Board of Directors' Meeting: 13 March 2025

Agenda item		045/25		
Report Title		Integrated Performance Report		
Executive Lead		Jo Williams, 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 18/02/2025 Performance Assurance Committee 18/02/2025 Quality & Safety Assurance Committee 25/02/2025 Finance Assurance Committee 25/02/2025		
Executive summary:		The report provides an update on progress against the Trust's Operating Plan and associated objectives and enablers. The Board's attention is drawn to the sections of Quality, Patient Safety and Clinical Effectiveness, Responsiveness and Well Led, which incorporates both Workforce and Finance. The report provides an overview of the performance indicators to the end of December 2024/January 2025, 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 12th March 2025

Presenting Month 10 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 January 2025 showed a slight improvement compared to December 2024 (52.4% v 50.4%), and there was a decrease in the monthly number of 12-hour trolley breaches (1316 in January 2025 v 1494 in December 2024). The percentage of patients seen within 15 minutes for initial assessment increased quite markedly from 51.6% in December 2024 to 62.7% in January 2025.

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 ten the Trust is reporting a deficit of £22.7m against the restated £3.6m planned deficit, equating to £19.1m deficit to plan; a further adverse variance of £1.8m compared to month nine (£16.3m deficit). The Trust has an efficiency target of £44.7m (7.6%) in 2024/25. At the end of month ten £24.4m has been delivered against a target of £27.9m 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 £52.0m for externally funded schemes for 2024/25 giving a total capital programme of £68.8m of which £26.9m has been spent at month ten with plans in place to ensure in-year CDEL is fully committed. The Trust held a cash balance of £54.9m as at the end of January 2025.

The Trust is being monitored in Tier one for Elective delivery. There were no patients waiting over 104 weeks in January 2025, there were 4 x 78-week breaches and 162 65 week due to lack of capacity in ENT/dental, Gynae, T&O and MaxFax. The total waiting list size reduced in January with continued validation support from MBI. Additional capacity is being provided by ISP providers for ENT, maxillofacial, gynaecology, endoscopy and general surgery.

The Trust is being monitored in Tier 1 for Cancer. The combined backlog as at the end of January 2025 was 401 (increase from 394 at the end of December). The validated December position for FDS was 66.7% (previous month was 69.2% and against a national target of 75%), 31-day standard was 92.2% (previous month was 89.6% against a national target of 96%) and 62-day standard was 63.3% (previous month was 64% against a national target of 85%). Predicted performance for January is expected to deteriorate to 56.4% FDS, 82.8% for 31-day and 48% for 62-day.

The validated overall DM01 position for January 2025 was 56.6% which was an improvement compared to December 2024 (53.6%). The overall number of over 6-week breaches also decreased from 8376 in December 2024 to 7524 in January 2025.

Operational Plan 2024/25 Objectives

The Shrewsbury and Telford Hospital NHS Trust

Objective	Month 10 Status Summary	Current Status	Assurance Committee
1: Deliver our Quality Priorities and the next phase of our Getting to Good Programme	The energise project has been extended with funding from ICB until January 8th, after which a report will be submitted from energise with recommendations and outcomes. The ICB were asked at QSAC to confirm funding we are still waiting for a response . This will be shared through Falls steering. Quality Strategy continues to be refreshed and aligning with the Patient Safety Strategy and Patient Experience Strategy. Learning Disabilities and Autism post the successful candidate has withdrawn accepting the role and options on delivering this work are now underway way.	A	QSAC
2: Deliver Elective Services and implement Enhanced Recovery	There were 0 104-week breaches in January, 4 x 78w breaches and 162 x 65w breaches (challenges mainly in ENT, gynae, MaxFax). Progress noted on long waiting position English only: 948 x 65ww in August down to 162 at the end of January showing special cause improvement. Theatre Utilisation in January was 80%, new theatre timetable increasing elective capacity, externally supported outpatient booking utilisation improvement programme to commence Feb 2025. Daily and weekly performance monitoring meetings are in place. A methodology to enable a route to zero for long waiting patients has been operationalised.	R	PAC
3: Maintain FDS and achieve 62-day referral to treatment standard	Our validated FDS performance in December was 66.7% and is demonstrating special cause improvement. Our 31d performance in December was 92.2% and continues to show common cause variation. 62d performance in December was 63.3% and is demonstrating special cause improvement. Unvalidated performance for January is showing a deterioration in all three performance indicators. Immediate and longer-term improvement plans are in place and redesign is ongoing, whilst additional capacity has been sourced in the immediate term to optimise performance.	A	PAC
4: Improve UEC performance in line with GIRFT recommendations	Month 10 4-hour Emergency Access Standard performance is 52.5% against a forecast plan of 67.3%, demonstrating common cause variation. 20% of patients spent more than 12hrs in ED reflecting the very extensive pressure on the UEC pathway. Ambulance handover delays remain significantly challenged with 38.7% 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

Operational Plan 2024/25 Objectives – cont.

Objective	Month 10 Status Summary	Current Status	Assurance Committee
5: Use of Resources – operate within our budget through delivery of efficient and productivity measures	The year end deficit at the end of January (month ten) is £22.7m against a planned deficit of £3.6m. This is after receiving funding from NHSE for the 2024/25 planned deficit of £44.3m full year. This deficit to plan of £19.1m is predominantly driven by temporary staffing premiums (£7.1m), endoscopy income (£3.2m), unfunded pay award (£3.0m) and escalation slippage (£3.5m). 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 10 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	At month 10 our overall workforce position is 247 WTE over the revised planned levels. The number of new starters has far exceeded the number of leavers in January (88 new starters to 43 leavers). The number of leavers in January was less than the average level seen through the year (average of 60 WTE leavers per month). There was a 41% increase in new starters in January compared to December. The bank usage also increased throughout January which correlated with an increase of sickness absence (4% increase across wards in seasonal conditions such as colds and flu) and an increase in maternity leave. There has been an increase of migration of agency workers to bank from December to January which has increased use but also supported the continuing reduction of nursing agency.	A	PODAC
3: Develop an estates plan to optimise our current estate and continue to progress our Hospital Transformation Programme	RAAC project Group in place, contract awarded for the enabling works for the generators and sub station and contract awards expected imminently for main works (kitchen/servery) and generators themselves. The RAAC project includes permanent location of Drs' Mess at PRH. LINAC progressing to plan with completion date of June 2025. Option appraisal in train for completion of the 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 10 Status Summary	Current Status	Assurance Committee
4: Develop and implement sustainable travel plan to improve patient and staff experience	The Trust has a Travel plan with a HTP appendix alongside an action plan. Collaboration across the ICS and HTP plus funding is required to complete some of these actions.	A	PAC
5: Electronic Patient Record (EPR) - complete Phase 1 (implement and embed Careflow PAS and ED) and commence Phase 2.	The extensive digital programme for 2024/25 continues, including the migration from Windows 10 to Windows 11 which is well underway. There are significant demands on the digital, operational, and clinical teams and continued dialogue and prioritisation continues. National submission reporting remains a closely monitored area, the Trust's Data Warehouse redevelopment project is well underway, supported by national and regional digital/technical expertise.	G	FAC/PAC/ QSAC

Operational Plan 2024/25 Objectives

The Shrewsbury and Telford Hospital NHS Trust

Trust Objective	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
Objective 2: Deliver Elective Services and implement Enhanced Recovery	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	204	166				
	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%	79.0%	78.0%				
	Achieve 85% daycase by end Q3 2024/25 (BADS)	Plan	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		
		Actual	84.2%	83.2%	87.5%	Not Available	Not Available	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	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	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%	59.0%	61.3%				
	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%	54.7%	58.0%				
Objective 3: Maintain FDS and achieve 62 day referral to treatment standard	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%	69.2%	66.7%					
	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%	64.0%	63.3%					

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

Operational Plan 2024/25 Objectives

The Shrewsbury and Telford Hospital NHS Trust

Trust Objective	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
Objective 4: Improve UEC performance in line with GIRFT recommendations	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%	50.4%	52.4%				
	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	01:01:01	00:33:42				
	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%	21.5%	20.1%				
	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	2741	2361				
	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	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	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	Not Available	Not Available				
Objective 5: Use of Resources - operate within our budget through delivery of efficiency and productivity measures	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)	(17,179)	(22,661)				
	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%	3.63%	3.13%				
	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	2,833	3,654				

** National Target 3.2%, STW Target 6.4%

Quality Patient Safety, Clinical Effectiveness and Patient Experience

Executive Leads :

Interim Director of Nursing
Paula Gardner

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)	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Trend
Patient Safety & Effectiveness	Pressure Ulcers - Category 2		20% < 2023-24	17	21	20	15	22	20	17	21	19	21	18	24	32	28	
	Pressure Ulcers - Category 2 per 1000 Bed Days		20% < 2023-24	0.67	0.84	0.75	0.59	0.83	0.80	0.62	0.83	0.76	0.84	0.75	0.99	1.25	1.12	
	Pressure Ulcers - Category 3		10% < 2023-24	3	3	4	5	14	9	9	8	5	5	2	6	4	7	
	Pressure Ulcers - Category 3 per 1000 Bed Days		10% < 2023-24	0.02	0.12	0.15	0.20	0.53	0.36	0.33	0.32	0.20	0.20	0.08	0.25	0.16	0.28	
	Pressure Ulcers - Category 4		0	0	0	0	0	0	0	0	0	0	0	1	0	2	0	
	Falls - per 1000 Bed Days		5% < 2023-24	4.32	4.55	3.78	4.35	4.56	5.01	4.65	4.73	4.40	4.38	4.37	4.82	4.05	4.74	
	Falls - total		-	108	114	101	111	121	125	127	120	110	109	105	117	104	118	
	Falls - with Harm per 1000 Bed Days		5% < 2023-24	0.23	0.24	0.15	0.08	0.23	0.08	0.15	0.24	0.24	0.16	0.25	0.16	0.08	0.20	
	Falls - Resulting in Harm Moderate or Severe		0	0	6	4	2	6	2	4	6	6	4	6	4	2	5	
Patient Experience	Complaints		-	-	53	68	73	70	77	76	80	86	79	84	77	65	66	
	Complaints - responded within agreed timeframe - based on month response due		85%	85%	46.0%	46.0%	45.0%	44.0%	44.0%	46.0%	43.0%	52.0%	52.0%	53.0%	50.0%	40.0%	49.0%	
	Complaints by Theme - Access to Treatment or Drugs				3	4	4	4	3	3	5	4	3	4	1	3	1	
	Complaints by Theme - Admission / Discharge				12	14	13	12	20	14	17	17	22	18	16	17	18	
	Complaints by Theme - Appointment				4	7	6	7	10	20	10	11	6	11	7	11	5	
	Complaints by Theme - Clinical treatment				21	33	46	35	50	40	39	44	55	40	46	37	34	
	Complaints by Theme - Commissioning Decisions				0	0	0	0	0	0	0	0	0	0	0	0	0	
	Complaints by Theme - Communication				18	31	35	38	46	31	40	44	29	40	39	37	37	
	Complaints by Theme - Consent to treatment				2	1	3	0	3	5	0	2	1	3	2	1	3	
	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				3	0	4	1	3	3	4	6	3	1	0	1	1	
	Complaints by Theme - Facilities				5	6	8	7	11	2	8	6	5	6	4	7	7	
	Complaints by Theme - Mortuary				1	0	1	0	1	0	0	0	0	0	0	0	0	
	Complaints by Theme - Other				1	1	1	2	0	2	3	0	0	2	1	1	0	
	Complaints by Theme - Patient care				14	13	24	23	20	18	23	25	24	18	19	23	21	
	Complaints by Theme - Prescribing				1	3	3	2	3	5	3	8	5	7	0	8	2	
	Complaints by Theme - Privacy & Dignity				6	3	6	4	6	7	5	14	6	8	3	11	3	
	Complaints by Theme - Restraint				1	0	0	0	1	0	0	1	0	0	0	1	1	
	Complaints by Theme - Staff numbers				0	2	1	5	5	5	3	4	2	3	3	4	1	
	Complaints by Theme - Trust admin / procedure / records				4	3	11	9	17	9	10	10	12	20	3	4	2	
	Complaints by Theme - Values & Behaviours (staff)				13	19	20	28	18	29	18	21	20	25	15	19	19	
	Complaints by Theme - Waiting time				11	10	9	13	20	13	15	17	15	13	9	6	13	
	PALS - Count of concerns		-	-	274	347	311	320	340	345	367	406	402	394	411	401	285	
	Compliments		-	-	172	178	135	151	120	81	121	129	91	94	122	137	87	
	Friends and Family Test -SaTH		95%	95%	92.7%	91.8%	93.3%	91.0%	89.1%	88.4%	89.7%	93.4%	93.0%	97.9%	92.8%	92.7%	88.8%	
	Friends and Family Test - Inpatient		95%	95%	98.5%	98.2%	98.4%	98.2%	98.4%	98.3%	99.2%	97.8%	98.6%	98.9%	98.3%	98.3%	98.0%	
	Friends and Family Test - A&E		85%	85%	62.9%	67.7%	65.2%	62.4%	62.9%	60.3%	66.1%	75.0%	75.9%	53.1%	69.8%	71.2%	60.5%	
	Friends and Family Test - Maternity		95%	95%	96.2%	97.4%	96.8%	94.9%	81.0%	100.0%	100.0%	80.0%	100.0%	85.7%	64.3%	93.2%	93.8%	
	Friends and Family Test - Outpatients		95%	95%	98.7%	98.9%	99.5%	98.5%	97.9%	98.1%	98.1%	98.5%	98.7%	98.7%	98.8%	99.0%	98.9%	
	Friends and Family Test - SaTH Response rate %		-	-	7.3%	8.6%	10.1%	7.9%	8.2%	9.9%	10.0%	9.7%	11.4%	7.6%	11.9%	9.8%	8.9%	
	Friends and Family Test - Inpatient Response rate %		-	-	14.6%	13.5%	19.8%	15.1%	13.5%	16.7%	15.8%	16.1%	20.9%	19.5%	21.7%	16.5%	13.4%	
	Friends and Family Test - A&E Response rate %		-	-	3.0%	5.5%	4.2%	3.8%	5.1%	6.1%	6.6%	5.7%	6.5%	0.3%	5.9%	5.6%	5.9%	
	Friends and Family Test - Maternity (Birth) Response rate %		-	-	1.9%	1.8%	5.0%	1.4%	1.1%	27.3%	1.0%	3.0%	1.0%	2.1%	2.2%	0.9%	0.9%	

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard 24/25	Current Month Trajectory (RAG)	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Trend
Patient Safety & Effectiveness	Trust SHMI (HED)		100	100	96.88	93.79	96.63	97.69	not available	not available	not available	not available	not available	not available	not available	not available	not available	
	Trust SHMI - Expected Deaths		-	-	274.58	281.48	236.98	248.75	not available	not available	not available	not available	not available	not available	not available	not available	not available	
	Trust SHMI - Observed Deaths		-	-	266	264	229	243	not available	not available	not available	not available	not available	not available	not available	not available	not available	
	SJRs Completed by Month				33	34	37	37	28	32	34	40	33	32	25	31	31	
	MRSA - HOHA				1	1	0	0	1	0	1	0	0	0	0	0	1	
	MRSA - COHA				0	0	0	0	0	0	1	0	0	0	0	0	0	
	MRSA - Total	R	0	0	1	1	0	0	1	0	2	0	0	0	0	0	1	
	MSSA - HOHA		-	-	0	2	3	4	3	3	4	3	1	2	3	3	2	
	C. difficile - HOHA				9	7	1	4	3	1	4	6	11	4	5	6	9	
	C. difficile - COHA				5	1	6	3	5	3	4	2	3	2	6	5	6	
	C. difficile - Total	R	98	8	14	8	7	7	8	4	8	8	14	6	11	11	15	
	E. coli - HOHA				6	3	6	2	3	8	2	2	5	5	3	4	8	
	E. coli - COHA				8	11	9	11	15	13	7	11	8	5	5	7	9	
	E. coli - Total	R	146	12	14	14	15	13	18	21	9	13	13	10	8	11	17	
	Klebsiella - HOHA				3	1	2	5	1	0	0	2	1	2	1	4	4	
	Klebsiella - COHA				2	2	0	3	0	3	1	3	0	3	1	2	2	
	Klebsiella - Total	R	36	3	5	3	2	8	1	3	1	5	1	5	2	6	6	
	Pseudomonas Aeruginosa - HOHA				1	0	2	0	0	0	0	1	1	1	1	0	1	
	Pseudomonas Aeruginosa - COHA				1	0	0	2	1	2	0	1	0	1	2	1	1	
	Pseudomonas Aeruginosa - Total	R	19	1	2	0	2	2	1	2	0	2	1	2	3	1	2	
	VTE Risk Assessment completion - SATH		95%	95%	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	0	0	
	Serious Incidents - Closed in Month		-	-	8	5	5	2	6	2	4	2	3	2	1	0	1	
	Serious Incidents - Total Open at Month End		-	-	30	25	21	18	12	11	9	7	7	7	5	3	1	
	Mixed Sex Accommodation - breaches		10% < 2023-24	64	71	56	86	105	98	116	81	68	58	69	83	92	117	
	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%	68%	71%	58%	81%	64%	85%	85%	82%	89%	78%	88%	94%	90%	
	Smoking Rate at Delivery		6%	6%	6.3%	7.9%	10.2%	8.0%	7.4%	6.6%	5.7%	8.1%	7.2%	6.6%	6.7%	5.5%	9.6%	
	Therapy stroke treatment within 72 hours - Occupational Therapy		100%		90.9%	89.4%	89.1%	81.1%	86.2%	91.0%	92.6%	95.7%	72.6%	92.8%	ced with 24 hr r	replaced with 24 hr metric		
	Therapy stroke treatment within 72 hours - Physiotherapy		100%		91.4%	89.6%	92.6%	91.4%	88.2%	87.7%	96.4%	95.7%	75.9%	91.4%	ced with 24 hr r	replaced with 24 hr metric		
	Therapy stroke treatment within 24 hours - Occupational Therapy		100%													77.1%	0.0%	
	Therapy stroke treatment within 24 hours - Physiotherapy		100%													79.3%	0.0%	
	Therapy stroke treatment within 72 hours - Speech & Language Therapy		100%		90.5%	80.0%	82.4%	85.2%	77.3%	78.6%	89.5%	91.3%	71.4%	92.9%	94.4%	74.5%	0.0%	
	Therapy stroke treatment 45 mins per therapy per day - Occupational Therapy		45		45.5	40	40	38.1	45	50	44.6	40.5	40	47	ed with Psycho	replaed with Psychological		
	Therapy stroke treatment 45 mins per therapy per day - Physiotherapy		45		30	32	30	30	30	30	32	35	30	32.3	ed with Motor th	replaced with Motor therapy		
	Therapy stroke treatment 45 mins per therapy per day - Speech & Language Therapy		45		30	30.8	30	30	33.3	25.4	25.8	26.7	35	31.6	with Comm/Sw	replaced with Comm/Swallowing		
	Therapy stroke treatment 3 hours per day - Motor Therapy		180													29.2	0	
	Therapy stroke treatment 45 mins per day - Psychological Therapy		45													30	0	
	Therapy stroke treatment 45 mins per day - Communication/Swallowing Therapy		45													25	0	
	Stroke Patients Scanned - within 20 mins of clock start															10.50%	0.00%	
	Stroke Patients Scanned - within 1 Hour of clock start				52.2%	46.7%	30.2%	45.3%	49.4%	49.3%	39.4%	60.4%	44.1%	42.3%	45.0%	57.0%	0.0%	
	Stroke Patients Scanned - within 12 Hours of clock start				97.1%	90.7%	93.7%	93.8%	94.8%	93.2%	94.4%	95.8%	94.6%	98.7%	laced with 20 r	replaced with 20 mins		
	Readmissions within 28 days		-	-	1083	1212	1097	1298	1170	1100	552	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	
	% readmission within 28 days		-	-	9.8%	9.9%	9.4%	10.8%	10.1%	9.5%	4.9%	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	

Patient Safety, Clinical Effectiveness, Patient Experience Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

Dementia Screening completion rates have fallen since the introduction of a new scoring system and the Deputy Medical Director and Quality Matron are combining this work with other baseline assessment work for VTE and cognitive screening. There will be working groups, and it is part one of the workstreams along with the Deteriorating Patient programme of work.

Antibiotics within 60 minutes for children was 40% despite ward audit compliance being high and peer validation low. It has been noted that there was an error as there was no option for a child who didn't need antibiotics and so this is being reviewed to ensure the correct denominator is applied. Consideration is being made for how we can include any delays in antibiotics being caused by prolonged waits in ambulances.

Pressure ulcer incidence is of concern and is being reviewed along with falls and working with the new Purpose T tool. There will be a review at the end of March. Pressure ulcers are reviewed and look at how delays in ambulances and care in corridors might impact on this.

We breached our annual C difficile target, and our lack of a ward decant area is preventing thorough deep cleaning of wards. It is likely that March and April will be the earliest time for bay deep cleans but requires more stable capacity out of winter. The Assistant Director of IPC in the Midlands Region is going to support and actions will be needed relating to antibiotic prescribing and review at 72 hours, alongside the bare below the elbow and hand washing consistency.

SHMI data is not reliable due to the data warehouse issue and our focus is on our review of ED mortality.

Quality - Safe - Deteriorating Patients - Fragility

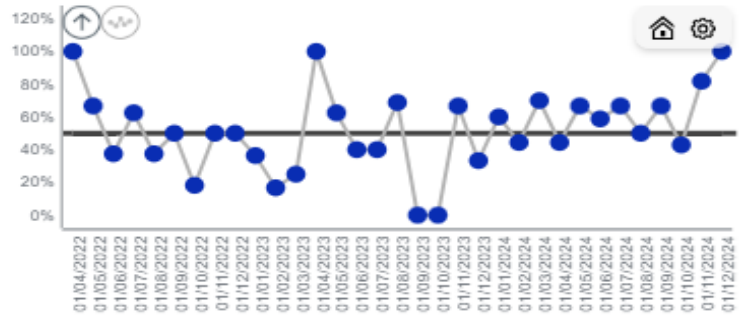
Partnering · Ambitious Caring · Trusted

The Shrewsbury and Telford Hospital NHS Trust

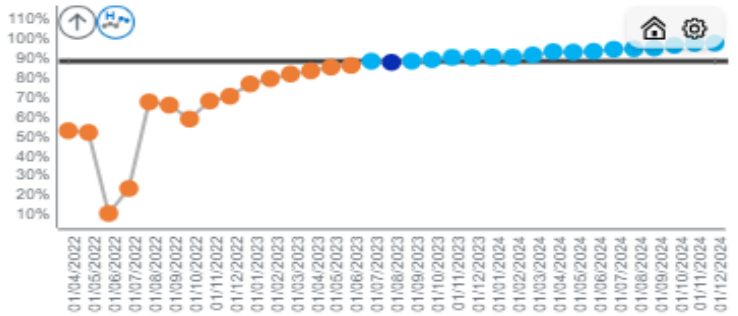
Falls | Deteriorating Patients - NEWS | Deteriorating Patients - PEWS | Medication - Omitted Doses

	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	Nov-2024	Dec-2024
Improve Dementia screening rates - Patient had an AMT - ED	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	81.8	100.0
Improve Dementia screening rates - Patient had an AMT - Adult IP	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	67.0	55.7
Dementia Awareness Tier 1 3 Yearly	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	97.22	97.37
Dementia Awareness Tier 2 3 Yearly	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	92.59	92.95
Dementia Screening % Score	72	73	73	69	73	67	72	77	77	70	73	83	59	67	73	67
Dementia Screening Audited	290	295	285	277	263	267	277	251	249	255	264	262	273	251	246	189
Complaints by Theme - Dementia Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

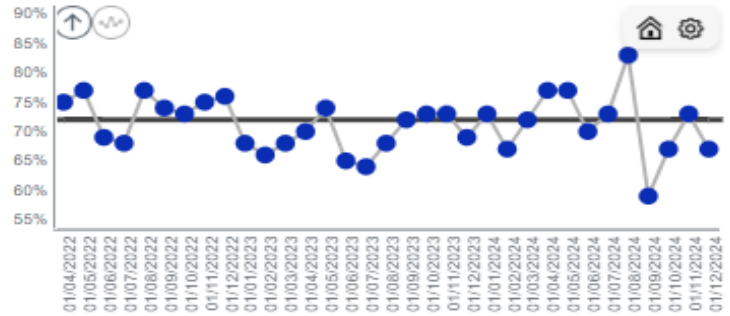
Improve Dementia screening rates - ED



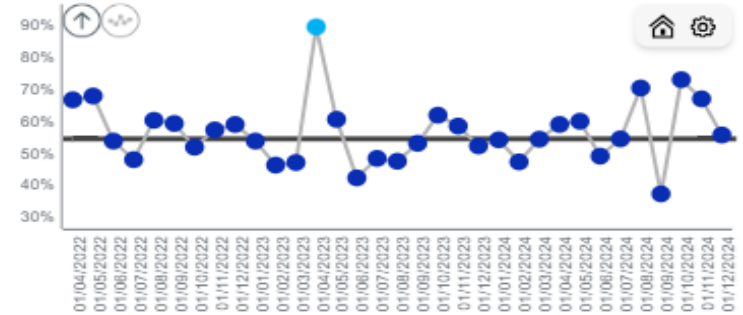
Dementia Awareness Tier 1 - 3 Yearly



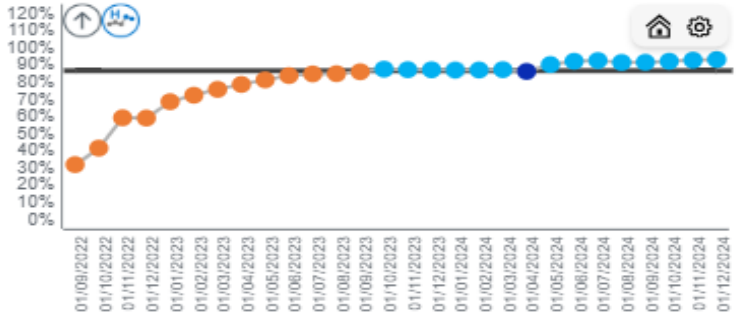
Dementia screening score %



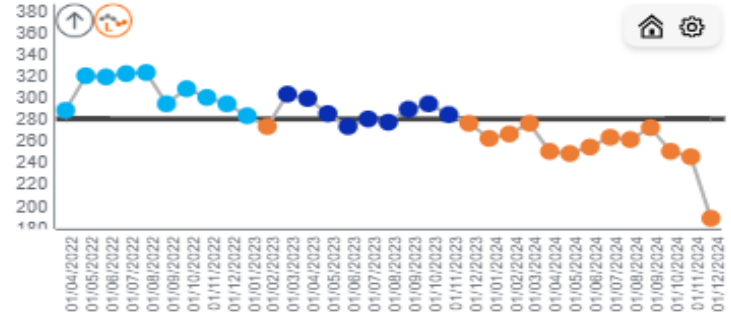
Improve Dementia screening rates - Adult IP



Dementia Awareness Tier 2 - 3 Yearly



Dementia screening audited



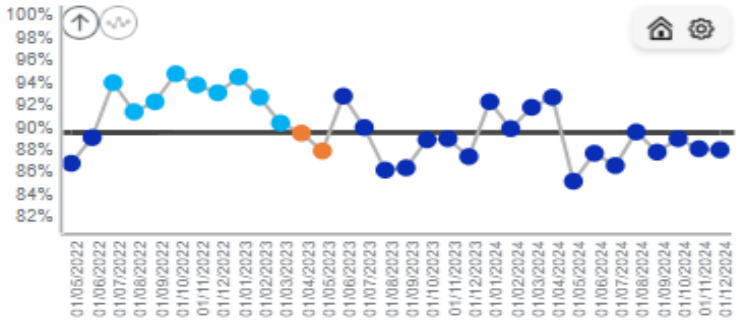
Quality - Safe - Deteriorating Patients - NEWS

Partnering · Ambitious Caring · Trusted

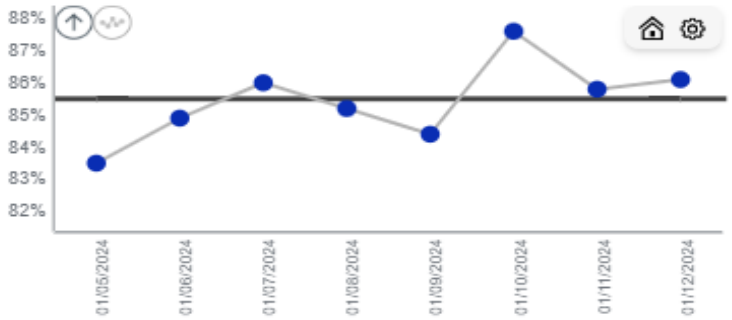
NHS The Shrewsbury and Telford Hospital NHS Trust

	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	Nov-2024	Dec-2024
Is there evidence this NEWS2 score was escalated?	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	88.10	88.00
Is there evidence of this NEWS2 trigger being reviewed?								83.50	84.90	86.00	85.20	84.40	87.60	85.80	86.10
Did the patient have IV antibiotics within 60 mins of triggering risk of Sepsis	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	92.40	86.50
Did the management plan include: Investigation plan								81.50	87.50	89.80	91.20	90.70	88.80	92.40	92.60
Did the management plan include: Treatment plan								91.30	94.30	94.20	96.00	96.10	92.20	96.60	95.90
Did the management plan include: Escalation plan								78.20	82.80	80.70	86.90	88.00	81.50	85.50	85.00
Did the management plan include: Review plan								81.40	83.70	78.20	86.60	88.10	82.90	84.50	85.50

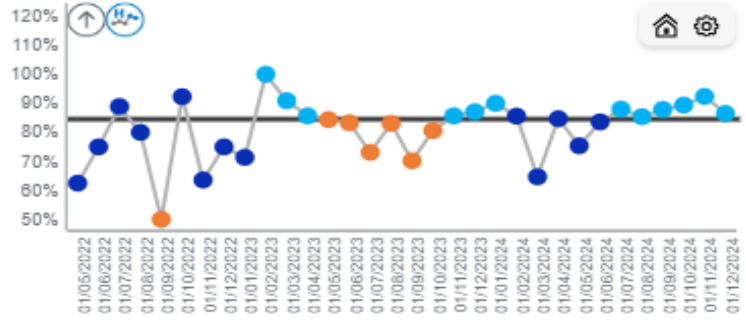
Is there evidence NEWS2 score was escalated?



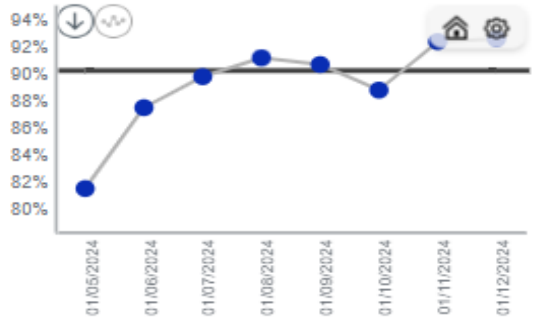
Is there evidence of this NEWS2 trigger being reviewed?



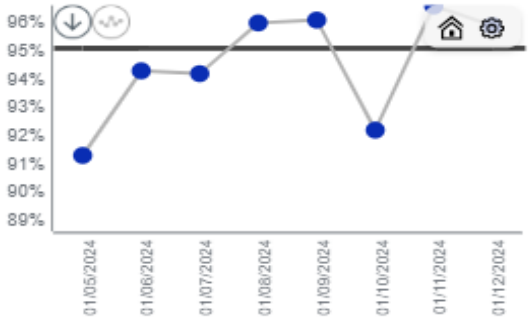
Did the patient have IV antibiotics with 60 minutes?



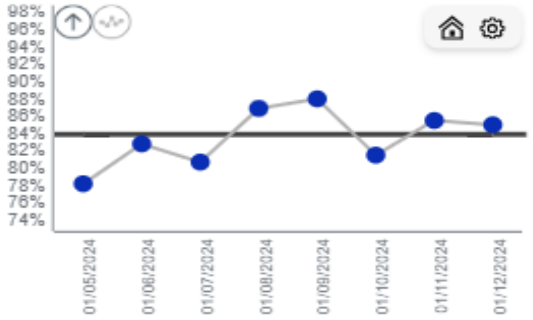
Did the management plan include: Investigation plan



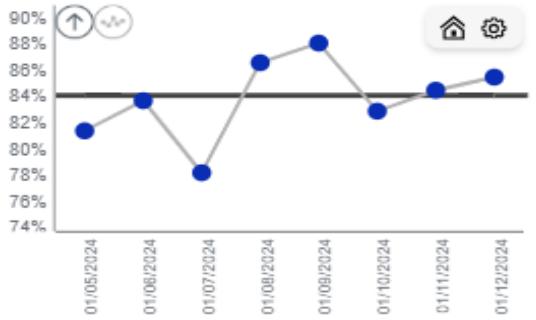
Did the management plan include: Treatment plan



Did the management plan include: Escalation plan



Did the management plan include: Review plan



Deteriorating patients - NEWS

The Shrewsbury and Telford Hospital NHS Trust

Summary:
The Integrated Performance Report (IPR) data now includes refreshed graphs for each patient group (adults, paediatrics with maternity pending). The maternity data is held within Badgernet and so not as easy to extract as vitals. A review within maternity took place in January and highlighted concerns with the system, which have been escalated to the division and through DPG and subsequent emails to the Deputy Medical Director. The data gathered is from Ward Managers own audits and the deteriorating patient team continues to work with Wards to align peer data with ward own data as there continues to be discrepancies between both sets of data. The deteriorating patient team are collaborating with the Maternity Department to implement audits, ensuring data on deteriorating patients is accessible online, alongside information from other divisions.
Insights, lessons, and themes from incidents involving deteriorating patients are being shared between the Patient safety team and the Deteriorating Patient Team to integrate them into the improvement workstreams for deteriorating patient. Progress across the workstreams is ongoing and data and feedback is being collected: however, engagement has been affected during periods of escalation. Additionally, some projects within the workstreams require clinical leads to enable further progress.

Recovery actions:
Ongoing sepsis vitals eLearning on Learning Made Simple (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 launch 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.
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 has been submitted.
Programme group has met monthly and the 6 workstreams decided are education, dashboard, response, ceilings of treatment, guidelines and handover. 2 of the 6 workstreams are progressing well, with others in their infancy.

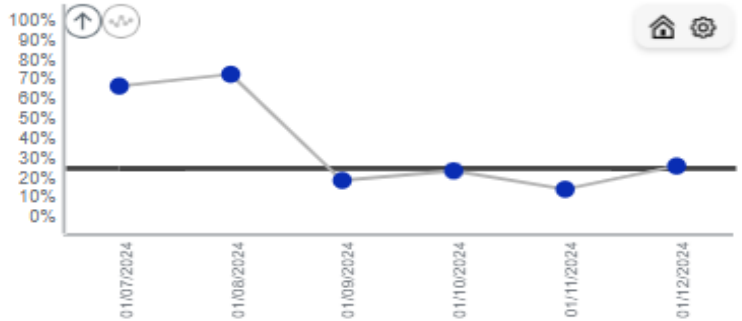
Anticipated impact and timescales for improvement:
Measures outlined in the overarching deteriorating patient action plan to be reviewed with DPG and Deputy Medical Director to prioritise workstreams and assign leads.
Significant amount of work completed following review of processes within the deteriorating patient nurse portfolio.
Programme group launched November with 6 workstreams (initially).
DPG has been moved to being a quarterly meeting.

Recovery dependencies:	Support and engagement throughout the trust with decisions made by DPG. Engagement with the 6 workstreams proposed by DPG for initial focus.

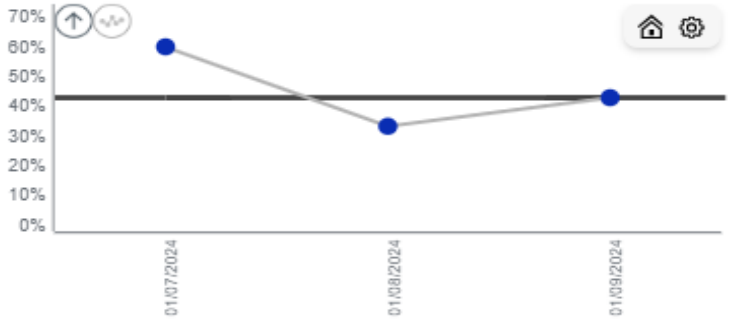
Quality - Safe - Deteriorating Patients - PEWS

	Jul-2024	Aug-2024	Sep-2024	Oct-2024	Nov-2024	Dec-2024
Is there evidence this PEWS score was escalated?	66.70	72.70	18.80	23.70	14.30	26.10
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	100.00	0.00
Did the PEWS management plan include: Investigation plan				45.50	38.10	77.80
Did the PEWS management plan include: Treatment plan				95.50	95.20	95.50
Did the PEWS management plan include: Escalation plan				13.60	19.00	54.50
Did the PEWS management plan include: Review plan				27.30	47.60	66.70

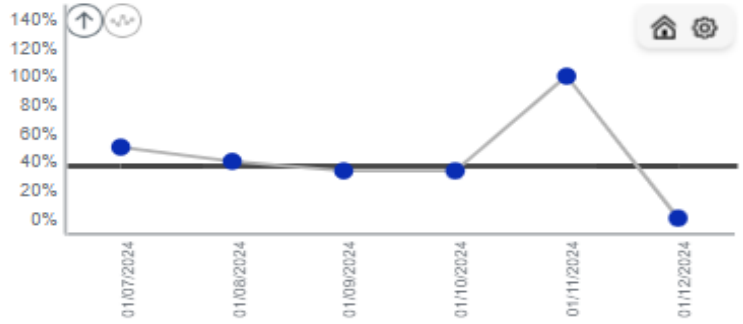
Is there evidence PEWS score was escalated?



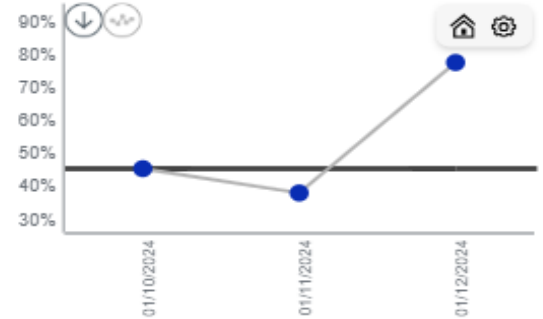
Is there evidence of this PEWS trigger being reviewed?



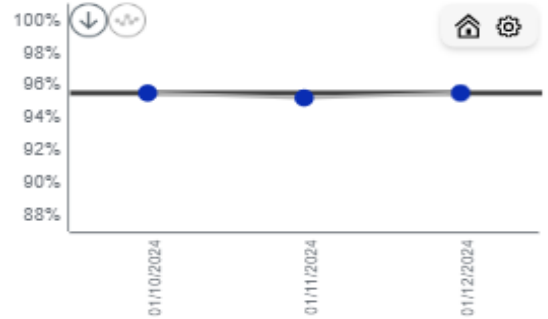
Did the CYP have IV antibiotics within 60 minutes?



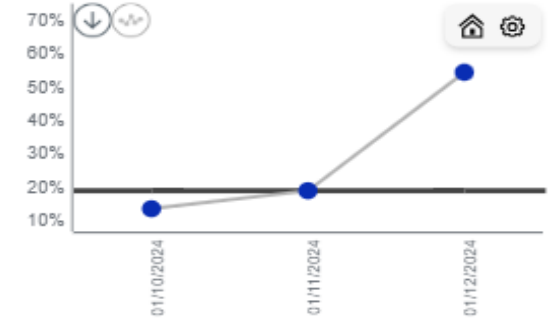
Did the PEWS management plan include: Investigation plan



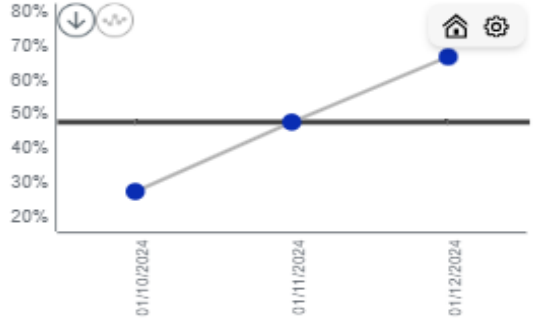
Did the PEWS management plan include: Treatment plan



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

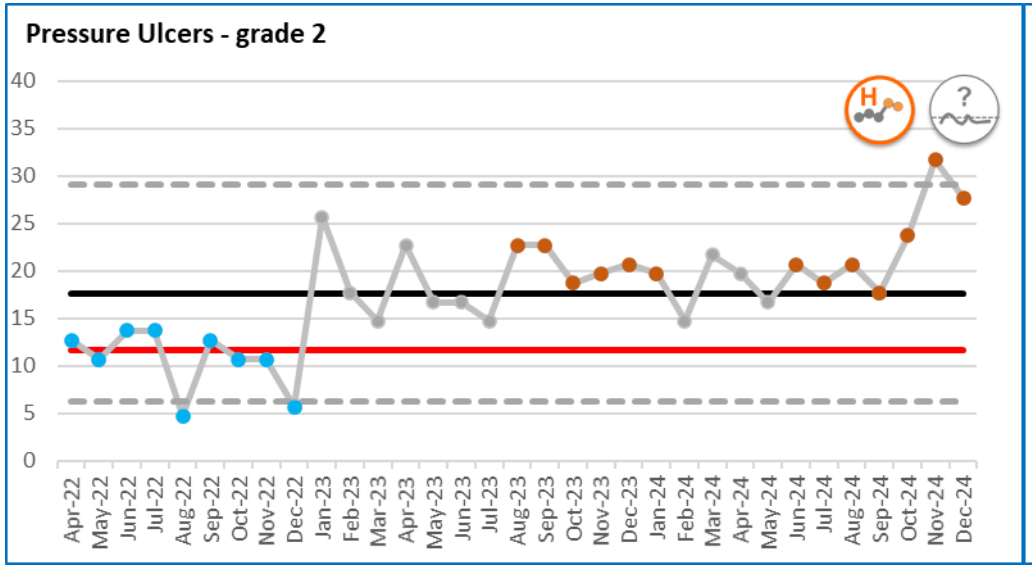
Summary:
Data is now available for paediatrics as shown however this information remains under review as the audit was developed within the division. Results have been highlighted with the team and work has been arranged to support alongside auditors to ensure the data being collected is of consistent standard that is audited against in other divisions, along with reviewing the audit and the information being collected.

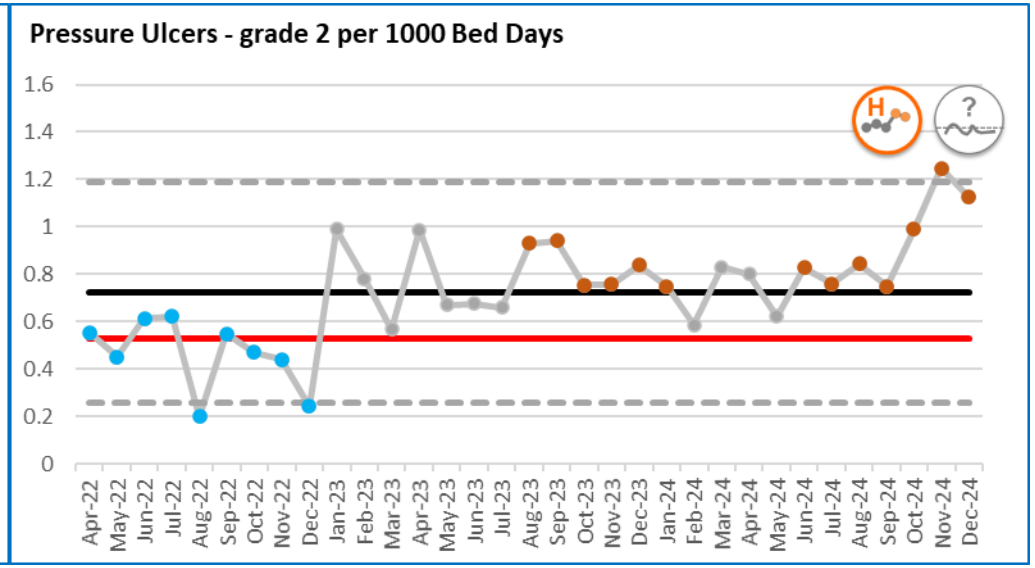
Recovery actions:	**Anticipated impact and timescales for improvement:**
Paeds vitals launched July 24 followed by the sepsis module in September. Since implementation of Paeds vitals and Sepsis the development of reporting for this division has focused the need for improvement of reporting and feedback 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

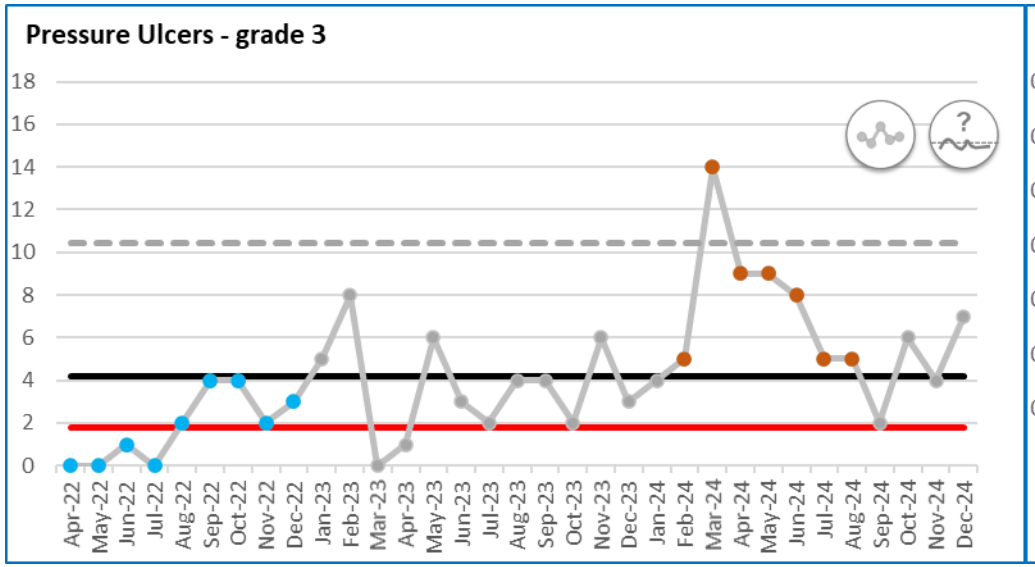


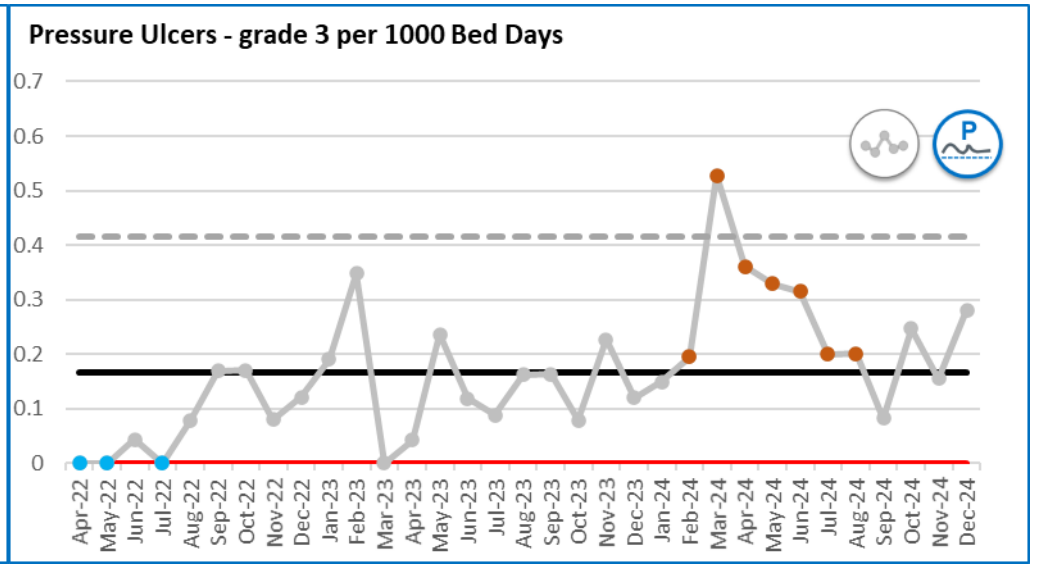


Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	19
Surgery, Anaesthetics and Cancer	16
Women's & Children's	1

Patient harm – pressure ulcers – Category 3

The Shrewsbury and Telford Hospital NHS Trust

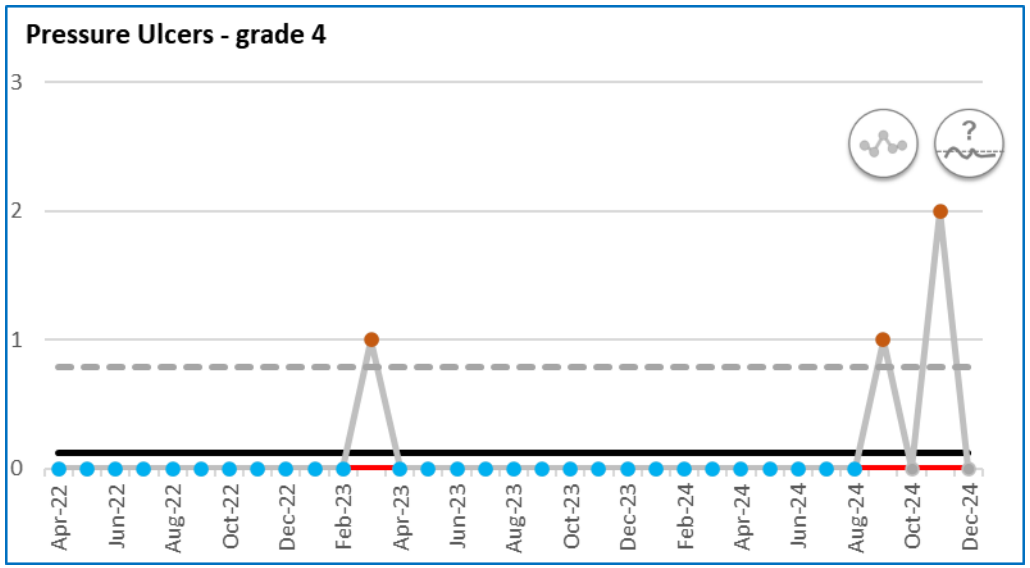




Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	6
Surgery, Anaesthetics and Cancer	0
Women's & Children's	1

Patient harm – pressure ulcers – Category 4

The Shrewsbury and Telford Hospital NHS Trust



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

Patient harm – pressure ulcers

The Shrewsbury and Telford Hospital NHS Trust

Summary:
From September to December 2024, there has been a 32% increase in reported category 2 pressure ulcers and a 32% decrease in category 3 pressure ulcers. However, there has been 3 acquired category 4 pressure ulcers. With the increase in both acquired ulcers and severity of harm, the Trust is not on track to achieve 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.
There has been no causative link found between LOS in ED compared with time to develop a pressure ulcer. For the 43 acquired injuries in January, the average LOS in ED was 14 hours and the average time to develop a pressure ulcer was 15 days.

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. Monthly meeting going forward with a link into the monthly Trust Nursing Metrics meetings..
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 provided monthly support visits based on the ward requirements.
Continue with accredited training of the Tissue viability link nurses (currently under review).
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.

TVN team working at establishment of 2.0 WTE for both sites.

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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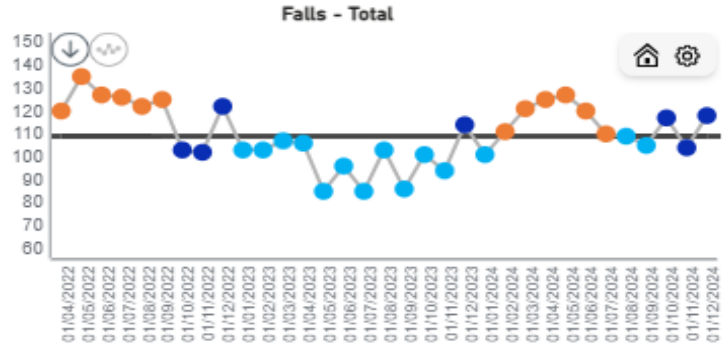
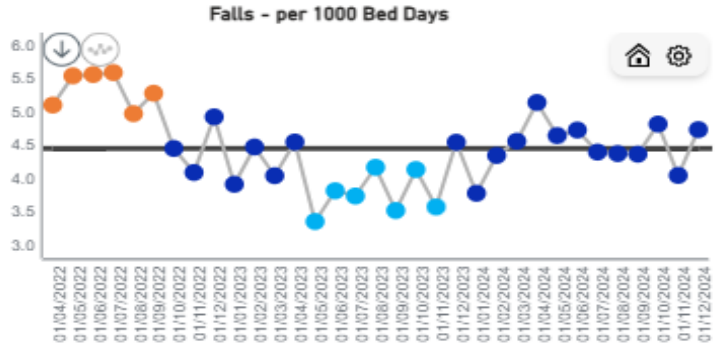
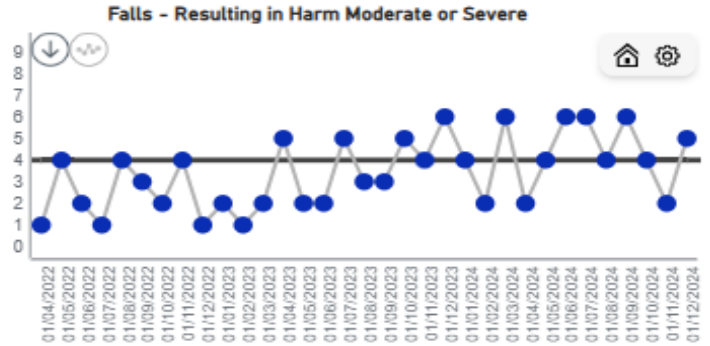
The Shrewsbury and Telford Hospital NHS Trust

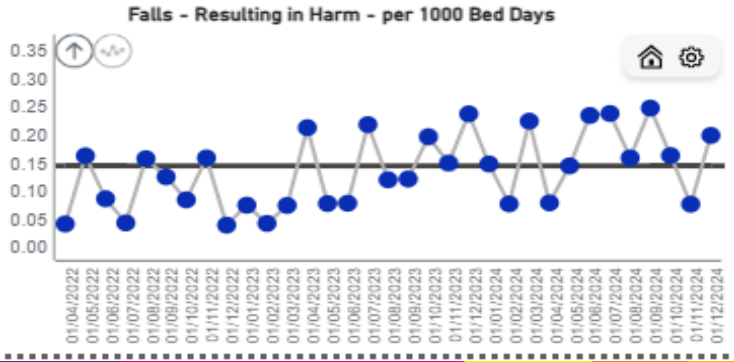
Deteriorating Patient - Fragility | **Deteriorating Patients - NEWS** | **Deteriorating Patients - PEWS** | **Medication - Omitted Doses**

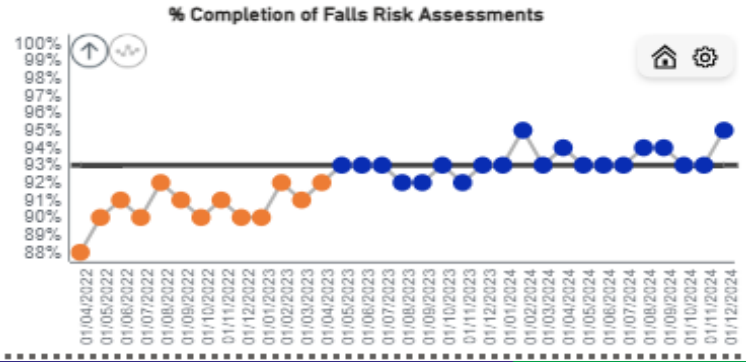
	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024	Oct-2024	Nov-2024	Dec-2024
Falls - Total	103	86	101	94	114	101	111	121	125	127	120	110	109	105	117	104	118
Falls - per 1000 Bed Days	4.17	3.52	4.14	3.58	4.55	3.78	4.35	4.56	5.14	4.65	4.73	4.40	4.38	4.37	4.82	4.05	4.74
Falls - Resulting in Harm Moderate or Severe	3	3	5	4	6	4	2	6	2	4	6	6	4	6	4	2	5
Falls - Resulting in Harm - per 1000 Bed Days	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	0.08	0.20
Falls Prevention Training Compliance % - 2 Yearly	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	92.77	92.64
% Completion of Falls Risk Assessments	92	92	93	92	93	93	95	93	94	93	93	93	94	94	93	93	95











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Patient harm - falls

The Shrewsbury and Telford Hospital NHS Trust

Summary:

Falls per 1,000 bed days in December continues to show common cause variation, with a steady trend over the past 3 months. It is important to note that due to issues within the data warehouse our bed days data does not include any additional capacity open, it is hoped that this will be rectified for the new reporting year April 2025. We reported a total falls in month of 118.
There continues to be falls with harm with 5 falls being seen in December 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 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. The trial was extended until 8th January with additional funding by the ICB. We are awaiting the formal report from energise but initial data does not show any impact upon our data collected.
Reconditioning lead continues to work with Ward 9 and Ward 28 – projects started 1st November with outcome measures in place and regular meetings with staff to identify any new ideas.

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. The decaffeinated drinks project trial on ward 25 was postponed until January but is now underway.
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. 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:

Quality - Safe - Medication - Omitted Doses

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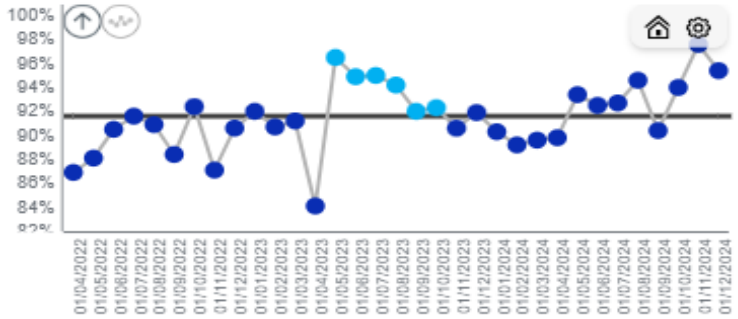
NHS The Shrewsbury and Telford Hospital NHS Trust

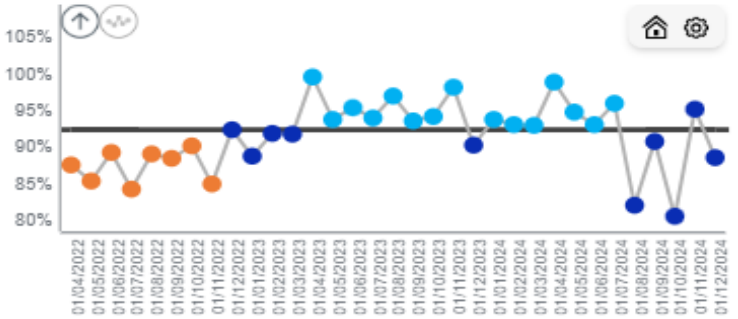
Falls | Deteriorating Patients - Fragility | Deteriorating Patient

	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	Nov-2024	Dec-2024
Has all prescribed medication been administered?	92.3	90.6	91.9	90.3	89.2	89.6	89.8	93.4	92.5	92.7	94.6	90.4	94.0	97.6	95.4
Was the reason for the omission documented?	94.2	98.2	90.3	93.8	93.1	93.0	98.9	94.8	93.1	96.0	82.1	90.8	80.6	95.2	88.6
Was appropriate action such as ordering medication, documented?	92.9	95.7	91.1	90.6	92.3	89.6	92.1	93.1	88.2	93.3	91.0	92.5	93.3	92.5	97.3

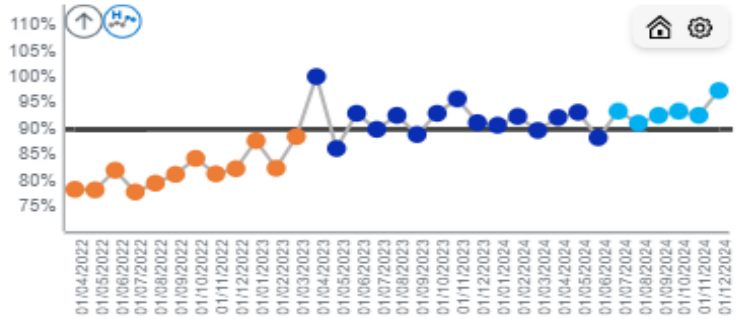
Has all prescribed medication been administered



Was the reason for the omission documented



Was appropriate action such as ordering medication, documented



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Medication - omitted doses

The Shrewsbury and Telford Hospital NHS Trust

Summary:
Omitted doses of medication are a leading causes 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.

Omitted doses of time critical medication has been agreed as one of the four Trust priorities within the Trusts PSIRF framework.

Recovery actions:

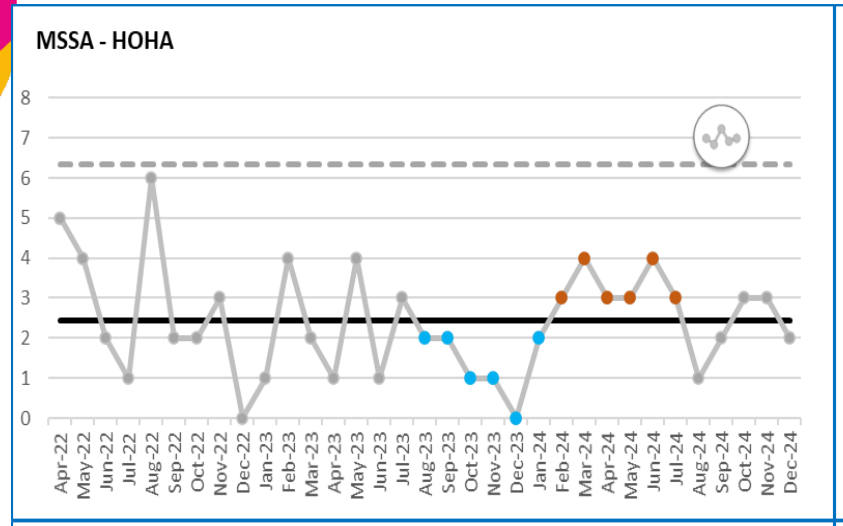
- Review clinical documentation to identify and document omitted doses and determine clinical appropriateness
- Observe and discuss processes relating to administration of medication during in-patient admission with clinical teams at the point of care
- Review current policies, procedures and processes 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

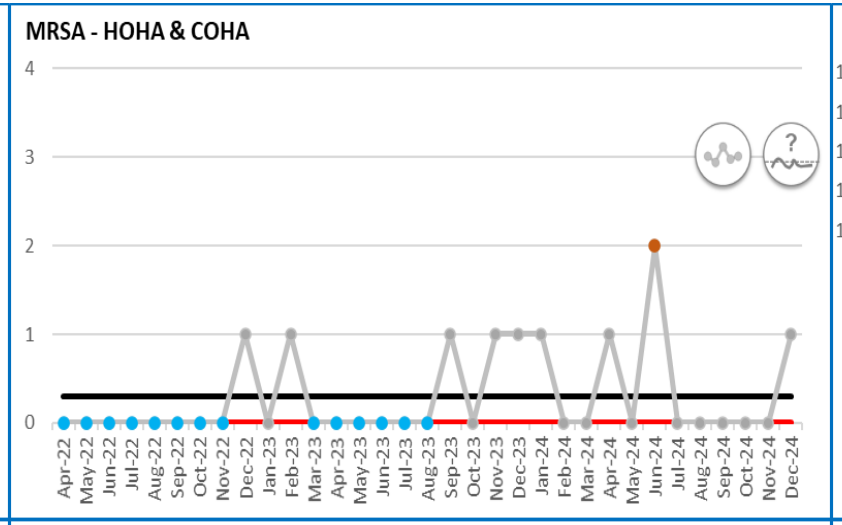
Anticipated impact and timescales for improvement:
To be agreed and approved via Chief Pharmacist and Clinical Director for Medicines Optimisation

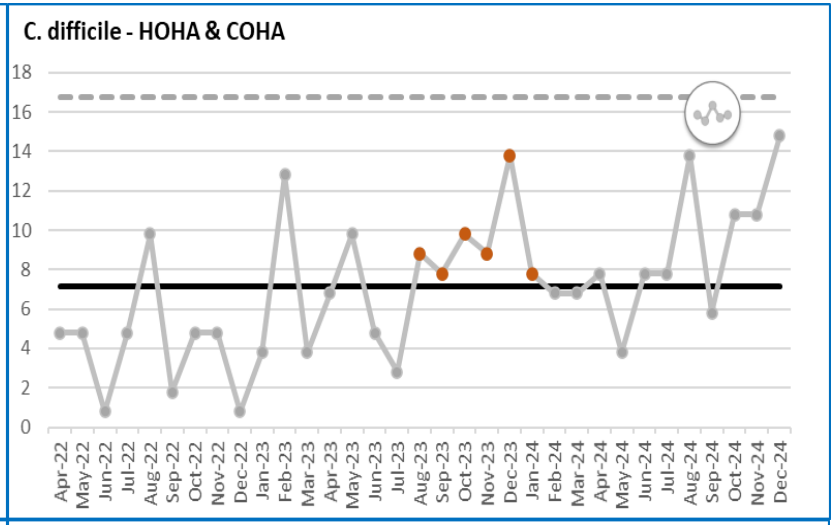
Recovery dependencies:

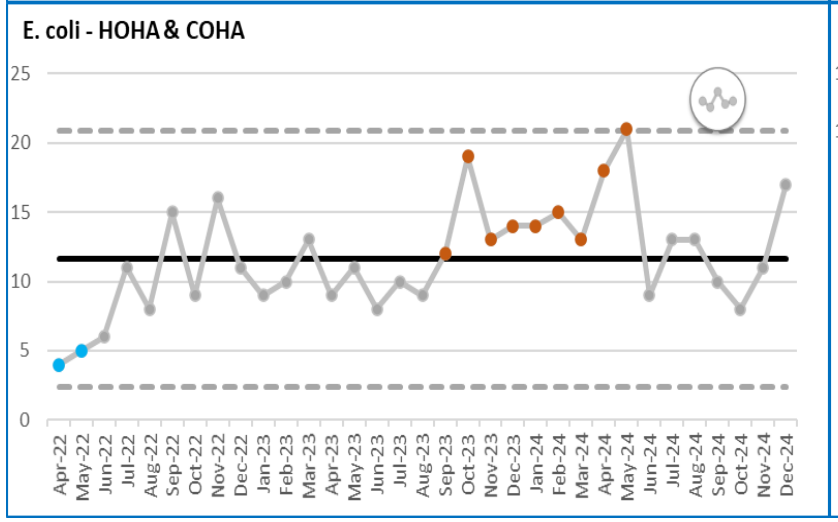
Infection prevention and control

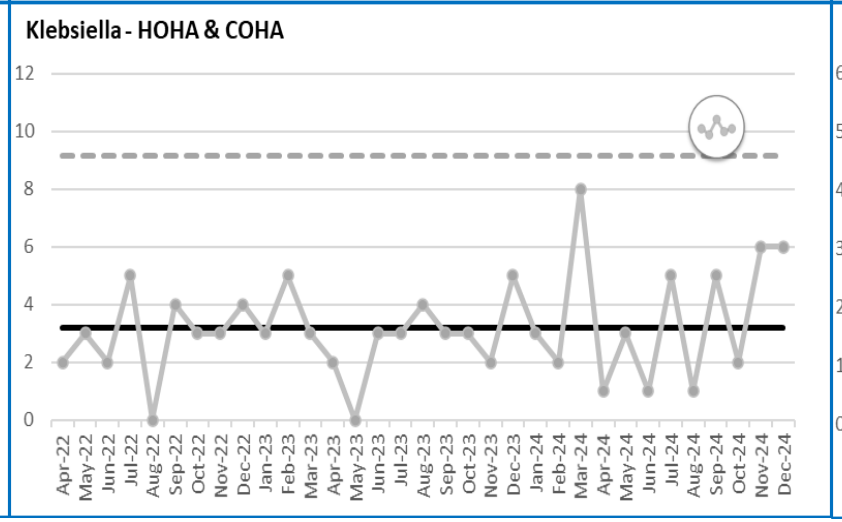
The Shrewsbury and Telford Hospital NHS Trust

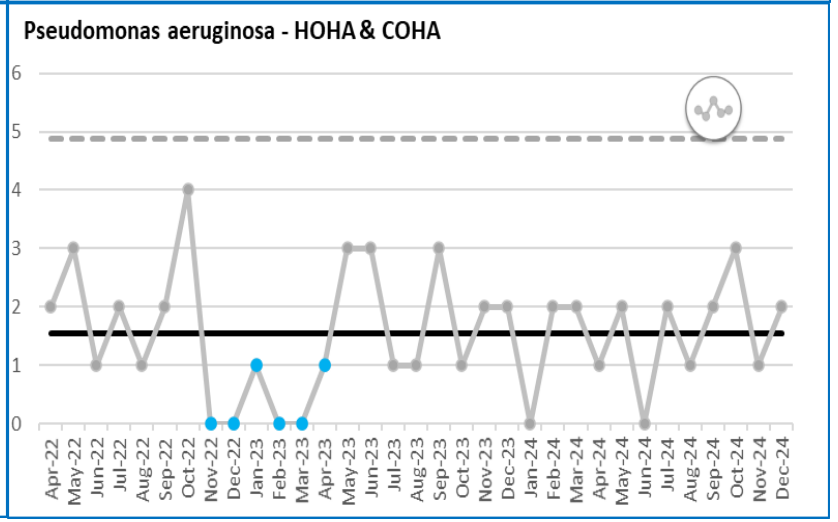












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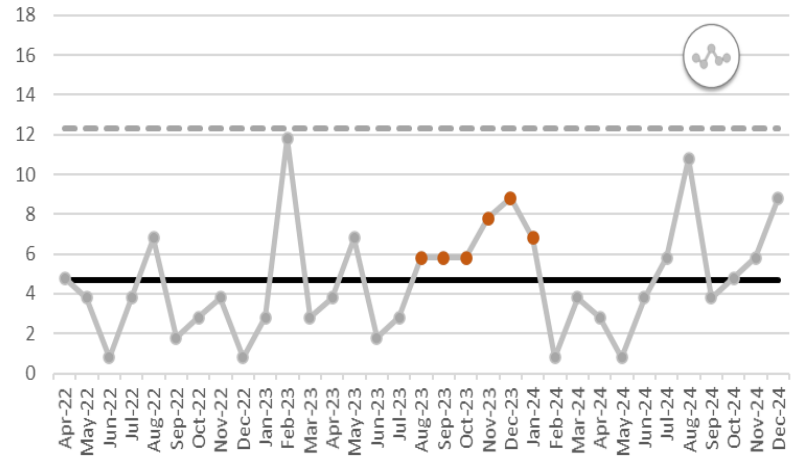
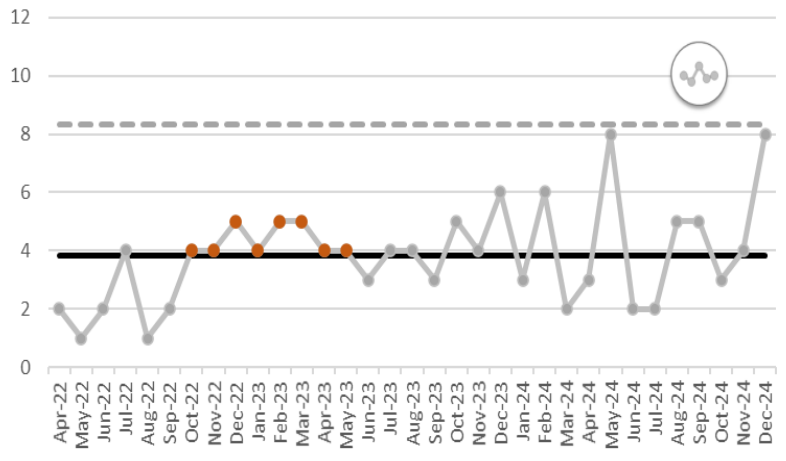
Infection prevention and control

The Shrewsbury and Telford Hospital NHS Trust

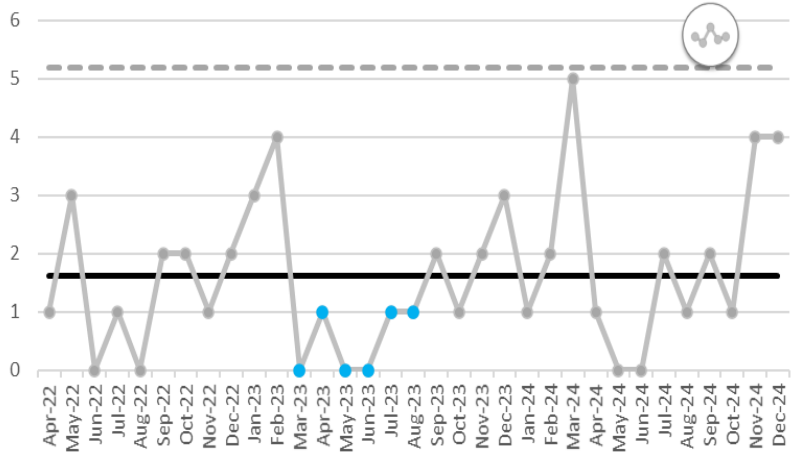
C. difficile - HOHA



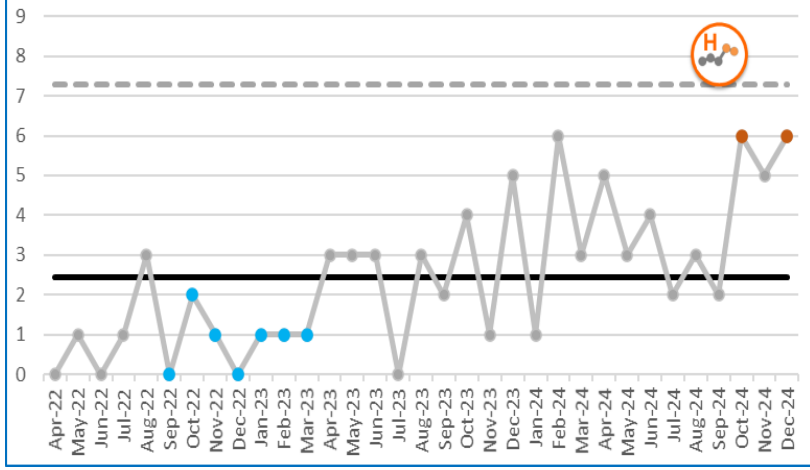
E. coli - HOHA



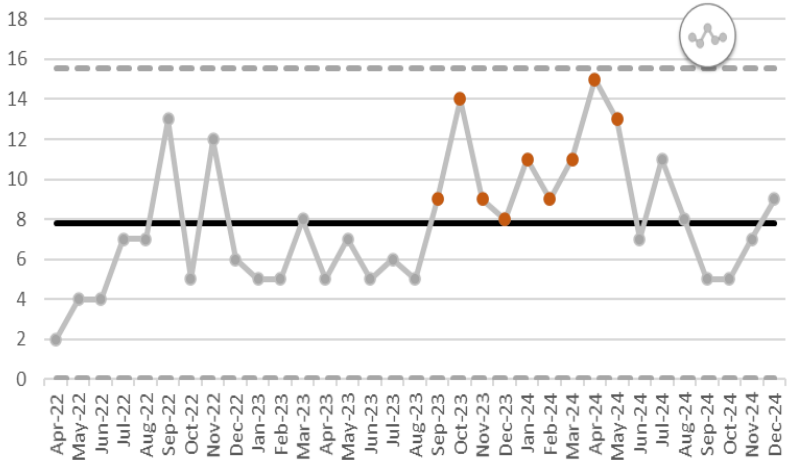
Klebsiella - HOHA



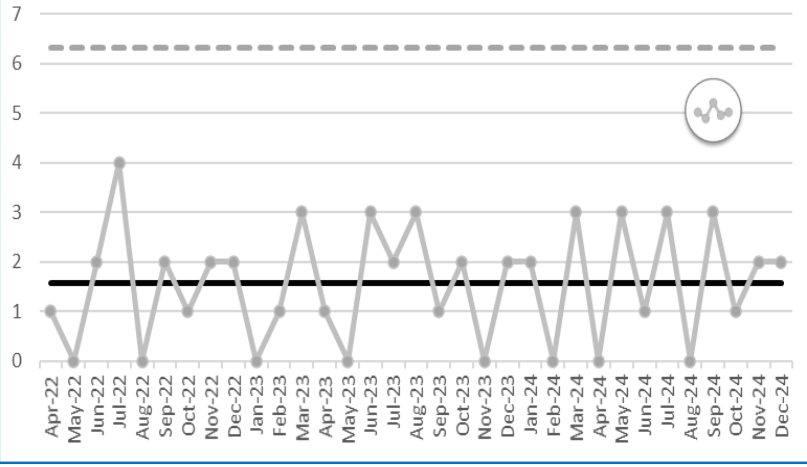
C. difficile - COHA



E. coli - COHA



Klebsiella - COHA



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Infection prevention and control

The Shrewsbury and Telford Hospital NHS Trust

Summary: In December 2024 there were the following bacteraemia:
- 5 MSSA (2 Healthcare / Hospital Onset - Healthcare Associated (HOHA) & 3 Community Onset - Healthcare Associated (COHA))
- 1 MRSA bacteraemia (HOHA)
- 15 C. diff (9 HOHA, 6 COHA)
- 17 E. coli bacteraemia (8 HOHA, 9 COHA)
- 6 Klebsiella bacteraemia (4 HOHA & 2 COHA)
- 2 Pseudomonas bacteraemia (1 HOHA & 1 COHA)
- Increase in infections in Fractured neck of femur surgery patients

Recovery actions:
In November 2024, there were 0 MRSA bacteraemia reported.
C. diff cases remain high with 70 cases reported until end of November 2024. 40 of these cases occurred greater than 48 hours after admission (HOHA) and the remaining 30 cases had recent contact in the Trust in the 28 days prior to the positive sample (COHA).

3x weekly visits continued throughout November 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.

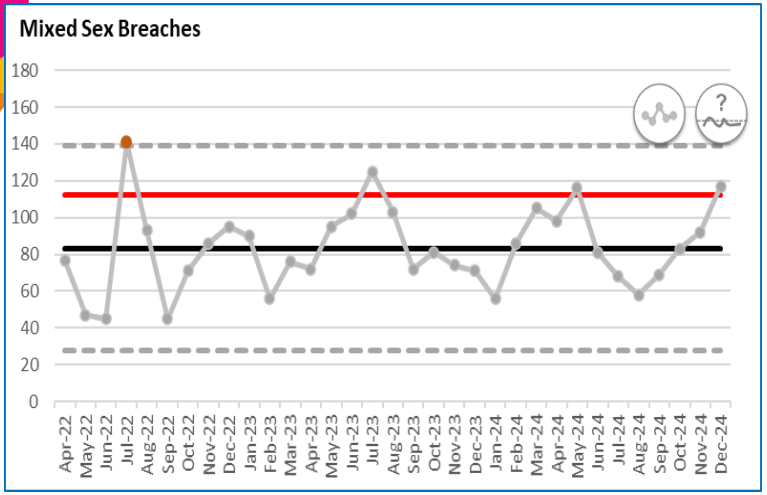
MDT meeting held to discuss increase in infections in fractured neck of femur surgery, no obvious link in cause for patients at PRH, RSH patients require further investigation. This action lies with the SACC division.

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



Location	Number of breaches	Additional Information
AMU (PRH)	49 breaches	Over 8 occasions in AMA
ITU / HDU (PRH)	13 primary breaches	7 medical, 2 gynae, 2 T&O, 1 stroke, 1 ED
AMA (RSH)	26 breaches	8 occasions (trolly area)
ITU / HDU (RSH)	29 primary breaches	12 surgical, 8 medical, 3 colorectal, 2 respiratory, 2 vascular, 1 urology, 1 T&O

Summary:
There has been a significant increase in mixed sex accommodation breaches in December 2024 and in Q3 overall. The reason for these breaches is associated with the wider capacity issues around bed availability across the Trust with challenges remaining in relation to the step down of patients from HDU/ITU who are stable and no longer require this level of care but require ward-based care, and the use of AMA and AMA & SDEC at PRH overnight for patients requiring admission
The use of AMA/SDECC to accommodate patients overnight who require an inpatient bed continues to require Executive approval but has continued to be used due to the capacity pressures within the Trust and balance patient safety across all clinical areas.

Recovery actions:

- 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 continues
- Executive approval to use AMA/SDECC trolleys overnight continues to be required before this area can be used
- Work with System partners to maximise the use of Virtual Ward capacity and OPAT continues
- The Clinical Site Team prioritise step down patients from ITU when this is possible.
- All actions in place to ensure patients comfort and dignity is maintained when AMA/SDEC is used

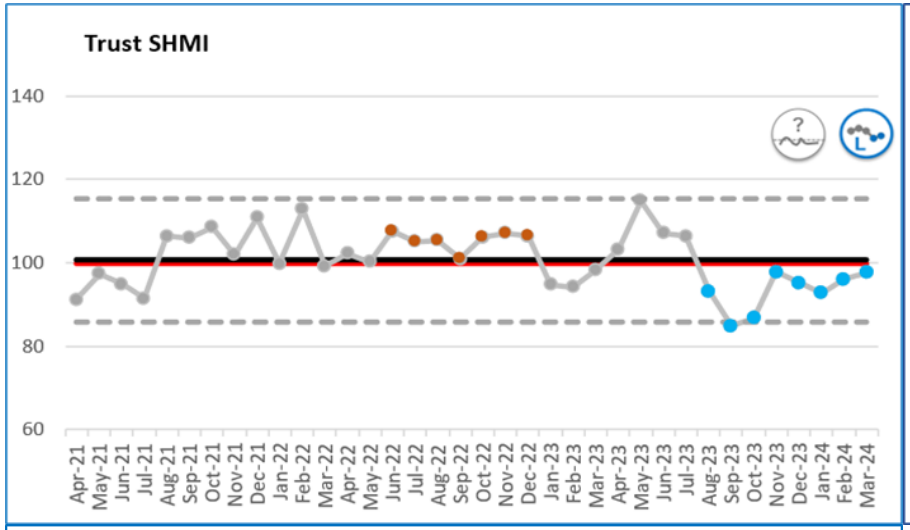
Anticipated impact and timescales for improvement:

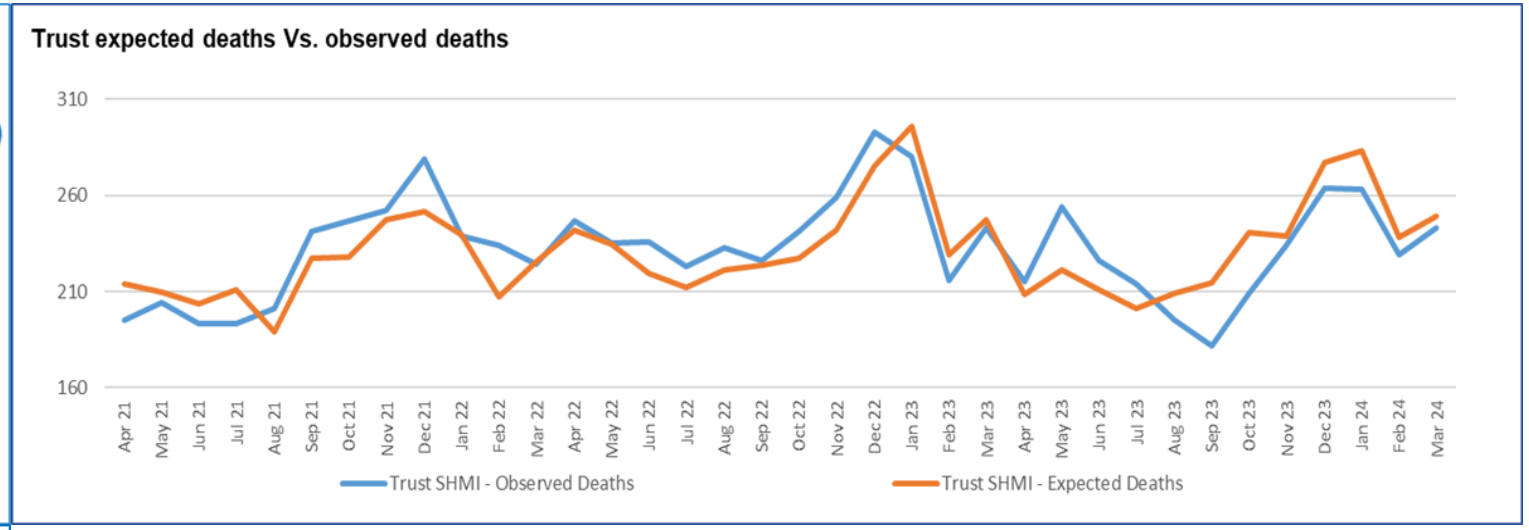
- Beds available earlier in day
- Less patients attending ED with conditions which could be treated on alternative pathways
- Reduction in no criteria to reside patients in hospital
- Patients cared for in the most appropriate environment to meet their needs

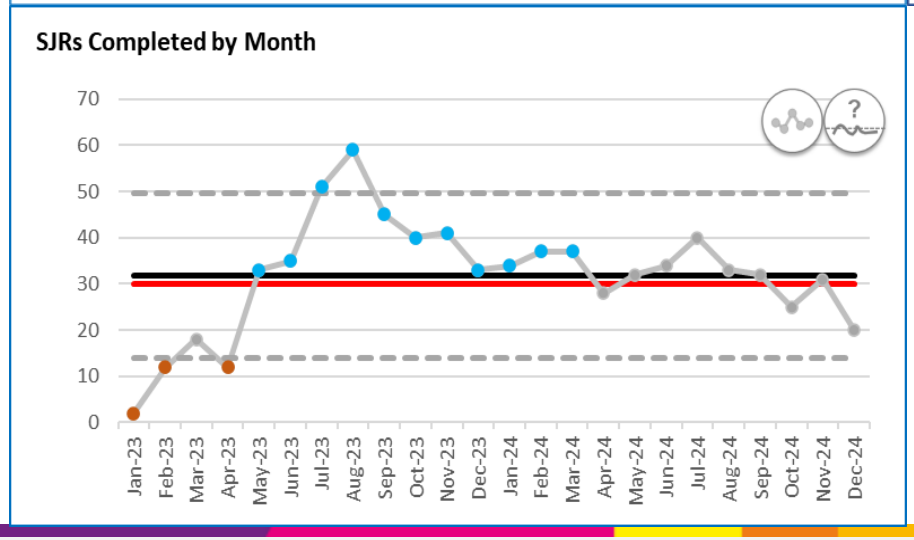
Recovery dependencies:	Patient flow improvement work. System wide work and alternative community pathways of care. Reduction in patients with no criteria to reside

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 beyond March 2024. The admission codes related to the following: cancer of the pancreas; fracture of the upper limb; coma, stupor, brain damage are indicating excess deaths across the Trust.
- The latest reported SJR completion rate for deaths in October 2024, is just below the 15% target at 13.8 %. The number of completed SJRs per month dropped below the target of 30 in December due to sickness and planned leave.
- Significant concerns have been raised by the bereaved following ME scrutiny in 2% of deaths during December 2024.
- Key themes identified for learning through the Mortality Triangulation Group (MTG) for December 2024 include potential delays in care, language barrier and earlier discharge.

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 has resulted in an additional one reviewer who is booked to receive training in February subject to trainer availability.
- 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:	Band 7 Senior Learning from Deaths Manager post remains impacted by the current recruitment freeze.

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

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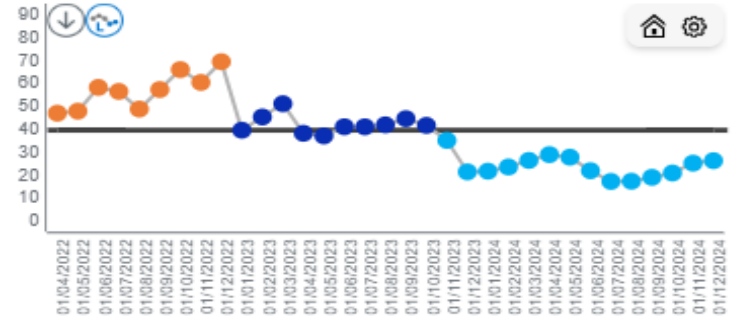
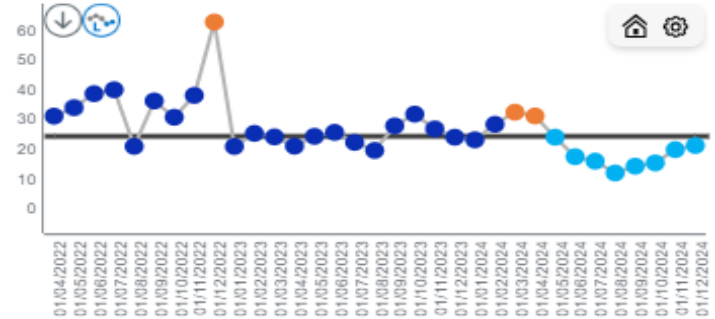
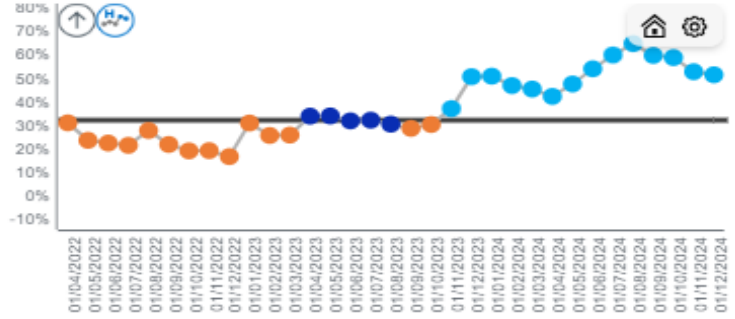
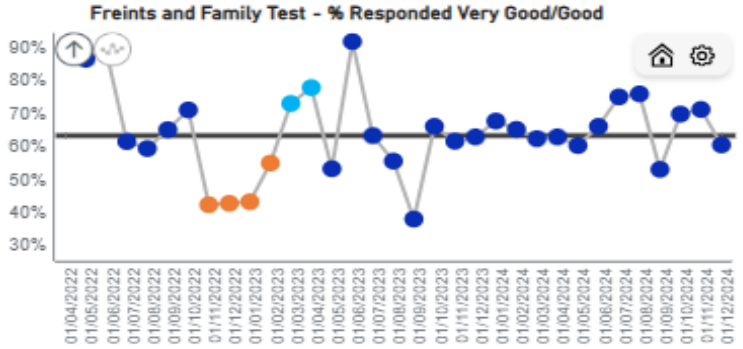
Best Clinical Outcomes

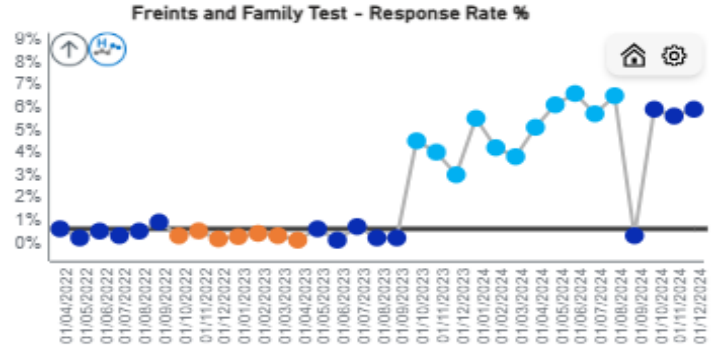
	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024	Oct-2024	Nov-2024	Dec-2024
ED Triage Average Time To Streaming - Adults	44.51	41.59	35.01	21.30	21.59	23.43	26.28	28.82	27.70	21.79	17.11	17.20	18.90	20.80	25.10	26.17
ED Triage Average Time To Streaming - Children	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	19.90	21.29
% Patients seen within 15 minutes for initial assessment	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	52.90	51.61
Friends and Family Test - A&E - % responded Very Good/Good	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	71.20	60.50
Friends and Family Test - A&E - Response Rate %	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	5.60	5.90
Complaints by Theme - Admission / Discharge	12	18	8	12	14	13	12	20	14	17	17	22	18	16	17	18

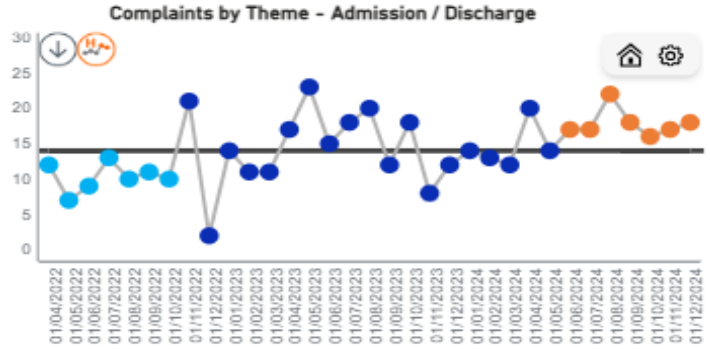












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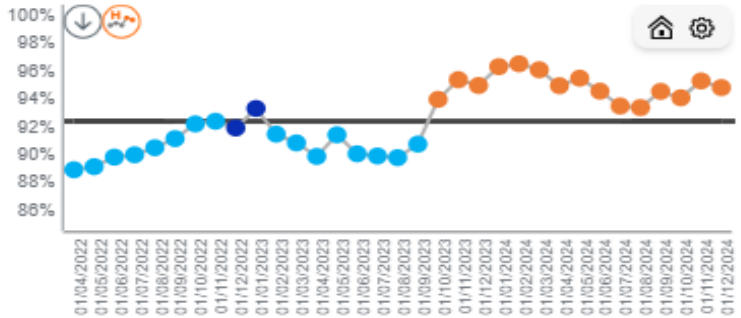
NHS The Shrewsbury and Telford Hospital NHS Trust

Page 1

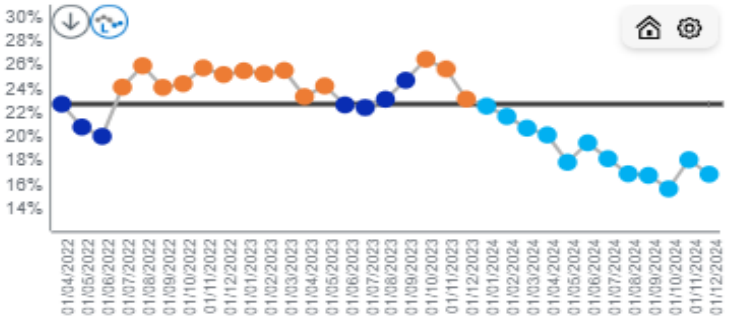
Best Clinical Outcomes

	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	Nov-2024	Dec-2024
Occupancy Rate %	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	95.29	94.81
% beds occupied by patients with LOS >14 days	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	18.09	16.88
% beds occupied by patients with LOS >21 days	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	10.45	9.37
% Discharged By 10am	7.80	8.14	8.09	9.51	9.25	9.75	10.06	9.17	8.18								
% Discharged By 12pm	12.52	13.91	14.29	15.85	14.85	15.25	16.00	15.34	13.87								
No criteria to reside	117	131	143	140	137	123	104	101	114	112	114	106	92	89	101	117	101

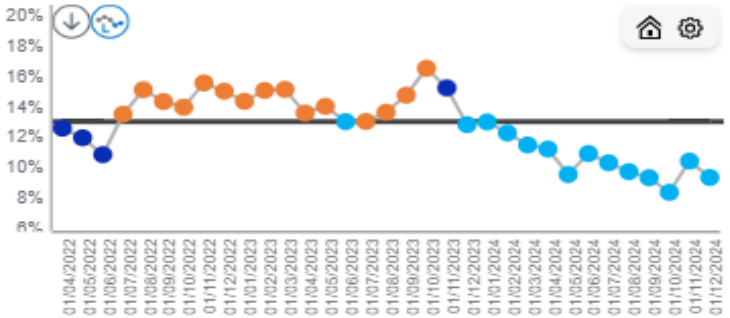
Occupancy Rate %



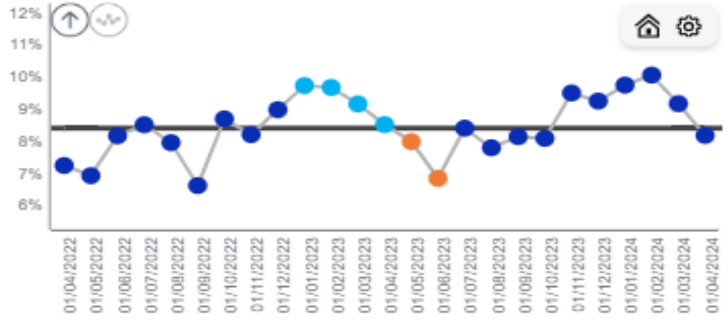
% beds occupied by patients with LOS >14 days



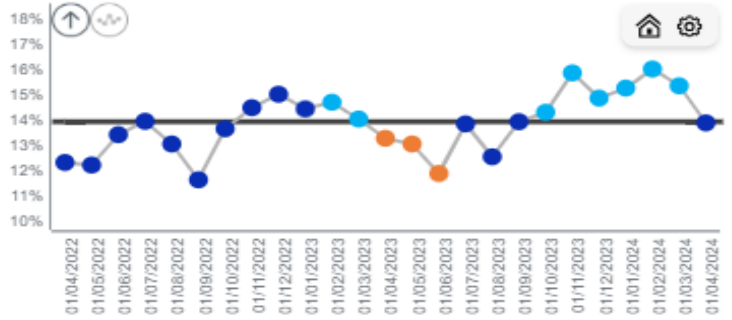
% beds occupied by patients with LOS >21 days



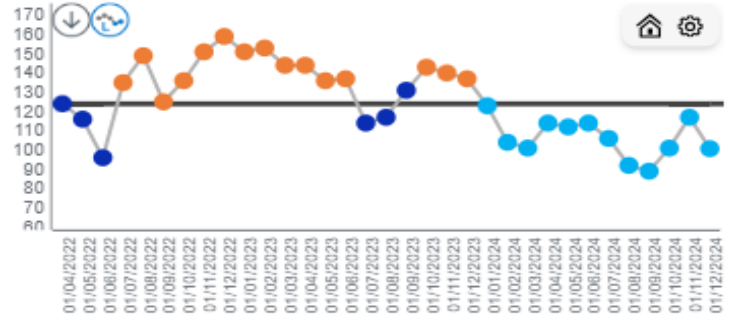
% Discharged By 10am



% 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 available to order on wards
- Hot clinics introduced for A&E and UCC for quick access to multidisciplinary team (MDT) clinic
- 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)
- Safety team will compile monthly reports on diabetes foot. This will be cross linked with treatment list

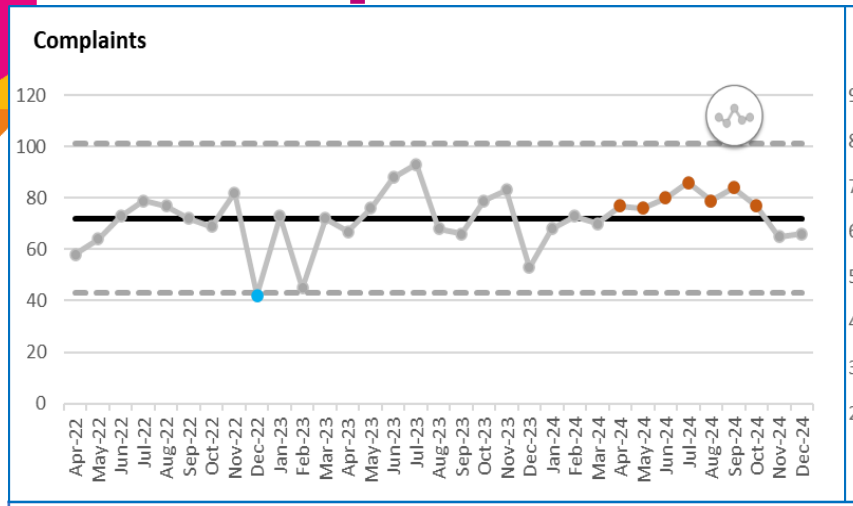
Anticipated impact and timescales for improvement:
Implementation of the new diabetes foot assessment. Majority of wards using new document, minority utilising last of old document. Education for both HCAs & nurses now on LMS.
Diabetes foot champions for every ward identified , targeted education
Annual integrated foot conference aimed at Acute Staff June 25
Hot clinics in A&E established.
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

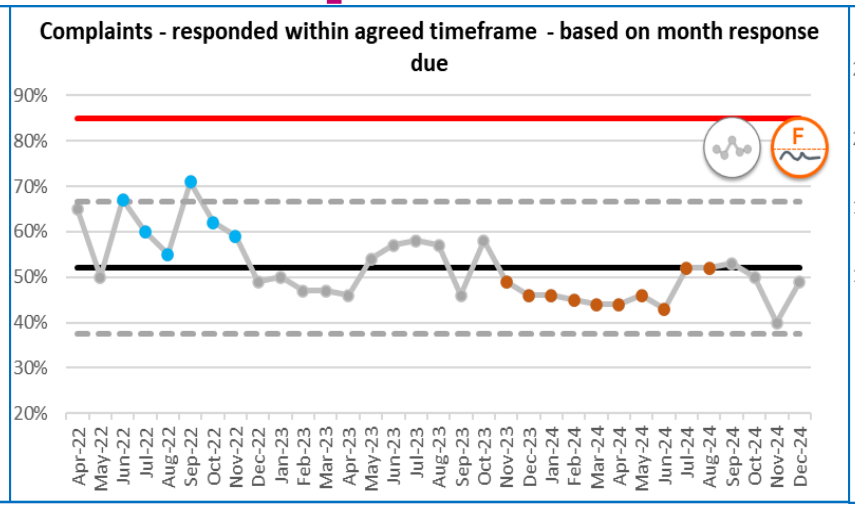
Recovery dependencies:

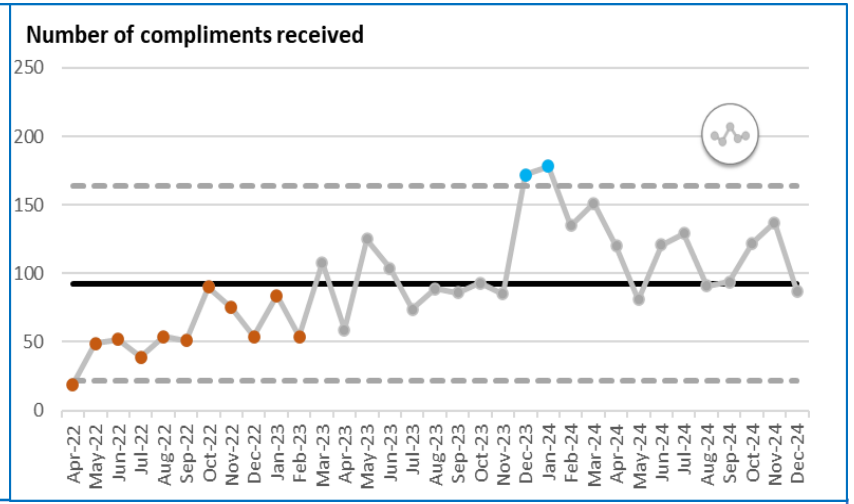
Business case for SaTH Diabetes Podiatry Team agreed
Ownership of new documentation and education for diabetes foot at ward and matron level

Complaints and compliments

The Shrewsbury and Telford Hospital NHS Trust







Summary:
Numbers of new complaints were slightly lower in December, but within expected variation. The number of overdue cases continues to decrease, and work is ongoing to improve the timeliness of responses, however operational challenges in the divisions are ongoing, and this is impacting on the work.

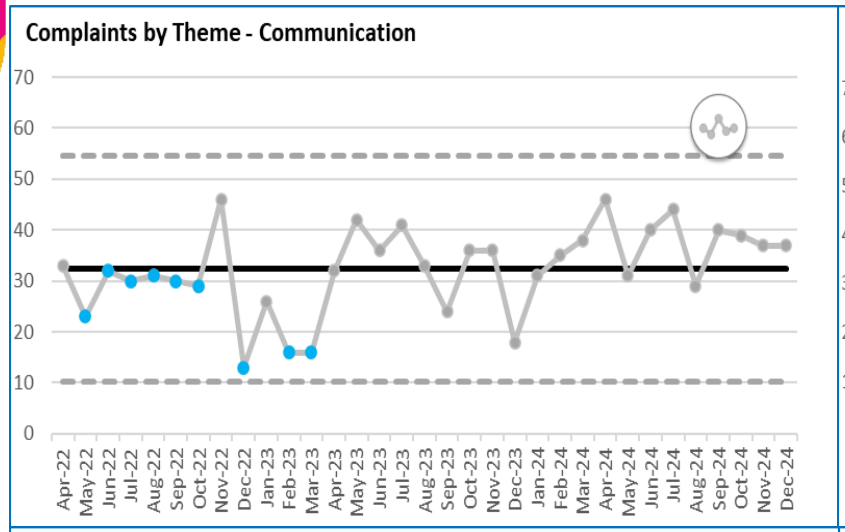
Recovery actions:
Dashboards now on Datix giving greater visibility of open cases for specialties.
Encourage earlier interventions in relation to resolving complaints.
Continue with weekly complaints review meetings with Divisional and Specialty Teams
New processes around end-of-life care complaints now in place to ensure there is earlier clinical contact and timely responses.

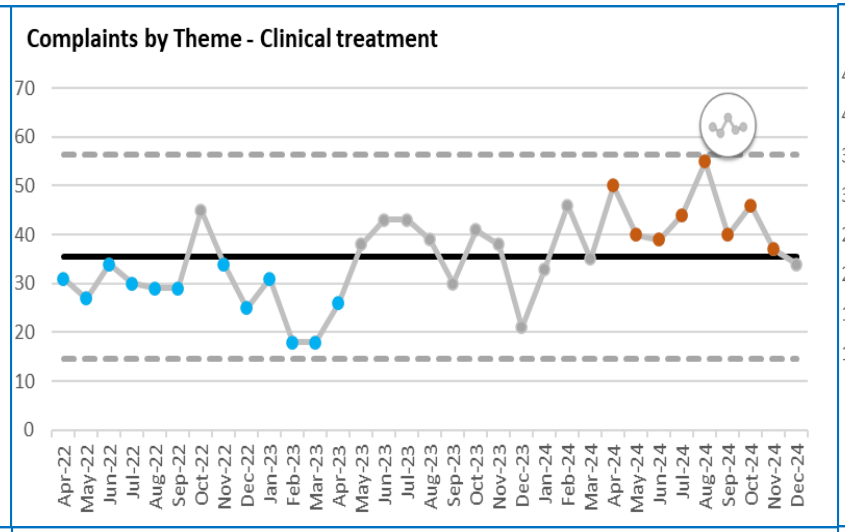
Anticipated impact and timescales for improvement:
Improvement in timeliness of responses.

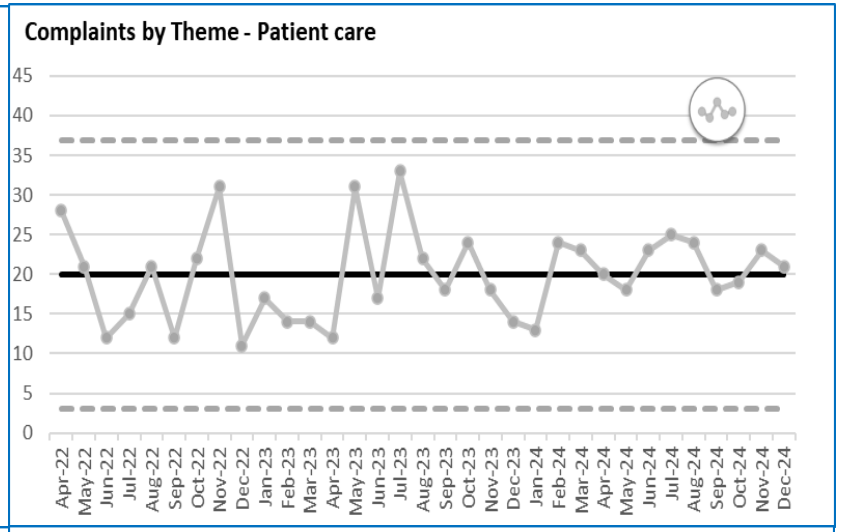
Recovery dependencies:	Capacity within Divisional teams due to high levels of clinical activity.

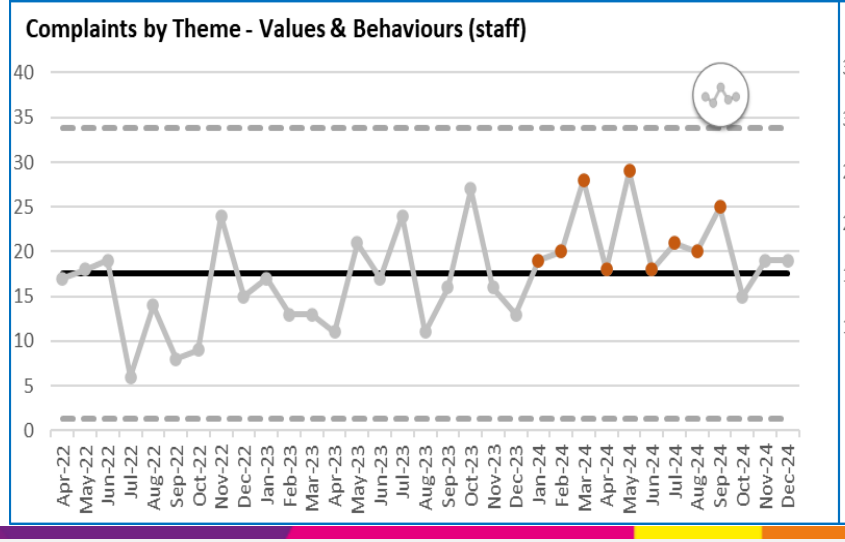
Complaints by theme – Top 6

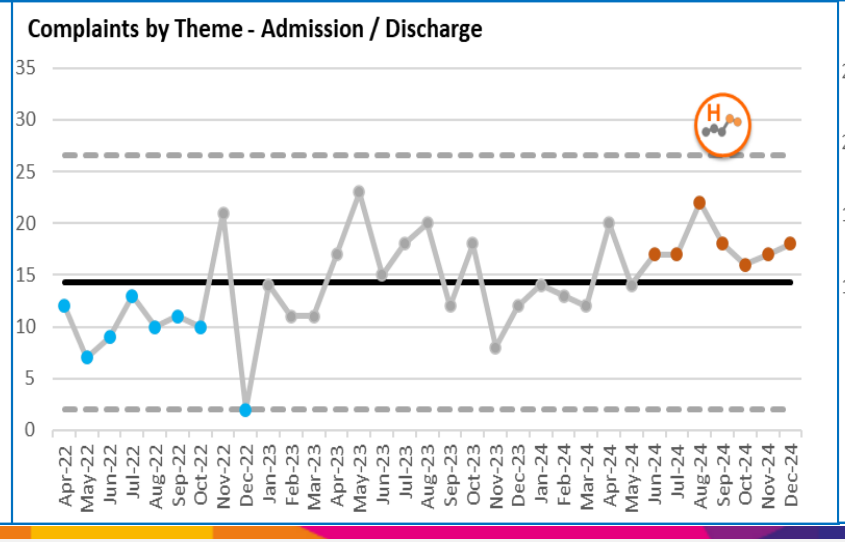
The Shrewsbury and Telford Hospital NHS Trust

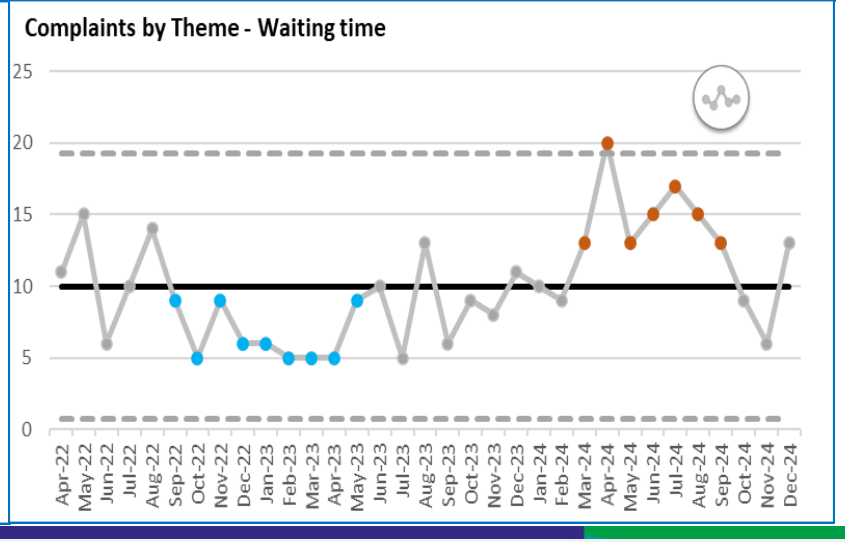












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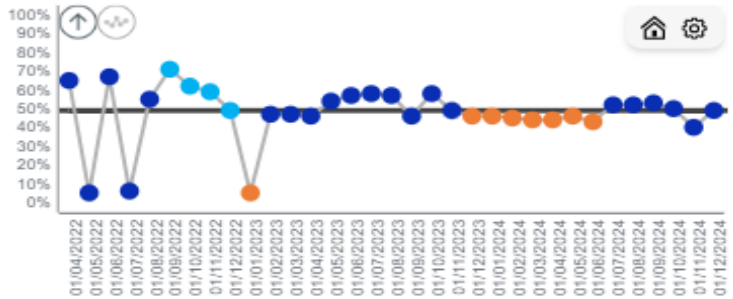
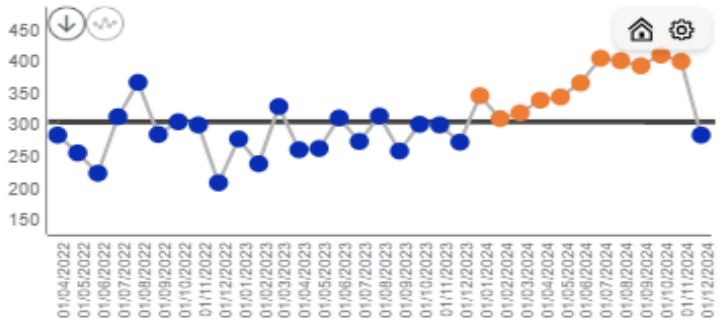
End of Life Care

	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024	Jun-2024	Jul-2024	Aug-2024	Sep-2024	Oct-2024	Nov-2024	Dec-2024
Complaints - % Responded to within agreed timeframe based on month response due	49	46	46	45	44	44	46	43	52	52	53	50	40	49
PALS contacts	301	274	347	311	320	340	345	367	406	402	394	411	401	285
Complaints by Theme - Staff	58	37	53	61	70	70	67	63	79	55	73	57	67	59
Complaints upheld	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Compliments Received	85	109	178	135	151	120	81	121	129	91	94	122	137	87
Friends and Family Test % recommenders	93.5	92.7	91.8	93.3	91.0	89.1	88.4	89.7	93.4	93.0	97.9	92.8	92.7	88.8

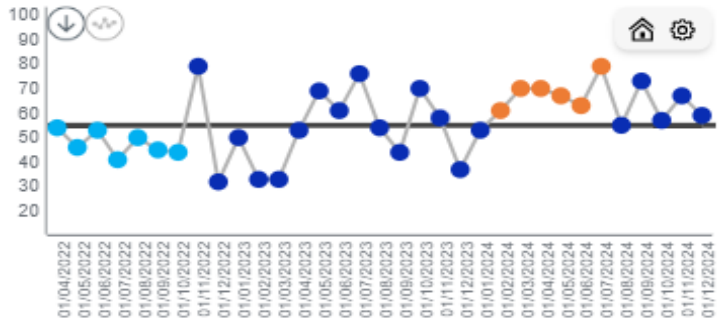
Complaints - % Responded to within agreed timeframe based on month response due



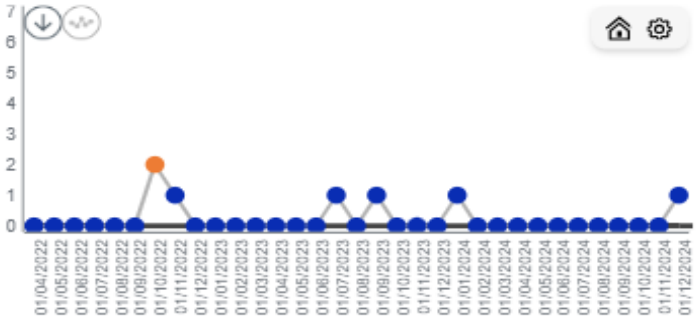
PALS contacts



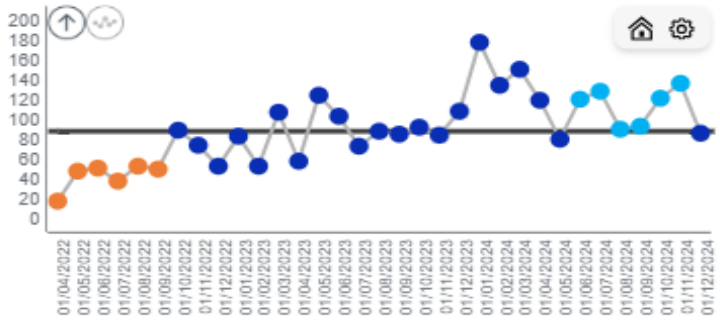
Complaints by Theme - Staff



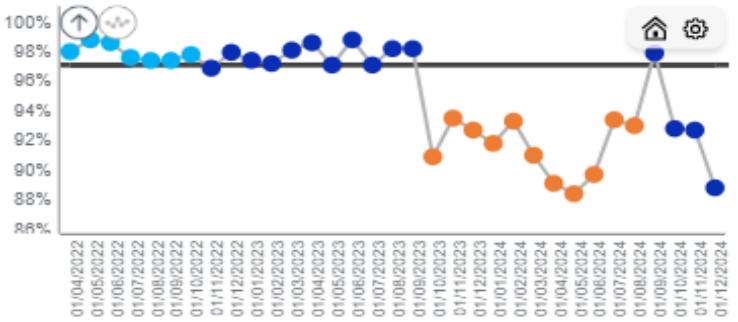
Complaints upheld



Compliments Received



Freinds & Family Test % recommenders



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Friends and family test

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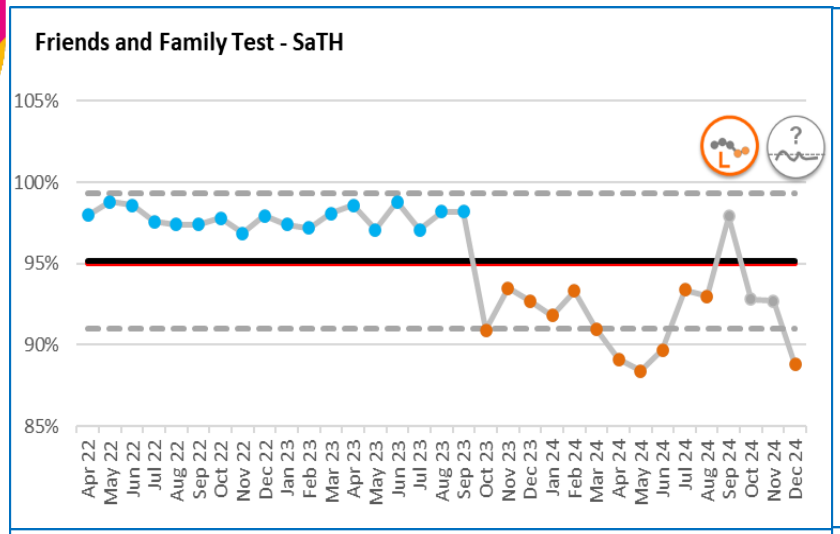

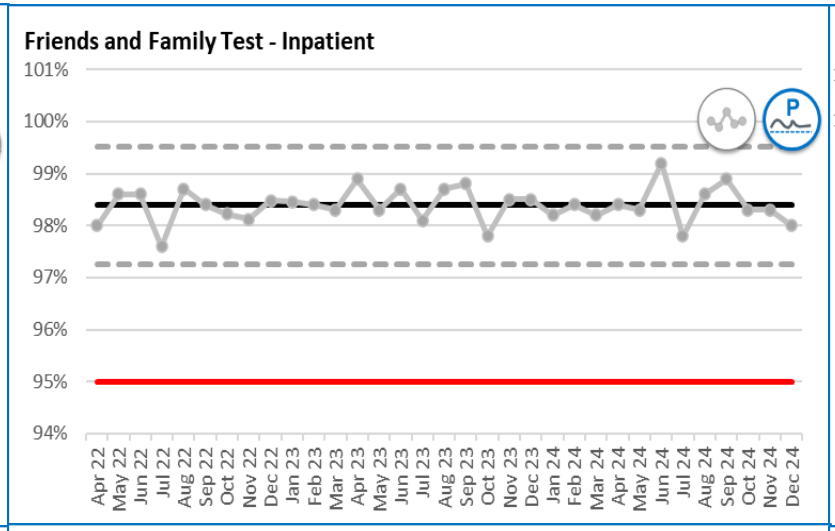

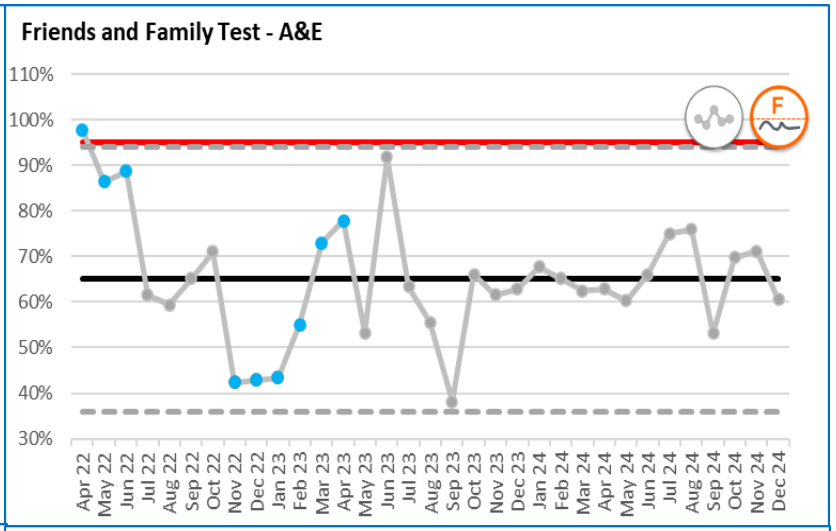

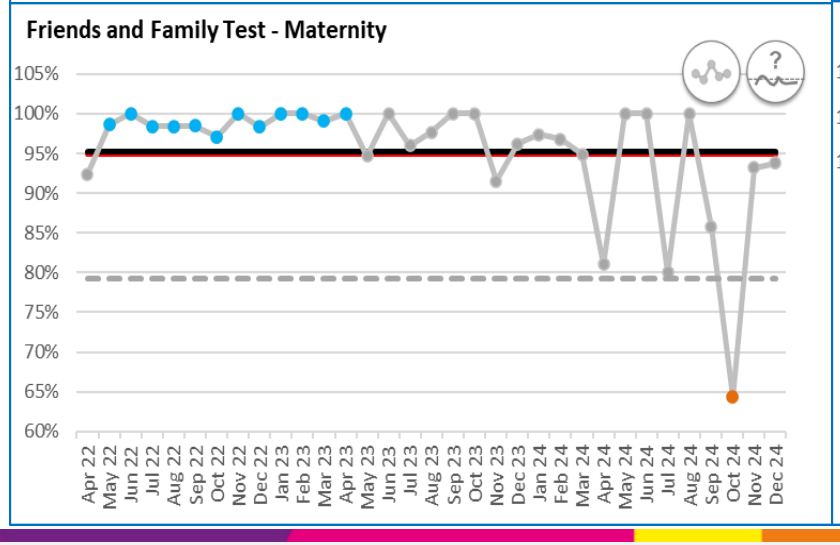

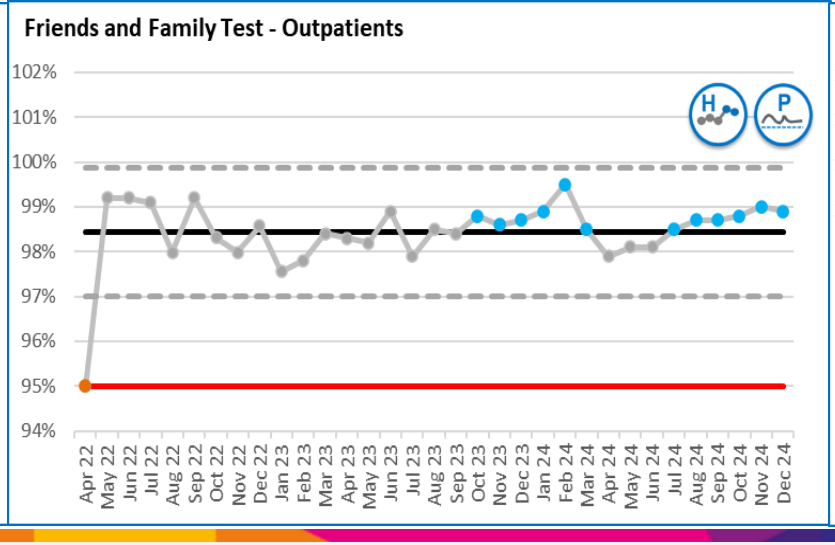

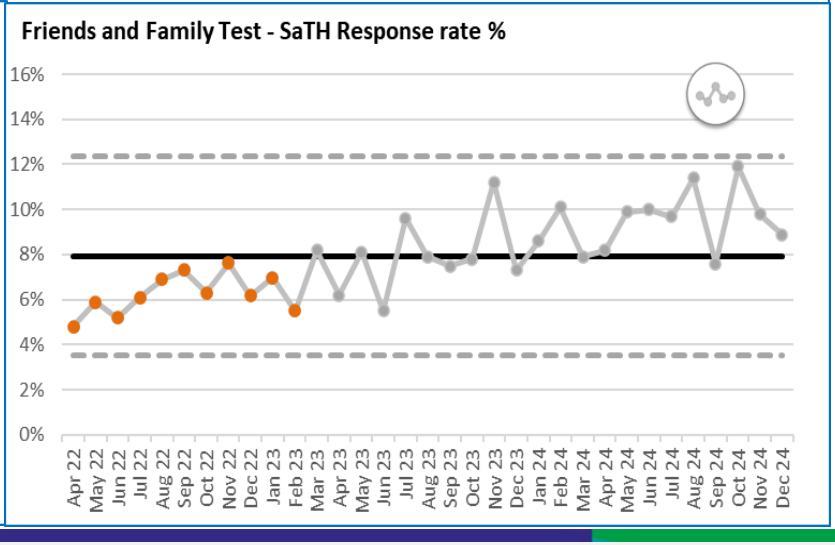

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Maternity

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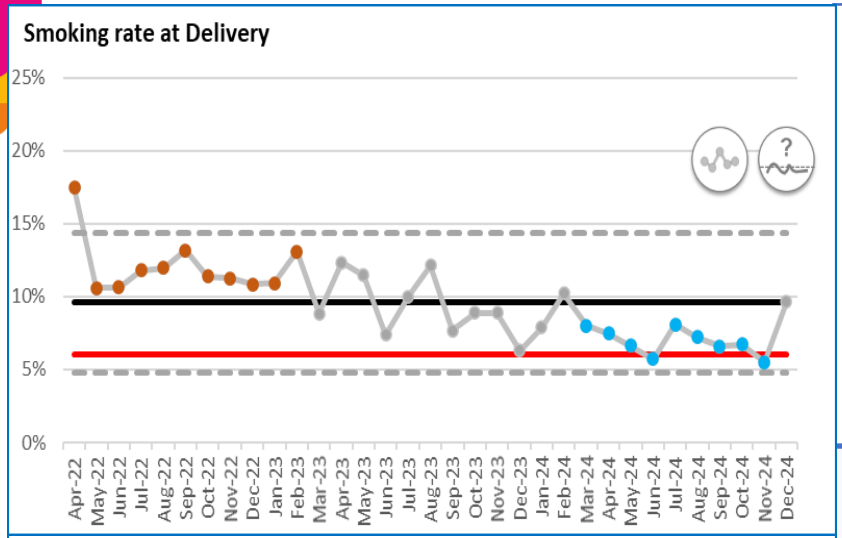
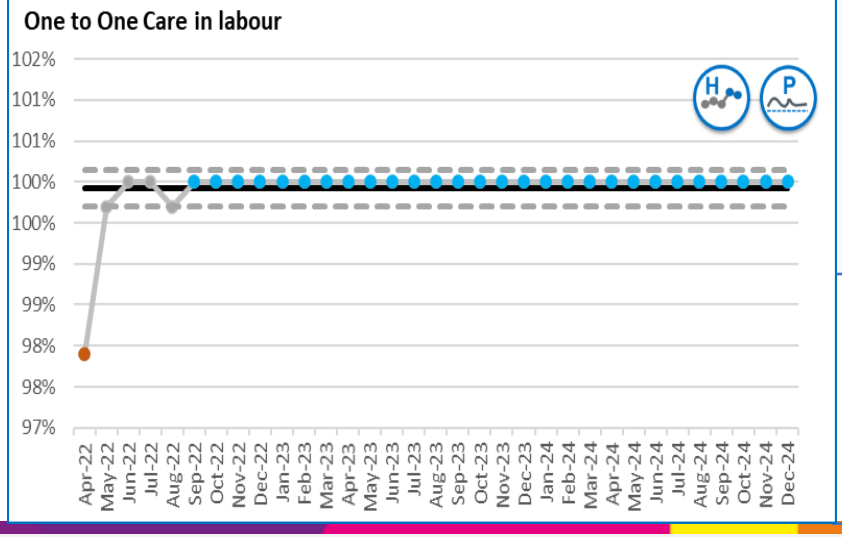




Summary:
Smoking at time of Delivery (SATOD) in December saw an anomaly spike to 9.6%. Deep dive assessment of data shows an increased number of preterm deliveries this month to current smokers. Despite this anomalous figure, the overall SATOD rate for 2024/25 remains at approximately 7%, which is a 2% decrease on the previous years figures.
Accurate recording of SATOD status is being closely monitored by the Healthy Pregnancy Support Service (HPSS) team to ensure correct 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.

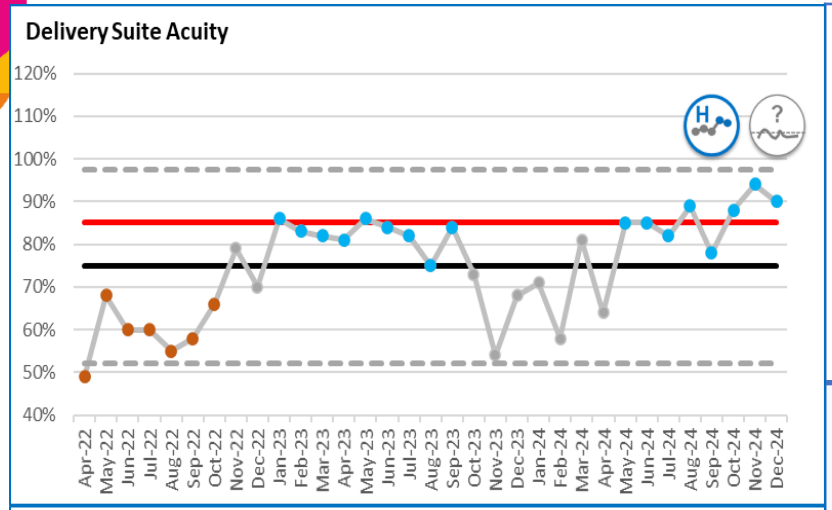
Recovery actions:
Look to further decrease SATOD through 2025.
Continue to work towards Government target for year end in March 2025.
The team are now able to refer family members for support to Telford Council or Shropshire Social prescribing service where Nicotine Replacement Therapy is now being offered.

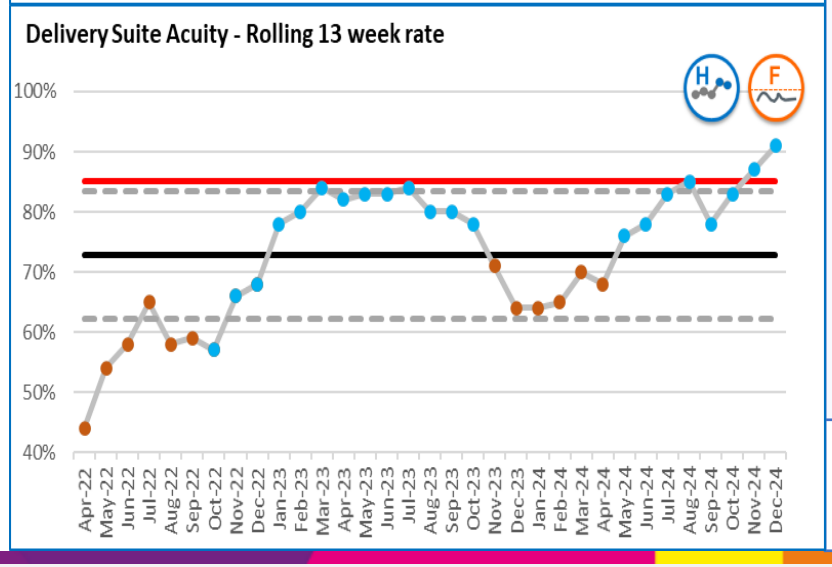
Anticipated impact and timescales for improvement:
Continue to map and target areas of deprivation and provide support for pregnant women, whilst referring family members to local smoking cessation services.
As per Saving Babies Lives version 3, all staff to discuss smoking cessation at every appointment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

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 December to 90% this is aligned to the National target of 85% and has been consistent for 3 months. 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. Ongoing recruitment pertaining to clinical roles continue, we are seeing an increase in external applications which is a positive sign and testament to the ongoing transformation work.

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.

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

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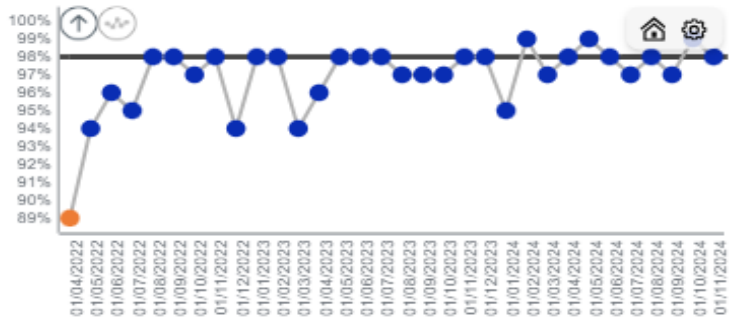
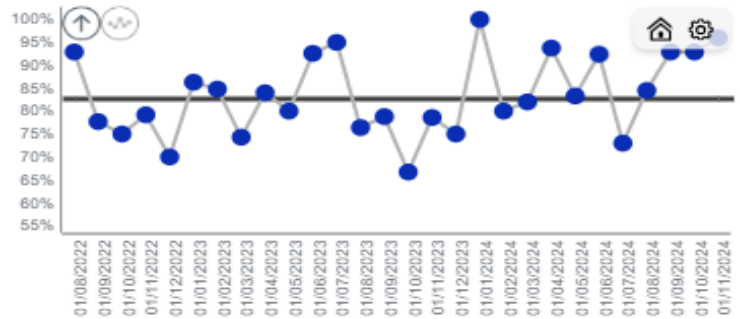
Learning from Experience

	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	Nov-2024
Palliative and End of Life Care - Audit Score % Score	98	97	97	97	98	98	95	99	97	98	99	98	97	98	97	99	98
% Overall rating of the PEoLC - Outstanding	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	92.9	92.9	96.0
PPOC Discussion - total number	78	89	75	107	77	96	96	92	98	94	92	94	107	92	115	96	109
PPOC Achieved - total number	76	79	61	96	72	91	86	82	86	88	86	78	97	86	103	87	101
% Felt their loved one was comfortable in last days	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	70.6	68.8	92.0
Palliative/End of Life Care - Nursing QA Audit	296	294	312	320	310	297	284	295	291	268	266	275	274	266	278	262	256

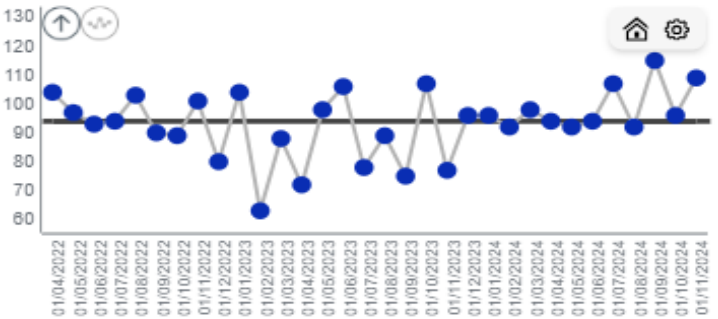
Palliative and End of Life Care - Audit Score % Score



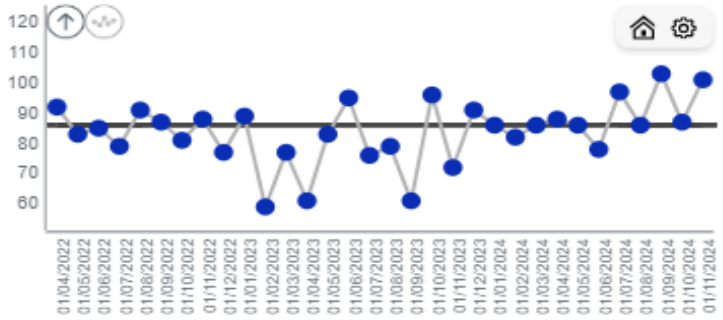
% Overall rating of the PEoLC - Outstanding



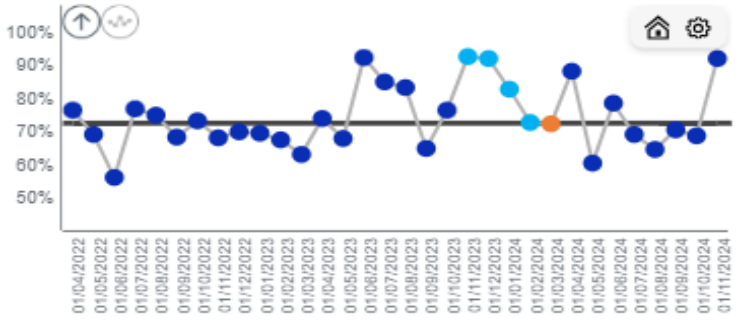
PPOC Discussion - total number



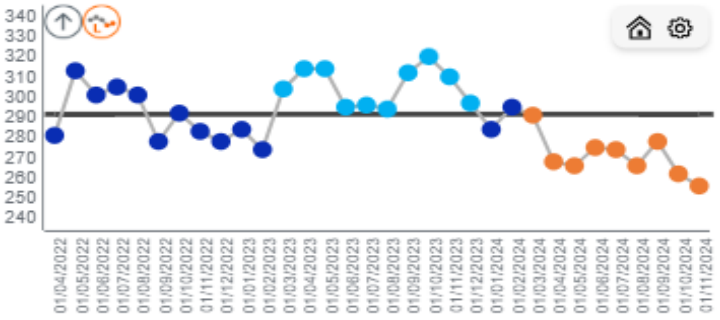
PPOC Achieved - total number



% Felt their loved one was comfortable in last days



Palliative/End of Life Care - Nursing Quality Assurance Audit



Quality - Patient Experience - End of Life Care

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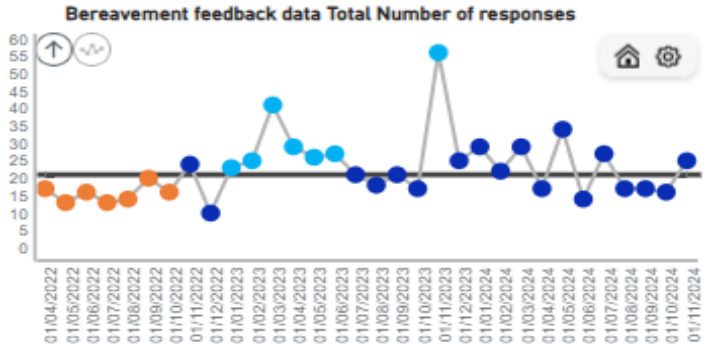
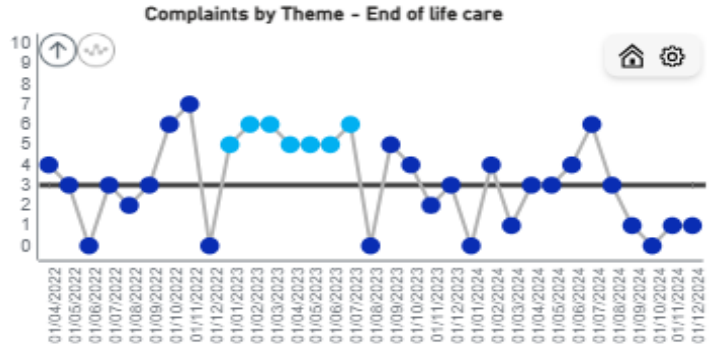
The Shrewsbury and Telford Hospital NHS Trust

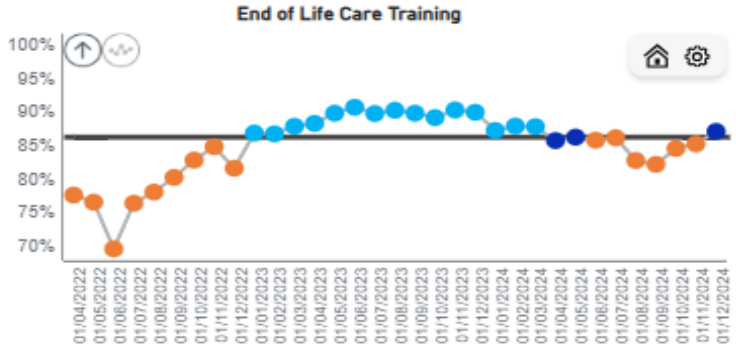
Page 1

Learning from Experience

	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	Nov-2024	Dec-2024
Bereavement feedback data - Total Number of responses	18	21	17	56	25	29	22	29	17	34	14	27	17	17	16	25	
Complaints by Theme - End of life care	0	5	4	2	3	0	4	1	3	3	4	6	3	1	0	1	1
End of Life Care Training	90.25	89.81	89.15	90.29	89.95	87.24	87.89	87.81	85.74	86.25	85.80	86.15	82.79	82.21	84.57	85.25	87.10







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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/Ongoing Process for Monitoring:	**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 are discussed at the Steering Group, themes relate to communication around end-of-life care continue. PEOLC ward support programme which supports wards with all aspects of PEOLC continues. Recent Mock CQC assessment concluded overall "good" rating for service Small number of patients included in the Nursing Quality Assurance audits can affect the results of these audits. Action to ensure all matrons in ward areas caring for PEOLC patients are completing audits is ongoing.	Ongoing monitoring via PEOLC Steering Group to ensure improvements are sustained

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 provides 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
- 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 Q4 2025 Areas that should maintain DMI competency include the Emergency Departments, The Enhanced Care Team and Ward 19. How this training is delivered to be addressed to ensure the Trust's requirements 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 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
- All Clinical Site Managers (CSM) trained in scrutiny and acceptance of Section Papers, refresher training (annually) August 2024 and September 2024.
- Ongoing monitoring of compliance of Section Paper via monthly audits carried out by the Mental Health Administrator

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

Learning disability and/or Autism (draft)

The Shrewsbury and Telford Hospital NHS Trust

Summary:
Improve the care and experience for inpatients with Learning Disabilities and/or Autism.

Recovery actions:

- Recruit a Learning Disability and /or Autism Lead Nurse
- Oliver McGowan training T1 and T2
- Patient and Carer Experience (PACE) panel
- Embedding of the patient passport
- Enhance communication channels between the Community Learning Disability Team and the Head of Adult Safeguarding, Mental Capacity Act (MCA) & Prevent Lead role to ensure direct contact is made relating to MCA/Best Interest (BI) or Safeguarding and adhere to MCA policy.
- Oliver McGowan added to the mandatory training requirements for all locum and short-term medical staff
- E-Learning training added to the mandatory list for doctors during induction and reflected on LMS.
- Review of LD.A Policy
- Learning from incidents

Anticipated impact and timescales for improvement:
Lead nurse in post by December 2024
Compliance with Oliver McGowan training, March 2025

Recovery dependencies:
Recruitment into the lead nurse post.
Availability of the Oliver McGowan training T1 and T 2.

Responsiveness

Executive Lead:

Chief Operating Officer

Ned Hobbs

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Trend
ED - 4 Hour Performance (SaTH Type 1 & 3) %		78% Mar'25	67.3%	50.5%	50.0%	51.1%	50.0%	48.6%	52.2%	54.8%	55.9%	52.4%	52.4%	50.9%	50.4%	52.4%	
ED - 4 Hour Performance (All Types inc MIU) %		-	-	59.6%	59.1%	60.3%	60.2%	59.2%	61.9%	64.7%	65.0%	62.2%	61.5%	59.7%	58.7%	61.8%	
ED - 12 Hour Trolley Breaches	R	0	0	957	860	844	579	829	647	560	546	587	1060	1562	1494	1316	
Number of Ambulance Arrivals	R	-	-	3047	2821	3124	3089	2909	2853	3096	3404	3107	3203	3052	3103	3190	
Ambulance Delays > 15 minutes	R	-	-	2340	2198	2536	2327	2391	2553	2675	2595	2624	2744	2646	2626	2645	
Ambulance Delays > 15 minutes %	R	0%		72.4%	73.9%	78.4%	75.3%	77.9%	86.2%	82.4%	76.2%	84.5%	85.7%	86.7%	84.6%	82.9%	
Ambulance Delays > 60 minutes %	R	0%		37.1%	36.8%	34.3%	33.6%	36.2%	30.3%	23.6%	17.7%	32.4%	36.4%	40.8%	45.9%	38.7%	
ED activity (total excluding planned returns)		-	11884	12659	12249	13804	12983	13773	12940	12865	12401	12364	13067	12921	13308	11813	
ED activity (type 1 excluding planned returns)		-	9706	10128	9850	10921	10412	10927	10489	10550	10150	10104	10603	10535	10433	9505	
Total Emergency Admissions from A&E		-	-	2760	2787	3028	3050	3076	3054	3345	3281	3241	3469	3492	3445	3247	
% Patients seen within 15 minutes for initial assessment		-		51.0%	47.0%	45.5%	42.4%	47.7%	54.1%	60.0%	64.8%	59.8%	58.9%	52.9%	51.6%	62.7%	
Average time to initial assessment (mins)		15 Mins	15	22	25	28	29	27	21	17	16	18	19	24	25	17	
Average time to initial assessment (mins) Adults		15 Mins	15	22	23	26	29	28	22	17	17	19	21	25	26	17	
Average time to initial assessment (mins) Children		15 Mins	15	23	28	33	31	24	18	16	12	14	15	20	21	15	
Mean Time in ED Non Admitted (mins)		-	215	363	358	374	386	335	302	269	259	288	292	310	325	320	
Mean Time in ED admitted (mins)		-	500	1333	1326	1265	1175	1250	1148	939	889	1113	1106	1219	1337	1318	
No. Of Patients who spend more than 12 Hours in ED		< 2023/24	165	2584	2509	2519	2588	2679	2308	2103	2080	2394	2494	2644	2741	2361	
12 Hours in ED Performance %		< 2023/24	6%	20.41%	20.48%	18.25%	19.94%	19.50%	17.84%	16.35%	16.77%	19.36%	19.10%	20.50%	20.60%	19.99%	
Bed Occupancy Rate - G&A (SitReps)		92%	-	96.3%	96.5%	93.0%	94.9%	95.5%	94.6%	93.5%	93.4%	94.5%	94.1%	95.3%	94.8%	95.2%	
Diagnostic Activity Total			-	22704	20925	20125	20309	20617	19745	22698	21496	22212	23688	22369	22160	23202	
Diagnostic 6 Week Wait Performance %		95% Mar'25	-	75.8%	80.5%	75.4%	71.0%	68.9%	63.4%	61.5%	57.8%	59.4%	59.1%	57.7%	53.6%	56.6%	
Diagnostic 6+ Week Breaches		0	-	2563	2275	3318	4233	4627	5653	6323	7056	7509	7122	7771	8376	7524	
Total Non Elective Activity - All		-	4925	5673	5420	5673	5515	5701	5380	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	
Total elective IPDC activity - All		-	7060	6187	5877	5909	5706	5564	5505	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	
Total outpatient attendances - All - SaTH		-	49925	53961	49592	49950	45943	38762	29237	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	
DNA rate - all ages		-	-	4.8%	4.8%	5.3%	5.4%	7.6%	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	
DNA rate - paeds		-	-	8.0%	7.5%	7.7%	8.8%	11.8%	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	
Number of episodes moved or discharged to PIFU		-	3300	1800	1873	1978	1896	1864	1693	2223	1964	2247	2692	2378	1978	2299	
Number of episodes moved or discharged to PIFU %		-	6.6%	3.3%	3.8%	4.0%	4.1%	4.8%	5.8%	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	
Total virtual outpatient attendances - All - SaTH		-	12481	10281	8941	8370	6768	4212	2578	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	
Total virtual outpatient attendances % - All - SaTH		-		19.1%	18.0%	16.8%	14.7%	10.9%	8.8%	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	
RTT Incomplete 18 Week Performance		92%	-	50.7%	49.8%	50.2%	50.8%	51.4%	49.1%	49.6%	44.6%	42.3%	47.3%	48.5%	46.3%	48.2%	
RTT Waiting list - Total size	R	-	-	38828	39582	41331	46317	49409	53280	55492	56163	53074	53214	53402	51652	49856	
RTT Waiting list - English only		-	32390	34548	35220	36794	41406	44042	47563	49625	50364	47529	47713	47989	46254	44411	
RTT 52+ Week Breaches (All)	R	0	-	2387	2704	2967	3584	3756	4656	4450	4614	4215	3666	3641	3557	2392	
RTT 52+ Week Breaches - English only		-	507	2133	2421	2673	3210	3321	4131	3944	4088	3705	3118	3067	2971	2392	
RTT 65+ Week Breaches (All)		0 Sep'24	-	478	518	447	786	921	1330	1184	1130	662	503	538	396	166	
RTT 65+ Week Breaches - English only		0 Sep'24	0	427	447	378	708	824	1185	1025	948	508	327	350	204	166	
RTT 78+ Week Breaches (All)	R	0	0	9	11	5	0	1	2	2	65	64	59	83	62	4	
RTT 78+ Week Breaches - English only		0	0	2	3	0	0	0	0	1	49	49	8	19	16	4	
RTT 104+ Week Breaches (All)	R	0	0	0	2	1	0	1	1	1	1	1	1	0	0	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	65.4%	50.1%	54.4%	58.2%	59.5%	62.3%	56.9%	53.1%	53.3%	51.2%	55.4%	64.0%	63.3%	-	
Cancer 31 Day First Treatment		96%	94.0%	86.6%	91.4%	91.6%	85.0%	91.6%	79.8%	81.8%	84.7%	85.5%	88.3%	89.6%	92.2%	-	
Cancer 28 Day Faster Diagnosis - combined	R	77% Mar'25	77.1%	71.1%	77.3%	74.3%	73.6%	68.6%	67.0%	70.5%	67.6%	67.6%	70.4%	69.2%	66.7%	-	
Theatre productivity			85%	72%	75%	76%	78%	79%	79%	78%	78%	77%	78%	80%	79%	78%	

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Operational Summary

NHS
The Shrewsbury and Telford Hospital

SaTH ED 4-hour performance (type 1 & type 3) is showing common cause variation – no significant change, consistently failing target (52.5% against target of 67.3%). SaTH Average time to initial assessment (IA) (mins) is showing special cause improving variation. Paediatric IA averaged 15 minutes in January achieving the ≤15-minute target. Adult IA averaged 17.5 minutes, a reduction of 9 minutes on December performance but above the 15-minute target. The number of patients who spend more than 12 hours in ED has returned to common cause variation from the previous period of special cause concerning variation in December.

The Trust reported 4 x 78-week breaches at the end of January 2025 and 162 x 65-week breaches. The total waiting list size in January reduced with continued validation support from MBI. 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 breaches and support additional mitigations. Additional capacity is being provided by ISP providers for ENT, maxillofacial, gynaecology, endoscopy and general surgery this includes both outpatient and surgical capacity. Theatre Utilisation in January was 80%.

Cancer – The combined backlog as at the end of January 2025 was 401 (increase from 394 at the end of December). The validated December position for FDS was 66.7% (previous month was 69.2% and against a national target of 75%), 31-day standard was 92.2% (previous month was 89.6% against a national target of 96%) and 62-day standard was 63.3% (previous month was 64% against a national target of 85%). Predicted performance for January is expected to deteriorate to 56.4% FDS, 82.8% for 31-day and 48% for 62-day.

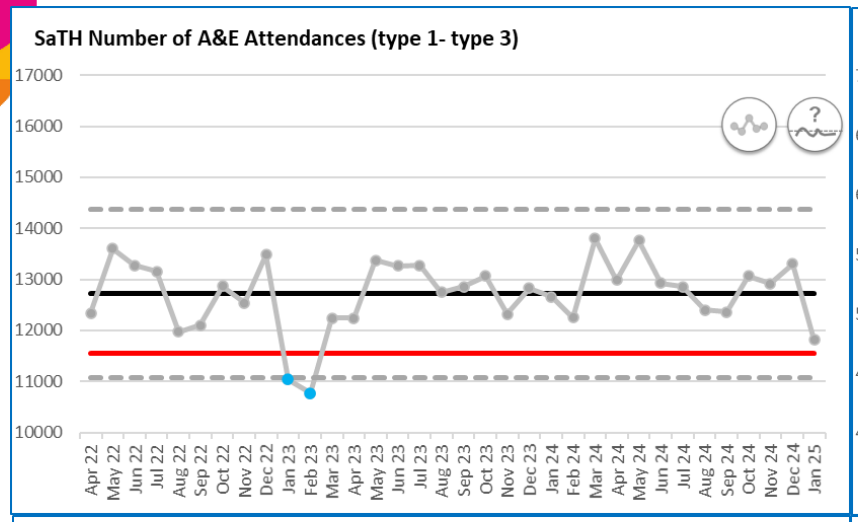
The validated overall DM01 position for January was 56.6%. Radiology turnaround delays remain of concern. MRI TATs are:- USC 5-6 weeks, urgent 20- 21 weeks, and routine tests at 26-27 weeks. CT reporting times have improved significantly; USC 2 weeks, urgent 2 weeks and routine at 3-4 weeks (CTVC TATs for USC has remained at an improved position of 3-4 weeks). The backlog of all CT reporting was cleared by the end of January 2025. NOUS reporting times are; USC 2-3 weeks, urgent 4-5 weeks and routine at 18 weeks. Training posts and sickness in NOUS continue to restrict capacity, with reduced resilience during periods of sickness or annual leave.

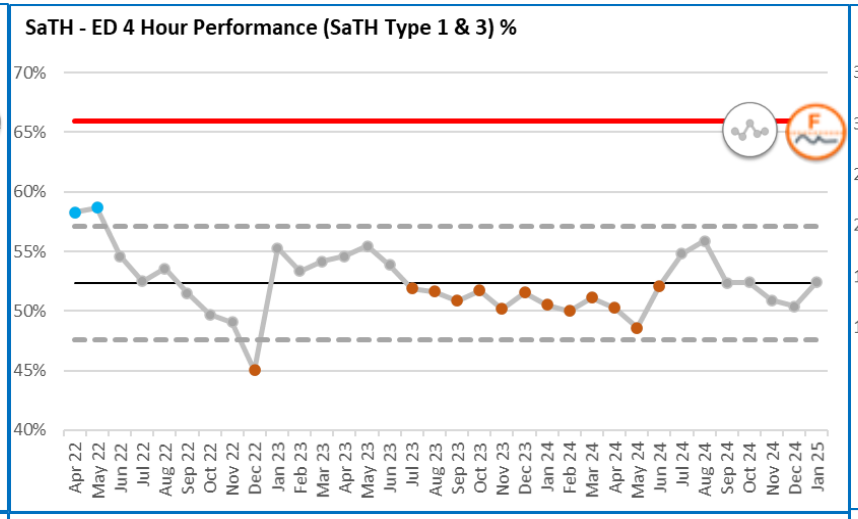
Key actions

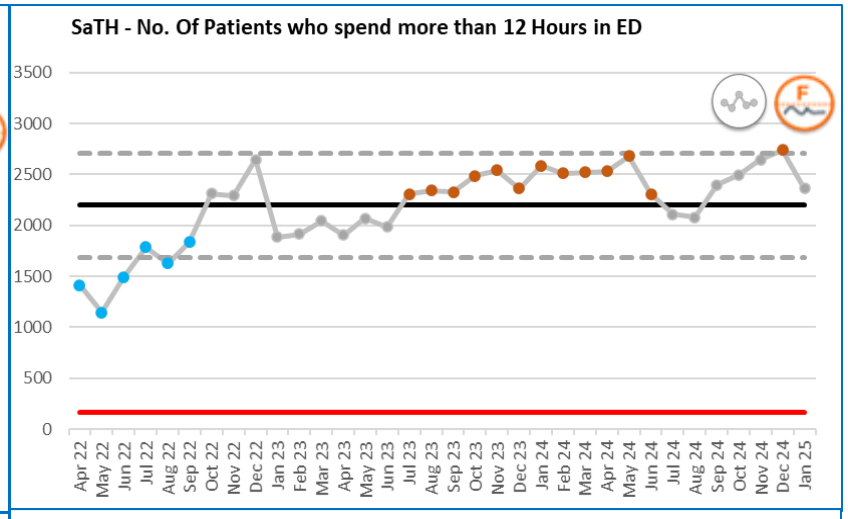
- Progression of actions within all Tier 1 workstreams
- Test of change in Minors, focussing on medical input and AMA, to improve flow
- Mobilising additional independent Sector provider activity and mutual aid for elective and cancer recovery
- Diagnostics recovery plan progressing, second MRI van on site from 18/2
- New theatre timetable agreed and set to go live on 31/3, 50% increase in CYP allocation
- Outpatient productivity project to commence in February.

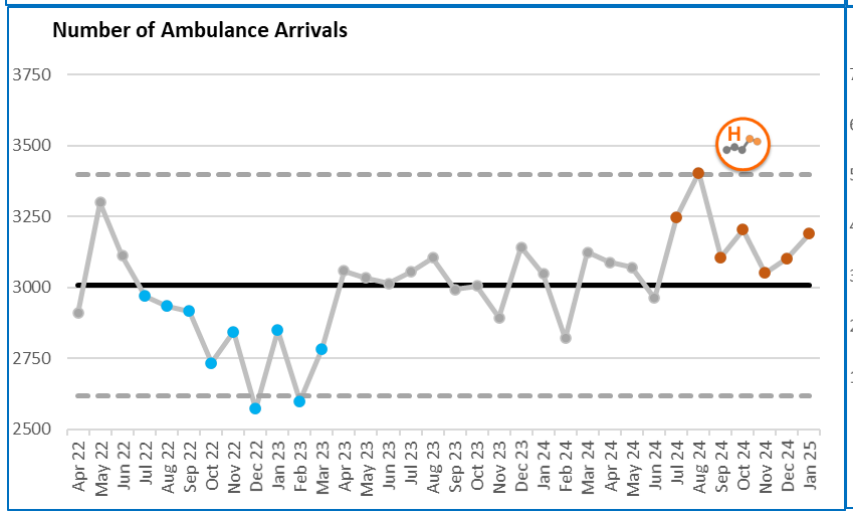
Operational – Emergency care

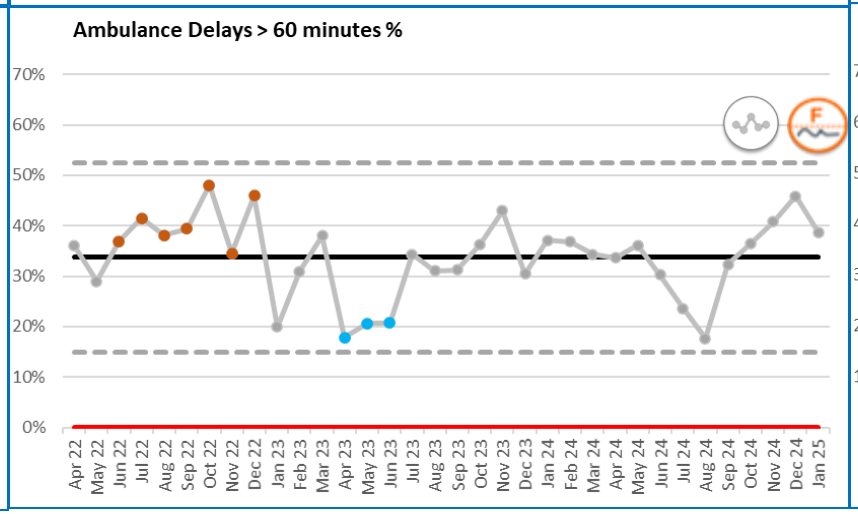
The Shrewsbury and Telford Hospital NHS Trust

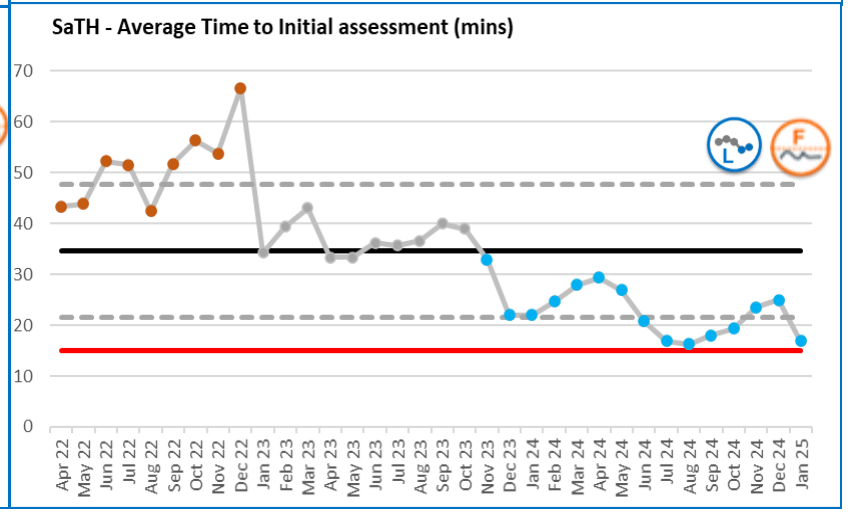












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Operational – Emergency care

The Shrewsbury and Telford Hospital NHS Trust

Summary:

- SaTH number of A&E attendances (type 1 - type 3) is showing common cause variation – no significant change
- SaTH ED 4-hour performance (type 1 & type 3) % is showing common cause variation – no significant change, consistently failing target (52.5% against target of 67.3%)
- SaTH number of patients who spend more than 12 hours in ED has returned to common cause variation from the previous period of special cause concerning variation in December
- Number of ambulance arrivals to SaTH is showing special cause concern
- Ambulance delays in handover of patients to SaTH premises > 60 minutes (%) showing common cause variation, consistently failing target
- SaTH Average time to initial assessment (mins) is showing special cause improving variation. Paediatric IA averaged 15 minutes in month achieving the ≤15-minute target. Adult IA averaged 17.5 minutes a reduction of 9 minutes on December performance but above the 15-minute target

Recovery actions:

- Ambulance handover: Implementation of revised ambulance Offload to Assess model by end Feb 25 to reduce handover delays; implementation of WMAS Hospital Ambulance Liaison Officer on both sites to support ambulance handovers Feb 25; implementation of WMAS 45-minute handover protocol Feb 25
- 12 hour/4-hour performance: Implementation of additional domiciliary care supporting reduction in LoS; introduction of integrated front door community team; 25/26 increase streaming of patients to SDEC increasing 0-day LoS; system wide development of alternative pathways to ED (recent ECIST led 12-hour harm review identified 62% of patients within a sample of 13 who attended or were conveyed by ambulance to ED did not require the services of an ED)
- UTC transition from private Provider to in house 01/04/25. Q3/Q4 post transfer optimisation programme
- Implementation of two Modular wards on the RSH site by end of calendar year

Anticipated impact and timescales for improvement:

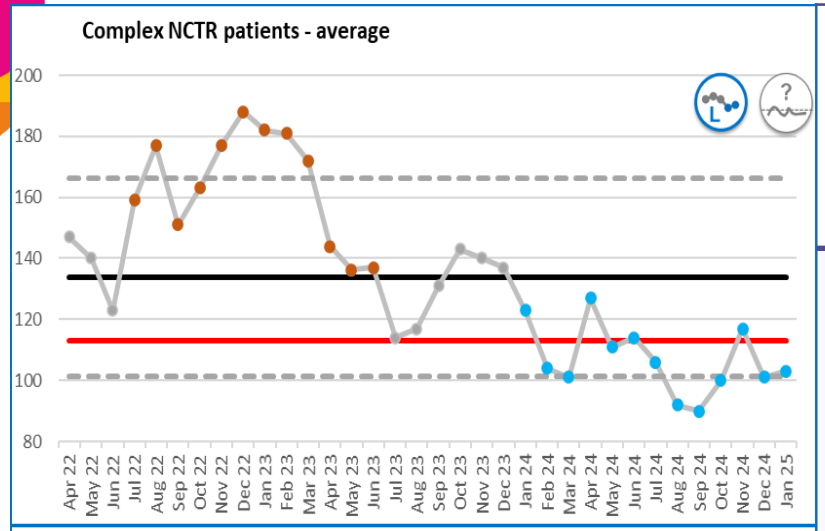
Progress reported monthly through UEC Flow improvement group to Performance Assurance Committee (PAC) and system UEC meeting.

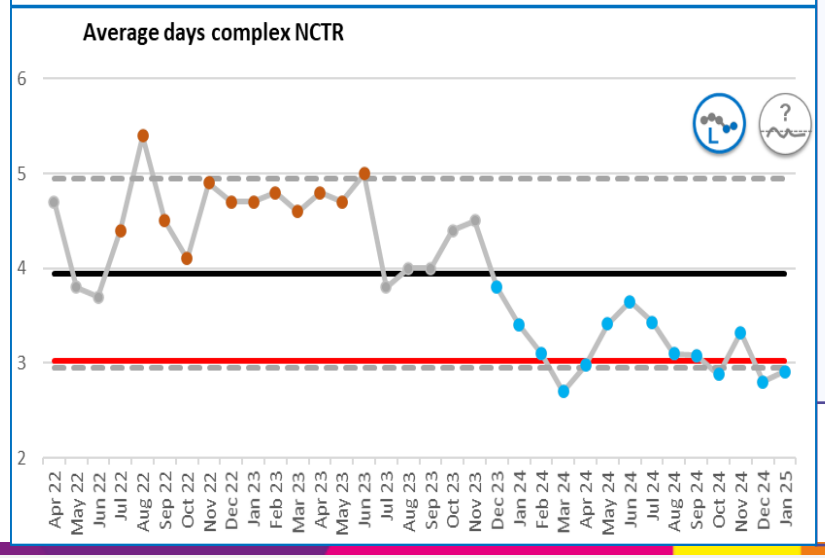
Progress reported monthly through Emergency Care Transformation Assurance Committee (ECTAC) /MEDTAC and weekly cross Divisional metrics meeting.

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:

- Number of complex no criteria to reside patients (average) for the month is demonstrating special cause improving variation
- Average days a patient is identified as no criteria to reside (complex) awaiting discharge is demonstrating special cause improving variation

- **Recovery actions:**
- Weekly focus on LoS of patients with criteria to reside
- Focus on accurate Estimated Discharge Date (EDD) to refer into Community Transfer Hub (CTH) 5 days prior to EDD to enable CTH to work up patient for discharge on EDD
- Improvement programme focusing on process for out of area patients to be repatriated to their nearest hospital
- Improvement programme preparing patients for home the night before
- Tracking of community beds and transport to reduce incomplete (failed) discharges
- Trial planned for Feb 2025 where EMED (hospital transport provider) will allocate a 1 hour pick up slot the day before for pre-planned complex discharges
- Trust long length of stay weekly review meeting
- Continued focus on the IDT and therapy processes to reduce the length of time between NCTR and discharge
- Roll out of the deconditioning change model to all wards continues

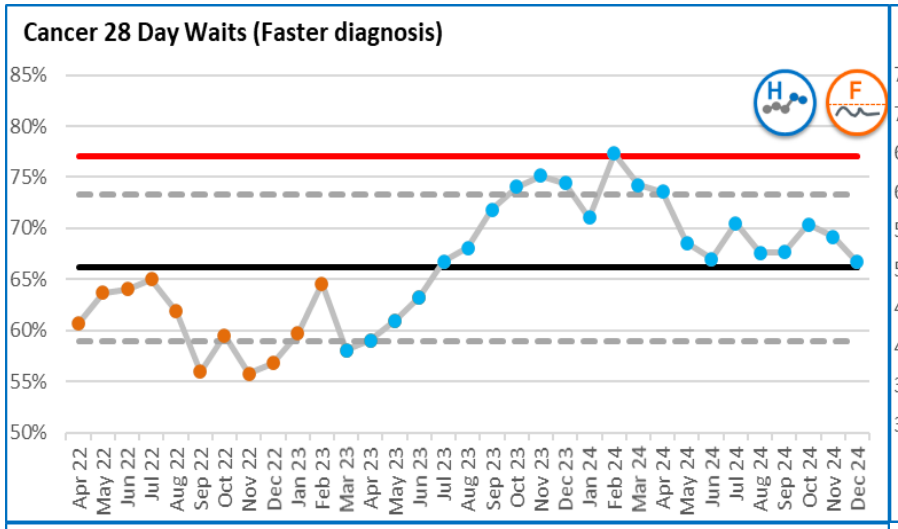
Anticipated impact and timescales for improvement:

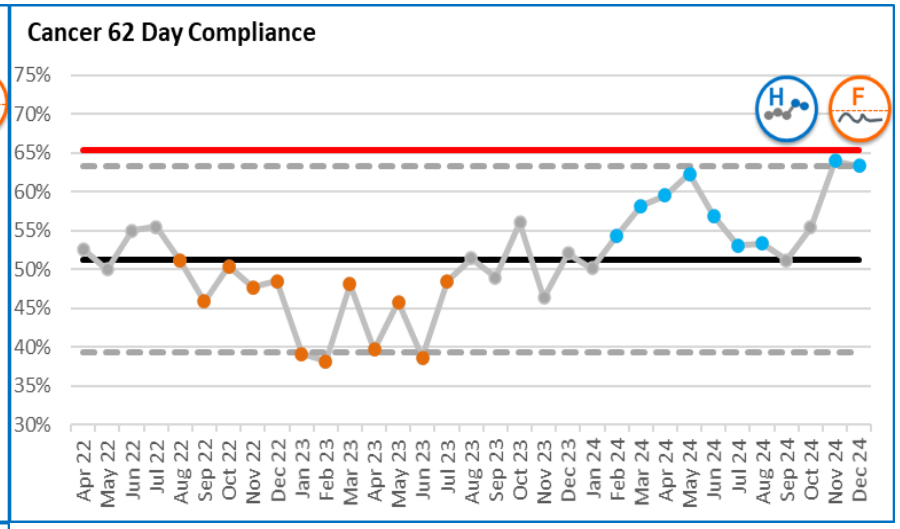
Progress reported monthly through UEC Flow improvement group to Performance Assurance Committee (PAC) and system UEC meeting.

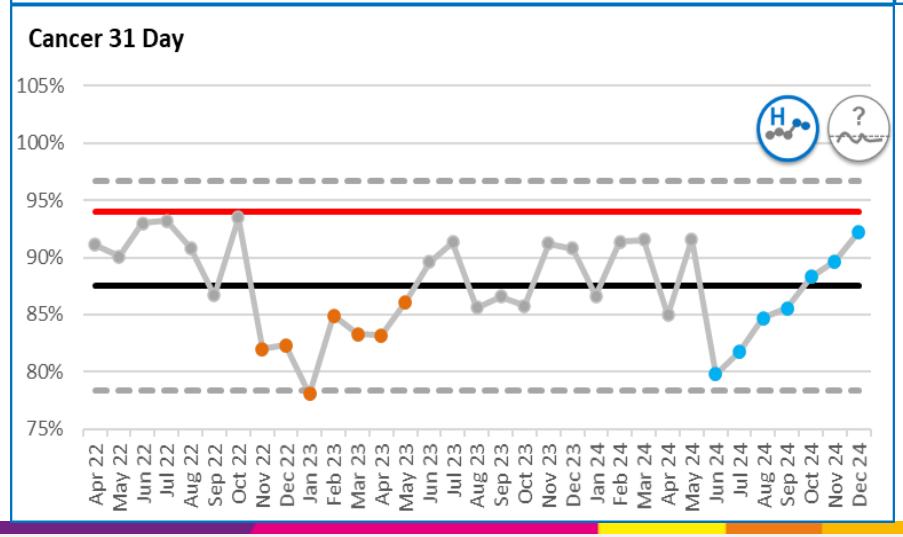
Recovery dependencies:	PW1, 2 and 3 capacity to support complex discharge pathways. Medical decision makers to support discharge decisions available on all wards throughout the day.

Operational – Cancer performance

The Shrewsbury and Telford Hospital NHS Trust







Operational – Cancer performance

The Shrewsbury and Telford Hospital NHS Trust

Summary:
The Trust is being monitored in Tier 1 for Cancer. The combined backlog as at the end of January 2025 was 401 (increase from 394 at the end of December). The validated December position for FDS was 66.7% (previous month was 69.2% and against a national target of 75%), 31-day standard was 92.2% (previous month was 89.6% against a national target of 96%) and 62-day standard was 63.3% (previous month was 64% against a national target of 85%). Predicted performance for January is expected to deteriorate to 56.4% FDS, 82.8% for 31-day and 48% for 62-day.

Recovery actions:
The Trust is in Tier 1 NHSE monitoring due to the deterioration in performance in all indicators since Q1 this year. Delivery of the cancer remains a significant challenge, and we continue to underdeliver against forecast trajectories. Recovery plans are in place and additional external non-recurrent funding from WMCA and NHSE has been received to support improvement in performance. Business plans are in development to support sustainable services into 25/26.

Diagnostic recovery action to source additional capacity is supporting recovery and cancer patients are being prioritised appropriately. Capacity issues at tertiary centres for surgery and histology are resulting in additional delays for treatment. Delays for PET scans and molecular marker tests, both of which are not performed at SaTH, are also negatively impacting on the length of pathways. Clinical and operational workforce constraints continue within Oncology, Urology, Colorectal and Head & Neck. Pathway redesign work is in progress and vital to medium to long term recovery, in the immediate term additional capacity through ISP providers and internal workforce is being optimised.

Oncology waiting time for patients with prostate cancer remained excessive but have decreased from 25 to 20 weeks (18/2) with 130 patients on the waiting list to see an Oncologist. Colorectal waiting times for oncology decreased from 8 weeks at the end of December to 3 weeks at the end of January and are now at 1 week. Breast oncology waiting times also reduced from 10-12 weeks to 7-8 weeks, and Gynae waiting times from 8 weeks to 3 weeks, during this same period. Attempts to recruit have been ongoing and the team have recently appointed two Medical Oncologists and Clinical Oncologist to support the team. Mutual aid and strategic networking with neighbouring Centres is also being explored.

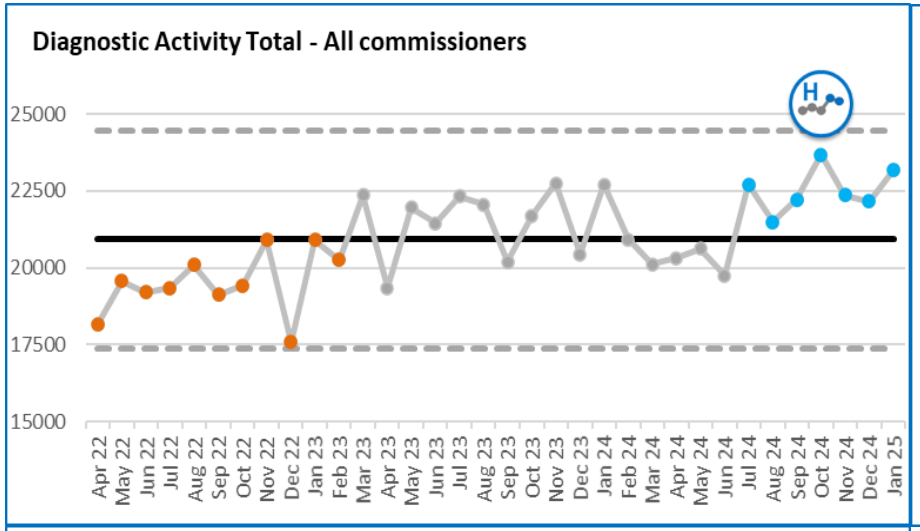
Anticipated impact and timescales for improvement:

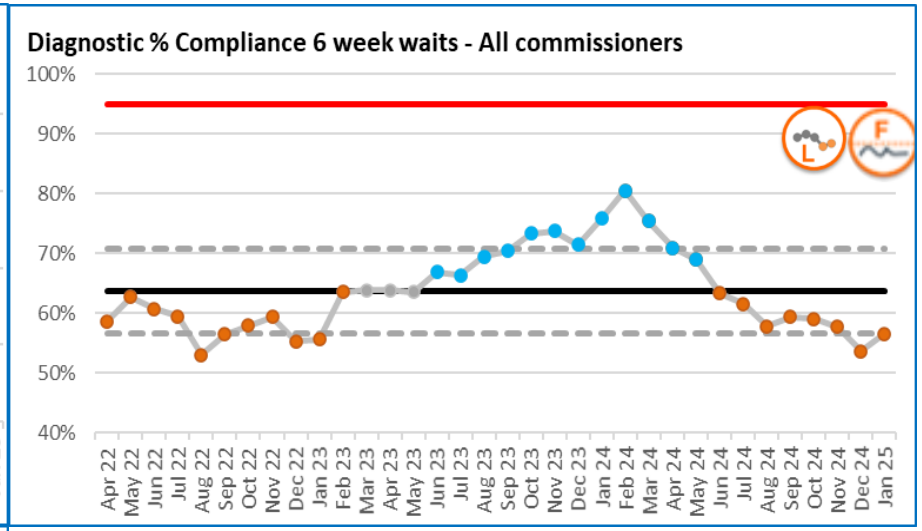
WMCA & NHSE 2025/26 funding being mobilised.

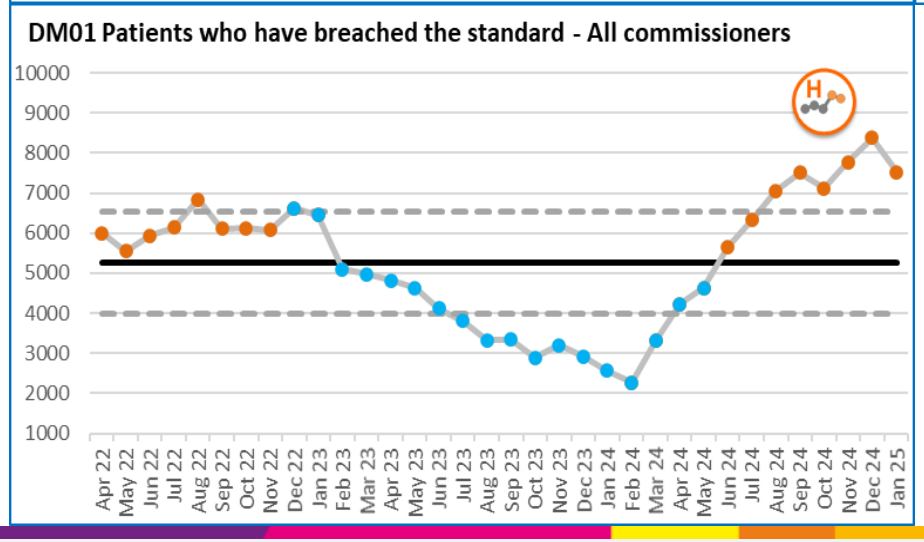
Recovery dependencies:	Clinical and Booking resource to maximise capacity and book patients onto pathways in a timely manner. **Significant risk to patient delays in not replacing vacant administrative posts as there is insufficient workforce to book patients in target.**

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 January was 56.6%.
Radiology turnaround delays remain of concern. MRI TATs are:- USC 5-6 weeks, urgent 20- 21 weeks, and routine tests at 26-27 weeks. CT reporting times have improved significantly; USC 2 weeks, urgent 2 weeks and routine at 3-4 weeks (CTVC TATs for USC has remained at an improved position of to 3-4 weeks). The backlog of all CT reporting was cleared by end January 2025. NOUS reporting times are; USC 2-3 weeks, urgent 4-5 weeks and routine at 18 weeks. Training posts and sickness in NOUS continue to restrict capacity, with reduced resilience during periods of sickness or annual leave.

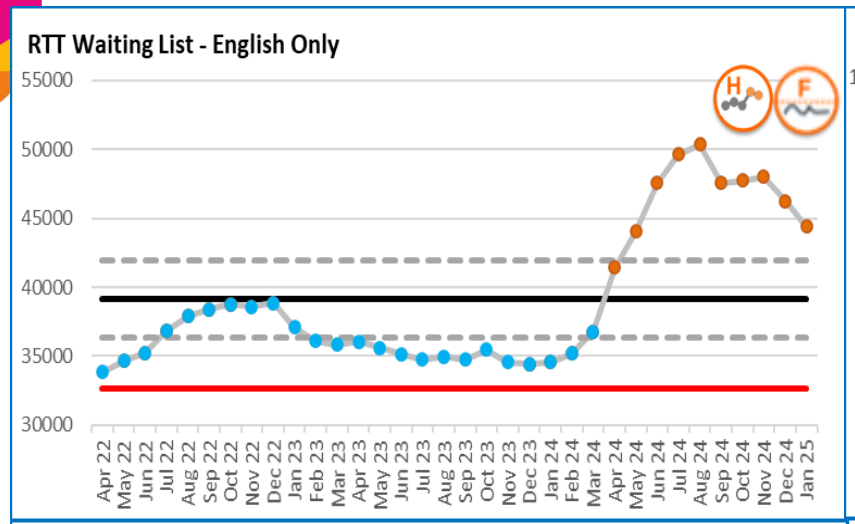
- Recruitment is challenging and we are utilising agency staff where possible and insourcing to support NOUS and MRI
- Clinical prioritisation of radiology referrals is in place and reporting for the most urgent patients is being targeted alongside elective recovery of long waits
- Staff are deployed to prioritise acute and cancer pathways and the longest waiting patients, with a resultant impact on new urgent and routine capacity
- A mobile van became operational at PRH from 11th December to support MRI recovery, this includes outsourcing of reporting, we are starting to see waiting times reduce following mobilisation of this additional resource
- A NOUS recovery plan has been developed with additional WLI and insourcing support and will start in earnest in February
- 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 and interventions required to meet the target of 0 by March 2025

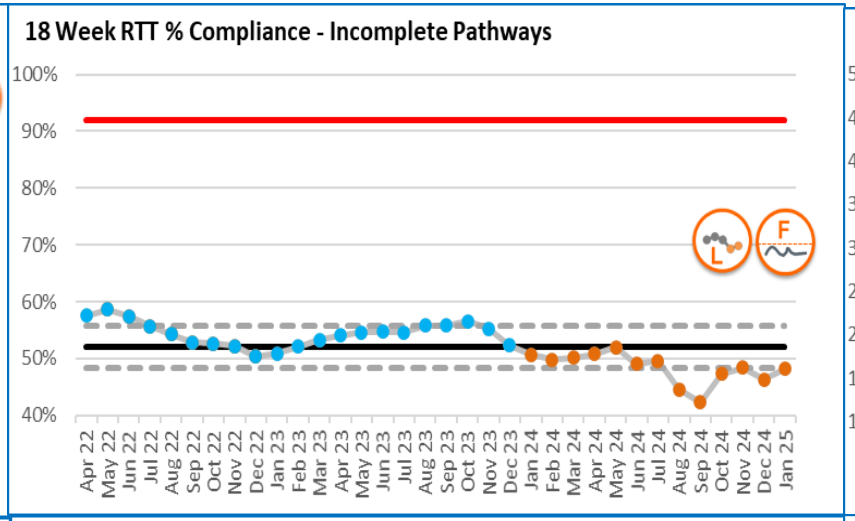
Recovery actions: Outsourced reporting continues to provide additional capacity. CT backlog has been cleared and focus in now on MRI backlog. Enhanced payments and WLIs are encouraging additional in-house reporting sessions across all modalities with backlogs being targeted. ERF funding has also been provided and will improve FDS performance levels over the next 6 months.
MRI performance remains challenged. A mobile MRI van became operational from 11th December, to support recovery. This includes reporting of images, waiting times are starting to reduce.
NOUS training posts have been increased from 2 to 4 from September 2024 and a recovery plan has been 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.

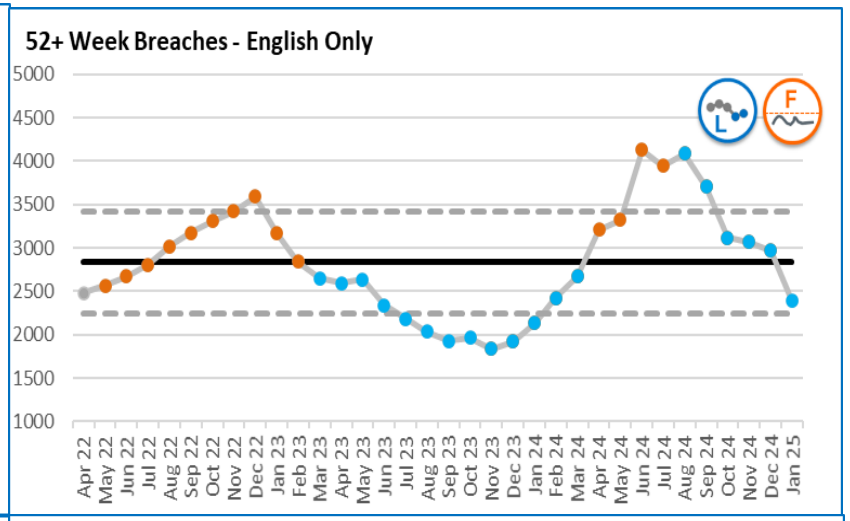
Anticipated impact and timescales for improvement:
Additional insourcing from '18 Weeks' to support endoscopy DM01 at weekends has been supported through the ERF. There is ongoing recruitment for radiologists, radiographers and sonographers.
The department has seen 2 consultants leave during August, 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 13+ww patients reduced to 0 by March 2025.
We are updating trajectories with interventions for recovery of DM01.

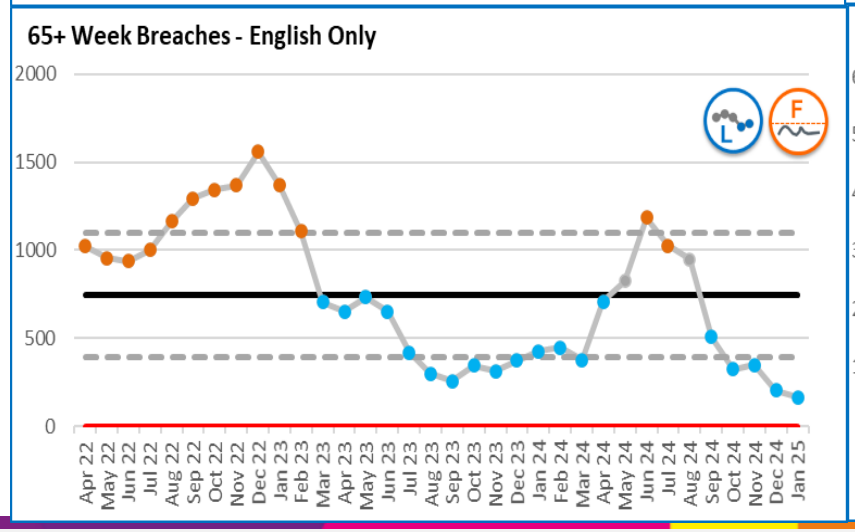
Operational – Referral to treatment (RTT)

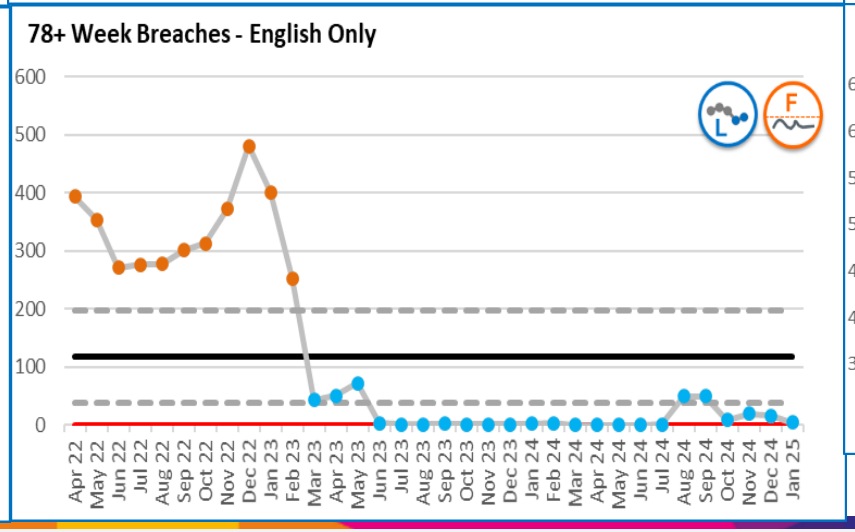
The Shrewsbury and Telford Hospital NHS Trust

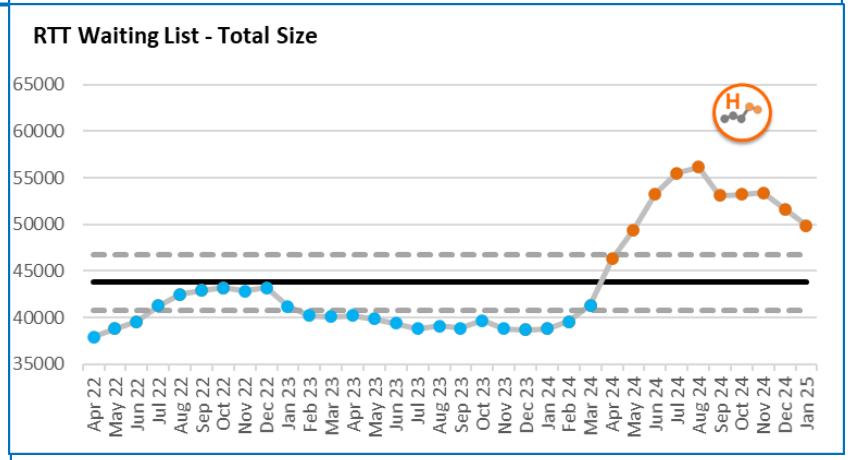












Note: includes Welsh unvalidated position

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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 Trust reported 4 x 78-week breaches at the end of January 2025 and 162 x 65-week breaches. The total waiting list size in January reduced with continued validation support from MBI. 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 ISP providers for ENT, maxillofacial, gynaecology, endoscopy and general surgery this includes both outpatient and surgical capacity. Demand & capacity models have been re-built in all specialities. Our Business Intelligence colleagues have 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:

Operational governance: BI team have developed a forecasting tool to enable effective performance insight and planning. Daily and weekly performance monitoring meetings are in place. A methodology to enable a route to zero for long waiting patients has been operationalised. Planning has begun to work towards 18 week and 52 week recovery as set out in the planning guidance.

Additional capacity: Independent sector providers continue to provide additional capacity in challenged specialties, including ENT, Max Fax, gynae.

Productivity: A new Theatre plan has been developed to open all elective theatres across sites, aiming to increase capacity for certain specialties to support elective recovery. Paediatric theatre capacity has been increased by 50%. The planned start date for the new timetable is March 31st. Externally supported outpatient booking utilisation improvement programme due to commence Feb 2025

Transformation: Design and development of planned care recovery framework focusing on three priorities: diagnostics, productivity and outpatient pathway transformation.

Anticipated impact and timescales for improvement:

The methodology to enable a 'route to zero' has been developed and a commitment to reach and sustain a zero position has been made for end of April 25.

At 18/02/2025, we are forecasting 2 x 78-week breaches and 102 x 65w breaches at 28/02/2025 with the main challenge being in ENT and oral surgery. Insourcing capacity is being maximised to improve the position.

Recovery dependencies:	Continued capacity to validate the PTL, administrative staffing capacity, workforce of insourcing companies, (particularly in ENT maxillofacial, gynaecology, paediatrics) and theatre staffing.

Operational – 65 week cohort reduction

The Shrewsbury and Telford Hospital NHS Trust

This table demonstrates the work that is progressing to reduce the number of patients in the 65 week cohort 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 January but is moving in the right direction and has committed to achieving zero by the end of April. 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)	02/12/2024	09/12/2024	16/12/2024	23/12/2024	30/12/2024	06/01/2025	13/01/2025	20/01/2025	27/01/2025	03/02/2025	10/02/2025	17/02/2025
ACTUAL TOTAL - 65+ Week Cohort	**4,431**	**4,051**	**3,599**	**3,211**	**3,031**	**2,900**	**2,473**	**1,781**	**1,420**	**1,056**	**826**	**607**
% Actual Movement	-8.2%	-8.6%	-11.2%	-20.7%	-15.8%	-9.7%	-18.4%	-38.6%	-42.6%	-40.7%	-41.8%	-42.5%
65+ Week Cohort - Split by Stage	02/12/2024	09/12/2024	16/12/2024	23/12/2024	30/12/2024	06/01/2025	13/01/2025	20/01/2025	27/01/2025	03/02/2025	10/02/2025	17/02/2025
Milestone 1 *(awaiting 1st appt)*	1,692	1,479	1,221	1,099	985	940	787	439	272	152	85	43
Milestone 2/Other *(follow-up/diagnostic stages/validation)*	1,293	1,290	1,232	1,071	1,034	1,018	906	741	649	512	413	308
Milestone 3 *(awaiting admission)*	1,446	1,282	1,146	1,041	1,012	942	780	601	499	392	328	256
Milestone 1 Trajectory *(awaiting 1st appt)*	0	0	0	0	0	0	0	0	0	0	0	0
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	1,692	1,479	1,221	1,099	985	940	787	439	272	152	85	43
Patients undated	1,018	861	738	686	500	486	119	14	7	6	2	1
Patients dated	674	618	483	413	485	454	668	425	265	146	83	42
Patients dated by month:												
Apr-24												
May-24												
Jun-24												
Jul-24												
Aug-24												
Sep-24												
Oct-24												
Nov-24	611											
Dec-24	62	480	202	83	25							
Jan-25	1	131	262	276	398	377	510	272	107			
Feb-25	0	7	19	53	61	76	136	127	138	128	60	16
Mar-25	0	0	0	1	1	1	22	26	20	18	23	26
>1st April 2025	0	0	0	0	0	0	0	0	0	0	0	0

Operational – CYP cohort

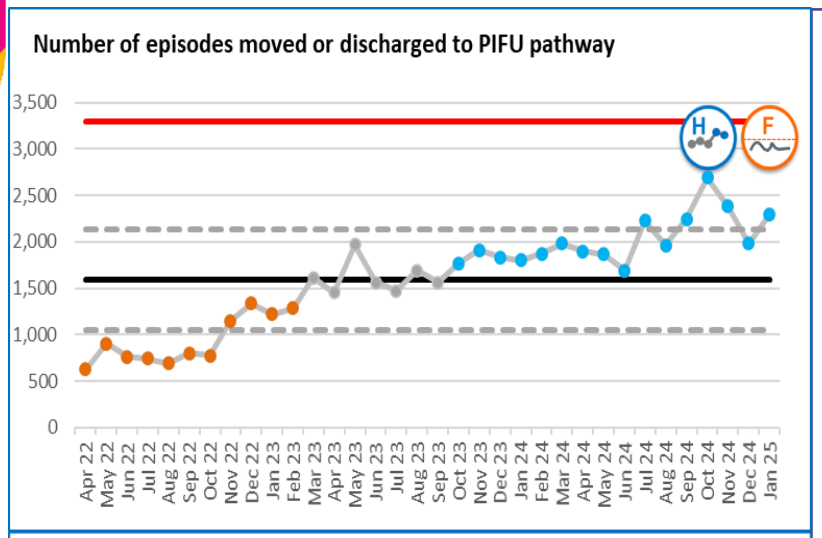
The Shrewsbury and Telford Hospital NHS Trust

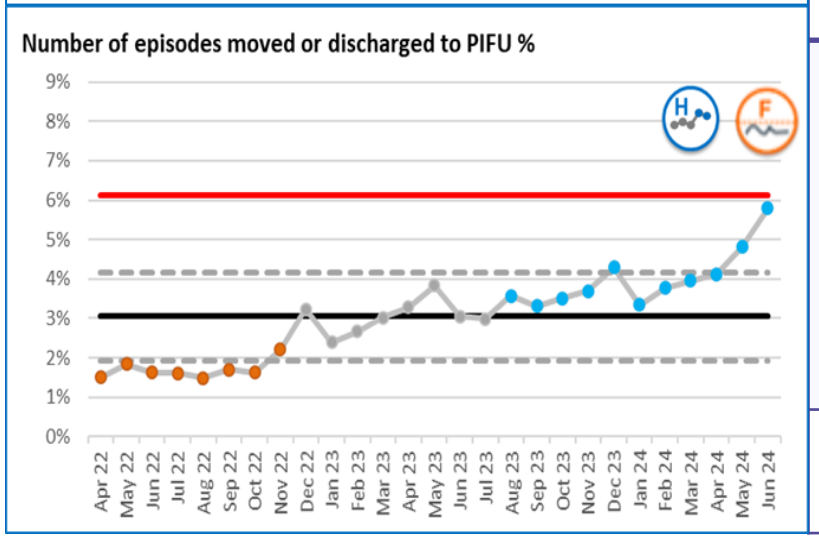
In addition to tracking overall patient cohorts, we also continue to work to reduce the number of children and young people cohort who have been waiting 52 weeks or more. We will achieve 0 x 52w waits by 31st March 2025, but will by the end of Q1. Ensuring we can provide targeted support in booking these 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)	02/12/2024	09/12/2024	16/12/2024	23/12/2024	30/12/2024	06/01/2025	13/01/2025	20/01/2025	27/01/2025	03/02/2025	10/02/2025	17/02/2025
ACTUAL TOTAL - 52+ Week CYP Cohort	1,124	1,084	1,034	1,005	966	957	909	823	717	629	501	411
% Actual Movement	-5.7%	-3.6%	-4.6%	-7.3%	-6.6%	-4.8%	-5.9%	-14.0%	-21.1%	-23.6%	-30.1%	-34.7%
52+ Week CYP Cohort - Split by Stage	02/12/2024	09/12/2024	16/12/2024	23/12/2024	30/12/2024	06/01/2025	13/01/2025	20/01/2025	27/01/2025	03/02/2025	10/02/2025	17/02/2025
Milestone 1 *(awaiting 1st appt)*	753	738	714	688	678	671	638	517	410	372	238	178
Milestone 2/Other *(follow-up/diagnostic stages/validation)*	150	138	127	120	105	103	106	141	162	104	124	94
Milestone 3 *(awaiting admission)*	221	208	193	197	183	183	165	165	145	153	139	139
Milestone 1 Trajectory *(awaiting 1st appt)*												
ACTUAL TOTAL (all) awaiting a first OPD appt (milestone 1)	753	738	714	688	678	671	638	517	410	372	238	178
Patients undated	666	652	585	557	542	530	487	340	217	157	56	44
Patients dated	85	86	129	131	136	141	151	177	193	215	182	134
Patients dated by month:												
Apr-24												
May-24												
Jun-24												
Jul-24												
Aug-24												
Sep-24												
Oct-24												
Nov-24	62											
Dec-24	22	48	26	5	1							
Jan-25	1	36	99	112	115	106	100	90	33			
Feb-25	0	2	4	13	19	32	48	71	139	178	106	60
Mar-25	0	0	0	1	1	3	3	16	21	37	76	74
>1st April 2025	0	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 January saw an increase to 5.6%. 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 on the intranet 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 actively engaging with the Cardiology department in Manchester regarding pathways for PIFU, it is expected to see change within the Obstructive Sleep Apnoea service, due to the team developing a PIFU pathway. Technical solutions are being sought with Careflow

Nephrology audit to be completed. Nephrology service are engaging in discussions around PIFU opportunities

Recovery actions:

- Standard process is due for review
- Weekly challenge continues around progress made against Further Faster Handbooks
- Model Hospital data shared with Gynaecology around discharge rates, new to follow up ratio and challenge around PIFU opportunities
- Further conversations required with Cardiology Clinical Director regarding implementation of more PIFU within the department
- Ensure Renal are sited on appropriate use of PIFU.

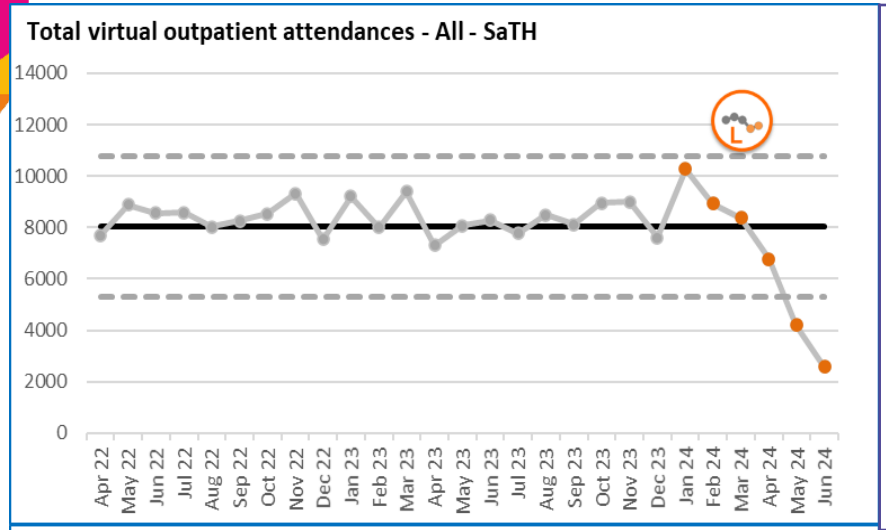
Anticipated timescales for improvement:

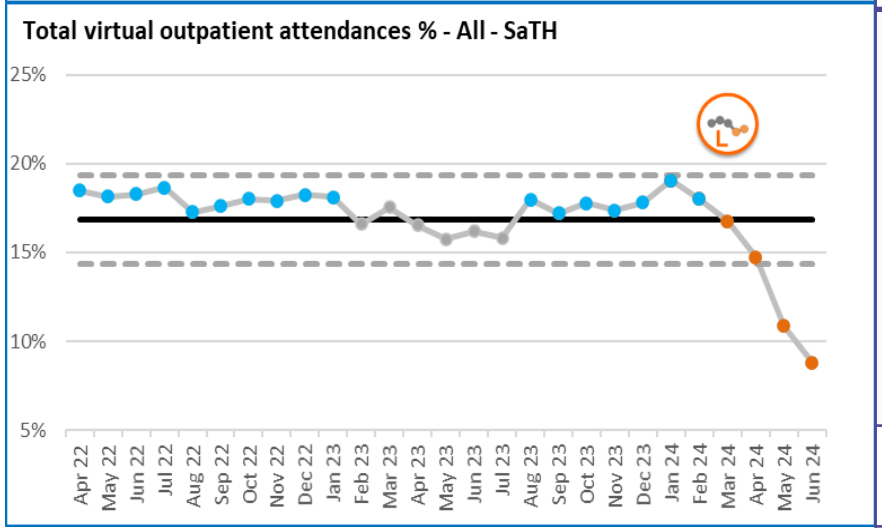
Performance will continue to be monitored at weekly Outpatient Transformation meetings

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 January decreased to 16.1%. Work continues with Centre operational and clinical teams to improve this position through GIRFT Further Faster meetings that are attended by both our 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 and will be presented to the next task and finish group along with training across the relevant teams and will be in use by the end of February
- 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
- Technical issues with Attend Anywhere have improved, however there are still issues for appointments held off site, affecting our fertility services

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

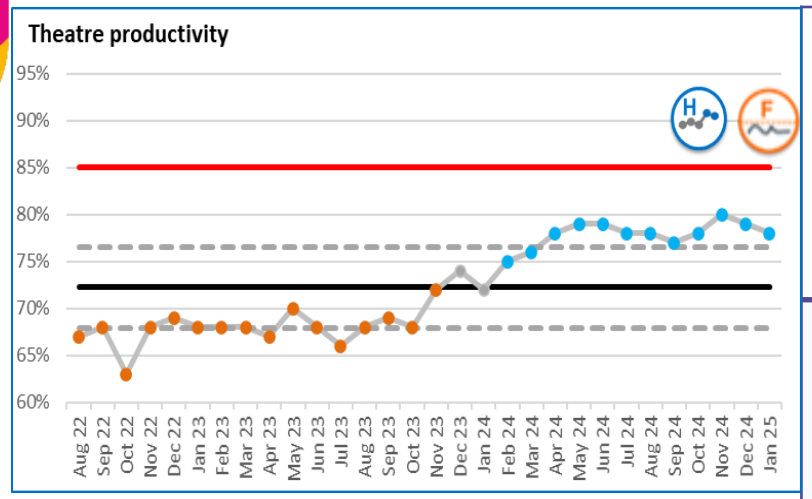
Anticipated timescales for improvement:

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

The Shrewsbury and Telford Hospital NHS Trust



Summary:
Capped theatre utilisation for the month of January was 80%, despite challenges related to pre-operative assessment capacity and insourced lists. Theatre allocation, list planning, and lookback review meetings continue to be held with the teams. Key hotspots have been identified, and insights have been shared with Centres, Booking, Ward teams, Theatre teams, and consultant colleagues through operational meetings. To support the goal of scheduling patients further in advance, some additional pre-op capacity has been created by increasing staffing. This will aim to reduce late cancellations, improve list utilisation, and ultimately boost productivity.

Recovery actions:

- Work and regular updates continue with NHSE Regional Theatre Productivity Lead
- Ongoing discussions with Outpatient Network and specialty operational teams about insourced operating lists at PRH have resulted in better utilisation and a decrease in late changes, which previously had the potential to negatively impact capacity and utilisation
- A Theatre cancellations improvement initiative has begun and is currently in the early stages of analysing the causes of late procedure cancellations, which are impacting both patient experience and theatre productivity
- Pre-operative assessments are now predominantly conducted remotely. Additional staff have been deployed to support the team in managing sickness levels
- Funding has been approved for a pre-operative assessment coordinator, enabling better patient communication and supporting optimisation in line with GIRFT recommendations

Anticipated timescales for improvement:
A new Theatre plan has been developed to open all elective theatres across sites, aiming to increase capacity for certain specialties to support elective recovery. The planned start date for this initiative is March 31st. Opportunities to schedule additional lists across specialties, including paediatrics, to support elective recovery will continue through February and March.

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

Well Led

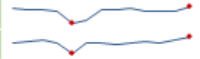
Executive Lead:

Chief People Officer

Rhia Boyode

Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Trend
Well Led	WTE employed		-	7991	7081	7100	7114	7107	7117	7093	7057	7095	7152	7212	7219	7213	7259	
	Temporary/agency staffing		-	-	1003	1017	1010	887	880	851	862	824	769	794	789	732	752	
	Staff Turnover Rate (FTE) (excluding Junior		0.8%	0.75%	0.8%	0.7%	1.1%	0.7%	0.9%	1.2%	1.0%	1.0%	0.8%	0.9%	1.0%	0.8%	0.7%	
	Vacancies - month end %		10%	<10%	2.1%	2.4%	2.1%	9.0%	8.9%	8.7%	9.5%	9.0%	9.0%	9.0%	9.1%	9.7%	9.2%	
	Sickness Absence rate		4%	4%	5.9%	5.5%	5.0%	5.0%	4.9%	4.9%	5.4%	5.2%	5.3%	5.8%	5.5%	6.00%	5.93%	
	Trust - Talent Conversation (Appraisal)		90%	90%	79.7%	78.8%	80.0%	78.4%	78.4%	78.3%	74.9%	77.4%	77.9%	83.6%	84.6%	85.0%	86.7%	
	Talent Conversations (Appraisal) – Medical Staff		90%	90%	92.9%	93.4%	94.1%	93.0%	93.2%	92.6%	91.5%	92.0%	93.0%	93.6%	93.1%	93.5%	96.4%	
	Trust Statutory and mandatory training compliance		90%	90%	92.7%	92.7%	92.5%	91.5%	91.5%	91.9%	92.0%	91.9%	92.1%	91.4%	91.5%	91.1%	94.1%	
	Trust MCA – DOLS and MHA		90%	90%	77.8%	78.4%	80.8%	79.7%	79.4%	80.2%	80.2%	79.9%	82.7%	83.9%	84.0%	83.2%	87.0%	
	Safeguarding Children - Level 2		90%	90%	95.4%	95.2%	95.2%	94.7%	89.2%	90.1%	94.9%	95.0%	95.0%	93.8%	93.8%	93.7%	96.0%	
	Safeguarding Adult - Level 2		90%	90%	95.3%	95.2%	94.8%	93.9%	87.9%	89.3%	94.5%	94.6%	95.2%	94.3%	94.3%	94.3%	96.7%	
	Safeguarding Children - Level 3		90%	90%	88.9%	89.4%	90.0%	88.4%	83.4%	88.4%	88.5%	88.1%	88.3%	89.6%	88.9%	90.1%	91.9%	
	Safeguarding Adult - Level 3		90%	90%	89.6%	89.8%	89.1%	87.3%	82.9%	90.4%	88.4%	87.2%	88.8%	89.6%	90.1%	89.8%	92.4%	
	Monthly agency expenditure (£'000)		-	737	2985	2654	1448	2400	1918	1952	1954	1700	1526	1751	1638	1404	1203	
Safe Staffing	Fill Rate % - All Staff - Day/Night			100%	97.1%	96.0%	96.5%	97.4%	96.8%	97.0%	96.6%	95.1%	94.5%	95.6%	95.7%	93.6%	94.4%	
	Fill Rate % - All Staff - Day			100%	97.1%	95.7%	95.4%	96.3%	95.5%	95.7%	95.7%	94.9%	94.0%	94.2%	93.9%	92.2%	93.1%	
	Fill Rate % - All Staff - Night			100%	97.2%	96.3%	97.9%	98.8%	98.4%	98.5%	97.7%	95.4%	95.1%	97.3%	97.8%	95.3%	95.9%	
	Fill Rate % - Registered Nurses/Midwives - Day/Night			100%	105.5%	105.3%	106.2%	106.8%	106.7%	106.0%	105.9%	104.4%	103.6%	104.2%	104.8%	104.9%	104.1%	
	Fill Rate % - Registered Nurses/Midwives - Day			100%	107.1%	106.0%	106.4%	107.8%	107.2%	106.2%	106.1%	104.5%	103.6%	103.1%	104.4%	104.9%	104.4%	
	Fill Rate % - Registered Nurses/Midwives - Night			100%	103.6%	104.5%	106.1%	105.6%	106.0%	105.6%	105.7%	104.2%	103.6%	105.5%	105.3%	104.8%	103.8%	
	Fill Rate % - Non-Registered Nurses/Midwives - Day/Night			100%	103.4%	100.9%	101.0%	101.0%	99.7%	100.3%	100.2%	98.9%	98.6%	99.1%	98.7%	94.1%	96.3%	
	Fill Rate % - Non-Registered Nurses/Midwives - Day			100%	102.3%	100.6%	99.7%	97.8%	96.4%	97.2%	98.3%	98.9%	98.2%	96.9%	95.4%	91.2%	93.1%	
	Fill Rate % - Non-Registered Nurses/Midwives - Night			100%	104.7%	101.2%	102.6%	104.9%	103.7%	103.9%	102.5%	98.9%	99.0%	101.9%	102.6%	97.5%	100.0%	
	Fill Rate % - Registered Nursing Associates - Day/Night			-	17.1%	15.9%	16.4%	23.0%	22.9%	22.4%	21.6%	19.8%	18.3%	24.7%	23.5%	19.5%	22.1%	
	Fill Rate % - Registered Nursing Associates - Day			-	19.7%	19.2%	17.8%	26.1%	27.2%	25.0%	25.3%	23.8%	21.4%	28.7%	26.5%	22.5%	25.4%	
	Fill Rate % - Registered Nursing Associates - Night			-	13.2%	11.1%	14.4%	18.6%	16.4%	18.7%	16.3%	14.2%	14.0%	19.0%	19.3%	15.4%	17.4%	
	CHPPD - Overall - National 11.99			11.99	9.0	8.7	8.7	8.9	9.0	9.5	9.1	9.0	8.7	9.8	8.8	8.6	8.7	
	CHPPD - Registered Nurses/Midwives - National 4.9			4.9	5.2	5.1	5.1	5.2	5.3	5.7	5.3	5.3	5.2	5.9	5.2	5.2	5.2	
	CHPPD - Non-Registered Nurses/Midwives - National 4.9			4.9	3.6	3.4	3.5	3.5	3.5	3.7	3.6	3.5	3.4	3.7	3.4	3.2	3.3	
	CHPPD - Registered Nursing Associates			-	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	

Partnering Ambitious Caring Trusted

VETERAN AWARE

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

Workforce Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

2024/25 Workforce Plan – At month 10 our overall workforce position is 247 WTE over the revised planned levels. The number of new starters has far exceeded the number of leavers in January (88 new starters to 43 leavers). The number of leavers in January was less than the average level seen through the year (average of 60 WTE leavers per month). There was a 41% increase in new starters in January compared to December. There have also been several decisions made that have added to our substantive headcount. This includes recruiting to a level of temporary staffing to support medical escalation areas.

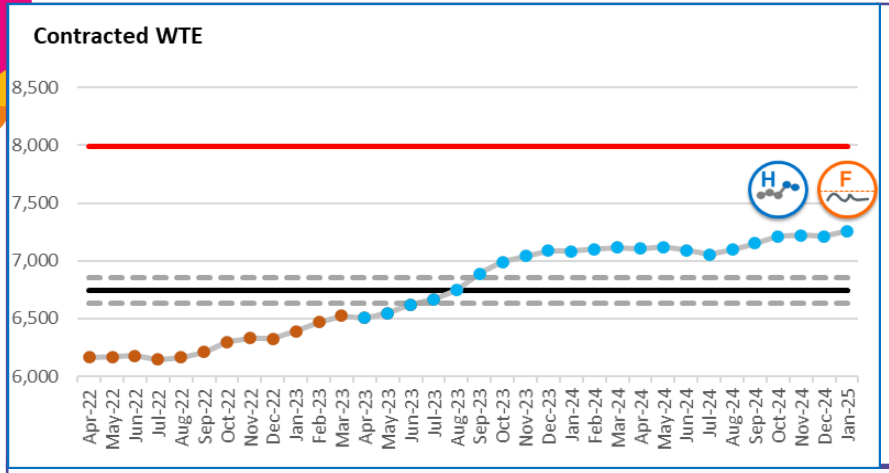
Turnover – The rolling 12-month turnover rate for January remained the same as the previous month at 10.8% equating to 720 WTE leavers. An in month turnover rate of 0.74% equates to 50 WTE leavers in January. NHS Leaver turnover rate (those moving outside of the NHS) over the last 12 months is 6.9% equating to 463 WTE NHS leavers.

Wellbeing of our staff – January sickness rate decreased to 5.93% (429 WTE) remaining above target by 1.43% (103 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 27% of calendar days lost in January equating to 115 WTE. Staff Psychology service responded to 23 requests for individual support in December.

Agency and temporary staffing – The bank usage also increased throughout January which correlated with an increase of sickness absence (4% increase across wards in seasonal conditions such as colds and flu) and an increase in maternity leave. There has been an increase of migration of agency workers to bank from December to January which has increased use but also supported the continuing reduction of nursing agency. There were 502 additional hours worked on our bank from previous agency workers from December to January and 18 workers transitioned from agency to NHS Professionals National Bank supporting the reduction of agency commission costs. Agency has reduced by 18 WTE and is now at the lowest levels seen this year. The decrease has continued across nursing.

Workforce – Contracted WTE

The Shrewsbury and Telford Hospital NHS Trust



Summary:

Contracted figure of 7,259 WTE in January, which is an increase of 46 WTE in month.
Total workforce utilisation in January increased by 66 WTE to 8011 WTE attributable to the increase in contracted of 46 WTE; an increase of bank by 20 WTE offset by a decrease in agency of 18 WTE.

Agency use has ceased for the majority of inpatient areas. Where agency shifts are being requested, agency panels continue to monitor shifts being released to capped rate agencies. All nursing agency rates are now at capped rates with a de-escalation plan in place to reduce the few exception specialist areas to capped rate by March. Reductions in agency use reflects the rigor of the agency panels in reviewing requests.

Recovery actions:

- Bank advert out for T-Level students to join the Trust as HCAs
- Safer recruitment training is under review and will be relaunched once the pause on training is lifted
- Reviewing and relaunching safer recruitment training ensures that recruitment practices are robust
- Vacancies continue to be rigorously monitored through weekly panel reviews
- Controls have been introduced to provide rigour around overtime and increases to contractual working hours
- Manager Self Service continues to be introduced in corporate areas with plans in place to commence deployment to CSS during March and April; this will ensure we are a self-service enabled organisation in preparation for the new Future Workforce Solution
- 17 HCAs and 13 Staff Nurses have been appointed to the bank. Recruitment events for Staff Nurses and HCAs are planned, with the first event successfully taking place at the beginning of February

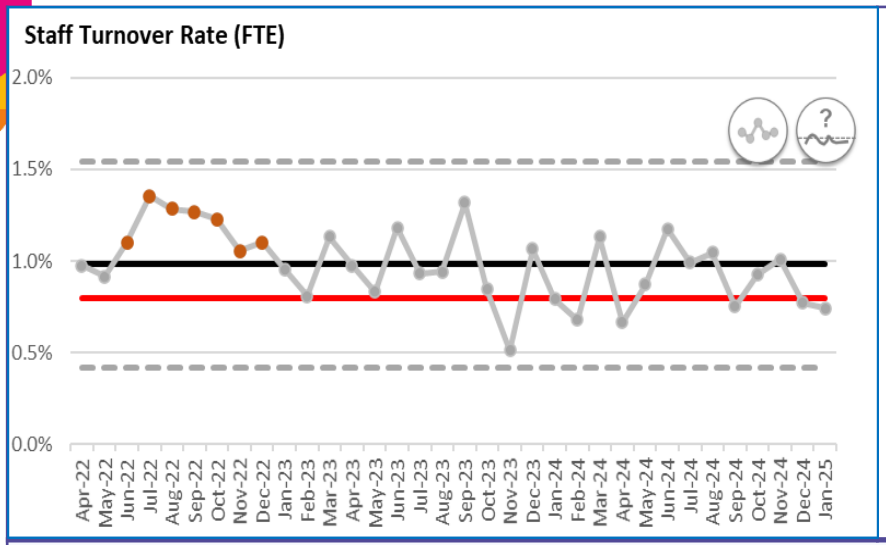
Anticipated impact and timescales for improvement:

There has been a significant shift in the number of nursing agency used which has resulted from successful recruitment filling known gaps (200 wte less than 12 months ago). Financial recovery schemes will continue to be implemented into 25/26 which wil further support the position into Q1.

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 January remained the same as the previous month at 10.8% equating to 720 WTE leavers. An in month turnover rate of 0.74% equates to 50 WTE leavers in January. NHS Leaver turnover rate (those moving outside of the NHS) over the last 12 months is 6.9% equating to 463 WTE NHS leavers.

Staff groups where turnover is above 10.8% include Allied Health Professionals (12.8%), mainly attributed to Physiotherapists (15 WTE) and Diagnostic Radiographers (8 WTE) leavers; Admin and Clerical (12.4%); Additional Clinical Services (12.1%); Add Prof Scientific and Technic (11.2%).

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 136 WTE leavers over the last 12 months and relocation the second highest reason with 127 WTE leavers.

Recovery actions to achieve our turnover target:

- Leaders continue to be encouraged to actively support and participate in EDI initiatives to foster an inclusive culture
- Exit interviews and stay conversations are being conducted to understand and address the reasons why employees leave. This feedback will be used to develop targeted retention strategies, particularly for high-turnover areas like healthcare assistants.
- Stay conversations with internationally educated colleagues are underway to help support with career development opportunities
- Hardship support continues to be offered
- Dashboards are being developed to monitor staff survey results, unavailability, and retention data
- Retention data is being reviewed to support retention work within the Trust and ICS
- Work continues on the Clinical Support Worker project with 151 roles in scope for review
- Staff Survey plans continue to be developed with an enhanced dashboard to support in understanding results

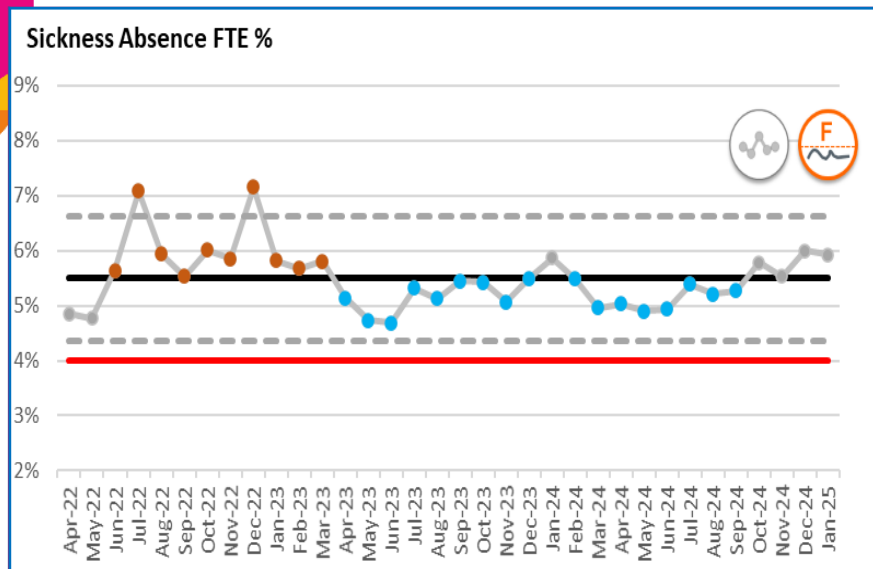
Anticipated impact and timescales for improvement:

The impact of actions taken will support retention levels which we expect to see by end of Q2 in 25/26..

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%. January sickness rate decreased to 5.93% (429 WTE) remaining above target by 1.43% (103 WTE). Sickness attributed to mental health continues to be the top reason for sickness making up 27% of calendar days lost in January equating to 115 WTE. 15% (62 WTE) of sickness was attributed to cold, cough, flu with other known causes at 11% (47 WTE).

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 9.0%, with Add Prof Sci & Tech 7.8%, Additional Clinical Services at 7.6% and Nursing and Midwifery at 6.3%.

Staff Psychology service responded to 23 requests for individual support in December.

Recovery actions to achieve our target:

- Wellbeing support sessions and team interventions by the Staff Psychology team continue to be conducted
- Ongoing training for managers focuses on reducing unavailability and providing supportive sickness management
- Flu clinics continue to be offered
- A new sickness policy is in development
- Sickness absence continues to be reviewed by reason and area to support targeted interventions
- A new sickness dashboard is in development to support with real-time sickness reviews and management
- Psychological safety interventions are being provided
- The Staff Psychology Service is actively supporting various teams

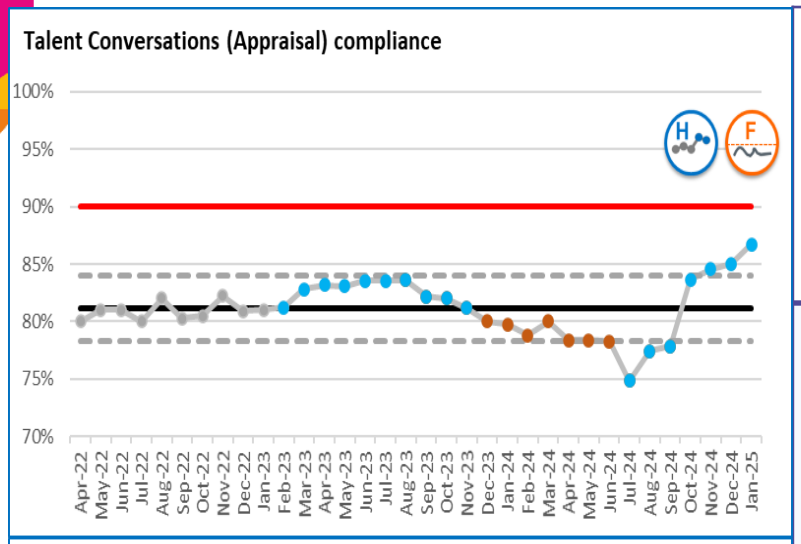
Anticipated impact and timescales for improvement:

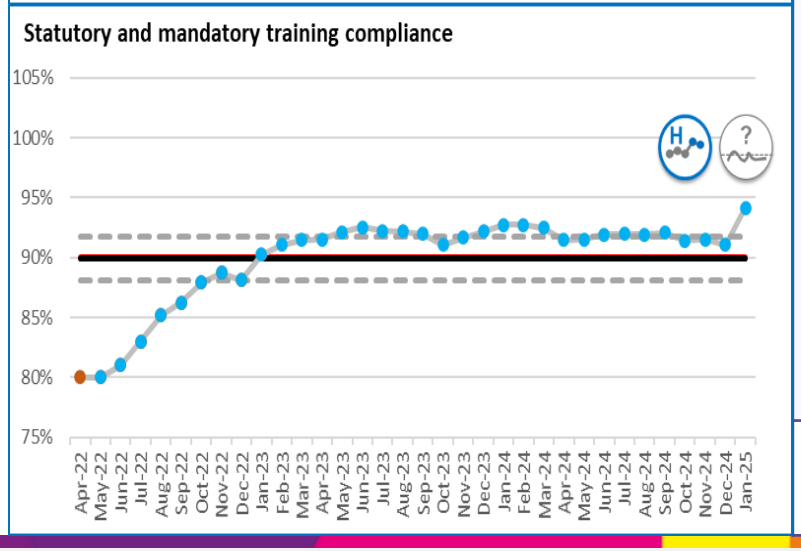
Key absence management schemes as part of financial recovery will be implemented by April 25.

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 94.14% which is above the 2024/25 target.
Talent Conversations (Appraisals) target is 90%. Medical appraisals is 96.40%. For non-medical colleagues, talent conversations increased to 86.69%.

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
- Ambition to invest in more simulation training to support future delivery

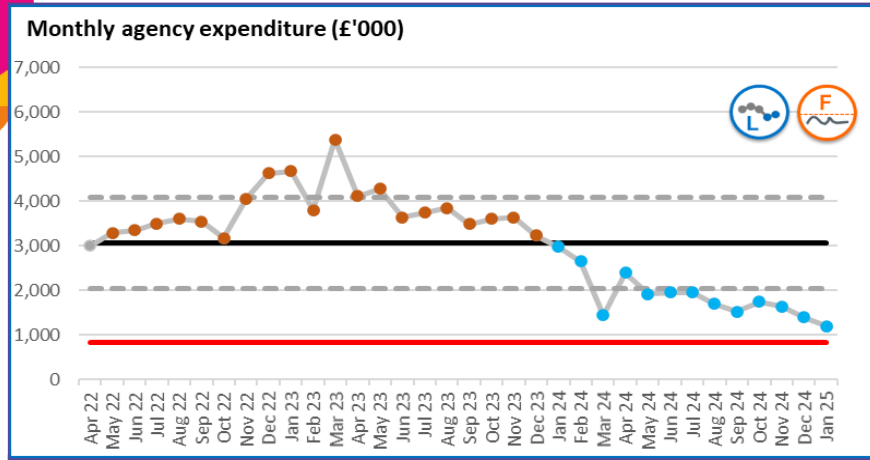
Anticipated impact and timescales for improvement:

Key priorities for People Plan 2024/25.

Recovery dependencies:	Investment in technology. Capacity to delivery new training delivery model.

Agency Expenditure – Monthly

The Shrewsbury and Telford Hospital NHS Trust



Summary:

January saw a further decrease in agency expenditure of £0.2m, with in-month expenditure of £1.2m.

Total nurse agency usage has continued to reduce and is at the lowest combined levels in last 12 months. The introduction of the NHSP National Bank has supported reductions across Theatre workforce. The programme of work to support improving price cap compliance has contributed to support cost reduction, with nursing to meet the price cap compliance target by end of March 25.

- 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
- Use of NHSP Bank to reduce reliance on agency workers.
- 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

Plan	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Substantive	7113	7116	7123	7119	7205	7199	7297	7272	7243	7212
Bank	687	687	687	651	619	585	552	518	484	450
Agency	321	313	306	275	247	218	189	160	131	102
Total	8,121	8,116	8,116	8,045	8,072	8,003	8,039	7,950	7,858	7,764
Actual	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Substantive	7107	7118	7093	7057	7095	7152	7211	7218	7213	7259
Bank	618	628	624	652	653	607	622	621	589	627
Agency	269	252	226	213	171	162	172	167	143	125
Total	7994	7999	7942	7922	7918	7921	8005	8006	7945	8011
Variance	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Substantive	-6	2	-30	-62	-110	-47	-86	-54	-30	47
Bank	-69	-59	-63	-1	34	22	70	103	105	177
Agency	-52	-61	-80	-64	-76	-56	-17	7	12	23
Total	-127	-117	-174	-127	-154	-82	-34	56	87	247

Summary:
Total staff usage of 8,011 WTE in January which is 247 WTE behind the revised plan and an increase of 66 WTE compared to December. The bank usage has increased back to pre-Christmas levels. The Financial Recovery group has identified interventions / schemes that would bring the total workforce back in line with the revised plan if successfully delivered to the end of the year however there are risks to this delivery at this stage.

Continued actions:

- All recovery actions are clinically led
- 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)	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Trend
Finance	End of month cash balance £'000	1,700	15,038	49,472	54,689	58,369	39,634	36,999	29,444	24,375	15,051	67,367	54,399	43,511	60,877	
	CIP Delivery £'000	4,544	1,978	2,400	3,506	850	869	1,915	2,125	2,367	2,799	3,390	3,585	2,833	3,654	
	Balanced £ Position £'000 (Cumulative)	(3,550)	(91,696)	(57,673)	(54,583)	(7,209)	(12,930)	(21,030)	(28,705)	(34,229)	(5,621)	(10,864)	(13,242)	(17,179)	(22,661)	
	Year to date capital expenditure £'000	65,663	8,246	9,058	18,423	741	1,734	3,278	5,424	7,364	8,403	10,153	16,157	22,352	26,936	

Finance Executive Summary

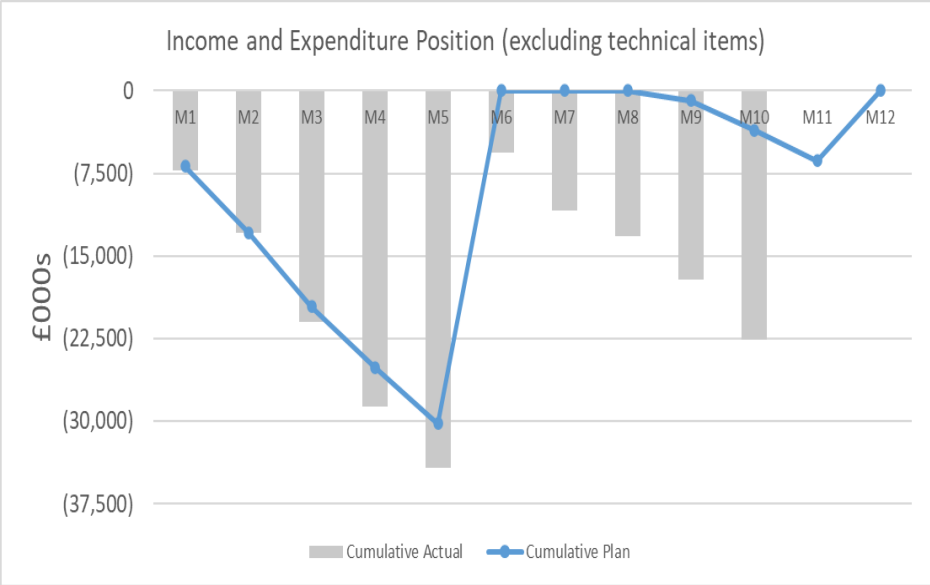
The Shrewsbury and Telford Hospital NHS Trust

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. At the end of January (month ten), the Trust has a deficit of £22.7m against that restated £3.6m planned deficit, giving a deficit of £19.1m to plan which has moved from a £16.3m adverse variance at month nine. The drivers of the variance remain largely consistent: temporary staffing premiums (£7.1m), endoscopy income (£3.2m) and non pay (£1.0m), the variance associated with escalation costs (£3.5m) has deteriorated further in January as although the costs remained static, the budget reduced in line with an anticipated cost reduction. The cost pressure resulting from the pay award increased in line with previous months (£3.0m year to date) and resident doctors at £0.7m. 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 January, £24.4m has been delivered against a target of £27.9m 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 January the actual wte is 246 WTE adverse to plan of which substantive (46) bank (177) and agency (23) are behind plan. It should be noted that the plan reflects additional income backed posts in year with the slippage being predominantly driven by escalation
- Delivery of the agency reduction plan – expenditure has continued to fall with total expenditure of £17.4m year to date. However, the expenditure is £3.4m 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 final quarter of the year
- Delivery of the bed plan with reliance on system partners for out of hospital capacity – At the end of January, the planned reduction in escalation had been delayed adding to slippage seen in previous months. The operational plan was 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 £52.0m in FY24/25, giving a total capital programme of £68.8m of which £26.9m has been spent at month ten with plans in place to ensure the in-year CDEL is fully committed. The Trust held a cash balance at 31st January of £54.9m

Income and expenditure

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 ten of £22.6m against a revised planned deficit of £3.6m which is £19.1m deficit to plan. Of this deficit to plan £3.0m is the cost pressure associated with the pay award, £3.5m relates to escalation, £7.1m relates to agency and locum expenditure predominantly in medical staffing, £1.0m caused by non-pay variances, £0.7m due to the increase in deanery doctors and £3.2m at risk endoscopy income.

The key driver of the costs within the direct control of the Trust are staffing costs and recovery actions linked to staffing costs whilst maintaining service standards are a key focus for the final quarter of the year.

Recovery actions:
Recovery actions remain in FY24/25 and include:

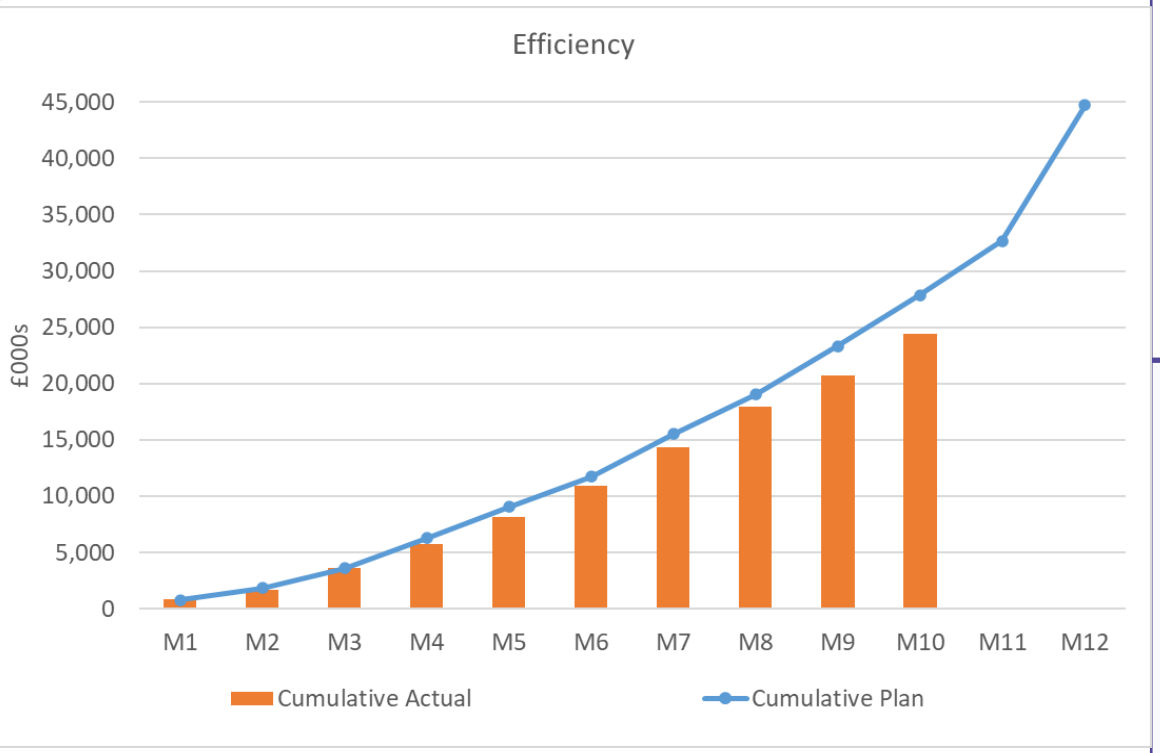
- Further reduction of escalation capacity which is dependent on both internal and external actions and is being supported by PwC
- Complete review of medical staffing and process to secure staffing to ensure efficient temporary staffing cover and utilisation of additional resident doctors

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



Summary:
The Trust has a total efficiency target for FY24/25 of £44.7m. This includes £41.0m of budget releasing savings and £3.7m of run rate reductions.

As at the end of January (month 10), the Trust has delivered £24.4m of efficiency savings for FY24/25 which is £3.5m adverse to the planned delivery of £27.9m.

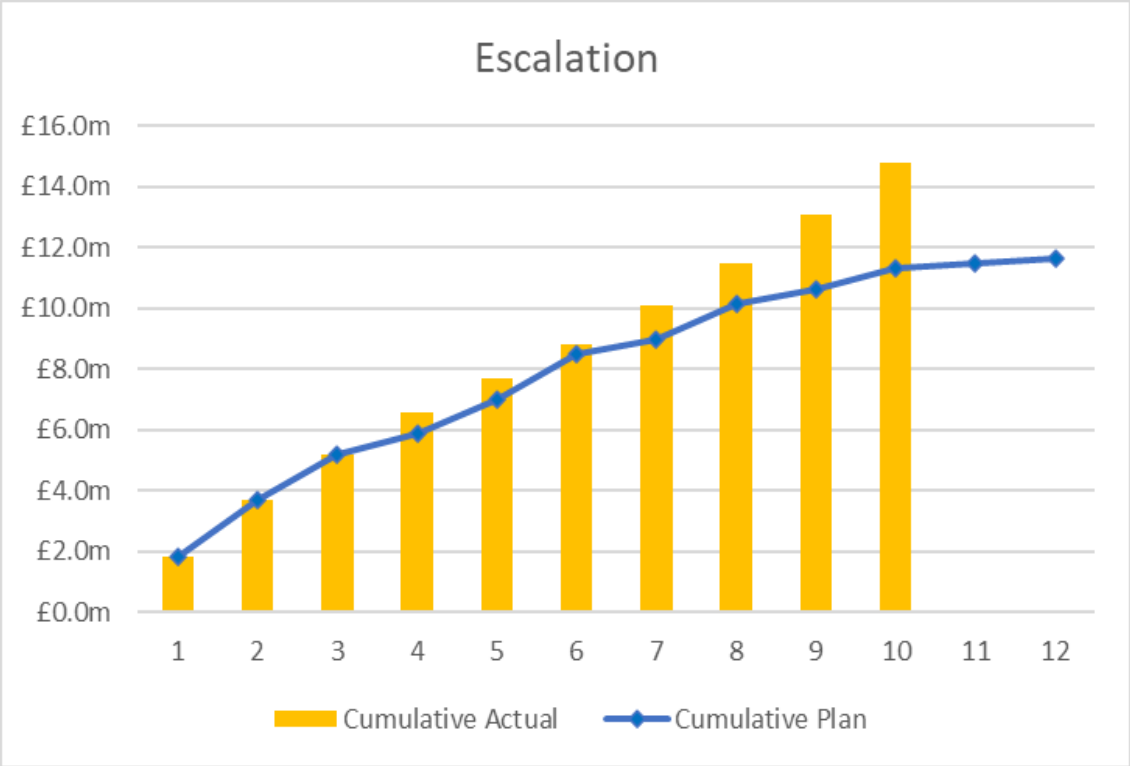
The main drivers for this under delivery are escalation costs and income schemes which cannot be validated. These two drivers remain a risk to year end CIP delivery.

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.

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.

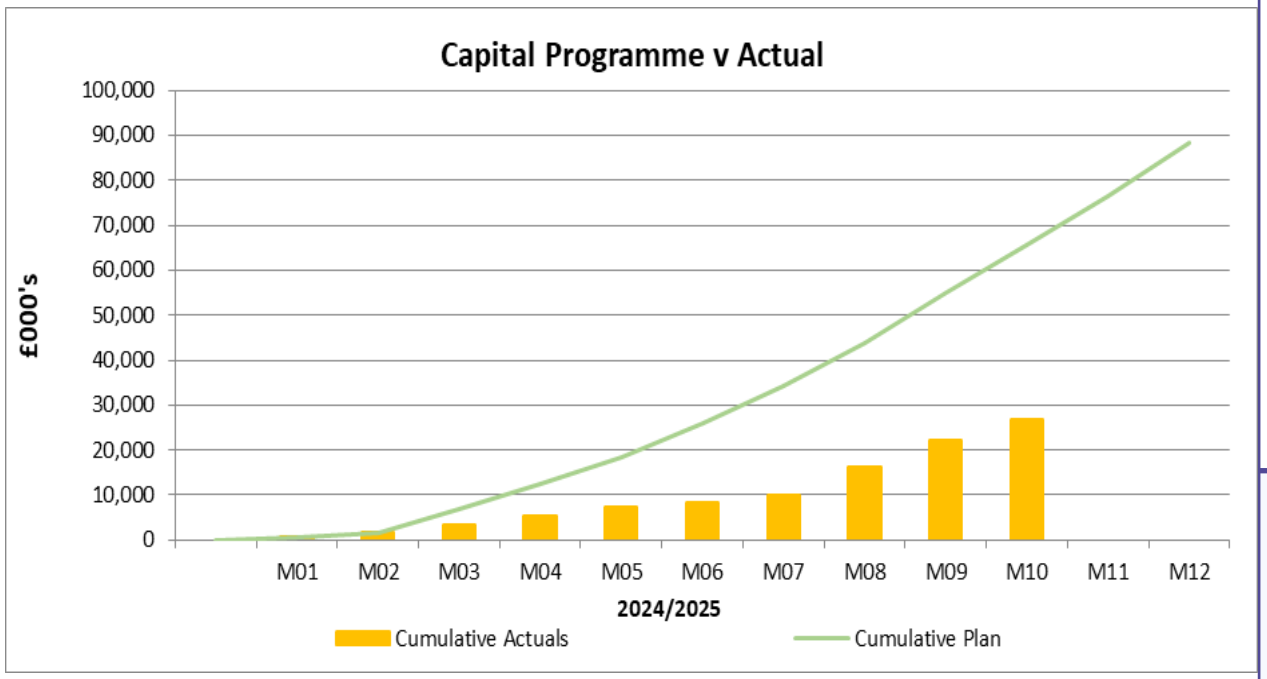
In January, the escalation costs remained at a similar level to December whereas the operational plan was for a significant reduction, this costs remain off plan year to date by £3.5m against the revised escalation plan. This remains a significant risk to the forecast.

Recovery actions:
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.

Anticipated impact and timescales for improvement:
Increased delivery expected over the coming months, linked to further improvement in UEC metrics.

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

Capital Programme



Summary:
As required due to the NHSE business rules, the FY24/25 operational capital programme has been revised down by 10% to £16.8m.

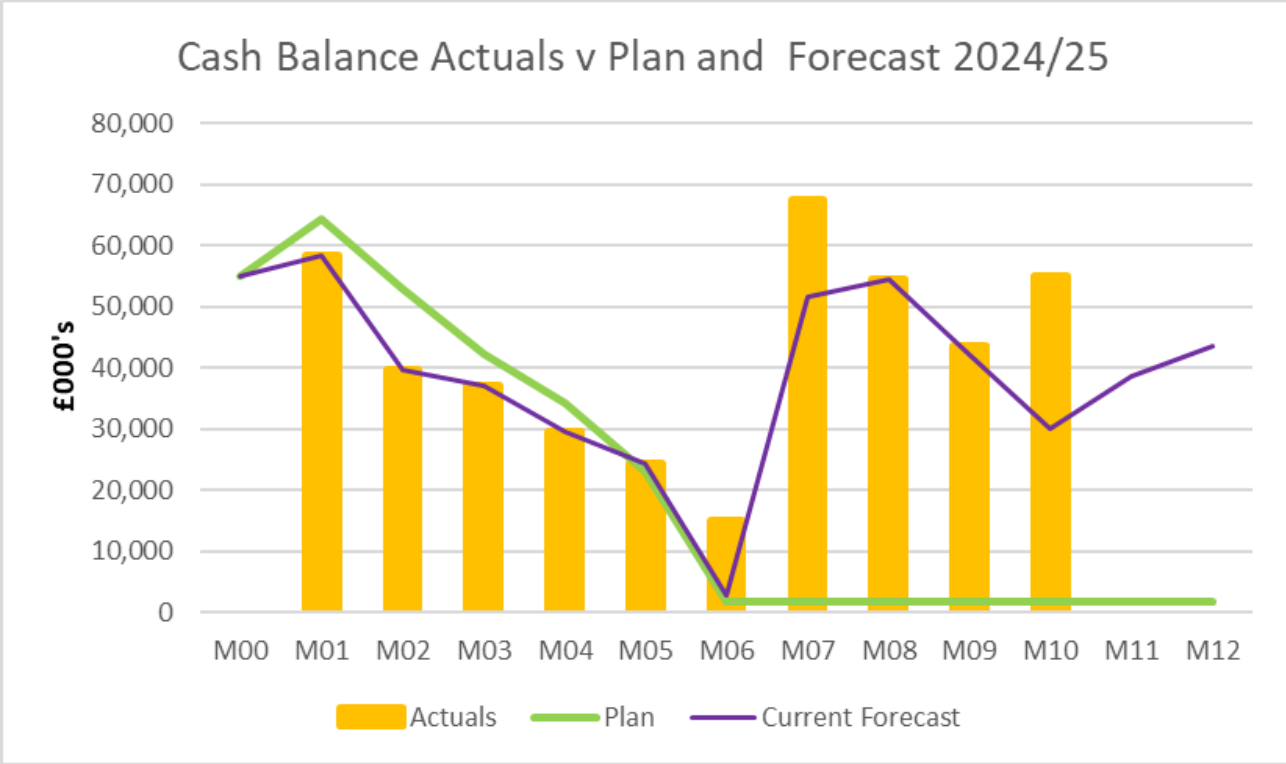
External allocations have reduced to £52.0m following confirmation of reprofiling of HTP funding to £39.8m and allocation of £0.5m for Incubator Site for FDP. In addition, a Public Sector Decarbonisation Scheme grant of £8.1m in 2024/25 has also been approved to be spent on decarbonisation initiative on the Shrewsbury site.

The total capital programme for FY24/25 is now £68.8m (excluding Salix).

As at month ten £26.9m 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 FY24/25 was £54.9m with a cash balance of £54.9m (ledger balance of £60.88m due to reconciling items) held at end of January 2025.

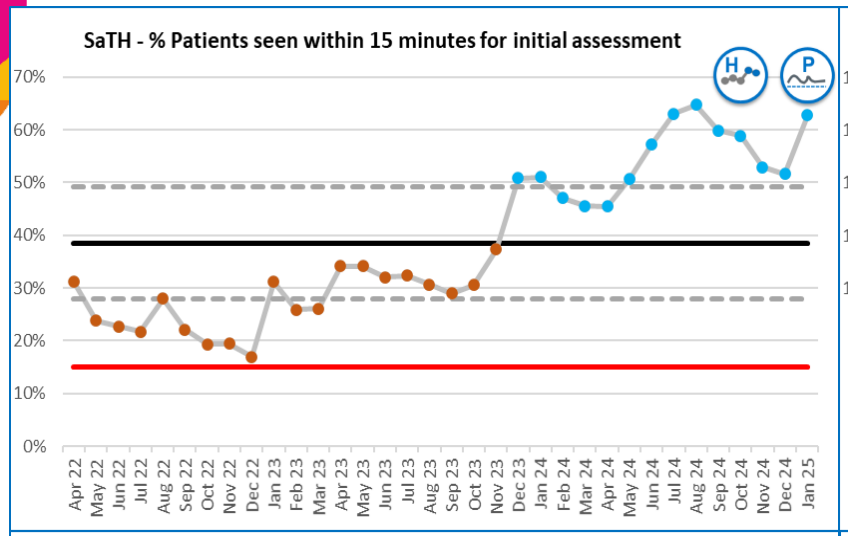
The graph illustrates actual cash held against the plan. The cash position is in excess of the original plan at end of January and is mainly due to receipt of deficit cash support and higher capital balances.

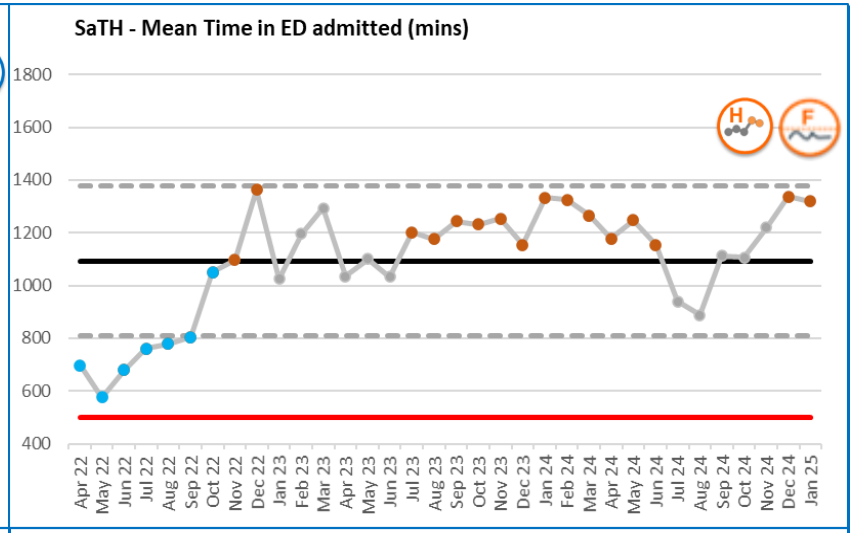
Recovery actions: N/A	**Anticipated impact and timescales for improvement:** N/A
Recovery dependencies:	N/A

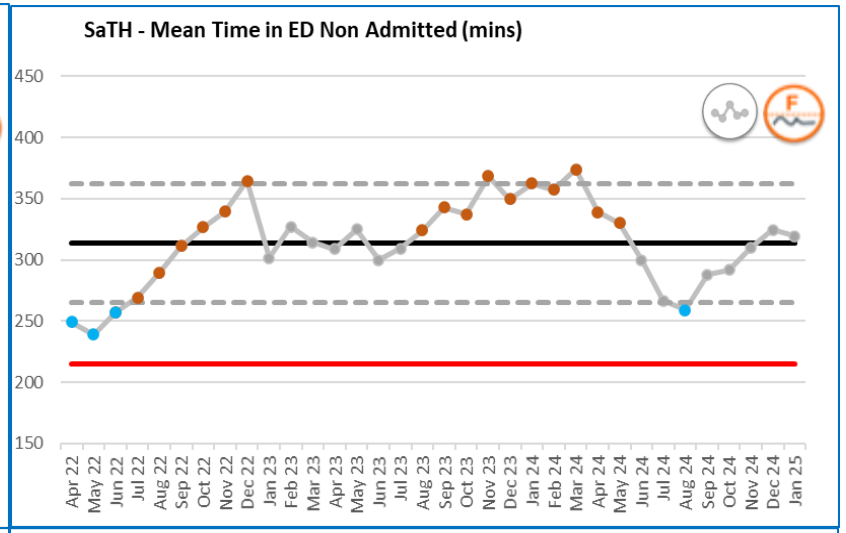
Appendices – Responsiveness and Well Led

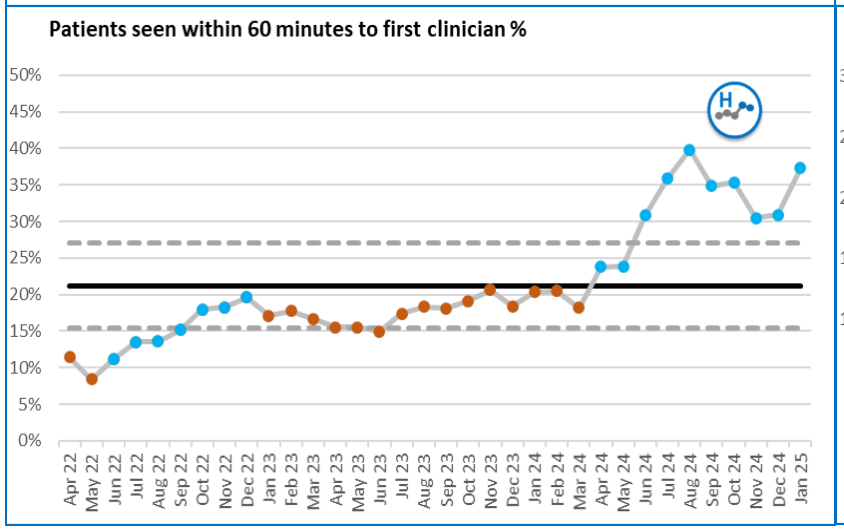
Appendix 1 – supporting detail on Responsiveness

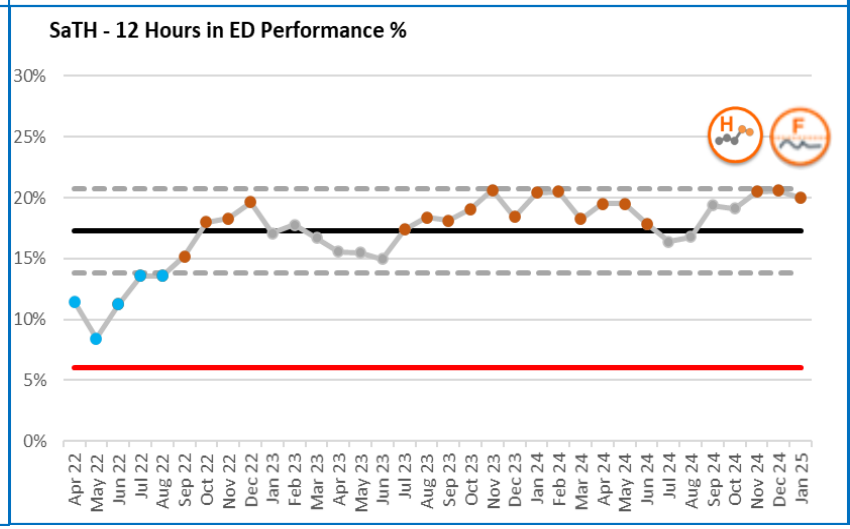
The Shrewsbury and Telford Hospital NHS Trust

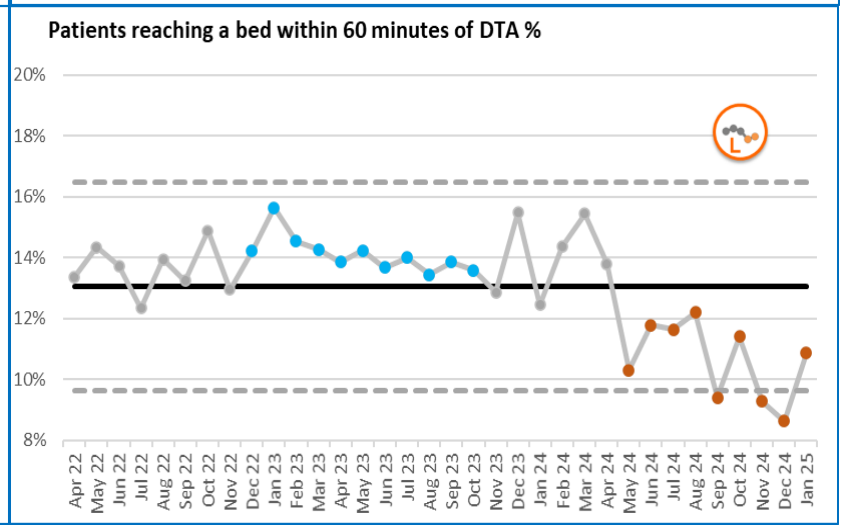






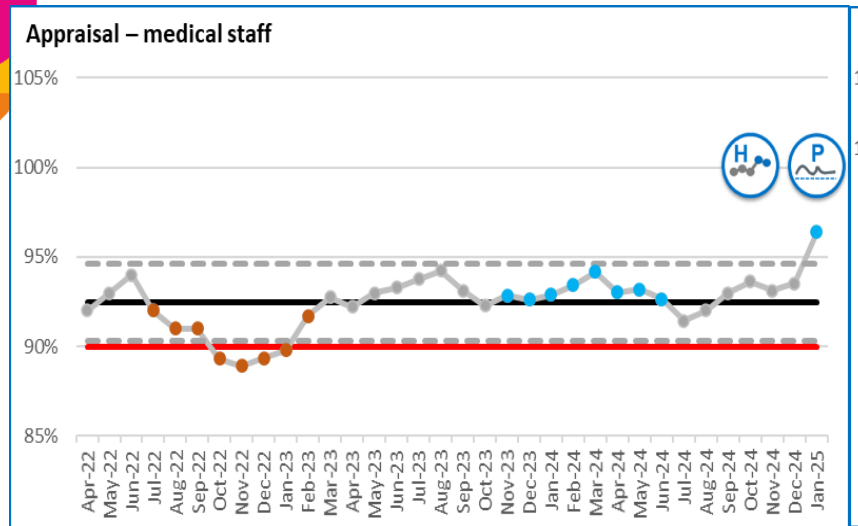


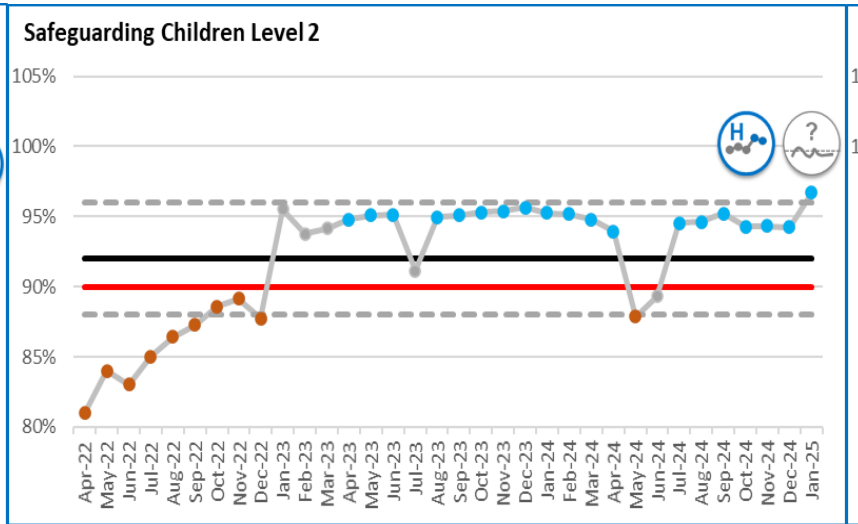


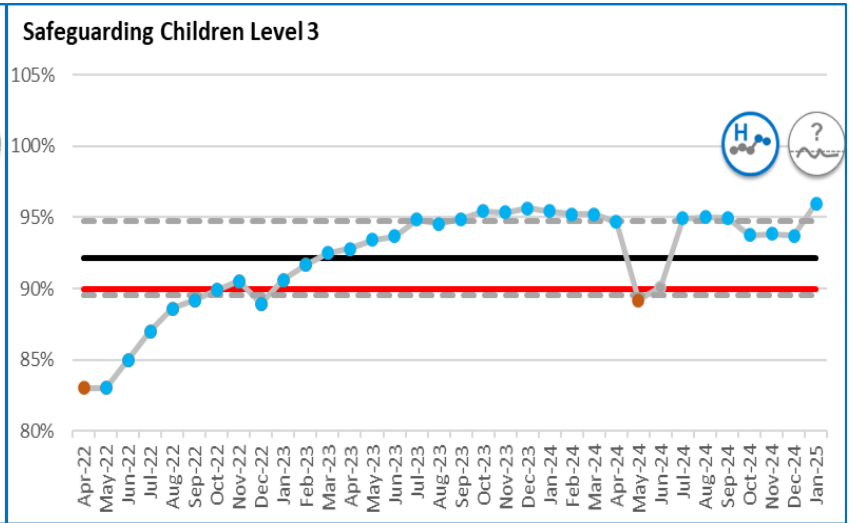


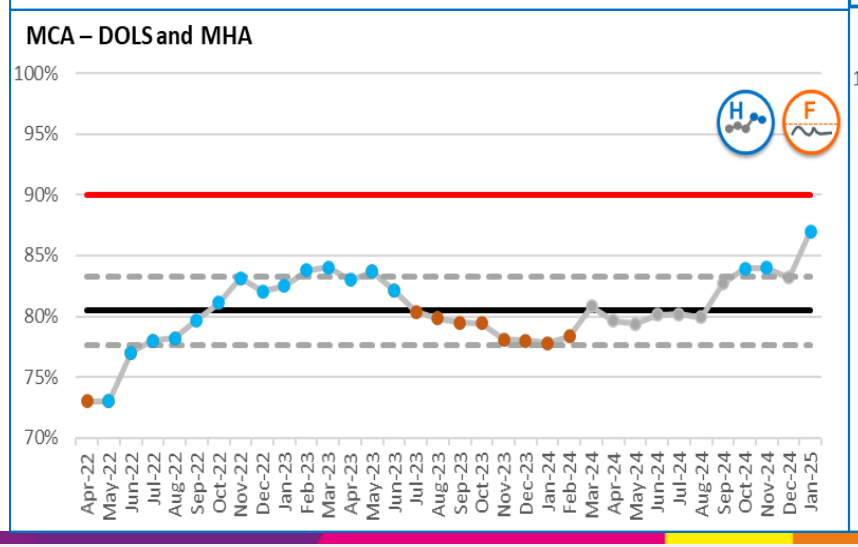
Appendix 2 – supporting detail on Well Led

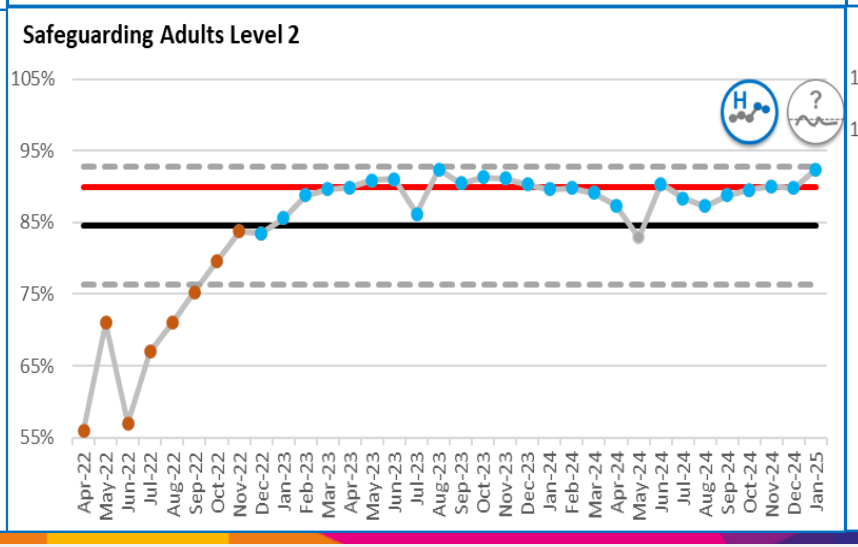
The Shrewsbury and Telford Hospital NHS Trust

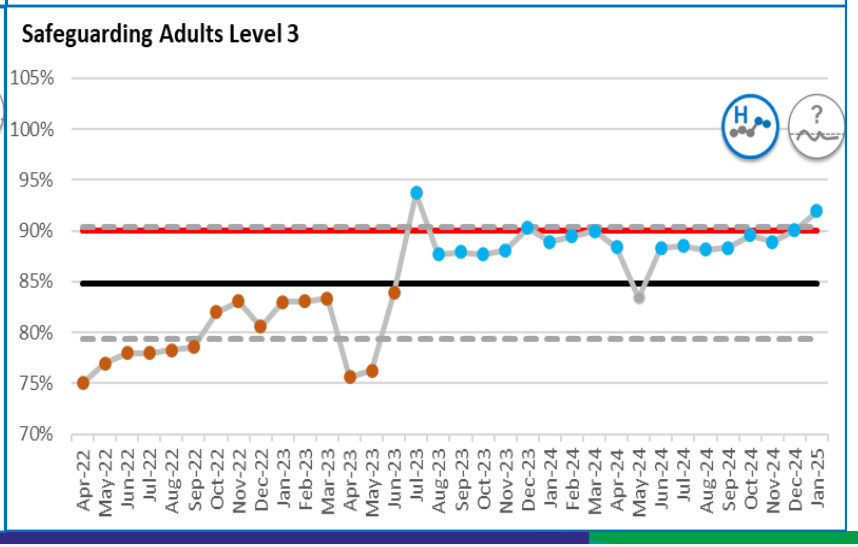












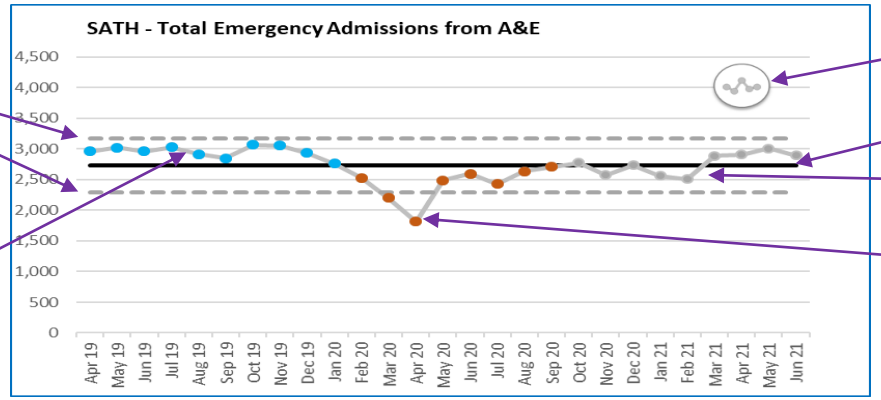
Appendix 3 – Understanding statistical control process charts in this report

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



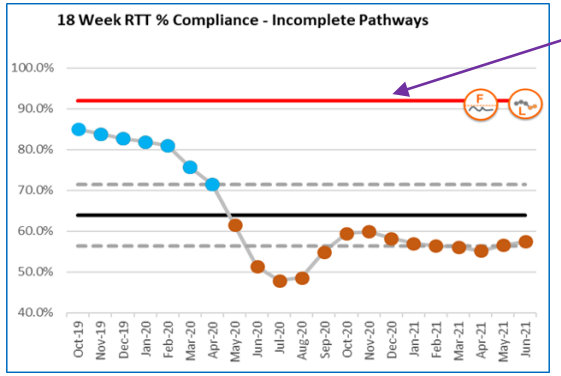
Icon showing most recent point type of variation

Mean or median line

Common cause variation

Special cause variation – data point outside of the process limit

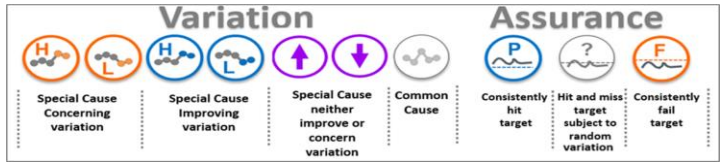
Where a target has been set the target line is superimposed on the SPC chart. It is not a function of the process.

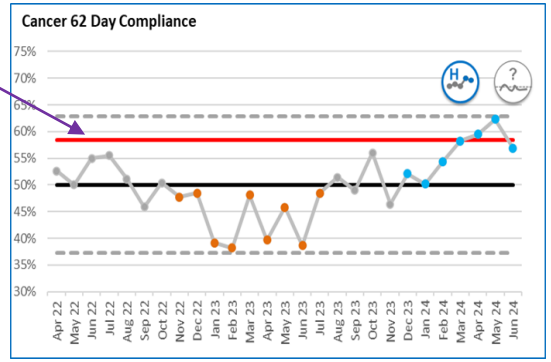


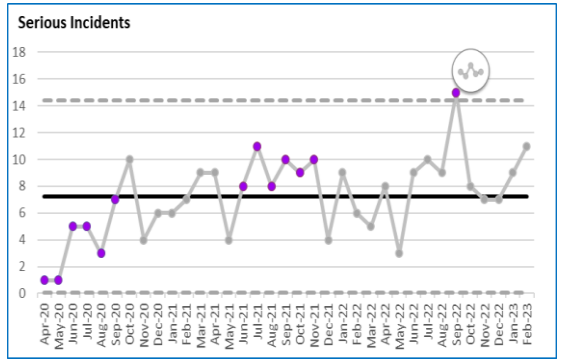
Target line – outside the process limits.

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