Board of Directors' Meeting: 16 January 2025

Agenda item		015/25		
Report Title		Integrated Performance Report		
Executive Lead		Jo Williams, Interim Chief Executive Officer		
Report Author		Inese Robotham, Assistant Chief Executive		
CQC Domain:		**Link to Strategic Goal:**		**Link to BAF / risk:**
Safe	√	Our patients and community	√	BAF 1, 2, 3, 4, 5, 8, 9, 10, 11, 12
Effective	√	Our people	√	
Caring	√	Our service delivery	√	**Trust Risk Register id:**
Responsive	√	Our governance	√	All risks
Well Led	√	Our partners	√	
Consultation Communication		Quality Operational Committee, 2024.12.17 Quality & Safety Assurance Committee, 2024.12.31 Finance Assurance Committee, 2024.12.31 Performance Assurance Committee, 2024.12.17 cancelled - next meeting 2025.01.21		
Executive summary:		The report provides an upadate on progress against the Trust's Operating Plan and associated objectives and enablers. The Board's attention is drawn to the sections of Quality, Patient Safety and Clinical Effectiveness, Responsiveness and Well Led, which incorporates both Workforce and Finance. The report provides an overview of the performance indicators to the end of October/November 2024, summarises planned recovery actions, correlated impact, and timescales for improvement.		
Recommendations for the Board:		The Board is asked to **note** the contents of the report for assurance		
Appendices:		Appendix 1: Integrated Performance Report		

The Shrewsbury and Telford Hospital NHS Trust

Integrated Performance Report

Board of Directors' Meeting 16 January 2025

Presenting Month 8 performance data

Contents

The Shrewsbury and Telford Hospital NHS Trust

Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

The performance against the 4-hour UEC standard in November 2024 showed a deterioration compared to October 2024 (50.9% v 52.4%) and there was an associated marked increase in the monthly number of 12-hour trolley breaches (1562 in November 2024 v 1060 in November 2024). The percentage of patients seen within 15 minutes for initial assessment also decreased from 58.9% in October 2024 to 52.9% in November 2024.

During month six the Trust received additional funding to cover the planned deficit resetting the annual plan to breakeven and phasing the additional income to also reset the year to date position to breakeven. At the end of month eight the Trust is reporting a deficit of £13.2m against the break even plan; a further adverse variance of £2.3m compared to month seven (£10.9m deficit). The Trust has an efficiency target of £44.7m (7.6%) in 2024/25. At the end of month eight £17.9m has been delivered against a target of £19.0m with shortfalls against the planned escalation reduction and income related schemes which currently cannot be validated. The Trust has set an operational capital programme of £16.8m and £76.2m for externally funded schemes for 2024/25 giving a total capital programme of £92.9m of which £16.2m has been spent at month eight with plans in place to ensure in-year CDEL is fully committed. The Trust held a cash balance of £54.4m as at the end of November 2024.

In relation to the elective recovery programme, the Trust is being monitored in Tier 1. There were no patients waiting over 104 weeks, however, there were 83 patients waiting over 78 weeks as at the end of November 2024 of which 19 were English. Validation work continues on the 65-week cohort requiring 1st appointments and the Trust has successfully completed NHSE 'validation sprint'. The Trust reported 538 65-week breaches in November of which 350 were English due to lack of capacity in a number of specialties. Training continues to ensure that RTT clocks are not re-activated inappropriately in Careflow. Elective Orthopaedic activity re-commenced on PRH site on 04 November 2024 with phased introduction of hip arthroplasty.

The Trust is being monitored in Tier 1 for cancer. The combined backlog as at the end of November 2024 was 362 (reduction from 392 at the end of October).
The validated October position for FDS was 70.4% (national target 77.7%), 31-day standard was 88.3% (national target 96%) and 62-day standard was 55.4% (national target 85%). Unvalidated compliance with the 62-day standard in November 2024 is 69.2% against the revised forecast for the month of 69.8%.

Performance against the diagnostic standard showed a deterioration compared to October 2024 (57.7% v 59.1%) with associated increase in the volume of 6-week breaches from 7122 to 7771.

Operational Plan 2024/25 Objectives

The Shrewsbury and Telford Hospital NHS Trust

Objective	Month 8 Status Summary	Current Status	Assurance Committee
1: Deliver our Quality Priorities and the next phase of our Getting to Good Programme	The Reconditioning elevate trial on ward 27 has been extended until December 2024. The aim of this is to raise awareness of hospital acquired deconditioning of patients as well as to provide simple exercises and signpost patients to receive care in the community post discharge. Quality Strategy continues to be refreshed and aligning with the Patient Safety Strategy and Patient Experience Strategy. Learning Disabilities and Autism – successfully recruited to the LD.A lead nurse post due to commence in the New Year.	A	QSAC
2: Deliver Elective Services and implement Enhanced Recovery	In-patient elective orthopaedics re-commenced at SaTH on 4th November utilising Ward 5 within an agreed mitigation plan. There were 19 English 78w breaches and 350 English x 65w breaches reported in November (challenges mainly in ENT, T&O, Gynae and Dermatology), which is now showing special cause improvement. Month-to-date, significant further progress is shown in December 2024 as a result of progress from the T&O elective arthroplasty re-start and from additional Gynaecology and Head & Neck insourced capacity.	R	PAC
3: Maintain FDS and achieve 62 day referral to treatment standard	Our validated FDS performance in October was 70.4%, and is demonstrating special cause improvement. Our 31d performance in October was 88.3%, and continues to show common cause variation. 62d performance in October was 55.4%, and is demonstrating special cause improvement. £426k of NHSE Cancer funding has been received to support further improvements in Cancer access in 24/25.	A	PAC
4: Improve UEC performance in line with GIRFT recommendations	Month 8 4-hour Emergency Access Standard performance is 50.9% against a forecast plan of 64.5%, demonstrating common cause variation. 20.5% of patients spent more than 12hrs in ED reflecting the very extensive pressure on the UEC pathway. Ambulance handover delays remain significantly challenged with 40.8% of handovers in excess of 60 minutes, albeit this still shows common cause variation. There has been sustained special cause improvement in Time to initial assessment for all patients in ED.	R	PAC
5: Use of Resources – operate within our budget through delivery of efficient and productivity measures	The year end deficit at the end of November (month eight) is £13.2m against a plan of break even. This is after receiving funding from NHSE for the 2024/25 planned deficit of £44.3m full year. This deficit of £13.2m is predominantly driven by industrial action (£1.7m), temporary staffing premiums (£5.1m), endoscopy income (£0.9m), unfunded pay award (£2.5m) and escalation slippage (£1.4m). Recruiting substantively to reduce the reliance on high-cost agency remains priority along with reviewing the headcount across the Trust alongside further actions to reduce the reliance on escalation capacity. Financial controls have been put in place and are under continuous review.	A	FAC

Operational Plan 2024/25 Enablers

The Shrewsbury and Telford Hospital NHS Trust

Enablers	Month 8 Status Summary	Current Status	Assurance Committee
1: Live the People Promise in our teams through valuing difference and inclusivity	Since 2021 we have utilised the cultural dashboard to measure our culture improvement which is aligned to the NHS Staff Survey. We have seen year on year improvements with our interventions, flagship programmes, numerous local cultural reviews and transformation programmes. As the landscape across the NHS develops and the clear ambitions for the NHS are set out in the Long-Term plan, 2025 will see us recommitting our shared purpose across the Trust in respect of the culture vision, to strengthen our governance, clinical engagement and system level integration. We know to truly live by the People Promise we will deliver and sustain the culture we aspire to for our people and our communities.	A	PODAC
2: Deliver our Workforce plan, including agency cost reduction based on the principles of Train, Retain and Reform	From April to November the total workforce has reduced by 113 WTE. This included the addition of service developments/investments such as Endoscopy and Radiology services agreed as part of the operational plan. There are 100 externally funded posts including additional resident doctors now factored into our plan which leaves are workforce planning gap of 495 WTE. November has seen an increase of substantive workforce by 7 WTE and is 46 WTE over our original plan. The level of agency is now over plan by 7 WTE. Bank has decreased by 1 WTE from the October position and is 103 WTE over plan. Our Financial Recovery taskforce have been working to identify interventions to close the gap and reach our target at the end of the year. Over 20 schemes have been agreed for implementation over the next 12 weeks	A	PODAC
3: Develop an estates plan to optimise our current estate and continue to progress our Hospital Transformation Programme	Ward 5 interim enabling works completed to support restart of elective Orthopaedic activity at PRH. RAAC project Group due to start in January 2025. Work on the new LINAC progressing to plan. Ongoing engagement with Trust's cost and legal advisors with the Contractor for Modular Build. Close working on a daily basis between Estates and Hospital Transformation Programme (HTP) team.	A	PAC

Operational Plan 2024/25 Enablers – cont.

The Shrewsbury and Telford Hospital NHS Trust

Enablers	Month 8 Status Summary	Current Status	Assurance Committee
4: Develop and implement sustainable travel plan to improve patient and staff experience	SaTH is trialling a Park & Ride service for patients and visitors from the Oxon Park & Ride site to the Treatment Centre at RSH from the 20th Jan 2025. Patients and visitors can use this service from 10am - 3pm weekdays during the 12-week trial. The bus service runs every 20 minutes from the car park at Oxon to the Treatment Centre, which is the new main entrance of the hospital. There is also a walking route from the car park to the hospital which takes approximately 20 minutes. The service will be free to patients and visitors during the trial period. The option for using the P&R at PRH is being explored.	A	PAC
5: Electronic Patient Record (EPR) - complete Phase 1 (implement and embed Careflow PAS and ED) and commence Phase 2.	The executive-led Trust Digital Oversight Group continues to be well represented by all corporate departments and clinical divisions, and maintains a comprehensive project management approach. The extensive digital programme has continued at pace, with important projects now closed. These include: Paediatrics Vitals, Paediatrics Vitals Sepsis module, Office 365 and Imprivata Single Sign On projects. Ongoing tasks to support users of our Careflow systems forms part of the business as usual (BAU) support provided by the Digital Teams, and this includes supporting ED and Outpatient optimisation. The planned upgrade of Careflow PAS was postponed from Nov 24 (both supplier and Trust reasons), a revised date will be confirmed in early 25/26. The Patient engagement portal project has commenced with a focus on technical readiness, ahead of a small-scale pilot with ENT. Plans for Windows 11 rollout are well advanced, with wider deployment commencing in Jan 25 and deployment of the new core network continues at pace. Ongoing work to resolve the Trust Data Warehouse process challenges continues, with digital, BI and finance teams coordinating to deliver the plan and this is well supported by NHSE. There are significant demands on the digital, operational, and clinical teams, and a review and prioritisation process continues as part of the final stages of 2024/25 as well as planning for the 2025/26 programme.	A	FAC/PAC/ QSAC

Operational Plan 2024/25 Objectives

The Shrewsbury and Telford Hospital NHS Trust

Delivery Metric		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Performance	Assurance
Achieve zero 65 week waits by the end of September 2024	Plan	537	465	344	189	53	0	0	0	0	0	0	0		
	Actual	708	824	1185	1025	948	508	327	350						
Achieve 85% theatre capacity by end Q3 2024/25	Plan	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		
	Actual	78.0%	79.0%	79.0%	78.0%	78.0%	77.0%	78.0%	80.0%						
Achieve 85% daycase by end Q3 2024/25 (BADS)	Plan	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		
	Actual	84.2%	83.2%	87.5%	Not Available	Not Available	Not Available	Not Available	Not Available						
Achieve PIFU performance to maximise productivity in outpatients	Plan	4.7%	5.4%	6.1%	6.6%	6.6%	6.6%	6.6%	6.6%	6.6%	6.6%	6.6%	6.6%		
	Actual	4.1%	4.8%	5.8%	Not Available	Not Available	Not Available	Not Available	Not Available						
Outpatients with procedure - ERF - English only	Plan	6844	7755	7455	7279	7437	7332	7548	7646	6903	7700	7345	7662		
	Actual	7192	7603	2030	Not Available	Not Available	Not Available	Not Available	Not Available						
90% of patients waiting over 12 weeks are validated every 12 weeks	Plan	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
	Actual	0%	62.3%	49.3%	37.4%	38.5%	54.4%	62.1%	63.0%						
Diagnostics within 6 week waits (95% by March 2025) *	Plan	76.0%	74.1%	74.8%	76.0%	77.2%	78.9%	80.0%	82.2%	83.2%	84.2%	85.3%	86.3%		
	Actual	70.6%	68.7%	63.1%	61.6%	60.2%	60.8%	60.3%	58.9%						
FDS % (77% by March 2025)	Plan	75.1%	73.9%	75.0%	74.7%	75.7%	76.9%	76.7%	76.7%	77.1%	76.8%	77.5%	77.5%		
	Actual	73.6%	68.6%	67.0%	70.5%	67.6%	67.6%	70.4%							
62 Day % (70% by March 2025)	Plan	59.5%	58.6%	58.4%	74.7%	60.2%	60.1%	65.0%	64.2%	65.4%	66.3%	68.1%	70.3%		
	Actual	59.5%	62.3%	56.9%	53.1%	53.3%	51.2%	55.4%							

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

Operational Plan 2024/25 Objectives

The Shrewsbury and Telford Hospital NHS Trust

Delivery Metric		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Performance	Assurance
4 hours (78% by March 2025) Type 1, 2 & 3	Plan	55.0%	56.4%	57.7%	59.1%	60.5%	61.8%	63.2%	64.6%	65.9%	67.3%	68.6%	70.0%		
	Actual	50.0%	48.6%	52.2%	54.8%	55.9%	52.4%	52.4%	50.9%						
Cat 2 Amb response times (AVG=30min) STW ICB	Plan	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00		
	Actual	00:38:17	00:39:20	00:34:30	00:28:04	00:24:07	00:34:43	00:40:20	00:49:21						
Achieve 33% of discharges before midday	Plan	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%		
	Actual	20.1%	20.5%	20.7%	20.6%	21.9%	23.1%	21.7%	21.6%						
Reduce LOS (<12h) in ED	Plan	0	0	0	0	0	0	0	0	0	0	0	0		
	Actual	2588	2679	2308	2103	2080	2394	2494	2644						
Minors 4 hour performance	Plan	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		
	Actual	85.2%	86.3%	90.2%	91.8%	93.6%	Not Available	Not Available	Not Available						
UTC 4 hour performance	Plan	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		
	Actual	71.9%	82.3%	90.2%	93.4%	93.7%	Not Available	Not Available	Not Available						
CYP 4 hour performance	Plan	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		
	Actual	74.2%	75.9%	81.5%	84.0%	87.2%	Not Available	Not Available	Not Available						
Balanced £ position cumulative	Plan	(6,844)	(12,871)	(19,589)	(25,116)	(30,240)	0	0	0	(917)	(3,550)	(6,365)	0		
	Actual	(7,209)	(12,930)	(21,030)	(28,705)	(34,229)	(5,621)	(10,864)	(13,242)						
Agency Expenditure (max 3.2% of pay bill) **	Plan	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%		
	Actual	6.41%	5.16%	5.28%	5.27%	4.57%	4.16%	3.71%	4.14%						
In month efficiency delivery	Plan	794	1,069	1,731	2,710	2,776	2,636	3,832	3,498	4,291	4,544	4,780	12,046		
	Actual	850	869	1,915	2,125	2,367	2,799	3,390	3,585						

** National Target 3.2%, STW Target 6.4%

Quality Patient Safety, Clinical Effectiveness and Patient Experience

Executive Leads :

Director of Nursing
Hayley Flavell

Medical Director
John Jones

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard 24/25	Current Month Trajectory (RAG)	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Trend
Patient Safety & Effectiveness	Pressure Ulcers - Category 2		20% < 2023-24	15	19	20	21	20	15	22	20	17	21	19	21	18	24	
	Pressure Ulcers - Category 2 per 1000 Bed Days		20% < 2023-24	0.60	0.75	0.76	0.84	0.75	0.59	0.83	0.80	0.62	0.83	0.76	0.84	0.75	0.99	
	Pressure Ulcers - Category 3		10% < 2023-24	2	2	6	3	4	5	14	9	9	8	5	5	2	6	
	Pressure Ulcers - Category 3 per 1000 Bed Days		10% < 2023-24	0.08	0.08	0.23	0.12	0.15	0.20	0.53	0.36	0.33	0.32	0.20	0.20	0.08	0.25	
	Pressure Ulcers - Category 4		0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
	Falls - per 1000 Bed Days		5% < 2023-24	3.81	4.01	3.55	4.55	3.78	4.35	4.56	5.01	4.65	4.73	4.40	4.38	4.37	4.82	
	Falls - total		-	96	101	94	114	101	111	121	125	127	120	110	109	105	117	
	Falls - with Harm per 1000 Bed Days		5% < 2023-24	0.19	0.20	0.15	0.24	0.15	0.08	0.23	0.08	0.15	0.24	0.24	0.16	0.25	0.16	
	Falls - Resulting in Harm Moderate or Severe		0	0	5	4	6	4	2	6	2	4	6	6	4	6	4	
Patient Experience	Complaints		-	-	79	83	53	68	73	70	77	76	80	86	79	84	77	
	Complaints - responded within agreed timeframe - based on month response due		85%	85%	58.0%	49.0%	46.0%	46.0%	45.0%	44.0%	44.0%	46.0%	43.0%	52.0%	52.0%	53.0%	50.0%	
	Complaints by Theme - Access to Treatment or Drugs				5	9	3	4	4	4	3	3	5	4	3	4	1	
	Complaints by Theme - Admission / Discharge				18	8	12	14	13	12	20	14	17	17	22	18	16	
	Complaints by Theme - Appointment				11	10	4	7	6	7	10	20	10	11	6	11	7	
	Complaints by Theme - Clinical treatment				41	38	21	33	46	35	50	40	39	44	55	40	46	
	Complaints by Theme - Commissioning Decisions				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Complaints by Theme - Communication				36	36	18	31	35	38	46	31	40	44	29	40	39	
	Complaints by Theme - Consent to treatment				2	1	2	1	3	0	3	5	0	2	1	3	2	
	Complaints by Theme - Dementia Care				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Complaints by Theme - End of life care				4	2	3	0	4	1	3	3	4	6	3	1	0	
	Complaints by Theme - Facilities				8	6	5	6	8	7	11	2	8	6	5	6	4	
	Complaints by Theme - Mortuary				0	0	1	0	1	0	1	0	0	0	0	0	0	
	Complaints by Theme - Other				2	0	1	1	1	2	0	2	3	0	0	2	1	
	Complaints by Theme - Patient care				24	18	14	13	24	23	20	18	23	25	24	18	19	
	Complaints by Theme - Prescribing				3	3	1	3	3	2	3	5	3	8	5	7	0	
	Complaints by Theme - Privacy & Dignity				7	6	6	3	6	4	6	7	5	14	6	8	3	
	Complaints by Theme - Restraint				1	0	1	0	0	0	1	0	0	1	0	0	0	
	Complaints by Theme - Staff numbers				7	0	0	2	1	5	5	5	3	4	2	3	3	
	Complaints by Theme - Trust admin / procedure / records				10	5	4	3	11	9	17	9	10	10	12	20	3	
	Complaints by Theme - Values & Behaviours (staff)				27	16	13	19	20	28	18	29	18	21	20	25	15	
	Complaints by Theme - Waiting time				9	8	11	10	9	13	20	13	15	17	15	13	9	
	PALS - Count of concerns		-	-	302	301	274	347	311	320	340	345	367	406	402	394	411	
	Compliments		-	-	93	85	172	178	135	151	120	81	121	129	91	94	122	
	Friends and Family Test -SaTH		95%	95%	90.9%	93.5%	92.7%	91.8%	93.3%	91.0%	89.1%	88.4%	89.7%	93.4%	93.0%	97.9%	92.8%	
	Friends and Family Test - Inpatient		95%	95%	97.8%	98.5%	98.5%	98.2%	98.4%	98.2%	98.4%	98.3%	99.2%	97.8%	98.6%	98.9%	98.3%	
	Friends and Family Test - A&E		85%	85%	66.1%	61.6%	62.9%	67.7%	65.2%	62.4%	62.9%	60.3%	66.1%	75.0%	75.9%	53.1%	69.8%	
	Friends and Family Test - Maternity		95%	95%	100.0%	91.5%	96.2%	97.4%	96.8%	94.9%	81.0%	100.0%	100.0%	80.0%	100.0%	85.7%	64.3%	
	Friends and Family Test - Outpatients		95%	95%	98.8%	98.6%	98.7%	98.9%	99.5%	98.5%	97.9%	98.1%	98.1%	98.5%	98.7%	98.7%	98.8%	
	Friends and Family Test - SaTH Response rate %		-	-	7.8%	11.2%	7.3%	8.6%	10.1%	7.9%	8.2%	9.9%	10.0%	9.7%	11.4%	7.6%	11.9%	
	Friends and Family Test - Inpatient Response rate %		-	-	13.5%	22.1%	14.6%	13.5%	19.8%	15.1%	13.5%	16.7%	15.8%	16.1%	20.9%	19.5%	21.7%	
	Friends and Family Test - A&E Response rate %		-	-	4.5%	4.0%	3.0%	5.5%	4.2%	3.8%	5.1%	6.1%	6.6%	5.7%	6.5%	0.3%	5.9%	
	Friends and Family Test - Maternity (Birth) Response rate %		-	-	7.1%	3.3%	1.9%	1.8%	5.0%	1.4%	1.1%	27.3%	1.0%	3.0%	1.0%	2.1%	2.2%	

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard 24/25	Current Month Trajectory (RAG)	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Trend
Patient Safety & Effectiveness	Trust SHMI (HED)		100	100	87	98	96	93	96	98	Not Available	Not Available	-	-	-	-	-	
	Trust SHMI - Expected Deaths		-	-	239	238	276	282	238	249	Not Available	Not Available	-	-	-	-	-	
	Trust SHMI - Observed Deaths		-	-	209	234	265	263	229	243	Not Available	Not Available	-	-	-	-	-	
	SJRs Completed by Month				40	41	33	34	37	37	28	32	34	40	33	32	25	
	MRSA - HOHA				0	1	1	1	0	0	1	0	1	0	0	0	0	
	MRSA - COHA				0	0	0	0	0	0	0	0	1	0	0	0	0	
	MRSA - Total	R	0	0	0	1	1	1	0	0	1	0	2	0	0	0	0	
	MSSA - HOHA		-	-	1	1	0	2	3	4	3	3	4	3	1	2	3	
	C. difficile - HOHA				6	8	9	7	1	4	3	1	4	6	11	4	5	
	C. difficile - COHA				4	1	5	1	6	3	5	3	4	2	3	2	6	
	C. difficile - Total	R	98	8	10	9	14	8	7	7	8	4	8	8	14	6	11	
	E. coli - HOHA				5	4	6	3	6	2	3	8	2	2	5	5	3	
	E. coli - COHA				14	9	8	11	9	11	15	13	7	11	8	5	5	
	E. coli - Total	R	146	12	19	13	14	14	15	13	18	21	9	13	13	10	8	
	Klebsiella - HOHA				1	2	3	1	2	5	1	0	0	2	1	2	1	
	Klebsiella - COHA				2	0	2	2	0	3	0	3	1	3	0	3	1	
	Klebsiella - Total	R	36	3	3	2	5	3	2	8	1	3	1	5	1	5	2	
	Pseudomonas Aeruginosa - HOHA				0	1	1	0	2	0	0	0	0	1	1	1	1	
	Pseudomonas Aeruginosa - COHA				1	1	1	0	0	2	1	2	0	1	0	1	2	
	Pseudomonas Aeruginosa - Total	R	19	1	1	2	2	0	2	2	1	2	0	2	1	2	3	
	VTE Risk Assessment completion		95%	95%	93.6%	93.5%	91.0%	92.4%	92.6%	91.8%	-	-	-	-	-	-	-	
	Never Events		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Coroner Regulation 28s		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	PSii		-	-	-	-	1	2	3	0	5	1	0	3	1	0	0	
	Serious Incidents - Closed in Month		-	-	11	4	8	5	5	2	6	2	4	2	3	2	1	
	Serious Incidents - Total Open at Month End		-	-	40	44	30	25	21	18	12	11	9	7	7	7	5	
	Mixed Sex Accommodation - breaches		10% < 2023-24	73	81	74	71	56	86	105	98	116	81	68	58	69	83	
	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%	73%	54%	68%	71%	58%	81%	64%	85%	85%	82%	89%	78%	88%	
	Smoking Rate at Delivery		6%	6%	8.9%	8.8%	6.3%	7.9%	10.2%	8.0%	7.4%	6.6%	5.7%	8.1%	7.2%	6.6%	6.7%	
	Therapy stroke treatment within 72 hours - Occupational Therapy		100%		96.2%	73.7%	90.9%	89.4%	89.1%	81.1%	86.2%	91.0%	92.6%	95.7%	83.9%	-	0.0%	
	Therapy stroke treatment within 72 hours - Physiotherapy		100%		96.4%	75.4%	91.4%	89.6%	92.6%	91.4%	88.2%	87.7%	96.4%	95.7%	87.5%	-	0.0%	
	Therapy stroke treatment within 72 hours - Speech & Language Therapy		100%		93.3%	77.4%	90.5%	80.0%	82.4%	85.2%	77.3%	78.6%	89.5%	91.3%	85.0%	-	0.0%	
	Therapy stroke treatment 45 mins per therapy per day - Occupational Therapy		45		35	40	45.5	40	40	38.1	45	50	44.6	40.5	43.6	-	0	
	Therapy stroke treatment 45 mins per therapy per day - Physiotherapy		45		30	30	30	32	30	30	30	30	32	35	30	-	0	
	Therapy stroke treatment 45 mins per therapy per day - Speech & Language Therapy		45		30	30	30	30.8	30	30	33.3	25.4	25.8	26.7	36	-	0	
	Stroke Patients Scanned - within 1 Hour of clock start				35.9%	44.6%	52.2%	46.7%	30.2%	45.3%	49.4%	49.3%	39.4%	60.4%	51.5%	-	0.0%	
	Stroke Patients Scanned - within 12 Hours of clock start				100.0%	98.5%	97.1%	90.7%	93.7%	93.8%	94.8%	93.2%	94.4%	95.8%	97.0%	-	0.0%	
	Readmissions within 28 days		-	-	1124	1112	1083	1212	1097	1298	1170	1100	552	Not Available	Not Available	Not Available	Not Available	
	% readmission within 28 days		-	-	9.3%	9.1%	9.8%	9.9%	9.4%	10.8%	10.1%	9.5%	4.9%	Not Available	Not Available	Not Available	Not Available	

Patient Safety, Clinical Effectiveness, Patient Experience Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

The number of patients acquiring C.difficile remains a concern. The Trust has no decant facilities, so are unable to operate a formal Deep Cleaning Programme due to capacity/patient flow. The Trust potentially may get this facility in Autum 2025 when the delayed modular wards are built but this is remains a risk.

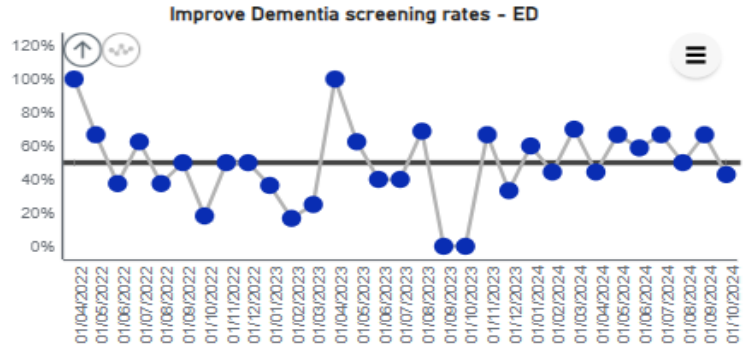
The Trust has set up a C.difficile Workstream, which is being led by the Deputy Chief Nurse (Quality). A key part of this work is to introduce processes for cleaning of beds and mattresses using a 3-month pilot project with an external company using a site in the Copthorne building. This will not only improve cleanliness but also has the potential to enhance patient flow by reducing wait times for clean beds. Importantly, it will free up valuable time for nurses and HCAs to focus on patient care, rather than cleaning tasks. The funding for this pilot has not yet been identified.

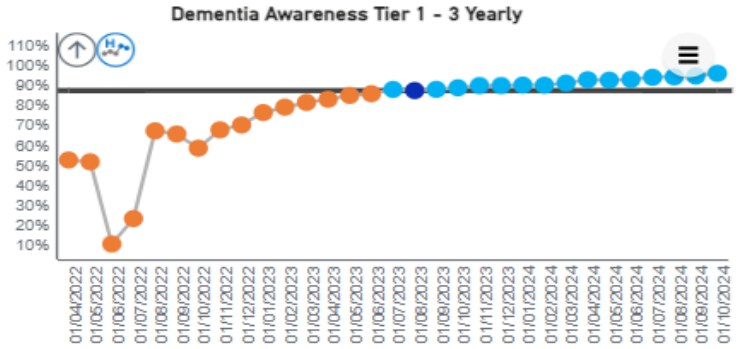
Quality - Safe - Deteriorating Patients - Fragility

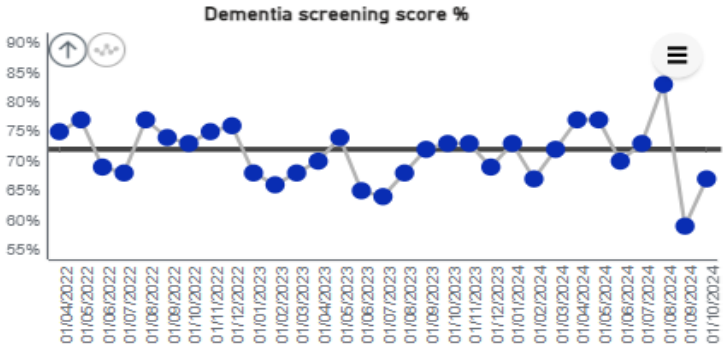
The Shrewsbury and Telford Hospital NHS Trust
Partnering · Ambitious Caring · Trusted

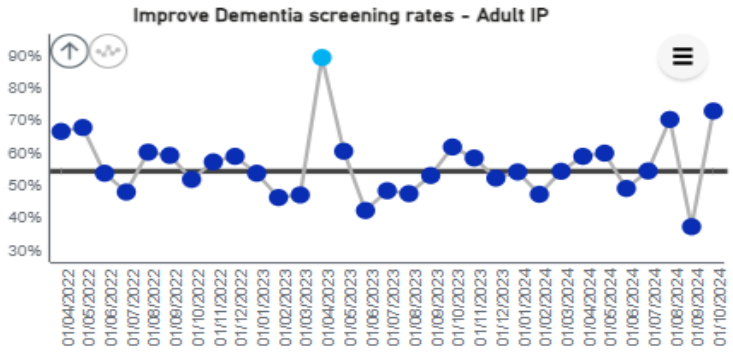
Falls | Deteriorating Patients - NEWS | Deteriorating Patients - PEWS | Medication - Omitted Doses

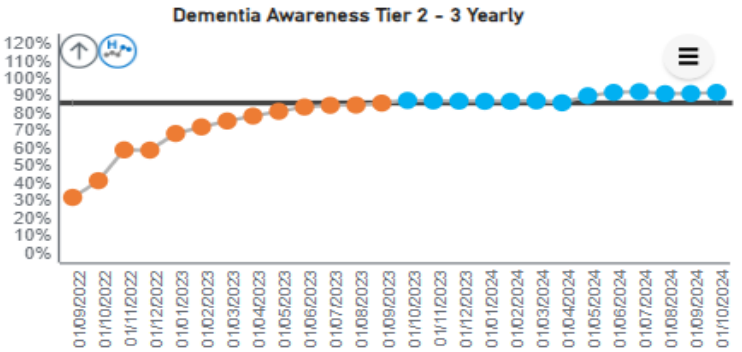
	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024	Oct-2024
Improve Dementia screening rates - Patient had an AMT - ED	40.0	68.8	0.0	0.0	66.7	33.3	60.0	44.4	70.0	44.4	66.7	58.8	66.7	50.0	66.7	42.9
Improve Dementia screening rates - Patient had an AMT - Adult IP	48.4	47.5	53.1	61.9	58.5	52.3	54.2	47.3	54.4	59.0	60.0	49.1	54.5	70.4	37.3	73.0
Dementia Awareness Tier 1 3 Yearly	88.14	87.58	88.18	88.96	90.08	90.08	90.32	90.23	91.30	93.01	92.79	93.18	94.24	94.44	94.85	96.21
Dementia Awareness Tier 2 3 Yearly	84.56	84.71	85.84	87.35	87.06	86.98	86.85	86.87	87.07	86.02	90.03	91.95	92.37	91.26	91.35	91.95
Dementia Screening % Score	64	68	72	73	73	69	73	67	72	77	77	70	73	83	59	67
Dementia Screening Audited	281	278	290	295	285	277	263	267	277	251	249	255	264	262	273	251
Complaints by Theme - Dementia Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

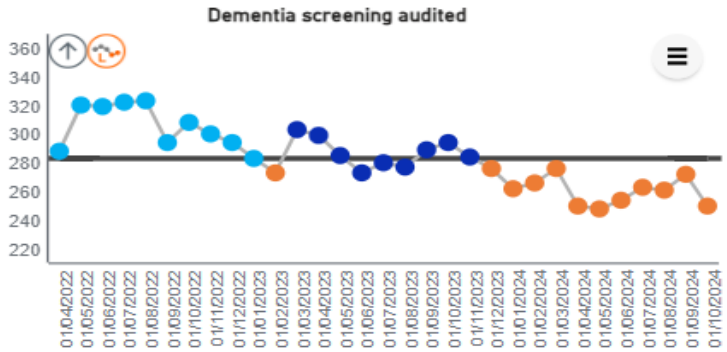












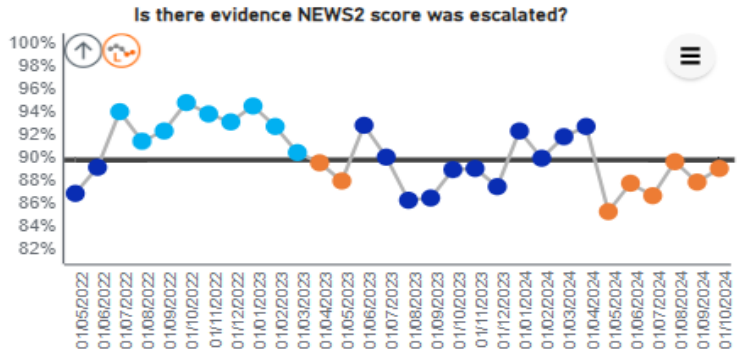
Partnering Ambitious Caring Trusted

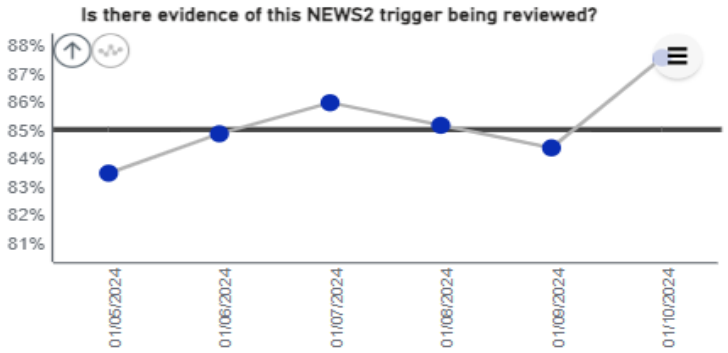
VETERAN AWARE

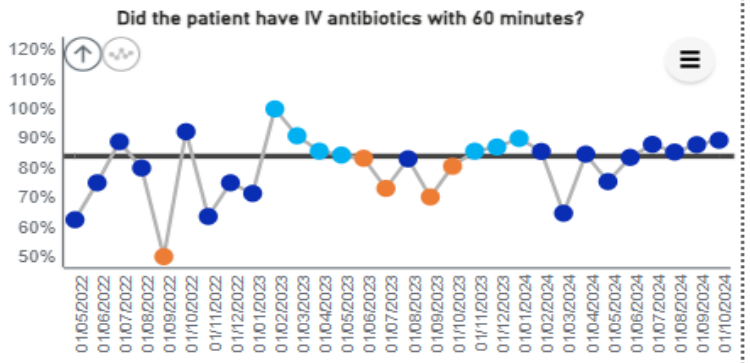
Our Vision: To provide excellent care for the communities we serve

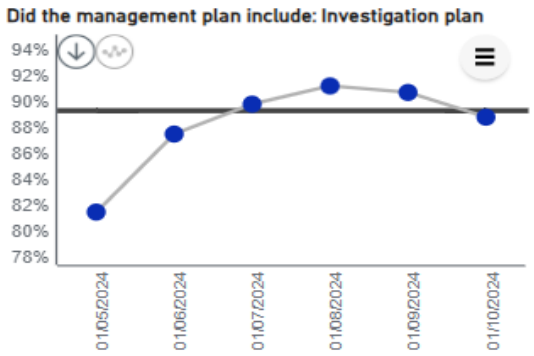
Quality - Safe - Deteriorating Patients - NEWS

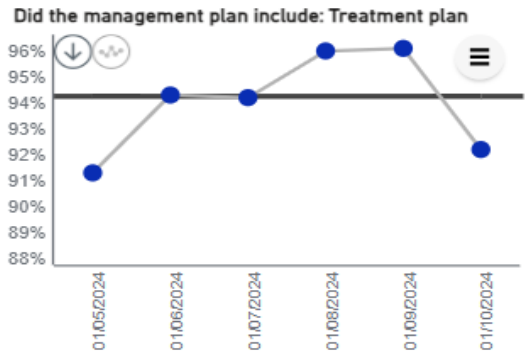
	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024	Oct-2024
Is there evidence this NEWS2 score was escalated?	86.20	86.40	88.90	89.00	87.40	92.30	89.90	91.80	92.70	85.20	87.70	86.60	89.60	87.80	89.00
Is there evidence of this NEWS2 trigger being reviewed?										83.50	84.90	86.00	85.20	84.40	87.60
Did the patient have IV antibiotics within 60 mins of triggering risk of Sepsis	83.10	70.20	80.60	85.70	87.10	90.00	85.60	64.70	84.70	75.40	83.60	88.00	85.40	87.90	89.40
Did the management plan include: Investigation plan										81.50	87.50	89.80	91.20	90.70	88.80
Did the management plan include: Treatment plan										91.30	94.30	94.20	96.00	96.10	92.20
Did the management plan include: Escalation plan										78.20	82.80	80.70	86.90	88.00	81.50
Did the management plan include: Review plan										81.40	83.70	78.20	86.60	88.10	82.90

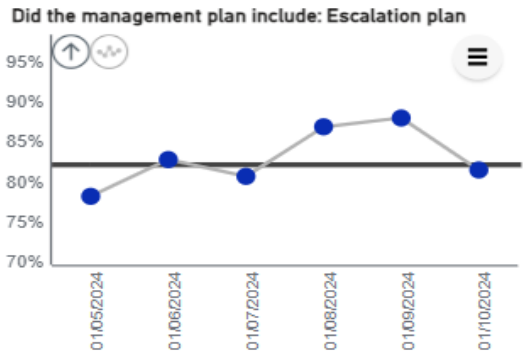












Deteriorating patients - NEWS

The Shrewsbury and Telford Hospital NHS Trust

Summary:
The Integrated Performance Report (IPR) data is under review and now includes refreshed graphs for each patient group (adults and paediatrics with maternity pending) following a review of data used within the report. The data gathered is from Ward Managers own audits, the deteriorating patient team are working closely with Wards to align peer data with ward own data.
There have been two new themes emerging from recent incidents which are new confusion recognition and clarity around escalation to higher levels of care. These will be reviewed as part of the escalation/response workstream.
Programme group met for the first time in November to ensure there is representation in each workstream. There will be 5 workstreams initially.

Recovery actions:
Ongoing sepsis vitals eLearning on Learning Made Easy (LMS) now available for all divisions and face to face training is in place to improve consistency and compliance. Improvements have been seen and sustained since launching in all divisions with >80% compliance across all staff groups.
Ward own audits have highlighted disparity between the peer validations – the deteriorating patient team are working with a number of wards to align this data by increasing presence and offering education around the audit standards.
Full review of job descriptions has taken place within the deteriorating patient specialist nurse role.
A review of observation intervals within the ED is underway (currently 2 hourly observations are in place for every patient). A proposal was received at ED governance and a preferred option submitted. Support from the digital team to implement the changes will be required.
Support to the ED teams continues with a weekly presence and education and suggestions for ways of working.

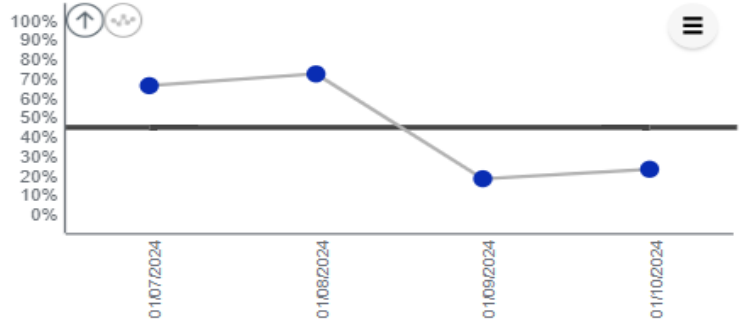
Anticipated impact and timescales for improvement:
Measures outlined in the overarching deteriorating patient action plan to be reviewed with DPG and Deputy Medical Director to prioritise workstreams and assign leads.
Significant amount of work completed following review of processes within the deteriorating patient nurse portfolio.
Programme group launching November with 5 workstreams (initially).

Recovery dependencies:	Support and engagement throughout the trust with decisions made by DPG. Engagement with the 5 workstreams proposed by DPG for initial focus.

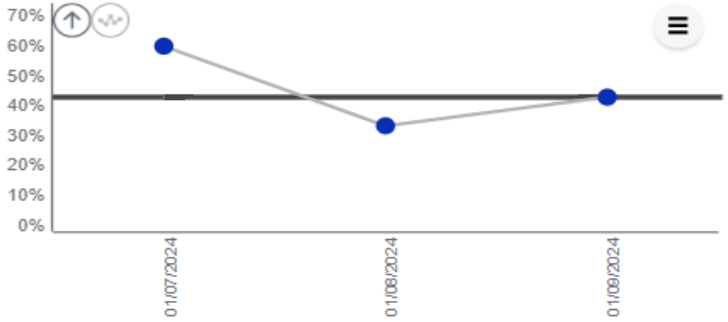
Quality - Safe - Deteriorating Patients - PEWS

	Jul-2024	Aug-2024	Sep-2024	Oct-2024
Is there evidence this PEWS score was escalated?	66.70	72.70	18.80	23.70
Is there evidence of this PEWS trigger being reviewed?	60.00	33.30	42.90	
Did the CYP have IV antibiotics within 60 mins of triggering risk of Sepsis	50.00	40.00	33.30	33.30
Did the PEWS management plan include: Investigation plan				45.50
Did the PEWS management plan include: Treatment plan				95.50
Did the PEWS management plan include: Escalation plan				13.60
Did the PEWS management plan include: Review plan				27.30

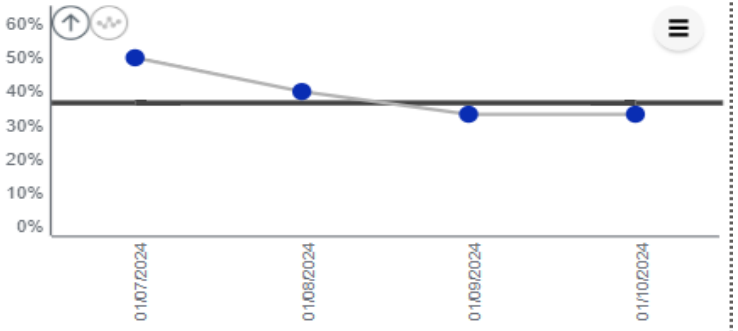
Is there evidence PEWS score was escalated?



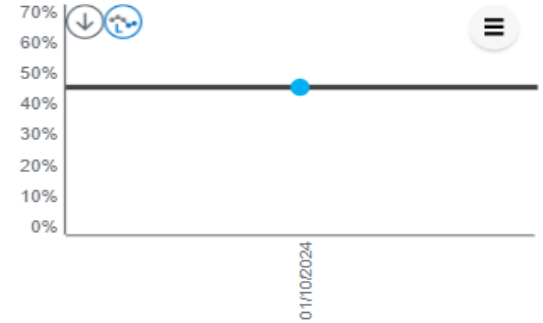
Is there evidence of this PEWS trigger being reviewed?



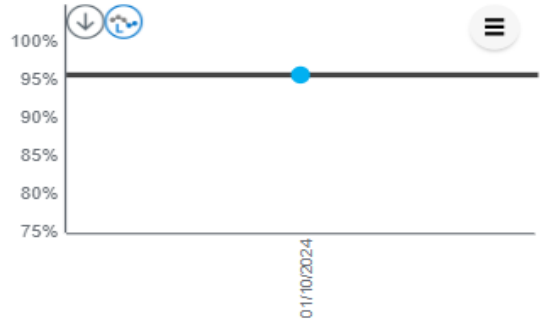
Did the CYP have IV antibiotics within 60 minutes?



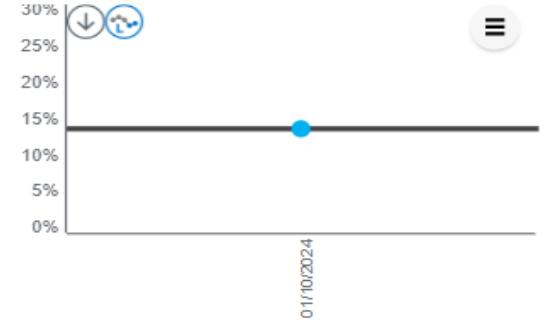
Did the PEWS management plan include: Investigation plan



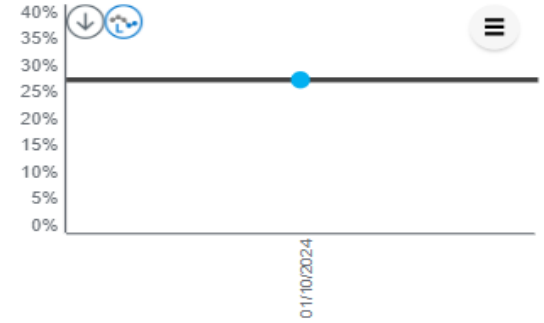
Did the PEWS management plan include: Treatment plan



Did the PEWS management plan include: Escalation plan



Did the PEWS management plan include: Review plan



Deteriorating patients - PEWS

The Shrewsbury and Telford Hospital NHS Trust

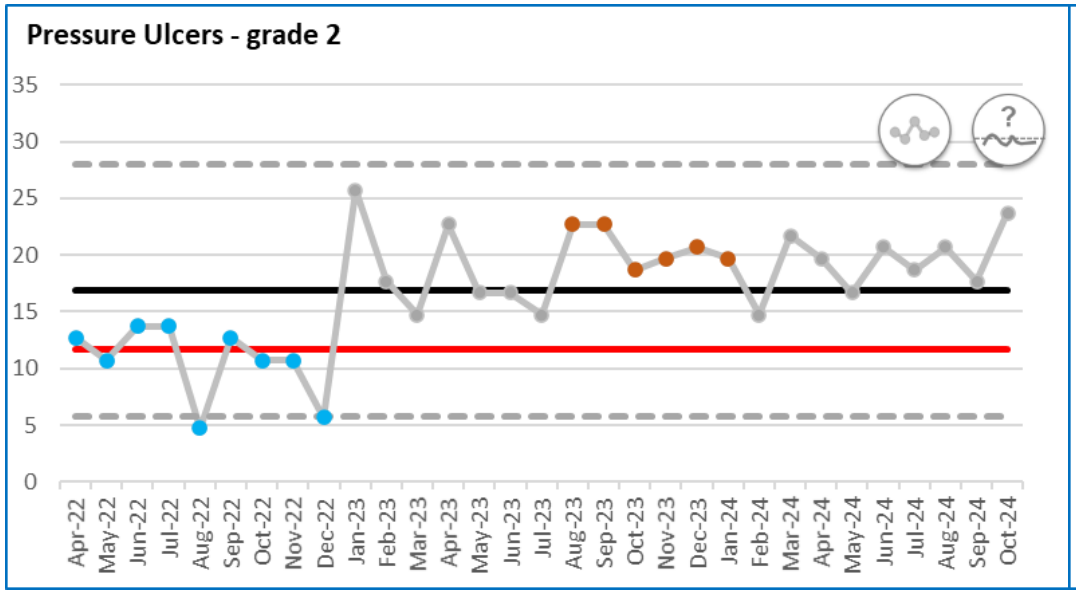
Summary:
Data is now available for paediatrics as shown however this slide is still under review as the audits develop within the division, the aim is to mirror the slides for each division, sharing the same data for overview.
The paediatric team are concerned about the dip in compliance and conversations with the ward managers, Practice Education Facilitators (PEF), band 6's and Tier two and the escalation are underway. However, the documentation for tracking these actions has slipped and will be investigated. The same situation is observed when the medics are reviewing the patients and not documenting.
Regards to the Antibiotics within 60 mins, the data is considered to be incorrect. Last month (Sept) looking at the raw data patients have been deemed not septic but commenced on oral antibiotic have been scored as a no instead of a N/A. There is a least five examples of this within the data that has since been rectified. Also, patients that are treated for Asthma and Bronchitis have been scored as a no when should be N/A. Education with auditors will continue to be monitored.

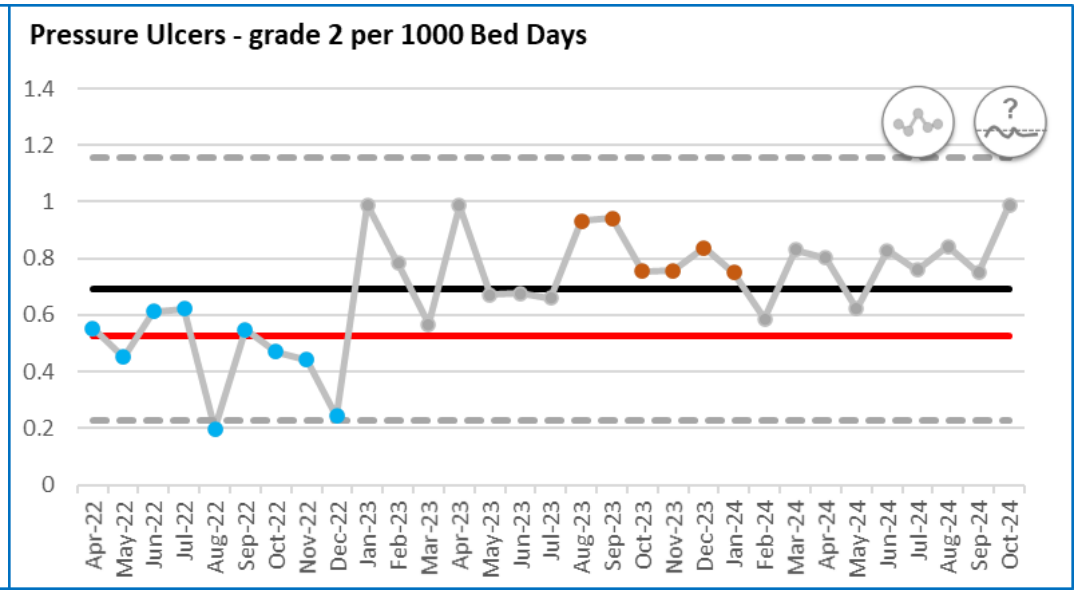
Recovery actions:	**Anticipated impact and timescales for improvement:**
Paeds vitals launched July 24 followed by the Sepsis module in September. Audits are currently being undertaken by bank member of staff. Since implementation of Paeds Vitals and Sepsis, the development of reporting for this division has focused the need for improvement of reporting and feedback mechanisms elsewhere, to ensure clinical teams are aware of progress towards key metric informing deteriorating patient provision. This work is ongoing and further informs the existing work with all divisions to ensure consistency on data collection and analysis around deteriorating patient and sepsis provision trust wide.	

Recovery dependencies:	

Patient harm – pressure ulcers – Category 2

The Shrewsbury and Telford Hospital NHS Trust

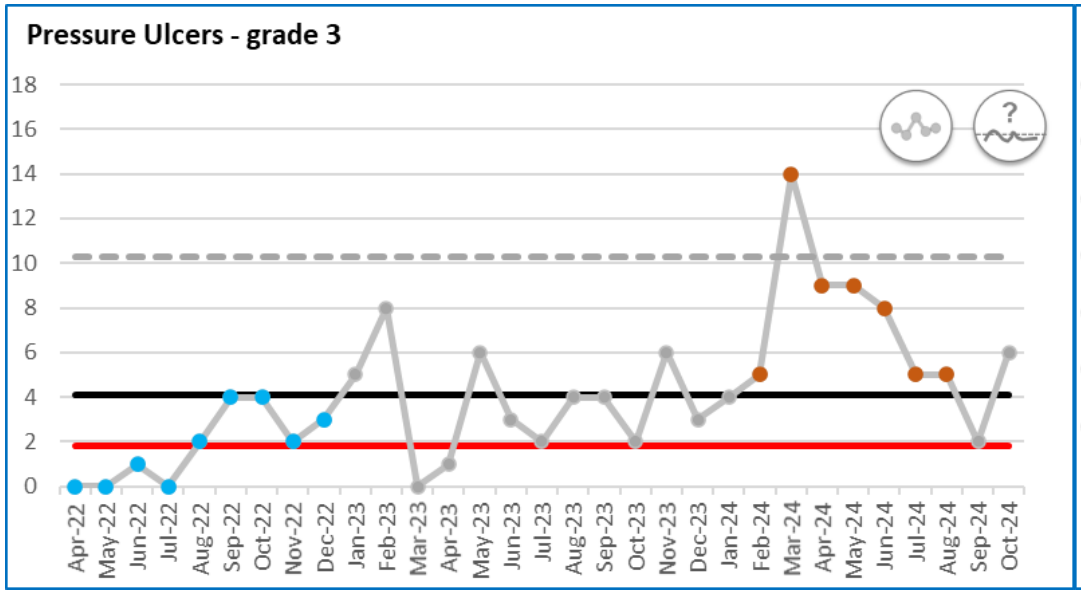


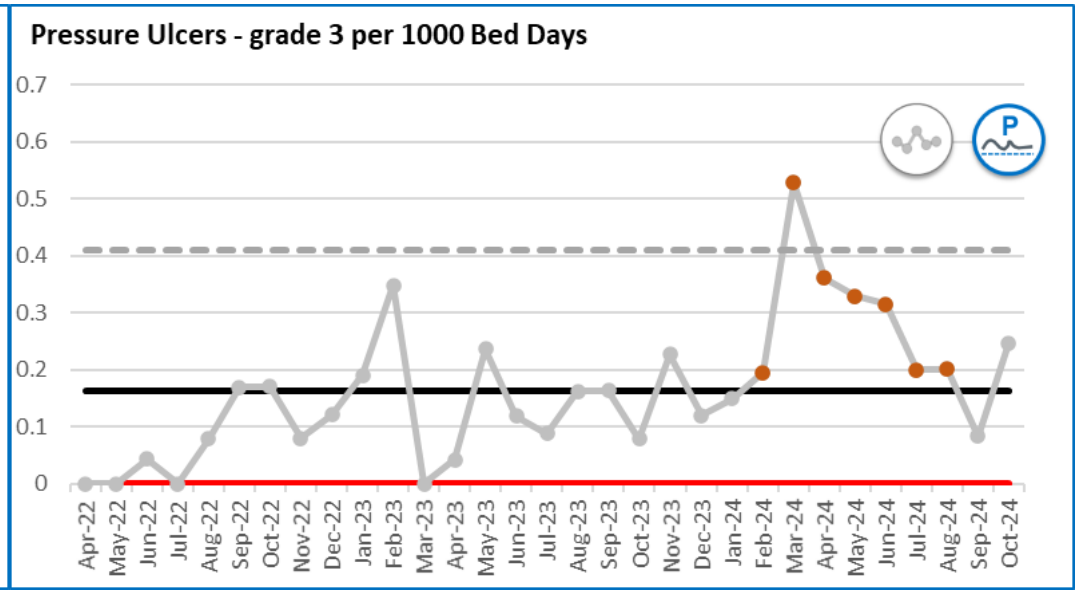


Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	18
Surgery, Anaesthetics and Cancer	6
Women's & Children's	0

Patient harm – pressure ulcers – Category 3

The Shrewsbury and Telford Hospital NHS Trust





Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	4
Surgery, Anaesthetics and Cancer	2
Women's & Children's	0

Patient harm – pressure ulcers

The Shrewsbury and Telford Hospital NHS Trust

Summary:
The number of hospital acquired pressure ulcers reported remains consistently higher in Q1 of 2024 than Q1 of 2023. However, from May to August we have seen a 12.5% decrease for acquired category 2 and 3's, which is a positive step towards achieving a 40% reduction by the end of March 2025. A review into the pressure ulcer investigations for all Category 2 or above pressure ulcers has identified issues in relation to the consistency in frequency of patient re-positioning, accuracy of risk assessments and associated actions and quality of completed documentation. All of which align with our overarching action plan.

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

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

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

0.48 WTE Band 6 has commenced with the team w/c 4/11/24 and is in a period of orientation and training. The appointment of a new Band 6 will support the Lead Tissue Viability Nurse (TVN) in driving improvements in pressure ulcer reduction by enhancing team capacity, enabling more focused care and strategic implementation of best practices.

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

Quality - Safe - Falls

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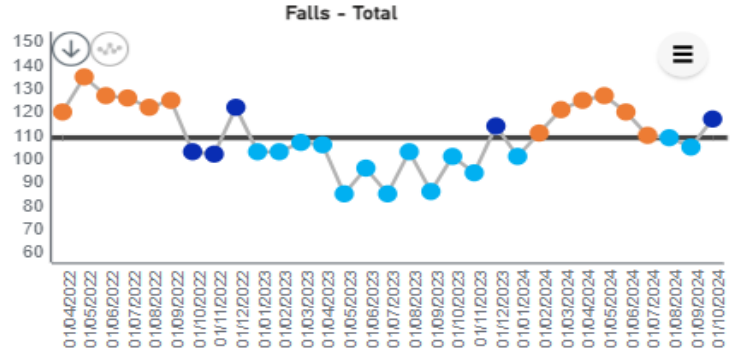
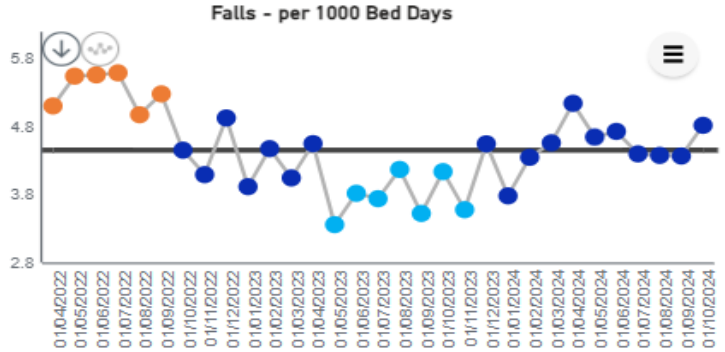
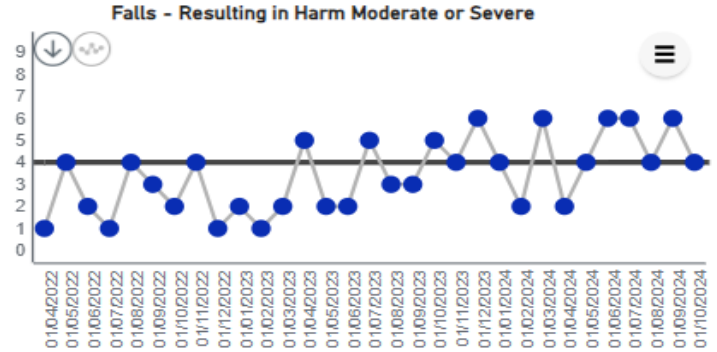
The Shrewsbury and Telford Hospital NHS Trust

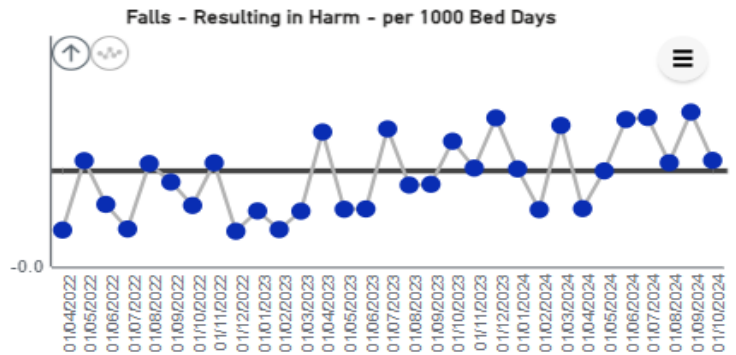
Deteriorating Patient - Fragility | Deteriorating Patients - NEWS | Deteriorating Patients - PEWS | Medication - Omitted Doses

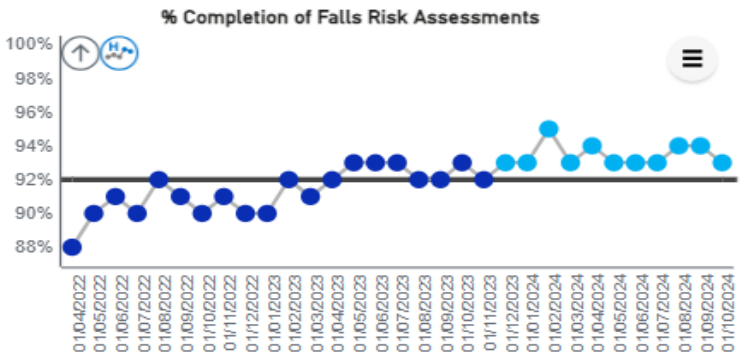
	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024	Oct-2024
Falls - Total	96	85	103	86	101	94	114	101	111	121	125	127	120	110	109	105	117
Falls - per 1000 Bed Days	3.82	3.74	4.17	3.52	4.14	3.58	4.55	3.78	4.35	4.56	5.14	4.65	4.73	4.40	4.38	4.37	4.82
Falls - Resulting in Harm Moderate or Severe	2	5	3	3	5	4	6	4	2	6	2	4	6	6	4	6	4
Falls - Resulting in Harm - per 1000 Bed Days	0.08	0.22	0.12	0.12	0.20	0.15	0.24	0.15	0.08	0.23	0.08	0.15	0.24	0.24	0.16	0.25	0.16
Falls Prevention Training Compliance % - 2 Yearly	76.72	78.08	81.08	83.36	84.98	86.86	88.50	88.05	88.82	89.12	89.40	90.74	91.20	91.79	91.99	92.28	92.59
% Completion of Falls Risk Assessments	93	93	92	92	93	92	93	93	95	93	94	93	93	93	94	94	93











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Patient harm - falls

The Shrewsbury and Telford Hospital NHS Trust

Summary:

Falls per 1,000 bed days in October continues to show common cause variation, with a steady trend over the past 3 months. We reported a total falls in month of 117.

There continues to be falls with harm with 4 falls being seen in October 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 1,000 bed days charts.

Training compliance remains above 90% and completion of risk assessments pre fall also remains above 92%.

Recovery actions:

Overarching Trust action plan is in place and the movement matters project plan has been reviewed

Ongoing education and support from the Quality Team to wards continues however feedback letters to staff post fall has ceased due to limited capacity within the quality team. Alternative options are being explored to ensure staff get direct feedback.

Ward 27 have received external education from Elevate and a trial has commenced in October with Elevate attending the ward to work with Patients and Staff. Outcome measures have been reviewed, and a dashboard is being trialled. We are hopeful that elevate can extend the trial and they are currently seeking funding.

Weekly meeting to review falls has been reviewed to align with the new PSIRF framework, focusing on improvements. This meeting has now been stood down with divisional meetings replacing this each month.

Reconditioning lead has identified 2 wards to work with – projects start 1st November

Anticipated impact and timescales for improvement:

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

Further improvement work is planned on a number of different wards and progress will be shared through the Falls Steering Group. These improvements include the ward 27 elevate trial and the ward 9 and ward 28 reconditioning project using the donate 2 motivate incentive and get up, get dressed, get moving model. The decaffeinated drinks project trial on ward 25 has been postponed until January due to additional support within the Emergency Departments.

Monthly activities have recommenced each month on wards with a timetable for the year planned

Recovery dependencies:

Patient harm – unreported falls

The Shrewsbury and Telford Hospital NHS Trust

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

Summary:
The unreported falls audit is a national NHS England audit tool to help trusts to distinguish between increases in reporting falls to real increases in falls. Research suggests that some falls in hospital go unreported and once improvement work starts, reporting tends to improve. This can mean that things look like they are getting worse when actually they are getting better.
The audit first launched in SaTH in May 2021, after a lot of improvement work had already commenced. This was repeated 6 monthly until May 2022 when it moved to an annual audit due to minimal changes in results and an increase in positive reporting. The audit asks staff if they recall a fall occurring when they were on shift, this could be a patient in a different area of the ward being cared for by a colleague. The results are positive showing 100% that a Datix was reported by themselves or a colleague.

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

Anticipated impact and timescales for improvement:

Recovery dependencies:

Medication - omitted doses

The Shrewsbury and Telford Hospital NHS Trust

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

Recovery actions:

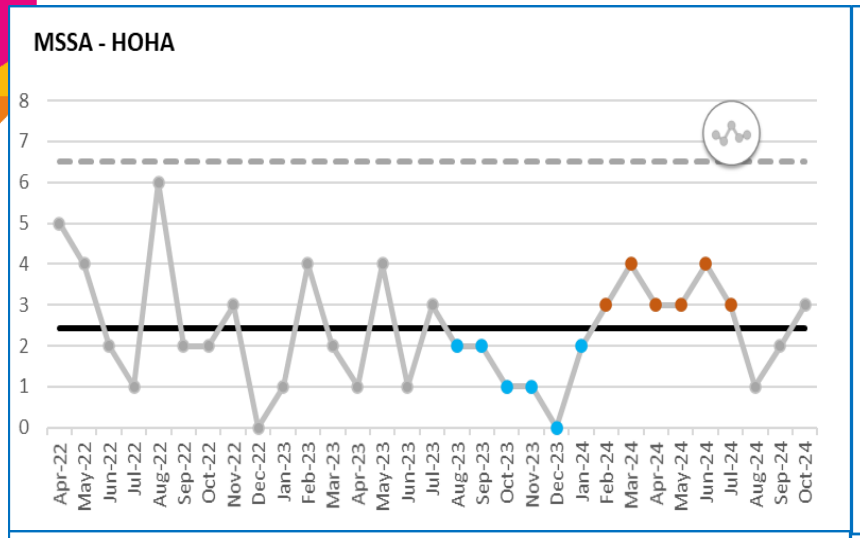
- Review clinical documentation to identify and document omitted doses and determine clinical appropriateness
- Observe and discuss processes relating to administration of medication during in-patient admission with clinical teams at the point of care
- Review current policies, procedures and processes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

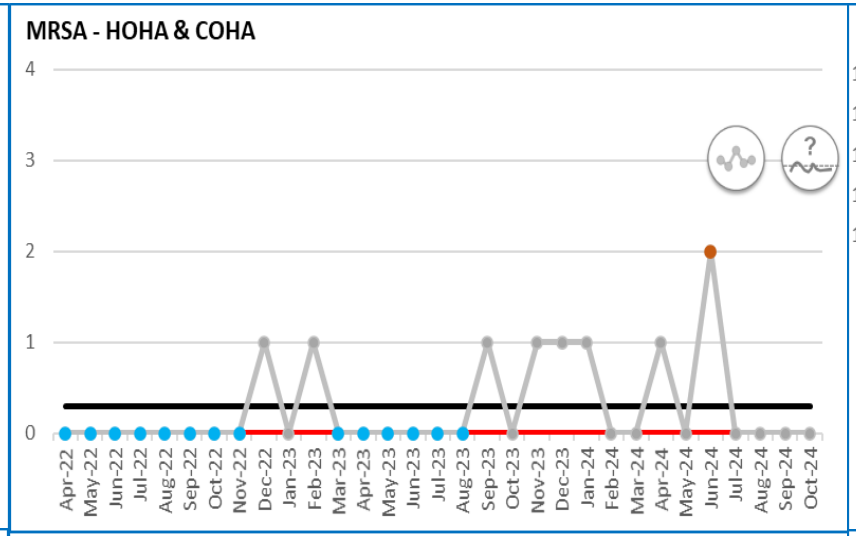
Anticipated impact and timescales for improvement:
To be agreed and approved via Chief Pharmacist and Clinical Director for Medicines Optimisation

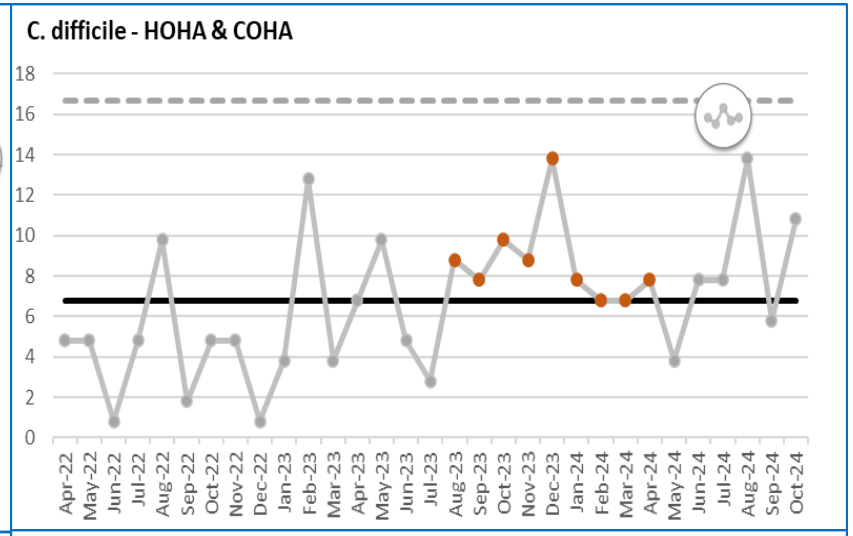
Recovery dependencies:

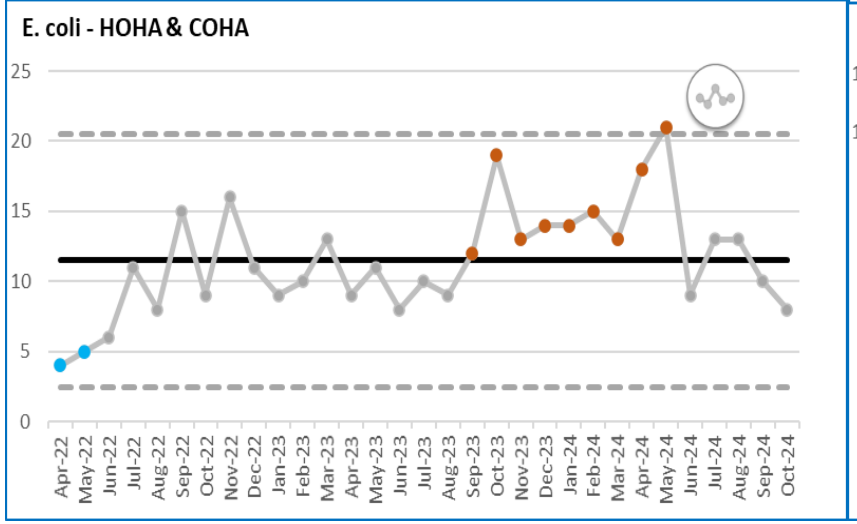
Infection prevention and control

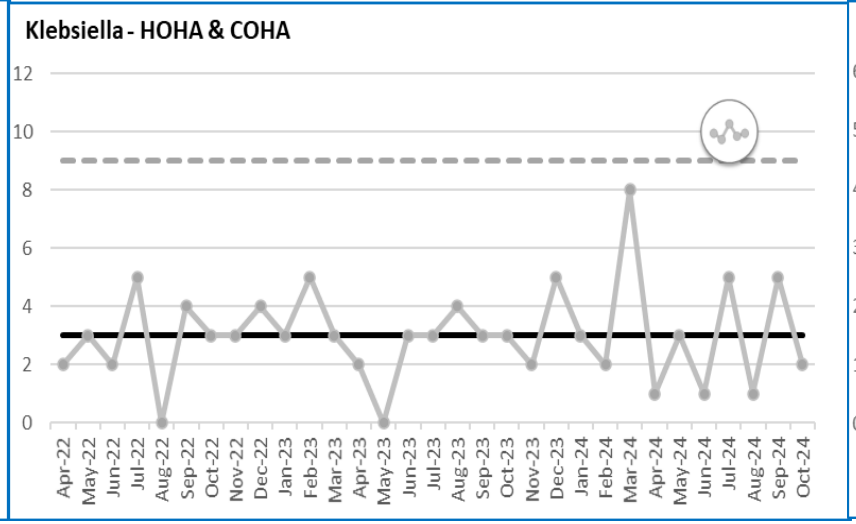
The Shrewsbury and Telford Hospital NHS Trust

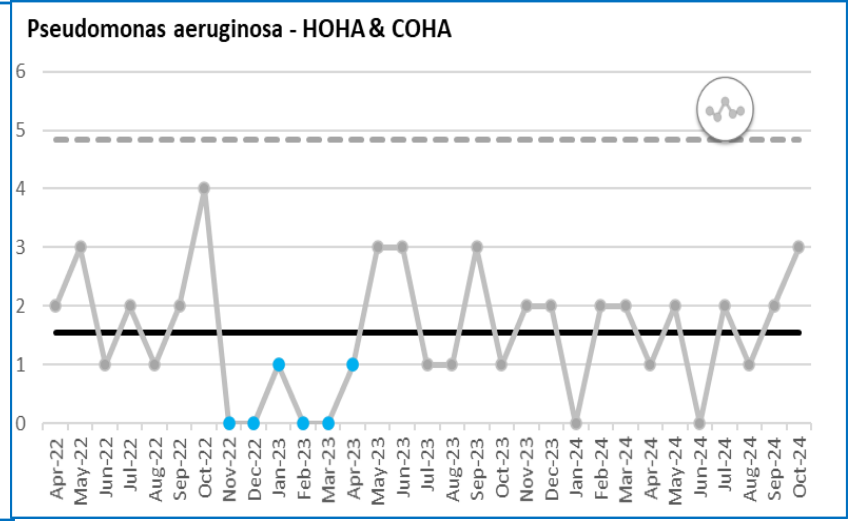












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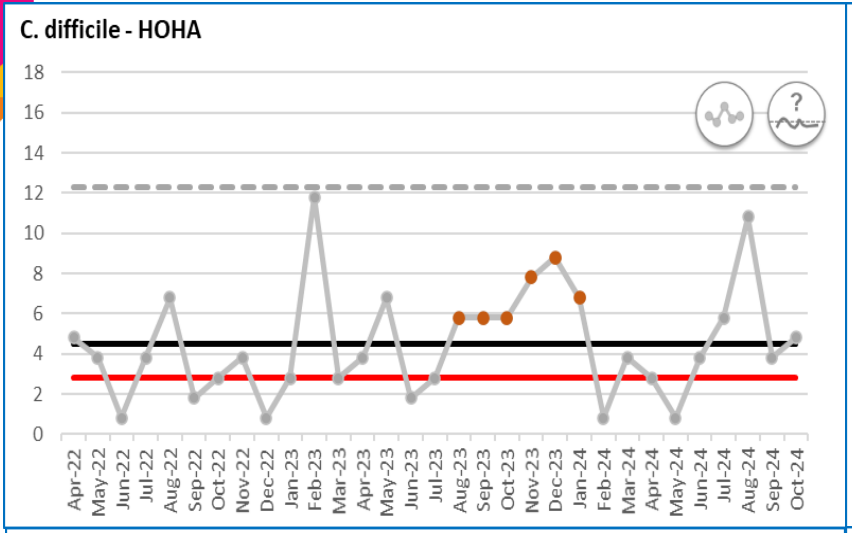

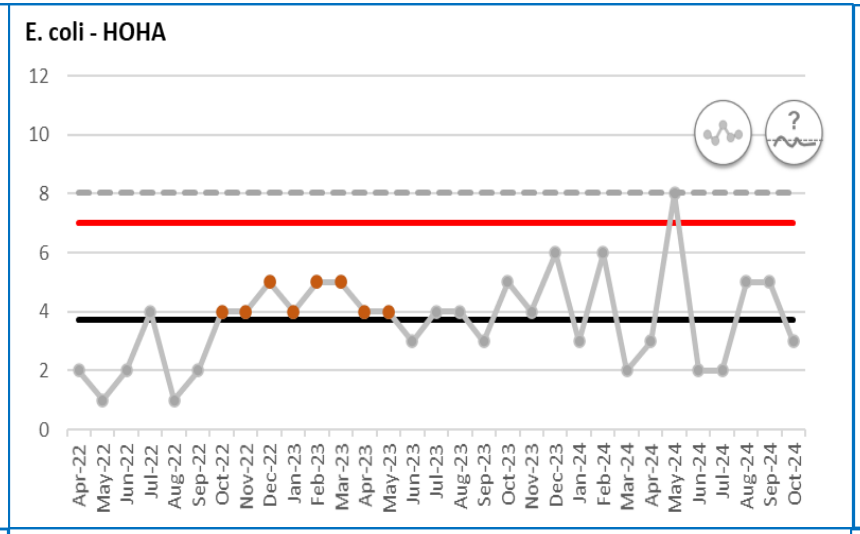

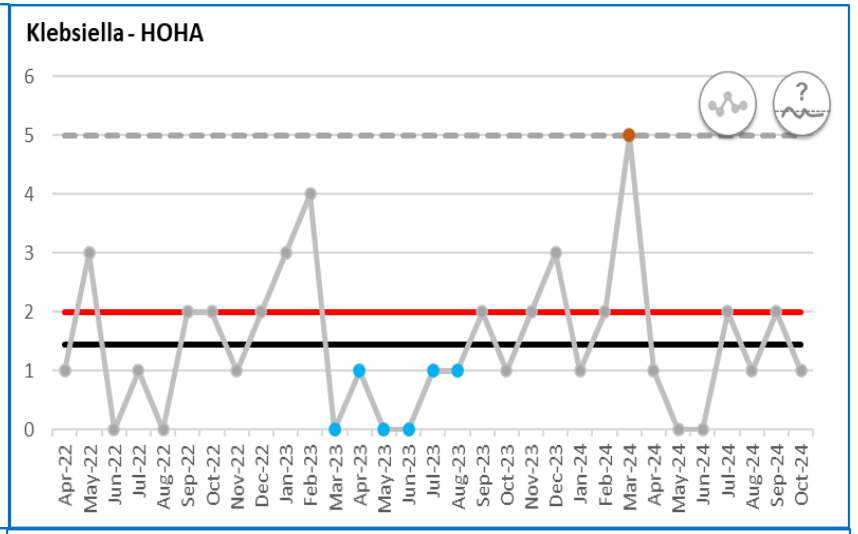

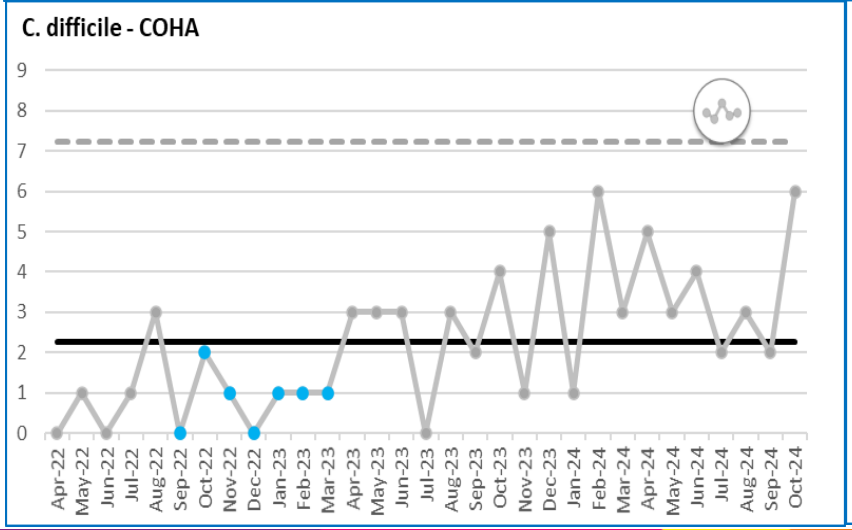

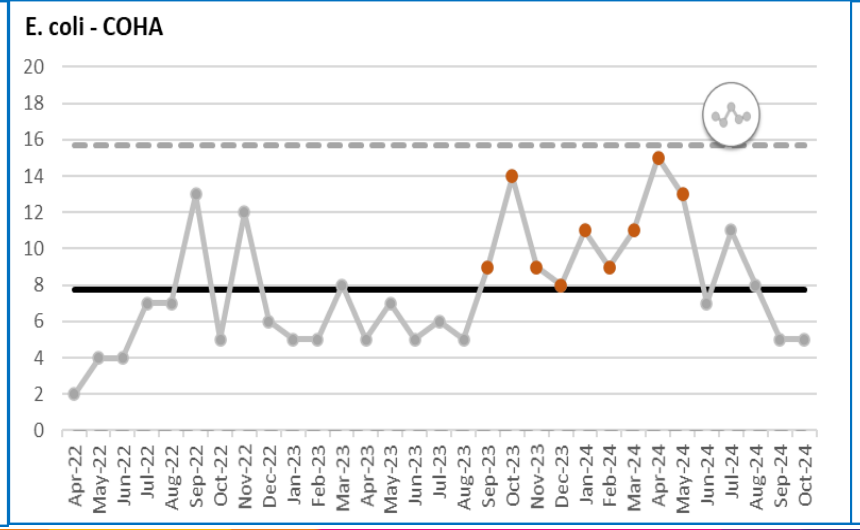

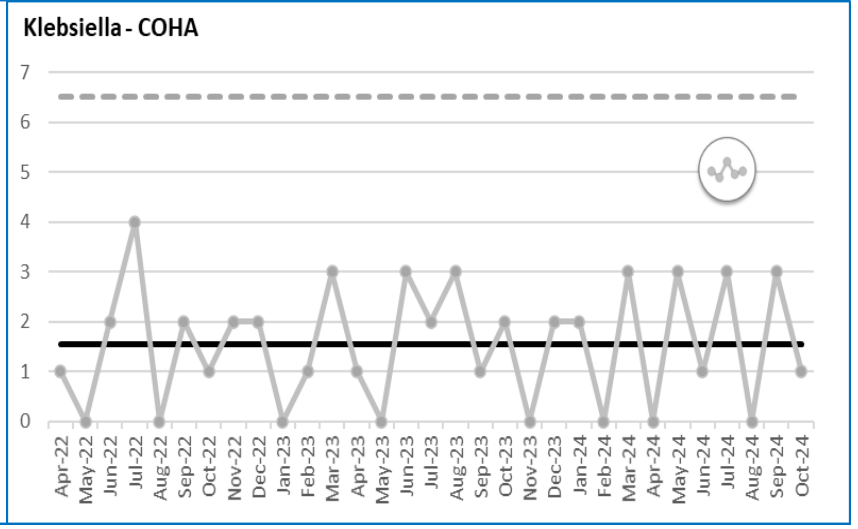

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Summary: In October 2024 there were the following bacteraemia:
- 7 MSSA (3 Healthcare / Hospital Onset - Healthcare Associated (HOHA) & 4 Community Onset - Healthcare Associated (COHA))
- 0 MRSA bacteraemia
- 11 C. diff (5 HOHA, 6 COHA)
- 8 E. coli bacteraemia (3 HOHA, 5 COHA)
- 2 Klebsiella bacteraemia (1 HOHA & 1 COHA)
- 3 Pseudomonas bacteraemia (1 HOHA & 2 COHA)

Recovery actions:
In October 2024, there were 0 MRSA bacteraemia reported.
C. diff cases remain high with 59 cases reported year to date. 40 of these cases occurred greater than 48 hours after admission (HOHA) and the remaining 25 cases had recent contact in the Trust in the 28 days prior to the positive sample (COHA).

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

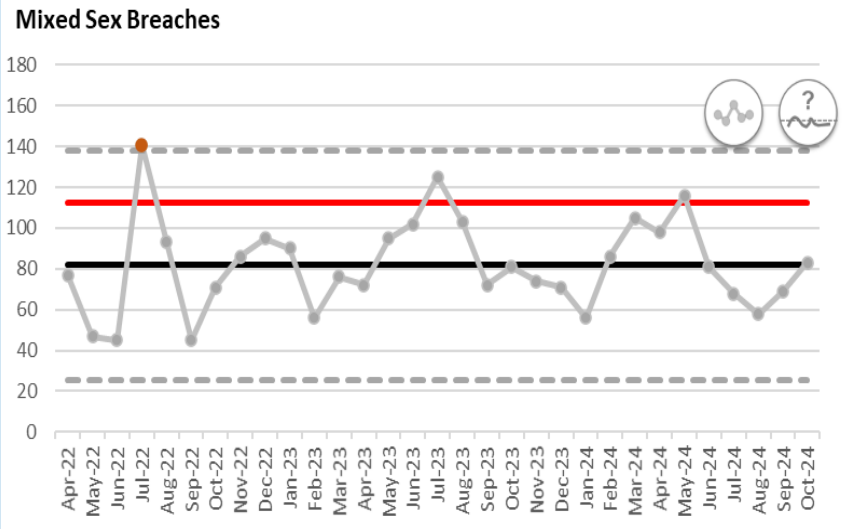
3x weekly visits continue to ED departments with a focus on patient placement. It remains difficult in isolating patients in ED, especially at PRH due to the limited number of side rooms available.

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

Recovery dependencies:	Integrated Care Board (ICB) IPC improvement work in anti-microbials.

Mixed sex accommodation breaches

The Shrewsbury and Telford Hospital NHS Trust



Summary:
There has been a reduction in mixed sex accommodation breaches in Q2, compared to Q1, however 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 with challenges in relation to the step down of patients from HDU/ITU who are stable and require ward based care.
The use of AMA to accommodate patients overnight who require an inpatient bed continues to require Executive approval and has continued to be used due to the capacity pressures within the Trust. The number has reduced as AMA has been used less frequently overnight over the last 3 months and the Clinical Site Team have tried to prioritise step down patients from ITU when this is possible.

Location	Number of breaches	Additional Information
AMU (PRH)	18 breaches	Over 4 occasions in AMA
ITU / HDU (PRH)	6 primary breaches	3 medical, 1 gynae, 1 ENT
AMA (RSH)	26 breaches	Over 7 occasions (trolly area)
ITU / HDU (RSH)	29 primary breaches	6 medical, 23 surgical

Recovery actions:

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

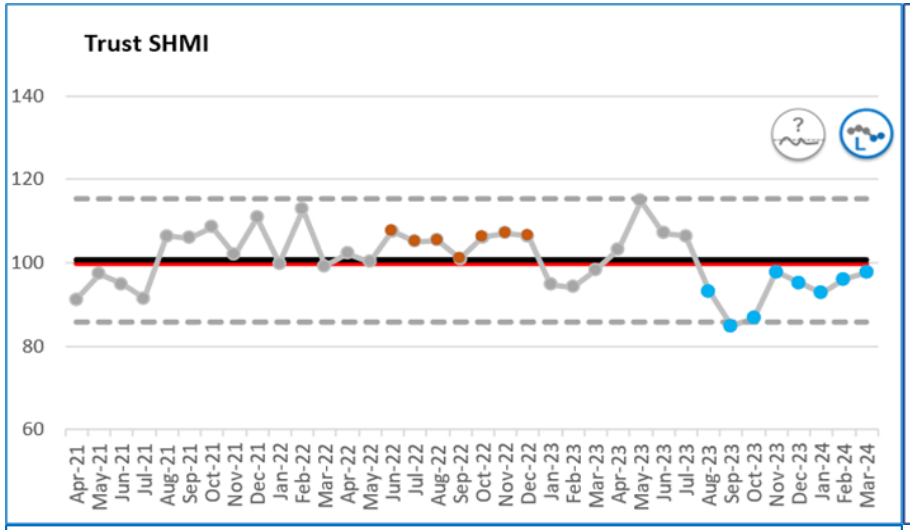
Anticipated impact and timescales for improvement:

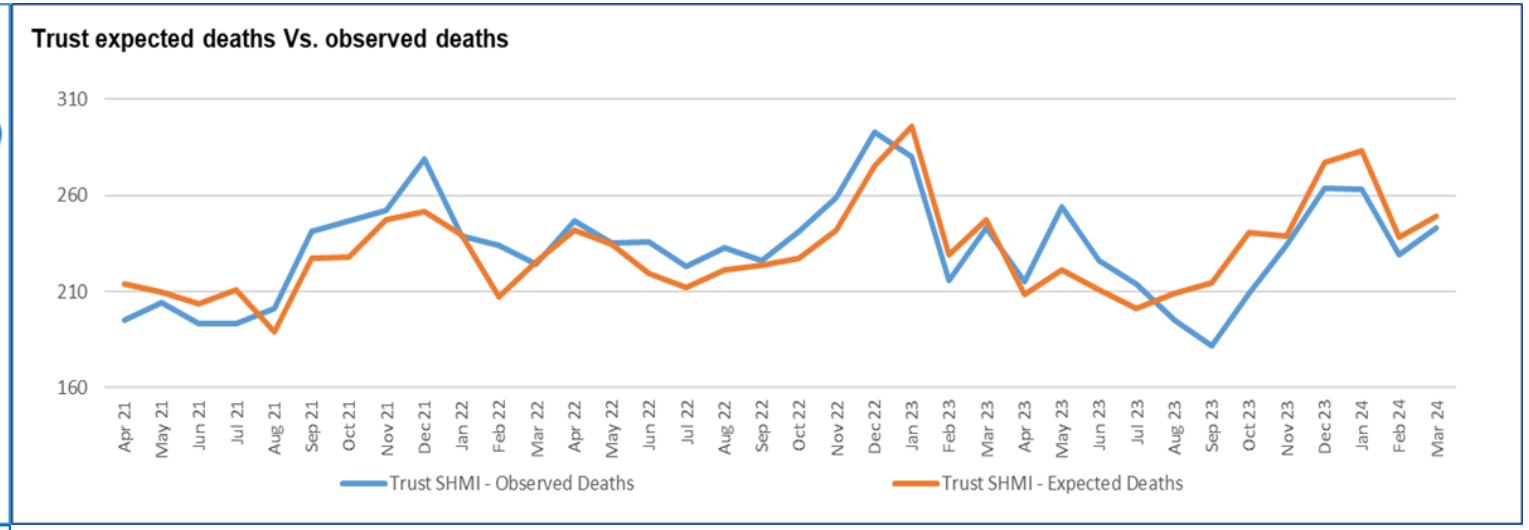
- Beds available earlier in day
- Less patients attending ED with conditions which could be treated on alternative pathways
- Reduction in no criteria to reside patients in hospital

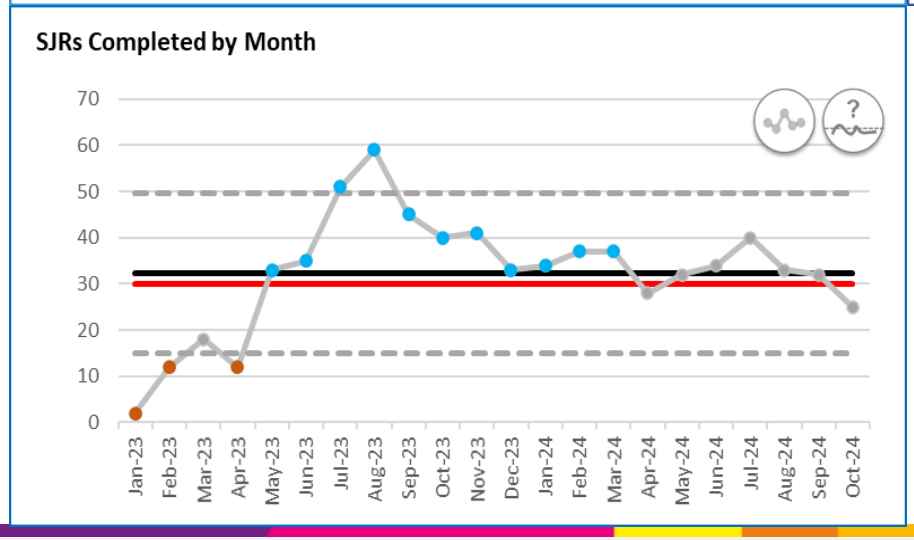
Recovery dependencies:	Patient flow improvement work. System wide work and alternative community pathways of care. Reduction in patients with no criteria to reside

Mortality outcome data

The Shrewsbury and Telford Hospital NHS Trust







Mortality outcome data

The Shrewsbury and Telford Hospital NHS Trust

Summary:

- Due to the ongoing issues with the Data Warehouse, no further update to the Summary Hospital-level Mortality Indicator (SHMI) is available. The latest data remains to March 2024 at 97.5, as reported last month which was below the national average. To end March 2024, septicaemia remains the primary diagnosis condition with the highest number of excess deaths within the SHMI indicator across the Trust. This has been communicated to the Deteriorating Patient Group as previously reported.
- Cancer of the pancreas, fracture of the upper limb and coma, stupor and brain damage are also conditions with the highest number of excess deaths across the Trust. These indices are higher than the CHKS Peer Group.
- The latest reported SJR completion rate for deaths within August 2024, is above the 15% target at 18.6% also demonstrating completion within the 8-week target timeframe. Significant concerns have been raised by the Bereaved following ME scrutiny in 2% of deaths during October 2024. The number of SJRs completed during October (variable date of death) has dropped below the target of 30 due to challenges with resource during periods of leave within the SJR Reviewers
- Key themes identified for learning through the Mortality Triangulation Group (MTG) for October 2024 include communication with the family, end-of-life care including around decisions to withdraw care / ReSPECT forms, documentation, medication, nutrition and fluids.

Recovery actions:

- Planned reviews for the primary diagnosis conditions with the highest number of excess deaths across the trust where these are higher than the peer average.
- All deaths in low mortality Clinical Classifications System (CCS) groups are reviewed on an individual basis.
- Actions taken to increase ad hoc support for SJR completion within the wider multi-disciplinary team / senior nurses. 3 potential reviewers attending training anticipated January 2025.
- Deaths where significant concerns are raised by the bereaved during ME Scrutiny, are reviewed through datix, the formal complaint process and / or Coronial processes
- Contribution to the newly developed Trust Triangulation Group to share themes of learning within the learning from deaths agenda and for triangulation against other sources of learning within the Trust.
- Themes / learning is shared across the organisation for further review and incorporation into improvement work.
- Shared learning for use in simulation training is planned for 2025.

Anticipated impact and timescales for improvement:

- Data acquisition problems within the Data Warehouse prevents further analysis of key performance indicators within the Learning from Deaths agenda and an inability to identify primary diagnosis conditions which need further review with regards to excess deaths or outlying conditions from April 2024 until a resolution is implemented.

Recovery dependencies:	Recruitment to the Band 7 Senior Learning from Deaths Manager post which is awaiting approval.

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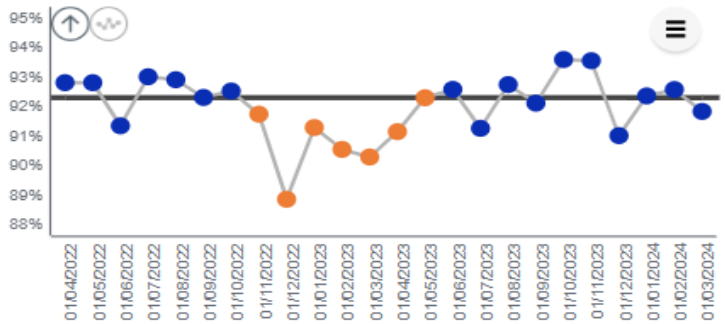
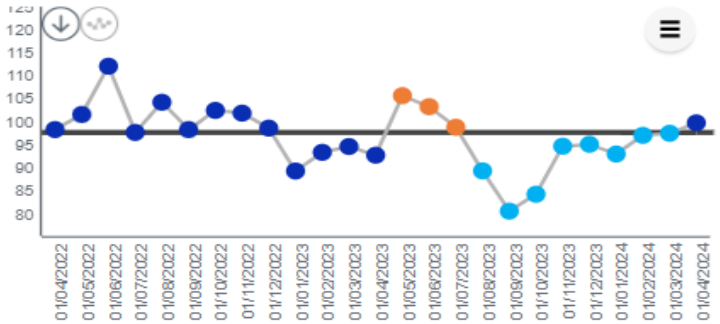
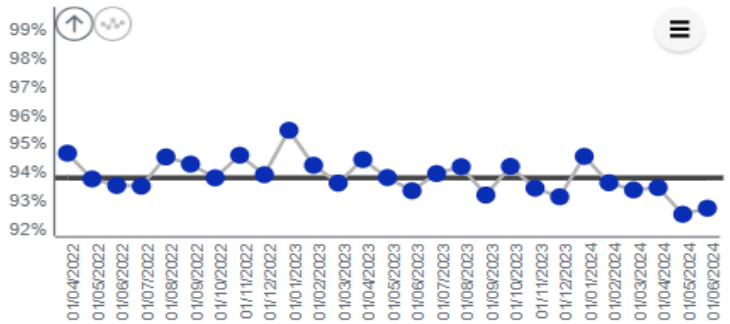
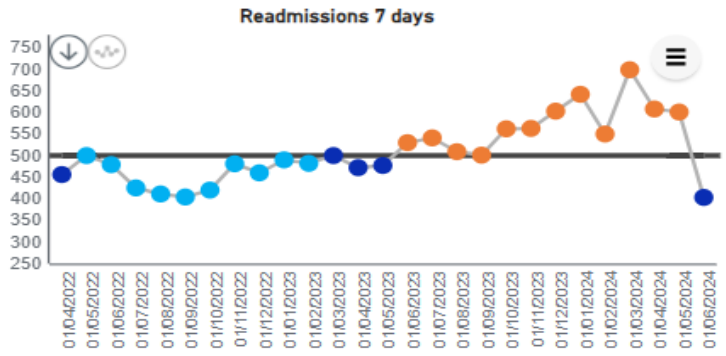
Right Care, Right Place, Right Time

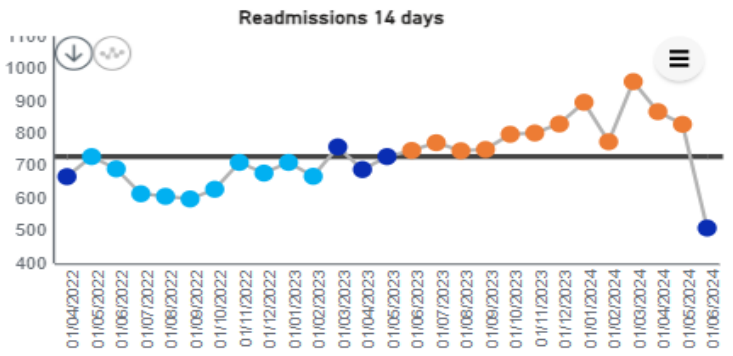
	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024
VTE %	91.73	88.86	91.28	90.54	90.29	91.14	92.29	92.57	91.26	92.74	92.11	93.58	93.54	91.01	92.35	92.57	91.83			
SHMI	101.96	98.71	89.40	93.46	94.72	92.84	105.75	103.36	98.90	89.43	80.70	84.37	94.79	95.20	93.09	97.14	97.59	99.85		
Day Case Rates %	94.61	93.93	95.48	94.26	93.64	94.46	93.83	93.37	93.97	94.21	93.22	94.22	93.46	93.16	94.57	93.65	93.40	93.48	92.55	92.76
Readmissions 7 days	481	460	490	482	500	472	477	530	541	509	501	562	563	603	642	550	699	608	601	403
Readmissions 14 days	711	678	711	668	759	689	729	748	772	747	751	798	802	830	897	775	961	868	829	508
Readmissions 28 days	975	936	975	938	1033	987	1026	1002	1040	1030	1021	1124	1112	1082	1212	1094	1274	1170	1100	552

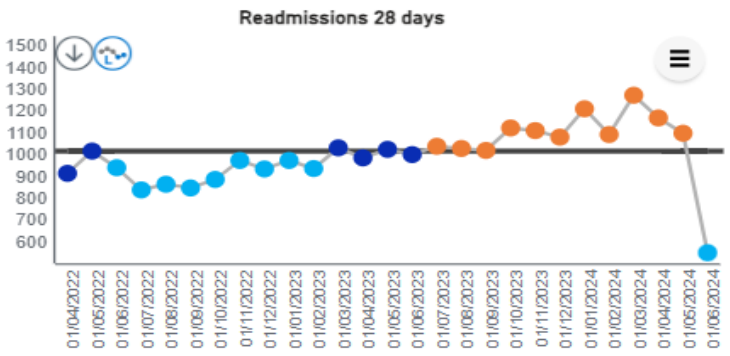












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Quality - Effective - Right Care, Right Place, Right Time

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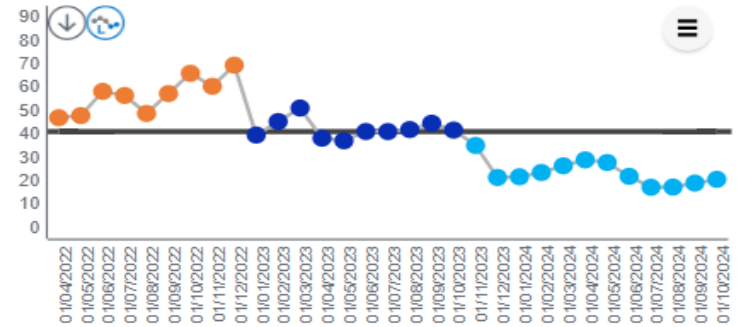
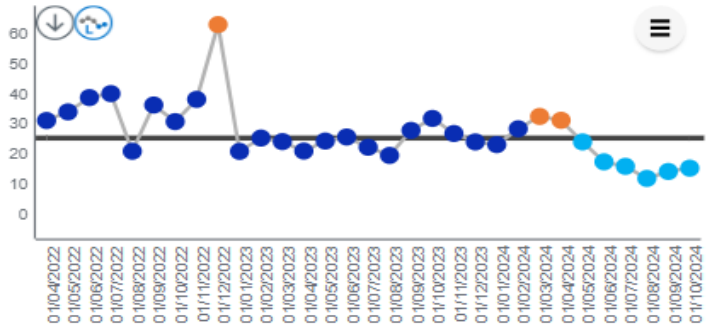
Best Clinical Outcomes

	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024	Oct-2024
ED Triage Average Time To Streaming - Adults	40.95	41.82	44.51	41.59	35.01	21.30	21.59	23.43	26.28	28.82	27.70	21.79	17.11	17.20	18.90	20.50
ED Triage Average Time To Streaming - Children	22.34	19.62	27.92	31.88	26.89	24.09	23.20	28.44	32.54	31.26	24.10	17.50	16.00	12.00	14.30	15.40
% Patients seen within 15 minutes for initial assessment	32.37	30.68	28.91	30.52	37.27	50.80	51.02	47.02	45.54	42.43	47.70	54.14	59.99	64.80	59.80	58.90
Friends and Family Test - A&E - % responded Very Good/Good	63.30	55.60	38.10	66.10	61.60	62.90	67.70	65.20	62.40	62.90	60.30	66.10	75.00	75.90	53.10	69.80
Friends and Family Test - A&E - Response Rate %	0.70	0.20	0.20	4.50	4.00	3.00	5.50	4.20	3.80	5.10	6.10	6.60	5.70	6.50	0.30	5.90
Complaints by Theme - Admission / Discharge	18	20	12	18	8	12	14	13	12	20	14	17	17	22	18	16

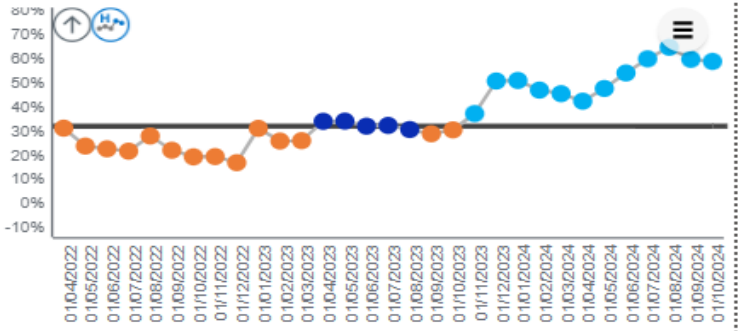
ED Triage Average Time to Streaming - Adults



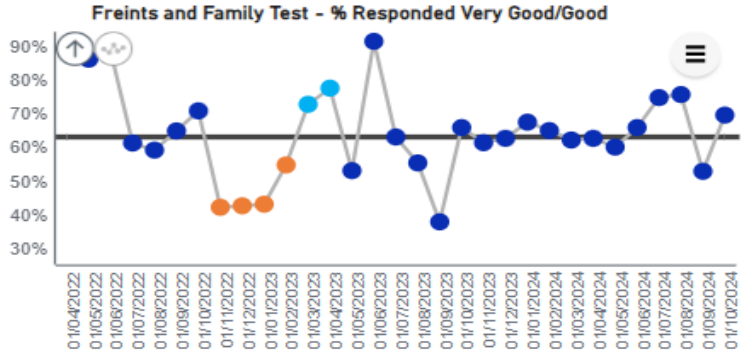
ED Triage Average Time to Streaming - Children



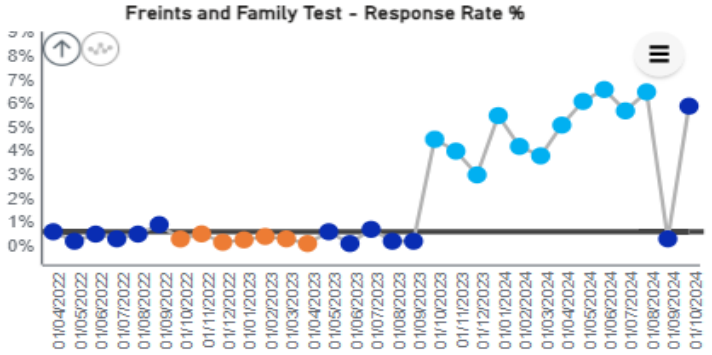
% Patients seen within 15 minutes for initial assessment



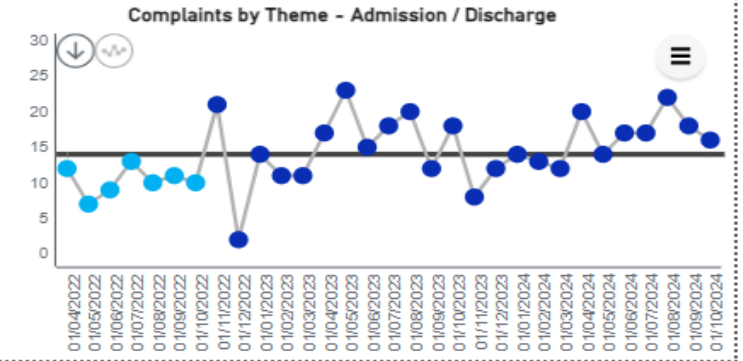
Freints and Family Test - % Responded Very Good/Good



Freints and Family Test - Response Rate %



Complaints by Theme - Admission / Discharge



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

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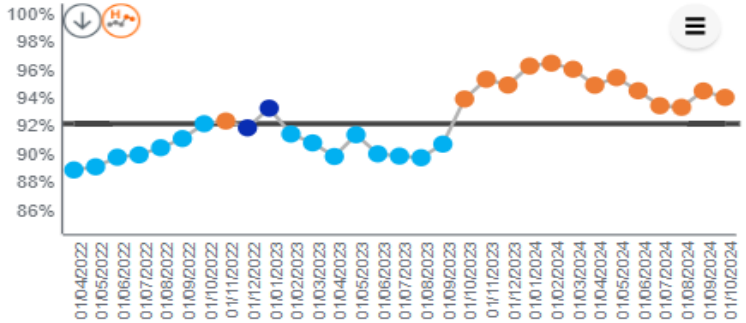
Page 1

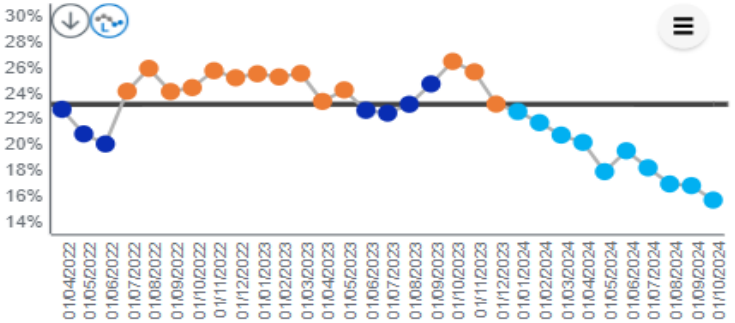
Best Clinical Outcomes

	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024	Oct-2024
Occupancy Rate %	90.05	89.90	89.78	90.75	93.96	95.37	94.96	96.31	96.52	96.09	94.95	95.49	94.55	93.48	93.37	94.54	94.08
% beds occupied by patients with LOS >14 days	22.66	22.44	23.13	24.72	26.48	25.66	23.15	22.56	21.70	20.73	20.16	17.88	19.50	18.18	16.92	16.78	15.66
% beds occupied by patients with LOS >21 days	13.03	13.04	13.65	14.77	16.53	15.24	12.83	13.01	12.29	11.50	11.24	9.57	10.94	10.34	9.75	9.36	8.40
% Discharged By 10am	6.85	8.41	7.80	8.14	8.09	9.51	9.25	9.75	10.06	9.17	8.18						
% Discharged By 12pm	11.86	13.83	12.52	13.91	14.29	15.85	14.85	15.25	16.00	15.34	13.87						
No criteria to reside	137	114	117	131	143	140	137	123	104	101	114	112	114	106	92	89	89

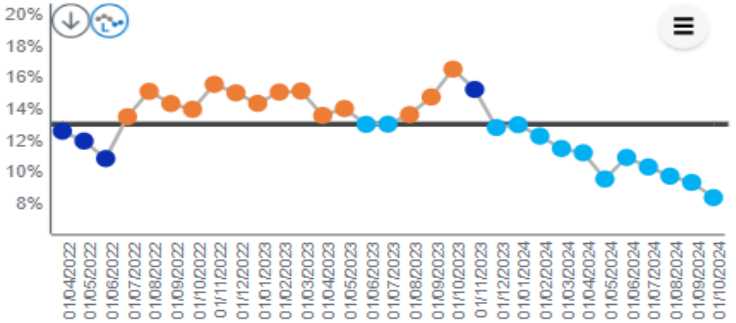
Occupancy Rate %



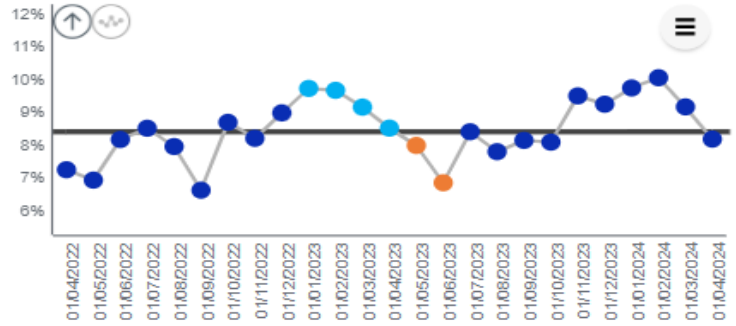
% beds occupied by patients with LOS >14 days



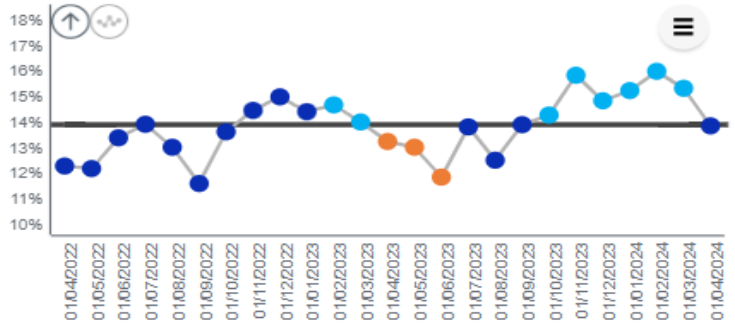
% beds occupied by patients with LOS >21 days



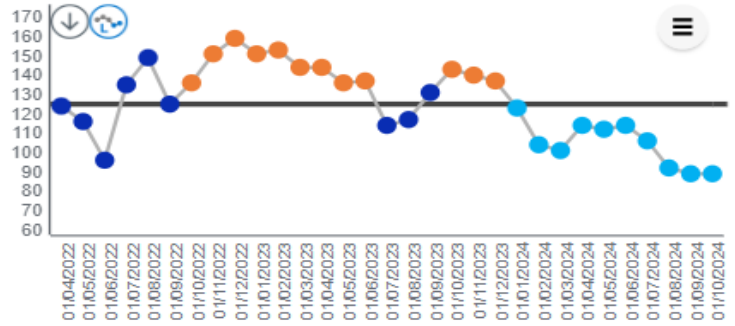
% Discharged By 10am



% Discharged By 12pm



No criteria to reside



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Diabetic foot

The Shrewsbury and Telford Hospital NHS Trust

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

Recovery actions:

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

Anticipated impact and timescales for improvement:

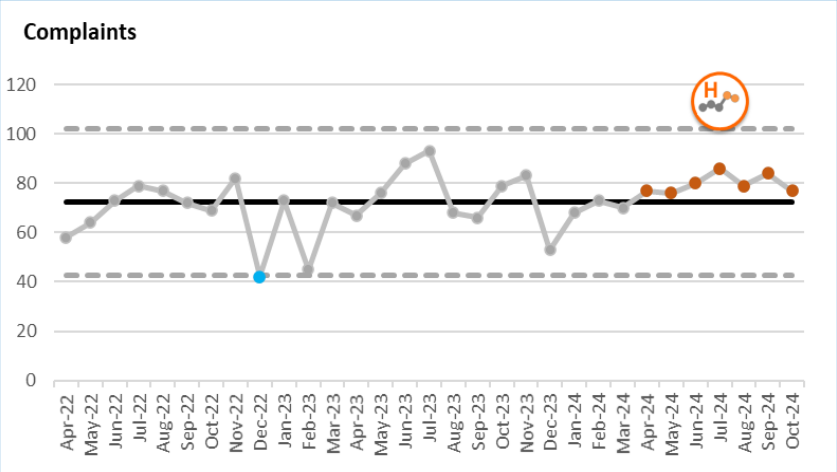
Implementation of the new diabetes foot assessment. Majority of wards using new document, minority utilising last of old document.
Education for both HCAs & nurses now on LMS.
Diabetes foot champions for every ward identified , targeted education 07.01.24 RSH, 14.01.24 PRH.
Annual integrated foot conference aimed at Acute Staff March 25
Hot clinics in A&E from 30.10.24.
Business Case agreed awaiting HR approval to go to TRACS.

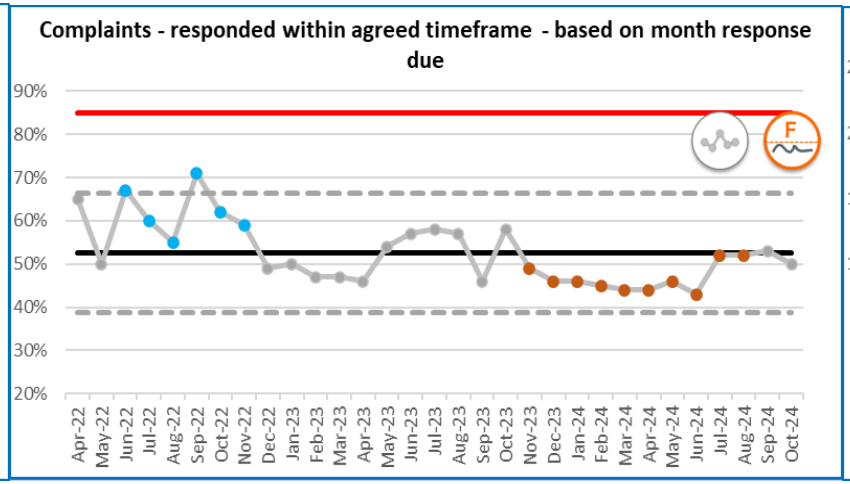
Anticipated impact improvement in Diabetes foot pressure ulcers / hospital acquired diabetes foot ulcers.
Clinical strategy priority is reducing hospital spells for diabetes foot issued to 15 per 100k population and the relative number of diabetes lower limb amputations by 11 K per 100k population by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

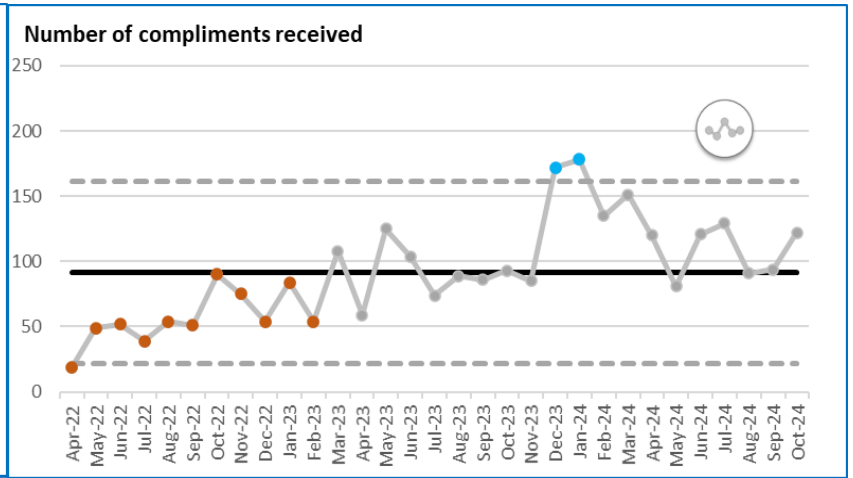
Recovery dependencies:	Business case for SaTH Diabetes Podiatry Team agreed at innovation and investment committee, Ownership of new documentation and education for diabetes foot at ward and matron level

Complaints and compliments

The Shrewsbury and Telford Hospital NHS Trust







Summary:
Numbers of new complaints remain within expected levels in October 2024, although there has been a recent increase. Work continues to reduce the number of overdue cases and to improve the timeliness of responses, with some improvements, as well as improvements in the amount of time that overdue complaints remain open for. 58% of complaints were acknowledged within one working day and 87% were acknowledged within two working days, with 98% acknowledged within the national timescale of three working days; one acknowledgement was not sent within three working days however this has been addressed now.

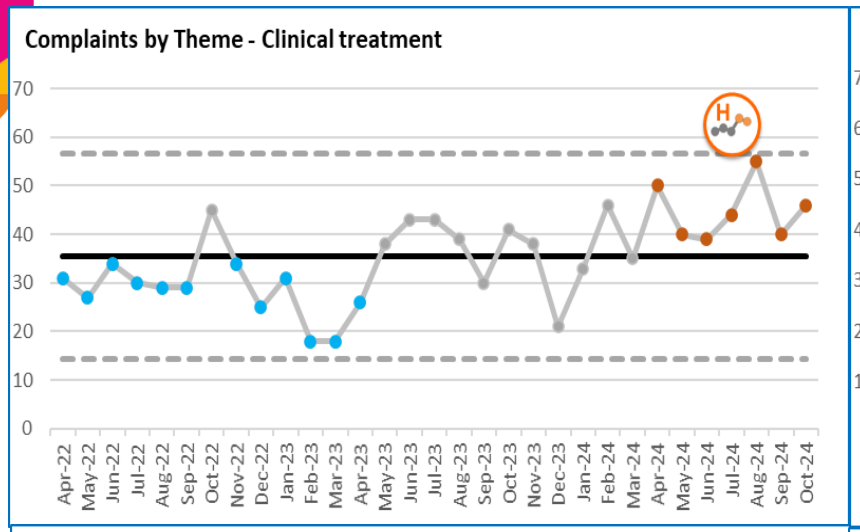
Recovery actions:
Dashboards now on Datix giving greater visibility of open cases for specialties
Encourage earlier interventions in relation to resolving complaints.

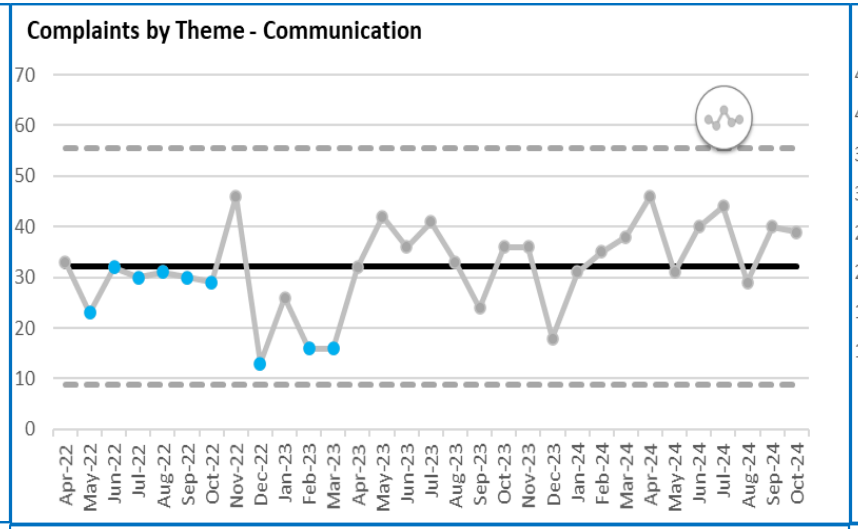
Anticipated impact and timescales for improvement:
Improvement in timeliness of responses.

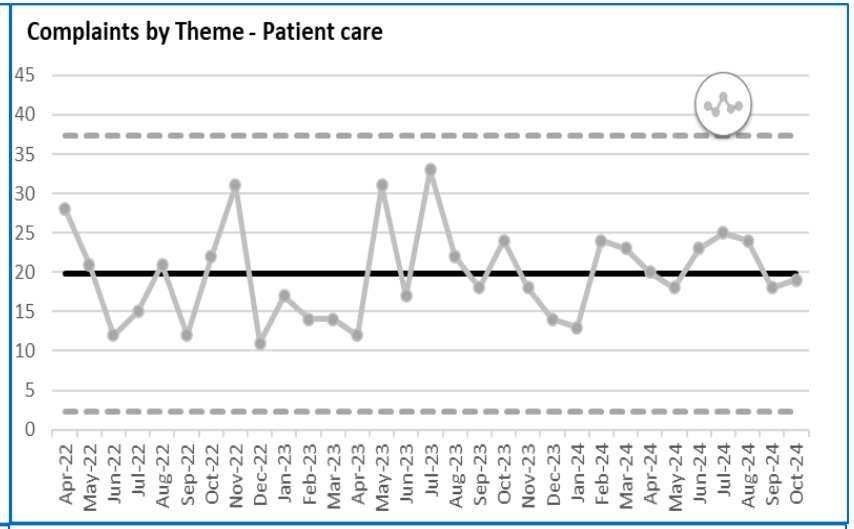
Recovery dependencies:	Capacity within Divisional teams due to high levels of clinical activity.

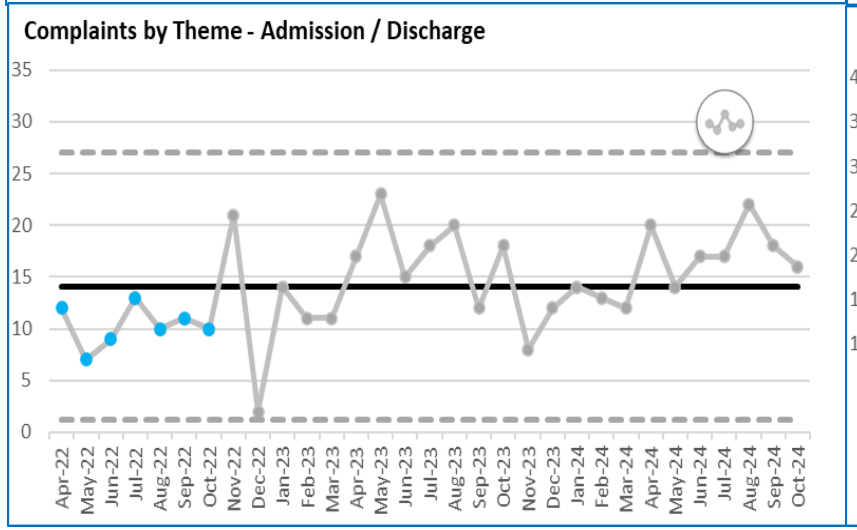
Complaints by theme – Top 6

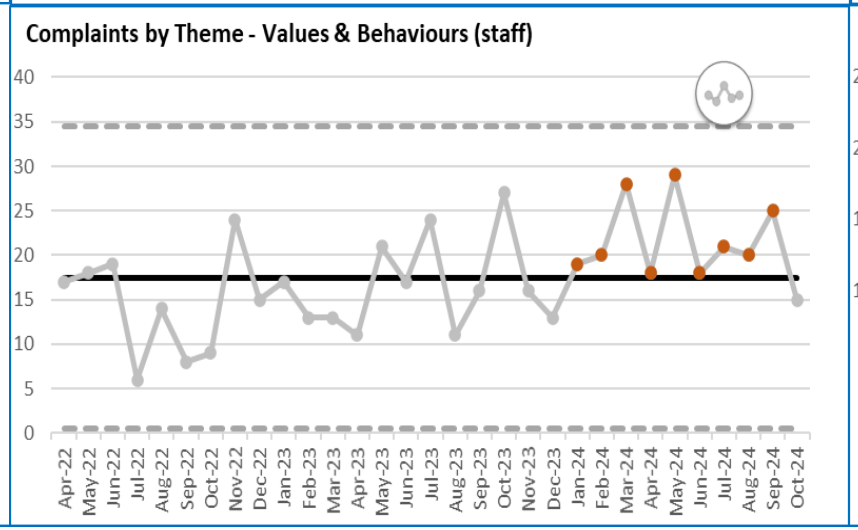
The Shrewsbury and Telford Hospital NHS Trust

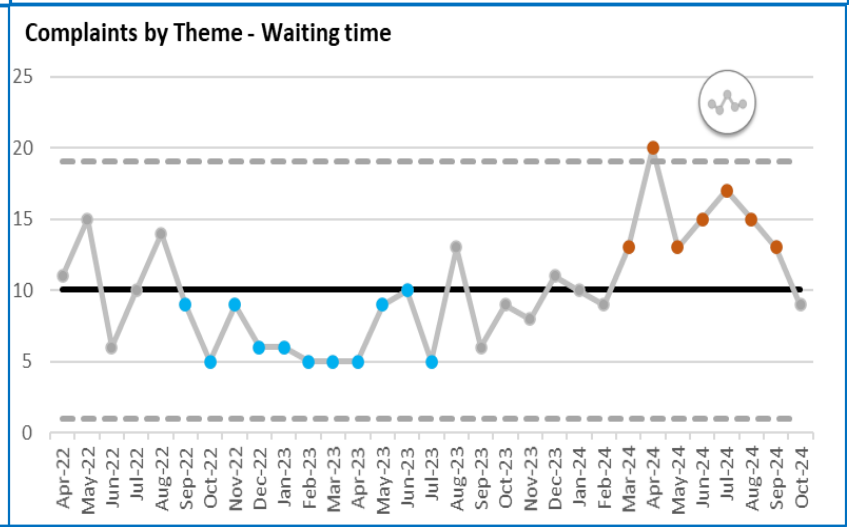












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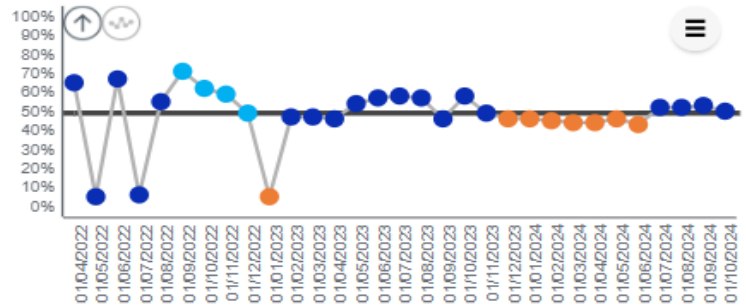
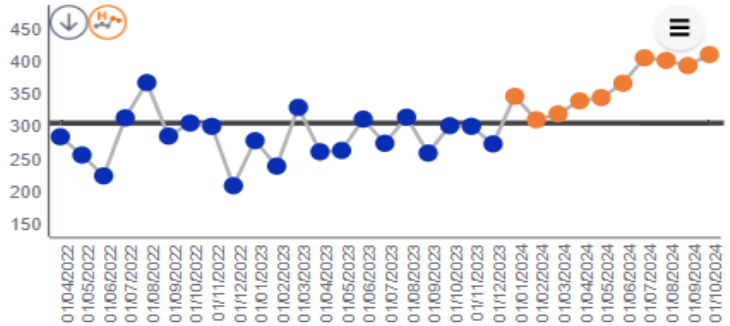
End of Life Care

	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024	Oct-2024
Complaints - % Responded to within agreed timeframe based on month response due	46	58	49	46	46	45	44	44	46	43	52	52	53	50
PALS contacts	260	302	301	274	347	311	320	340	345	367	406	402	394	411
Complaints by Theme - Staff	44	70	58	37	53	61	70	70	67	63	79	55	73	57
Complaints upheld	1	0	0	0	1	0	0	0	0	0	0	0	0	0
Compliments Received	86	93	85	109	178	135	151	120	81	121	129	91	94	122
Friends and Family Test % recommenders	98.2	90.9	93.5	92.7	91.8	93.3	91.0	89.1	88.4	89.7	93.4	93.0	97.9	92.8

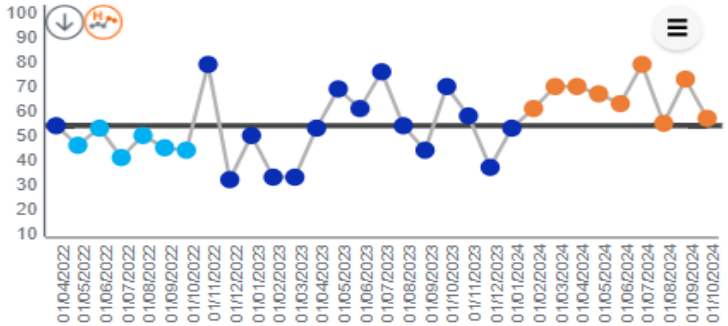
Complaints - % Responded to within agreed timeframe based on month response due



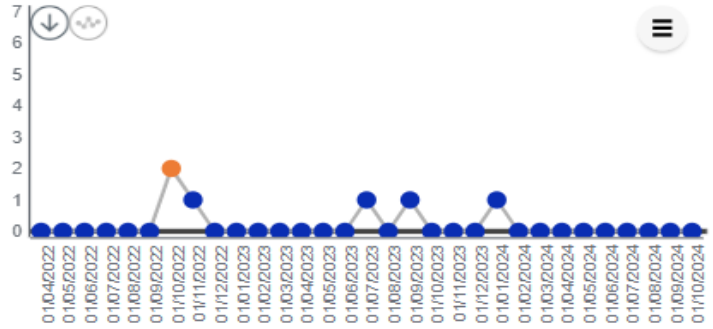
PALS contacts



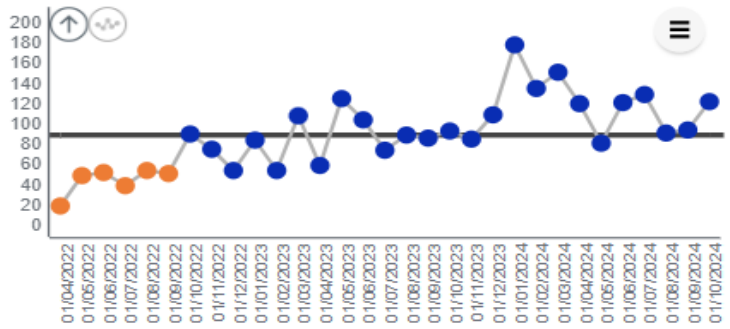
Complaints by Theme - Staff



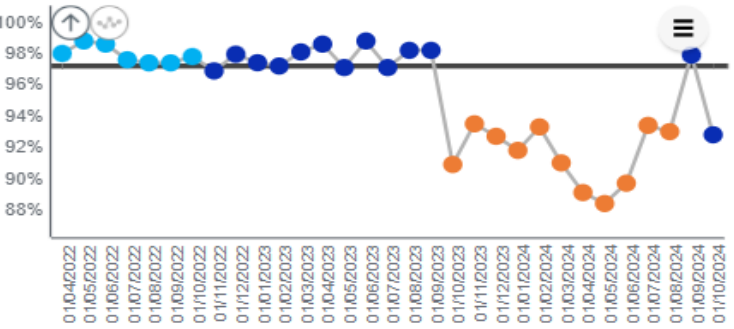
Complaints upheld



Compliments Received

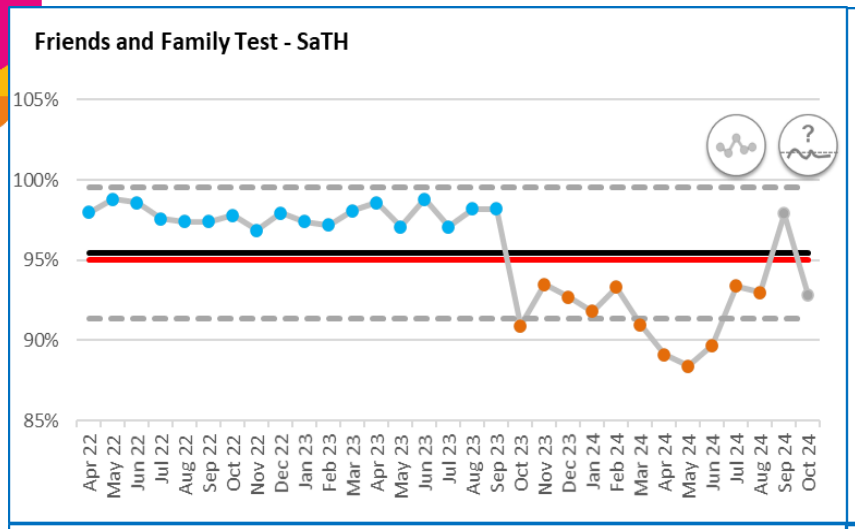


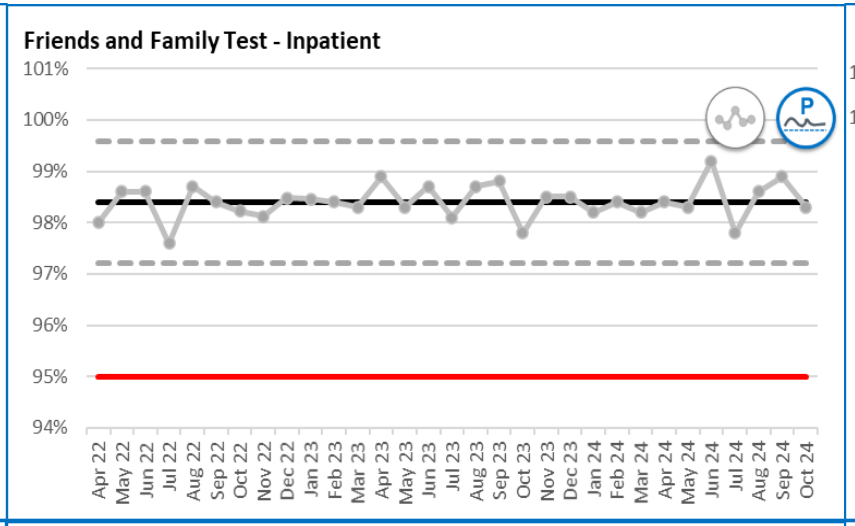
Freinds & Family Test % recommenders

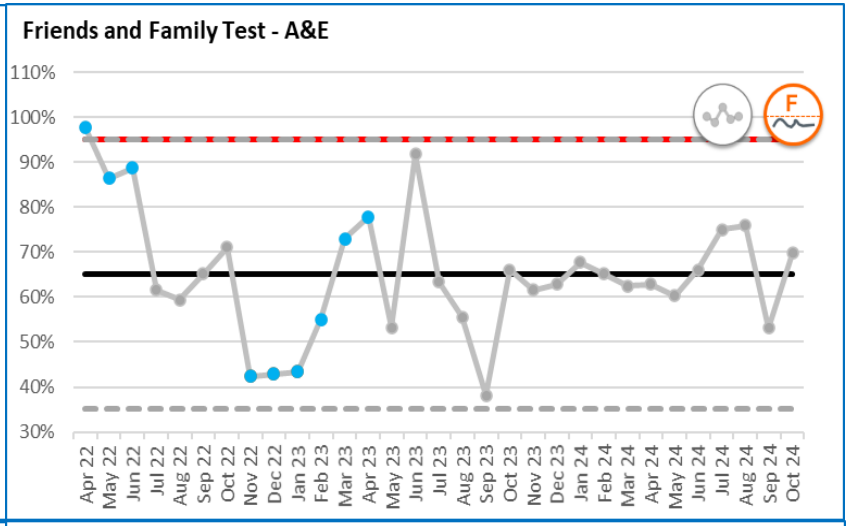


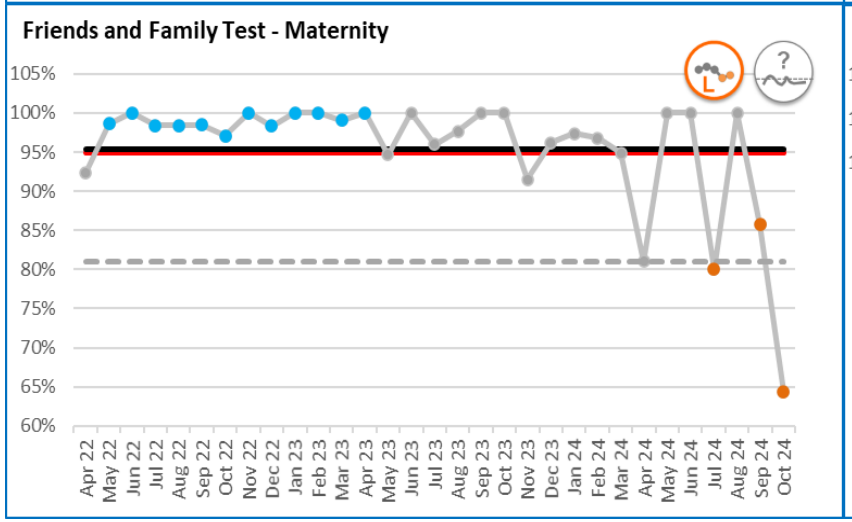
Friends and family test

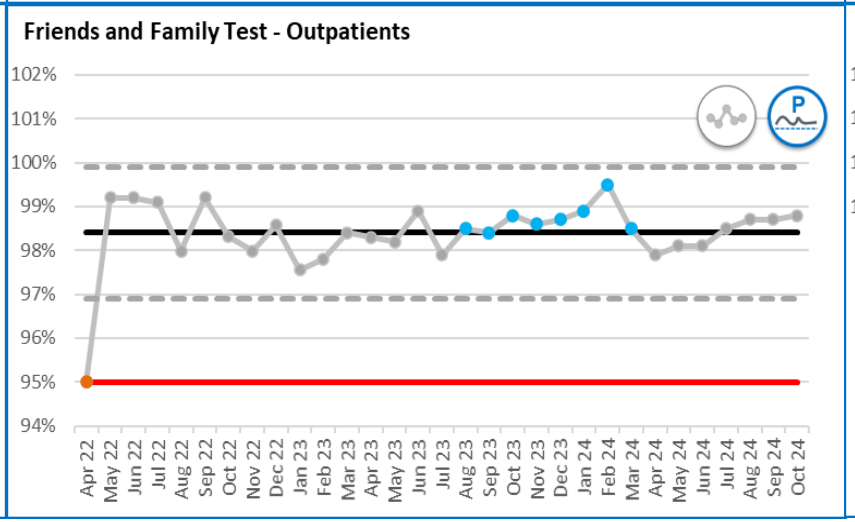
The Shrewsbury and Telford Hospital NHS Trust

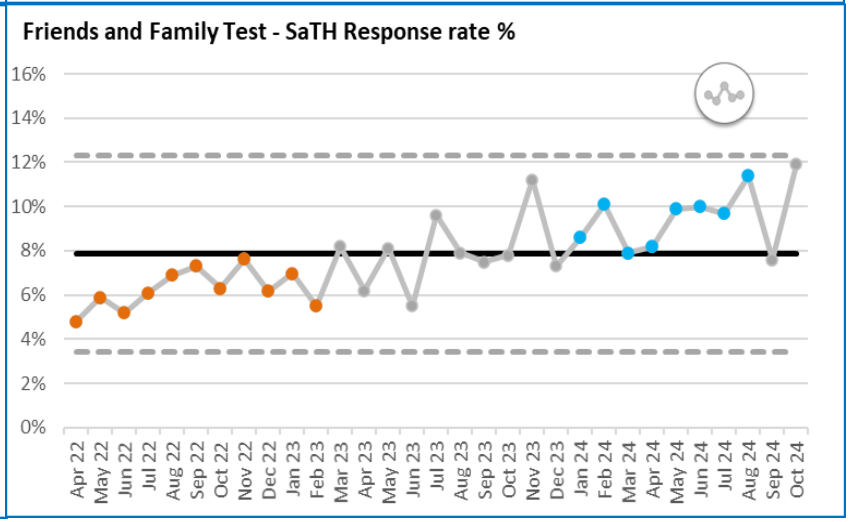






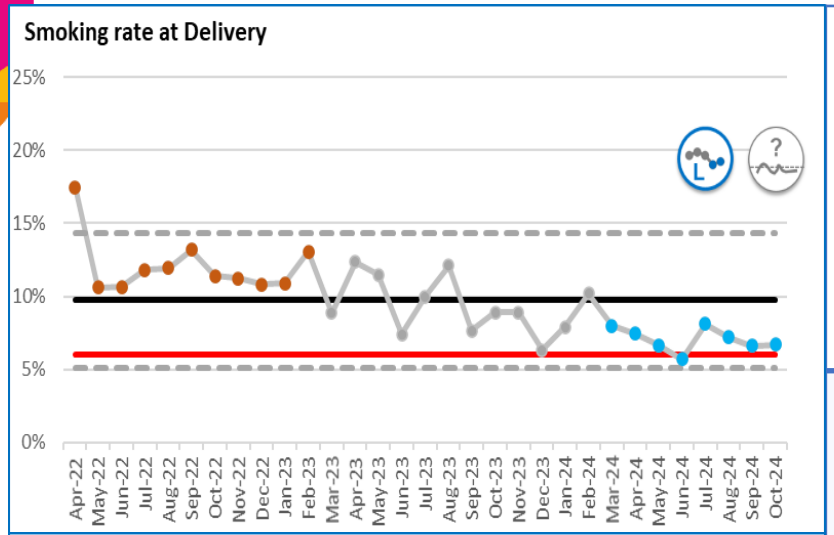


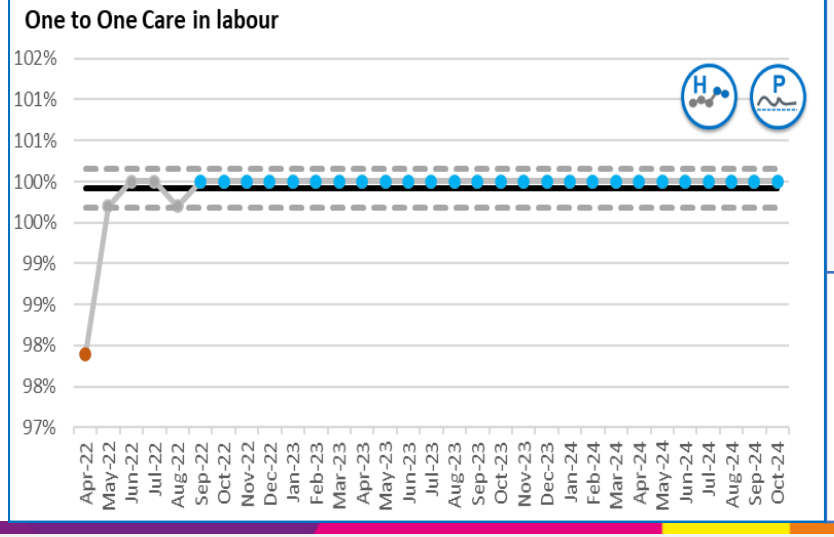




Maternity

The Shrewsbury and Telford Hospital NHS Trust





Summary:
Smoking at the Onset of Delivery (SATOD) has been maintained in October at 6.7% (previously 6.6%). This is well below the 2023/24 SATOD of 9.3%. 2024/25 has so far seen an average SATOD of 6.9%
Accurate recording of SATOD status is being closely monitored by the Healthy Pregnancy Support Service (HPSS) team to ensure accurate data is being recorded.
Government target for this metric remains at 6%.

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

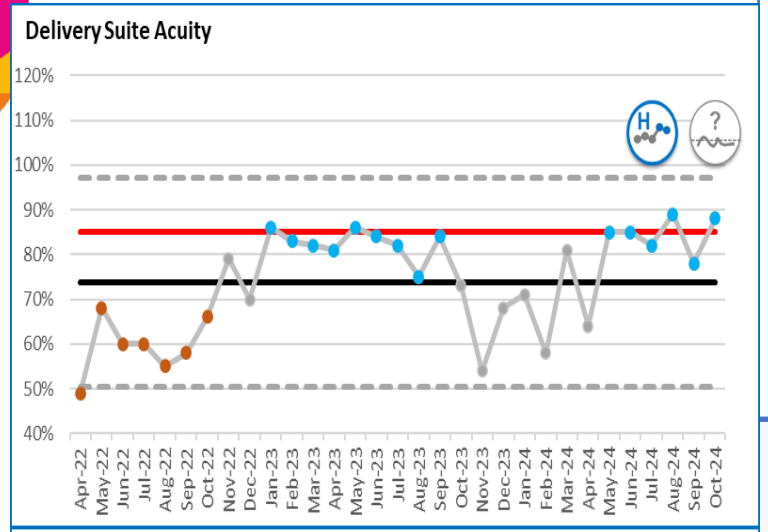
Recovery actions:
Look to further decrease SATOD in 2024/25.
Continue to work towards Government target.
Able to refer family members for support to Telford Council or Shropshire Social prescribing service and new smoking cessation service in Shropshire which is offering NRT.

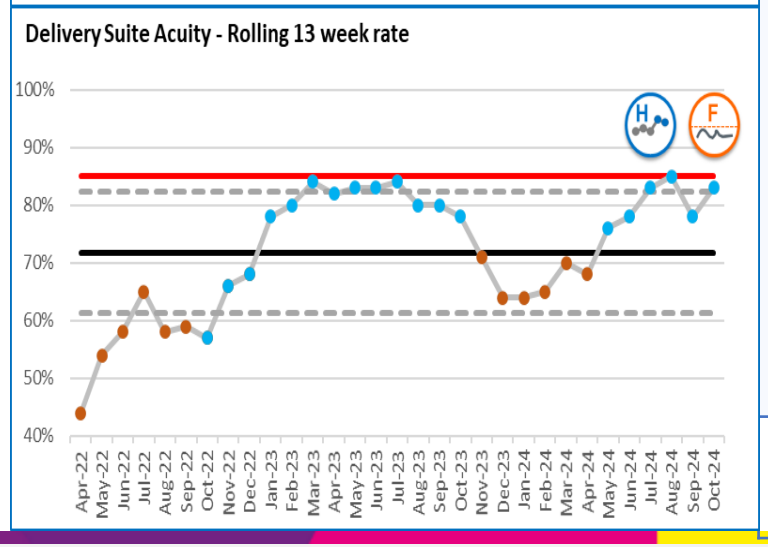
Anticipated impact and timescales for improvement:
Continue to target areas of deprivation and provide smoking cessation support for pregnant women and refer family members to local smoking cessation services.
Due to publication of Saving Babies Lives version 3, all staff to discuss smoking cessation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

Recovery dependencies:
Local demographic has a large impact on SATOD rates despite intervention and support from the HPSS. The local demographic has higher than average deprivation, unemployment and complex social needs, which is linked to higher rates of tobacco dependence. 22 out of 106 ICB's (20%) are currently reaching the Government target. It is evident that this is a challenging target to reach for most Maternity services, however SaTH figures are now close to aligning with Government targets.

Maternity – delivery suite acuity

The Shrewsbury and Telford Hospital NHS Trust





Summary:
Delivery suite acuity has increased in October to 88% which is an improvement compared to September data (78%) this is aligned to the National target of 85%. The monthly acuity is starting to show consistency towards a positive acuity. The service continues to experience high levels of unavailability (>35wte against template) as a result of maternity leave/sick leave/supernumerary status of Band 5 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. In September, 10 Band 5 midwives started at the Trust with a further 3 who commenced their preceptorship programme in October. We have had a further 2 International midwives start their journey at SaTH in November.

Recovery actions:
We continue to work through a comprehensive workforce plan which focuses on retention of current staff and proactive recruitment in conjunction with active management of attrition rates.

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

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

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

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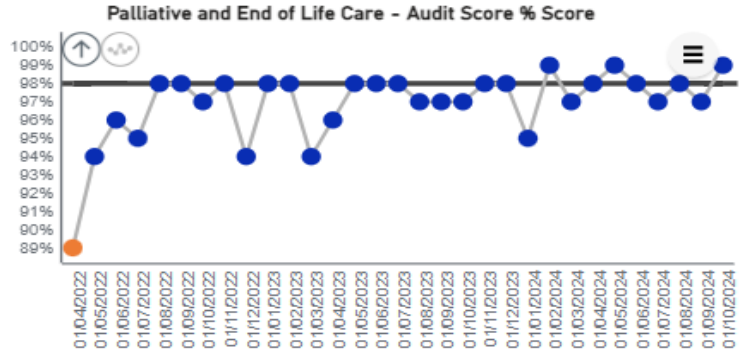
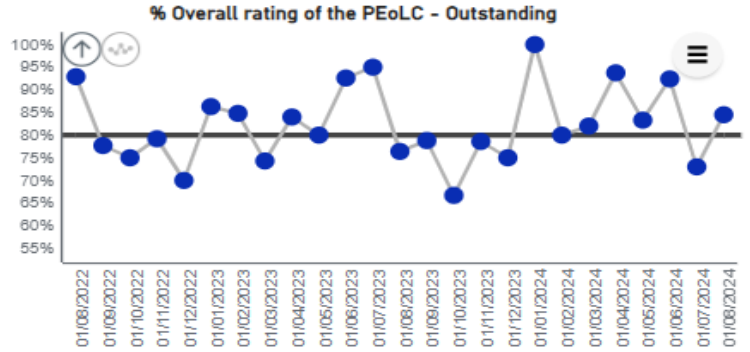
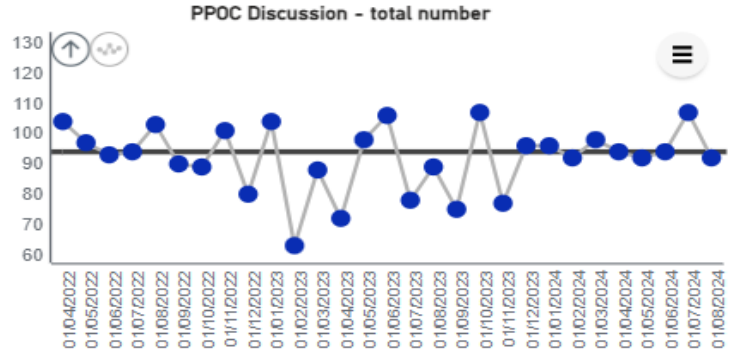
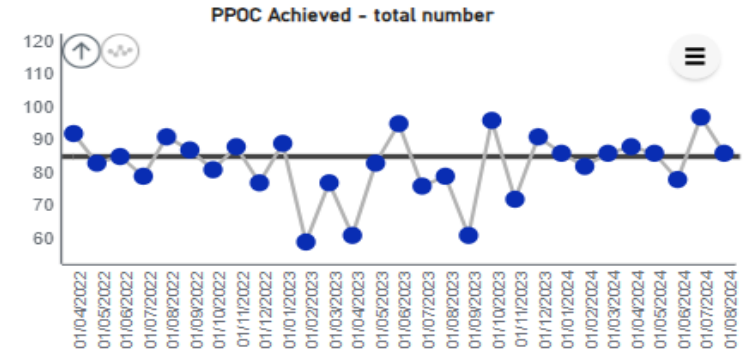
Learning from Experience

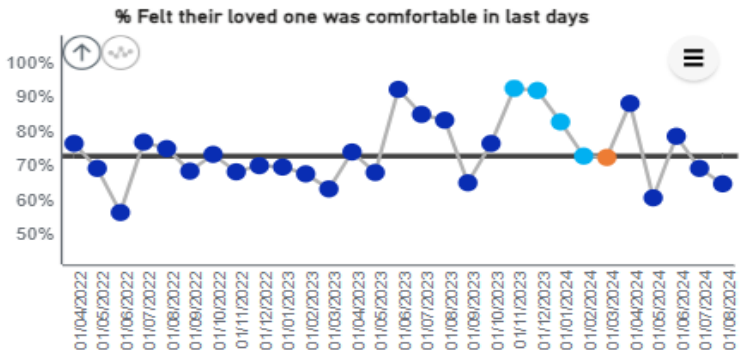
	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024	Oct-2024
Palliative and End of Life Care - Audit Score % Score	98	98	97	97	97	98	98	95	99	97	98	99	98	97	98	97	99
% Overall rating of the PEoLC - Outstanding	92.6	95.0	76.4	78.8	66.7	78.6	75.0	100.0	80.0	82.0	93.8	83.3	92.4	73.0	84.5		
PPOC Discussion - total number	106	78	89	75	107	77	96	96	92	98	94	92	94	107	92		
PPOC Achieved - total number	95	76	79	61	96	72	91	86	82	86	88	86	78	97	86		
% Felt their loved one was comfortable in last days	92.3	85.0	83.3	65.0	76.5	92.6	92.0	82.8	72.8	72.4	88.2	60.6	78.6	69.2	64.7		
Palliative/End of Life Care - Nursing QA Audit	295	296	294	312	320	310	297	284	295	291	268	266	275	274	266	278	262

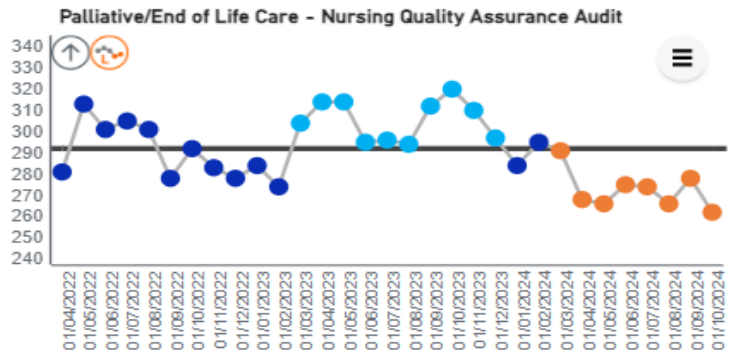












Partnering Ambitious Caring Trusted

VETERAN AWARE

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

End of life

The Shrewsbury and Telford Hospital NHS Trust

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

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

Recovery dependencies:	N/A

Mental health training

The Shrewsbury and Telford Hospital NHS Trust

Summary:

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

Recovery actions:

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

Anticipated impact and timescales for improvement:

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

Recovery dependencies:

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

Responsiveness

Executive Lead:

Chief Operating Officer

Ned Hobbs

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Trend
Responsiveness	ED - 4 Hour Performance (SaTH Type 1 & 3) %		78% Mar'25	64.6%	50.2%	51.5%	50.5%	50.0%	51.1%	50.0%	48.6%	52.2%	54.8%	55.9%	52.4%	52.4%	50.9%	
	ED - 4 Hour Performance (All Types inc MIU) %		-	-	59.8%	60.0%	59.6%	59.1%	60.3%	60.2%	59.2%	61.9%	64.7%	65.0%	62.2%	61.5%	59.7%	
	ED - 12 Hour Trolley Breaches	R	0	0	862	1068	957	860	844	579	829	647	560	546	587	1060	1562	
	Number of Ambulance Arrivals	R	-	-	2893	3141	3047	2821	3124	3089	2909	2853	3096	3404	3107	3203	3052	
	Ambulance Delays > 15 minutes	R	-	-	2271	2343	2340	2198	2536	2327	2391	2553	2675	2595	2624	2744	2646	
	Ambulance Delays > 15 minutes %	R	0%		76.8%	72.8%	72.4%	73.9%	78.4%	75.3%	77.9%	86.2%	82.4%	76.2%	84.5%	85.7%	86.7%	
	Ambulance Delays > 60 minutes %	R	0%		43.0%	30.4%	37.1%	36.8%	34.3%	33.6%	36.2%	30.3%	23.6%	17.7%	32.4%	36.4%	40.8%	
	ED activity (total excluding planned returns)		-	12183	12318	12827	12659	12249	13804	12983	13773	12940	12865	12401	12364	13067	12921	
	ED activity (type 1 excluding planned returns)		-	10148	10101	10231	10128	9850	10921	10412	10927	10489	10550	10150	10104	10603	10535	
	Total Emergency Admissions from A&E		-	-	2718	2951	2760	2787	3028	3050	3076	3054	3345	3281	3241	3469	3492	
	% Patients seen within 15 minutes for initial assessment		-		37.3%	50.8%	51.0%	47.0%	45.5%	42.4%	47.7%	54.1%	60.0%	64.8%	59.8%	58.9%	52.9%	
	Average time to initial assessment (mins)		15 Mins	15	33	22	22	25	28	29	27	21	17	16	18	20	24	
	Average time to initial assessment (mins) Adults		15 Mins	15	35	21	22	23	26	29	28	22	17	17	19	21	25	
	Average time to initial assessment (mins) Children		15 Mins	15	27	24	23	28	33	31	24	18	16	12	14	15	20	
	Mean Time in ED Non Admitted (mins)		-	215	368	350	363	358	374	386	335	302	269	259	288	292	310	
	Mean Time in ED admitted (mins)		-	500	1252	1154	1333	1326	1265	1175	1250	1148	939	889	1113	1106	1219	
	No. Of Patients who spend more than 12 Hours in ED		< 2023/24	165	2538	2360	2584	2509	2519	2588	2679	2308	2103	2080	2394	2494	2644	
	12 Hours in ED Performance %		< 2023/24	6%	20.60%	18.40%	20.41%	20.48%	18.25%	19.94%	19.50%	17.84%	16.35%	16.77%	19.36%	19.10%	20.50%	
	Bed Occupancy Rate G&A (SitReps)		92%	-	95.4%	95.0%	96.3%	96.5%	93.0%	94.9%	95.5%	94.6%	93.5%	93.4%	94.5%	94.1%	95.3%	
	Diagnostic Activity Total			-	22753	20435	22704	20925	20125	20309	20617	19745	22698	21496	22212	23688	22369	
	Diagnostic 6 Week Wait Performance %		95% Mar'25	-	73.7%	71.4%	75.8%	80.5%	75.4%	71.0%	68.9%	63.4%	61.5%	57.8%	59.4%	59.1%	57.7%	
	Diagnostic 6+ Week Breaches		0	-	3204	2924	2563	2275	3318	4233	4627	5653	6323	7056	7509	7122	7771	
	Total Non Elective Activity		-	5134	5375	5457	5673	5420	5673	5515	5701	5380	Not Available	Not Available	Not Available	Not Available	Not Available	
	Total elective IPDC activity		-	7076	6416	5214	6187	5877	5909	5706	5564	5505	Not Available	Not Available	Not Available	Not Available	Not Available	
	Total outpatient attendances		-	49627	51741	42728	53961	49592	49950	45943	38762	29237	Not Available	Not Available	Not Available	Not Available	Not Available	
	DNA rate - all ages		-	-	4.7%	5.0%	4.8%	4.8%	5.3%	5.4%	7.6%	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	
	DNA rate - paeds		-	-	8.7%	9.4%	8.0%	7.5%	7.7%	8.8%	11.8%	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	
	Number of episodes moved or discharged to PIFU		-	3300	1908	1831	1800	1873	1978	1896	1864	1693	2223	1964	2247	2692	2378	
	Number of episodes moved or discharged to PIFU %		-	6.6%	3.7%	4.3%	3.3%	3.8%	4.0%	4.1%	4.8%	5.8%	Not Available	Not Available	Not Available	Not Available	Not Available	
	Total virtual outpatient attendances - All - SaTH		-	12159	8991	7605	10281	8941	8370	6768	4212	2578	Not Available	Not Available	Not Available	Not Available	Not Available	
	Total virtual outpatient attendances % - All - SaTH		-		17.4%	17.8%	19.1%	18.0%	16.8%	14.7%	10.9%	8.8%	Not Available	Not Available	Not Available	Not Available	Not Available	
	RTT Incomplete 18 Week Performance		92%	-	55.2%	52.3%	50.7%	49.8%	50.2%	50.8%	51.4%	49.1%	49.6%	44.6%	42.3%	47.3%	48.5%	
	RTT Waiting list - Total size	R	-	-	38793	38697	38828	39582	41331	46317	49409	53280	55492	56163	53074	53214	53402	
	RTT Waiting list - English only		-	33811	34563	34427	34548	35220	36794	41406	44042	47563	49625	50364	47529	47713	47989	
	RTT 52+ Week Breaches (All)	R	0	-	2088	2179	2387	2704	2967	3584	3756	4656	4450	4614	4215	3666	3641	
	RTT 52+ Week Breaches - English only		-	855	1839	1921	2133	2421	2673	3210	3321	4131	3944	4088	3705	3118	3067	
	RTT 65+ Week Breaches (All)		0 Sep'24	-	371	429	478	518	447	786	921	1330	1184	1130	662	503	538	
	RTT 65+ Week Breaches - English only		0 Sep'24	0	315	374	427	447	378	708	824	1185	1025	948	508	327	350	
	RTT 78+ Week Breaches (All)	R	0	0	8	8	9	11	5	0	1	2	2	65	64	59	83	
	RTT 78+ Week Breaches - English only		0	0	1	1	2	3	0	0	0	0	1	49	49	8	19	
	RTT 104+ Week Breaches (All)	R	0	0	0	1	0	2	1	0	1	1	1	1	1	1	0	
	RTT 104+ Week Breaches - English only		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Cancer 62 Day Standard	R	70% Mar'25	65.0%	46.4%	52.1%	50.1%	54.4%	58.2%	59.5%	62.3%	56.9%	53.1%	53.3%	51.2%	55.4%	-	
	Cancer 31 Day First Treatment		96%	93.1%	91.2%	90.8%	86.6%	91.4%	91.6%	85.0%	91.6%	79.8%	81.8%	84.7%	85.5%	88.3%	-	
	Cancer 28 Day Faster Diagnosis	R	77% Mar'25	76.7%	75.1%	74.4%	71.1%	77.3%	74.3%	73.6%	68.6%	67.0%	70.5%	67.6%	67.6%	70.4%	-	
	Theatre productivity			85%	72%	74%	72%	75%	76%	78%	79%	79%	78%	78%	77%	78%	80%	

Operational Summary

The Shrewsbury and Telford Hospital NHS Trust

Performance against the 4-hour trajectory for November declined by 1.5%, 13.6% below plan (50.9% vs 64.5%). Time to initial assessment has declined by 6% overall. Average time to IA for adults increased to 24.7 mins vs 20.5mins in October. Average time to IA for paediatrics has also increased from 15.4 in October to 19.9 in November. Each of the Urgent and Emergency Care (UEC) workstreams has a detailed implementation plan supporting the Tier 1 PIDs which will be managed through the UEC Transformation Assurance Committee within SATH through to the UEC Delivery Group with a focus on recovery and improvement. 25/26 UEC system wide Tier 1 actions in development.

RTT – 0 x 104w breaches in November, 83 x 78w breaches, of which x19 were English and 538 x65w breaches, of which x350 English due to lack of capacity in ENT/dental, gynae, T&O, MaxFax and vascular. We are exploring further opportunities within SaTH and via other Independent Sector Providers (ISP) to offer dates to treat patients during December. Elective orthopaedic activity commenced in SaTH from 4/11/24, with a phased introduction of hip arthroplasty. Theatre Utilisation in November improved from 78% to 80%. Additional resources have been mobilised to validate the PTL with circa 19% of patients removed weekly. We also successfully completed the NHSE 'validation sprint'. Demand & Capacity models are being re-built in all specialties, and we have developed a more accurate breach forecasting tool to enable accurate planning of the capacity needed by specialty to support elective recovery.

Cancer – The combined backlog as at the end of November 2024 was 362 (improvement on 392 at the end of October). The validated October position for FDS was 70.4% (national target 77.7%), 31-day standard was 88.3% (national target 96%) and 62-day standard was 55.4% (local target 70.4%: national target 85%). Unvalidated compliance with the 62-day standard in November 2024 is 69.2% against the revised forecast for the month of 69.8%.

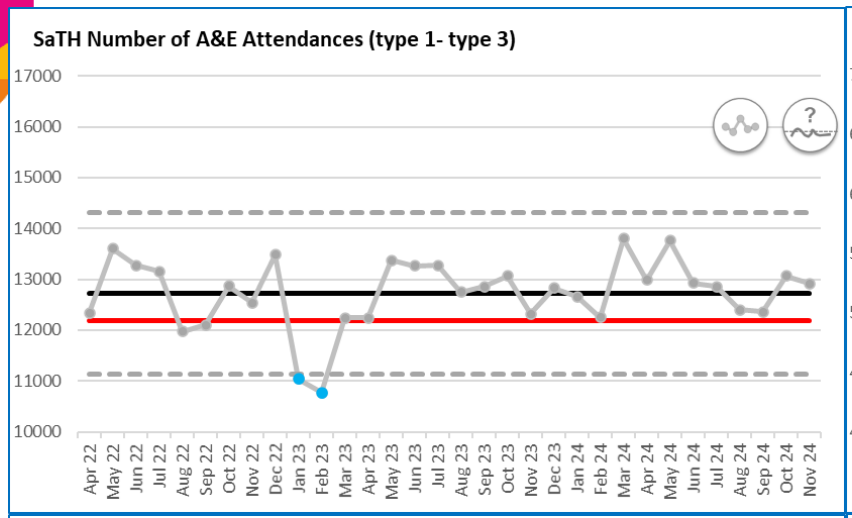
DM01 validated performance in November was 57.7%, a deterioration on last month. Radiology turnaround remains of concern due to increased demand and specialist skills needed. Urgent Suspected Cancer (USC) reporting is prioritised. MRI TATs are :- USC 5-6 weeks, urgent 22-24 weeks, and routine tests at 33-34 weeks. CT TATs are; USC 3-5 weeks, urgent 11-12 weeks and routine at 15-16 weeks (CTVC TATs for USC has improved to 3-5 weeks). NOUS reporting times are; USC 2-3 weeks, urgent 4-5 weeks and routine at 18-19 weeks. The recovery plan continues.

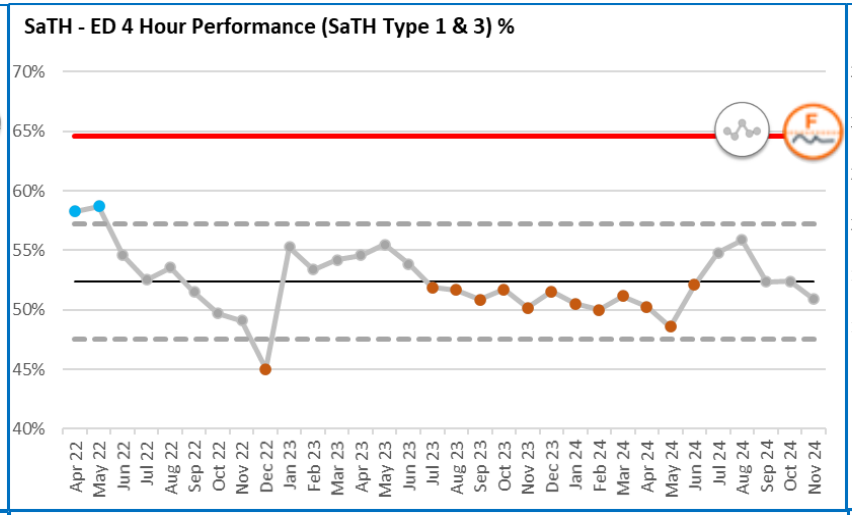
Key actions

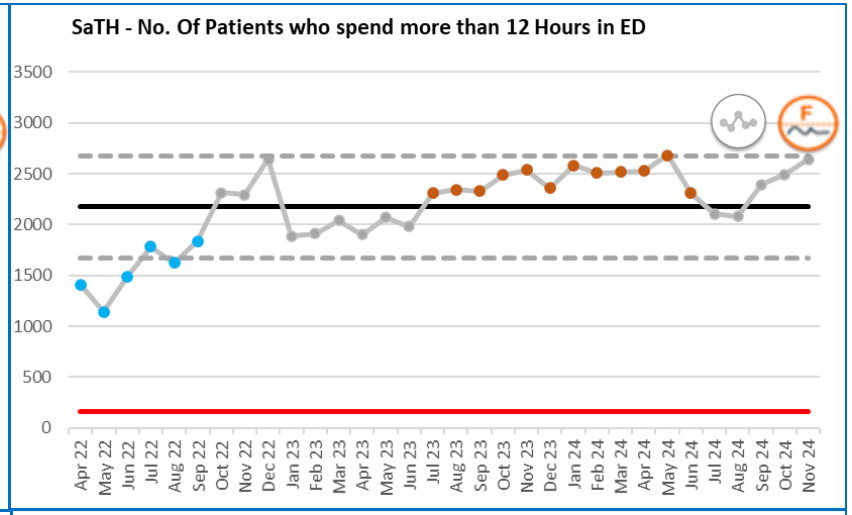
- Progression of actions within all Tier 1 workstreams
- Test of change in Minors, focussing on medical input and AMA, to improve flow
- Mobilising additional insourcing and Independent Sector provider activity for elective and cancer recovery
- Continue validation of elective PTL using internal and external resources to address data quality issues.
- Continue focus on theatre productivity
- Mobilise external resources to improve OP Clinic utilisation and productivity.

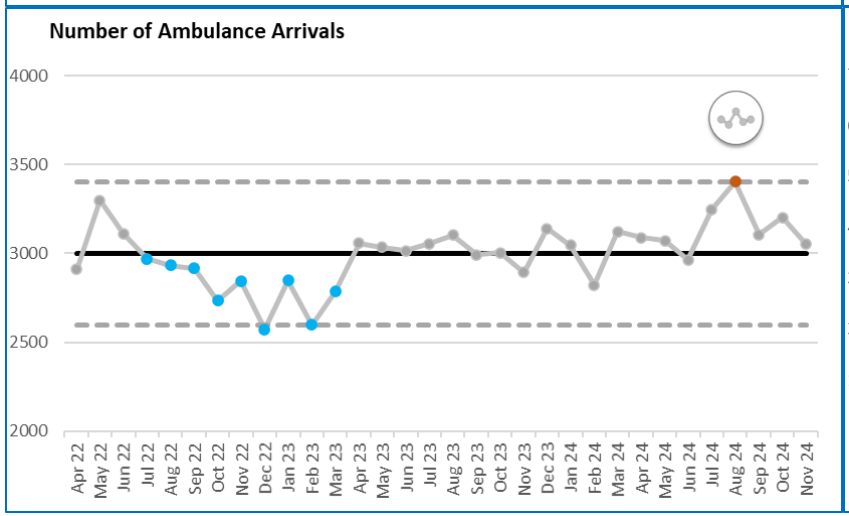
Operational – Emergency care

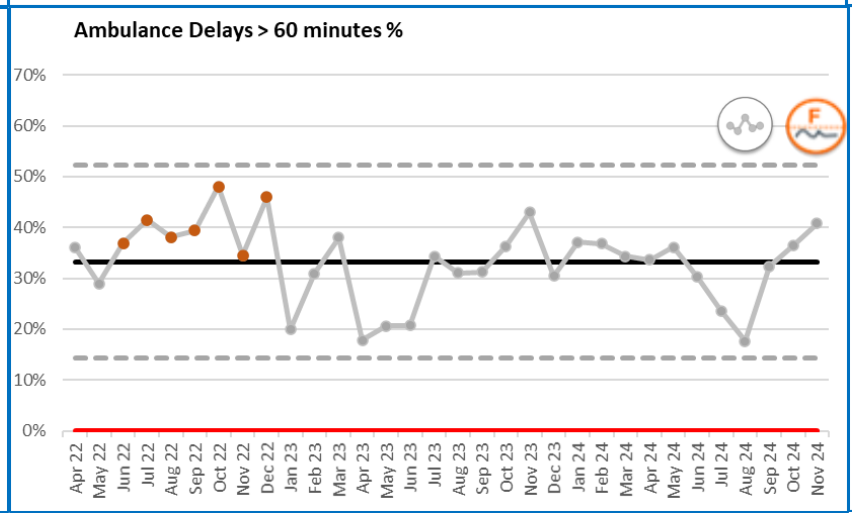
The Shrewsbury and Telford Hospital NHS Trust

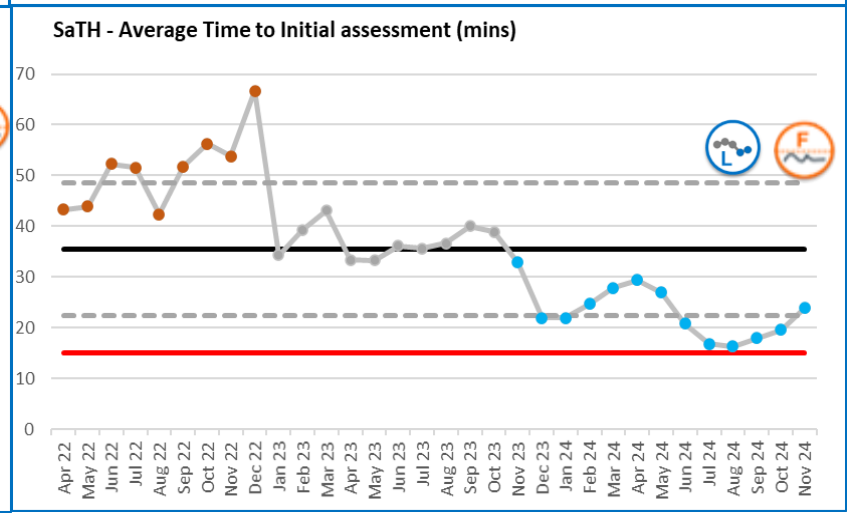












Operational – Emergency care

The Shrewsbury and Telford Hospital NHS Trust

Summary:

- SaTH 4-hour type 1 & 3 performance (excluding Minor Injury Unit MIU) for November was 50.9% with 430.9 average attendances/day versus 412.4 in November 2023
- Attendances in November have decreased by 146 on the previous month. There was also an 4.7% reduction in ambulance arrivals
- Time to initial assessment (IA) has declined by 6% overall. Average time to IA for adults increased to 24.7 mins vs 20.5mins in October. Average time to IA for paediatrics has also increased from 15.4 in October to 19.9 in November
- In November, paediatric 4-hour performance was 77.9% versus 81% in October. Paediatric attendances increased by 129 in month
- Minors performance in September was 91%
- Ambulance delays >60 minutes 40.8% compared to 36.4% in October
- % of medical admissions assessed via Same Day Emergency Care (SDEC) was 40.9% vs the national standard of 30%
- November saw an increase in 12-hour breaches of 150 on October
- Discharges before 12 across Medical Flow wards was 30.9% in November

Recovery actions:

- Minors test of change week focusing on medical input
- AMA test of change programme
- Revised ward processes implemented with ongoing peer support to ensure continued sustainability
- Roll out of Medicine ward processes work across Surgical Division in January
- UTC service transition – completion 1st April. Following service transfer there will be a focused project to develop the service to better meet our patients' needs
- Referral and admissions protocol implemented
- Working with system to increase utilisation of Frailty Assessment Unit advice and guidance line by WMAS & GPs to support patient management and reduce conveyance to ED
- Introduction of domiciliary care pathway
- System led alternatives to ED programme to reduce A&E attendances
- 25/26 UEC system wide Tier 1 actions in development

Anticipated impact and timescales for improvement:

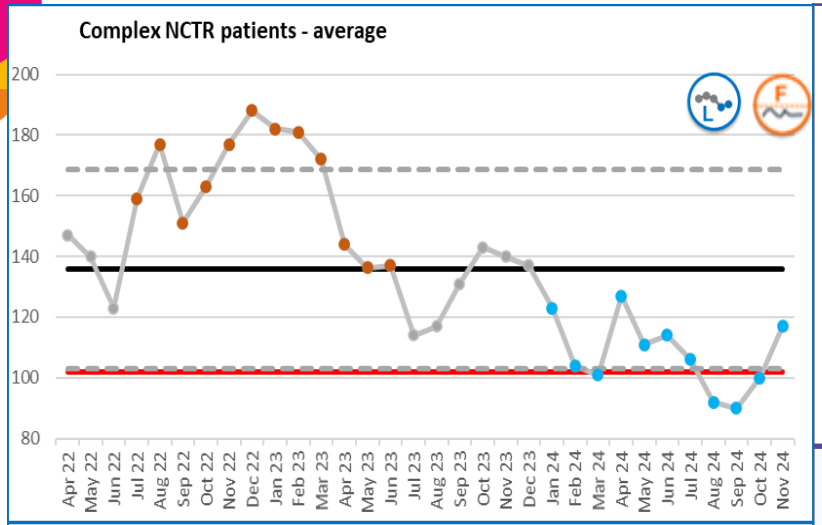
Progress reported monthly through UEC Flow improvement group to Performance Assurance Committee (PAC) and system UEC meeting.

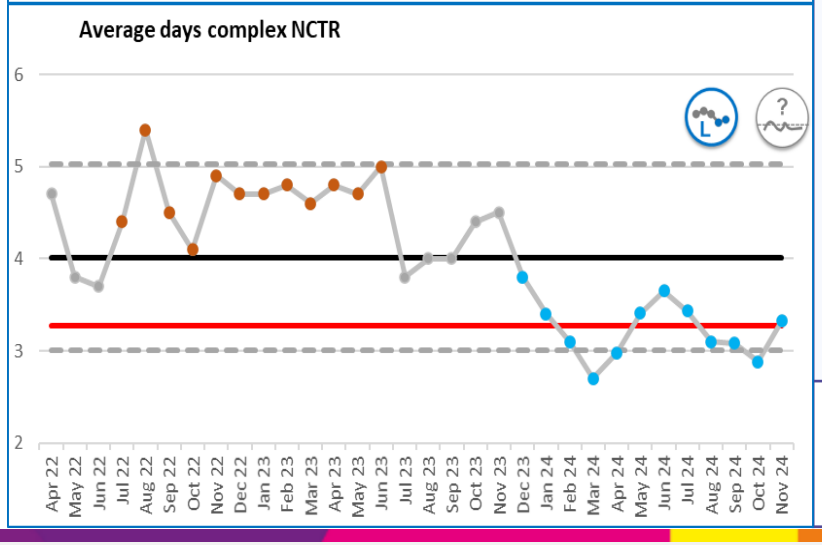
Progress reported monthly through Emergency Care Transformation Assurance Committee (ECTAC) /MEDTAC and weekly cross Divisional metrics meeting.

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

Operational – Patient Flow

The Shrewsbury and Telford Hospital NHS Trust





Summary:
NCTR was 122 in November. The number of patients over 21 days has increased from 78 in October to 94 in November. The number of patients waiting in ED for over 12 hours, continues to be extremely high, increasing by 150 on October. This is due to our continued significant bed gap and flow challenges. Average total LOS has increased from 6.9 days to 7.4 days in November. Simple LOS has held at 4.4 days. Patients on PW0 are staying on average 4.4 days and patients on complex pathways (1-3) are staying 14.4 days. Average length of stay for complex pathways (1-3) has increased by 1.7 days in November.

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
- Trust long length of stay weekly review meeting
- Roll out of Medicine ward processes work across Surgical Division in January
- 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

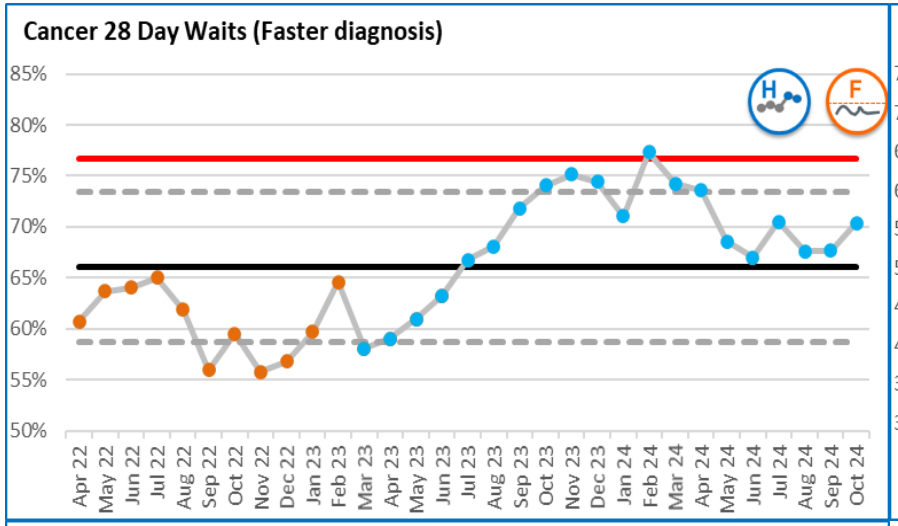
Anticipated impact and timescales for improvement:

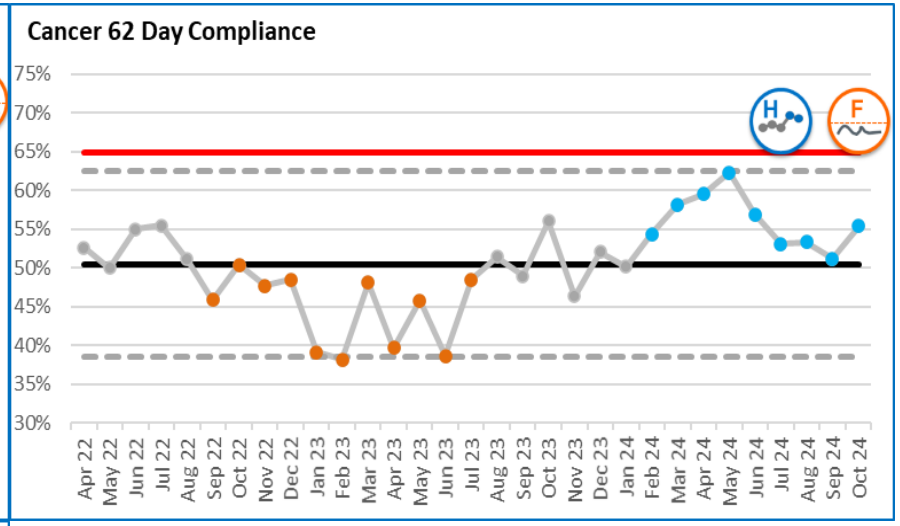
Progress reported monthly through UEC Flow improvement group to Performance Assurance Committee (PAC) and system UEC meeting.

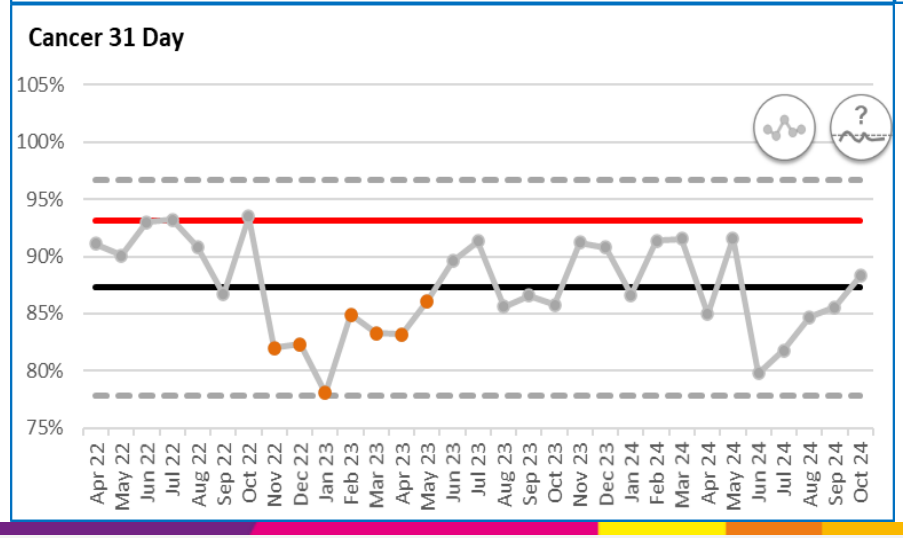
Recovery dependencies:	PW1, 2 and 3 capacity to support complex discharge pathways. Medical decision makers to support discharge decisions available on all wards throughout the day.

Operational – Cancer performance

The Shrewsbury and Telford Hospital NHS Trust







Operational – Cancer performance

The Shrewsbury and Telford Hospital NHS Trust

Summary:
The combined backlog at the end of November 2024 was 362 (reduction from 392 at the end of October).
The validated October position for FDS was 70.4% (national target 77.7%), 31-day standard was 88.3% (national target 96%) and 62-day standard was 55.4% (local target 70.4%; national target 85%). Unvalidated compliance with the 62-day standard in November 2024 is 69.2% against the revised forecast for the month of 69.8%. Unvalidated 31-day position is 89.3% and unvalidated 62-day position is 63.7%.

Recovery actions:
The Trust is in Tier 1 monitoring due to the deterioration in performance in all indicators in Q1 this year. Remedial recovery plans have been put in place and additional external non-recurrent funding from WMCA and NHSE more recently has been confirmed which will support improvement in all tumour sites. Business plans for continuation of roles and services post WMCA funding are being developed to ensure sustainable services from April 2025 and were submitted to BCRG for review in November 2024.
PTL reviews have been restructured to ensure focused reviews throughout the week.
NHSE support has been provided to support development of updated demand and capacity tools, also to review cancer governance arrangements and support operational management of cancer pathways. This commenced in August 2024 for 3 months and summary reports have been produced to which we are responding.
Capacity issues at tertiary centres for surgery is resulting in additional delays for treatment and delays in receiving histology results from the tertiary centres. Workforce constraints continue within haematology, oncology, urology, colorectal and head & neck.
A reduction in the delays for oncology and radiotherapy OPA +/- treatment, particularly in colorectal, has been achieved, although waiting times remain longer than we would want. Oncology and radiotherapy waiting time for patients with prostate cancer rose to 17 weeks at the end of September. However, this has since risen to 21-22 weeks at the end of November. Colorectal waiting times for oncology have also risen from 2 weeks to 6 weeks between this time period. Recruitment of clinical oncology posts is persistently challenging. We are consistently attempting to recruit and have recently appointed a medical oncologist to support the team. We are also exploring the further development of advance nurse practice and also, more strategically, development of networking with neighbouring centres.

Anticipated impact and timescales for improvement:

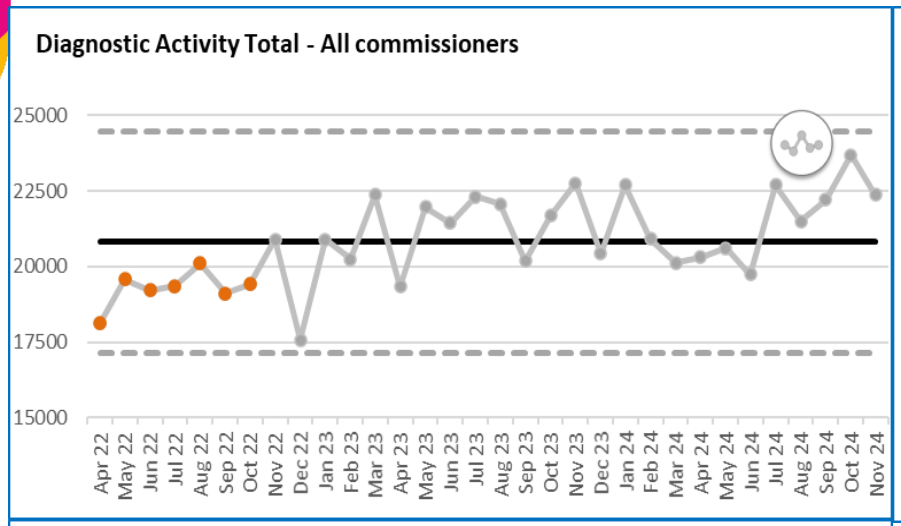
WMCA & NHSE 2024/25 funding being mobilised. Improvement being delivered from September due to lead time required.

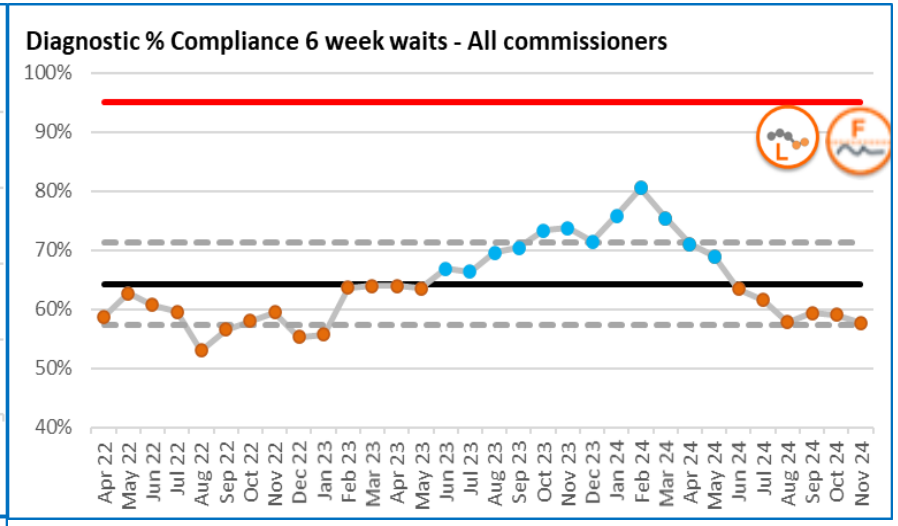
Elective Recovery Funding (ERF) and phased capacity mobilised from 15th June. This will have a positive impact on cancer capacity and performance improvement expected from September.

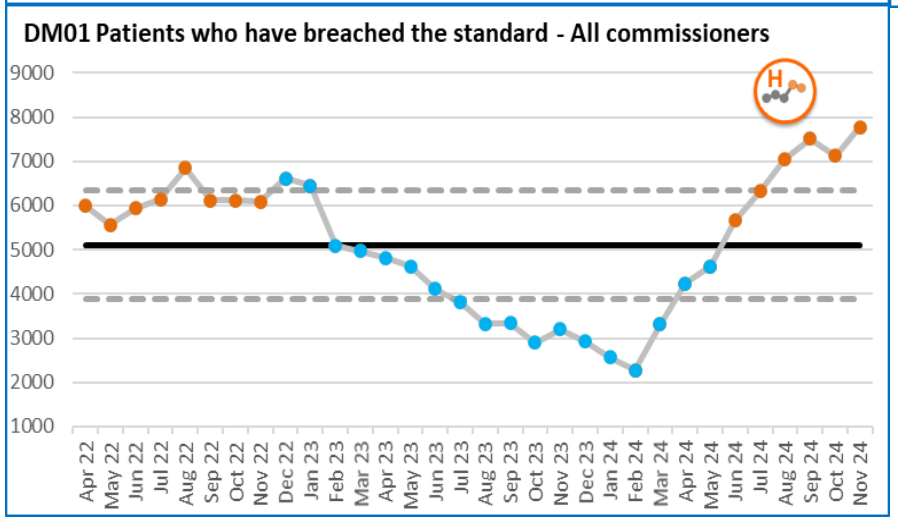
Recovery dependencies:	Clinical and Booking resource to ensure we are able to maximise all capacity. Minimum delays in replacing vacant administrative posts.

Operational – Diagnostic waiting times

The Shrewsbury and Telford Hospital NHS Trust







Operational – Diagnostic waiting times

The Shrewsbury and Telford Hospital NHS Trust

Summary: The validated overall DM01 position for November was 57.7%.
Radiology turnaround delays remain of concern. MRI TATs are:- USC 5-6 weeks, urgent 22-24 weeks, and routine tests at 33-34 weeks. CT reporting times are; USC 3-5 weeks, urgent 11-12 weeks and routine at 15-16 weeks (CTVC TATs for USC has improved to 3-5 weeks). NOUS reporting times are; USC 2-3 weeks, urgent 4-5 weeks and routine at 18-19 weeks. Training posts and sickness in NOUS continue to restrict capacity, with reduced resilience during periods of sickness or annual leave

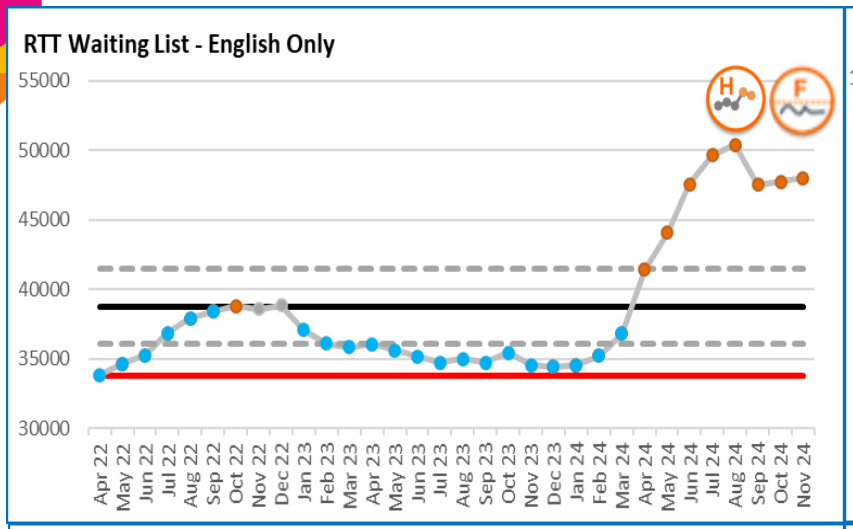
- Recruitment is challenging and we are utilising agency staff where possible and insourcing to support NOUS and MRI
- Clinical prioritisation of radiology referrals is in place and reporting for the most urgent patients is being targeted alongside elective recovery of long waits
- Staff are deployed to prioritise acute and cancer pathways and the longest waiting patients, with a resultant impact on new urgent and routine capacity
- A mobile van is due to site to support MRI recovery from December, this will include outsourcing of reporting.
- Insufficient capacity within endoscopy remains a concern. The sustainable endoscopy workforce business case was mobilised in June and requiring continued support of insourcing for the next 2 years pending recruitment and training lead time
- 13w waits are a particular concern and validation is underway to identify data quality issues. Trajectories have been completed for these modalities reflecting that the 13+ww will reduce to zero by end March 2025
- CDC has celebrated its first anniversary since opening

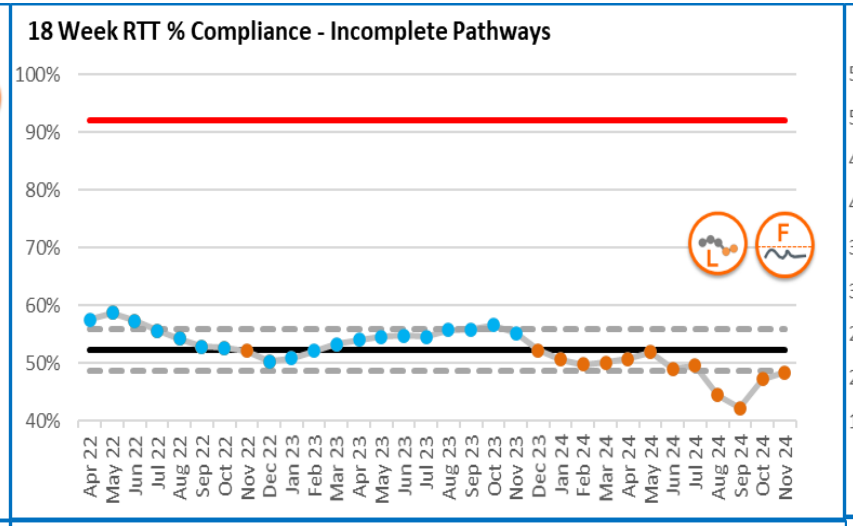
Recovery actions: Outsourced reporting continues to provide additional capacity. Enhanced payments and WLIs are encouraging additional in-house reporting sessions across all modalities with backlogs being targeted. ERF funding has also been provided and will improve FDS performance levels over the next 6 months.
MRI performance remains challenged. A mobile MRI van will be operational from 11th December, to support recovery. This will include reporting of images.
NOUS training posts have been increased from 2 to 4 from September 2024 and a recovery plan is being developed to include demand management.
Process for avoiding RTT breaches is in place with daily calls attended by the operational teams.
Daily calls are also in place between radiology and the gynaecology booking team to ensure all capacity is utilised for PMB USS.
The sustainable endoscopy business case has been approved and is a 3-year programme of work requiring support from an IS provider pending recruitment to substantive posts and lead time for training until endoscopy practitioners become independent.

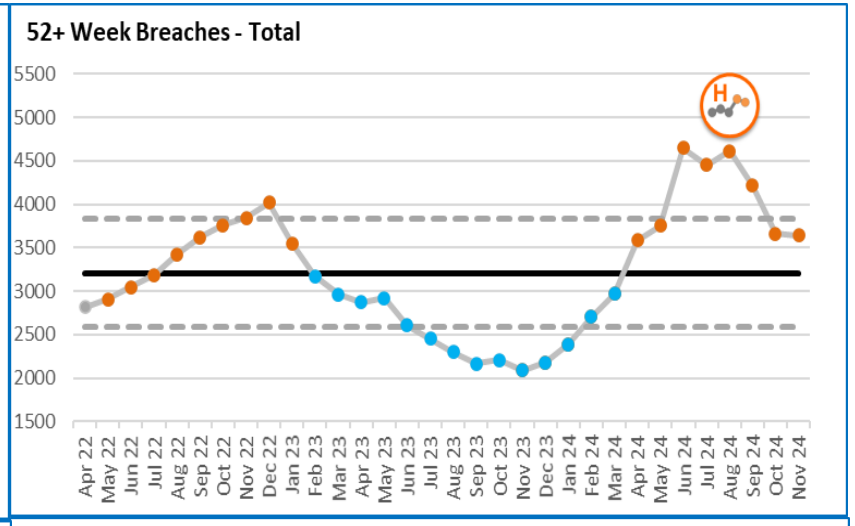
Anticipated impact and timescales for improvement:
Additional insourcing from '18 Weeks' to support endoscopy DM01 at weekends has been supported through the ERF. There is ongoing recruitment for radiologists, radiographers and sonographers.
The department has seen 2 consultants leave during August, having an impact on reporting turnaround times. The first replacement started in November and we are still in the recruiting phase for the second radiologist.
An experienced consultant radiographer in breast has also retired, impacting on cancer performance metrics.
Use of agency and bank staff to cover workforce gaps and insourcing for US and MRI is proving successful.
It is anticipated that the recovery plans for all imaging modalities will see system DM01 target of 85% achieved by March 2025.

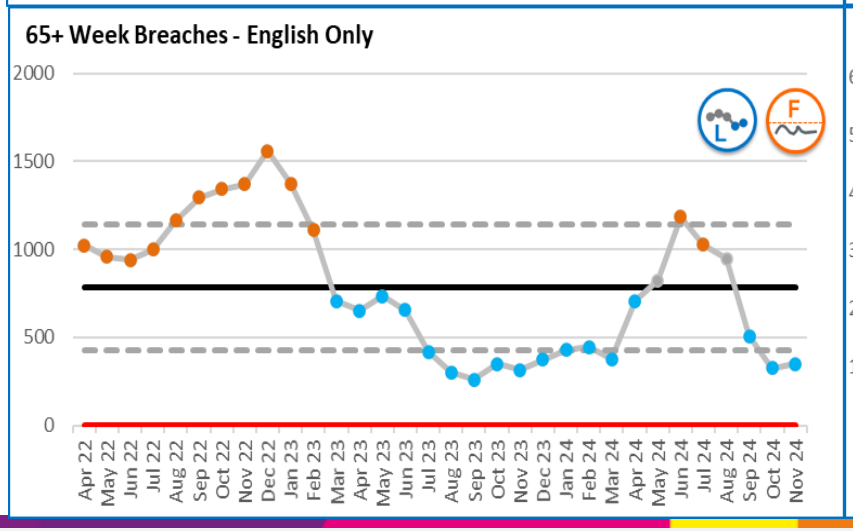
Operational – Referral to treatment (RTT)

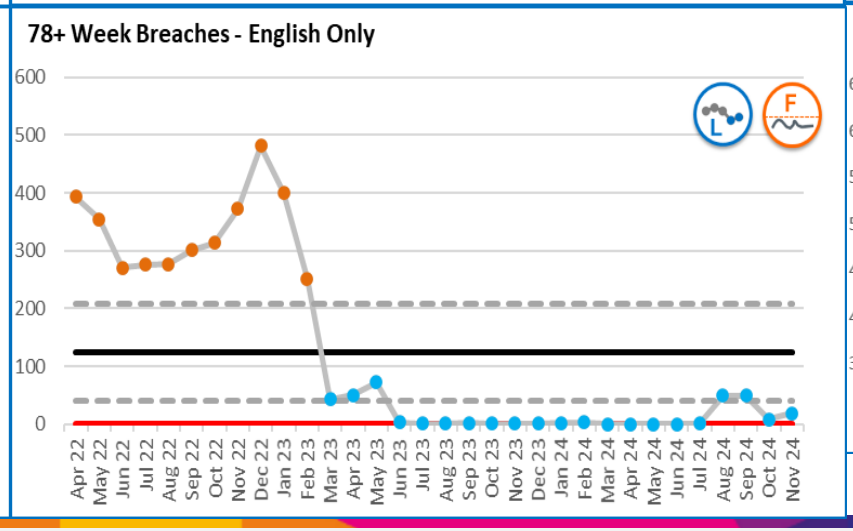
The Shrewsbury and Telford Hospital NHS Trust

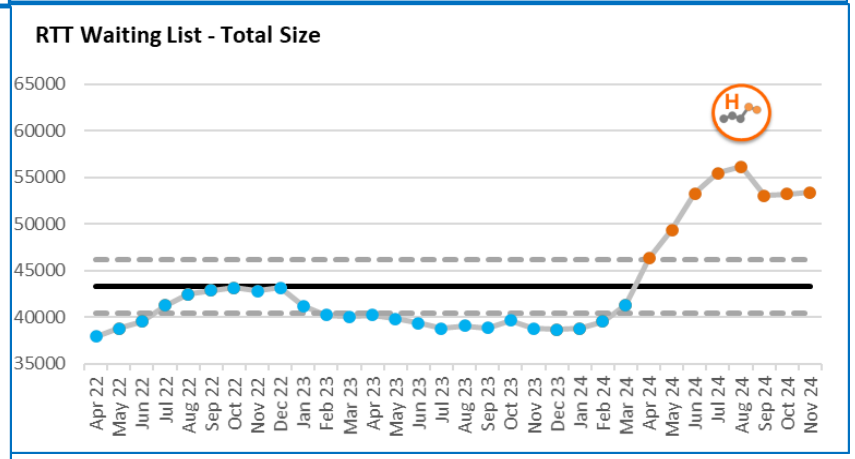












Note: Total size - includes unvalidated Welsh position

Partnering Ambitious Caring Trusted

VETERAN AWARE

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

Operational – Referral to treatment (RTT)

The Shrewsbury and Telford Hospital NHS Trust

Summary: SaTH remains in Tier 1 monitoring for elective recovery.
The total waiting list size in November is consistent with September's waiting list size. The Trust reported 19 x 78-week breaches at the end of November and 351 x 65-week breaches. MBI continue to support the organisation with the validation of the PTL and have consistently removed circa 19% per week. In addition, the Trust has successfully completed the NHSE Validation Sprint. Training continues with all teams to ensure that RTT clocks are not re-activated inappropriately on Careflow. Daily meetings are in place with all clinical Centres to monitor and manage the risk of unnecessary breaches and support additional mitigations. Additional capacity is being provided by insourcing companies for ENT, maxillofacial, TAO, endoscopy and general surgery this includes both outpatient and theatre capacity.
demand & capacity models are being re-built in all specialities. Our Business Intelligence colleagues have also re-built a breach forecasting tool to enable more accurate planning of the capacity needed by specialty to achieve our recovery of long waiting patients.

Recovery actions: Elective recovery is part of the Trust's 'Getting to Good' programme and TIF programme. Recovery plans have been developed as part of the 2024/25 integrated operational planning cycle and are continuously monitored. Theatre recruitment is ongoing at the PRH site. Patients are dated in clinical priority and date order and lists are allocated in line with clinical need. Operational monitoring is daily via the 78/65-week meetings and there is a weekly RTT Performance & Assurance Meeting. Teams continue to validate 65-week patient cohort. A monthly Task and Finish Group in place to manage issues arising in Careflow. Theatre Utilisation in November was 80% falling short of the 85% standard. 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, focussing on utilisation of sessions and utilising 95% of all funded sessions.
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' actions are monitored via Outpatient Transformation meetings. GIRFT Meetings are continuing with specialties supported by Clinical Leads for both Outpatient Transformation and GIRFT. External support is being sourced in the New Year to review and improve clinic utilisation and efficiency.

Anticipated impact and timescales for improvement:
Validation of the 65-week December cohort and ERF funding allocated this month will facilitate progress towards 'route to zero'. At 19/12/2024, we are forecasting 267 x 65w breaches at 31/1/2025 with the main challenge being in ENT and Oral. We are maximising insourcing capacity to improve on this position.
A specialty level performance meeting remains in place to man-mark patients at risk for escalation and assurance Monday to Friday with an additional review/meeting afternoon
The Trust continues to report to NHSE as part of a weekly call on Electives. 0 x 78 weeks breaches remains a challenge.

Recovery dependencies:	Continued validation of PTL, Capacity and staffing support from Insourcing companies, (particularly in ENT Maxillofacial, T&O and General surgery) and Theatre staffing

Operational – 65 plus weeks trajectory

The Shrewsbury and Telford Hospital NHS Trust

This table shows (unvalidated) delivery against the improvement trajectory for patients booked to enable the Trust to deliver the target of zero patients waiting over 65 weeks for treatment. The Trust did not achieve the national 0 x 65-week target in November and is unlikely to achieve this in December, forecasting 212 breaches. Work continues to track progress at specialty level to identify areas where additional support is needed, and performance is monitored through daily meetings with the specialties. ENT and MaxFax capacity is of particular concern.

TOTAL COHORT (All Stages)	07/10/2024	14/10/2024	21/10/2024	28/10/2024	04/11/2024	11/11/2024	18/11/2024	25/11/2024	02/12/2024	09/12/2024	16/12/2024
ACTUAL TOTAL - 65+ Week Cohort	8,198	7,588	7,110	6,437	6,025	5,592	5,192	4,828	4,431	4,051	3,599
% Actual Movement	-5.2%	-7.4%	-6.3%	-9.5%	-6.4%	-7.2%	-7.2%	-7.0%	-8.2%	-8.6%	-11.2%
65+ Week Cohort - Split by Stage	07/10/2024	14/10/2024	21/10/2024	28/10/2024	04/11/2024	11/11/2024	18/11/2024	25/11/2024	02/12/2024	09/12/2024	16/12/2024
Milestone 1 *(awaiting 1st appt)*	3,809	3,419	3,140	2,716	2,544	2,292	2,089	1,869	1,692	1,479	1,221
Milestone 2/Other *(follow-up/diagnostic stages/validation)*	2,066	1,992	1,864	1,758	1,624	1,532	1,436	1,419	1,293	1,290	1,232
Milestone 3 *(awaiting admission)*	2,323	2,177	2,106	1,963	1,857	1,768	1,667	1,540	1,446	1,282	1,146
Milestone 1 Trajectory *(awaiting 1st appt)*	0	0	0	0	0	0	0	0	0	0	0
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	3,809	3,419	3,140	2,716	2,544	2,292	2,089	1,869	1,692	1,479	1,221
Patients undated	3,095	2,741	2,417	2,201	1,903	1,639	1,401	1,241	1,018	861	738
Patients dated	955	678	723	515	641	653	688	628	674	618	483
Patients dated by month:											
Apr-24											
May-24											
Jun-24											
Jul-24											
Aug-24											
Sep-24											
Oct-24	809	469	376	95							
Nov-24	142	199	321	382	570	526	409	157	611		
Dec-24	4	9	25	36	65	115	262	439	62	480	202
Jan-25	0	1	1	2	6	12	17	32	1	131	262
Feb-25	0	0	0	0	0	0	0	0	0	7	19
Mar-25	0	0	0	0	0	0	0	0	0	0	0
>1st April 2025	0	0	0	0	0	0	0	0	0	0	0

Operational – CYP cohort

The Shrewsbury and Telford Hospital NHS Trust

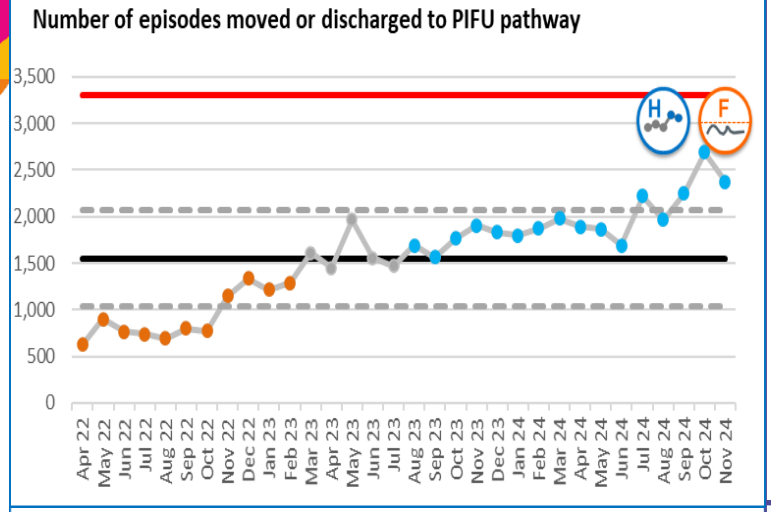
In addition to tracking overall patient cohorts, we also continue to track our children and young people cohort who have been waiting 52 weeks or more. We aim to achieve 0 x 52w waits by 31st March 2025. Ensuring we can provide targeted support in booking these patients earlier in their pathways will prevent avoidable delays and ensure parity with adult recovery. Performance against the booking of these patients is monitored on a weekly basis and is also being tracked at a specialty level.

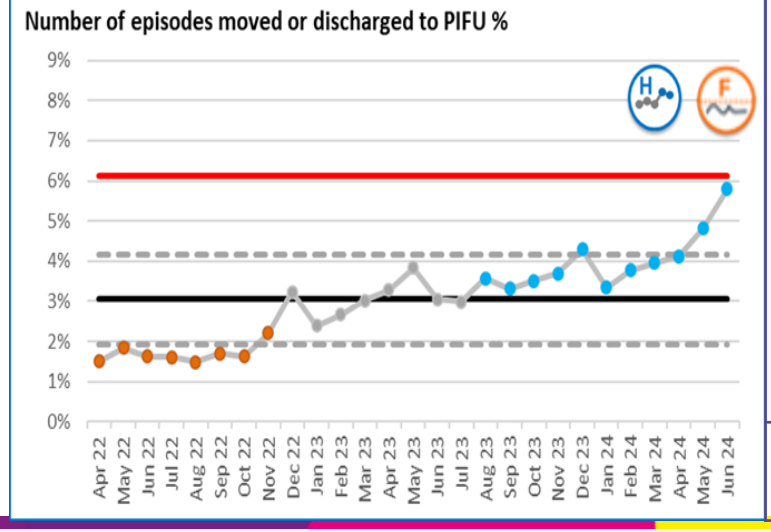
TOTAL COHORT (All Stages)	07/10/2024	14/10/2024	21/10/2024	22/10/2024	04/11/2024	11/11/2024	18/11/2024	25/11/2024	02/12/2024	09/12/2024	16/12/2024
ACTUAL TOTAL - 65+ Week CYP Cohort	615	582	549	522	495	474	434	412	368	340	303
% Actual Movement	-6.0%	-5.4%	-5.7%	-4.9%	-5.2%	-4.2%	-8.4%	-5.1%	-10.7%	-7.6%	-10.9%

65+ Week CYP Cohort - Split by Stage	07/10/2024	14/10/2024	15/10/2024	16/10/2024	04/11/2024	11/11/2024	18/11/2024	25/11/2024	02/12/2024	09/12/2024	16/12/2024
Milestone 1 *(awaiting 1st appt)*	368	333	307	280	259	240	204	191	149	142	129
Milestone 2/Other *(follow-up/diagnostic stages/validation)*	110	116	106	111	103	95	100	90	98	89	76
Milestone 3 *(awaiting admission)*	137	133	136	131	133	139	130	131	121	109	98
Milestone 1 Trajectory *(awaiting 1st appt)*											
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	368	333	307	280	259	240	204	191	149	142	129
Patients undated	276	250	238	225	182	175	114	109	100	93	78
Patients dated	92	83	69	55	77	65	90	82	49	49	51
Patients dated by month:											
Apr-24											
May-24											
Jun-24											
Jul-24											
Aug-24											
Sep-24											
Oct-24	72	53	33	7							
Nov-24	20	29	34	43	62	48	71	47	32		
Dec-24	0	1	2	5	15	17	17	27	16	24	13
Jan-25	0	0	0	0	0	0	2	8	1	23	36
Feb-25	0	0	0	0	0	0	0	0	0	2	2
Mar-25	0	0	0	0	0	0	0	0	0	0	0
>1st April 2025	0	0	0	0	0	0	0	0	0	0	0

Operational – PIFU

The Shrewsbury and Telford Hospital NHS Trust





Summary:

The unvalidated Patient Initiated Follow-Up (PIFU) performance in November saw an increase to 5.9%. Although this is close to achieving the 6% target, it is falling short of the stretch target.

- Careflow Task and Finish Group continues to meet on a bi-weekly basis, to resolve issues and assist towards providing more robust data for monitoring
- Clear guidance is provided on the intranet pages for patients on a PIFU pathway, to support staff in selecting the correct RTT pathway code
- Clinician attendance at the GIRFT Action Plan Review meetings is allowing more direct clinical conversation and challenge
- Cardiology clinicians are actively engaging with the Cardiology department in Manchester regarding pathways for PIFU
- It is expected to see change within the Obstructive Sleep Apnoea service, as the team develop a PIFU pathway for this cohort of patients

Recovery actions:

- A review of the standard process will be completed next month.
- Visibility on the report B1500 'clinic status' and within Careflow - this allows a list to be generated and shared with Centres for Clinical validation. Sent daily to Centre Managers for awareness and to cascade to teams where necessary
- Weekly challenge of progress made in line with the Further Faster Handbooks is in place
- Model Hospital data shared with Gynaecology around discharge rates, new : follow- up ratio and challenge around PIFU opportunities *(awaiting their review/ response)*

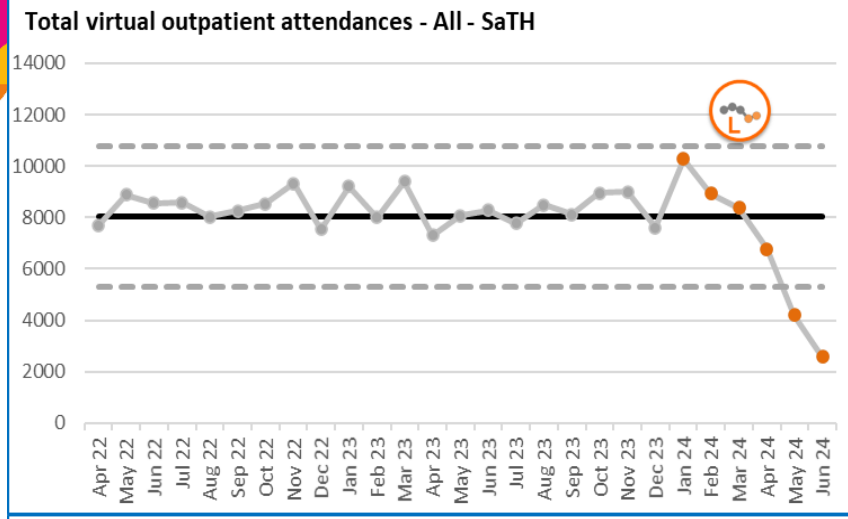
Anticipated timescales for improvement:

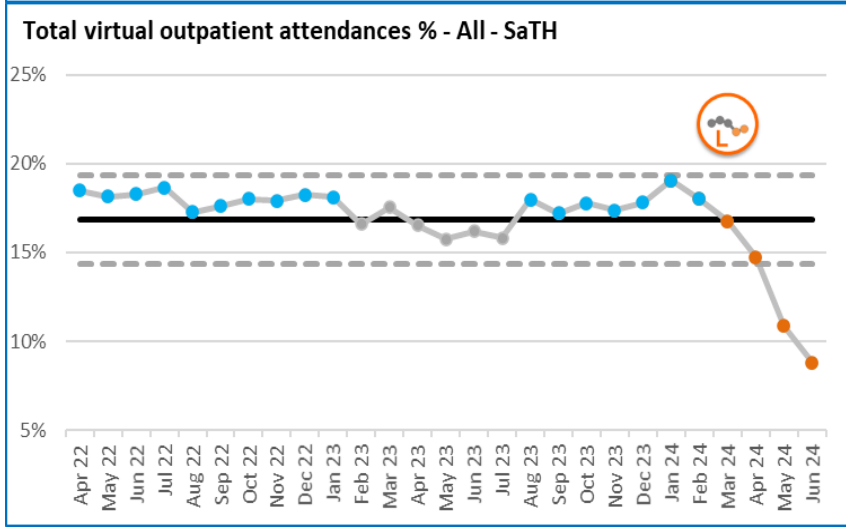
Performance will continue to be monitored at weekly outpatient transformation meetings

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

Operational – Virtual OP attendances

The Shrewsbury and Telford Hospital NHS Trust





Summary:
The unvalidated Virtual OP performance for November was 15.9%. 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.

- A field within Careflow has been created to identify face to face vs virtual events. A SOP has been produced by the Digital team and is awaiting approval
- Clinician attendance at the GIRFT Action Plan Review meetings is allowing more direct clinical conversation and challenge
- Therapies to explore use of additional Attend Anywhere clinics

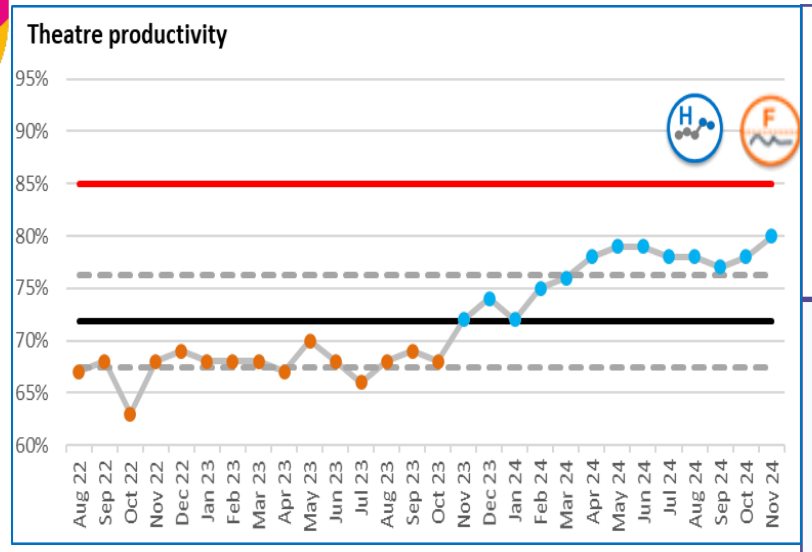
Recovery actions:
- Attend Anywhere and SaTH IT colleagues meeting on a weekly basis to resolve technical issues
- We continue to identify more pathways suitable to move to virtual appointments
- Weekly challenge in place to facilitate progress against Further Faster Handbook actions
- Vascular surgery virtual and face to face DNA audit agreed with Operational and Clinical Team
- Specialties reminded to modify clinic codes to accurately record planned virtual activity

Anticipated timescales for improvement:

Performance will continue to be monitored and managed at weekly outpatient transformation meetings

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

Operational – Theatre productivity



Summary:
Capped theatre productivity for the month of November was 80%. Theatre allocation, list planning and look back meetings continue with the teams. Hotspots have been identified and learning shared with Centres, Booking, Ward teams, Theatre teams and with consultant colleagues via operational meetings. Additional pre-op capacity created by additional staffing is gradually allowing booking and scheduling of lists further in advance, which will support improved utilisation of lists and thereby improve productivity.

Recovery actions:

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

Anticipated timescales for improvement:
Two Clinical Leads for the Elective Hub (one surgeon and one Anaesthetist) have been appointed starting in January.

Opportunities to provide extra lists across the specialties (including paediatrics) to support elective recovery being explored throughout December and January.

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

Well Led

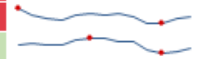
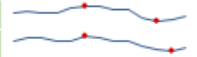
Executive Lead:

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)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Trend
Well Led	WTE employed		-	7945	7043	7089	7081	7100	7114	7107	7117	7093	7057	7095	7152	7212	7219	
	Temporary/agency staffing		-	-	1027	952	1003	1017	1010	887	880	851	862	824	769	794	789	
	Staff turnover rate (excluding Junior Doctors)		0.8%	0.75%	0.5%	1.1%	0.8%	0.7%	1.1%	0.7%	0.9%	1.2%	1.0%	1.0%	0.8%	0.9%	1.0%	
	Vacancies - month end		10%	<10%	1.8%	1.8%	2.1%	2.4%	2.1%	9.0%	8.9%	8.7%	9.5%	9.0%	9.0%	9.0%	9.1%	
	Sickness Absence rate		4%	4%	5.1%	5.5%	5.9%	5.5%	5.0%	5.1%	4.9%	5.0%	5.4%	5.2%	5.3%	5.80%	5.53%	
	Trust - Appraisal compliance		90%	90%	81.2%	80.0%	79.7%	78.8%	80.0%	78.4%	78.4%	78.3%	74.9%	77.4%	77.9%	83.6%	84.6%	
	Trust Appraisal – medical staff		90%	90%	92.8%	92.6%	92.9%	93.4%	94.1%	93.0%	93.2%	92.6%	91.5%	92.0%	89.8%	93.6%	93.1%	
	Trust Statutory and mandatory training compliance		90%	90%	91.7%	92.2%	92.7%	92.7%	92.5%	91.5%	91.5%	91.9%	92.0%	91.9%	92.1%	91.4%	91.5%	
	Trust MCA – DOLS and MHA		90%	90%	78.1%	78.0%	77.8%	78.4%	80.8%	79.7%	79.4%	80.2%	80.2%	79.9%	82.7%	83.9%	84.0%	
	Safeguarding Children - Level 2		90%	90%	95.4%	95.7%	95.4%	95.2%	95.2%	94.7%	89.2%	90.1%	94.9%	95.0%	95.0%	93.8%	93.8%	
	Safeguarding Adult - Level 2		90%	90%	95.4%	95.7%	95.3%	95.2%	94.8%	93.9%	87.9%	89.3%	94.5%	94.6%	95.2%	94.3%	94.3%	
	Safeguarding Children - Level 3		90%	90%	88.1%	90.3%	88.9%	89.4%	90.0%	88.4%	83.4%	88.4%	88.5%	88.1%	88.3%	89.6%	88.9%	
	Safeguarding Adult - Level 3		90%	90%	91.1%	90.3%	89.6%	89.8%	89.1%	87.3%	82.9%	90.4%	88.4%	87.2%	88.8%	89.6%	90.1%	
	Monthly agency expenditure (£'000)		-	1,305	3638	3230	2985	2654	1448	2400	1918	1952	1954	1700	1526	1751	1638	
Safe Staffing	Fill Rate % - All Staff - Day/Night			100%	99.5%	97.9%	97.1%	96.0%	96.5%	97.4%	96.8%	97.0%	96.6%	95.1%	94.5%	95.6%	95.7%	
	Fill Rate % - All Staff - Day			100%	98.4%	97.4%	97.1%	95.7%	95.4%	96.3%	95.5%	95.7%	95.7%	94.9%	94.0%	94.2%	93.9%	
	Fill Rate % - All Staff - Night			100%	100.7%	98.4%	97.2%	96.3%	97.9%	98.8%	98.4%	98.5%	97.7%	95.4%	95.1%	97.3%	97.8%	
	Fill Rate % - Registered Nurses/Midwives - Day/Night			100%	105.4%	105.8%	105.5%	105.3%	106.2%	106.8%	106.7%	106.0%	105.9%	104.4%	103.6%	104.2%	104.8%	
	Fill Rate % - Registered Nurses/Midwives - Day			100%	106.3%	107.1%	107.1%	106.0%	106.4%	107.8%	107.2%	106.2%	106.1%	104.5%	103.6%	103.1%	104.4%	
	Fill Rate % - Registered Nurses/Midwives - Night			100%	104.4%	104.4%	103.6%	104.5%	106.1%	105.6%	106.0%	105.6%	105.7%	104.2%	103.6%	105.5%	105.3%	
	Fill Rate % - Non-Registered Nurses/Midwives - Day/Night			100%	109.2%	104.6%	103.4%	100.9%	101.0%	101.0%	99.7%	100.3%	100.2%	98.9%	98.6%	99.1%	98.7%	
	Fill Rate % - Non-Registered Nurses/Midwives - Day			100%	106.2%	103.0%	102.3%	100.6%	99.7%	97.8%	96.4%	97.2%	98.3%	98.9%	98.2%	96.9%	95.4%	
	Fill Rate % - Non-Registered Nurses/Midwives - Night			100%	112.9%	106.5%	104.7%	101.2%	102.6%	104.9%	103.7%	103.9%	102.5%	98.9%	99.0%	101.9%	102.6%	
	Fill Rate % - Registered Nursing Associates - Day/Night			-	21.2%	19.1%	17.1%	15.9%	16.4%	23.0%	22.9%	22.4%	21.6%	19.8%	18.3%	24.7%	23.5%	
	Fill Rate % - Registered Nursing Associates - Day			-	25.7%	22.8%	19.7%	19.2%	17.8%	26.1%	27.2%	25.0%	25.3%	23.8%	21.4%	28.7%	26.5%	
	Fill Rate % - Registered Nursing Associates - Night			-	14.4%	13.5%	13.2%	11.1%	14.4%	18.6%	16.4%	18.7%	16.3%	14.2%	14.0%	19.0%	19.3%	
	CHPPD - Overall - National 11.99			11.99	8.90	8.97	8.99	8.66	8.72	8.86	9.04	9.55	9.10	8.99	8.73	9.81	8.81	
	CHPPD - Registered Nurses/Midwives - National 4.9			4.9	5.1	5.2	5.2	5.1	5.1	5.2	5.3	5.7	5.3	5.3	5.2	5.9	5.2	
	CHPPD - Non-Registered Nurses/Midwives - National 4.9			4.9	3.7	3.6	3.6	3.4	3.5	3.5	3.5	3.7	3.6	3.5	3.4	3.7	3.4	
	CHPPD - Registered Nursing Associates			-	0.2	0.2	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.2	

Workforce Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

2024/25 Workforce Plan – Month 8. From April to November the total workforce has reduced by 113 WTE. This included the addition of service developments/investments such as Endoscopy and Radiology services agreed as part of the operational plan. There are 100 externally funded posts including additional resident doctors now factored into our plan which leaves a workforce planning gap of 495 WTE. November has seen an increase of substantive workforce by 7 WTE and is 46 WTE over our original plan. The level of agency is now over plan by 7 WTE. Bank has decreased by 1 WTE from the October position and is 103 WTE over plan. Our Financial Recovery taskforce have been working to identify interventions to close the gap and reach our target at the end of the year. Over 20 schemes have been agreed for implementation over the next 12 weeks.

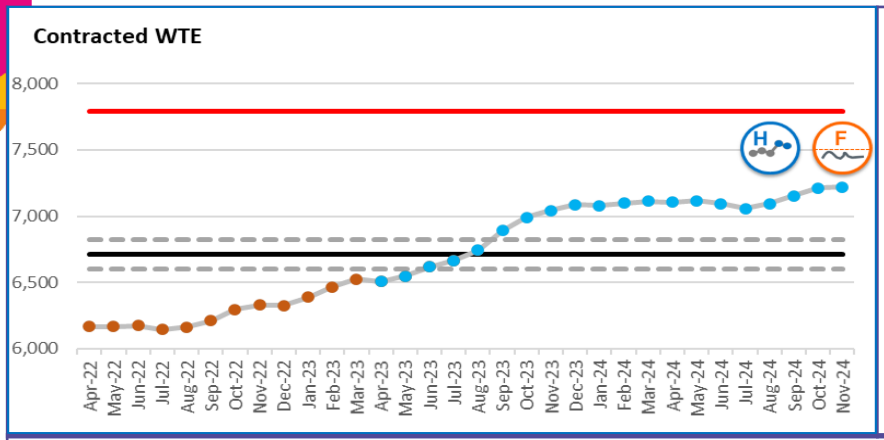
Turnover – The rolling 12-month turnover rate for November increased by 0.5% to 11.1% which equates to 738 WTE leavers. An in month turnover rate of 1.0% equates to 65 WTE leavers in November. NHS Leaver turnover rate (those moving outside of the NHS) over the last 12 months is 7.0% equating to 468 WTE NHS leavers.

Wellbeing of our staff – November sickness rate increased to 5.53% (399 WTE) remaining above target by 1.03% (74 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 26% of calendar days lost in November equating to 101 WTE. August- October saw 102 referrals to the Staff Psychology service, 83 for one-to-one interventions and 19 for team interventions. Highest referrals from Medicine and Emergency.

Agency and temporary staffing – In November overall pay decreased due to the pay award impact in October but crucially underlying expenditure continues to decrease, especially agency. Bank costs however are not reducing as planned month on month and are materially adverse to plan (£3.1m, 10.7%). Managers are being asked to review their bank usage and where possible cease or reduce the current levels in quarter 4. The recent decision to cease the use of registered nurse agency for all adult inpatient wards has been maintained so far with reductions in overall agency seen in first three weeks of December. The new Medical Workforce Efficiency programme is now established with 8 workstreams in place. This aims to deliver on the opportunities to support creating more efficiency including improving productivity, recruitment, use of digital systems, rates of pay and establishment control.

Workforce – Contracted WTE

The Shrewsbury and Telford Hospital NHS Trust



Summary:

Contracted figure of 7,218 WTE in November, which is an increase of 7 WTE in month.

Total workforce utilisation in November increased by 2 WTE to 8008 WTE with an increase in contracted of 7 WTE offset by a reduction in agency of 4 WTE and decrease in bank of 1 WTE.

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

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

Recovery actions:

- Vacancies continue to be rigorously monitored through weekly panel reviews
- Manager Self Service continues to be introduced in pilot areas which includes rolling out to further corporate areas; this will ensure we are a self-service enabled organisation in preparation for the new Future Workforce Solution
- Work is being undertaken with Corporate Nursing and Divisions on a revised recruitment approach for centralised recruitment for S/N's and HCA posts
- Agency performance continues to be monitored to reduce the number of agencies we are engaging with
- Bank Staff Nurse interviews taking place, 37 applicants invited to interview
- Further Bank SN advert to go live to capture agency workers looking to move to bank following agency shut off
- Loop continues to be deployed to which provides enhanced mechanism for individuals to review their shifts and supports utilisation of our digital systems
- Development work continues to transition some key divisional workforce reports to a Power BI platform with a view to providing better visibility of our key workforce metrics therefore allowing for better decision making
- Roster approval lead-times have now moved to 8 weeks

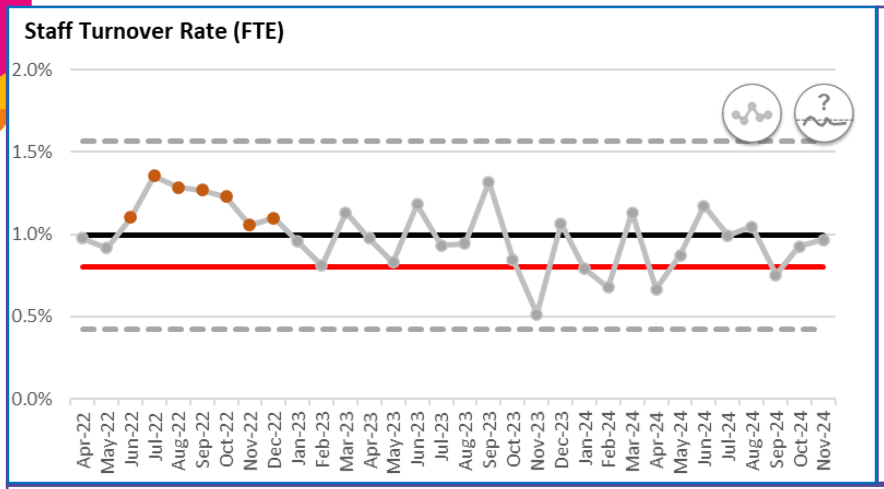
Anticipated impact and timescales for improvement:

Key priorities for People Plan 2024/25.

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

Workforce – Staff turnover rate

The Shrewsbury and Telford Hospital NHS Trust



Summary:

Our Turnover target for 2026 is 10%. The rolling 12-month turnover rate for November increased by 0.5% to 11.1% which equates to 738 WTE leavers. An in month turnover rate of 1.0% equates to 65 WTE leavers in November. NHS Leaver turnover rate (those moving outside of the NHS) over the last 12 months is 7.0% equating to 468 WTE NHS leavers.

Staff groups where turnover is above 11.1% include Allied Health Professionals (13.8%), mainly attributed to Physiotherapists (17 WTE) and Diagnostic Radiographers (12 WTE) leavers; Additional Clinical Services (12.4%); Add Prof Scientific and Technic (12.1%); and Admin and Clerical (12.0%).

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 141 WTE leavers over the last 12 months and relocation the second highest reason with 133 WTE leavers.

Recovery actions to achieve our turnover target:

- Staff Survey results under embargo however work has commenced to analyse and inform our retention priorities
- Working with ICB Retention group to identify priorities
- Self-assessment tool of people promise to be re-assessed given current landscape to further triangulate with staff survey and informed 2025 priorities
- Stay Conversation framework and training ready for roll out
- EDS 22 report and action plan to be published by 28 February 2025
- EDI annual report to be published by 30 March 2025
- Progress against EDI High impact action Plan to be published
- Gender pay gap report to be published in Q4
- To monitor the impact of changes to the Education scheduling on retention and morale
- Agree the recognition programme and calendar for 2025/26

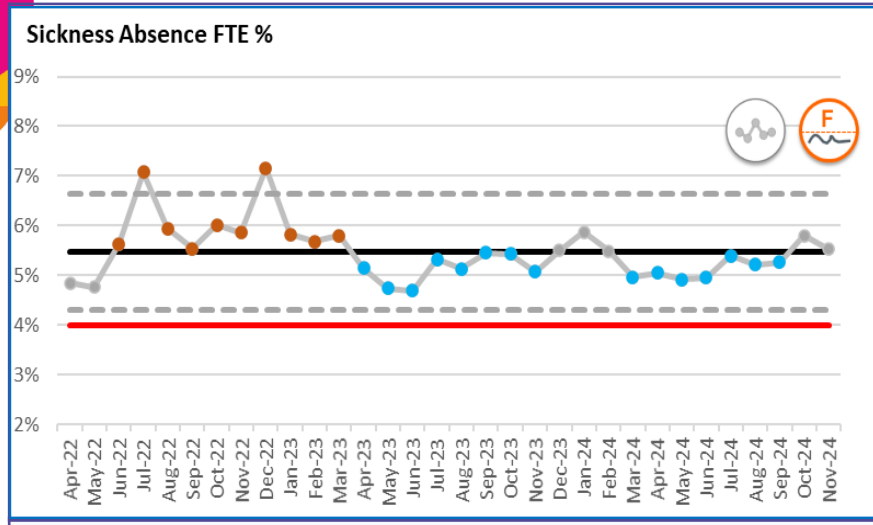
Anticipated impact and timescales for improvement:

Key priorities for People Plan 2024/25.

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

Workforce – Sickness absence

The Shrewsbury and Telford Hospital NHS Trust



Summary:
Our sickness target for 2026 is 4.5%. November sickness rate increased to 5.53% (399 WTE) remaining above target by 1.03% (74 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 26% of calendar days lost in November equating to 101 WTE. 11% (45 WTE) of sickness was attributed to other known causes with other musculoskeletal (which does not include back problems) at 11% (40 WTE). The average number of calendar days absent per sickness episode in November increased from 7.3 days in October to 7.8 days in November. Target reduction of 4% total unavailability (31% to 27%) by the end of the year to support our cost improvement programme). Estates and Ancillary staff group has the highest sickness rate at 7.8%, with Additional Clinical Services at 6.7% and Nursing and Midwifery at 6.1%.
August- October saw 102 referrals to the Staff Psychology service, 83 for one-to-one interventions and 19 for team interventions. Highest referrals from MEC, no indication of high referral rates from any team. Waiting times have increased from first contact within 4 days to 18 days and initial conversation waits up to 33 days from 16 days. We have recruited to one of our vacancies so we should see improved waits in 2025.

Recovery actions to achieve our target:

- Re-purpose of our Leadership, OD and Culture teams to support Unavailability. A targeted focus on ensuring robust management and support of sickness absence
- Review of the Attendance Management Policy, not supported by Staff Side so will proceed without approval in January 2025. The changes not agreed centre around triggers, which we have reviewed following feedback on current triggers being complicated. The proposed changes do align to benchmarking Trusts
- Staff Health clinics will continue but our offer is being reviewed
- Development of new training materials and access via LMS for Absence management to support new policy underway
- Further development on measuring impact of Staff Psychology services underway
- Further wider conversation with SLT planned for 2025 regarding our culture journey and applying a trauma informed lens to our approach
- Continue to support flu campaign and access to vaccinations for our people

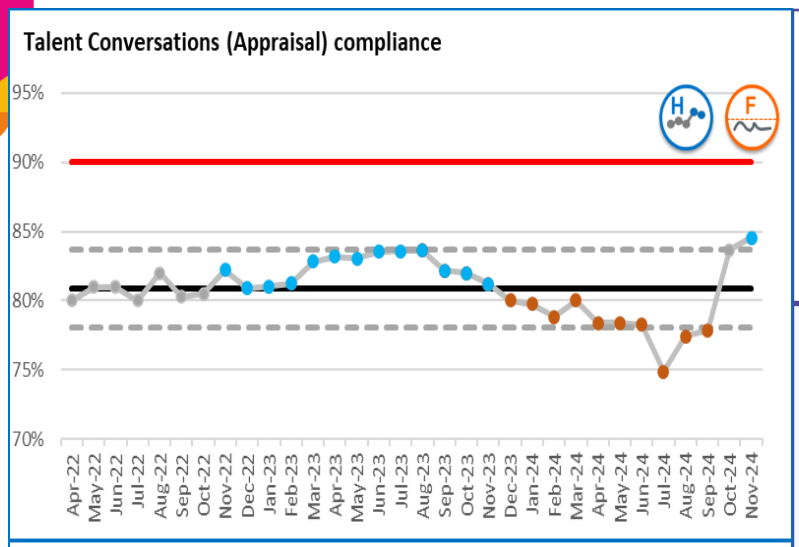
Anticipated impact and timescales for improvement:

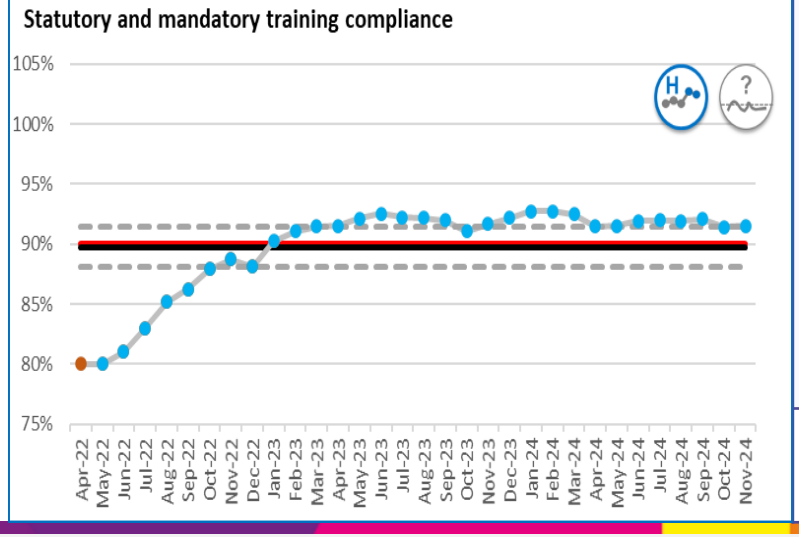
Key priorities for People Plan 2024/25.

Recovery dependencies:	To ensure strong leadership behaviours, values to support desired culture during challenging times. Support from leaders to ensure proactive management of people and support provided. Risk that despite additional support sickness levels remain on the whole static.

Workforce – Talent Conversations & Training

The Shrewsbury and Telford Hospital NHS Trust





Summary:

Our Mandatory and statutory training compliance target by 2026 is 93%, currently our target is 90%. The current rate is 92.53% which is above the 2024/25 target.

Talent Conversations (Appraisals) target is 90%. Medical appraisals is 93.10%%. For non-medical colleagues, talent conversations increased to 84.55% but still below where we need to be.

Recovery actions to achieve our 2026 target:

- Following the Trust decision to move to a new education delivery model we are currently working on our 2025/25 schedule to accommodate the changes. This includes working with our divisions and subject experts to understand any consequences, exceptions and mitigations. This will ensure education and development remains central to supporting and developing colleagues to deliver quality patient care
- We also are reviewing frequency of our statutory and mandatory programmes aligned to the national review for core skills
- We continue to support areas to undertake talent conversations, feedback following our changes are positive and these need to be embedded

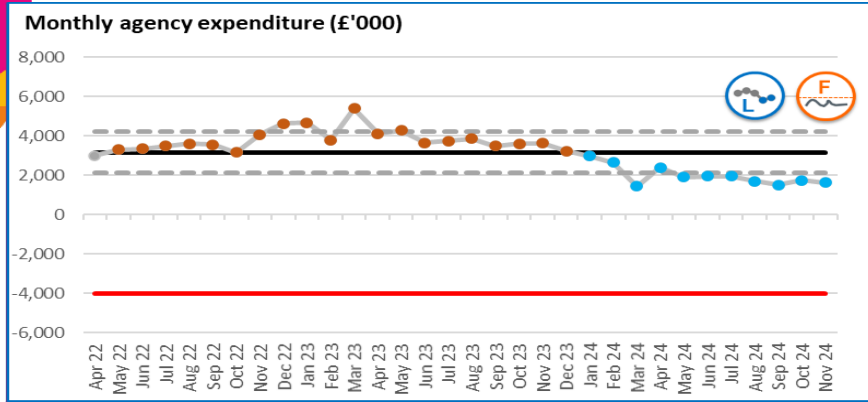
Anticipated impact and timescales for improvement:

Key priorities for People Plan 2024/25.

Recovery dependencies:	Agreement to support training from April 2025.

Agency Expenditure – Monthly

The Shrewsbury and Telford Hospital NHS Trust



Summary:

In November, our overall Agency staffing costs reduced following an increase into October.

In November overall pay decreased due to the pay award impact in October but crucially underlying expenditure continues to decrease, especially agency. Bank costs however are not reducing as planned month on month and are materially adverse to plan (£3.1m, 10.7%). It should be noted that £0.6m of this relates to the cover of industrial action. Total medical temporary workforce usage has been reducing since July 2024, however bank costs remain high, and a number of specialties usage remain at higher than planned levels. The highest cost sits within three specialties, Emergency medicine, General Medicine and Acute Medical. Currently 60 medical agency doctors supporting the Trust which are being reviewed through the medical efficiency group.

Recovery actions to achieve our 2026 target:

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

Anticipated impact and timescales for improvement:

Continued reduction of agency nursing expected to end of year.

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

Staffing - actuals vs plan

The Shrewsbury and Telford Hospital NHS Trust

WTE Plan and Actual									
		M1	M2	M3	M4	M5	M6	M7	M8
Plan	Substantive	7,114	7,117	7,124	7,120	7,178	7,187	7,298	7,273
	Bank	687	687	687	653	619	585	552	518
	Agency	322	313	306	277	247	218	189	160
	Total	**8,123**	**8,118**	**8,117**	**8,050**	**8,044**	**7,990**	**8,039**	**7,951**
Actual	Substantive	7,107	7,118	7,093	7,057	7,095	7,152	7,212	7,219
	Bank	618	628	624	652	653	607	622	621
	Agency	269	252	226	212	171	162	172	168
	Total	**7,994**	**7,999**	**7,942**	**7,922**	**7,918**	**7,921**	**8,006**	**8,007**
Variance	Substantive	7	(1)	31	63	83	35	86	54
	Bank	70	59	64	1	(34)	(22)	(70)	(103)
	Agency	53	61	80	64	77	56	17	(8)
	Total	**129**	**119**	**175**	**128**	**126**	**69**	**33**	**(56)**

Summary:

Total staff usage of 8,007 WTE in November which is 56 WTE behind the revised plan and an increase of 1 WTE compared to October. The slippage to plan predominantly relates to continued use of escalation capacity with the revised plan taking in to account the additional 51 resident doctors and WTEs associated within income backed posts.

The contracted increase reflects the additional recruitment in line with agreed investments whilst reductions in agency use reflects the anticipated reductions as internationally educated colleagues complete training and agency usage continues to be rigorously reviewed. The increase in bank relates to additional doctor cover, increased escalation and cover of vacancies.

Continued actions:

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

Anticipated impact and timescales for improvement:

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

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

Well Led - Finance

Executive Lead:

Director of Finance

Helen Troalen

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Current Month Trajectory (RAG)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Trend
Finance	End of month cash balance £'000	1,700	11,748	14,939	15,038	49,472	54,689	58,369	39,634	36,999	29,444	24,375	15,051	67,367	54,399	
	CIP Delivery £'000	3,498	2,010	1,317	1,978	2,400	3,506	850	869	1,915	2,125	2,367	2,799	3,390	3,585	
	Balanced £ Position £'000	0	(80,155)	(87,977)	(91,696)	(57,673)	(54,583)	(7,209)	(12,930)	(21,030)	(28,705)	(34,229)	(5,621)	(10,864)	(13,242)	
	Year to date capital expenditure £'000	43,913	4,478	4,951	8,246	9,058	18,423	741	1,734	3,278	5,424	7,364	8,403	10,153	16,157	

Finance Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

The Trust submitted an updated finance plan to NHSE on 12th June which showed a deficit plan of £44.3m for the year which is in line with the financial parameters set by NHSE. In September the Trust received additional funding to cover the planned deficit resetting the annual plan to breakeven and phasing the additional income to also reset the year to date position to breakeven. At the end of November (month eight), the Trust has a deficit of £13.2m against that restated breakeven plan which has moved from a £10.9m adverse variance at month seven. The drivers of the variance remain largely consistent: loss of income due to the non-consultant industrial action in June and July (£1.7m), temporary staffing premiums (£5.1m), endoscopy income (£0.9m) and car parking (£0.8m), the variance associate with escalation costs (£1.4m) has deteriorated further in November as budget reduced in line with an anticipated cost reduction. The cost pressure resulting from the pay award (£2.4m year to date) reduced in month due to additional income being received to partially offset the pressure reported at month seven. The Trust has five main deliverables within the operating plan for 2024/25 which will materially impact the financial position if not delivered:

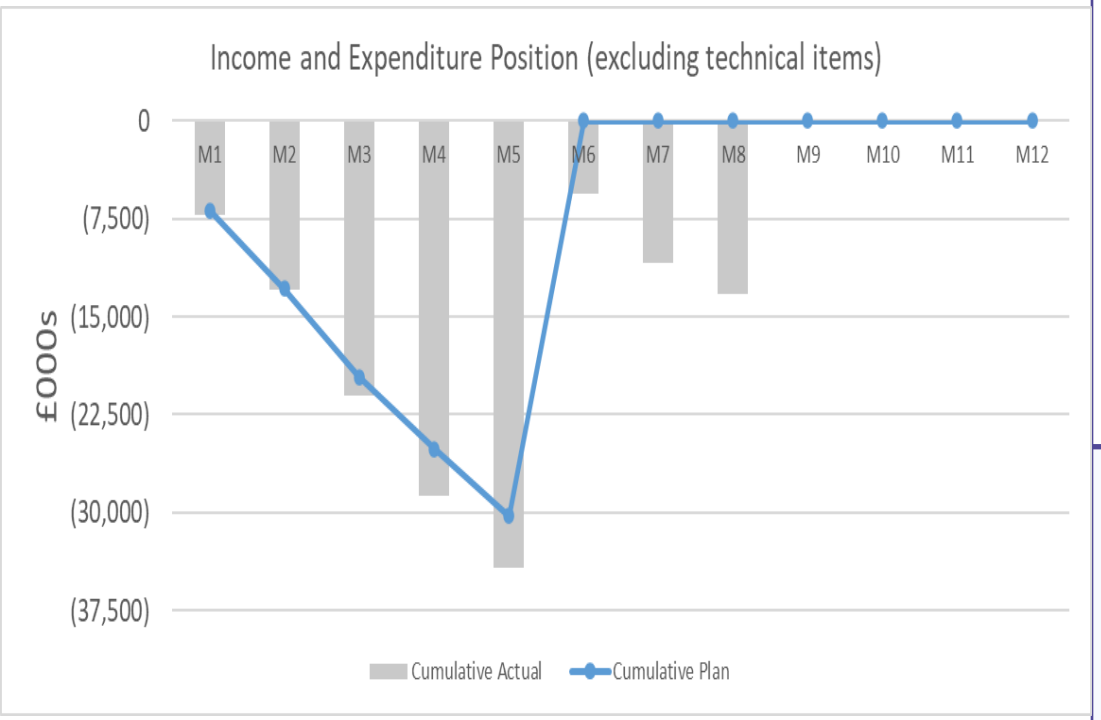
- Delivery of the activity plan to secure the ERF and potentially additional income – there is no change in the reporting of income due to the data warehouse issues.
- Delivery of the efficiency plan – The trust has an efficiency target of £44.7m (7.6%) in 2024/25. At the end of November, £17.9m has been delivered against a target of £19.0m with shortfalls against the planned reduction of escalation capacity and income related schemes which currently cannot be validated.
- WTE reduction plan – At the end of November the actual wte is 56 WTE adverse to the revised plan with slippage being predominantly driven by escalation.
- Delivery of the agency reduction plan – expenditure has continued to fall with total expenditure of £14.8m year to date, this is a reduction of over 50% compared to the £30.4m of expenditure at this point in 2023/24. However, the expenditure is £2.4m above plan which is driven by escalation costs and medical staffing linked to vacancy cover. There continues to be a strong focus on medical agency in the second half of the year.
- Delivery of the bed plan with reliance on system partners for out of hospital capacity – At the end of November, the planned reduction in escalation had not occurred adding to slippage seen in previous months. The operational plan is for the majority of escalation capacity to have ceased from the end of September and is therefore a risk to the financial position.

The Trust has set an operational capital programme of £16.8m and externally funded schemes of £76.2m in 2024/25, giving a total capital programme of £92.9m of which £16.2m has been spent at month eight with plans in place to ensure the in-year CDEL is fully committed. The Trust held a cash balance at 30th November of £54.4m.

Income and expenditure

IPR slide

The Shrewsbury and Telford Hospital NHS Trust



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

The Trust recorded a year-to-date deficit at month eight of £13.2m against a revised planned breakeven position. Of the £13.2m deficit, £2.4m is the cost pressure associated with the pay award, £1.7m relates to the lost income of industrial action, £1.4m relates to escalation, £5.1m relates to agency and locum expenditure predominantly in medical staffing, £0.8m caused by car parking, £0.5m due to the increase in deanery doctors and £0.9m at risk endoscopy income.

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

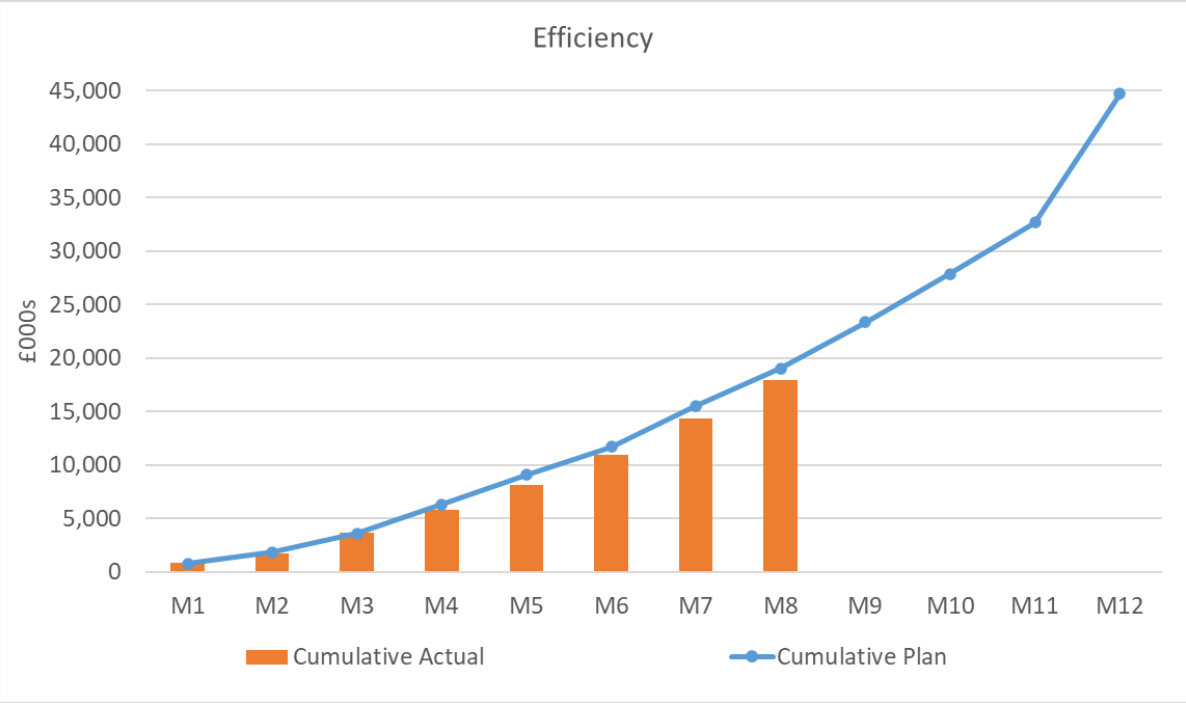
Recovery actions:
Recovery actions remain in 2024/25 and include:
- Further reduction of escalation capacity which is dependent on both internal and external actions and is being supported by PwC.
- Complete review of medical staffing and process to secure staffing to ensure efficient temporary staffing cover and utilisation of additional resident doctors.

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. This work is being supported by the financial recovery taskforce.

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

Efficiency

The Shrewsbury and Telford Hospital NHS Trust



Summary:

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

As at the end of November (month 8), the Trust has delivered £17.9m of efficiency savings for 24/25 which is £1.1m adverse to the planned delivery of £19.0m.

The main drivers for this under delivery are escalation costs which were behind plan in both July and October and slippage in relation to activity income schemes which cannot be validated. These two drivers remain a risk to year end CIP delivery.

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

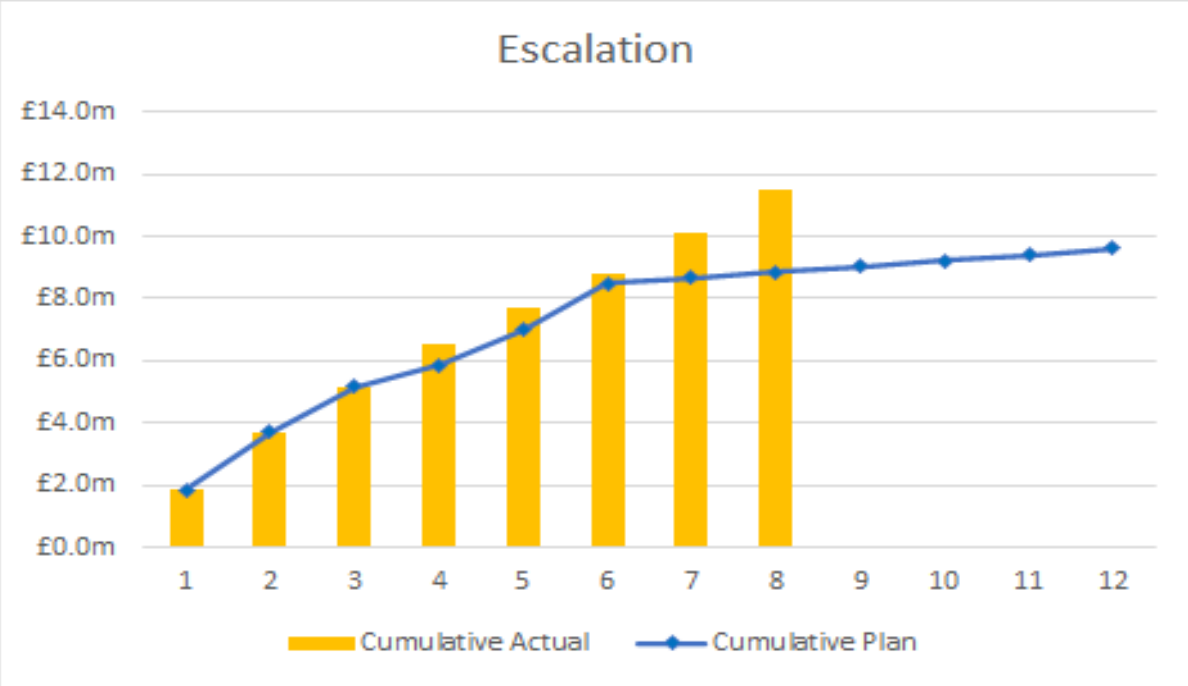
The efficiency programme is managed through the Efficiency and Sustainability Group and Operational Performance and Oversight Group with executive oversight through Finance Recovery Group.

Anticipated impact and timescales for improvement:

By year end.

Recovery dependencies:	Delivery of actions against PIDs.

Escalation



Summary:

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

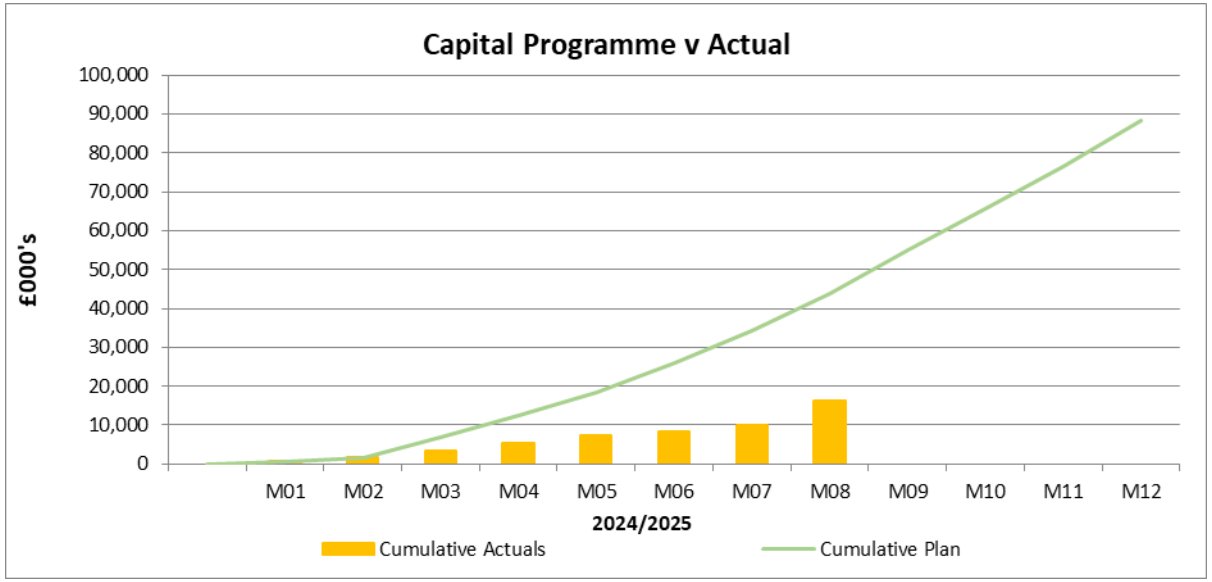
The requirement on a monthly basis is driven by changes in demand, offset by both internal and external interventions such as reduction length of stay and reductions in the number of patients with no criteria to reside, all of which is linked to the delivery of the 4 UEC transformation workstreams.

In November, the escalation costs decreased by £0.1m compared to October whereas the operational plan was for a significant reduction, this costs remain off plan year to date by £2.7m against the revised escalation plan. This remains a significant risk to the forecast.

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

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

Capital Programme



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

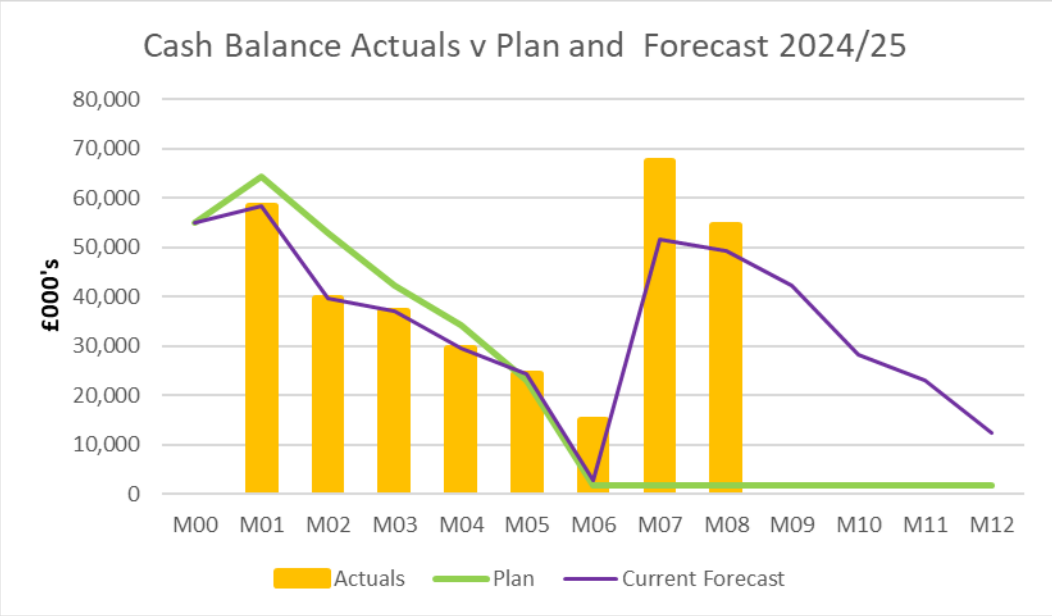
The external funded schemes remain at £76.2m additional. In addition, a Public Sector Decarbonisation Scheme grant of £8.1m in 2024/25 has also been approved to be spent on decarbonisation initiative on the Shrewsbury site.

The total capital programme for 2024/25 remains at £92.9m (excluding Salix).

As at month eight £16.2m of expenditure has been incurred.

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

Cash



Summary:

The Trust undertakes monthly cashflow forecasting.

The cash balance brought forward into 2024/25 was £54.9m with a cash balance of £54.4m (ledger balance of £54.5m due to reconciling items) held at end of November 2024.

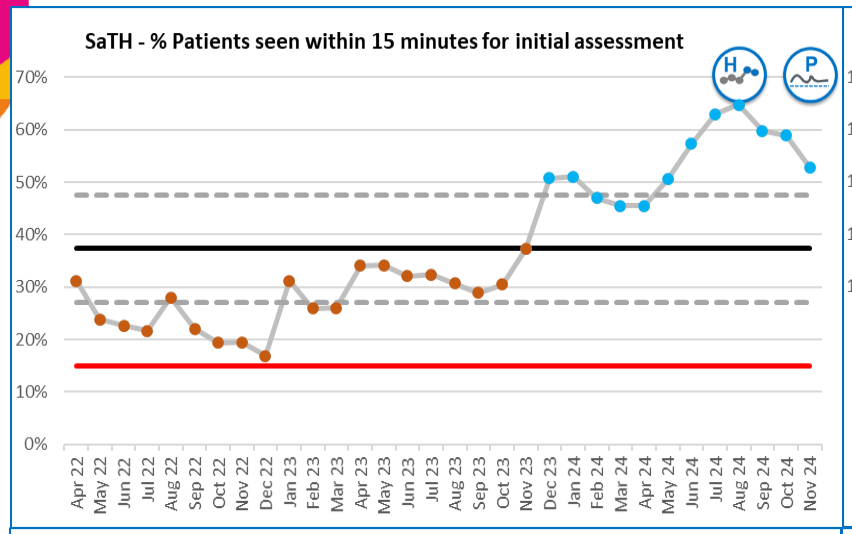
The graph illustrates actual cash held against the plan. The cash position is in excess of the original plan at end of November and is mainly due to receipt of deficit cash support of £44.3m in October and higher capital balances.

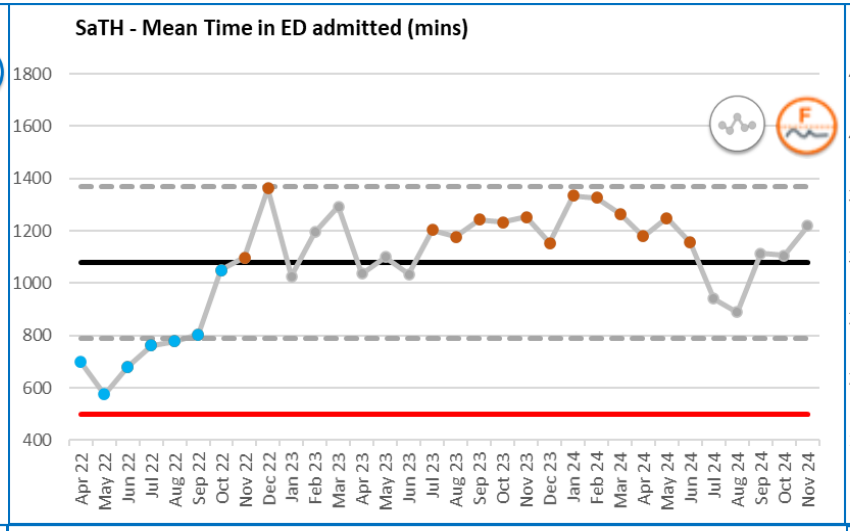
Recovery actions: **N/A**	
Recovery dependencies:	N/A

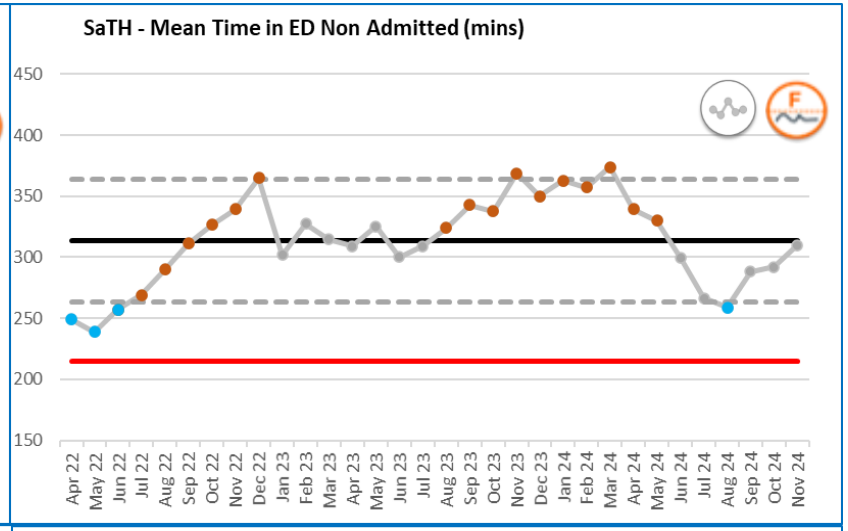
Appendices – Responsiveness and Well Led

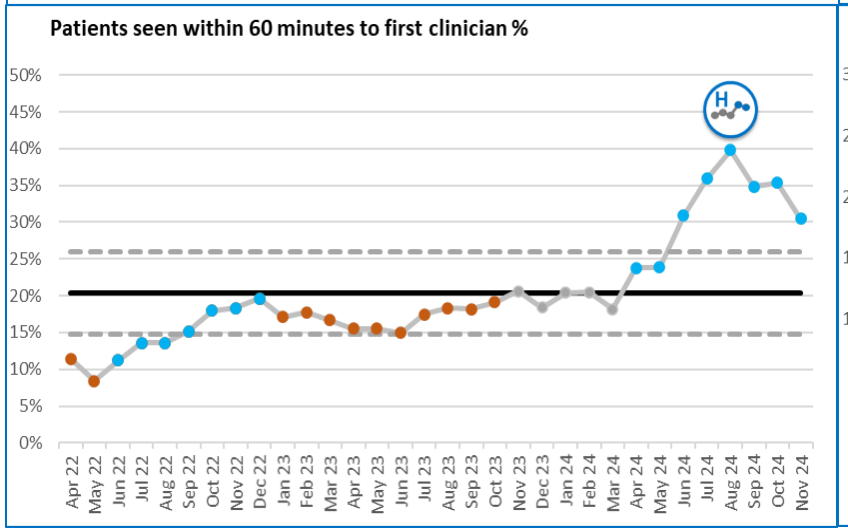
Appendix 1 – supporting detail on Responsiveness

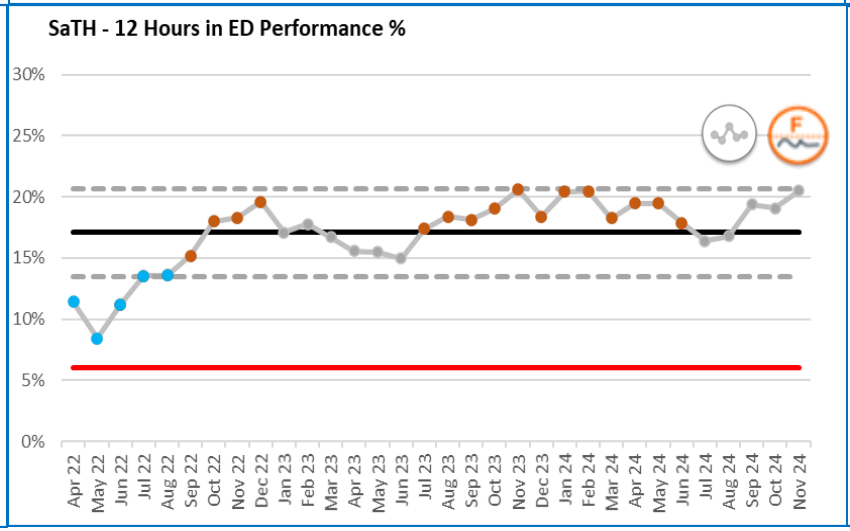
The Shrewsbury and Telford Hospital NHS Trust

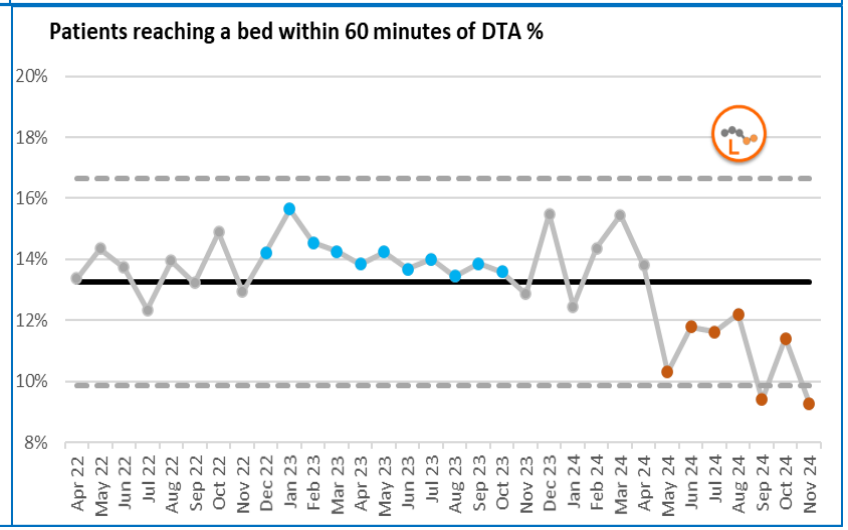






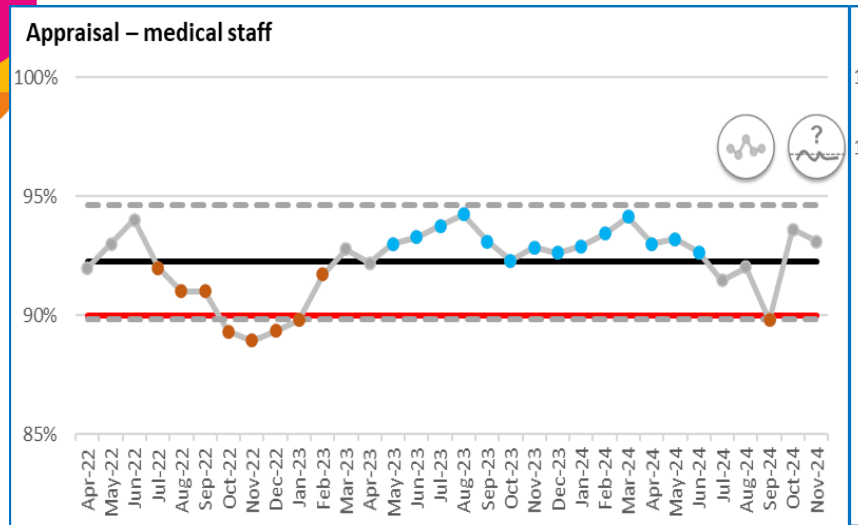


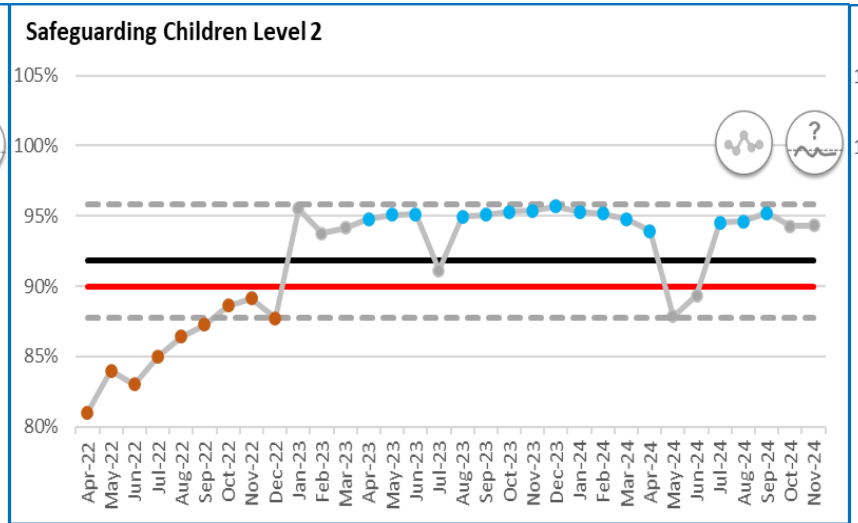


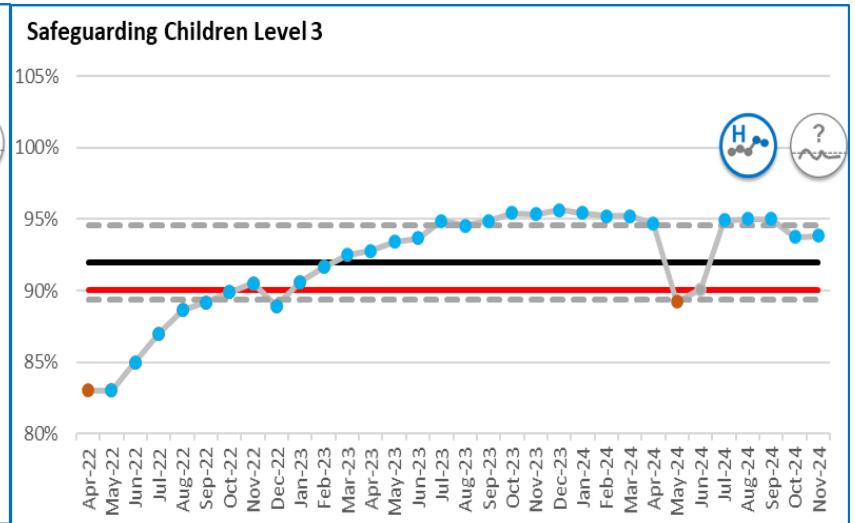


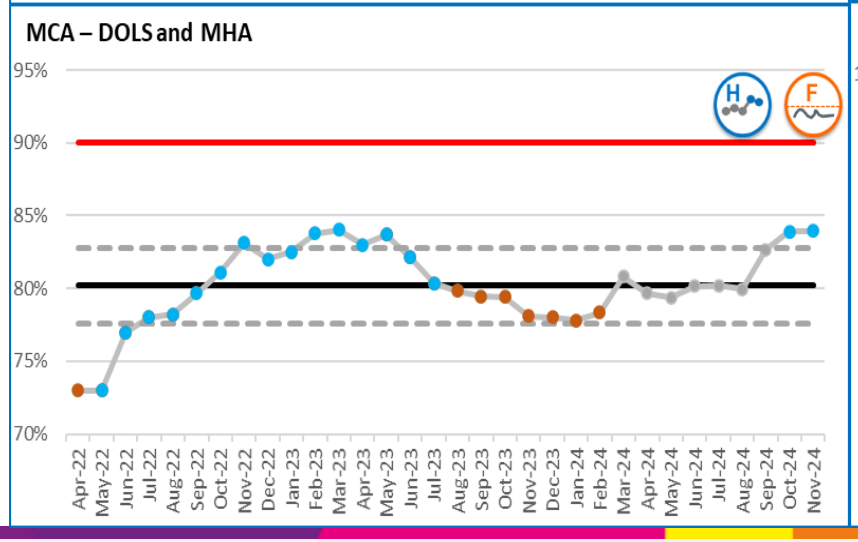
Appendix 2 – supporting detail on Well Led

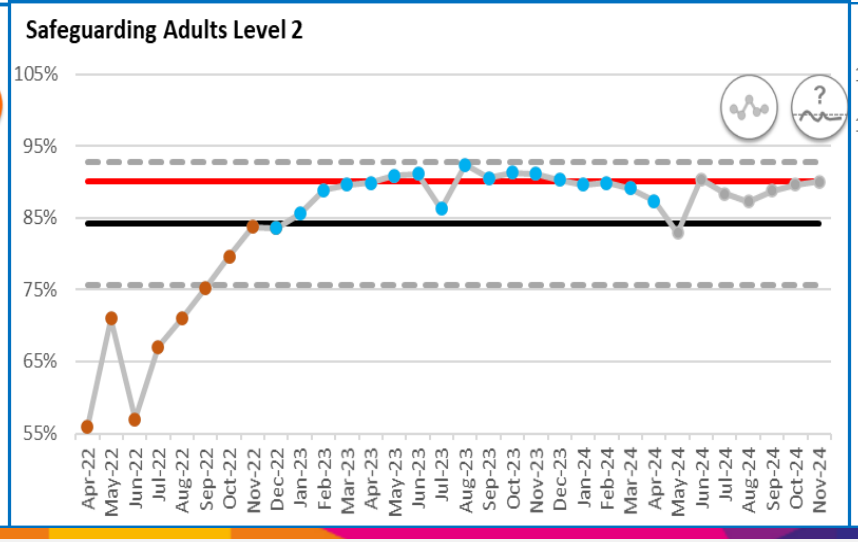
The Shrewsbury and Telford Hospital NHS Trust

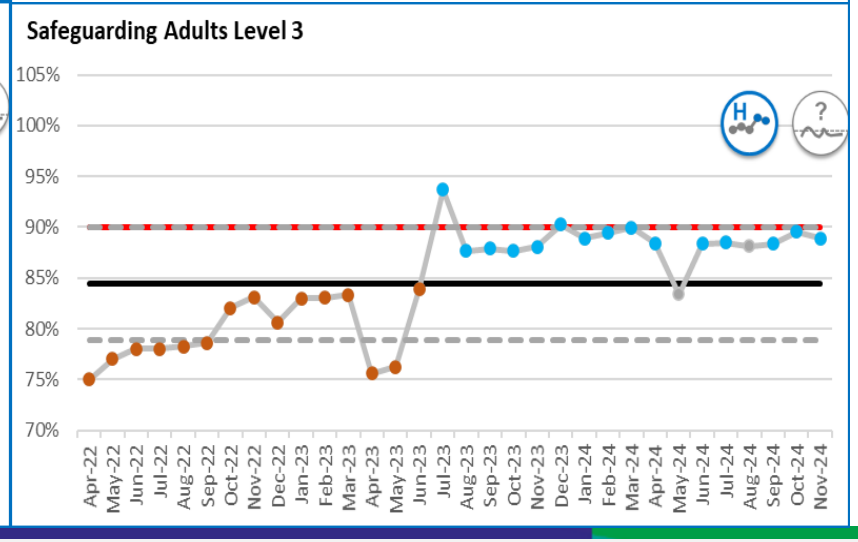












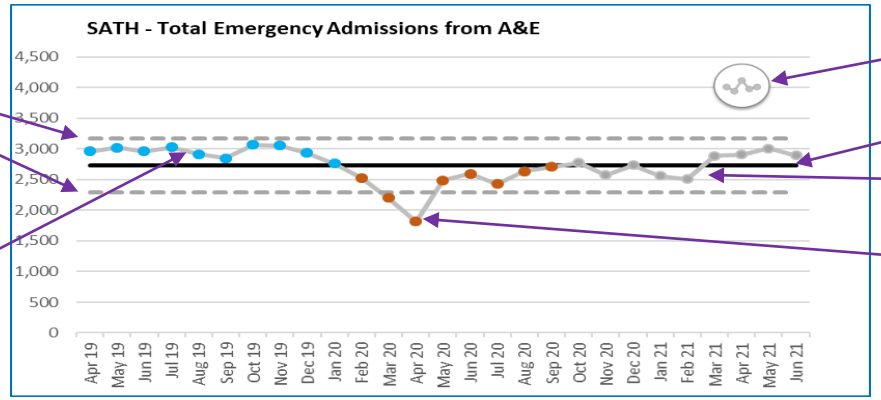
Appendix 3 – Understanding statistical control process charts in this report

The Shrewsbury and Telford Hospital NHS Trust

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

Process limits – upper and lower

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



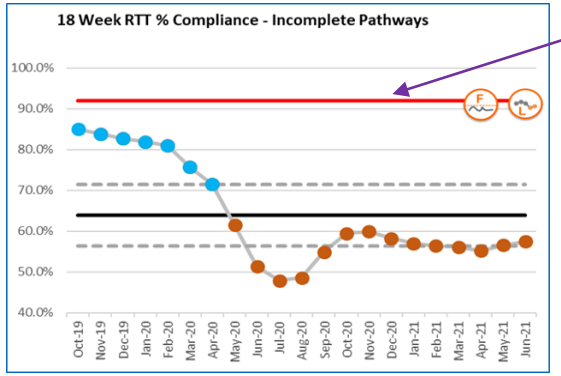
Icon showing most recent point type of variation

Mean or median line

Common cause variation

Special cause variation – data point outside of the process limit

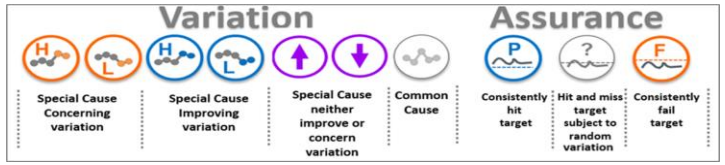
Where a target has been set the target line is superimposed on the SPC chart. It is not a function of the process.

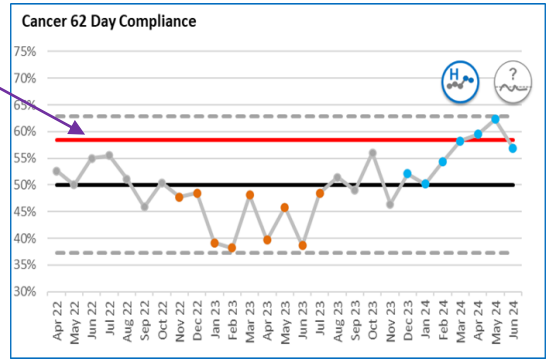


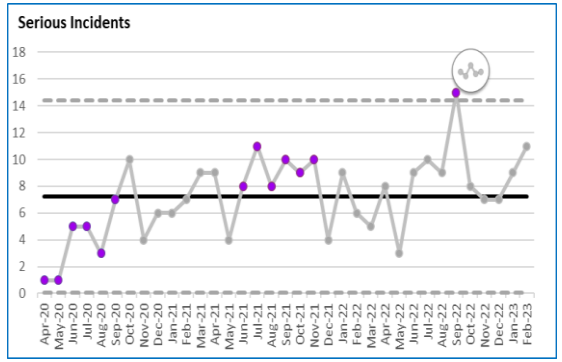
Target line – outside the process limits.

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

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







Appendix 4 – Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

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

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

Appendix 4 – Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

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

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

Appendix 4 – Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

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

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