

## Board of Directors' Meeting 16 January 2025

<b>Agenda item</b>	009/25		
<b>Report Title</b>	Chief Executive's Report		
<b>Executive Lead</b>	Jo Williams, Interim Chief Executive Officer		
<b>Report Author</b>	Jo Williams, Interim Chief Executive Officer		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	√	Our patients and community	-
Effective	√	Our people	
Caring	√	Our service delivery	<b>Trust Risk Register id:</b>
Responsive	√	Our governance	
Well Led	√	Our partners	
<b>Consultation Communication</b>	N/A		
<b>Executive summary:</b>	<p>The pressures of winter, including flu and other respiratory illnesses, continue to be a challenge for the Trust, and indeed the rest of the NHS; temporary measures were put in place at the start of this month to support infection control across our hospitals, and to bolster timely, operational processes. The temporary restrictions put in place saw a decrease within a few days in the number of flu cases which presented to us.</p> <p>Despite these pressures and the challenges we face, our teams continue to work tirelessly to provide the best care possible for our patients and their families, and we continue to thank them for this.</p> <p>We were pleased to hear from the CQC that three more of the conditions on our Licence had been removed, leaving only 2 from the original 58 conditions.</p> <p>We were delighted that the League of Friends of Shrewsbury and Telford NHS Hospital bought a new £33,000 fertility laser, which will allow the scientists at the Shropshire and Mid Wales Fertility Centre to maximise the survival rate of frozen embryos and subsequently improve the chances of women getting pregnant. We continue to be grateful for the support they provide to the Trust.</p>		
<b>Recommendations for the Board:</b>	The Board is asked to note the contents of the report and to take assurance where appropriate.		
<b>Appendices</b>	None		

## **1.0 EXECUTIVE SUMMARY**

- 1.1 This paper provides an update regarding some of the most noteworthy events and updates since the last Board on 14 November 2024 from the Chief Executive's position; this includes an overall update, SaTH news and wider NHS updates.

## **2.0 OVERALL SaTH UPDATE**

- 2.1 Thank you to colleagues who worked at our hospitals across Christmas and the New Year. Through this period, we continued to face significant challenges with urgent and emergency care pressures resulting in long waits for our patients.

On Friday 2 January 2025, for a 24-hour period, the Trust declared a critical incident (CI) due to the significant pressures it had on both sites across the urgent and emergency care pathway, which was exacerbated further with rising cases of flu and respiratory infections across both sites. The use of mask wearing was put in place for all clinical and non-clinical areas, and over the three-day period we reduced visiting across all sites with local implementation to maintain support for our patients, families, friends and carers.

I am very grateful to all our teams and to our system partners who supported us through a very challenging period. Thank you to many of our colleagues who changed plans to support the Trust and worked over the weekend. On Monday 6 January, visiting restrictions were lifted following the number of flu and respiratory cases reducing, and a review of mask wearing will take place on Thursday 8 January 2025.

- 2.2 As a Trust, we are committed to reducing delays for our patients, whether they are arriving by ambulance or waiting for treatment in our Emergency Departments (EDs).

We recognise that waiting for extended periods in an ambulance outside our hospital is far from ideal. In those situations, all patients waiting in ambulances are regularly reviewed by our Navigator Nurse and Consultant to assess their health needs and ensure their safety. Patients are prioritised for transfer into the EDs based on clinical need. This prioritisation may mean that some patients wait longer than others who arrived after them, depending on the urgency of their condition.

Patient safety and high-quality care is an absolute priority for our teams and work continues across our system, working with partners, to support with decongesting the emergency pathway.

Some of the actions implemented include:

- Introduction of 2 additional spaces at PRH ED specifically for clinician assessment, to allow earlier assessment.
- Our Interim Chief Nurse has supported our Chief Operating Officer with the re-launch of the "Your Next Patient" model which supports the management of risk, with the clinical teams identifying space on the wards for a patient to sit, or for an

additional bed. This means that, in-hours, patients can move more quickly to the ward, decompressing the pressure in relation to patients waiting for beds in the ED, creating space for our ambulances to offload. The Trust's 'Hospital Full Protocol', reflecting these changes and more, was formally updated.

- Review of ambulance navigator and Ambulance Receiving Area (ARA) function with allocated Senior Doctor oversight.
- System wide alternatives to ED Steering Group – this has included working closely with the Care Co-ordination Centre, WMAS/WAS ambulance services and primary and community care to consider alternative pathways for patients to reduce the number of pathways that rely on ED.
- Reconfiguration of the Urgent Treatment Centre (UTC) provision to in-house in spring 2025 to enhance the current service, ensuring patients are seen by the most suitable clinician based on their presenting complaint.
- Increasing activity seen via the Medical Same Day Emergency Care Service (SDEC) including changes to clinical operating times and the introduction of Medical SDEC clinics planned to be opened from January.
- Reconfiguration of the Fit to Sit area based on feedback from patients and external visiting teams to ensure a more comfortable environment.
- Introduction of designated space for immunocompromised patients to be isolated whilst in the Department.
- Introduction of a waiting room nurse role at PRH.
- Medicine Transformation Programme commenced focussing on ward processes (board and ward rounds), facilitating discharges earlier in the day, supporting timelier flow throughout the hospital.
- Increased utilisation of Virtual Ward - supporting earlier discharge from hospital.
- Collaboration with Local Authority pathways to increase access to domiciliary care from January 2025.

Throughout the pressure we have ensured that we can protect and preserving elective care, maximising our core capacity working with system partners and other stakeholders to offer appropriate services to our population in the right place at the right time with an appropriate use of resources.

- 2.3 We remain committed to making further progress at pace against core standards in elective and cancer, and diagnostics waiting times waiting times. Our teams are developing plans to deliver further improvements for our patients including our cancer performance where we know that our patients are waiting too long, which is unacceptable. The Trust has seen a significant increase in referrals for both CT and MRI scans which has impacted on the reporting of scans within national guidance. We know this has meant some of our patients were waiting longer than we would have liked. We are working hard

to accelerate improvements in our most challenged services and one of our priorities was to reduce waiting times for urgent CT scans for our patients. We implemented a CT reporting recovery plan in mid-October with additional scans being outsourced, alongside some local initiatives.

We are pleased that our urgent CT scans, including oncology staging/monitoring scans, are now being reported within two weeks. We further anticipate that the full backlog of CT reports, including urgent and routine, will be cleared by the end of January 2025.

As part of our MRI recovery plan, we are continuing to work with the independent sector, and this includes the outsourcing of MRI reports. We have also invested in an additional mobile MRI scanner at Princess Royal Hospital in Telford, to increase capacity, with the first patient scanned on Wednesday 11 December 2024. We are expecting that the full back log of MRI scans and reports will be cleared by end of March 2025. This is positive news for our patients and has been achieved thanks to the commitment and hard work of our teams, and with the support of our partners.

There is more for us to do, and our focus remains on our recovery programmes and sustaining the improvements we are making to ensure our patients are having the tests and scans they need at the right time.

- 2.4 On Thursday 19 December 2024 the CQC informed the Trust that it had removed 3 conditions from our licence, which leaves us with 2 remaining. The two remaining are 'time to assessment in ED' and 'Paediatric triage within 15mins'. This means that we have had 58 conditions now removed which is fantastic progress and testament to all the work which has been delivered by our teams.
- 2.5 Good progress is being made with implementing our Clinical Waste Strategy. NHSE set an ambitious target for clinical waste segregation to reduce both the financial and environmental impact of healthcare waste disposal. I am pleased to see that as a Trust we have met and exceeded the 60% target since the start of the financial year which helps to reduce our carbon footprint, financial savings and meeting the NHSE target two years early – well done to all.
- 2.6 The League of Friends of Shrewsbury and Telford NHS Hospital (LoF) has bought a new £33,000 fertility laser, which will allow the scientists at the Shropshire and Mid Wales Fertility Centre to maximise the survival rate of frozen embryos and subsequently improve the chances of women getting pregnant. The Centre, which is part of Trust, was gifted the Saturn 5 systems laser by the LoF after a successful bidding process earlier in the year. The laser makes a tiny hole in the outer shell of the five-day old embryos, which are known as a blastocysts, ensuring they all fully absorb the freezing fluid. This allows the control and consistency that we hope will improve the survival rate of frozen embryos and further improve pregnancy rates for our women. The laser was entirely

funded through monies raised by the League of Friends fundraising committee over the year, we are extremely grateful to the League of Friends donation and continued support.

### **3.0 SHROPSHIRE TELFORD & WREKIN (STW) INTEGRATED CARE SYSTEM (ICS) UPDATES**

- 3.1 The next Integrated Care Board (ICS) Board meeting being held is scheduled for Wednesday 29 January 2025.
- 3.2 On Tuesday 7 January 2025, we welcomed Roger Dunshea, Acting Chair and Non-Executive Director to the PRH site. We visited Neonatal, Paediatrics, Elective Hub and the Emergency Department. It was great to hear staff talk about their departments with such enthusiasm and pride. Thank you to all of those who took the time to speak to Roger, I know he will have enjoyed the visit and is looking forward to visiting RSH over the next few weeks.

### **4.0 NHSE**

- 4.1 Strong Boards of Directors are essential for all organisations to deliver its objectives, they need to be effective and have the right information at the right time which is used in the correct way. NHSE have now published 'Insightful Board' guides for both ICBs and providers.

These guides provide clarity around the critical information that Boards need to understand their organisations, and the culture and governance necessary to support information flow, so it can be used most effectively when overseeing their organisations. These build on the previous 'Productive Board' series but have been updated to reflect a more currently relevant set of indicators and considerations, including a greater focus on productivity. The full guide can be found on the NHSE website via this link <https://www.england.nhs.uk/long-read/the-insightful-provider-board/>

- 4.2 On Monday 6 January 2025 the Government launched its paper on reforming elective care for patient. [http:// www.england.nhs.uk/publication/reforming-elective-care-for-patients](http://www.england.nhs.uk/publication/reforming-elective-care-for-patients).

The paper details that by 2029, the aim is for more than 9 in 10 patients [92%] to begin non-urgent treatment within 18 weeks. We will also improve performance against the cancer waiting time standards. Under the new plan, there will be a focus on making the NHS more personalised, digital and easier to access. Patients will have the information and tools they need to make decisions about their own care with their healthcare professional, including where and when they want to be treated.

The plan will deliver change in 3 key areas:

#### Cutting waiting times

The NHS will create more capacity, improve efficiency and build stronger partnerships with the independent sector to ensure more people receive a timely diagnosis and treatment.

#### Providing convenient access to care for patients

More services and care will be available in communities closer to people's homes. It will be easier to book appointments and communicate via the NHS App and enable patient to get direct referrals for tests and scans without having lots of appointments first.

#### Improving patients' experience of the NHS

Patients will be able to make informed, meaningful choices about how and where you receive your treatment. Communication will be improved whilst they wait for care to keep them updated on how long you may have to wait, what the next steps are, and to help them prepare if you need an operation.

To achieve this by 2029, the focus will be on delivering the 18-week elective care standard by:

- **empowering patients** by giving them more choice and control and making your experience of your planned NHS care as smooth, supportive and easy as possible
- **reforming how care is delivered** by working differently and more productively to deliver more elective care
- **delivering care in the right place** to make sure they receive your care from skilled healthcare professionals in the right setting

Further detail is contained within the reforming elective care letter published on the same day which we will review with further updates at Trust Board regarding the implementation plan and progress.

<https://www.england.nhs.uk/long-read/publication-of-the-plan-to-reform-elective-care-for-patient/>

## 5.0 **RECOMMENDATION(S)**

5.1 The Board is asked to discuss the contents of the report, and

5.2 Note the contents of the report.

Jo Williams

Interim Chief Executive

7 January 2025