints by Theme - Communication



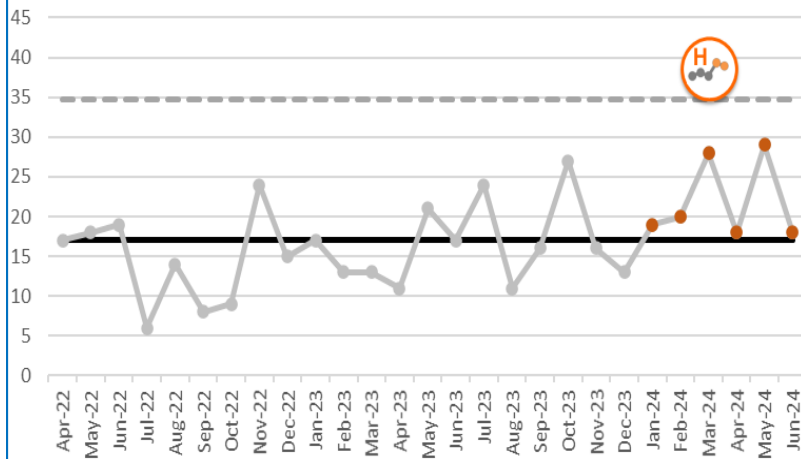
Complaints by Theme - Clinical treatment



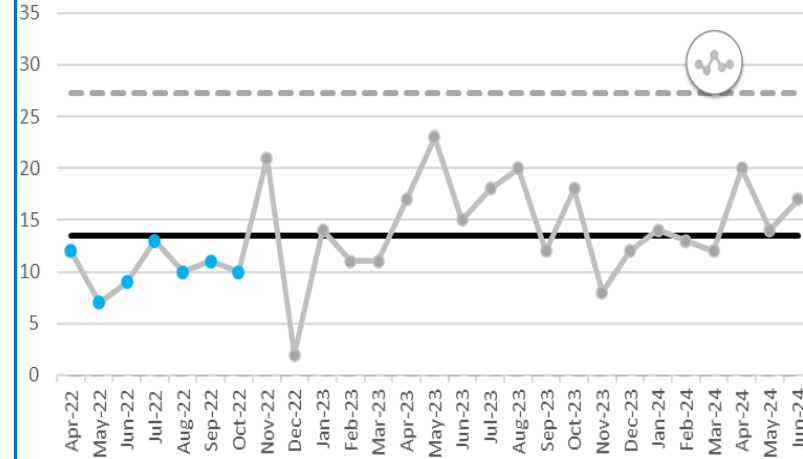
Complaints by Theme - Patient care



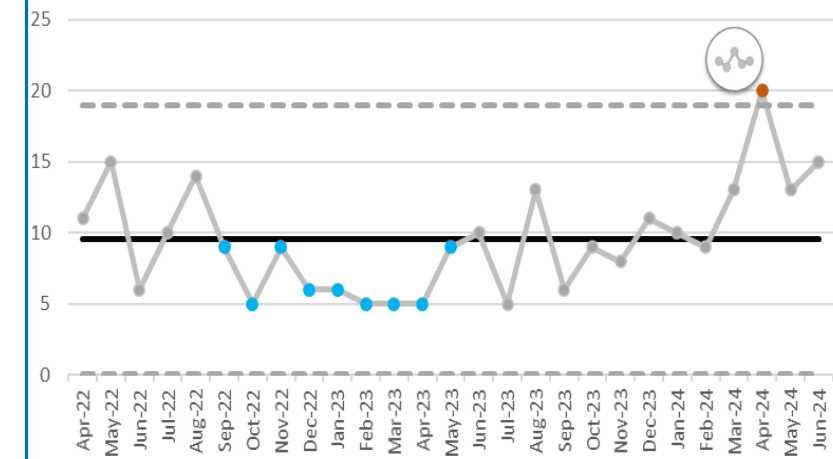
Complaints by Theme - Values & Behaviours (staff)



Complaints by Theme - Admission / Discharge



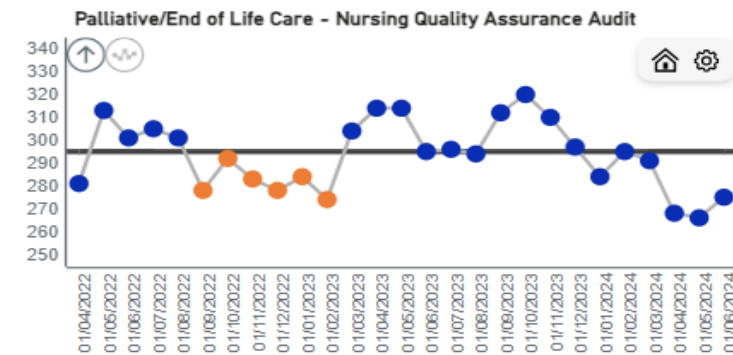
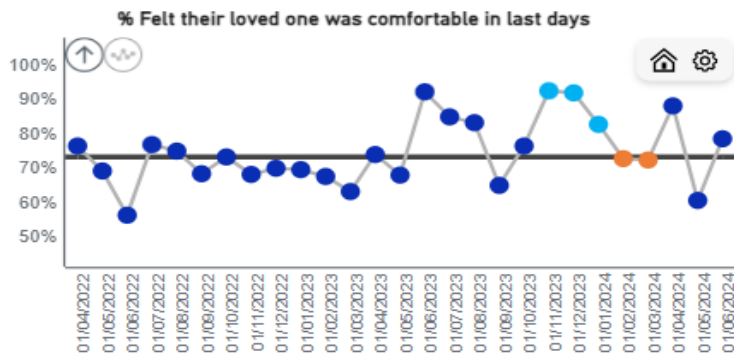
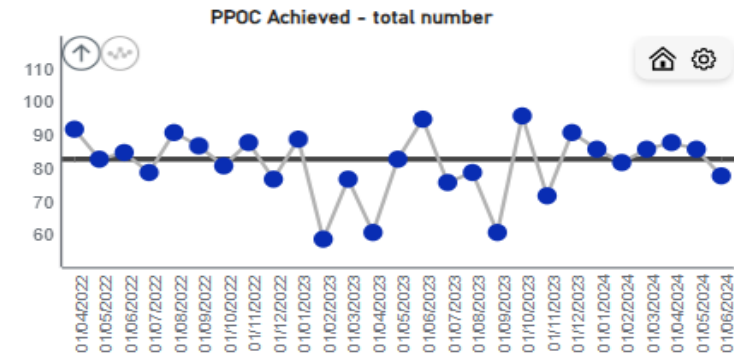
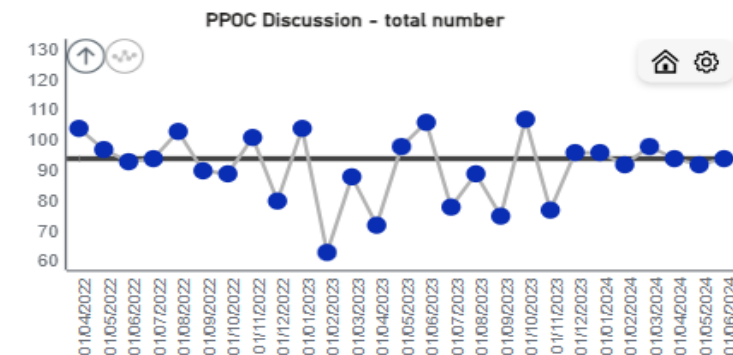
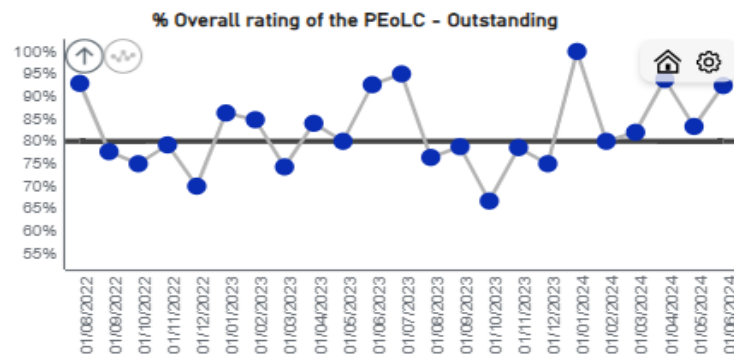
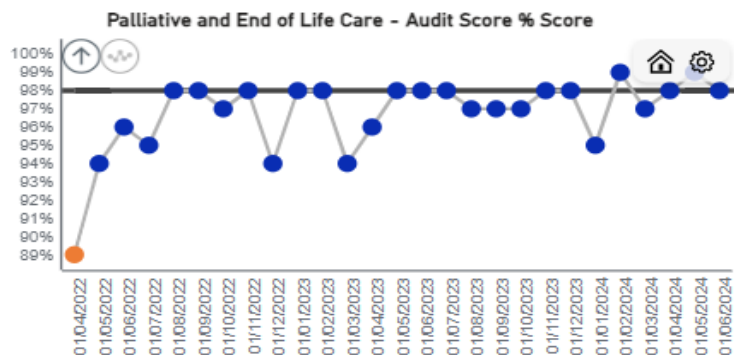
Complaints by Theme - Waiting time





Quality - Patient Experience - End of Life Care

	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024
Palliative and End of Life Care - Audit Score % Score	98	94	96	98	98	98	97	97	97	98	98	95	99	97	98	99	98
% Overall rating of the PEoLC - Outstanding	84.8	74.3	84.0	80.0	92.6	95.0	76.4	78.8	66.7	78.6	75.0	100.0	80.0	82.0	93.8	83.3	92.4
PPOC Discussion - total number	63	88	72	98	106	78	89	75	107	77	96	96	92	98	94	92	94
PPOC Achieved - total number	59	77	61	83	95	76	79	61	96	72	91	86	82	86	88	86	78
% Felt their loved one was comfortable in last days	67.6	63.2	74.0	68.0	92.3	85.0	83.3	65.0	76.5	92.6	92.0	82.8	72.8	72.4	88.2	60.6	78.6
Palliative/End of Life Care - Nursing QA Audit	274	304	314	314	295	296	294	312	320	310	297	284	295	291	268	266	275





Quality - Patient Experience - End of Life Care



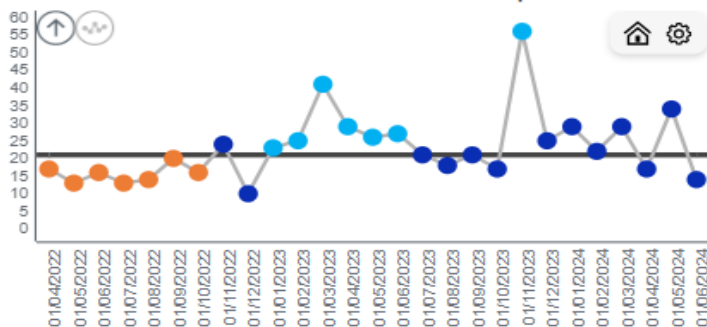
Page 1

Learning from Experience

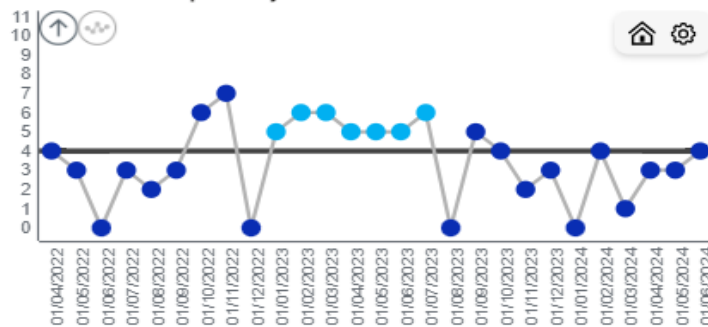
Vulnerable Patients

	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024
Bereavement feedback data - Total Number of responses	25	41	29	26	27	21	18	21	17	56	25	29	22	29	17	34	14
Complaints by Theme - End of life care	6	6	5	5	5	6	0	5	4	2	3	0	4	1	3	3	4
End of Life Care Training	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	86.25	85.80

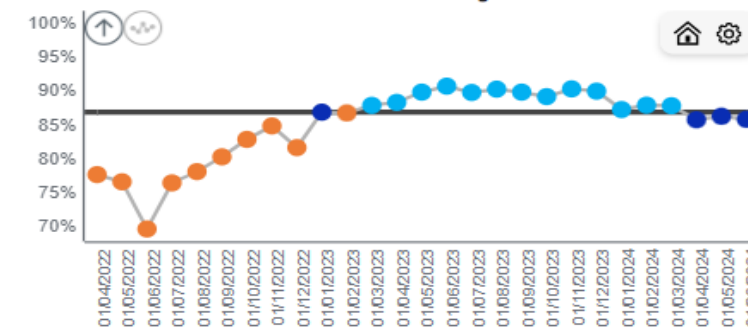
Bereavement feedback data Total Number of responses



Complaints by Theme - End of life care



End of Life Care Training



End of Life

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:

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

Anticipated impact and timescales for improvement:

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	Regulator	National Standard	Current Month Trajectory (RAG)	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Trend
Responsiveness	ED - 4 Hour Performance (SaTH Type 1 & 3) %		78% Mar25	59.1%	51.9%	51.7%	50.9%	51.7%	50.2%	51.5%	50.5%	50.0%	51.1%	50.0%	48.6%	52.2%	54.8%	
	ED - 4 Hour Performance (All Types inc MIU) %		-	-	62.1%	61.5%	61.0%	61.4%	59.8%	60.0%	59.6%	59.1%	60.3%	60.2%	59.2%	61.9%	64.7%	
	ED - 12 Hour Trolley Breaches	R	0	0	479	803	1026	1088	862	1068	957	860	844	579	829	647	560	
	Number of Ambulance Arrivals	R	-	-	3055	3104	2992	3005	2893	3141	3047	2821	3124	3089	2909	2853	3096	
	Ambulance Delays > 15 minutes	R	-	-	2686	2778	2705	2702	2343	2340	2340	2198	2536	2327	2391	2553	2675	
	Ambulance Delays > 15 minutes %	R	0%	-	87.8%	88.3%	89.2%	87.8%	76.8%	72.8%	72.4%	73.9%	78.4%	75.3%	77.9%	86.2%	82.4%	
	Ambulance Delays > 60 minutes %	R	0%	-	34.4%	31.1%	31.3%	36.4%	43.0%	30.4%	37.1%	36.8%	34.3%	33.6%	36.2%	30.3%	23.6%	
	ED activity (total excluding planned returns)		-	13861	13273	12752	12858	13062	12318	12827	12659	12249	13804	12983	13773	12940	12865	
	ED activity (type 1 excluding planned returns)		-	11448	10833	10478	10668	10779	10101	10231	10128	9851	10921	10731	11351	10721	10713	
	Total Emergency Admissions from A&E		-	-	2715	2667	2660	2778	2718	2951	2760	2787	3028	3050	3076	3054	3345	
	% Patients seen within 15 minutes for initial assessment		-	-	32.4%	30.7%	28.9%	30.5%	37.3%	50.8%	51.0%	47.0%	45.5%	42.4%	47.7%	54.1%	60.0%	
	Average time to initial assessment (mins)		15 Mins	15	36	37	40	39	33	22	22	25	28	29	27	21	17	
	Average time to initial assessment (mins) Adults		15 Mins	15	41	42	45	42	35	21	22	23	26	29	28	22	17	
	Average time to initial assessment (mins) Children		15 Mins	15	22	20	28	32	27	24	23	28	33	31	24	18	16	
	Mean Time in ED Non Admitted (mins)		-	215	309	324	343	337	368	350	363	358	374	386	335	302	269	
	Mean Time in ED admitted (mins)		-	500	1202	1177	1243	1232	1252	1154	1333	1326	1265	1175	1250	1148	939	
	No. Of Patients who spend more than 12 Hours in ED		< 2023/24	165	2309	2344	2329	2488	2538	2360	2584	2509	2519	2588	2679	2308	2103	
	12 Hours in ED Performance %		< 2023/24	6%	17.40%	18.38%	18.11%	19.05%	20.60%	18.40%	20.41%	20.48%	18.25%	19.94%	19.50%	17.84%	16.35%	
	Bed Occupancy Rate G&A (SitReps)		-	92%	89.9%	89.8%	90.8%	94.0%	95.4%	95.0%	96.3%	96.5%	93.0%	94.9%	95.5%	94.6%	93.5%	
	Diagnostic Activity Total		-	-	22314	22064	20188	21686	22753	20435	22704	20925	20125	20309	20617	19745	22698	
	Diagnostic 6 Week Total Performance %		95% Mar25	-	66.3%	69.5%	70.4%	73.4%	73.7%	71.4%	75.8%	80.5%	75.4%	71.0%	68.9%	63.4%	61.5%	
	Diagnostic 6+ Week Breaches		0	-	3815	3321	3344	2894	3204	2924	2563	2275	3318	4233	4627	5653	6323	
	Total Non Elective Activity		-	5085	5099	5150	5066	5398	5375	5457	5673	5420	5673	5515	5701	5380	Not Available	
	Total elective IPDC activity		-	6645	5984	6136	5833	6294	6416	5214	6187	5877	5909	5706	5564	5505	Not Available	
	Total outpatient attendances		-	46896	49181	47305	47231	50310	51741	42728	53961	49592	49950	45943	38762	29237	Not Available	
	DNA rate - all ages		-	-	4.7%	4.7%	4.7%	5.3%	4.7%	5.0%	4.8%	4.8%	5.3%	5.4%	7.6%	Not Available	Not Available	
	DNA rate - paedrs		-	-	9.2%	9.9%	8.9%	9.6%	8.7%	9.4%	8.0%	7.5%	7.7%	8.8%	11.8%	Not Available	Not Available	
	Number of episodes moved or discharged to PIFU		-	3100	1473	1693	1561	1768	1908	1831	1800	1873	1896	1864	1693	2223	Not Available	
	Number of episodes moved or discharged to PIFU %		-	6.6%	3.0%	3.6%	3.3%	3.5%	3.7%	4.3%	3.3%	3.8%	4.0%	4.1%	4.8%	5.8%	Not Available	
	Total virtual outpatient attendances - All - SaTH		-	10458	7783	8500	8122	8952	8991	7605	10281	8941	8370	6768	4212	2578	Not Available	
	Total virtual outpatient attendances % - All - SaTH		-	-	15.8%	18.0%	17.2%	17.8%	17.4%	17.8%	19.1%	18.0%	16.8%	14.7%	10.9%	8.8%	Not Available	
	RTT Incomplete 18 Week Performance		92%	-	54.6%	55.8%	55.9%	56.6%	55.2%	52.3%	50.7%	49.8%	50.2%	50.8%	51.4%	49.1%	49.6%	
	RTT Waiting list - Total size	R	-	-	38819	39117	38859	39659	38793	38697	38828	39582	41331	46317	49409	53280	55492	
	RTT Waiting list - English only		-	34370	34754	34977	34751	35459	34563	34427	34548	35220	36794	41406	44042	47563	49625	
	RTT 52+ Week Breaches (All)	R	0	-	2454	2297	2164	2206	2088	2179	2387	2704	2967	3584	3756	4656	4450	
	RTT 52+ Week Breaches - English only		-	1744	2183	2035	1925	1966	1839	1921	2133	2421	2673	3210	3321	4131	3944	
	RTT 65+ Week Breaches (All)		0 Sep'24	-	489	359	305	398	371	429	478	518	447	786	921	1330	1184	
	RTT 65+ Week Breaches - English only		0 Sep'24	189	419	302	260	348	315	374	427	447	378	708	824	1185	1025	
	RTT 78+ Week Breaches (All)	R	0	0	11	11	8	10	8	8	9	11	5	0	1	2	2	
	RTT 78+ Week Breaches - English only		0	0	1	1	2	1	1	1	2	3	0	0	0	0	1	
RTT 104+ Week Breaches (All)	R	0	0	0	0	0	0	0	1	0	2	1	0	1	1	1		
RTT 104+ Week Breaches - English only		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Cancer 62 Day Standard	R	70% Mar25	58.4%	48.5%	51.4%	49.0%	56.0%	46.4%	52.1%	50.1%	54.4%	58.2%	59.5%	62.3%	56.9%	-		
Cancer 31 Day First Treatment		96%	92.5%	91.3%	85.6%	86.6%	85.8%	91.2%	90.8%	86.6%	91.4%	91.6%	85.0%	91.6%	79.8%	-		
Cancer 28 Day Faster Diagnosis	R	77% Mar25	75.0%	66.8%	68.1%	71.8%	74.1%	75.1%	74.4%	71.1%	77.3%	74.3%	73.6%	68.6%	67.0%	-		
Theatre productivity		-	85%	66%	68%	69%	68%	72%	74%	72%	75%	76%	78%	79%	79%	78%		

Operational Summary

Performance against the 4-hour trajectory for July was 4.3% below plan (54.8% vs 59.1%). Performance improved by 2.6% June to July. In July, paediatric 4-hour performance has further improved and is 2.5% above trajectory at 85.5%. There has also been a further 6.1% and 5.7% improvement in performance respectively against time to paediatric and adult initial assessment on the previous month. Each of the Urgent and Emergency Care (UEC) workstreams has a detailed implementation plan supporting the Tier 1 PIDs which will be managed through the UEC Transformation Assurance Committee within SATH through to the UEC Delivery Group.

RTT - There was 1 x104w Welsh breach in July and 2 x >78w breaches in July, of which x1 English. At the end of July, there were 760 patients in the 65w September 2024 cohort requiring 1st OPA in order to achieve the plan for zero by end of Q2. RJAH continues to support elective orthopaedic activity as there is no suitable bed base in SaTH. The Elective Hub is now fully functional after some snagging issues with the new theatres. There is increased risk of multiple 78w breaches next month particularly for ENT, and we are forecasting that we will be unable to deliver 0 x 65w in September. This is due to lack of capacity within ENT, T&O, gynae, upper GI and respiratory. We are exploring opportunities within SaTH and via DMAS to offer dates to treat these patients. We are also addressing challenges within the pre-operative assessment and scheduling teams to ensure patients can be booked and are prepared for surgery. A Task & Finish Group has been established to manage continuing operational issues arising from the cutover to Careflow and additional resources have been approved to address the backlog of validation, booking and cashing clinics.

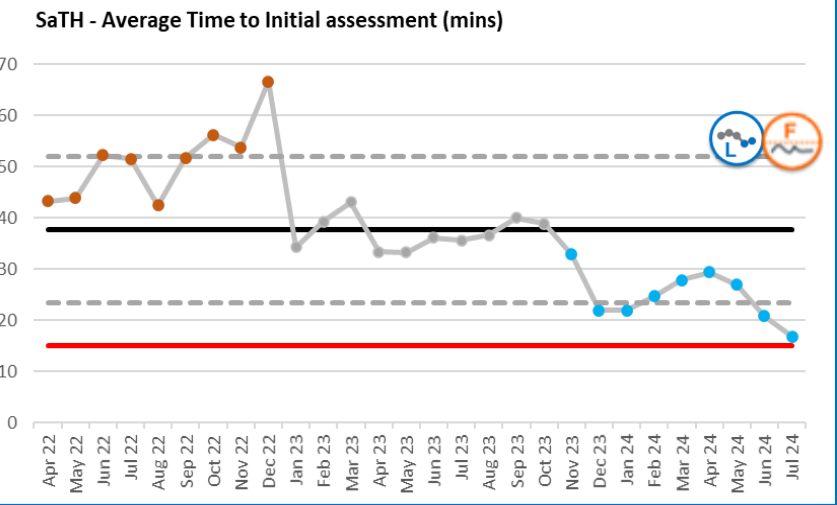
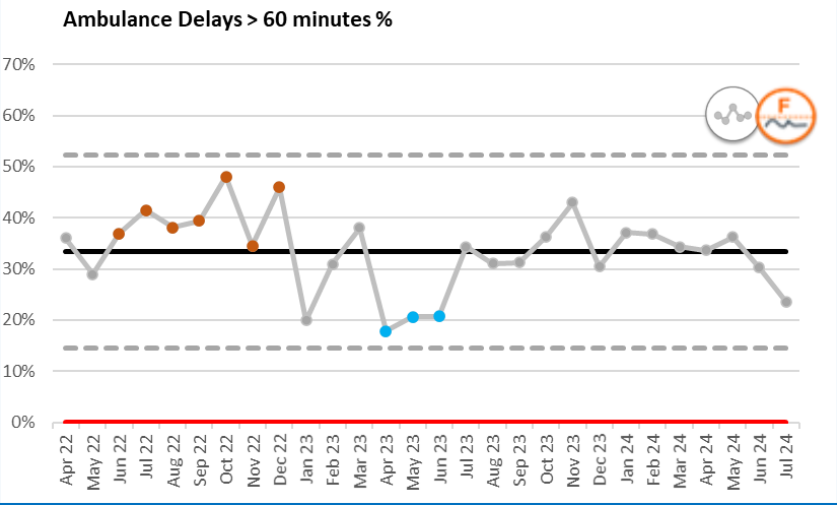
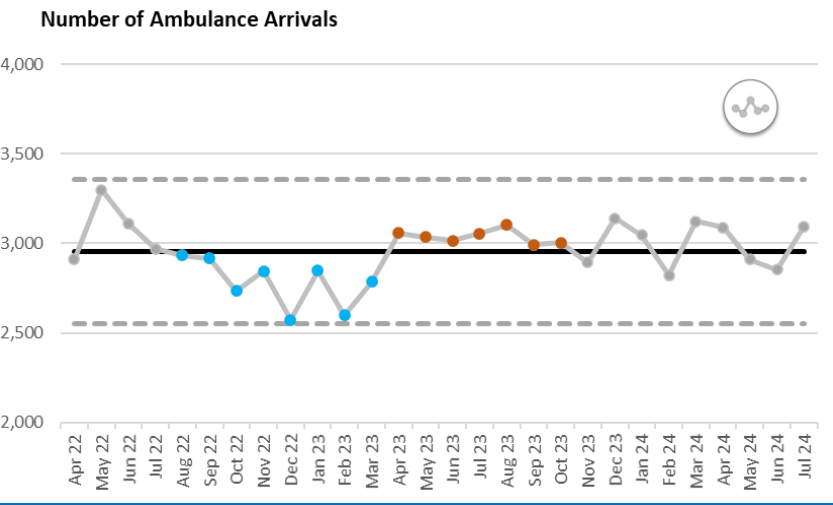
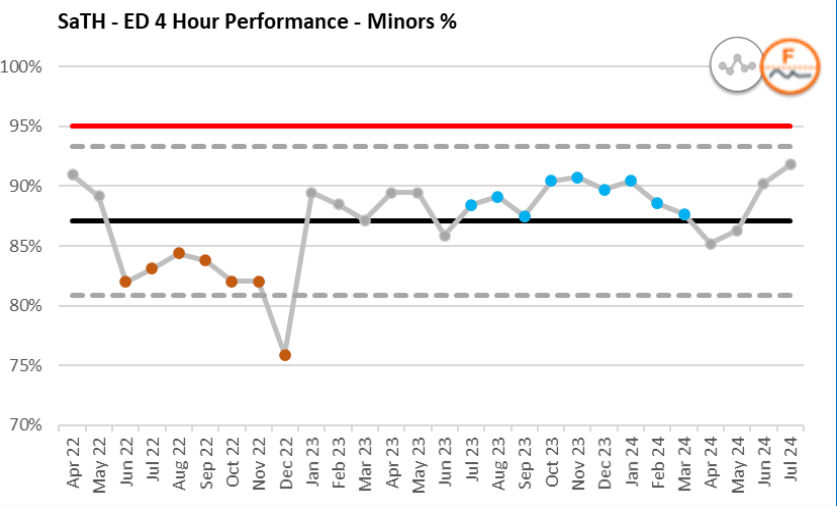
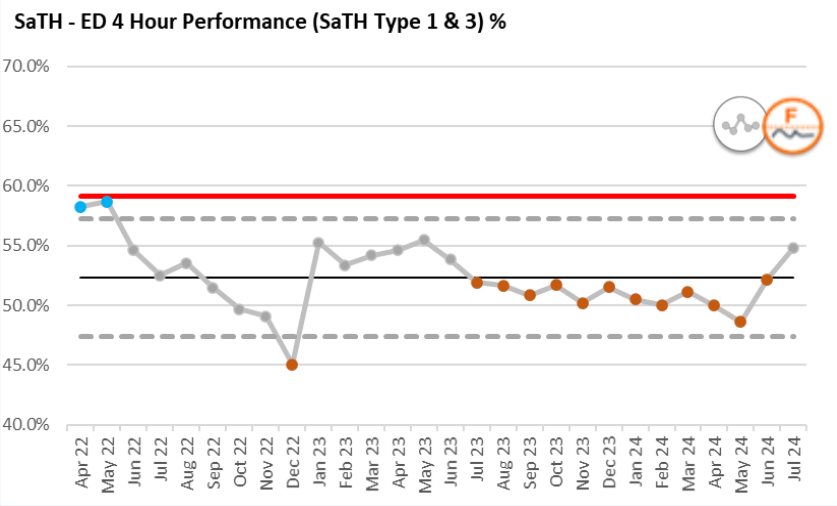
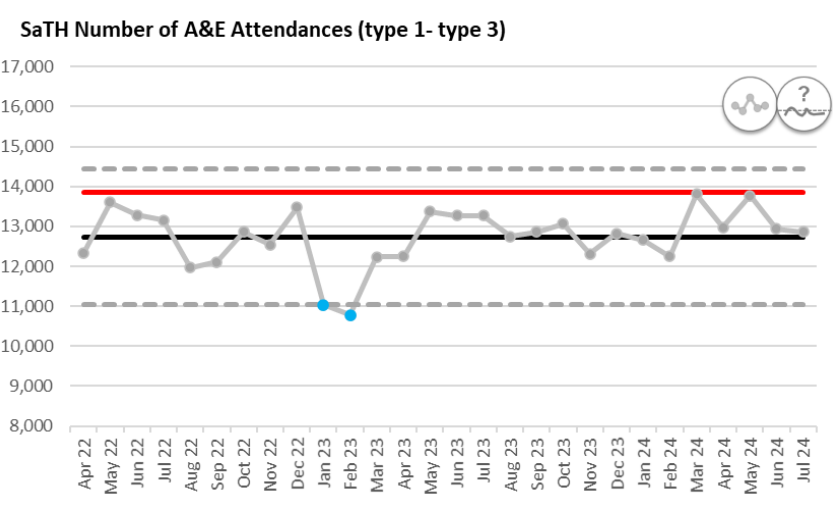
Cancer – The combined 62-day performance and 62-day cancer backlog deteriorated at the end of July, the backlog increasing from 378 to 419. The increase in backlog is due to the delay in securing approval for additional capacity during Q1 and workforce capacity in specialty clinics. The validated FDS position for June was 67%, a deterioration from 68.6% in the previous month, against the plan of 70.5%. The unvalidated FDS position for July indicates an improvement of 71.6% against the plan of 70.6% with 96.3% data completeness. Compliance with the 62-day standard in June was 56.9% against our plan of 58% for the month, a deterioration from the previous month of 62.3%.

DM01 unvalidated performance in July is 61.5%. Endoscopy performance has improved to 79%, but radiology reporting delays remain of concern due to increased demand and specialist skills needed. There were 1775 patients reported in July at >13w waits, an increase of 1,100 from last month of which, 42% are audiology, 33% are MRI, and 11% are NOUS.

Key actions

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

Operational – Emergency Care



Operational – Emergency Care

Summary:

- July has seen a 0.6% decrease in attendances on the previous month (-75). Walk in attendances reduced in month whilst ambulance attendances increased by 243
- Time to initial assessment has continued in an improving trend with an average of 17.1mins in July vs 21.8 mins in June for adults and 16 mins in July vs 17.5 mins in June for paed's against a target of 15 minutes
- SaTH 4-hour type 1 & 3 performance (excluding MIU) is 4.3% below plan (54.8% vs 59.1%)
- In July, paediatric 4-hour performance has improved, and is 2.5% above trajectory at 85.5%. There has also been a further 6.1% and 5.7% improvement in performance respectively against time to Paediatric and Adult Initial Assessment on the previous month
- Minors performance has increased by 1.6% to 91.8%
- There has been a 6.7% decrease in ambulance delays >60 minutes

Recovery actions:

- Revised ward process implemented. Clinical Peer review process commenced 5th August, with additional training planned for September to support embedding.
- SDEC completed. Performance at PRH has achieved national standards, RSH remains below. Further actions being developed with new Acute Med Clinical Directors
- Implementation of follow up appointments in August to deliver improved UTC utilisation
- Promotion of the Internal Professional standards
- Further test of change week - paediatric pathways RSH
- Embedding Frailty Assessment Units and introduction of advice and guidance line to support GPs with patient management and reduce conveyance to ED
- GIM/SDEC admission avoidance clinics
- Cardiology/Respiratory hot clinic slots trial first two weeks September

Anticipated impact and timescales for improvement:

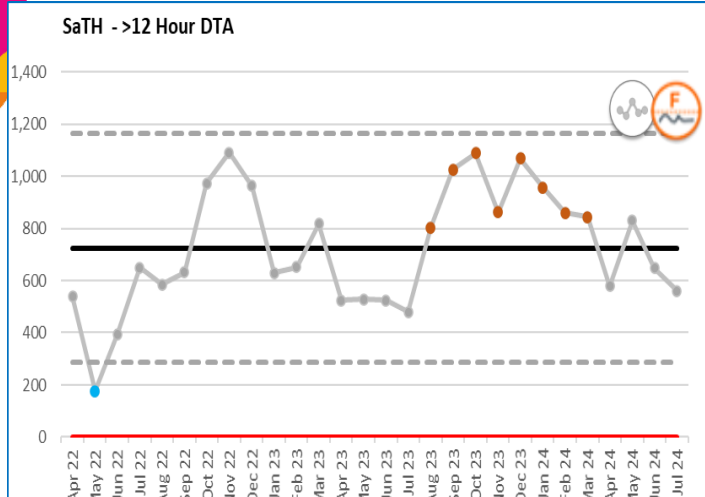
Progress reported monthly through UEC Flow improvement group to FPAC and system UEC meeting.

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

Recovery dependencies:

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

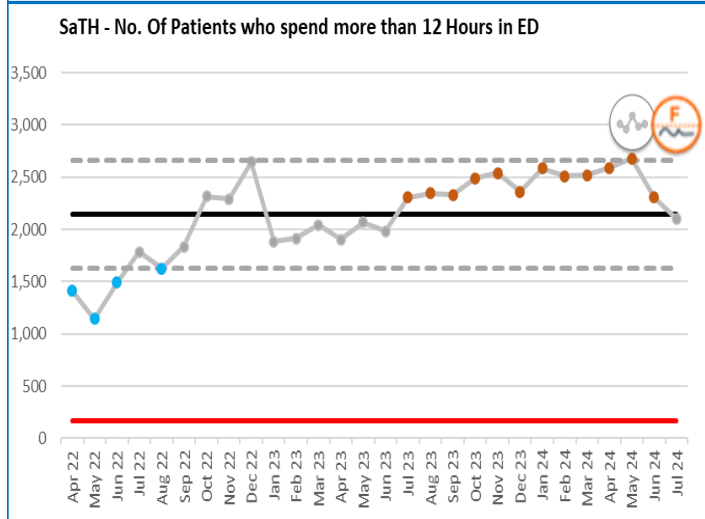
Operational – Patient Flow



Summary:

NCTR was 106 in July. The number of patients over 21 days has decreased from 107 in June to 106 in July. The number of patients waiting in ED for over 12 hours whilst reduced, continues to be extremely high. This is due to our continued significant bed gap and flow challenges. Average total LOS has reduced from 7.5 days to 7.3 days in July. Simple LOS has reduced from 4.5 days to 4.4 days in July. Patients on PW0 are staying on average 4.4 days and patients on complex pathways (1-3) are staying 14.6 days. Average length of stay for complex pathways (1-3) has decreased by 0.8 day in July.

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
- Reinstatement of Trust long length of stay weekly review meeting
- 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

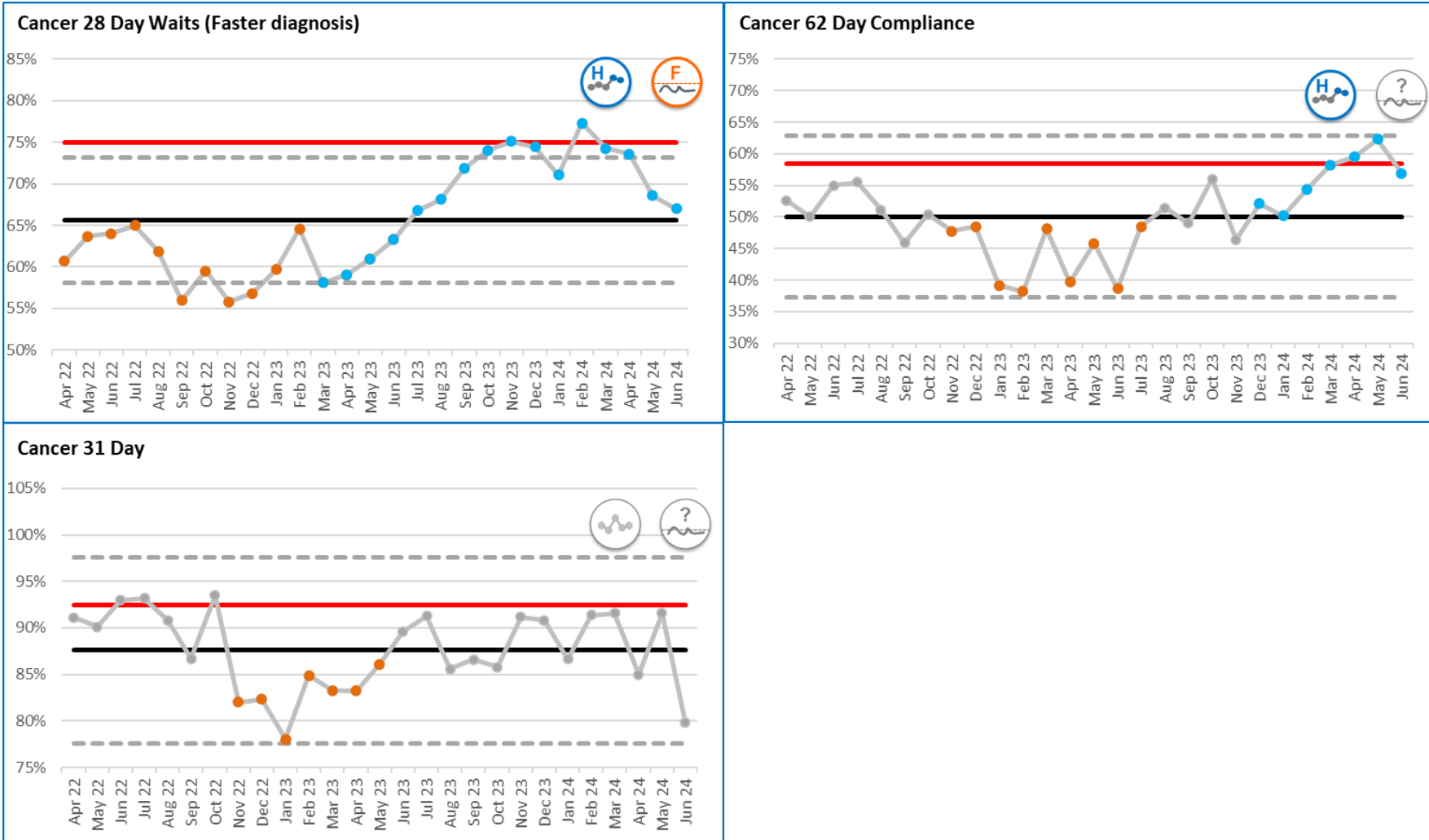
Anticipated timescales for improvement:

August 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



Operational – Cancer performance

Summary:

The validated FDS position for June was 67% against the plan of 70.5% for the month. The current unvalidated position for July is 71.6% with 96.3% data completeness. Compliance with the 62-day standard decreased from 62.3% in May to 56.9% in June against our plan for the month of 58%. The 62+day backlog at the end of July increased from 378 to 419 against our trajectory of 172. Our focus is therefore on actions to reduce the backlog of patients waiting over 62 days for treatment and to improve FDS and 62-day performance.

Recovery actions:

We have moved back into NHSE Tier 1 monitoring in July due to the deterioration in performance in all indicators in Q1. Remedial recovery plans have been put in place and additional external non-recurrent funding has been confirmed which will support improvement in all tumour sites. Daily PTL reviews have been introduced in skin, lung, gynae and colorectal. The frequency of PTL reviews has also increased in the other tumour sites. Pathway deep dives have taken place in all cancer sites and recovery trajectories have been calculated to meet required standards by March 2025. NHSE support for developing demand and capacity tools and operational management of cancer pathways commenced 5th August. Capacity at tertiary centres for surgery is causing pathway delays, resulting in additional delays for treatment and delays in receiving histology results. Unexpected absence during May and June has impacted on Colorectal and Head & Neck performance and there are workforce constraints within Haematology, Oncology and Urology. We have been unable to recruit locums to support to a full complement. There has been an improvement in the delays for Oncology and Radiotherapy OPA +/- treatment, particularly in Colorectal and Urology. The workforce pressures are due to gaps in the team, annual leave and on-call commitments. New Oncologists commencing in September will be a full time Clinical Oncologist to support urology & H&N, and a part time Clinical Oncologist to support Gynae & Breast. A full time Medical Oncologist to support colorectal & upper GI patients has withdrawn and will be re-advertised. Demand for Local Anaesthetic Trans-perineal Prostate biopsies (LATP) exceeds capacity to deliver. Insourcing capacity has recommenced in June and is expected to improve performance during July. Delays following the recruitment freeze in Q1 have affected 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. Demand for Imaging has increased and turnaround times for reports has become problematic. Outsourcing of reporting is in place for unreported scans >7days.

Anticipated impact and timescales for improvement:

18-Weeks LATP activity in place from 22nd June. Improvement expected from July onward.

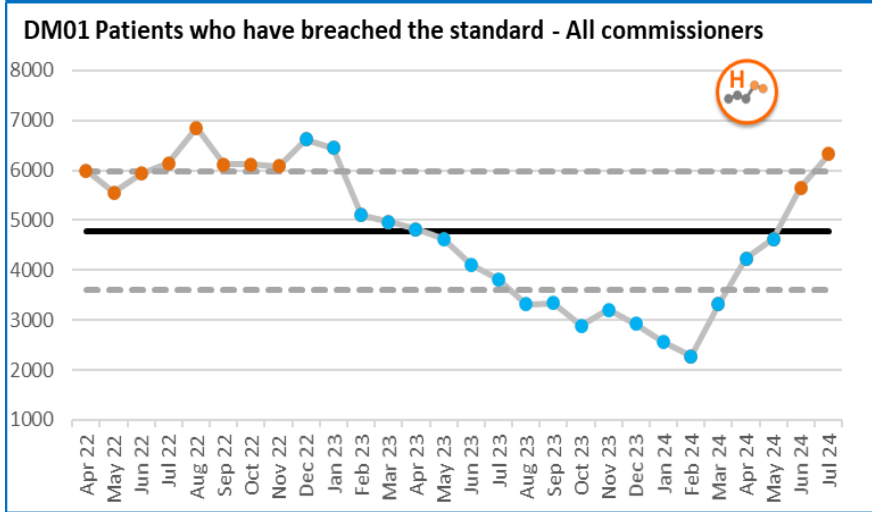
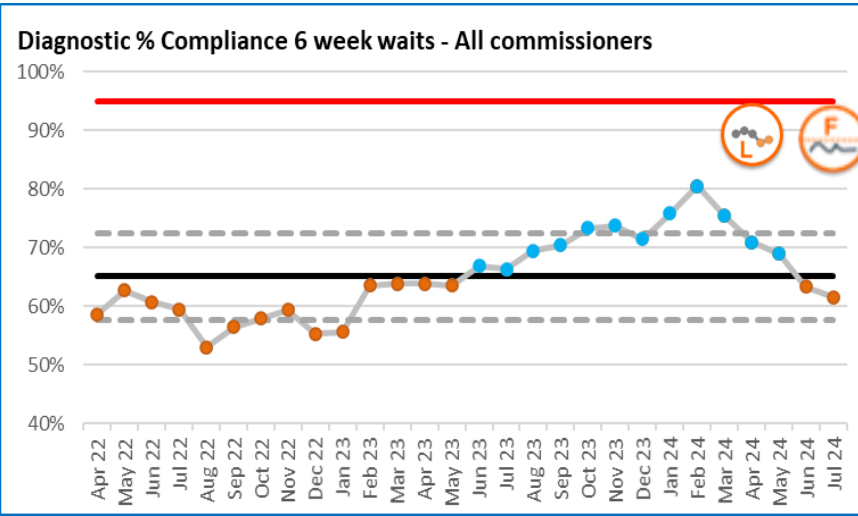
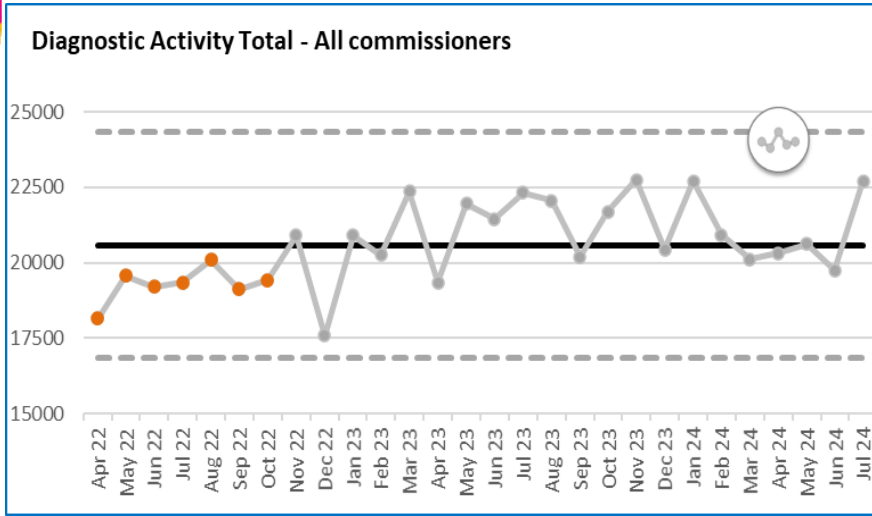
WMCA & NHSE 2024/25 funding being mobilised. Improvement expected from end of August due to lead time required.

ERF funding confirmed and phased capacity mobilised from 15th June. This will have a positive impact on cancer capacity and performance improvement expected from September.

Recovery dependencies:

Booking resource to maximise additional capacity.

Operational – Diagnostic waiting times



Operational – Diagnostic waiting times

Summary

The CDC Cardio-Respiratory and Dermoscopy services opened as planned in June, completing the 3rd phase CDC development.

The validated overall DM01 position for July was 61.5% (Imaging position was 66.7% and endoscopy 79.9%) Radiology reporting delays remain of concern in some areas due to increased demand and specialist skills needed (mpMRI and CTVC). MRI reporting turnaround times are:- USC 1-2 weeks, urgent 3-4 weeks, and routine tests at 6-7 weeks. CT reporting times are; USC 2-3 weeks, urgent 8-9 weeks and routine at 8-9 weeks. NOUS reporting times are; USC 2-3 weeks, urgent 5 weeks and routine at 12 - 14 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 underway into the long-standing vacancies, with a plan for these to be filled in Q4.

- Recruitment is challenging and we are utilising agency staff where possible and insourcing to support NOUS and MRI
- Clinical prioritisation of radiology referrals is in place and reporting for the most urgent patients is being targeted alongside elective recovery of long waits
- Staff are deployed to prioritise acute and cancer pathways and the longest waiting patients, with a resultant impact on new routine capacity
- Insufficient capacity within endoscopy remains a concern. The sustainable endoscopy workforce business case has been approved and was mobilised in June requiring continued support of insourcing for the next 2 years pending recruitment and training lead time
- 13w waits are a particular concern. There were 1775 patients reported in July at >13w waits, an increase of 1,100 from last month, of which 42% are audiology, 33% are MRI, and 11% are NOUS

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 and will improve FDS performance levels over the next 6 months.

MRI performance was impacted by high levels of absence within the team during Q1, plans are now being enacted to recover this and also bring FDS waiting times in line with targets. Process for avoiding RTT breaches is in place with daily calls attended by the operational teams. Daily calls are also in place between radiology and the gynaecology booking team to ensure all capacity is utilised for PMB USS.

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

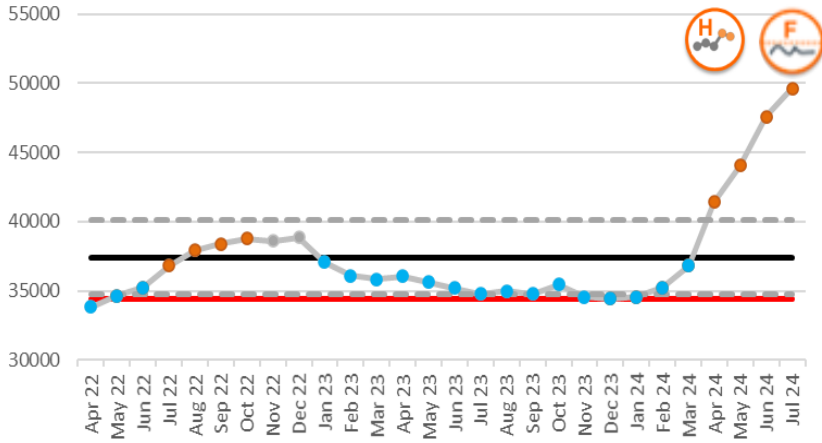
Anticipated impact and timescales for improvement:

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

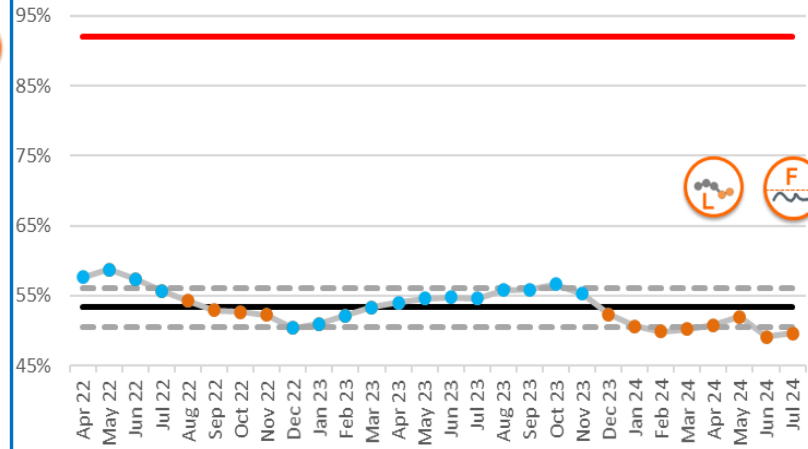
We are recruiting a further 2 radiologists, as 2 consultants will be leaving the trust in August. Use of agency and bank staff to cover workforce gaps and insourcing for US and MRI is proving successful.

Operational – Referral to treatment (RTT)

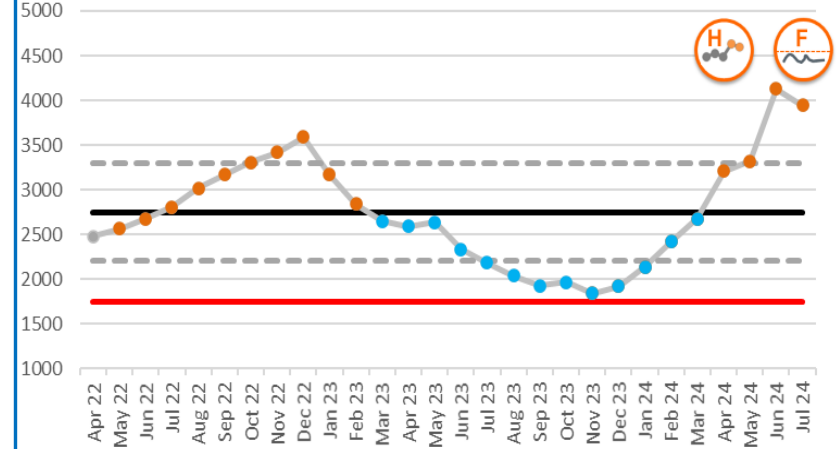
RTT Waiting List - English Only



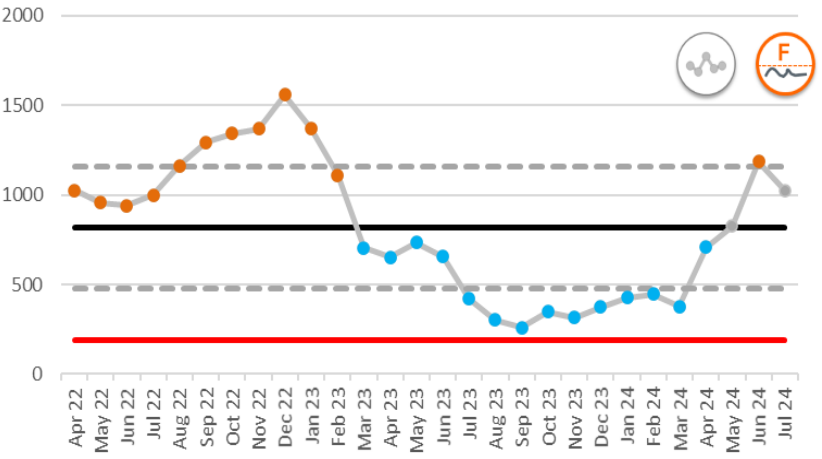
18 Week RTT % Compliance - Incomplete Pathways



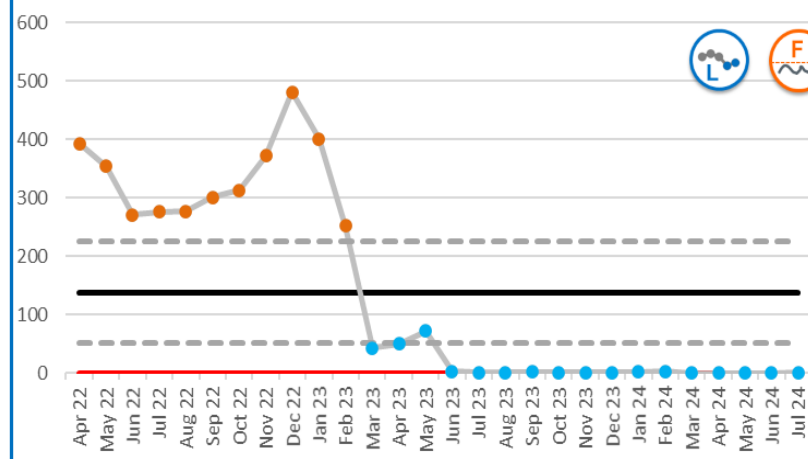
52+ Week Breaches - English Only



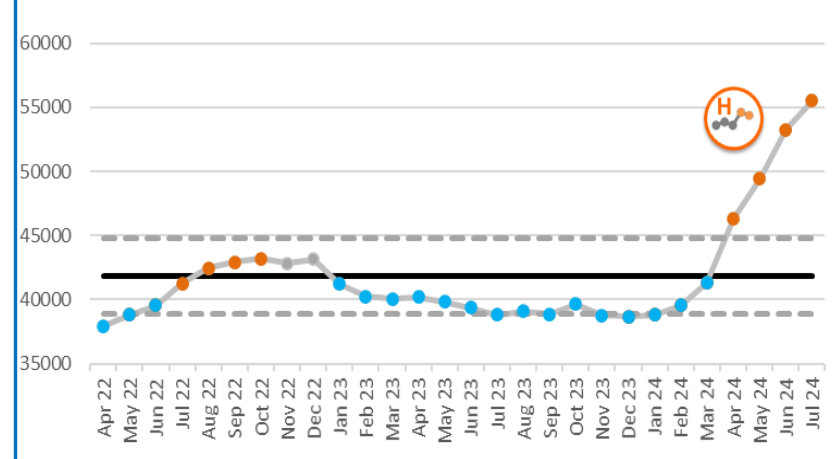
65+ Week Breaches - English Only



78+ Week Breaches - English Only



RTT Waiting List - Total Size



Operational – Referral to treatment (RTT)

Summary:

There has been a further increase in the total waiting list in July which continues to exceed control limits. This rise has continued since the implementation of Careflow and data migration. There is a slight decline in overall 18-week RTT percentage compliance. DNAs have increased significantly since Careflow, a result of letters not being sent or being inaccurate after the Careflow implementation. 78-week breaches remain low with 1 English patient breaching 78 weeks in July. 65-week breaches have increased in month. The PTL has been subject to intense validation since May, and this continues. Teams continue to validate the 65-week September cohort. Training continues with all teams to ensure that RTT clocks are not re-activated inappropriately on Careflow.

ERF funding has been allocated, releasing capacity which will support removals from the waiting list in conjunction with robust validation. Additional NHSE support has been offered to provide external additional capacity for validation, recovery and learning. A Data Protection Impact Assessment is being completed.

Recovery actions:

Elective recovery is part of the Trust's 'Getting to Good' programme and TIF programme. Recovery plans have been developed as part of the 2024/25 integrated operational planning cycle and are continuously monitored. Theatre workforce restructure has been completed and recruitment ongoing. There are still several supernumerary staff to complete training. Patients continue to be dated in clinical priority and date order 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 have been asked to validate the 65 week September cohort down to 56 weeks. A Task and Finish Group has been established to look at issues in Careflow. Theatre Utilisation for July was 78%. Ongoing monitoring and identification of themes and actions for improvement are discussed at weekly Theatre Look Back Meetings. The opening of the Elective Hub has given the opportunity to review the utilisation of high-volume lists in detail to ensure every opportunity is taken to safely utilise available session time. Actions are in place to improve efficiency. Weekly outpatient transformation meetings are in place with Centres to further develop and monitor PIFU and virtual plans by specialty, with clinical engagement. 'Further Faster' Handbooks have been shared and actions monitored via Outpatient Transformation meetings. GIRFT Meetings are continuing with specialties supported by Clinical Leads for both Outpatient Transformation and GIRFT.

Anticipated impact and timescales for improvement:

Validation of the 65-week September cohort and ERF funding allocated this month will facilitate progress towards 'route to zero' - capacity now being booked which will support removal from the PTL by 30th September.

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

A specialty level performance meeting 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. 0 x 78 weeks breaches remains a challenge.

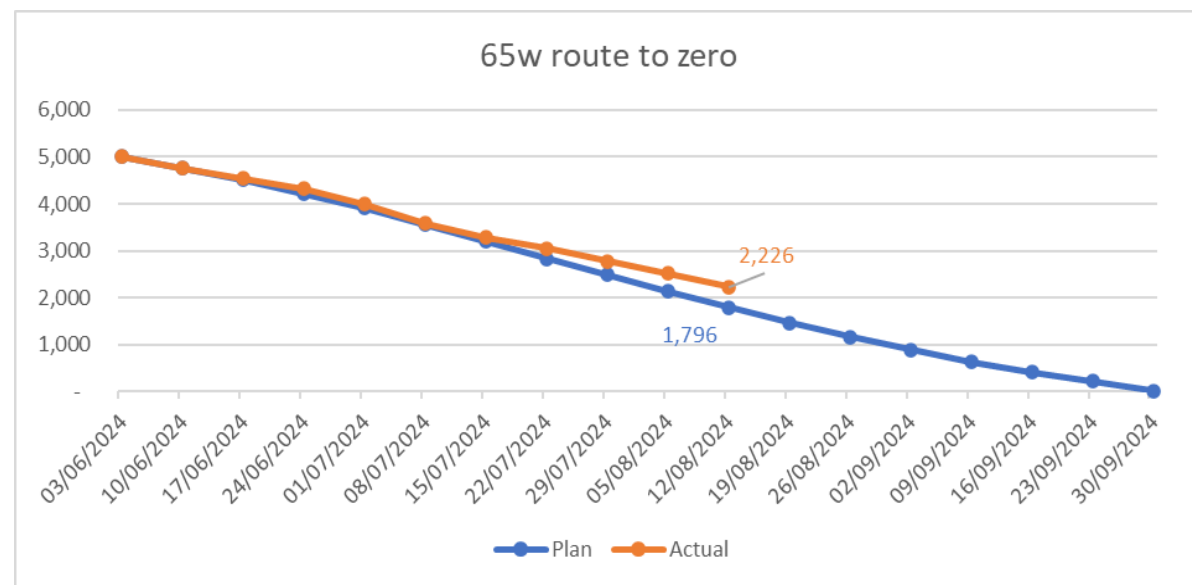
Recovery dependencies:

Availability of suitable bed base for elective orthopaedic surgery; UEC pressures and maintaining flow; reduction of patients with no criteria to reside to further reduce medical escalation, WLI.

Operational – 65 plus Weeks Trajectory

This chart shows (unvalidated) delivery against the improvement trajectory for patients booked to enable the Trust to deliver the target of zero patients in the September cohort waiting over 65 weeks by 30th September 2024. Work continues to track progress at specialty level to identify areas where additional support is needed, and performance is monitored through 3 meetings per week with the specialties.

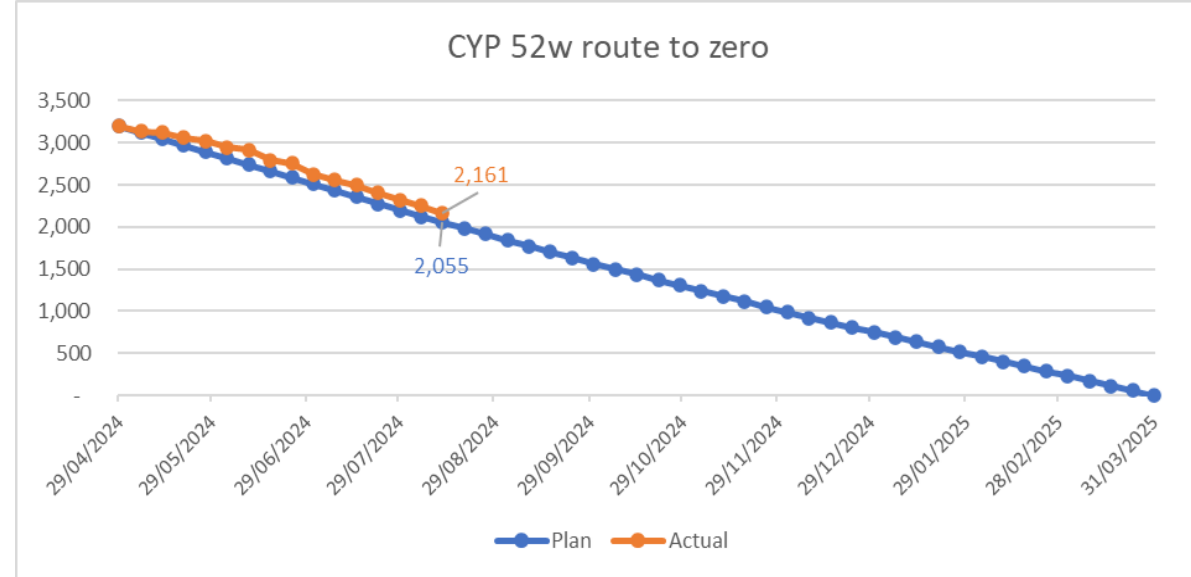
TOTAL COHORT (All Stages)	08/07/2024	15/07/2024	22/07/2024	29/07/2024	05/08/2024	12/08/2024
ACTUAL TOTAL - 65+ Week Cohort	3,577	3,277	3,044	2,772	2,515	2,226
% Actual Movement	0.0%	-8.4%	-7.1%	-8.9%	-9.3%	-11.5%
65+ Week Cohort - Split by Stage	08/07/2024	15/07/2024	22/07/2024	29/07/2024	05/08/2024	12/08/2024
Milestone 1 (awaiting 1st appt)	1,574	1,366	1,240	1,036	892	692
Milestone 2/Other (follow-up/diagnostic stages/validation)	637	619	589	574	525	534
Milestone 3 (awaiting admission)	1,366	1,292	1,215	1,162	1,098	1,000
Milestone 1 Trajectory (awaiting 1st appt)	0	0	0	0	0	0
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	1,574	1,366	1,240	1,036	892	692
Patients undated	873	821	760	258	194	104
Patients dated	701	545	480	778	698	588
Patients dated by month:						
Apr-24						
May-24						
Jun-24						
Jul-24	589	398	270	82		
Aug-24	96	119	172	616	529	390
Sep-24	16	28	37	76	165	191
Oct-24	0	0	1	4	4	6
Nov-24	0	0	0	0	0	1
Dec-24	0	0	0	0	0	0
Jan-25	0	0	0	0	0	0
Feb-25	0	0	0	0	0	0
Mar-25	0	0	0	0	0	0
>1st April 2025	0	0	0	0	0	0
Actual Patients After Sept Tracking	0	0	1	4	4	7
Patients after Sept traj	0	0	0	0	0	0
Undated Tracking	873	821	760	258	194	104
Undated Trajec	0	0	0	0	0	0



Operational – 52 plus Weeks for CYP cohort

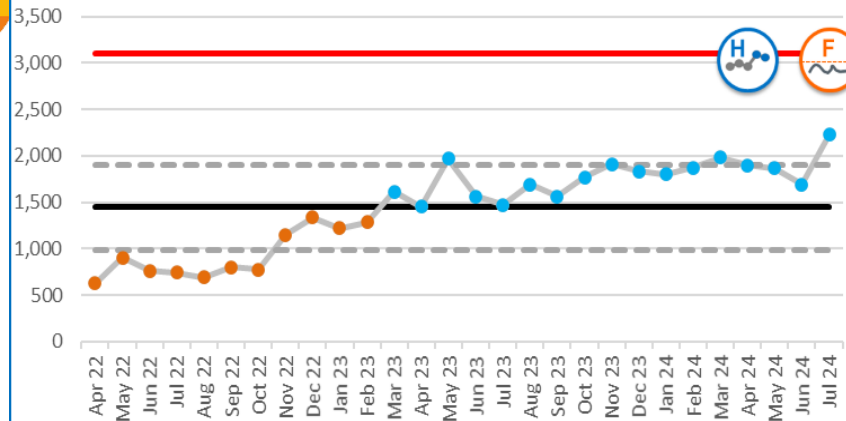
In addition to tracking overall patient cohorts, we also continue to track our children and young people cohort who have been waiting 52 weeks or more by 31st March 2025. Ensuring we can provide targeted support in booking these patients earlier in the year will prevent unavoidable delays and ensure 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)	17/06/2024	24/06/2024	01/07/2024	08/07/2024	15/07/2024	22/07/2024	29/07/2024	05/08/2024	12/08/2024	
ACTUAL TOTAL - 52+ Week CYP Cohort	2,790	2,756	2,627	2,560	2,500	2,407	2,322	2,251	2,161	
% Actual Movement	-4.2%	-1.2%	-4.7%	-2.6%	-2.3%	-3.7%	-3.5%	-3.1%	-4.0%	
Of which; Patients awaiting a first appointment breakdown										
52+ Week CYP Cohort - Split by Stage	17/06/2024	24/06/2024	01/07/2024	08/07/2024	15/07/2024	22/07/2024	29/07/2024	05/08/2024	12/08/2024	
Milestone 1 (awaiting 1st appt)	2,142	2,106	2,002	1,891	1,840	1,763	1,693	1,631	1,555	
Milestone 2/Other (follow-up/diagnostic stages/validation)	210	219	210	256	266	266	273	272	277	
Milestone 3 (awaiting admission)	438	431	415	413	394	378	356	348	329	
Milestone 1 Trajectory (awaiting 1st appt)										
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	2,142	2,106	2,002	1,891	1,840	1,763	1,693	1,631	1,555	
Patients undated	1,710	1,669	1,588	1,529	1,500	1,470	1,326	1,273	1,200	
Patients dated	432	437	414	362	340	293	367	358	355	
Patients dated by month:										
Apr-24										
May-24										
Jun-24	186	110								
Jul-24	231	288	315	232	166	92	37			
Aug-24	14	37	96	126	159	171	261	226		
Sep-24	1	2	3	4	15	30	68	131		
Oct-24	0	0	0	0	0	0	1	1		
Nov-24	0	0	0	0	0	0	0	0		
Dec-24	0	0	0	0	0	0	0	0		
Jan-25	0	0	0	0	0	0	0	0		
Feb-25	0	0	0	0	0	0	0	0		
Mar-25	0	0	0	0	0	0	0	0		
>1st April 2025	0	0	0	0	0	0	0	0		
Actual Patients After Sept Tracking	0	0	0	0	0	0	0	0	0	0
Undated Tracking	1,710	1,669	1,588	1,529	1,500	1,470	1,326	1,273	1,200	
Actual Patients After Sept Tracking + Undated	1,710	1,669	1,588	1,529	1,500	1,470	1,326	1,273	1,200	



Operational – PIFU

Number of episodes moved or discharged to PIFU pathway

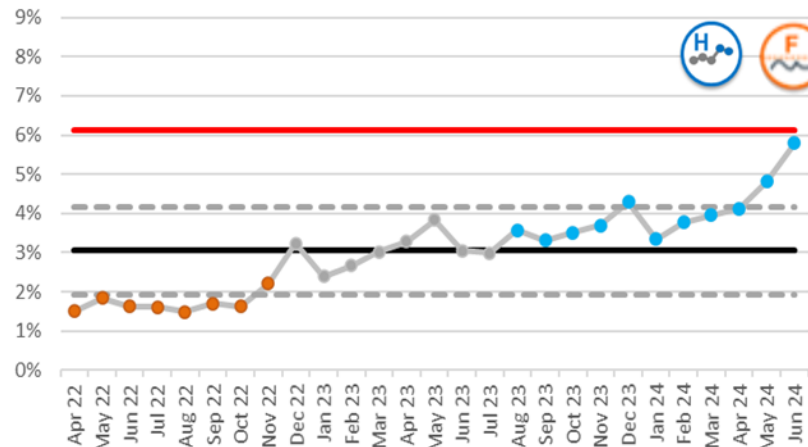


Summary:

The number of patients moved or discharged to PIFU pathways increased in July however this falls short of the plan. Work continues with centre operational and clinical teams. GIRFT Further Faster meetings are in place and supported by the GIRFT clinical lead and Outpatient Transformation clinical lead.

- Opportunity for additional PIFU numbers is being explored by endocrine and renal
- The PIFU utilisation rate continues to rise within ophthalmology and the speciality sits in the upper quartile against peers
- ENT producing laminated posters within clinic areas to promote PIFU
- T&O continues to perform well. Education with middle grade doctors is to take place and will become a regular agenda item during the Middle Grade meeting
- 18 weeks has commenced activity at SaTH which may see activity distorted and threatens follow-up reduction plans. We are engaging with specialities to push discharge and PIFU

Number of episodes moved or discharged to PIFU %



Recovery actions:

- Increased validation of patient data due to increased discrepancies in the PTL following the introduction of Careflow
- Ongoing work with reception and clinical teams regarding completion of clinic outcome forms and transfer of information to Careflow

Anticipated timescales for improvement:

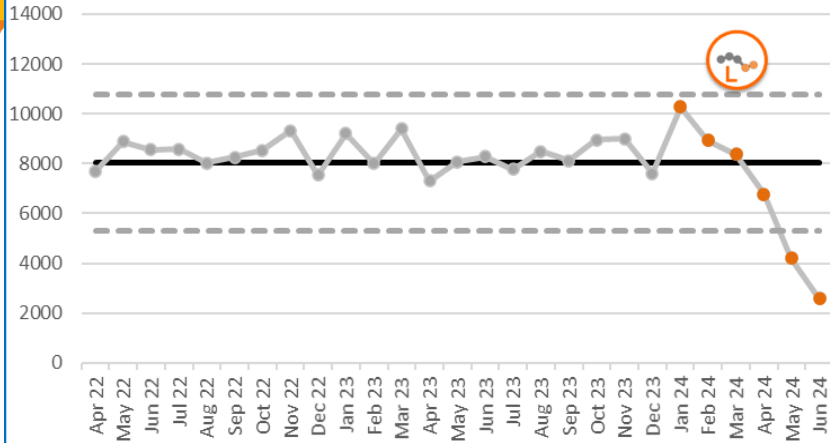
Performance will continue to be monitored at weekly outpatient transformation meetings

Recovery dependencies:

Additional skilled admin resources in place to provide training, carry out intense validation and prompt cashing of clinics.

Operational – Virtual OP Attendances

Total virtual outpatient attendances - All - SaTH

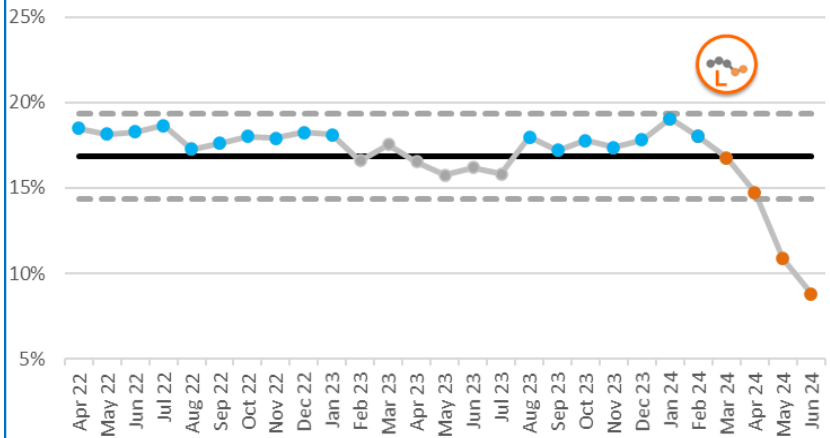


Summary:

The unreported virtual performance for July was 14.3%. Work continues with centre operational and clinical teams to improve this position through GIRFT Further Faster meetings that are in place and supported by the GIRFT clinical lead and Outpatient Transformation clinical lead.

- Operational teams have been requested to establish separate clinic codes for virtual appointments
- A demonstration is to be held with T&O to explore the updated version of Attend Anywhere and promote use
- There is increased validation of patient data due to increased discrepancies in the PTL following the introduction of Careflow
- Ophthalmology virtual performance challenged by move to community and hardware issues

Total virtual outpatient attendances % - All - SaTH



Recovery actions:

- Continue to identify more pathways suitable to move to virtual appointments
- Attend Anywhere to provide introductory contacts with high performing Trusts

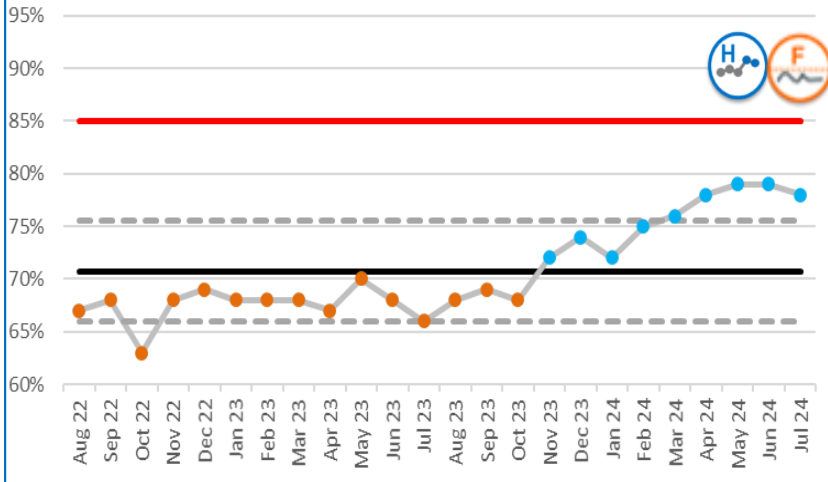
Anticipated timescales for improvement:

Performance will continue to be monitored at weekly outpatient transformation meetings

Recovery dependencies:

Operational – Theatre Productivity

Theatre productivity



Summary:

Capped theatre productivity for the month of July was 78% with 82% uncapped. The new Surgical Elective Hub has opened and opportunities for improvement have been identified. Theatre allocation, list planning and look back meetings continue with the teams. Hotspots identified and learning shared with centres, booking, ward and theatre teams and with consultant colleagues via operational meetings. The opening of the elective hub has given the opportunity to review the utilisation of high-volume lists in detail to ensure every opportunity is taken to safely utilise available session time. Actions are in place to improve.

Recovery actions:

- Work and regular updates continue with NHSE regional theatre productivity lead with two-day visit planned
- Theatre look back meetings continue - several common themes have been identified as opportunities to increase theatre utilisation
- 18 Week providing support at weekends for lists in gynaecology, urology and upper GI. Continuing dialogue to ensure case mix is appropriate to maximise productivity and patient safety
- Planning ongoing for extra H&N paediatric weekend lists in September
- Multi-disciplinary engagement between bookings, theatres and centre teams to mitigate estate issues in the elective hub and maternity

Anticipated timescales for improvement:

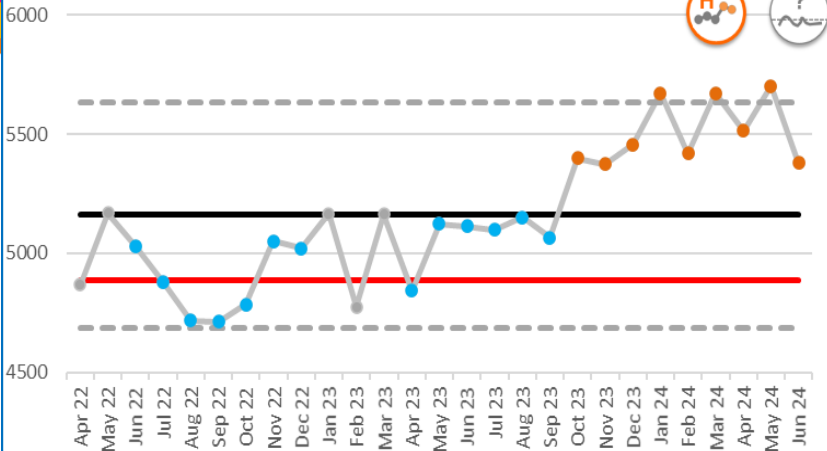
Temporary pre-op staffing secured to support elective recovery, currently completing training/orientation; additional capacity available from early September 2024, when staff are expected to be competent to work independently.

Recovery dependencies:

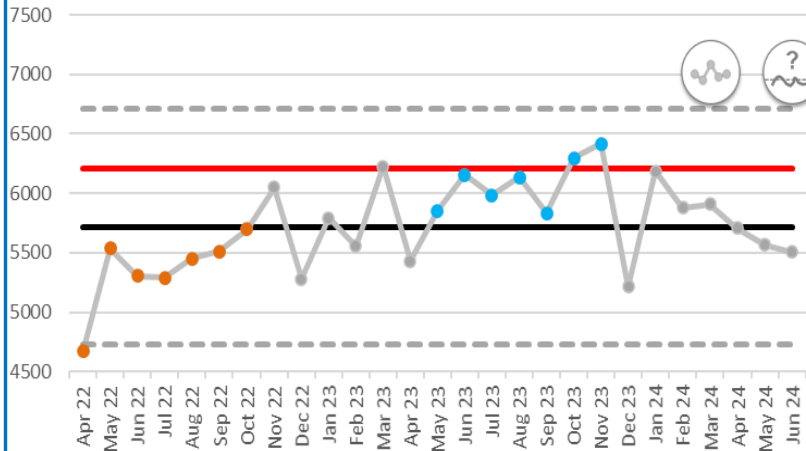
Theatre staffing

Operational - Activity

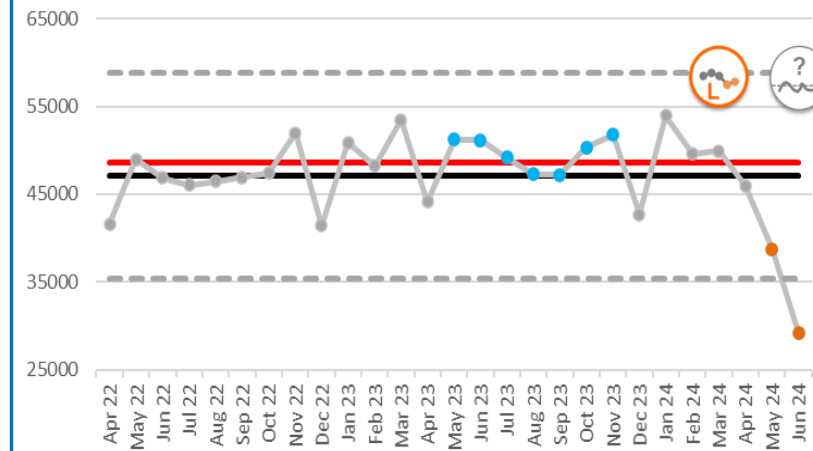
Total Non Elective Activity



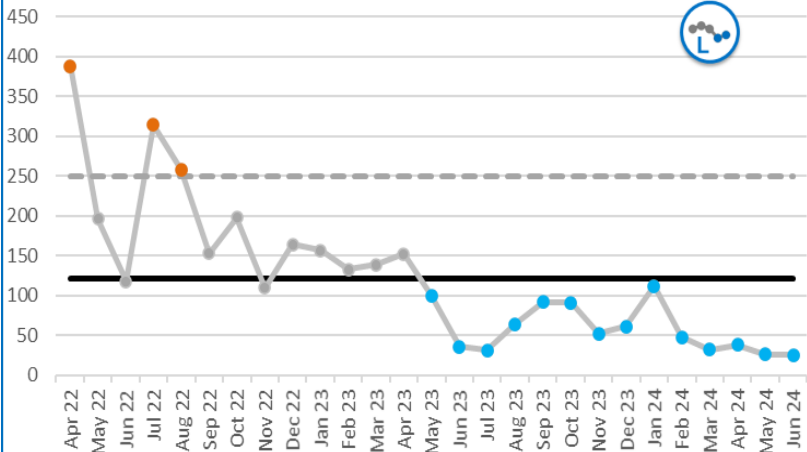
Total Elective IP & DC Activity



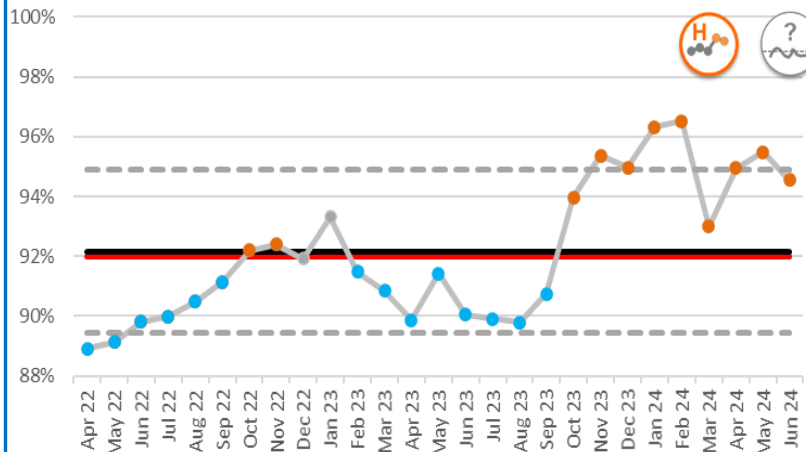
Total Outpatients Attendances



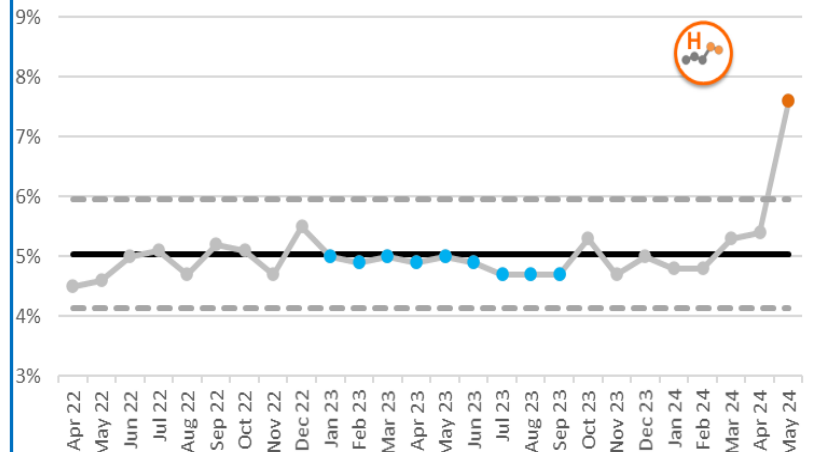
Covid-19 Positive Inpatients



Bed Occupancy - G&A



DNA rate - all ages



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)	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Trend
Well Led	WTE employed		-	7,794	6665	6744	6890	6990	7043	7089	7081	7100	7114	7107	7117	7093	7057	
	Temporary/agency staffing		-	-	1054	1106	1046	1033	1027	952	1003	1017	1010	887	880	851	862	
	Staff turnover rate (excluding Junior Doctors)		0.8%	0.75%	0.9%	0.9%	1.3%	0.8%	0.5%	1.1%	0.8%	0.7%	1.1%	0.7%	0.9%	1.1%	0.9%	
	Vacancies - month end		10%	<10%	5.2%	4.7%	2.7%	2.5%	1.8%	1.8%	2.1%	2.4%	2.1%	9.0%	8.9%	8.7%	9.5%	
	Sickness Absence rate		4%	4%	5.3%	5.1%	5.5%	5.4%	5.1%	5.5%	5.9%	5.5%	5.0%	5.1%	4.9%	5.0%	5.40%	
	Trust - Appraisal compliance		90%	90%	83.6%	83.6%	82.2%	82.0%	81.2%	80.0%	79.7%	78.8%	80.0%	78.4%	78.4%	78.3%	74.9%	
	Trust Appraisal – medical staff		90%	90%	93.8%	94.2%	93.1%	92.3%	92.8%	92.6%	92.9%	93.4%	94.1%	93.0%	93.2%	92.6%	91.5%	
	Trust Statutory and mandatory training compliance		90%	90%	92.2%	92.2%	92.0%	91.1%	91.7%	92.2%	92.7%	92.7%	92.5%	91.5%	91.5%	91.9%	92.0%	
	Trust MCA – DOLS and MHA		90%	90%	80.4%	79.8%	79.5%	79.4%	78.1%	78.0%	77.8%	78.4%	80.8%	79.7%	79.4%	80.2%	80.2%	
	Safeguarding Children - Level 2		90%	90%	94.9%	94.6%	94.9%	95.5%	95.4%	95.7%	95.4%	95.2%	95.2%	94.7%	89.2%	90.1%	94.5%	
	Safeguarding Adult - Level 2		90%	90%	91.1%	95.0%	95.1%	95.3%	95.4%	95.7%	95.3%	95.2%	94.8%	93.9%	87.9%	89.3%	88.4%	
	Safeguarding Children - Level 3		90%	90%	93.7%	87.6%	87.9%	87.7%	88.1%	90.3%	88.9%	89.4%	90.0%	88.4%	83.4%	88.4%	94.9%	
	Safeguarding Adult - Level 3		90%	90%	86.2%	92.4%	90.5%	91.3%	91.1%	90.3%	89.6%	89.8%	89.1%	87.3%	82.9%	90.4%	88.5%	
	Monthly agency expenditure (£'000)		-	1,476	3750	3856	3490	3612	3638	3230	2985	2654	1448	2400	1918	1952	1954	

Workforce Executive Summary

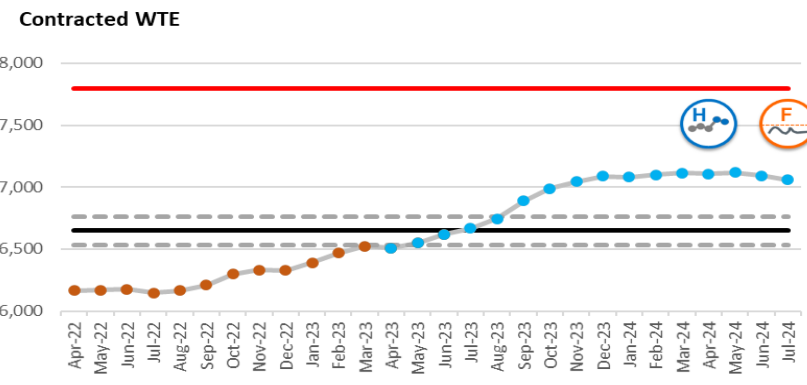
2024/25 Workforce Plan – Month 4. The total workforce in July was under plan by 126 WTE with further reductions in substantive workforce of 20 WTE from June and is 61 WTE below planned levels. The reductions have been seen across most staff groups with the majority in roles that support clinical and administrative roles. Agency has decreased by 14 WTE this month which is 64 WTE below plan and bank usage was at the planned levels for July. Whilst agency RN usage continues to fall, bank usage has remained consistent over the past few months. The number of medical staffing hours worked has not fallen in the first quarter of the year. Whilst the increase at the end of June / start of July is driven by industrial action cover there has been no significant reduction in temporary usage. The additional intake of foundation year doctors in August will support reductions in temporary staffing usage and several actions will aid agency reductions in coming months including fragile services / hard to fill specialty recruitment campaigns and review of pay rates across bank and agency workforce.

Turnover – The rolling 12-month turnover rate for July remained at 10.9% which equates to 720 WTE leavers. An in month turnover rate of 0.9% equates to 61 WTE leavers in July. NHS Leaver turnover rate (those moving outside of the NHS) over the last 12 months is 6.9% equating to 457 WTE NHS leavers. 1.7 SaTH continues to have a stronger NHS leavers rate, compared with our peers, particularly for medical and nursing workforce. Support to clinical (Healthcare Support Workers) leavers rate has been greater than our peers however, for the first time this year the reductions in leavers has brought below our regional peers.

Wellbeing of our staff – July sickness rate increased to 5.4% (380 WTE) remaining above target by 1.4% (98 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 23% of calendar days lost in July equating to 87 WTE. During Health and Wellbeing week, the Leadership and OD team in Collaboration with People and OD Business Partners provided an opportunity for our staff to celebrate all aspects of wellbeing, from mental, physical, emotional, financial security, and a healthy and flexible working environment.

Agency and temporary staffing – Agency spend has continued to reduce in July with framework compliance remaining fully compliant. Price cap compliance has remained at similar levels, and we have continued to see significant agency reductions across our nursing workforce down below 120 WTE. The introduction of our new NHS Professionals National Bank will also aid further reductions in the more challenging areas, the national bank scheme is now in place with agency staff starting to transition across to bank. A focus on unavailability management and targeted reductions over the coming months will also aid reduction in temporary staffing.

Workforce – Contracted WTE



Summary:

Contracted figure of 7,057 WTE in July, which is a decrease of 36 WTE in month. Total workforce utilisation reduced by 25 WTE in July with a reduction in agency use of 14 WTE and an increase in bank usage of 25 WTE. The contracted decrease reflects the additional rigor associated with jobs going through the recruitment process. An additional panel is now in place to review agency requests being released to capped rate agencies. All nursing agency rates are now at capped rates with the exception of a few specialist areas. Reductions in agency use reflects the anticipated reductions as internationally educated nurses complete their training and agency usage continues to be rigorously reviewed. All internationally educated nurses have now complete their supernumerary training period.

- The process for approving capped rate shifts continues to provide rigour around agency usage
- The roster scorecard dashboard continues to support the monitoring of workforce utilisation and efficiency; training within the divisions continues to support utilisation of this tool
- Our new partnership with NHSP National Bank is progressing with the first candidates now progressing the migration process in moving from their agency to NHSP National Bank. The NHSP National Bank team continue to visit areas including ED, Theatres, Paeds and Neonates
- Capped rates are now in place for all nursing agencies across all areas except for a very small number of specialist areas
- 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
- Automating activities continue to explore how utilising our technology can support the management of unavailability
- Development is underway to transition some of our key Divisional workforce reports to a Power BI platform with a view to providing better visibility of our key workforce metrics therefore allowing for better data driven decision making
- We continue to progress with work to increase the lead-time for our roster approvals from 6 weeks to 8 weeks
- Work to introduce Loop continues which will supersede employee online. This new platform provides an enhanced mechanism for individuals to review their shifts and supports utilisation of our digital systems

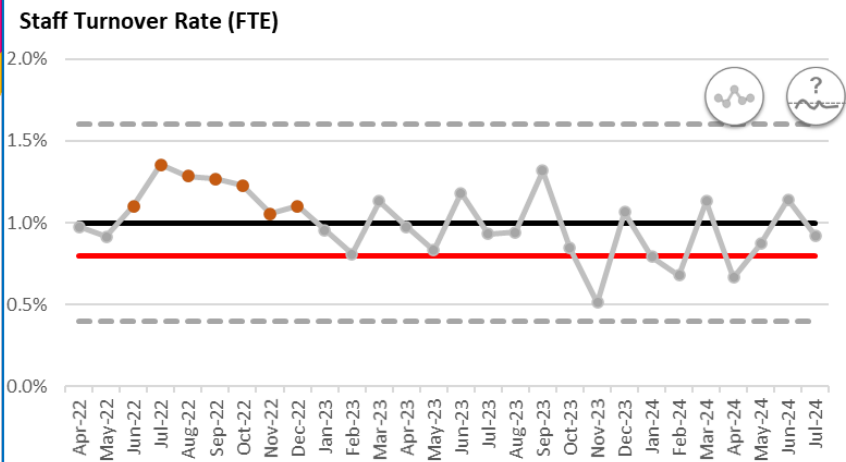
Anticipated impact and timescales for improvement:

Key priorities for People Plan 2024

Recovery dependencies:

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

Workforce – Staff Turnover Rate



Summary:

The rolling 12-month turnover rate for July remained at 10.9% which equates to 720 WTE leavers. An in month turnover rate of 0.9% equates to 61 WTE leavers in July. NHS Leaver turnover rate (those moving outside of the NHS) over the last 12 months is 6.9% equating to 457 WTE NHS leavers.

Staff groups where turnover is above 10.9% include Add Prof Scientific and Technic (14.0%), Allied Health Professionals (13.6%) mainly attributed to Physiotherapist (20 WTE) and Diagnostic Radiographers (12 WTE) leavers, Additional Clinical Services (13.1%).

We continue to see low numbers of those reporting 'unknown' as a reason for leaving. Work life balance remains the highest reason for leaving with 125 WTE leavers over the last 12 months and relocation the second highest reason with 123 WTE leavers.

Recovery actions:

- Stay conversation framework written and stay conversations commenced in pilot area, one of the areas identified as a having high HCA turnover in the Surgical, Anaesthetics and Cancer division - 13.1% in March 2024 now 12%. The framework facilitated the conversations well and insightful information was obtained to support improvements. Some edits will now be made to shorten the framework to test again
- Leadership programs continue to be planned and delivered
- We have started to engage and review our EDI priorities aligned to the annual report, WRES, WDES, Gender pay, ED22 and High Impact Improvement Plan
- Recognition events and programs underway including Leadership conference in October and Trust Recognition Awards/ Week in November 2024

Anticipated impact and timescales for improvement:

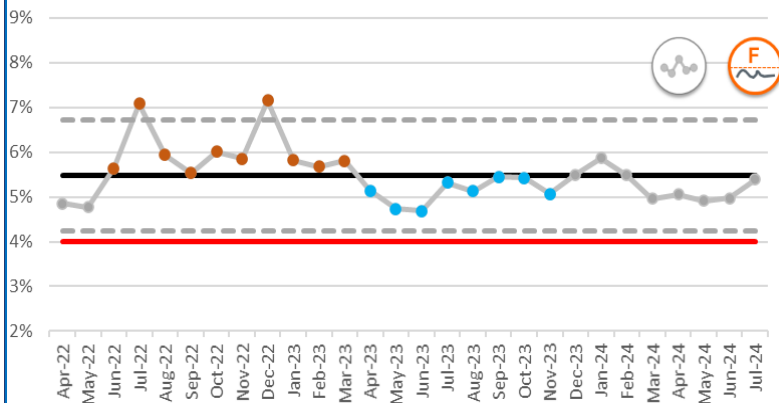
Key priorities for People Plan 2024

Recovery dependencies:

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

Workforce – Sickness Absence

Sickness Absence FTE %



Summary:

July sickness rate increased to 5.4% (380 WTE) remaining above target by 1.4% (98 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 23% of calendar days lost in July equating to 87 WTE. 14% (53 WTE) of sickness was attributed to other known causes with other musculoskeletal (which does not include back problems) at 11% (43 WTE). The average number of days absent per sickness episode in July remained at 7.6 days.

Additional Clinical Services staff group has the highest sickness rate at 7.2%, with Estates and Ancillary at 6.5% and Nursing and Midwifery at 5.8%.

Recovery actions:

- We continue to have a key focus on unavailability including sickness absence support. We are working to secure free Staff Health Clinics provided by Nuffield with a focus on COPD, Diabetes, Asthma and Obesity from September
- A key focus as part of this work is to support managers to have quality HWB conversation and to support raising awareness, supporting colleagues with reasonable adjustments and maintaining attendance at work
- We are reviewing our sickness trigger reporting process to provide a more robust mechanism for monitoring and supporting managers in managing unavailability attributed to sickness

Anticipated impact and timescales for improvement:

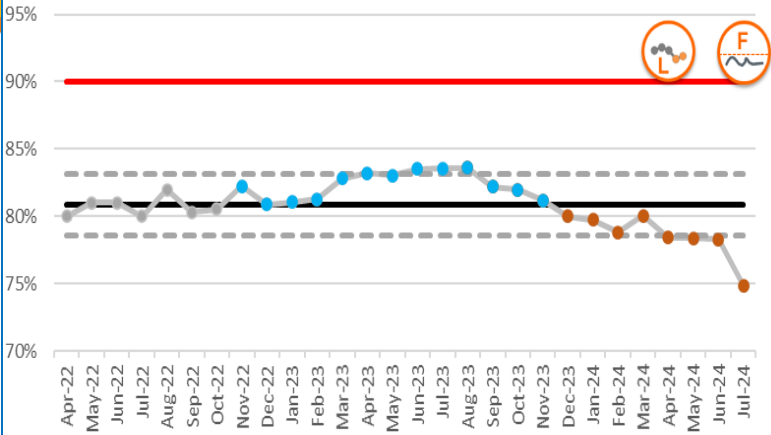
Priority for our 2024/25 people delivery plans.

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 – Talent Conversations (Appraisal) & Training

Appraisal compliance



Summary:

The statutory training compliance rate has continued to increase and is now 2% above target at 92% in July 2024. Appraisals are still decreasing and are now at 74.9%.

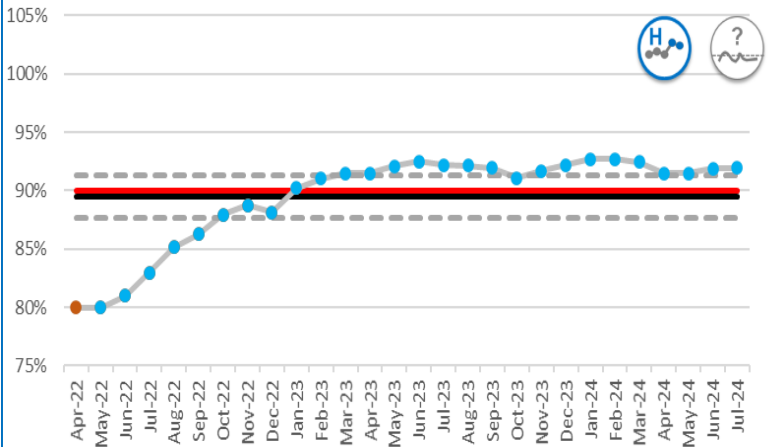
Recovery actions:

- Refinement of Talent conversation (Appraisal) paperwork is due to be launched in Q2 2024
- Alongside changes to the documentation, we will continue to provide training on the process and targeted support to areas in the organisation where there are the greatest opportunities to improve compliance
- The Trust's Talent Conversation (Appraisal) Policy to reflect these changes is due to be launched once approved
- Developing a system talent management approach and pool is part of our People Strategy and ambitions and support scope for growth and High Potential Scheme

Anticipated impact and timescales for improvement:

Key priorities for People Plan 2024

Statutory and mandatory training compliance

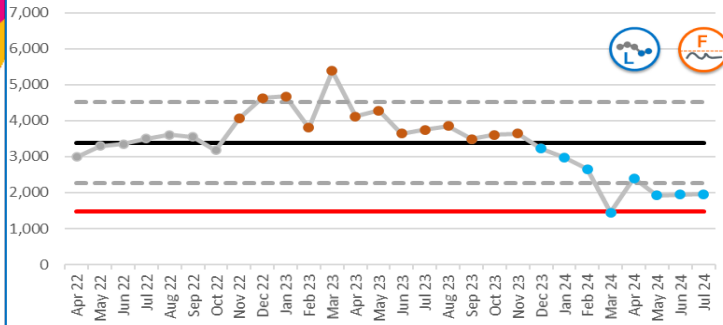


Recovery dependencies:

Leading by example to support colleagues to undertaking Talent conversations.

Agency Expenditure – Monthly

Monthly agency expenditure (£'000)



Summary:

Reduction of overall agency spend in July. New approval panel set up to evaluate all nursing agency including requests for capped rates agencies.

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. 60 medical agency doctors currently supporting the Trust, Full elimination of agency usage for ST1-2 predicted at end August 2024.

Recovery actions:

- Increased governance 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.

Staffing - actuals vs plan

Plan	Apr-24	May-24	Jun-24	Jul-24
Substantive	7113	7116	7123	7119
Bank	687	687	687	653
Agency	321	313	306	277
Total	8121	8116	8116	8049
Actual	Apr-24	May-24	Jun-24	Jul-24
Substantive	7107	7118	7093	7057
Bank	618	628	624	652
Agency	269	252	226	213
Total	7994	7999	7942	7922

Summary:

Total staff usage of 7,922 WTE in July which is 126 WTE ahead of plan and a reduction of 20 WTEs compared to June.

Contracted figure of 7,057 WTE in July, which is a decrease of 36 WTE in month. Overall increase in temporary staffing usage of 15 WTE in July with a reduction in agency use of 13 WTE and an increase in bank of 28 WTE.

The contracted decrease reflects the additional rigor associated with jobs going through the recruitment process whilst reductions in agency use reflects the anticipated reductions as internationally educated colleagues complete training and agency usage continues to be rigorously reviewed.

Recovery actions:

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

Anticipated impact and timescales for improvement:

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

Recovery dependencies:

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

Well Led - Finance

Executive Lead:

**Director of Finance
Helen Troalen**

Integrated Performance Report

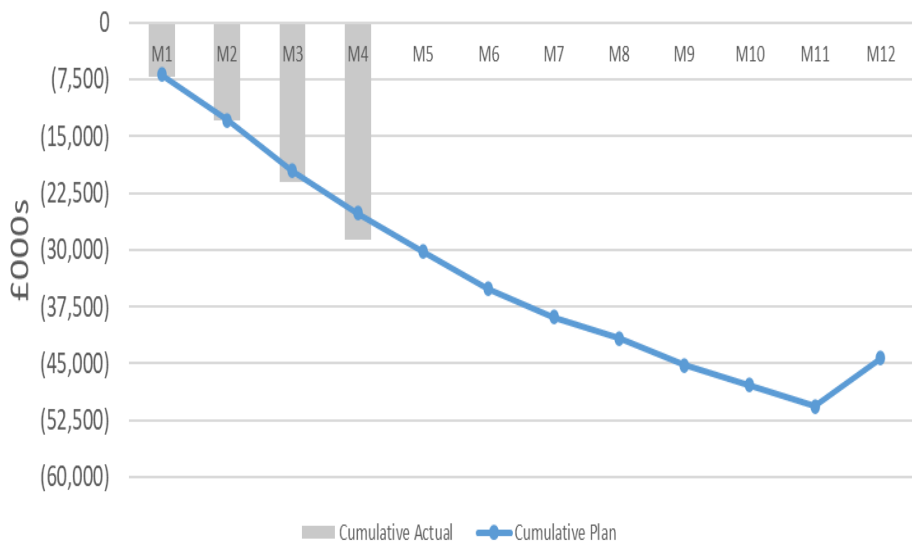
Domain	Description	Current Month Trajectory (RAG)	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Trend
Finance	End of month cash balance £'000	18,182	6,517	7,709	2,271	16,537	11,748	14,939	15,038	49,472	54,689	58,369	39,634	36,999	29,444	
	CIP Delivery £'000	570	1,121	1,086	1,027	1,138	2,010	1,317	1,978	2,400	3,506	850	869	1,915	2,125	
	Balanced £ Position £'000	(7412)	(36,151)	(46,086)	(57,447)	(68,661)	(80,155)	(87,977)	(91,696)	(57,673)	(54,583)	(7,209)	(5,721)	(8,100)	(7,676)	
	Year to date capital expenditure £'000	3,138	1,062	1,637	2,497	3,205	4,478	4,951	8,246	9,058	18,423	741	993	1,544	2,146	

Finance Executive Summary

- The Trust submitted an updated finance plan to NHSE on 12th June which showed a deficit plan of £44.3m for the year which is in line with the financial parameters set by NHSE. At the end of July (month four), the Trust has a deficit of £28.7m against a planned deficit of £25.1m which is £3.6m adverse to plan. This is mainly driven by the non-consultant industrial action in June and July and escalation costs being above plan in July. The Trust has five main deliverables within the operating plan for 2024/25 which will materially impact the financial position if not delivered:
 - Delivery of the activity plan to secure the ERF and potentially additional income – The Trust continued to record activity income in line with plan at month four due to reporting limitations linked to the EPR replacement. However, it is of note that excluded drugs and devices and ERF income continue to be reported in line with expenditure.
 - Delivery of the efficiency plan – The trust has an efficiency target of £37.7m (including £3.7m in run rate savings) plus a £7m stretch making £44.7m (7.6%) in totality for 2024/25. At the end of July, £5.8m has been delivered against a target of £6.3m with slippage against planned reductions to escalation partially offset with non-recurrent benefits in month.
 - WTE reduction plan – the current operational plan includes a reduction of 644.39 WTE by March 2025 compared to the number of staff in post in March 2024. This reduction is linked to the efficiency programme and is made of up a reduction in substantive staffing of 61.18 WTE, bank of 306.09 WTE and agency of 277.12 WTE. At the end of July the actual wte is 127.96 WTE below plan which relates to substantive (62.99), bank (0.82) and agency (64.15).
 - Delivery of the agency reduction plan – there continues to be significant focus in this area. The ban in off-framework nurse agency is being maintained and most recently a new rates agreement with the largest supplier of agency nurses has seen 98% of rates come within the NHSE cap. Expenditure has continued to fall with total expenditure of £8.2m year to date which is £0.5m deficit to plan and is driven by escalation costs being above plan, although it is anticipated this can be recouped during the remainder of Q2.
 - Delivery of the bed plan with reliance on system partners for out of hospital capacity – the current operational plan includes a significant reduction in escalation capacity and improvements in length of stay. This requires both internal and external interventions to deliver in full and links to the actions being taken by the UEC transformation board. At the end of July, the planned reductions in escalation had not occurred however with focussed work during the remainder of Q2 there is an opportunity to catch up and get back on plan, however, there does remain a risk to delivery.
- The Trust has set an operational capital programme of £16.8m and £71.6m for externally funded schemes for 2024/25, giving a total capital programme of £88.3m of which £5.4m has been spent at month four.
- The Trust held a cash balance at the end of July 2024 of £29.4m.

Income and expenditure

Income and Expenditure Position (excluding technical items)



Summary:

The Trust has submitted and had approved a financial plan deficit of £44.3m in 2024/25 which is in line with the underlying deficit identified in recent years.

The Trust recorded a year-to-date deficit at month four of £28.7m against a planned deficit of £25.1m. The £3.6m deficit to plan year to date is driven by the cost of covering and associated lost income within the non-consultant industrial action in June and July and higher than planned costs relating to escalation in July. Of the £3.6m deficit, £2.4m relates to the cost of industrial action, £0.7m relates to escalation, £0.3m relates to agency expenditure predominantly in medical staffing and £0.2m relates to non-recurrent endoscopy funding that is yet to be agreed.

The Trust has set an operational capital programme of £16.8m and £71.6m for externally funded schemes for 2024/25, giving a total capital programme of £88.3m of which £5.4m has been spent at month four.

The Trust held a cash balance at the end of June 2024 of £29.4m.

Recovery actions:

- Recovery actions remain in 2024/25 and include:
- Further reduction of escalation capacity during the remainder of Q2 in order to recover the current slippage, including a daily review of escalation requirements.
 - Review of temporary consultant and medical staffing bookings to ensure necessity, especially in relation to additional medical staff as part of the August rotation.

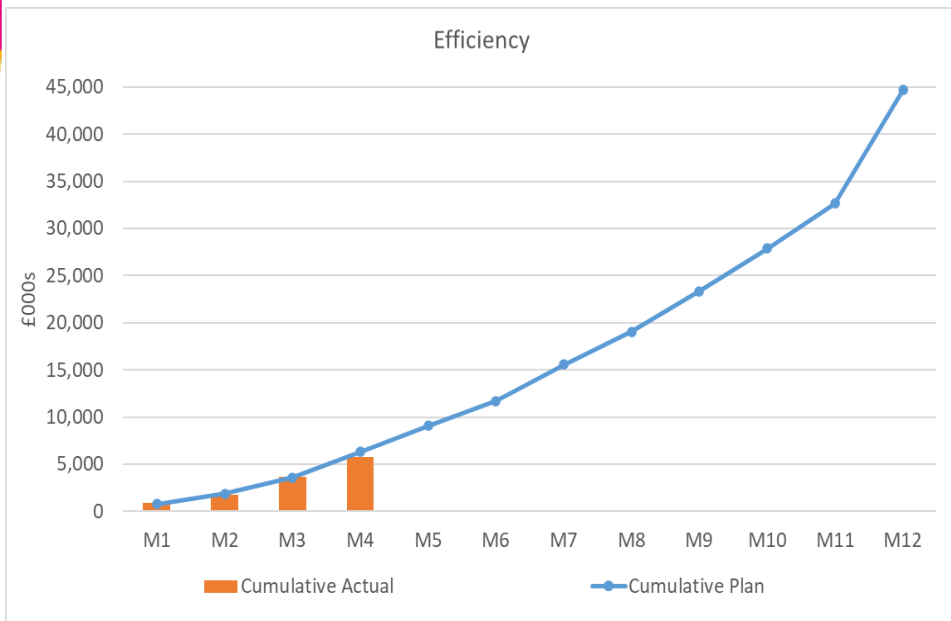
Anticipated impact and timescales for improvement:

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

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).

£5.8m of efficiency savings has been delivered at month four against a plan of £6.3m, with slippage in relation to escalation capacity. 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.

Escalation

Detail	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Predicted bed position prior to escalation	(62)	(78)	(84)	(14)	(32)	(45)	2	(36)	(2)	(12)	29	52
Required escalation beds (funded)	48	48	32	14	32	32	0	32	2	12	0	0
Required unconventional capacity (funded)	15	15	15	0	0	15	0	0	0	0	0	0
Revised bed position	1	(15)	(37)	0	0	2	2	(4)	0	0	29	52

Summary:

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

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

At the end of July, the expected reduction in escalation capacity were not seen and as such are off plan. Given the increase in planned escalation for the remainder of Q2 there is an opportunity to reduce this requirement and get back on track.

Recovery actions:

Actions to further reduce the requirement for escalation capacity link to improvements in LoS and out of hospital capacity.

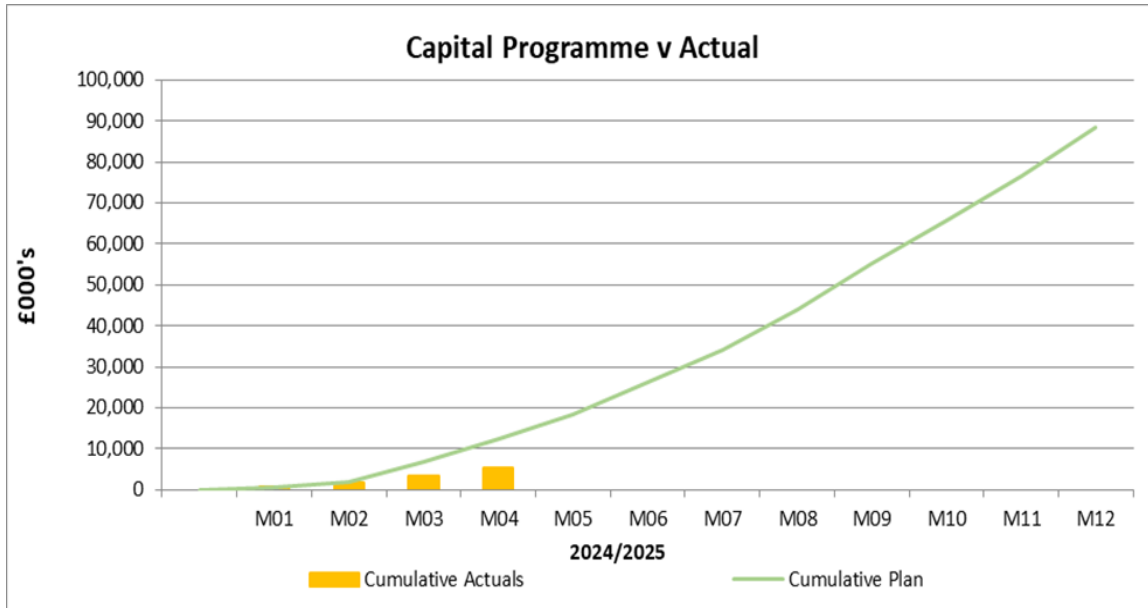
Anticipated impact and timescales for improvement:

Increased delivery expected over the coming months, linked to further improvement in UEC metrics.

Recovery dependencies:

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

Capital Programme



Summary:

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

£71.6m has been agreed for externally funded schemes including HTP. In addition, a Salix Grant of £8.1m in 2024/25 has also been approved.

The total capital programme for 2024/25 has been set at £88.3m (excluding Salix) as illustrated in graph.

As at month four £5.4m of expenditure has been incurred.

Recovery actions:

N/A

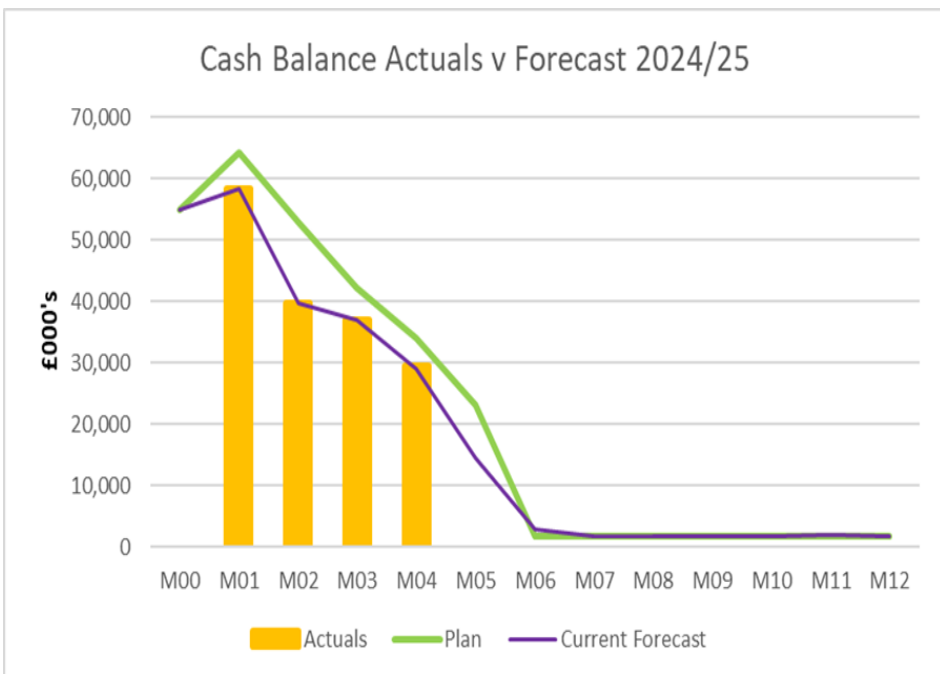
Anticipated impact and timescales for improvement:

N/A

Recovery dependencies:

N/A

Cash



Summary:

The Trust undertakes monthly cashflow forecasting.

The cash balance brought forward into 2024/25 was £54.9m with a cash balance of £29.4m held at end of July 2024 (ledger balance of £27.2m due to reconciling items, including creditor payment run not transacted out of bank at month end of £2.2m).

The high cash balance is due to the deficit support cash that was received in month 12 of 2023/24.

The graph illustrates actual cash held against the plan. The cash position continues to be lower than original plan at end of July and is driven by a change in the capital expenditure profile. The forecast is revised each month to take into account the actual year to date position.

Recovery actions:

The Trust understands that cash support matching the planned £44.3m deficit will be made available and once that is confirmed the cash forecast will be updated.

Anticipated impact and timescales for improvement:

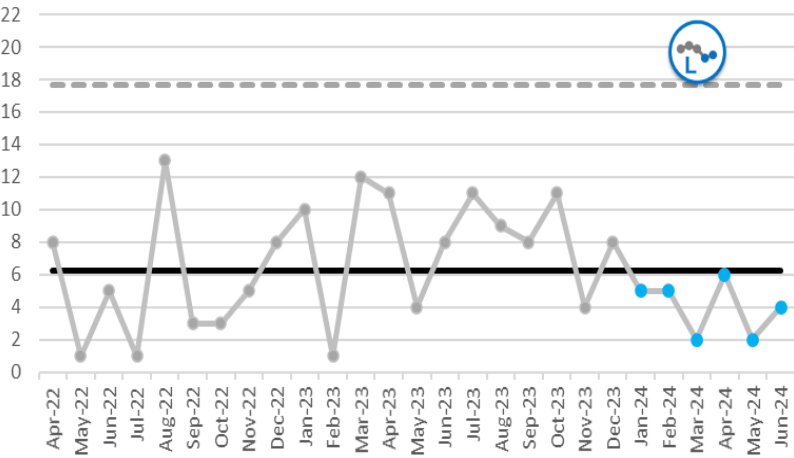
Recovery dependencies:

The receipt of the £44.2m of planned deficit cash support.

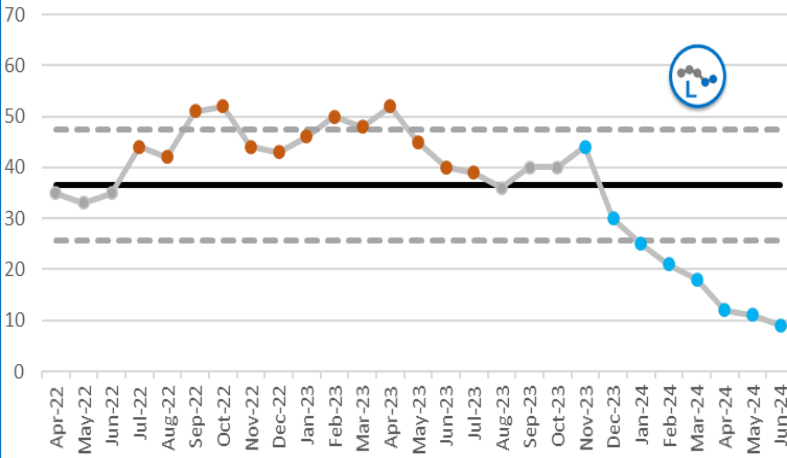
Appendices – Quality and Effectiveness

Appendices – supporting detail on Quality and Effectiveness

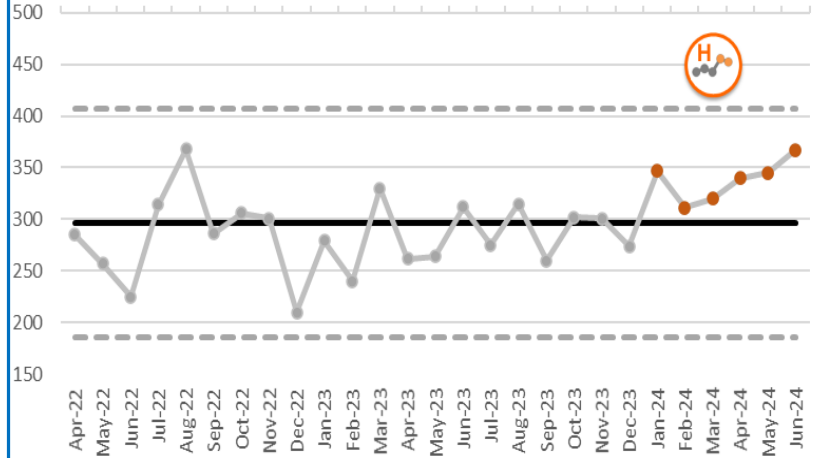
SI - Closed in Month



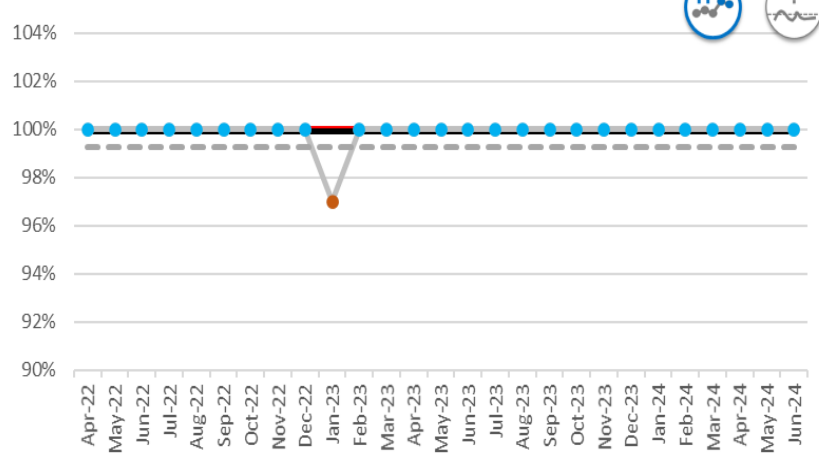
SI - Total Open at Month End



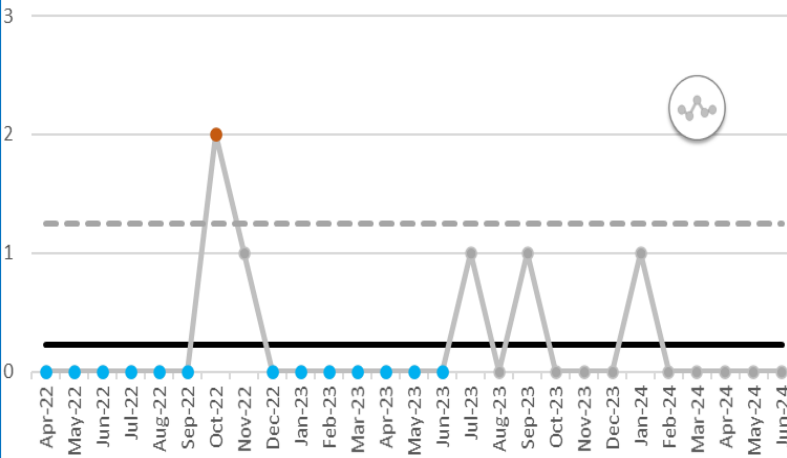
PALS contacts



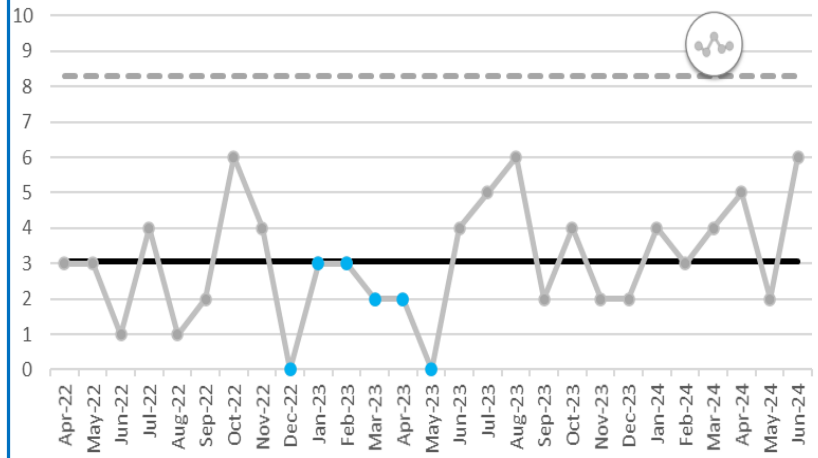
Complaints - Acknowledged within agreed timeframe



Number of re-opened complaints upheld

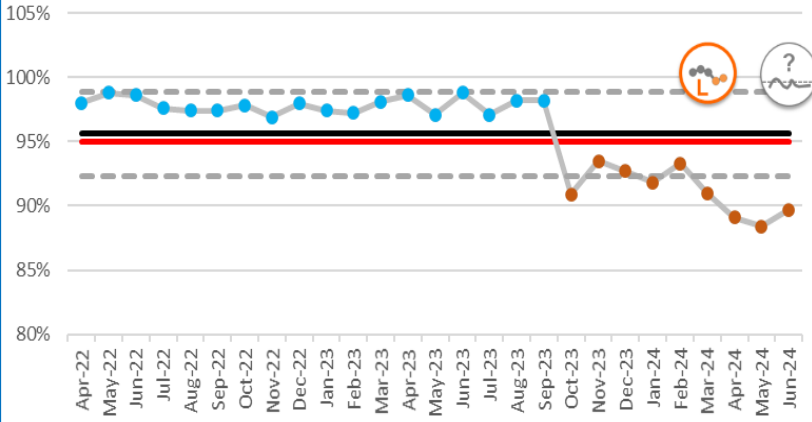


Number of complaints re-opened following response sent

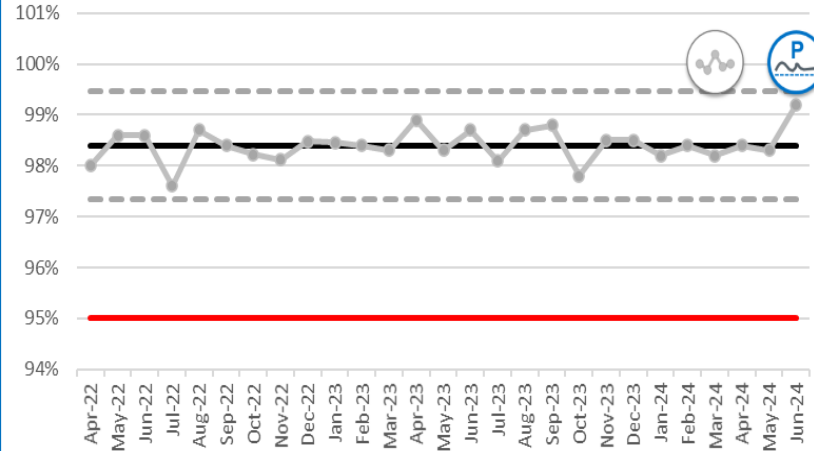


Appendices – supporting detail on Quality and Effectiveness

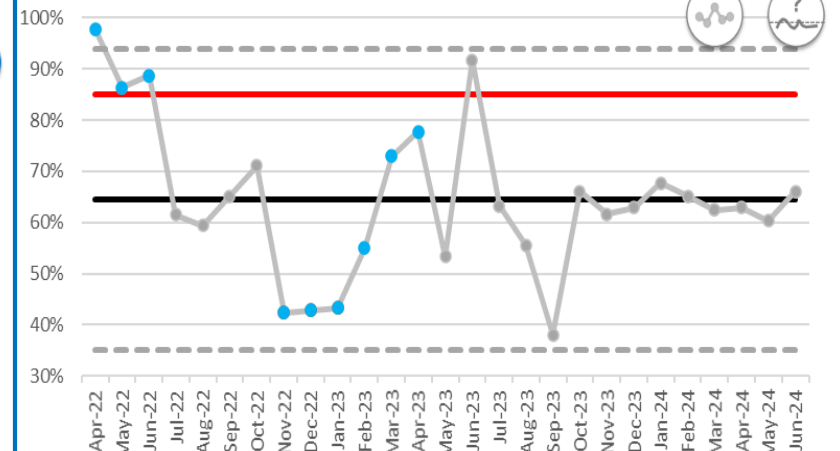
Friends and Family Test - SaTH



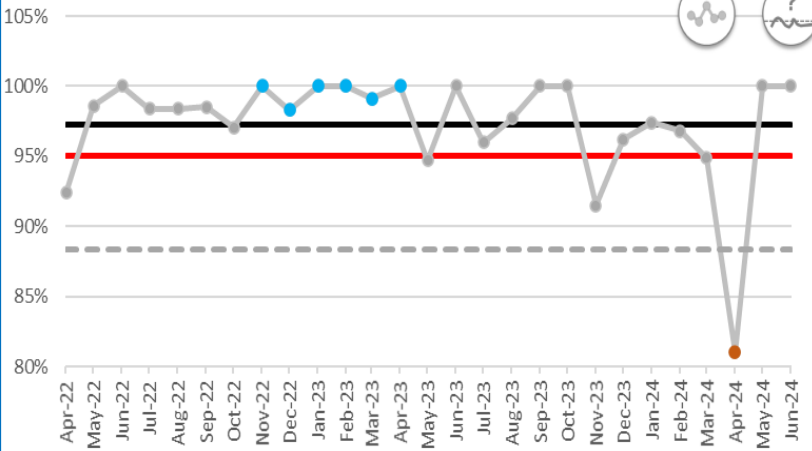
Friends and Family Test - Inpatient



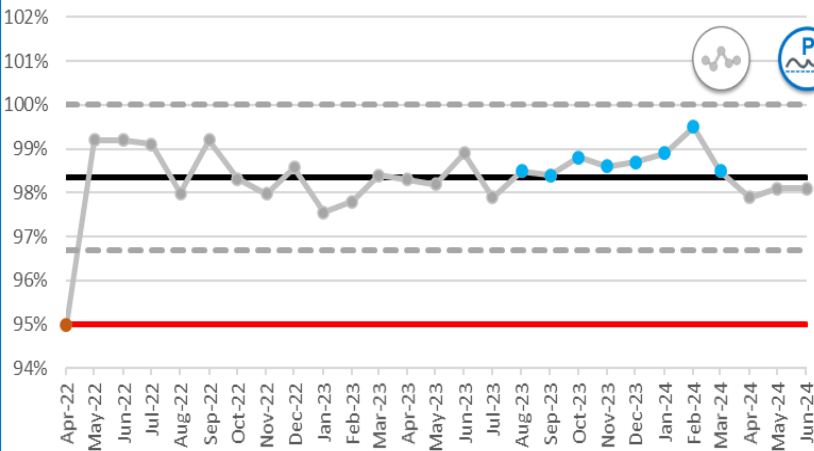
Friends and Family Test - A&E



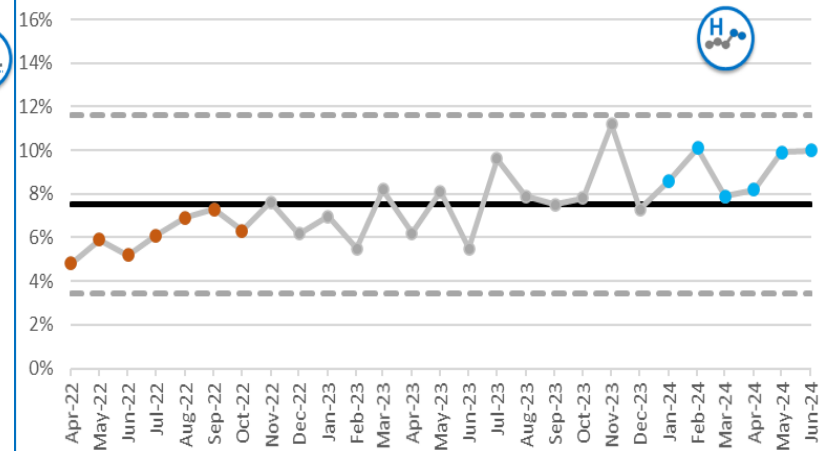
Friends and Family Test - Maternity



Friends and Family Test - Outpatients



Friends and Family Test - SaTH Response rate %



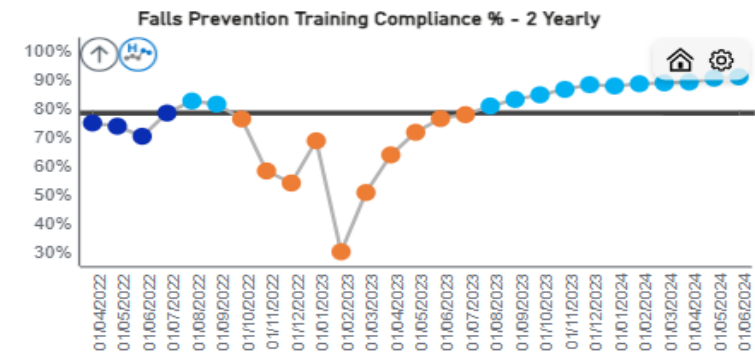
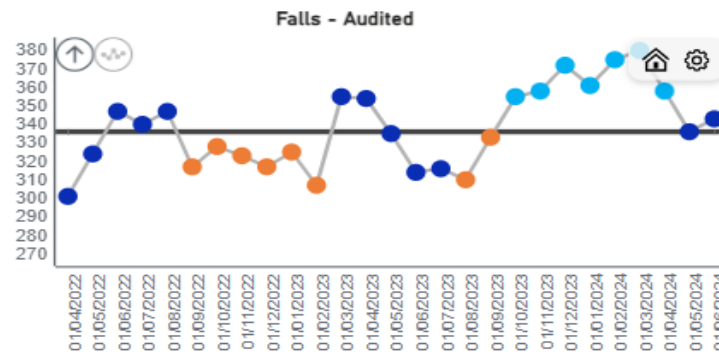
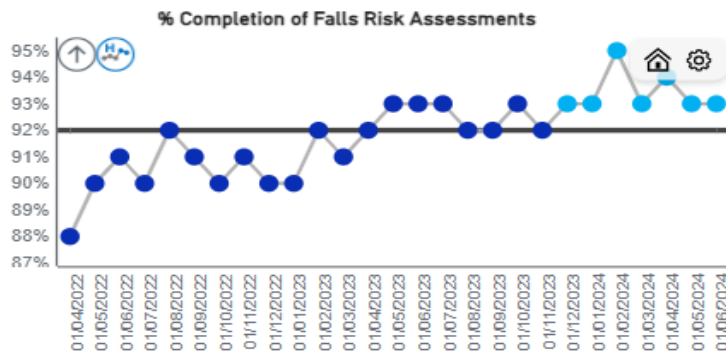
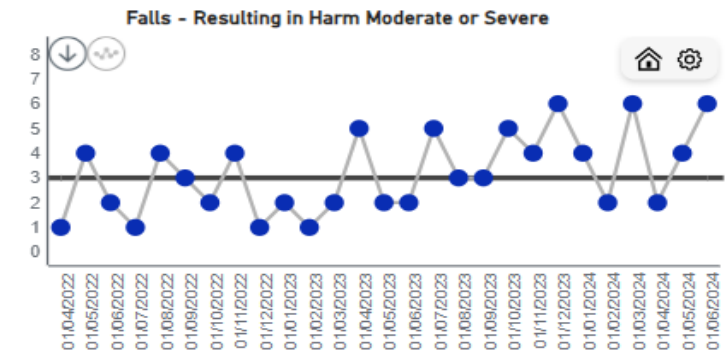
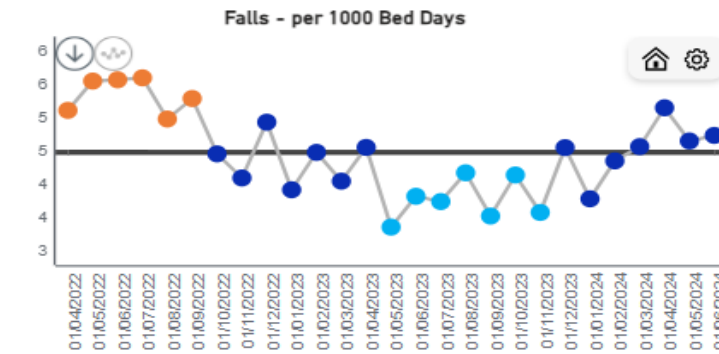
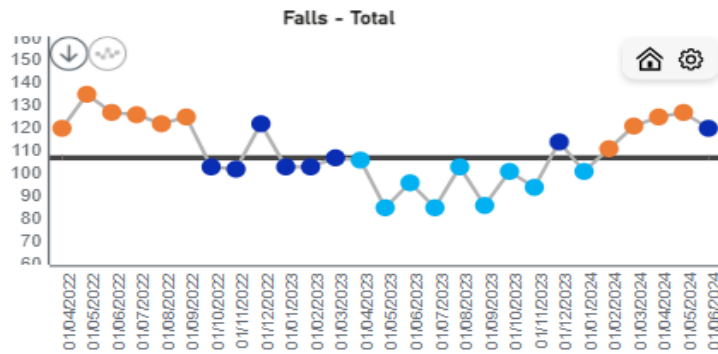
Appendices supporting Quality Strategy



Quality - Safe - Falls

Deteriorating Patient

	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024
Falls - Total	103	107	106	85	96	85	103	86	101	94	114	101	111	121	125	127	120
Falls - per 1000 Bed Days	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	4.65	4.73
Falls - Resulting in Harm Moderate or Severe	1	2	5	2	2	5	3	3	5	4	6	4	2	6	2	4	6
% Completion of Falls Risk Assessments	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	93.0	93.0
Falls Audited	307	355	354	335	314	316	310	333	355	358	372	361	375	380	358	336	343
Falls Prevention Training Compliance % - 2	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	90.74	91.20

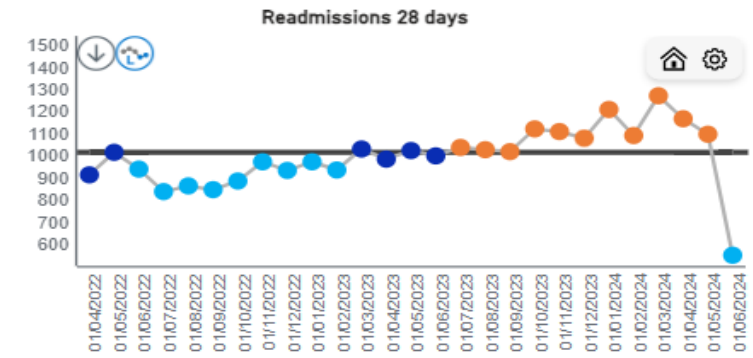
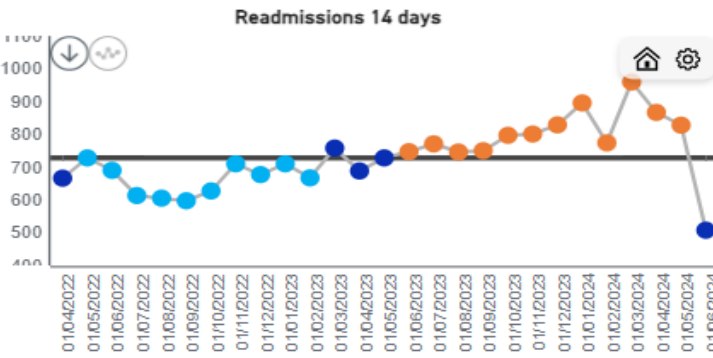
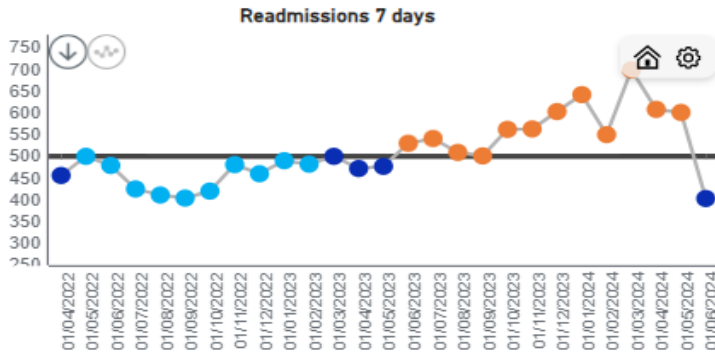
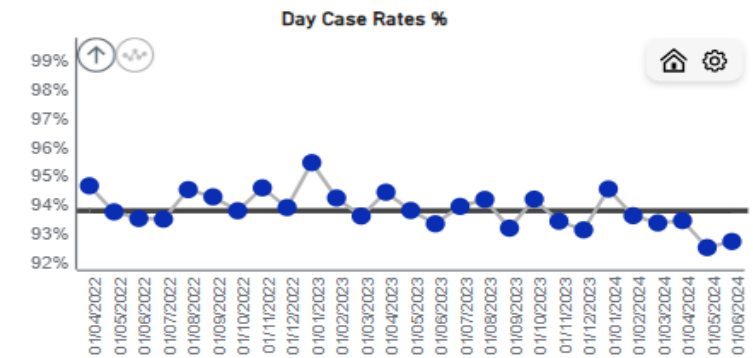
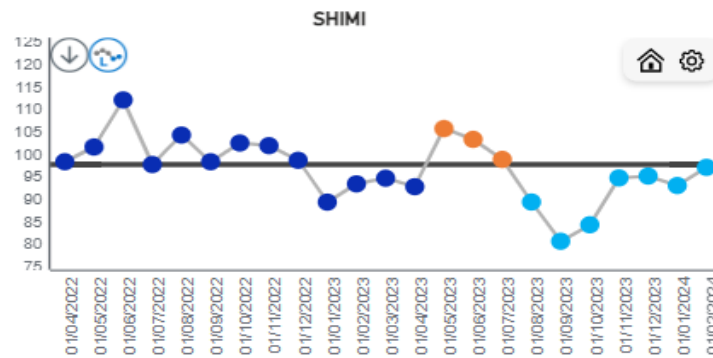
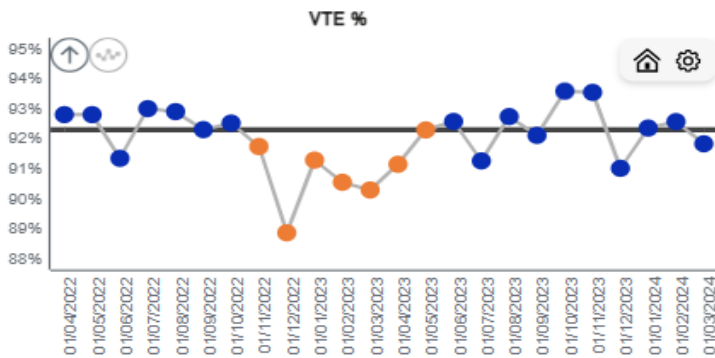




Quality - Effective - Best Clinical Outcomes

Right Care, Right Place, Right Time

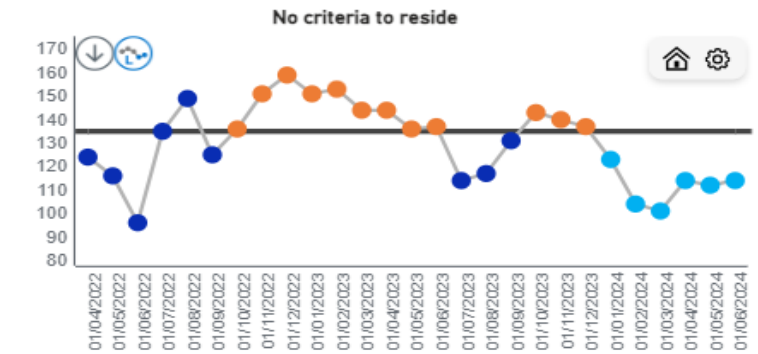
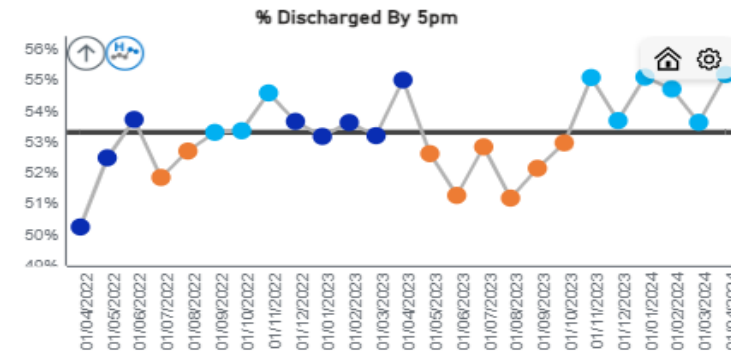
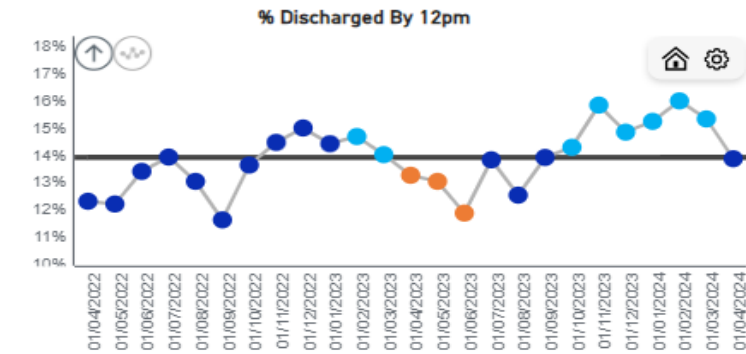
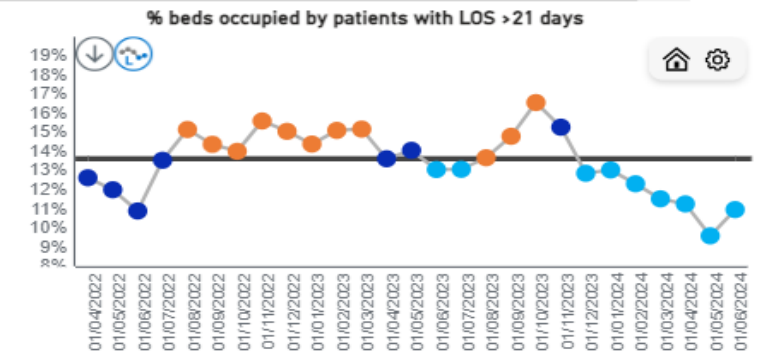
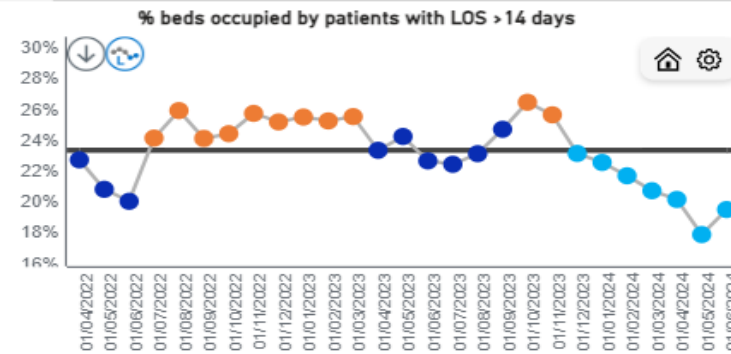
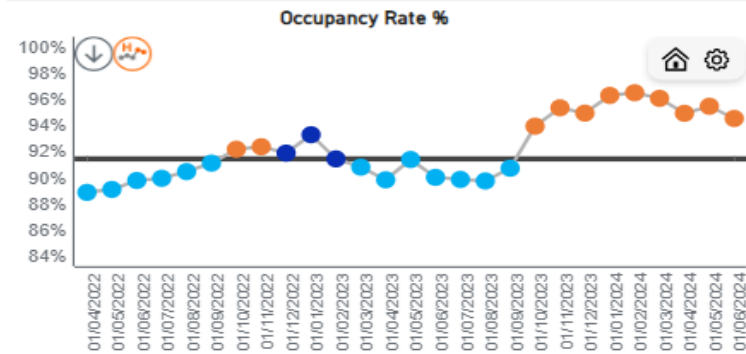
	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	
VTE %	91.73	88.86	91.28	90.54	90.29	91.14	92.29	92.57	91.26	92.74	92.11	93.58	93.54	91.01	92.35	92.57	91.83				
SHMI	101.96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





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

	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024
Occupancy Rate %	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	95.49	94.55
% beds occupied by patients with LOS > 14 days	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	17.88	19.50
% beds occupied by patients with LOS > 21 days	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	9.57	10.94
No criteria to reside	153	144	144	136	137	114	117	131	143	140	137	123	104	101	114	112	114
% Discharged By 12pm	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	53.63	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		





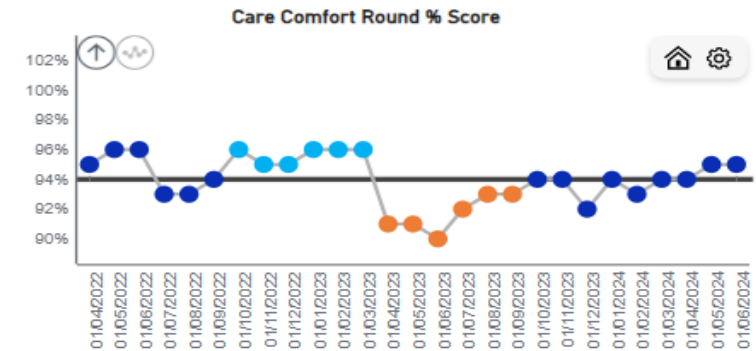
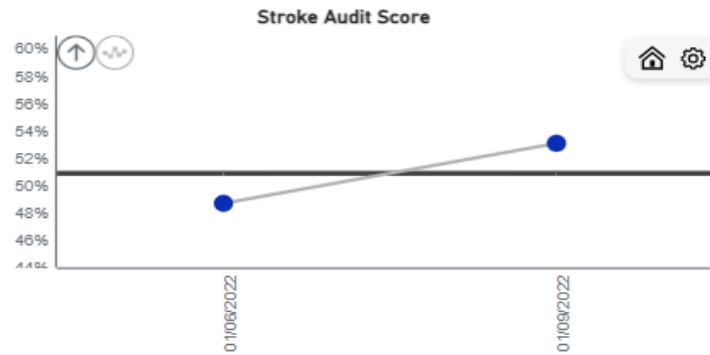
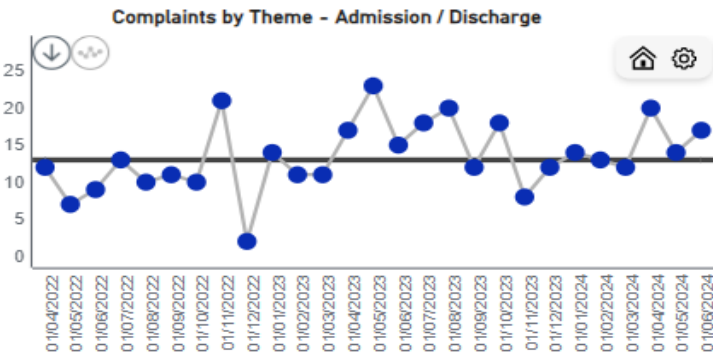
Quality - Effective - Right Care, Right Place, Right Time



Page 1

Best Clinical Outcomes

	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024
Care Comfort Round % Score	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	95.0	95.0
Stroke Audit Score																	
Complaints by Theme - Admission / Discharge	11	11	17	23	15	18	20	12	18	8	12	14	13	12	20	14	17



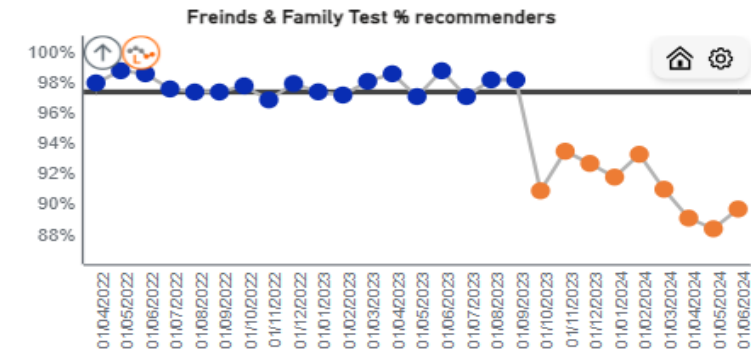
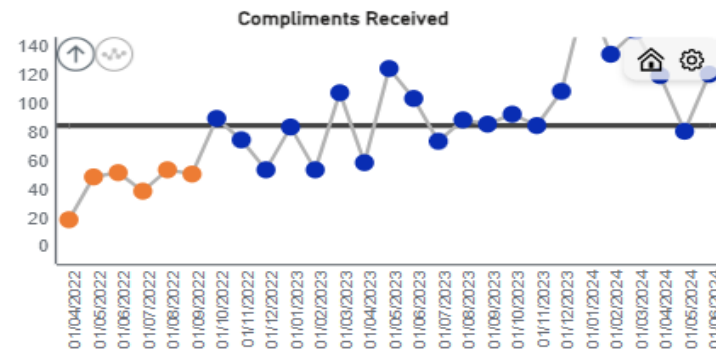
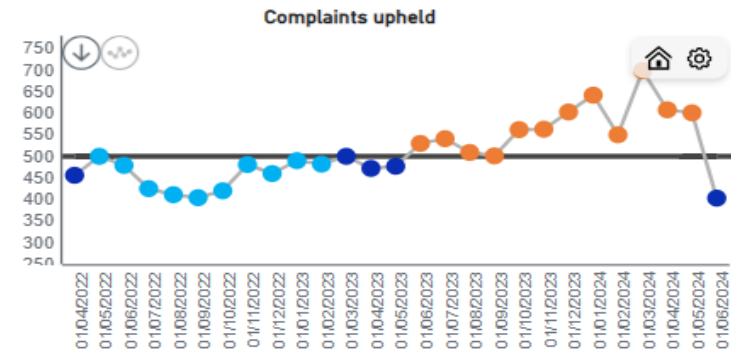
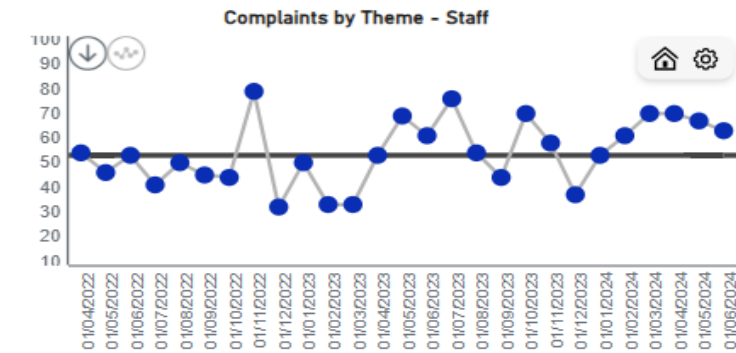
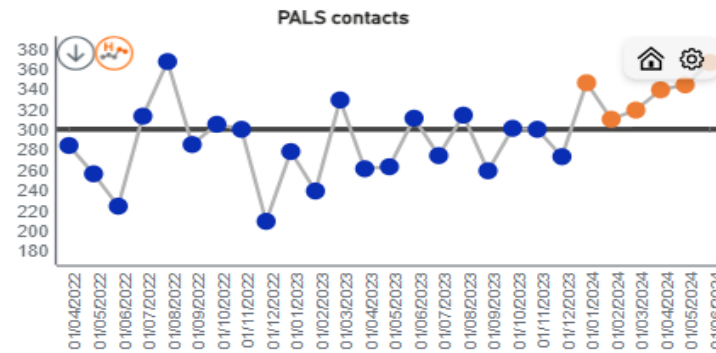
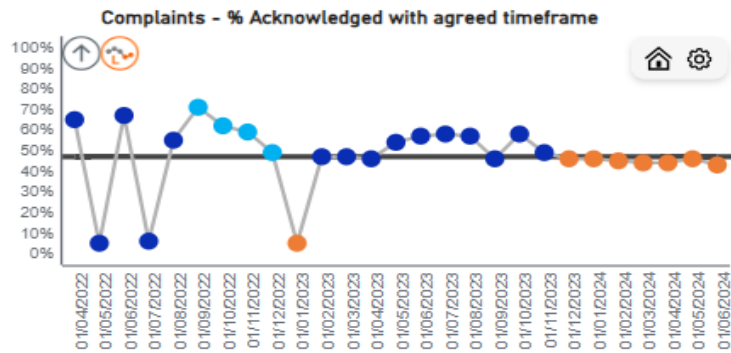


Quality - Patient Experience - Learning from Experience

Vulnerable Patients

End of Life Care

	Apr-2022	May-2022	Jun-2022	Jul-2022	Aug-2022	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023
Complaints - % Acknowledged within agreed timeframe	65	5	67	6	55	71	62	59	49	5	47	47	46	54	57	58	57
PALS contacts	285	257	225	314	368	286	306	301	210	279	240	330	262	264	312	275	315
Complaints by Theme - Staff	54	46	53	41	50	45	44	79	32	50	33	33	53	69	61	76	54
Complaints upheld	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	1	0
Compliments Received	19	49	52	39	54	51	90	75	54	84	54	108	59	125	104	74	89
Friends and Family Test % recommenders	98.0	98.8	98.6	97.6	97.4	97.4	97.8	96.9	98.0	97.4	97.2	98.1	98.6	97.1	98.8	97.1	98.2





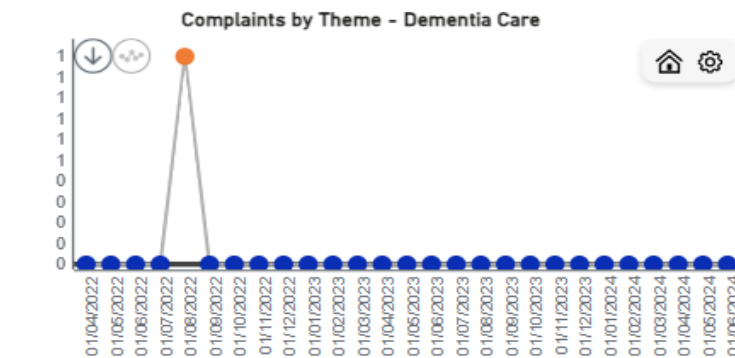
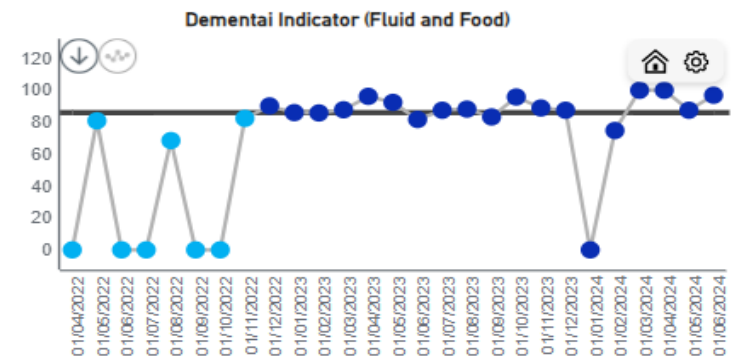
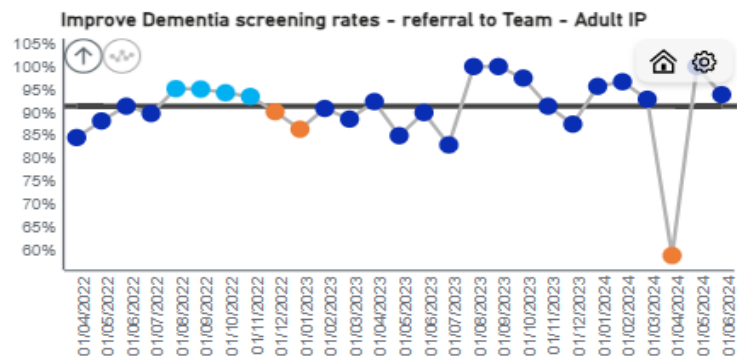
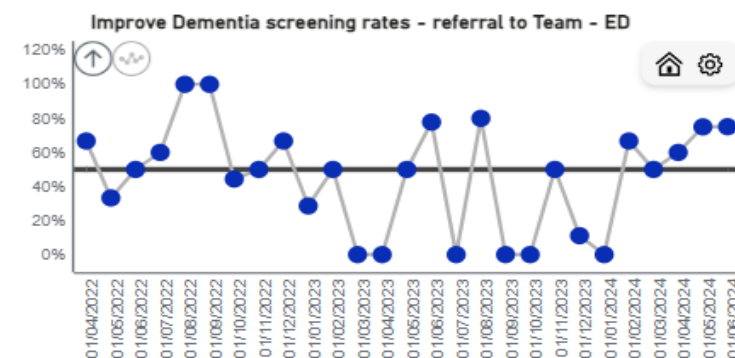
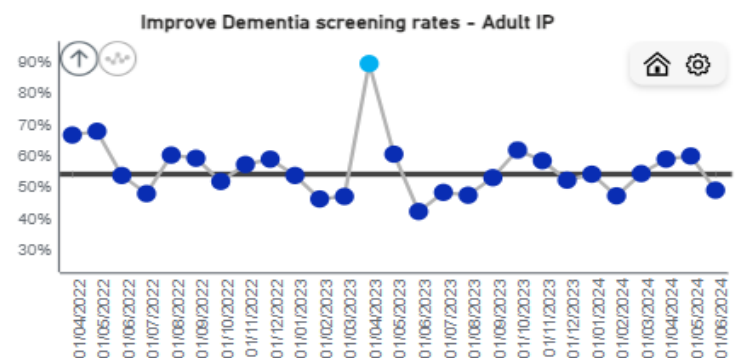
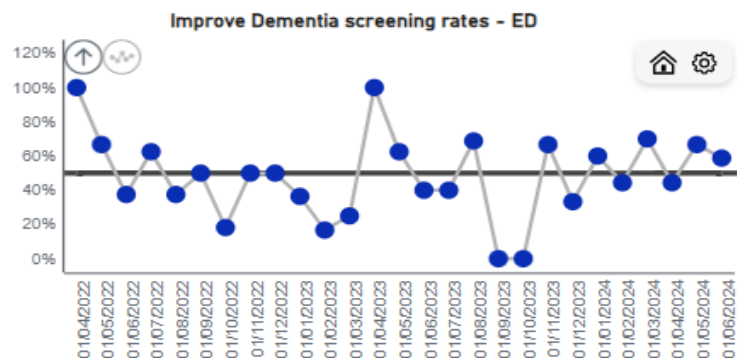
Quality - Patient Experience - Vulnerable Patients



Learning from Experience

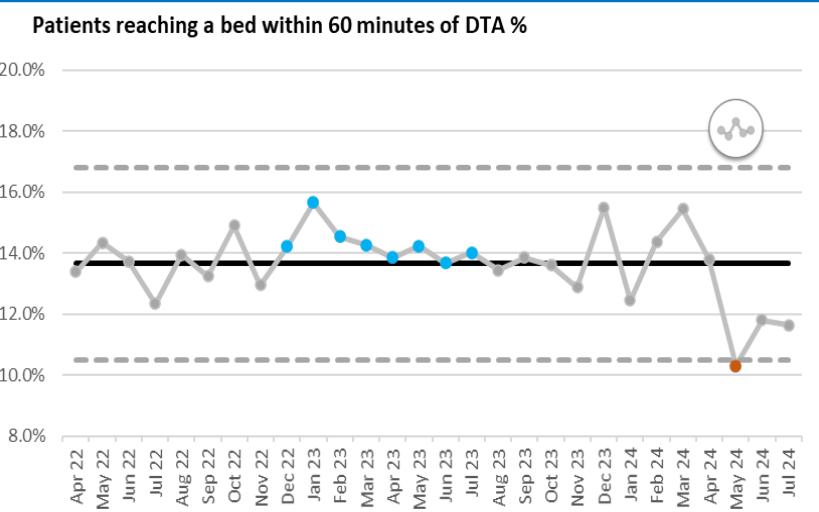
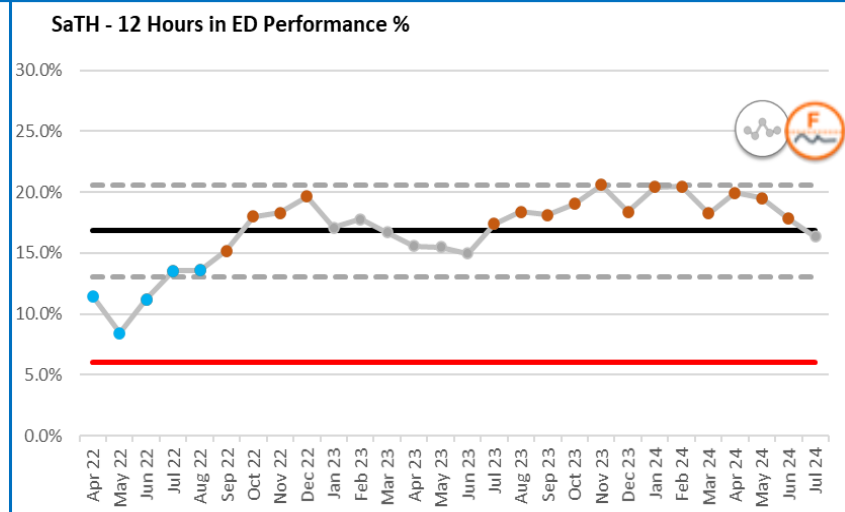
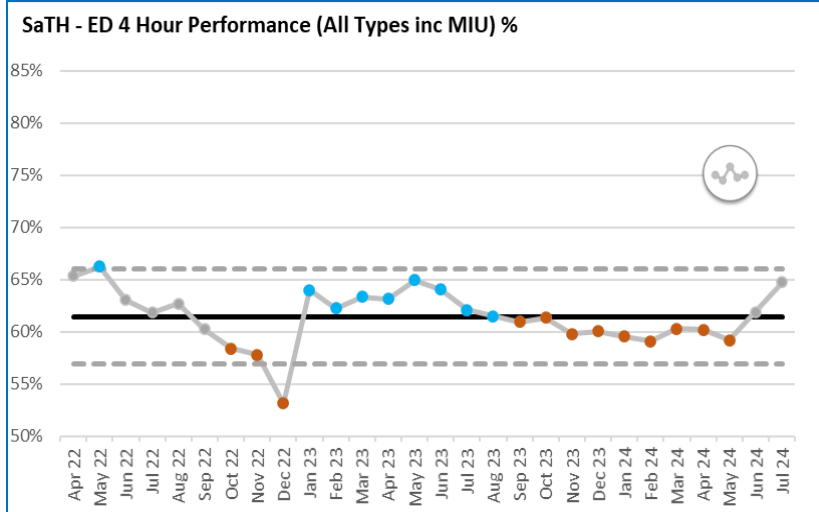
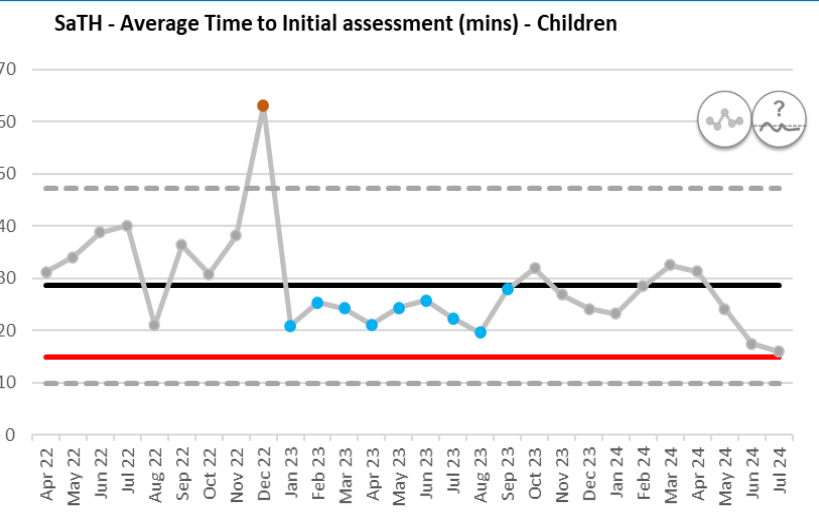
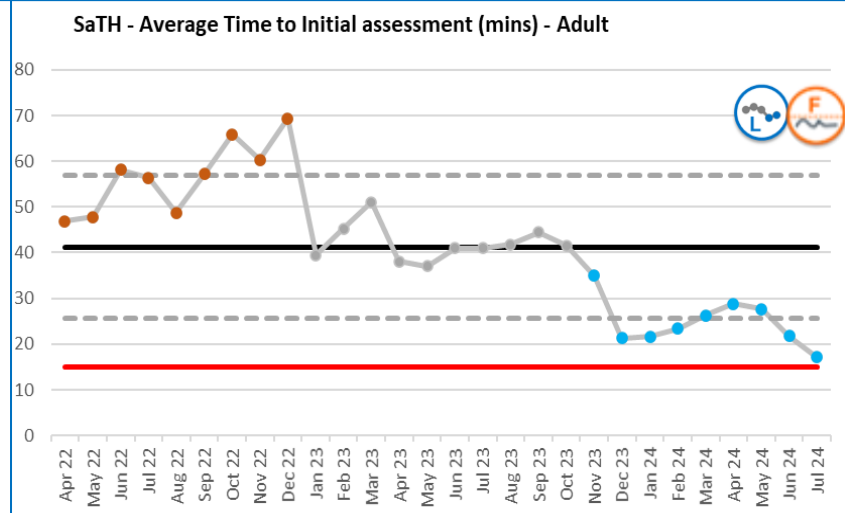
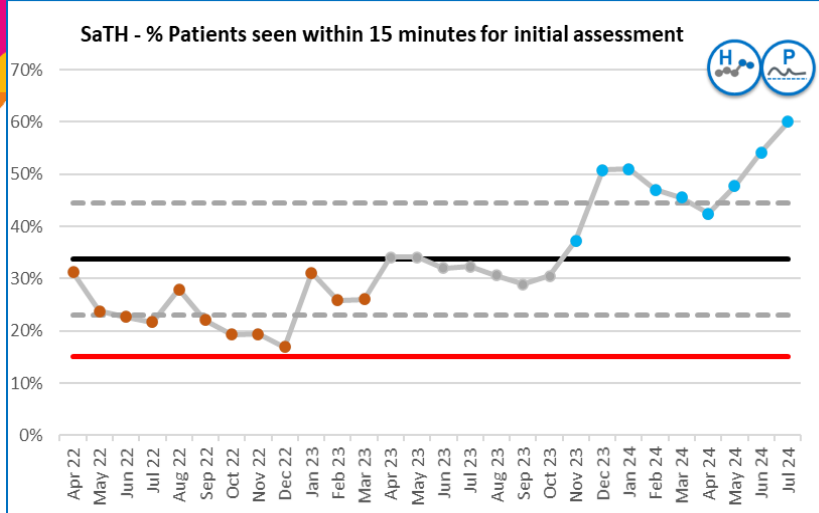
End of Life Care

	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024
Improve Dementia screening rates - Patient had an AMT - ED	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	66.7	58.8
Improve Dementia screening rates - Patient had an AMT - Adult IP	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	60.0	49.1
Improve Dementia screening rates - referral to Team? ED	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	75.0	75.1
Improve Dementia screening rates - referral to Team? Adult IP	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	100.0	93.9
Dementia Indicator (Fluid and Food)	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	87.5	96.9
Complaints by Theme - Dementia Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

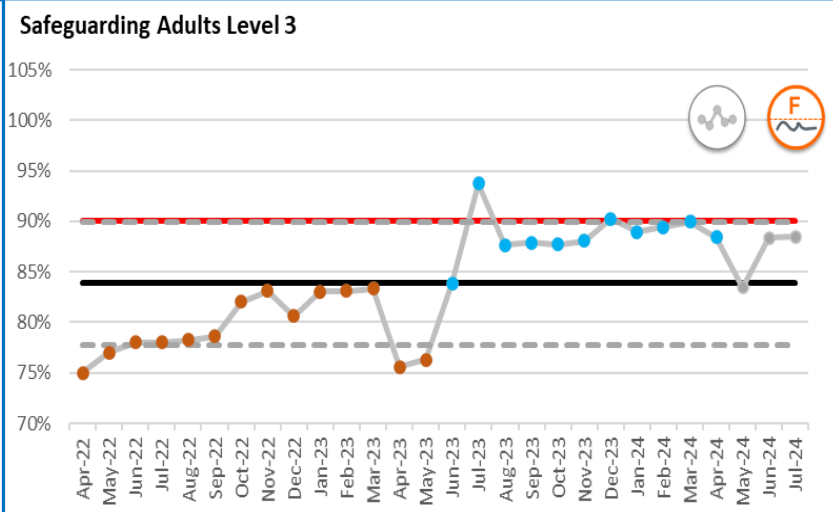
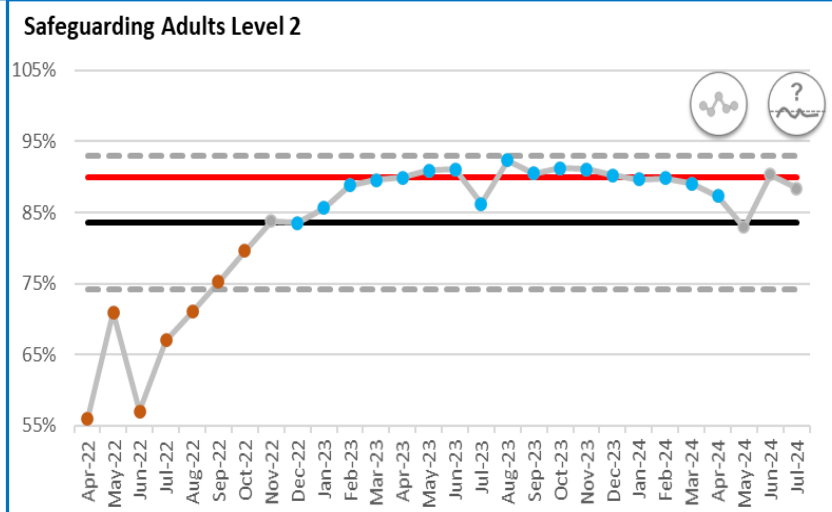
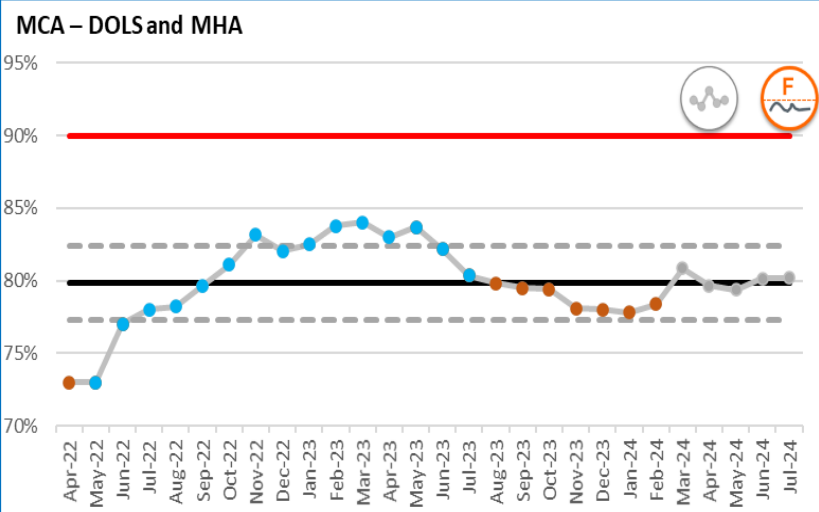
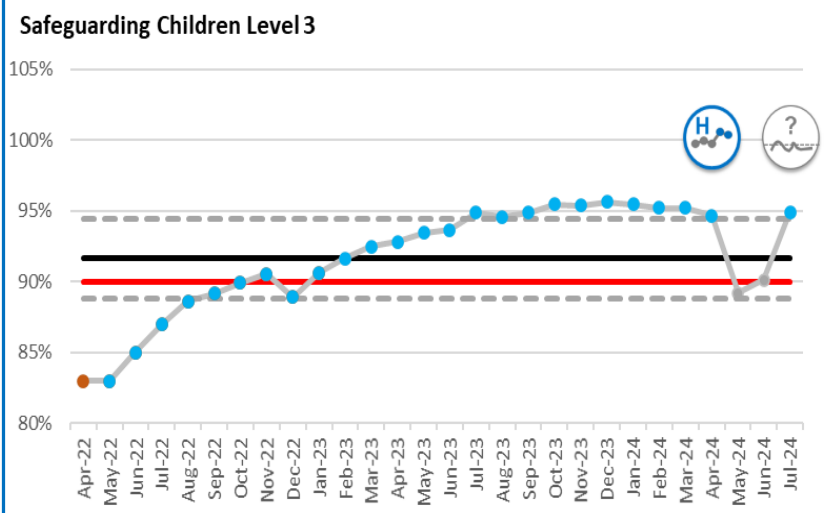
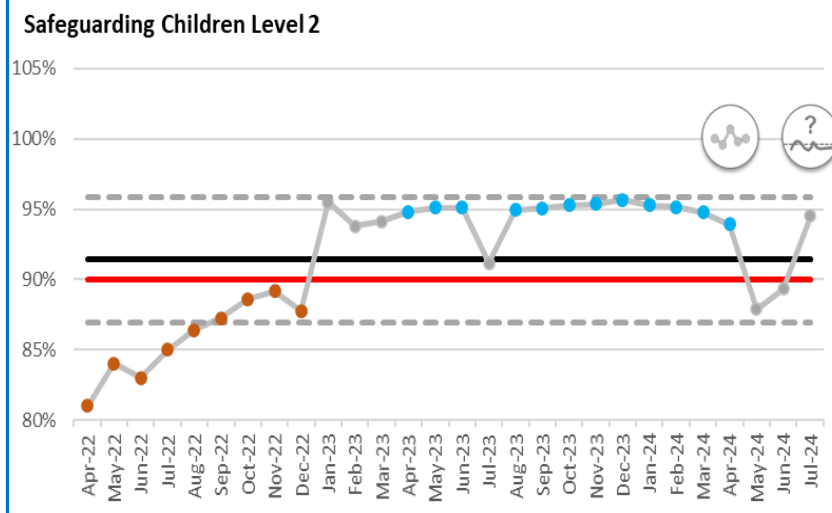
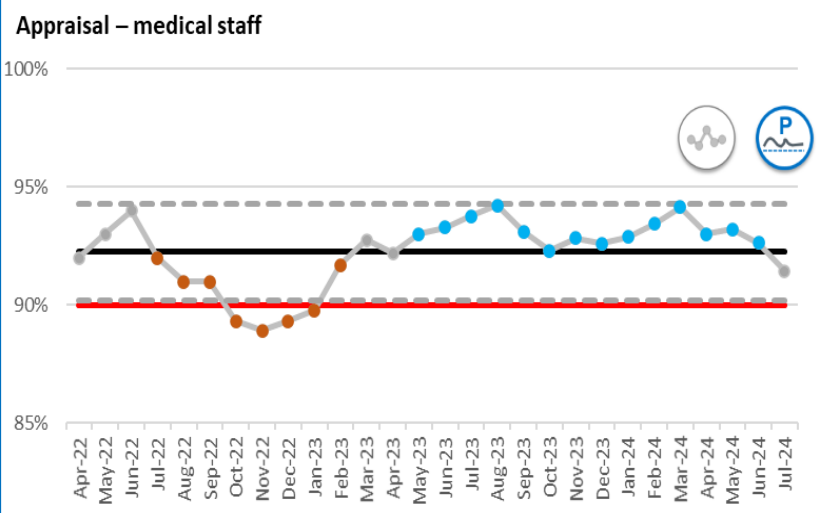


Appendices – Responsiveness and Well Led

Appendices 2. – supporting detail on Responsiveness

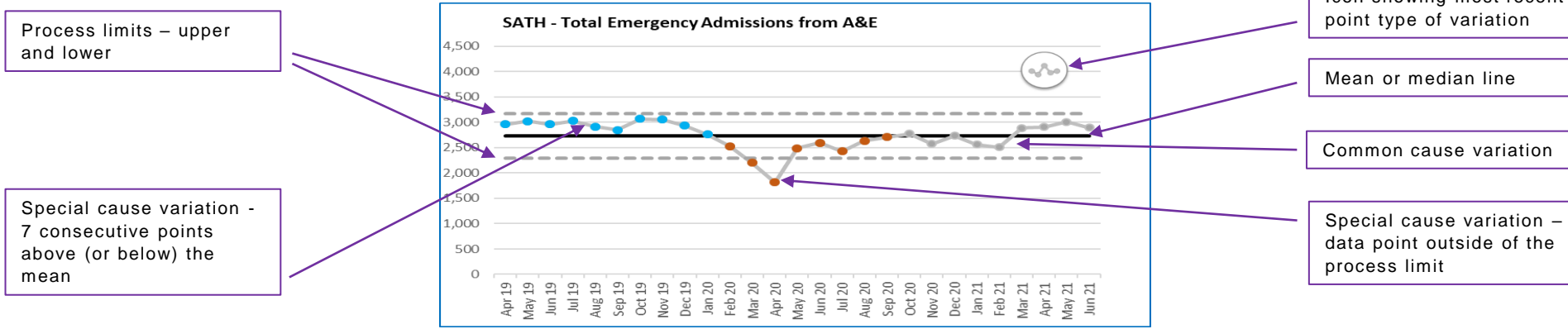


Appendices 3. – supporting detail on Well Led

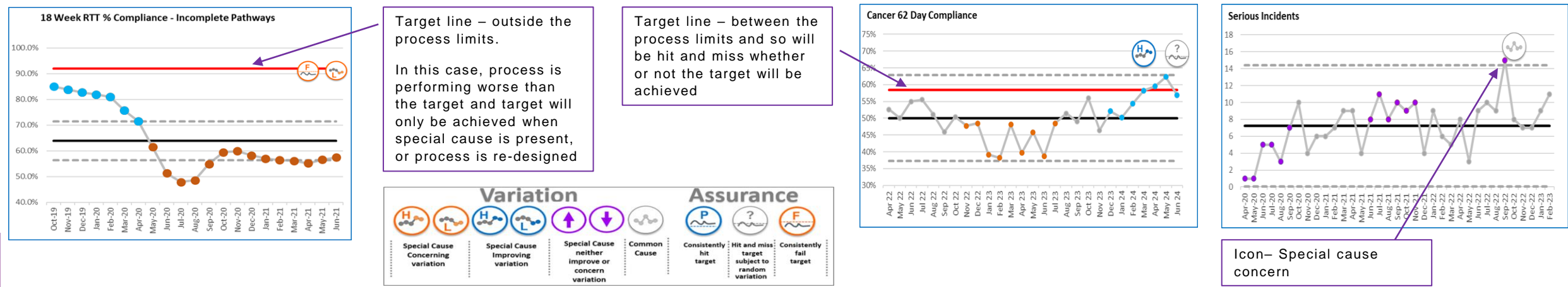


Appendix 4. Understanding Statistical control process charts in this report

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.



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



Appendix 3. Abbreviations used in this report

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

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

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



The Shrewsbury and
Telford Hospital
NHS Trust