

THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST

2024/25 INTEGRATED PLAN

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Section A – Overview and Background

Executive Summary

The Shrewsbury and Telford Hospital NHS Trust (SaTH) is an organisation that strives to provide high quality, safe care for our patients in an environment which our staff are proud to work in.

Our vision is to provide excellent care for the communities we serve; SaTH is the main provider of district general hospital services for over half a million people in Shropshire, Telford & Wrekin and specific areas of Powys in mid Wales.

Our vision is underpinned by four key values; Partnering, Ambitious, Caring and Trusted. Our values collectively spell PACT which represents our joint commitment to embrace and live our values. Our values will guide us every day to ensure we provide the best possible care for our communities.

Our integrated plan includes our core priorities for 2024/25, which will support our ambition to deliver continuous improvement for patients.



The Board have identified five objectives with five enablers which sets out our ambitious priorities for 2024/25 to tackle our challenges and to drive forward our key transformational programmes. These are:

Objectives		Enablers	
1	Deliver our quality priorities and the next phase of our Getting to Good programme	1	Live the People Promise in our teams through valuing difference and inclusivity
2	Deliver elective services and implement enhanced recovery	2	Deliver our workforce plan , including agency cost reduction, based on the principles of Train, Retain and Reform
3	Maintain Faster Diagnosis Standard and achieve 62-day referral to treatment standard	3	Develop an estates plan to optimise our current estate and continue to progress our Hospitals Transformation Programme
4	Improve urgent and emergency care performance in line with GIRFT recommendations	4	Develop and implement a sustainable travel plan to improve patient and staff experience
5	Use of resources – operate within our budget through delivery of efficiency and productivity measures	5	Electronic Patient Record (EPR) – complete phase one (implement and embed CareFlow PAS and ED) & commence phase two

Introduction

The purpose of this document is to set out the Trust's integrated plan for 2024/25.

The plan ensures that our activity, performance, workforce and financial plans for 2024/25 are aligned to each other, and to the overall system plan submitted to NHS England.

SaTH is the main provider of district general hospital services for over half a million people in Shropshire, Telford & Wrekin and specific areas of Powys in mid Wales. Shropshire is a mostly rural and affluent county that masks pockets of deprivation,

growing food poverty, health inequalities, rural isolation and rural poverty. Telford & Wrekin is predominantly urban with more than a quarter of its citizens living in some of the most deprived areas of England.

The Trust has 833 beds as at April 2024, across two hospital sites. The Trust will employ 7,052 substantive full-time equivalents (FTE) around 84% of which are employed in direct clinical roles, in addition to the employed staff the Trust is supported by 319 active volunteers.

As a Trust, we recognise the importance of the prevention and health inequalities agenda, whilst the above articulates specific work being undertaken, we are committed to providing equitable access to services for all. We continue to improve our internal processes and work collaboratively with our partners to achieve the aspirations set out in the five year joint forward plan and the systems programmes of work.

The Trust's clinical care is provided by four divisions; Surgery, Anaesthetics, Critical Care and Cancer, Medical & Emergency Care, Clinical Support Service and Women's and Children's.

This plan is developed on the basis of delivering the Trust's strategy and also national priorities that are set out in the national planning guidance issued in March 2024, these include:

- Maintain our collective focus on the overall quality and safety of our services, particularly maternity and neonatal services, and reduce inequalities in line with the Core20PLUS5 approach.
- Improve ambulance response and Accident & Emergency waiting times by supporting admissions avoidance and hospital discharge and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24.
- Reduce elective long waits and improve performance against the core cancer and diagnostic standards.
- Improve staff experience, retention and attendance.

This document sets out the Trust approach to delivering the critical priorities identified in the executive summary. We will measure our delivery using three approaches:

- Firstly, we will measure the delivery of the agreed milestones and outcomes of our major programmes of work. These will be through the Getting to Good (G2G) programme and will be reported to Board each month.
- Secondly, we will measure delivery of performance indicators. These indicators include levels of activity, quality standards, workforce metrics, performance metrics and financial metrics. These will be reported to the Board each month through the integrated performance report.
- Thirdly, significant financial improvement is required in 2024/25 and key metrics to track delivery have been developed and reported on a weekly basis to the Trust's executive leadership team.

Appendices attached contain summaries of the milestones, standards and metrics that will be monitored during 2024/25; to measure delivery against the activity, workforce and finance plans included in this plan and submitted alongside system partners for the system plan.

Key Priorities for 2024/25

- Deliver our Getting to Good Programme to continuously improve care for our patients and community.
- Continue to deliver and embed the recommendations of the final Ockenden report.
- Deliver the next phase of our digital strategy.
- Make progress in delivering the key ambitions of the NHS long-term plan (LTP).
- To continue to transform our services for the future.
- To improve Accident & Emergency waiting times.
- To improve elective long waits and waiting list numbers in line with national targets.
- To improve cancer performance in line with national targets.
- To improve performance against the core diagnostic standards and DM01 targets.
- To improve the working lives of all staff, retention and attendance through systematic implementation of the people plan.
- To improve the finance performance and move towards a balanced position.
- Ensure maximum benefit from the first full year of elective hub, community diagnostic hub.
- Work with partner organisations to aid delivery of admission avoidance and patient flow initiatives.
- To progress the Hospital Transformation Programme (HTP).
- Work with system partners to address health inequalities across the population.
- Continue to develop and implement our EDI strategy ensuring all staff are treated with dignity at work.

Section B – Delivering the Trust’s Strategy – ‘To provide excellent care for the communities we serve’.

The overall driver for delivering the Trust’s strategy is the getting to good programme which is an overall programme approach rather than an individual programme.

Getting to Good is core to the delivery of the 2022-27 Trusts Strategy to continuously improve the delivery and quality of care for our patients and community, support and develop our workforce, address key challenges, and further develop a culture of improvement across the organisation and improve upon our Care Quality Commission (CQC) rating.

Following an inspection in October 2023, and a well-led Inspection in November 2023, the CQC has reported progress across a number of key areas and services at SaTH, with the Trust improving its overall rating from 'inadequate' to '**requires improvement**'.

The report shows that whilst progress has been made there is more to do on the Trust’s improvement journey, particularly within urgent and emergency care, supporting the privacy and dignity of patients in escalation areas, improving flow, reducing waiting times and the need to continue to strive to make the improvements in care as swiftly as possible, and to ensure they are embedded and enduring for ‘Getting to Good’.

The key elements to this programme are:

Production and delivery of comprehensive accident & emergency operational recovery plan:

1. Continual improvement of the 4-hour urgent & emergency care performance standard with a trajectory to achieve 76% by March 2025 as part of tier 1 work.
2. Sustained improvement in ambulance handover delays to under 60 minutes against trajectory to achieve 80% by March 2025.
3. Reduction in the % patients spending more than 12 hours in the emergency department.
4. Sustained improvement in time for initial assessment at emergency department (target within 15 minutes).
5. Improved timeliness of patient discharge with an increase in the proportion of patients being discharged before 5pm.
6. Working with system partners to prevent avoidable admissions, reduce not meeting criteria to reside, and thus reduce escalation inpatient acute capacity.

Delivery of updated Quality Improvement Plan:

1. Evidence of action to address care quality commission section 31s and section 29s, with evidence of 80% consistent compliance with embedded changes.
2. Evidence of a clear quality governance framework as evidenced by standardised systematic processes from ward to board.
3. Sustained quality performance improvements relating to fundamental standards of care including evidence that actions have had a demonstrable positive effect on patient outcomes by achieving above 90% compliance in each of the standards.

4. Improved staff survey results with a particular focus on the culture within the organisation.
5. Evidence of shared learning across teams through the implementation of patient safety incident response framework (PSIRF) and using this learning to evidence a reduction in incidents resulting in harm and evidence improvements in the way we deliver care which is safe and of high quality.
6. Implement the quality priorities for 2024/25 as outlined in the quality account.
7. Evidence of workforce plan which will support the delivery of enhanced patient care through investment in new clinical roles, such as nursing associates.

In the most recent (2024) CQC report, Maternity was rated “Good” across all domains. The action plan intends to retain or improve on these scores.

Development and delivery of maternity action plan:

1. Maternity services being fully compliant, with independent verification of the implementation of saving babies lives care bundle (SBLV3)
2. Compliance with all 10 Safety Actions in NHS Resolution’s Maternity (and Perinatal) Incentive Scheme (Clinical Negligence Scheme for Trusts – CNST) year 6.
3. Evidence of workforce requirements with assurance by the birthrate plus assessment being updated every 3 years as a minimum and identified workforce funding to meet the requirements of the assessment to support the delivery of safer maternity care including:
 - a) Evidence of achieving 90% recruited position for the midwifery workforce establishment.
 - b) Evidence of appropriate recruitment of Consultant Obstetricians to ensure all formal governance roles are fulfilled and which cover the agreed job plan.
 - c) Evidence of the use of local data to track stillbirth and neonatal rates and implementing appropriate quality improvements, reporting as required to Maternity and Newborn Safety Investigations (MNSI) and evidence of shared learning.
5. Evidence of the use of local data to track the numbers of babies who are hypoxic-ischemic encephalopathy, reporting as required to Maternity and Newborn Safety Investigations (MNSI) and evidence of shared learning.
6. Continual progress against actions identified in the final Ockenden report.

Risks & mitigating actions:

- Capacity of clinical and operational staff to engage in projects due to conflicting priorities - Support from corporate areas such as Programme Management Office, Improvement Hub, Performance and Business Intelligence.

- Funding - RSP funding to be requested from NHSE to support the delivery of the RSP Exit Criteria.

The Trust's clinical service strategy sets out our ambition to progress the Hospital Transformation Programme (described in section F), to play a leading role in development of integrated clinical pathways (also included in section F) and to support improvements in the health and wellbeing of our population (described in section H).

Another important enabler to our strategy and workstream within Getting to Good is our digital programme. A detailed and ambitious programme is in place for 2024/25, overseen by an executive led Digital Oversight Group.

Governance of programme

The transformation agenda will be delivered and monitored via the following groups:- Urgent & Emergency Care Transformation Assurance Committee (UECTAC), Maternity Neonatal Assurance Committee (MNAC), Paediatric Transformation Assurance Committee (PTAC).

The accountability for improvement and embedding the change remains with the nominated Executive Director and each project is overseen through the Trusts Quality Governance Framework. Oversight is provided through the weekly Operational Delivery Group (ODG) which is responsible for monitoring and scrutinising progress to ensure delivery.

Section C – Deliver a better patient journey & experience

The Trust continues to work with its Integrated Care System (ICS) partners to ensure that our patients are receiving the right care, in the right place and at the right time across our unscheduled, scheduled, and diagnostic services. This care continues to be provided by our skilled and motivated staff working effectively and efficiently within our available resources.

To support in delivering against these aims, our activity plans for 2024/25 have been developed in collaboration with specialties to ensure that they are built based on the capacity in place to deliver the services, considering the requirements of the Get It Right First Time (GIRFT) and High Volume Low Cost (HVLC) programmes of work. This has enabled us to fully understand the provision that can take place within our core resources and where additional interventions and resources are needed both sustainably and to address the backlogs that we are continuing to see with patients waiting past the referral to treatment time of 18 weeks, with past maximum waits cohorts and within our Urgent & Emergency Care pathways.

Electives

Recovery of elective activity to achieve planned levels has been affected considerably by emergency pressures in 2023/24, with patient flow out of the Trust severely impacting on the staffing and available beds to deliver elective recovery. To ensure the plans relating to elective care are reflective of the current position of the Trust when entering 2024/25, the activity and capacity plans have been adjusted to take into account the risks relating to theatre and bed capacity to align with the 2023/24 forecast outturn.

Modelling has taken place to plan for a phased recovery of elective activity by reintroducing theatre capacity at the Royal Shrewsbury Hospital site, day surgery capacity at the Princess Royal Hospital site and the development of the Elective Hub at the Princess Royal Hospital.

The activity plans do not include any allowance for any future industrial action as advised by NHSE.

The Elective Recovery Fund (ERF) will be essential in ensuring these activity plans for elective services are delivered.

Activity Type	24/25 Plan	23/24 Plan	23/24 FOT (M8)	23/24 FOT Variance v Plan	19/20 Actual
Day cases	76,188	51,666	66,484	28.7%	50,476
Electives	4,990	2,893	4,046	39.9%	3,981

The above table indicates an increase in day cases and elective admissions for 24/25 compared to 2019/20 and 2023/24 forecast outturn.

Daycase – the main reasons being:

- An increase of an additional two chairs within clinical oncology and haematology.
- The opening of the Elective Hub on the PRH site from June 2024.

Electives – the main reason being:

- An additional 700 Orthopaedic cases.

The planned level of activity would enable the Trust to deliver the following waiting list trajectory:

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
52 wk +	2458	2142	1986	1744	1367	1203	999	855	693	507	415	286
No 65 wk +	537	465	344	189	53	0	0	0	0	0	0	0
78 wk +	0	0	0	0	0	0	0	0	0	0	0	0

This would enable the elimination of 65 week waits by September 2024 as required in the national guidance.

Non-electives

Despite the increased demand for both zero length of stay and +1 day length of stay seen in 2023/24 containing the activity levels will be dependent on System partnership working to support care closer to home and preventing unnecessary emergency care presentations.

- 1 + day length of stay is planned to remain static in 2024/25.

Activity Type	24/25 Plan	23/24 Plan	23/24 FOT (M8)	23/24 FOT Variance
Non-electives with zero length of stay	20,563	18,668	20,160	8.0%
Non-electives with a length of stay of one or more days	38,739	38,785	38,739	0.1%

The assumption for the non-elective activity are as follows:

- Bed occupancy is assumed to be 95%, current levels are circa 97%.
- The average length of stay (ALoS) and the no criteria to reside (NCTR) trajectories have assumed the impact of the rehabilitation and recovery wards as follows:
 - a) No criteria to reside assumed level of 57 at March 2025 compared to 130 that was the average in February 2024.
 - b) Average length of stay of 14+ days is assumed to be 151 compared to 177 being the average in February 2024.
 - c) Average length of stay of 21+ days is assumed to reduce to 76 at the end

of March 2025 compared to 98 being the average in February 2024.

If these assumptions are to be realised the pathways for the rehab and recovery wards will need to be developed and implemented at pace and requires leadership from both SCHT and SaTH to influence.

The impact of the planned level of elective inpatients and emergency inpatients on the pressure on beds is shown in the bed model below:

	30/04/2024	31/05/2024	30/06/2024	31/07/2024	31/08/2024	30/09/2024	31/10/2024	30/11/2024	31/12/2024	31/01/2025	28/02/2025	31/03/2025
Core	680	680	680	680	680	680	690	690	690	690	690	690
Day	14	14	34	34	34	34	34	34	34	34	34	34
Total adult	694	694	714	714	714	714	724	724	724	724	724	724
Escalation	59	59	59	47	47	47	5	5	5	5	5	5
Impact of R&R wards	52	52	52	52	52	52	52	52	52	52	52	52
Childrens	28	28	28	28	28	28	28	28	28	28	28	28
Total	833	833	853	841	841	841	809	809	809	809	809	809
<i>Of which EL (day and overnight)</i>	44	44	64	64	64	64	64	64	64	64	64	64
<i>Of which NEL (core adult only)</i>	650	650	650	650	650	650	660	660	660	660	660	660
Overnight G&A beds available - adult	791	791	791	779	779	779	747	747	747	747	747	747
	30/04/2024	31/05/2024	30/06/2024	31/07/2024	31/08/2024	30/09/2024	31/10/2024	30/11/2024	31/12/2024	31/01/2025	28/02/2025	31/03/2025
NEL core available - 92% occupancy	598	598	598	598	598	598	607	607	607	607	607	607
NEL demand	670	705	722	668	682	710	694	738	694	710	702	694
Unmet demand	30	36	33	41	40	42	46	47	36	53	40	40
Bed Position	-102	-142	-157	-111	-124	-154	-133	-178	-122	-156	-135	-127
Simple LOS reduction	12	12	12	26	24	28	28	28	26	20	28	28
21+ day	10	10	10	13	13	13	18	18	18	18	18	18
NCTR LOS reduction to 3.5 days	20	20	24	22	17	18	19	22	0	0	22	22
Additional NCTR LOS reduction of 0.5 days				10	10	10	10	10	10	10	10	10
Revised Bed Position	-60	-100	-111	-40	-60	-85	-58	-100	-68	-108	-56	-49
OPAT												
Virtual Ward - agreed trajectory												
Revised Bed Position	-60	-100	-111	-40	-60	-85	-58	-100	-68	-108	-56	-49
Escalation beds	59	59	59	47	47	47	5	5	5	5	5	5
Impact of R&R wards	52	52	52	52	52	52	52	52	52	52	52	52
Revised Bed Position	51	11	0	59	39	14	-1	-43	-11	-51	1	8
Demand assuming all interventions	670	710	721	664	682	711	693	735	702	735	692	684
Revised Bed Position	51	11	0	59	39	14	-1	-43	-11	-51	1	8

Due to the number of patients that remain in the emergency department for significant periods of time, the bed model has included “unmet demand” – this adds in additional demand to account for the amount of time patients spend waiting in the emergency department for admission. This is based on reducing the average hours waiting for a bed from 15 hours to 6 hours and then adding this time to the time they would be spending in an in-patient bed.

The bed model has assumed a 2.5% reduction in the beds occupied by patients over 21 days length of stay by year end. This is a continuation of the improvement that has been seen in 23/24.

The no criteria to reside length of stay reduction has been calculated based on the levels seen in months 9-12 (around 3.5 days) and an additional stretch to 3 days from no criteria to reside to discharge has also been included in the bed model due to the improvements that have been seen in recent months.

Trajectories and impact against virtual ward and the outpatient parenteral antibiotic therapy service have yet to be agreed with system partners.

Emergency Care

The Trust continues to work with the system partners to reduce the level of attendances to the Accident and Emergency departments. In developing the 2024/25 activity plan the following assumptions have been made:

- Type 1 attendances have seen a marginal increase against plan, so it is assumed these activity levels continue in 24/25.
- Type 3 attendances have seen an increase of 8% compared to 23/24 plan, the actual number of type 3 attendances have flatlined for the last 3 years. As there is nothing to indicate that activity levels will increase any further in 24/25, a plan based on this year's forecast outturn has been applied.

	23/24 Plan	23/24 FOT	24/25 Plan
Type 1	125,193	126,772	126,445
Type 3	25,020	27,075	27,022
Total	150,213	153,848	153,467

In line with the above activity and the Urgent & Emergency Care Improvement programme the Accident & Emergency performance trajectory is:

Performance	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Type 1	46.9%	47.4%	49.9%	51.5%	52.9%	55.0%	56.3%	58.4%	59.4%	61.0%	62.9%	64.7%
Type 3	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Total	55.0%	56.4%	57.7%	59.1%	60.5%	61.8%	63.2%	64.5%	65.9%	67.3%	68.6%	70.0%

This excludes and contribution from the community minor injury units due to a change in reporting by NHSE and is against the national target of achieving 78% by March 2025. While this trajectory does not achieve the national target a performance of 70% by March 2025 would represent a significant improvement.

Tier 1

The STW system has moved into tier one support in relation to urgent and emergency care. Five improvement programmes have been created with the aim to improve urgent and emergency care performance through 24/25 and to step back down out of tier one support. The five workstreams are as follows:

Workstream 1: Alternatives to ED & Care Co-ordination – SRO Director of Operations & Chief AHP SCHAT

Workstream 2: Acute & Emergency Medicine and Internal Professional Standards – SRO – Medical Director SaTH

Workstream 3: 4-hour performance – SRO Chief Operating Officer SaTH

Workstream 4: System wide Frailty – SRO Chief Nursing Officer STW ICB

Workstream 5: System Discharge – SRO Service Delivery Manager, T&W Council

Each workstream has a project initiation document (PID) that was presented to the Urgent and Emergency Care Board in April and will report monthly into UEC Board, tier one regional and national meetings.

Outpatients

As with the elective trajectories, the outpatient plans are based on capacity plans in place within specialties to deliver against their targets. Developing a greater understanding of our capacity and the constraints that are in place will be the essential in maximizing the usage of elective recovery funding (ERF) where available to provide waiting list initiative support across specialties such as urology, gynaecology and gastroenterology to ensure the backlog is addressed.

The Trust continues to work with the STW system on outpatient transformation across all specialties to support a reduction in face-to-face appointments. A large part of this transformation approach will be to continue to increase the levels of patient initiated follow up (PIFU) (target 6.6% by March 2025) and increase the use of advice and guidance through this system working. Although it is recognised that achievement of these standards will be a challenge based on system pressures.

Activity Type	24/25 Plan	23/24 Plan	23/24 FOT (M8)	23/24 FOT Variance	19/20 Actual
1st Attendances (consultant led)	173,902	163,320	155,741	-7.3%	141,280
FU Attendances (consultant led)	267,462	246,401	257,539	0.8%	250,117
1st Attendances (Total)	210,970	209,084	200,239	-2.0%	192,776
FU Attendances (Total)	365,126	354,350	370,367	4.8%	368,949

The reasons for the changes between 2023/24 forecast outturn and 2024/25 plan are:

- Removal of pain management services which we no longer provide.
- Increases span a number of specialties to address backlogs and current demand.
- Assumption is that vacancies are filled, which enables additional capacity in specialties such as oral surgery.
- Assumes the ICB stretch target for PIFU is achieved, which brings our denominator for follow ups down.
- Plans do not take into account clearing the past maximum waits position. However, they do aim to reduce current levels by 5.1%.

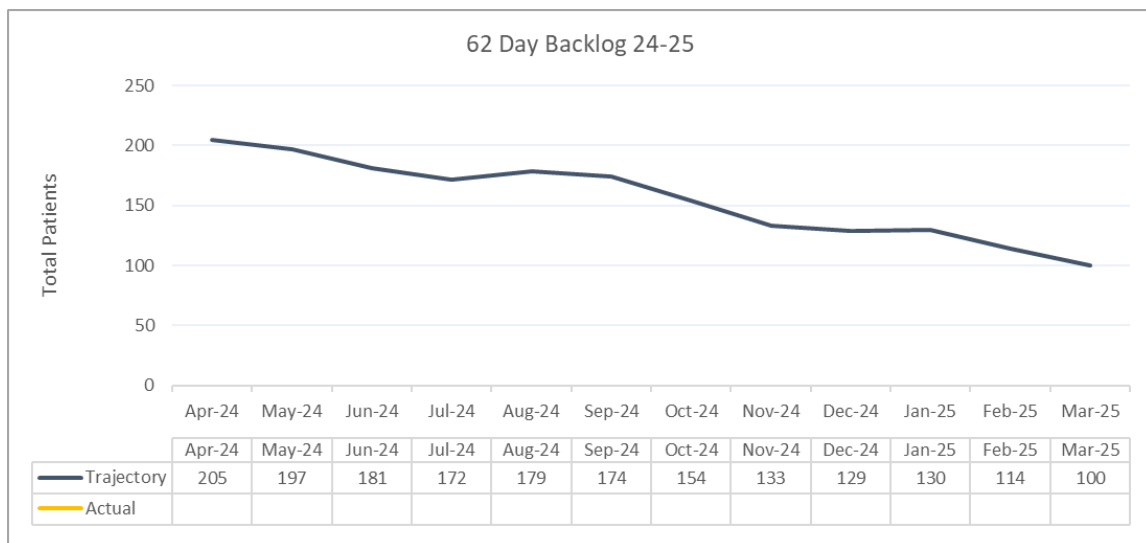
Despite the planned increase in patient initiated follow up (PIFU) activity and supporting interventions, there remains a considerable issue relating to patients who have breached their past maximum wait standard and overall backlogs across certain

specialties.

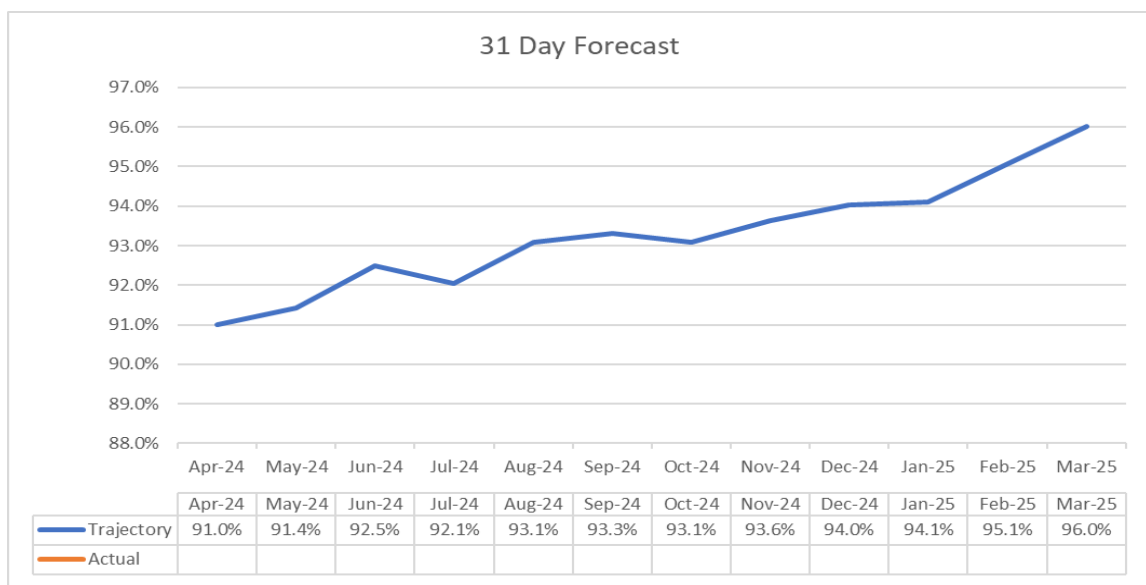
Cancer

The Trust continues to work to improve the cancer target performance and the trajectory developed by the cancer service departments show the following trajectory for 2024/25.

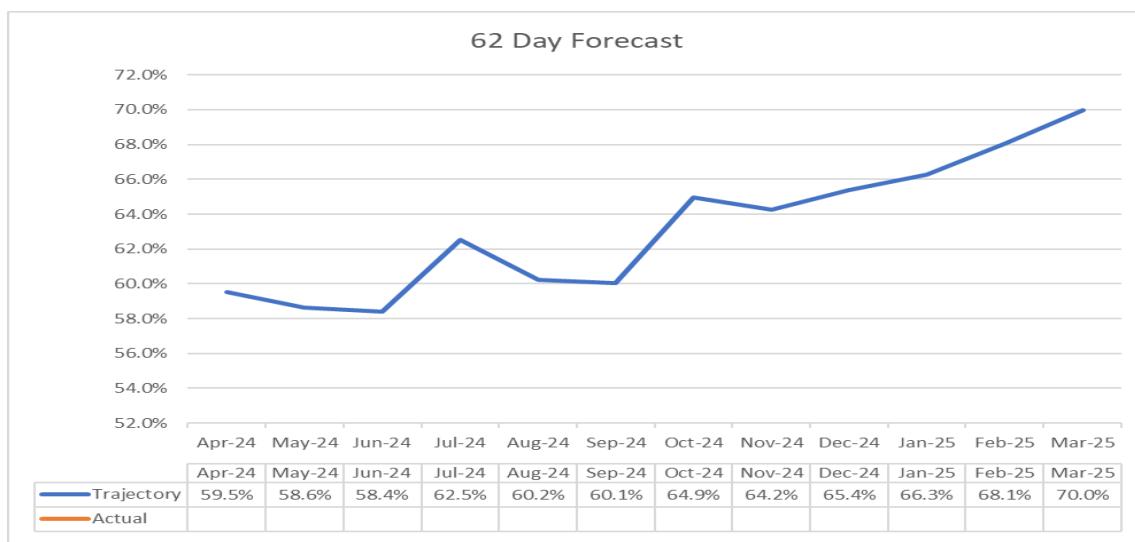
Backlog: No target but greater than 50% reduction between March 2024 and March 2025.



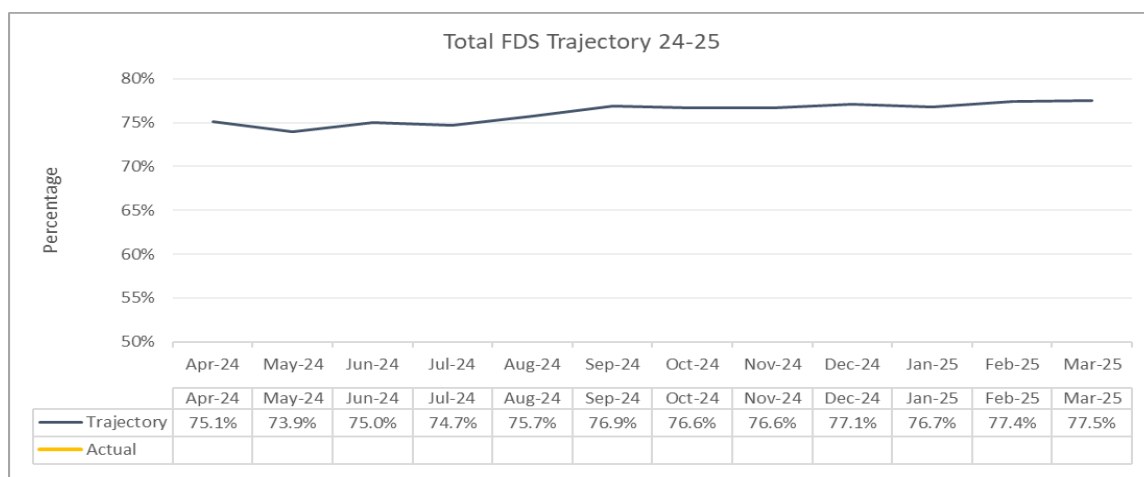
31 Day Forecast: Achieving above 96% target by March 2025.



62 Day forecast: Achieving above 70% target by March 2025.



FDS: Achieving above 77% target by March 2025.



Diagnostics

To continue to progress the care of patients in a timely fashion, we have developed the Community Diagnostic Centre to replace the previously provisioned mobile magnetic resonance imaging (MRI) and computed tomography (CT) units.

The trajectory for our DM01 position based on the planned activity levels is as follows:

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
MRI seen within 6 weeks	96.8%	97.0%	97.1%	97.2%	97.3%	97.4%	97.5%	97.6%	97.7%	97.8%	97.9%	98.0%
CT seen within 6 weeks	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
NOUS seen within 6 weeks	89.5%	90.0%	90.5%	91.0%	91.5%	92.0%	92.5%	93.0%	93.5%	94.0%	94.5%	95.0%
Echocardiography seen within 6 weeks	75%	76%	76%	76%	77%	78%	78%	78%	79%	79%	80%	80%
Colonoscopy seen within 6 weeks	53%	43%	43%	49%	55%	61%	66%	72%	78%	84%	89%	95%
Flexi sigmoidoscopy seen within 6 weeks	64%	53%	53%	58%	62%	67%	72%	76%	81%	86%	90%	95%
Gastroscopy seen within 6 weeks	76%	63%	63%	67%	70%	74%	77%	81%	84%	88%	91%	95%

- Radiology modalities include the impact of the community diagnostic centre but as a result of losing additional capacity through vans, there is a planned reduction in activity for 2024/25.

- Echocardiology reduction in performance is due to previous data quality issues with DM01 being rectified and now reflecting the true picture of demand. Workforce issues and this increasing demand is resulting in current performance levels continuing into 2024/25.

Risks

Predominant risks to recovery are:

- The requirement to ensure the required workforce is in place particularly in areas such as theatres, radiology and the emergency department, to ensure the capacity to deliver the planned levels of activity.
- The delivery of the programme of work and changes to service provision in conjunction with our system partners, this includes the maximisation the virtual ward, the transformation of outpatient's services and a reduction in the levels of patients who are in the acute beds with no criteria to reside.
- The implementation of the elective hub.
- The delivery of the plans to reduce the pressure on beds that has been built into the 2024/25 bed model, including the continuation of a reduction in the number of patients presenting for emergency care.

Section D – Make SaTH a great place to work.

Our People Strategy outlines four interdependent priorities and is aligned to the NHS People Promise:

- Looking after our people - with quality health and wellbeing support for everyone.
- Belonging in the NHS - with a particular focus on tackling the discrimination that some staff face.
- New way of working and delivering care - making effective use of the full range of our people's skills, knowledge and experience.
- Growing for the future - how we recruit and retain our people, and welcome back returnees.

By delivering on these strategic priorities, we will address our five workforce challenges:

1. Creating a sustainable supply of skills across key professional groups.
2. Reduce our reliance temporary agency staffing.
3. Recruit and retain our people.
4. Effective use of resources using digital solutions.
5. Achieving the target for unavailability.

Details of how we will achieve our priorities is outlined within our Trust People Strategy. Against each of the interdependent priorities are listed below:

Looking after our people

We will support our people to access health and wellbeing support. This will be enabled through an open and inclusive culture. Where all staff feel safe and confident to express their views. We will be individually accountable for ensuring we are all able to thrive through inclusive and compassionate leadership, outstanding teams, effective performance management and personal and professional development.

Belonging in the NHS

To ensure our people connect with the Trust vision and values and respond positively to the people, quality, safety, operational and financial commitments. We will do this by actively and intentionally making sure our Values are built into the way we work as the foundation of our people's experience with a particular focus on tackling the discrimination that colleagues face from staff and patients.

New way of working and delivering care

We will work to harness technology and digitally enabled solutions to deliver people services. We will work to foster curiosity, innovation and evolution in planning and transforming the resourcing needs for the community we serve.

Growing for the future

We will make effective use of people skill, knowledge and experience being responsive to our immediate and future needs through a focus on recruitment and retention.

Measuring Success

We will measure success through key performance indicators (KPIs), benchmarked where possible from other comparator organisations. These will be reported through our governance mechanisms.

Section E – Make our organisation more sustainable.

Income and Expenditure Plan

The financial plan for 2024/25 has been produced in conjunction with the STW system financial plan and triangulates with both this narrative plan and the activity and workforce returns. The 2024/25 financial plan for STW is set within the national context of:

- From 1st April 2023, the National Tariff Payment System (NTPS) has been replaced with the NHS Payment Scheme (NHSPS), to run for two financial years.
- The rules provide for four payment mechanisms:
 - i. **Aligned payment and incentive (API)** (fixed element and variable element, paying 100% of NHSPS prices for elective activity) for the majority of activity
 - ii. **Low volume activity (LVA)** block payments (nationally set values) for contracts worth less than £0.5m)
 - iii. **Activity-based payments** (activity x unit prices) for contracts with non-NHS providers to deliver NHS care
 - iv. **Local payment arrangements** (payment approach is locally determined)
- ICB allocations have been updated to reflect:
 - v. **Baseline adjustments** to for in-year inflation and pay funding, baseline resets and full-year impact of 2023/24 funding adjustments
 - vi. **Net growth** for 2024/25 uplifted to reflect an assessment of demographic and non-demographic activity requirements, inflationary pressures at 1.7% and an efficiency requirement of 1.1% plus 1.09% convergency.
 - vii. Separate **Covid** funding has been removed and included within baseline allocations at 0.6%.

The **Elective Recovery Fund (ERF)** has been separately identified in ICB allocations and has been distributed on a fair shares basis. NHS England will receive a proportionate share for specialised commissioning activity.

The STW System will operate under an Aligned Payment and Incentive (API) Contract for 2024/25 and has transitioned away from an Intelligent Fixed Payment (IFP) approach which was adopted in 2023/24, thus aligning to a national contracting

approach to focus on collaborating to develop a joint understanding of the true cost of service provision.

Within the Trust, specialty level activity, workforce and financial plans have been developed, extended to include cost pressures, service developments, and recovery and restoration plans. Due to funding constraints across the system, a large proportion service developments have not been agreed to be funded.

The 2024/25 plan indicates that the Trust will be £44.327m away from delivering the required break-even position in 2024/25. This is agreed with NHSE and is shown in the below table:

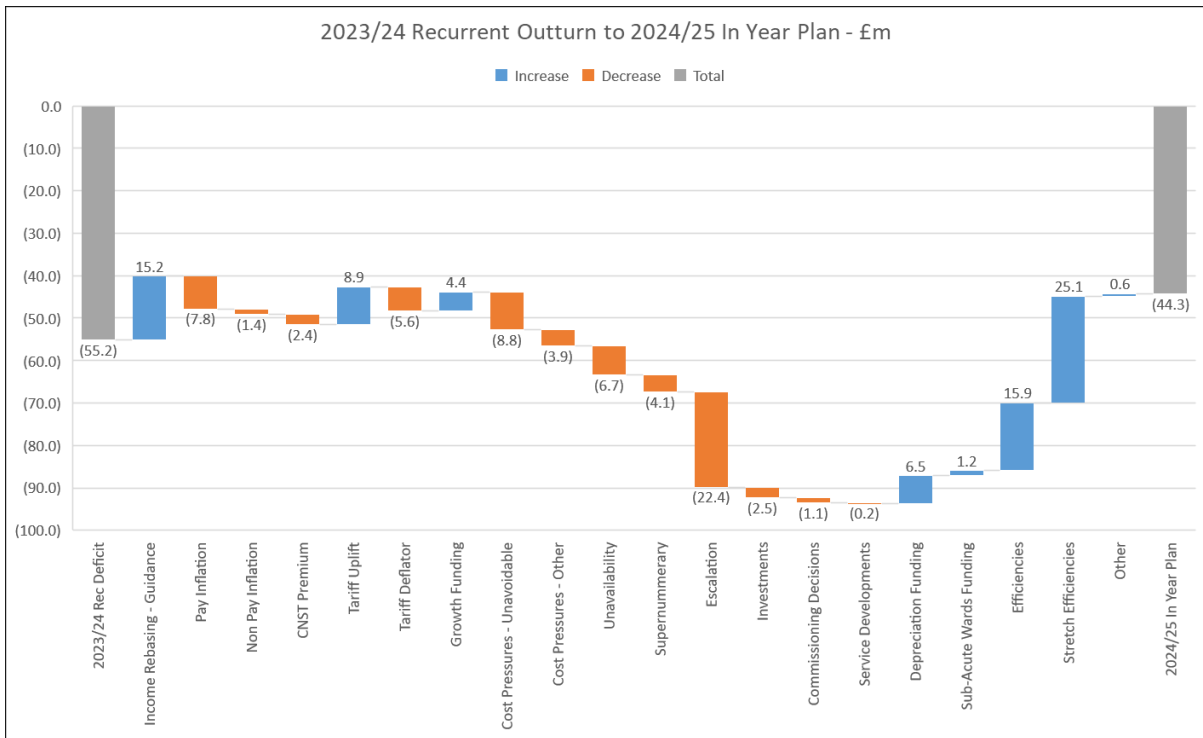
	Annual Plan
	£000s
Patient Care Activity Income	560,828
Other Operating Income	39,235
Total Income	600,063
Pay	(423,848)
Operating Expenses (excl. Depreciation)	(181,936)
EBITDA	(5,721)
Depreciation and Amortisation	(26,608)
Finance Costs	(11,998)
2023/24 Plan (deficit)/surplus	(44,327)

The bridge below bridges the Trust's recurrent income and expenditure position from 2023/24 to the 2024/25 plan.

Key elements of the plan are:

- Growth and inflation funding offset by costs of inflation.
- Total efficiency requirements of £41.016m, consisting of:
 - BAU efficiency - £12.924m
 - Escalation - £10.832m
 - Workforce Big Ticket Item (BTI) - £3.000m
 - Workforce efficiency - £2.650m
 - Bridging efficiency - £4.641m
 - Non-Recurrent - £7.000m
- £15.245m growth in income following an income rebasing exercise following national guidance and the reversal of the IFP arrangement with STW ICB.
- £16.523m investment in growth, service developments and unavoidable cost pressures (net of assumed System income).
- Escalation costs of £22.412m.
- Unavailability and supernumerary costs of £10.826m.
- Sub acute ward income of £1.186m.
- Depreciation funding of £6.500m; national funding given in allocations to

underpin an increase in depreciation charges as a result of significant capital investment.



Capital Plans

2024/25 is the final year of the three-year ICB-level capital funding envelopes from which an operational capital framework has been developed. The Trust has submitted a capital plan for 2024/25 of £92.483m; this includes £16.768m of operational capital and £4.152m as a result of the new leases accounting standard, IFRS 16.

The remaining £71.563m relates to national externally funded capital allocations which includes the funding for the Hospitals Transformation Programme (HTP), the final year of the three-year digital funding to meet minimum digital foundation standards and the Diagnostic Digital Capability Programme.

Cash

For the 2024/25 financial year all systems have been set a Revenue Financial Plan Limit to ensure plans are affordable within the available national resource.

The limit for the STW system has been set at a deficit of £90m, which results in the system receiving a non recurrent deficit support revenue allocation in 2024/25 equal to the £90m deficit limit which will have to be repaid consistent with business rules.

For SaTH this results in our £43.237m planned deficit being underpinned by planned revenue support through system allocations. The Trust will need to manage its cash balances carefully and will need to ensure people and organisations that owe monies to the Trust pay in a timely manner.

Key deliverables within the operating plan which will have significant impact of the delivery of the financial plan.

- Delivery of the activity plan to secure the ERF and potentially additional income.
- Delivery of the efficiency plan.
- WTE reduction plan.
- Delivery of the agency reduction plan.
- Delivery of the bed plan with reliance on system partners for out of hospital capacity.

Section F – Ensure seamless patient care

Development of internal cross divisional pathways:

We are committed to improving our staff, patients, and carers experience through seamless patient pathways both internally and working collaboratively with our partners.

We are continuously reviewing and implementing our internal improvement and wider transformation agendas such as Getting to Good, the Hospital Transformation Programme, Urgent and Emergency Care, Planned Care, Theatres Productivity, Outpatients, Maternity, and End of Life Care.

Externally in collaboration with partners across the system in programmes such as the Local Care Transformation Programme and Local Authority programmes of work to improve out of hospital care and supporting the existing workstreams aligned to the ICS Clinical Strategy namely, UEC, Cancer, Cardiac, Diabetes, Musculoskeletal (MSK), Mental Health, Maternity, Neonatal and Children, with future plans to include areas such as Respiratory, Urology and Gynaecology.

As part of the UEC improvement work a weekly cross divisional UEC performance meeting has been established and will continue through 24/25, chaired by the COO. This meeting has brought divisions together to focus on the following aims:

- Reduce the number of patients waiting in ED unnecessarily.
- Improve the opportunities to stream patients directly to specialties rather than through ED.
- Reduce the waits for patients in ED who require a specialty review.

One of the tier one programmes is focussed on inter-professional standards. This is being clinically led and the objectives of this work are the efficient monitoring and implementation of the internal professional standards with positive engagement from all specialities; improvements to acute and general medical ward processes to support discharges earlier in the day and deliver a reduction in length of stay.

Development of cross organisational partnerships i.e. within ICB and other providers:

Aligned to ensuring seamless patient care (above) we are committed to working collaboratively with our partners to enhance the wider health and wellbeing of communities.

Our primary focus over the past 12 months and beyond is strengthening our collaborative working relationships with our partners and supporting the development and implementation of our Integrated Care System Five Year Joint Forward Plan. Some examples include:

- Representation at all ICS Boards and sub-boards where appropriate. Examples specifically related to strategy include Health and Wellbeing Boards, Public

Health Management, Prevention and Health Inequalities, Shropshire Integrated Place Partnership Board, Telford and Wrekin Integrated Partnership Board, Strategic Commissioning Committee.

- Supporting the ICS Strategy development in areas such as Digital, Workforce, Children and Young People Strategy, Alcohol Strategy, Palliative End of Life Strategy, Suicide Prevention Strategy and Healthy Weight Strategy.
- Work continues to progress in relation to the ICB governance framework including place-based commissioning and provider collaboratives.
- We continue to support place based delivery and neighbourhood working initiatives.
- Work continues to take place to strengthen and develop our current working relationship with Shropshire Community Healthcare NHS Trust, Local Authorities, MPUFT, RJAH and voluntary organisations in a number of areas.
- The SaTH and UHNM provider collaborative working continues with robotic surgery and urology with exploration of further opportunities planned.
- The N8 Pathology Network continues to progress.
- Development, awareness and embedding of the prevention and health inequalities agenda. Planned work includes the development of governance framework and reporting aligned to the ICS Prevention and Health Inequalities board.

As outlined in the revised Trust strategy the actions that will be taken to support the ICS in the delivery of their goals include:

Adults:

- a) CVD – Hypertension case finding and optimal management including lipid management.
- b) Severe Mental Health – Working group and systemwide community mental health programme in place. This predominantly relates to physical health checks in the community.

Additionally, we are supporting:

- a) Tobacco Dependency – smoking cessation rates.
- b) Obesity/Weight Management – Healthy weight strategy.
- c) Alcohol Dependency – alcohol care teams.
- d) Learning Disabilities – staff awareness training.
- e) People living in rural areas – explore opportunities to reach and provide services in rural areas.

SaTH has representation on a number of cross organisational meetings that are designed to improve patient care particularly in the UEC environment– these include:

- System Discharge Alliance
- IDT Review Oversight meeting
- Virtual Ward Oversight Group

Hospitals Transformation Programme (HTP)

We have an urgent need to change how we deliver acute hospital services at our Shrewsbury and Telford sites as our current clinical model does not meet the needs of our patients. We currently have two inadequately sized emergency departments, with the delivery of key clinical services split across two sites (including critical care), insufficient physical capacity (particularly for planned care services), mixing of planned and unplanned care pathways, and poor clinical adjacencies. COVID-19 has further highlighted the need to reconfigure our services. Our buildings are aging and do not have the space or flexibility for modern healthcare. The proposed changes under the HTP will support the delivery of the service reconfiguration that was agreed as part of the Future Fit consultation, addressing our most pressing clinical challenges, and establishing solid and sustainable foundations upon which to make further improvements.

The proposed clinical service reconfiguration under our HTP will deliver a range of benefits across all of our communities, including:

A dedicated emergency department with immediate access to medical and surgical specialities:

- Timely access to the right specialist teams and consultants.
- Elimination of 12-hour breaches and reduced ambulance waiting times.
- Shorter hospital stays.

Ring-fenced planned care capacity supporting the needs of our population:

- Fewer procedures cancelled.
- Improved cancer waiting times.
- Resilient to peaks in emergency demand.

A much better environment for patients, families and staff:

- Modern, well-designed facilities.
- A better experience of care.
- Positive impact on staff experience and morale.

Integrated services for local people:

- Simpler and more effective patient pathways.
- Working seamlessly across our health and social care partners.
- Better access to health and care services.

To deliver the programme our next steps are as follows:

Action	Owner	Timescale
FBC Approval	HTP programme lead	Q1 24/25
Main build construction to begin	HTP programme lead	Q1-Q2 24/25
Further staff, patient and community engagement	HTP programme lead	2023 onwards
Implement new ways of working	HTP programme lead	Q4 2026/2027

Section G – Improve the quality of care that we provide

Quality Priorities 2024/25:

The Trust's Quality Strategy that was launched in 2021, the priorities that were proposed based on the known areas of risk, themes from the regulatory compliance work-stream and the NHS patient safety strategy.

For the last four years our quality priorities have been aligned to our quality strategy under the three domains of SAFE, EFFECTIVE and PATIENT EXPERIENCE.

The plan for 2024/25 is to refresh our quality strategy which will align with the development and implementation of the patient safety strategy. Our quality priorities will continue to be based on these three domains and includes the following quality priorities:

Quality Domain	Quality Priority	Metrics
Safe Learning from Events and Safety Culture	Integrate learning from both positive and negative incidents, utilise electronic communications, newsletters, staff briefs and forums, safety boards, quarterly learning and sharing forums.	<ul style="list-style-type: none"> • Embedding of Patient Safety Incident Response Framework (PSIRF) - Governance Incident Review Oversight Group (IROG), Review Action and learning from Incidents Group (RALIG). • Safety Conference • Shared learning • Safety Triangulation Group • Safety Huddle • Safety boards
Safe Deteriorating Patient	Fragility- Cognition Screening /Delirium	<ul style="list-style-type: none"> • By March 2025 75 % of patients will receive a screening for Delirium/Cognition by a Doctor. • Monthly Audits for compliance. • Learning from complaints and patient stories. • Dementia conference.
Safe Deteriorating Patient	Ensure (early) Recognition, Escalation and Response processes are in place to support timely intervention For Adults, Pregnant Adults, Children and Young People (CYP) at risk of deterioration and sepsis	<ul style="list-style-type: none"> • Data – Consistent & reliable use of early warning scores via National Early Warning Scores 2 (NEWS2), Paediatric Early Warning System (PAEWS), and Maternity Early Obstetric Warning System (MEOWS) for recognising deterioration. • Evidence of consistent reliable use of escalation protocols informed by track and trigger tools and national guidance, CQUIN07 data. • Monitor - projects developing systems & processes for documentation clinical management e.g. Treatment Escalation Plan (TEP), Respect forms. • Compliance Data - Sepsis, BLS/PLS, education project progress on development of deteriorating patient education package. • Reduction in incidents relating to these themes / triangulate with PSIRF thematic reviews.
Safe Inpatient Falls	To continue to sustain the reduction of inpatient falls Reduce the level of harm caused from falls.	<ul style="list-style-type: none"> • Development of a reconditioning dashboard to triangulate quality measures • Number of falls. • Number of falls with harm per 1000 bed days. • Patient experience data. • Learning identified through PSIRF. • The Energise project on Ward 27 June 2024.
Safe Omitted doses of time critical medication	Improved understanding of omitted doses of time critical medication within the organisation.	<ul style="list-style-type: none"> • Consistent and appropriate investigation and learning following reported incidents of omitted doses. • Implementation of the prevention of omitted doses of medication clinical

	<p>Reporting of all omitted doses of medication onto incident reporting system. Reduce the number of omitted doses of time critical medication.</p>	<p>guideline aimed at supporting clinical teams to reduce omitted doses and required actions following omission.</p> <ul style="list-style-type: none"> • Successful implementation of Electronic Prescribing and Medicines Administration (EPMA). • Compliance data/continual audit to monitor.
<p>Safe Radiology – timely reporting</p>	<p>Ensure improved patient experience in our Trust, Reducing waiting times, timely decision making and intervention by addressing the timeliness of Radiology reporting.</p>	<ul style="list-style-type: none"> • A working group will be development to formulate an action plan that includes audits and engagement/focus groups to better understand the issues that result in radiology reporting issues and to identify and implement improvements. • A reporting review in Radiology and improvements.
<p>Effective Right care, right place, right time.</p> <p>Supporting our staff to deliver the best clinical services and outcomes.</p> <p>Sustainable services</p>	<p>Ensure improved patient experience in our Emergency Departments, Reducing waiting times, timely decision making and intervention.</p> <p>Improve our admission and discharge processes through the Trust, ensuring our patients are receiving the right care, in the right place at the right time.</p>	<ul style="list-style-type: none"> • Activity Data. • Reduction in incidents relating to these themes Performance data. • Audits – SOPs & National Standards • Triage performance. • Reduction in incidents relating to these themes. • Links to Emergency Transformation Programme/MED Transformation Programme. • GIRFT recommendations. • Number of discharges < 10am, 12midday • Reduction in number of patients with no criteria to reside. • Discharge process audits / Roll out. Criteria Led Discharge.
<p>Effective Best Clinical Outcomes</p>	<p>Address and improve care with people with diabetes through close working with system partners.</p> <p>Diabetic foot clinic – improving foot care for people with diabetes. Ensuring quick access to a multi-disciplinary foot team for people with acute foot problems. Improving in-patient foot assessments and care to prevent iatrogenic harm, with new assessment documentation, preventative care and staff education.</p>	<ul style="list-style-type: none"> • Establishment of commissioning agreement for diabetic services with ICB. • Evidence of meetings of system clinical advisory group. • Reduction in hospital admissions with primary diagnosis of complication of diabetes. • Reduction in amputations of people with diabetes. • Development of OPAT service for suitable patients with diabetes associated infections. • Evidence of MDT educational programme for secondary, community and primary care Training compliance. • Audit compliance.

	To provide inpatient foot reviews with a view to using OPAT for reduced hospital stay.	<ul style="list-style-type: none"> • Reduction in incidents relating to these themes. • Key performance indicator of time from referral to appointment. • Reduction of incidents relating to diabetes foot ulceration and pressure lesions of the diabetes foot. • Audit of “Achilles heel tool” assessment usage. • Reduction of length of stay for diabetes foot patients. • Reduction of diabetes foot amputations.
Patient Experience	Demonstrating that as a Trust we are learning and improving patient, carer and public experience through complaints, patient surveys, feedback and compliments.	<ul style="list-style-type: none"> • Evidence of the learning from complaints within and our services. • Functioning speciality Post-acute Care Enablement (PACE) panels. • All wards to have a “You said, we did” Quality Boards. • Improve our ratings in the national staff survey. • Improve complaint response performance • Reduction in complaints and related themes. • Completion of actions and evidence of learning.
Patient Experience Mental Health Training	Quality Standards and demonstrate NICE Guidance compliance for: Violence and aggression: short-term management in mental health, health (NG10) and Self-harm: assessment, management and preventing recurrence (NG225).	<ul style="list-style-type: none"> • Staff Training figures. • Restrictive Interventions audit-Governance Safeguarding Operational groups and Committees.
Patient Experience Learning Disabilities and /or Autism	Improve the care and experience for patients with Learning Disabilities and/or Autism.	<ul style="list-style-type: none"> • Oliver McGowan training figures T1 and T2. • PACE panel. • Patient Passports.

Section H – Enhance wider health and wellbeing of communities

The Trust will continue work with all system partners on greater integration and collaboration; provider collaboration with NHS Trusts will be developed further, building on the work commenced in 2023/24. This will enhance the wider health & wellbeing of communities as outlined in the NHSE Operational Plan Guidance and STW Five Year Joint Forward Plan by building on the key clinical areas identified in the Core20PLUS approach to tackling Health Inequalities.

Linked to the NHS Operating Plan Guidance and STW Joint Forward Plan Commitments [The National Healthcare Inequalities Improvement Programme \(HiQiP\)](#) we will focus on the following five priority areas:

Restoring NHS services inclusively:

- Use local data to plan the inclusive restoration of services, guided by local evidence. This approach should be informed by NHS performance reports that are delineated by ethnicity and deprivation, as evidence suggests these are the areas where health inequalities have widened during the pandemic.

Mitigating against digital exclusion:

- Enable robust data collection which identifies which populations are accessing face-to-face, telephone or video consultations, broken down by relevant protected characteristic and health inclusion groups. We must assess the impact of digital consultation channels on patient access, ensure face-to-face care continues to be offered to patients who cannot use remote services and offer support to improve digital inclusivity.

Ensuring datasets are complete and timely:

- Improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services and specialised commissioning.

Accelerating preventative programmes:

- Preventative programmes and proactive health management for groups at greatest risk of poorer health outcomes should be accelerated. This should include deliver of the national prevention programmes for weight management, tobacco and alcohol dependency, the ongoing management of long-term conditions, annual health checks for people with learning disabilities and programmes of work aligned to the key clinical areas identified within the Core20PLUS5 Approach for tackling Health Inequalities:

[Core20PLUS 5 Key Clinical Areas for Adults:](#)

1. Equity of maternity care for women from ethnic minority backgrounds and those from the 20% most deprived areas.

1. Annual physical health checks for people with severe mental illness.
2. A clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving uptake of Covid-19 and Flu vaccinations.
3. 75% of cancer cases are diagnosed at stage 1 or 2 by 2028.
4. To allow for interventions to optimise blood pressure and lipids and minimise the risk of myocardial infarction and stroke.

Core20PLUS 5 Key Clinical Areas for Children & Young People:

Address the over-reliance on reliever medications and decrease asthma attacks. Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds and increase the proportion of those with type 2 diabetes receiving recommended NICE care processes.

Increase access to epilepsy specialist nurses and ensure in the first year of care for those with a learning disability or autism.

Address the backlogs for tooth extractions in hospital for under 10s.

Improve access rates to children and young people’s mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation.

Strengthening leadership and accountability:

- Ensure named Executive leads are appointed for tackling health inequalities and improving awareness/knowledge and access to health inequalities training.

In addition, following a system wide workshop held in December 2023, the building blocks for collective Health Inequalities was agreed. (see below)

Building blocks for collective Health Inequalities Action



The four areas of focus for work in 2024/2025 were identified as:

- Waiting well initiatives to improve health and wellbeing particularly relating to those waiting for MSK interventions.
- Assessment of our system’s maturity as an anchor institution and develop a programme of work to increase our impact as an ICS.

- Utilise systematic pathway approaches to ensure our prevention offers (including weight management and smoking cessation) are integrated into existing practices and that we continue to focus on the interrelated elements of physical and mental well-being.
- Working with our Population Health Management Group develop our system wide knowledge and intelligence and agree key performance metrics.

To aid progress of the above we have been collaboratively working with the ICB and supporting the development of a health inequalities outcome dashboard. This will allow the opportunity to identify inequity in health outcomes and service provision, but also the ability to monitor improvements in health outcomes over time and the indicative impact of programmes currently in place.

Next Steps

Within the Trust we will continue to progress the above actions and participate in the various programmes of work. In addition:

- We will review our governance/reporting mechanisms for health inequalities to ensure alignment with all of our programmes of work and legal responsibilities.
- Continue to support the National Health Inequalities Ambassador Programme and liaise with other organisations in relation to improvements and good practice.
- Align with the national guidance and best practice e.g. dialogue with Leicestershire.
- Continue with the implementation of EPR ensuring datasets form part of the patient admin system and to continue to work in partnership to develop data sources, methods, approaches, analysis and evaluation.
- Publish data as part of our legal responsibility in collaboration with the ICB.
- Commence the development of reporting/governance/IPR ensuring waiting lists and DNA are captured by ethnicity and indication of multiple deprivation, at present prioritisation is based on clinical need and length of wait, led by national waiting time targets. Opportunities to use health inequalities data to further aid and focused elective recovery will be developed.
- In conjunction with the wider system commence a benchmarking assessment against the Health Inequalities Board Assurance Toolkit and assess maturity levels as an Anchor organisation/institution.

Section I – Appendices

- Appendix A - Metrics for monitoring the Getting to Good Programme.
- Appendix B - Metrics included in the Integrated Performance Report.
- Appendix C – Weekly Metrics to Executive Directors.

1. Governance Arrangements

The governance arrangements that are in place to monitor the delivery of this plan are described below, indicating the metrics that will be monitored and the committee that the performance against the metrics will be reported to:-

Section	Governance arrangement for reporting of progress made on the delivery of the plan at Board Committee level
Trust Programme	Quality & Safety Assurance Committee (QSAC)
Quality	Quality & Safety Assurance Committee (QSAC)
Activity	Performance Assurance Committee (PAC)
Performance	Performance Assurance Committee (PAC)
Workforce	People and OD Assurance Committee (PODAC)
Finance	Finance Assurance Committee (FAC)

Appendix A – Metrics for monitoring the Getting to Good Programme

Getting to Good Metrics	Performance Indicator / Metric	Target Metric	Reporting to
Elective Recovery	% of outpatient appointments delivered via video and telephone (non-face-to-face)	25%	Divisional PRM
Elective Recovery	Increase outpatient attendances to PIFU pathways by March 2025 – Metric is 1.5%.	5%	Divisional PRM
Elective Recovery	Reduction in outpatient DNAs	10%	Divisional PRM
Elective Recovery	Reduction on the waiting list (33855 (Apr-22) Reduction in the waiting List (Non-Admitted) (28567 (Apr-22))	Reduction	Divisional PRM
Elective Recovery	Zero 104 weeks	0%	Divisional PRM
Elective Recovery	Zero 78 weeks	0%	Divisional PRM
Elective Recovery	65 weeks by September 2024	0%	Divisional PRM
Urgent Care Improvement including Emergency Care Transformation Programme	Complex discharges occur within 24 hours in line with national guidance	100%	Divisional PRM
Urgent Care Improvement including Emergency Care Transformation Programme	Improved timeliness of patients being discharged before 17:00	80%	Divisional PRM
Urgent Care Improvement including Emergency Care Transformation Programme	Readmission rates of patients discharged through SDEC	less than 5%	Divisional PRM
Urgent Care Improvement including Emergency Care Transformation Programme	Sustained improvement in ambulance handover delays to under 60 minutes against trajectory to achieve 80% by March 2025.	80%	Divisional PRM
Urgent Care Improvement	Local target to achieve 80% of all paediatric	80%	Divisional

Getting to Good Metrics	Performance Indicator / Metric	Target Metric	Reporting to
including Emergency Care Transformation Programme	patients to receive a triage within 15 mins of arrival.		PRM
Urgent Care Improvement including Emergency Care Transformation Programme	% of children followed up by a consultant within 48 hours of leaving the ED department PRH and RSH	100%	Divisional PRM
Urgent Care Improvement including Emergency Care Transformation Programme	Continual improvement of the 4-hour U&EC performance standard with a trajectory to achieve 70% SaTH target and system wide aim is 76% by March 2025 as part of Tier 1 work.	70% SaTH 76% STW	Divisional PRM
Urgent Care Improvement including Emergency Care Transformation Programme	Reduction in the % patients spending more than 12 hours in ED.	<2023/24	Divisional PRM
Urgent Care Improvement including Emergency Care Transformation Programme	Mean time in ED admitted (mins) (437 2023/24)	<2023/24	Divisional PRM
Urgent Care Improvement including Emergency Care Transformation Programme	Mean time in ED non admitted (mins) (199 2023/24)	<2023/24	Divisional PRM
Quality & Safety	Reduction in out of hours bed moves after 23.00 hours	1%	QSAC
Quality & Safety	To continue to sustain the reduction in the number of inpatient falls per 1000 bed days	6.6	QSAC
Quality & Safety	Reduce the level of harm caused from falls in line with national standards 2023/24	0.19	QSAC
Quality & Safety	Improve complaint response performance	85%	QSAC
Quality & Safety	Reduction in complaints and related themes	< 2023/24	
Quality & Safety	Nursing Quality Assurance Audit	90%	QSAC
Quality & Safety	IPC Training	90%	QSAC
Quality & Safety	Safeguarding Training	90%	QSAC
Quality & Safety	MCA Dols and MH Training	90%	QSAC

Getting to Good Metrics	Performance Indicator / Metric	Target Metric	Reporting to
Quality & Safety	Improve the percentage of patients receiving a screening for Delirium/Cognition by a Doctor.	75%	QSAC
Quality & Safety	Reduction in Pressure Ulcers – Category 2 and above	134	QSAC
Quality & Safety	HCAI - No of MRSA	0	QSAC
Quality & Safety	HCAI - No of CDI/F	<3	QSAC
Quality & Safety	Delivery of CQC actions	100%	QSAC
Quality & Safety	Removal of at least 1 CQC Section 31's (5 in total)	>1	QSAC
Workforce Transformation	Retain students on new roles development programme	100%	PODAC
Workforce Transformation	Increase in shifts covered on rota by international staff and reduce agency usage / spend	10%	PODAC
Workforce Transformation	Reduce agency usage against trajectory	10%	PODAC
Workforce Transformation	Reduce turnover (2024 Current 11.1) Target is 10% by 2025	10%	PODAC
Workforce Transformation	Level of staff accessing LMS	90%	PODAC
Workforce Transformation	Level of engagement with the staff survey (Current 2024 target 6.59). Target 2026 is 7.5	7.5	PODAC
Workforce Transformation	Reduce workforce formal casework by	5%	PODAC
Workforce Transformation	Team working programme implemented in teams	30%	PODAC
Workforce Transformation	Increase access to health and well-being services by	10%	PODAC
Workforce Transformation	Leadership Development Programme delivered to year two cohort	70%	PODAC
Workforce Transformation	Management skills self-assessment completed by	90%	PODAC
Workforce Transformation	Training Evaluation average positive	90%	PODAC
Maternity Transformation	Number of direct Maternal Deaths – in line with MBACE national target	Below national target	MTAC / QSAC
Maternity Transformation	Number of Stillbirths – below the MBACE national target	Below national target	MTAC / QSAC
Maternity Transformation	Delivery and embed implementation of Ockenden actions	100%	MTAC / QSAC
Maternity Transformation	Delivery of RCOG actions	100%	MTAC / MTP

Getting to Good Metrics	Performance Indicator / Metric	Target Metric	Reporting to
Maternity Transformation	Delivery of CNST actions	100%	MTAC / QSAC
Digital Transformation	Reduction in average time for service desk call response	10%	PAC
Digital Transformation	Increase in service desk first time fix	10%	PAC
Corporate Governance	Reduction in number of operational risks scoring >15	5%	Risk Management Committee
Efficiency & Sustainability	Achieve agreed efficiency Target.	100% achieved	FAC

Appendix B – Metrics included in the Integrated Performance Report

Metric	Scrutinising Committee
Mortality	
HSMR	QSAC
RAMI	QSAC
Infection	
HCAI - MSSA	QSAC
HCAI - MRSA	QSAC
HCAI - C.Difficile	QSAC
HCAI - E-Coli	QSAC
HCAI - Klebsiella	QSAC
HCAI - Pseudomonas Aeruginosa	QSAC
Patient Harm	
Pressure Ulcers - Category 2 and above	QSAC
Pressure Ulcers - Category 2 Per 1000 Bed Days	QSAC
VTE	QSAC
Falls - total	QSAC
Falls - per 1000 Bed Days	QSAC
Falls - with Harm per 1000 Bed Days	QSAC
Never Events	QSAC
Coroners Regulation 28s	QSAC
Serious Incidents	QSAC
Mixed Sex Breaches	QSAC
Patient Experience	
Complaints	QSAC
Complaints Responded within agreed time	QSAC
Complaints Acknowledged within agreed time	QSAC
Friends and Family Test	QSAC
Maternity	
Smoking rate at Delivery	QSAC
One to One Care In Labour	QSAC
Delivery Suite Acuity	QSAC

Workforce	
WTE Employed	PODAC
Total temporary staff	PODAC
Staff turnover rate (excludes junior doctors)	PODAC
Sickness absence rate	PODAC
Agency Expenditure	PODAC
Appraisal Rate	PODAC
Appraisal Rate (Medical Staff)	PODAC
Vacancies	PODAC
Statutory and Mandatory Training	PODAC
Trust MCA – DOLS & MHA	PODAC
Safeguarding Adults - level 2	PODAC
Safeguarding Adults – level 3	PODAC
Safeguarding Children – level 2	PODAC
Elective Care	
RTT Waiting list -Total size	PAC
RTT Waiting list - English	PAC
RTT Waiting list - Welsh	PAC
18 Week RTT % compliance - incomplete pathways	PAC
26 Week RTT % compliance - incomplete pathways	PAC
52+ Week breaches - Total	PAC
52+ Week breaches - English	PAC
52+Week breaches - Welsh	PAC
65+ Week breaches - Total	PAC
65+ Week breaches - English	PAC
65+ Week breaches - Welsh	PAC
Outpatient DNA rates	PAC
Patients moved to PIFU	PAC
Theatre utilisation	PAC
Virtual appointments undertaken	PAC
Cancer	
Cancer 31 day standard	PAC
Cancer 62 day compliance	PAC
Cancer faster diagnosis	PAC
Diagnostics	
Diagnostic % compliance 6 week waits	PAC
DM01 Patients who have breached the standard	PAC
Emergency Department	
ED - 4 Hour performance	PAC
ED - Ambulance handover > 60mins	PAC
ED 4 Hour Performance - Minors	PAC

ED 4 Hour Performance - Majors	PAC
ED time to initial assessment (mins)	PAC
12 hour ED trolley waits	PAC
Total Emergency Admissions from A&E	PAC
% Patients seen within 15 minutes for initial assessment	PAC
Mean Time in ED Non Admitted (mins)	PAC
Mean Time in ED admitted (mins)	PAC
No. Of Patients who spend more than 12 Hours in ED	PAC
12 Hours in ED Performance %	PAC
Virtual Ward utilisation	PAC
Hospital Occupancy and Activity	
Bed Occupancy - G&A	PAC
ED activity (total excluding planned returns)	PAC
ED activity (type 1&2)	PAC
Total Non-Elective Activity	PAC
Outpatients Elective Total activity	PAC
Total Elective IPDC activity	PAC
Diagnostic Activity Total	PAC
Finance	
Cash	FAC
Efficiency	FAC
Year to date surplus/deficit	FAC
Cumulative Capital Expenditure	FAC

Footnote – Metrics relating to safer staffing are being developed and will be added to the IPR metrics later in the year.

Appendix C – Weekly metrics to executive to track financial position.

Metric
Number of beds open previous week vs plan
Nursing WTE used in rostered areas (previous week) vs plan
Number of junior doctors used (previous week) vs plan
Nursing unavailability (registered and unregistered) vs plan
Weekly efficiency tracker
Forecast end of month WTE vs plan
Agency cap compliance (previous week)
Areas using escalated pay rates (previous week)
Supernumerary nursing (previous week)
Live roles on NHS Jobs