Shropshire Community Health NHS Trust

Public Trust Board - 4 April 2024

MEETING

4 April 2024 10:00 BST

PUBLISHED

2 April 2024

Agenda

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The Ludlow Mascall Centre	4 Apr 2024	10:00 BST

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8	Notification of any other items of business	Chair		-
9	Chair's Communication	Chair	10:30	13
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Shropshire Community Health NHS
NHS Trust

MINUTES OF THE PRIVATE BOARD MEETING

HELD AT THE RAMADA HOTEL, TELOFRD AT 10.00 AM ON THURSDAY 1 FEBRUARY 2024

PRESENT

Chair and Non-Executive Members (Voting)

Ms. Tina Long	(Chair)
Mr. Harmesh Darbhanga	(Non-Executive Director)
Ms. Alison Sargent	(Non-Executive Director)
Ms. Cathy Purt	(Non-Executive Director)

Non-Executive Members (Voting)

Ms. Jill Barker	(Associate Non-Executive Director)

Executive Members (Voting)

Ms. Patricia Davies	(Chief Executive)
Ms. Sarah Lloyd	(Director of Finance)
Dr. Mahadeva Ganesh	(Interim Medical Director)
Ms. Clair Hobbs	(Director of Nursing)

Executive Members (Non-Voting)

Ms. Claire Horsfield	(Director of Operations and Chief AHP)
Ms. Shelley Ramtuhul	(Company Secretary/Director of Governance)

In attendance

Ms. Stacey Worthington	Executive Personal Assistant (to take the minutes of the meeting)

IT WAS RESOLVED that representatives of the press, and other members of the public, be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960

Welcome & Chair's Award

Ms Long welcomed all to the meeting, reminding those present that the meeting would be recorded and uploaded on to the Trust's website. Ms Long presented the Chair's Award to:

Gemma McIver, Tracie Black, Clare Harland, Saskia Stephenson, Sara Ellis-Anderson, Sarah Allan, Holly Bowles, Amber Bugler, Duncan Ashton, Jon Davies, Sarah Robinson & Julie Roper
They had been nominated by Clair Hobbs for:
All of their extremely hard work on the Sub-Acute Ward project. These team members have played a pivotal role in the planning of SAW and in extremely difficult circumstances both from a pace perspective and with goal posts continually changing whilst under extreme pressure. Their attitude, hard work and innovation has been truly humbling. It is important that the Board has opportunity to thank them all individually for their dedication and hard work.

Ms Hobbs stated that the work the team had done on the project had been phenomenal and that it was an ongoing piece of work. Ms Davies noted that the project had been groundbreaking, with it being the first example of a community trust working in an acute environment.

Apologies and Quorum

Apologies were received from Mr Peter Featherstone, Non-Executive Director.

Declarations of Interest

None to declare.

Patient Story

Ms Long welcomed Sarah Venn and Rebecca Podmore to the meeting. Sarah and Rebecca had attended a previous meeting of the Board and had agreed to return to provide an update on the Revive Project.

Ms Venn stated that the project was now embedded in most care homes across the county, of which there were over 100. This had been delivered by a very small team, one physio and one HCA. The programme had seen significant achievements, including a reduction in falls, improved mobility and a reduction in the requirement for double up care. Funding had been secured from NHS Charities Together to expand the programme, which was being rolled out to the sub-acute wards.

The work had a core digital element, and it was noted that this needed to be very user friendly for the programme to be successful. Tablets were used that were pre-loaded so patients and their carers only need to open the tablet and they would be on the correct page straight away. Trouble shooting guides were available on the website if required.

The programme had been noted by external organisations, including other ICBs who had approached the team for support.

Ms Podmore shared the story of a 98-year old lady who had been a participant of the programme. The patient had been in a care home for 12 months and had been a frequent faller, her anxiety was such that she was not able to stand and needed 2 carers for all of her care. After the programme, the lady was able to mobilise in her room and could use the ensuite on her own. The improvement in her quality of life had been enormous. Ms Podmore thanked the staff at the home for being so engaged with the programme.

Ms Venn stated that the programme had changed the ethos within the care homes, with the programme being used as training aids for staff, families and the patients themselves. Phase 2 of the programme including rolling out the scheme to the community hospitals and wider within the community. In terms of obstacles, staffing was a challenge with only one physio and one HCA.

Ms Purt recommended the project be put forward for a HSJ award, which Ms Davies stated had already been considered and the data was being collated.

Ms Hobbs said that the project was fabulous and agreed that it needed to be added to the investment list. Ms Venn noted that the project was having a real impact on reducing community equipment and improving the quality of participants life and independence.

A discussion took place regarding adapting the programme to each patient, for example, one patient had been encouraged to dance with her carer by side stepping which was undertaking the activity in a different way.

Ms Barker noted that the videos made the programme extremely accessible.

Minutes of the Meeting held on 7 December 2023

The minutes were agreed as an accurate record of the meeting, subject to the amendment of Ms Hobbs' attendance and some typographical errors.

Matters Arising and Action Log

There were no outstanding actions.

Chair's Communication

Ms Long stated that she had undertaken several visits to clinical teams across the trust. Ms Long and Mr Featherstone had visited the prison and had discussed the challenges with staff, particularly around workforce. It was noted that a follow-up visit was planned.

Non-Executive Director Communication

Mr Darbhanga stated that he and Ms Long had visited Whitchurch Community Hospital and met with staff. They heard about flexible working and the benefits that this offered to staff and to the Trust as a whole. They had also visited the MIU and noted the concern around staffing of the x-ray. Ms Horsfield confirmed that the issue with the radiography staffing was long standing and a SaTH provision; work was ongoing in relation to this. Mr Darbhanga had also visited Mount Mckinley and had noted concerns from staff regarding the layout of the building, which had caused some issues.

Ms Purt stated that she was organising a meeting between Whitchurch Town Council and Mayor and some international nurses. Ms Purt recently chaired the ICB Strategy Committee and noted that the 'Big Conversation' was scheduled for discussion later at this meeting.

Ms Barker stated that she had attended the Bishop's Castle Community Hospital recruitment event which was extremely positive.

Ms Sargent noted the recent change in legislation for social housing providers in relation to damp and mould and the impact this may have on community nurses.

Chief Executive's Report

Ms Davies thanked all Trust staff for their commitment and hard work over the challenging winter months. This winter had seen a real change in dynamic, with an improvement in system working and partnerships.

The last financial quarter of the year remained and the Trust was on track to deliver breakeven, the only organisation with STW to do so. The Trust was managing risk through innovation, which had put pressure of staff. It was noted that next year was likely to continue to be financially challenging.

The Trust had opened two sub-acute, rehab and recovery wards, in early January. The 46 beds currently open were at 100% capacity and further beds would be opened shortly. In relation to the Virtual Ward there was a real impact on patients and their lives, with readmission rates for patients on the VW significantly below national average.

Ms Davies stated that flu and covid rates were on the rise; the Trust were the lead provider of covid vaccinations in the area and had performed well and were currently fourth in the country for vaccination rates. Measles rates were increasing and one case had been reported in the Telford area, the Trust were working with the ICB and the health protection agency to ensure that support was in place.

A provider collaborative for the organisations within STW had been established and the fruits of the work was starting to show.

The bespoke recruitment campaigns had been a real success, particularly around international nurse recruitment and working with schools and colleges. The approach included working more closely with communities, particularly in rural areas, which had been very successful.

IT services had been at the core of much of the Trust's successes. The IT team had safely and securely moved to their new office location and were one of the best performing Trust's nationally for cyber security.

Ms Davies shared the news that Paulson, one of SCHT's staff members had recently completed a national leadership programme and had been commended for his leadership and progress.

Mr Darbhanga thanked Ms Davies for her report, he asked about occupancy rates across virtual wards. Ms Davies replied that there was some work still to do on this and that there would need to be expansion of the pathways and engagement and reengagement of clinicians at the Acute hospitals.

Mr Darbhanga noted the recent news around the financial governance of other trusts and asked about the assurance within SCHT. Ms Lloyd stated that the board could take a high level of assurance from the independent reviews of the auditors. The Trust has performed well and has a good track record of delivering to plan.

Ms Purt asked for clarification around the recruitment hub, Ms Davies confirmed that it was aligning the STW recruitment resources, with one approach to recruitment.

Ms Long asked about risks in relation to the Dudley transfer, to which Ms Davies stated that the Trust had completed its due diligence before bidding and was working through the mobilisation plan. Nothing additional had been flagged as a risk and the outgoing Trust had been very open and engaged with the process.

Bishop's Castle Community Hospital Update

Ms Horsfield stated that the paper laid out the amazing work around the hospital. Services around the building were expanding and would be integrated within the community, as part of a holistic approach. Ms Davies agreed that the work was about more than just in-patient services, and that expressions of interest had been received from charities to work within the hospital space. Ms Horsfield continued that the initial focus was on adult services and would expand to children's services in due course.

Ms Hobbs stated that excellent progress had been made with recruitment, with additional open days planned for February and March, both of which would be held on Saturdays as this had been the most successful previously. The successful candidates had been kept warm, with regular contact made, for example, they were asked if they wished to come to the open day in February.

Currently, the Trust was just 3 registered nurses away from being at full establishment, however, the rota had been reviewed and it was considered that the beds could open if another 2 WTE nurses could be recruited. The nurses currently at Ludlow had been mitigated and adverts were out for these roles as well. In addition to the nursing positions, a few other posts needed to be recruited to including physiotherapy, domestic and ward clerks which were all out to advert.

Ms Long stated that the decision would be reviewed in April of whether to open the beds and expressed her thanks to the local community for their work on this. It had been an amazing collective effort. Ms Davies noted we needed to keep going and it was important to think about long term sustainability too.

QUALITY, SAFETY AND PEOPLE

Quality and Safety Committee Chair's Update

Ms Barker presented her report, she noted that the committee had received a very through report on the impact of reduction in agency usage and had received full assurance. With regard to learning from deaths, Ms Barker had flagged at the system meeting that this needed to be on the ICS Risk Register and it was concerning that there was still no designated doctor or nurse for this.

Quality and Safety Report

Ms Hobbs summarised her report. The metrics in relation to C-Diff had been breached, however, this was mirroring the national picture. Ms Lloyd noted that in respect of the care hours per day metric, the Trust benchmarked poorly compared to its peer group, Ms Hobbs stated that this was one, narrow metric of safer staffing and that it tells only a part of the story.

Mr Darbhanga noted that when he visited Whitchurch Hospital, the stands for the complaints leaflets were empty, Ms Hobbs agreed to ensure leaflets were available.

Ms Ramtuhul noted that in relation to serious incidents, this had changed to PSII and would be updated going forward.

The Board:
Noted the information in the report
Took assurance from the report that appropriate actions were being taken to address any areas of concern.

PEOPLE

People Committee Chair's Report

Ms Purt stated that her report was verbal as the committee had met the previous week. The Committee had a long discussion on metrics, as it was important that the right ones were in place, this was an ongoing piece of work. With regards to mandatory training, appraisal and sickness rates, these continued to be looked at closely. A new appraisal document had been implemented, which was working well.

The Committee had received a presentation from the armed forces community.

Ms Davies noted that many of the metrics for the people committee were nationally mandated and there would never been 100% compliance for mandatory training and appraisals due to sickness and leave but 90% was an appropriate target.

Safer Staffing

Ms Hobbs stated that the report had been produced using nationally recognised tools. Ms Hobbs highlighted the number of nursing associates, which were a good role within a community trust but noted that there were no national standards around the numbers of nursing associates so professional judgment had been used.

Ms Hobbs stated that the average nurse to patient ratio was 1 to 7, which could be considered rich, however, it was important to note that community hospitals did not have the same back up services as acute trusts, so the risk ratio was different.

It was acknowledged that the staffing model was out of date; the complexity and dependency of patients had changed since the model was implemented, however, there needed to be a further round of data before this new modelling could begin.

Mr Darbhanga thanked Ms Hobbs for her detailed report and asked if it would be possible to have benchmarking data against other community trusts. Ms Hobbs stated that it was possible but may not be useful as it is difficult to compare community trusts due to their uniqueness and the needs of their local population.

Mr Darbhanga asked what was being done regarding the skill mix of staff, Ms Hobbs stated that a further period of data was required before the review could take place. Staffing was monitored daily to ensure that it was safe.

Freedom to Speak Up

Ms Ramtuhul stated that the Trust was making good progress and that work on FTSU was continuing. Three reports had been made by staff to the FTSU service during the quarter, all of which were ongoing. Two meetings of the FTSU champions had been held, which had been useful.

RESOURCE AND PERFORMANCE

Resource and Performance Committee Chair's Report

Ms Lloyd presented the report on behalf of Mr Featherstone, who had sent his apologies to the meeting. The Committee had not received full assurance on four areas and that further work was needed for the committee to gain full assurance.

The Board notes the meeting that took place and the assurances obtained.

Performance Report

Ms Lloyd noted that the majority of the 60 indicators outlined in the report were nationally mandated. Due to the number of concerns regarding indicators related to access and activity performance, a time limited committee had been established to review these. A workshop had taken place and actions were in place.

The Board considered the Trust's performance to date and the actions being taken to minimise risks and improve performance where required.

Finance Report

Ms Lloyd stated that at the end of December 2023, the Trust had delivered a surplus of £400k, slightly smaller than planned, which was due to the delay in the 'go-live' date of the sub-acute wards. There were no new risks to flag and the level of risk was reducing. Ms Lloyd stated that she was confident that the Trust would deliver to its financial plan.

With regard to agency spend, December had seen the lowest spend of the year so far, although it was anticipated that agency spend would increase in January due to the subacute wards. A small amount of risk remained unidentified with CIP, which could carry through to the new financial year.

The Board

- ***Considered the adjusted financial position for the year to date is a surplus of £403k compared to the planned surplus of £510k which is a adverse variance of £107k***
- ***Considered that elective activity is expected to maintain the improvement seen in quarter 3 over the balance of the year to deliver our forecast outturn***
- ***Recognised that agency costs continue to exceed our plan despite the controls in place and continued increases in substantive staff***
- ***Acknowledged the Trust's challenging CIP target for 2023/24 and that in-year and recurrent plans are not yet fully identified to deliver this level of efficiency***
- ***Acknowledged the risks in relation to delivery of our breakeven financial plan, and our likely year end position.***

Planning Update

Ms Lloyd advised that the report had been split into two sections for ease. The first report provided a brief summary against the operational plan that Board had approved in April. The Trust had agreed to focus on 8 key areas; 7 of which were linked to national guidance and partnerships had been agreed locally by the Trust as key to its delivery.

The priorities had been broken down into 121 key deliverables, of which 19% were fully completed, 35% on track, 43% behind plan but with mitigations in place and 3% behind plan. Given the challenges in the previous years, teams had done extremely well to deliver these outcomes.

Ms Lloyd noted that this was a large number of actions and it may be better moving forward to consider a smaller number of objectives.

ANY OTHER BUSINESS – with prior agreement of the Chair

Questions or Comments from members of the public

No comments or questions had been received.

Any Other Business

There was none.

Meeting Evaluation

Ms Long stated that the meeting had been inspirating; there were challenges, however, work was going well to meet these.

DATE OF FUTURE MEETING

Date of Future Meeting

10am – 1.00pm, Thursday 4 April 2024

Shropshire Community Health NHS Trust

Vice Chair's Update

0. Reference Information

Author:	Peter Featherstone	**Paper date:**	4 April 2024
Executive Sponsor:	Shelley Ramtuhul	**Paper written on:**	27 March 2024
Paper Reviewed by:	N/A	**Paper Category:**	Governance
Forum submitted to:	Board of Directors	**Paper FOIA Status:**	Full

1. Purpose of Paper

1.1. Why is this paper going to the Board of Directors and what input is required?

This paper presents an update from the Vice Chair on activities in the last two months for information purposes

2. Executive Summary

2.1 Context

The Chair provides a regular update to the Public Board on any key activities and highlights of the preceding two months which are felt to be of interest to the Board and the general public and in her absence the Vice Chair has prepared this report.

2.2 Summary

This report provides an overview of the following:

- Meetings and visits that have taken place
- Summary of the Private Board Meeting held in March

2.3. Conclusion

The Board of Directors is asked to note the update for information purposes.

Shropshire Community Health
NHS Trust

Vice Chair's Update

3. Main Report

3.1 Meetings and Visits

Myself and the Trust's Chair attended the National ICB and Chairs' event in London in February with focus on the following:

- The key values of trust and collaboration.
- Improving productivity and performance and reducing costs
- A continued focus on maternity and neonatal services, and in particular the related health care inequalities
- Reducing patient waiting times

I attended the ICB Trust Board in March where the Board discussed the delegation of Specified Specialised Acute Services Lines for our system, which would be expected to support equity of access for all patients. It is also expected to support a whole pathway approach that would be likely to encourage focus on upstream prevention improving overall patient outcomes and reducing pressure in specialised services.

Our Chair and Audit Chair attended the Provider Collaborative's Committees in Common which is continuing to focus on the four priorities of Urgent Care, Workforce, MSK, Children's and Young Peoples Services and an additional fifth priority relating to productivity and efficiency of support services. The meeting also spent time consider the terms of reference and operating model to ensure the governance supports the work going forward. I attended a further meeting of the Committees in Common last week together with the Audit Chair, that provided an update on the formal governance processes that will underpin future meetings and decision making between the partner organisations.

The Trust Board attended a RACE Equality Code Workshop earlier this month where it received a presentation from the author of Code. The RACE Equality Code, and its Accountability Framework, is designed to provide organisations across all sectors and sizes, with the opportunity to address a very specific challenge: How to deal with race inequality in the boardroom and senior leadership team. The RACE Equality Code has been adopted by a number of NHS organisations, which ShropCom will similarly be supporting.

3.2 Private Meetings of the Board

In March the Trust Board met in private in Market Drayton where we discussed several important issues, including:

- Contracts and leases
- Quality and Safety Report
- Performance Report
- Financial Report
- Planning Update
- Chair's Reports from the Trust's Activity and Access Committee and Quality and Safety Committee
- Recently published Staff Survey Results

Vice Chair's Update

In addition to the above, the Board held a development session to undertake further work on it's strategic direction.

The Board is committed to our vision that - "We will be at the heart of supporting our communities by providing fully connected services - so that everyone gets the right care, in the right place, at the right time, by the right people".
In the context of that vision and the big issues that will confront us in the next 5-10 years, we discussed:

- How could ShropCo best support the local delivery of the NHS long term plan?
- How can ShropCom further support care closer to home?
- What might be the shape and function of our community services over the next 3-5 years?

3.4 Conclusion

The Board of Directors is asked to note the update for information purposes.

Shropshire Community Health NHS Trust

Bishops Castle Hospital Update

0. Reference Information

Authors:	Sam Townsend, Divisional Clinical Manager Sarah Allan, Associate Director of workforce and Resourcing Tracie Black Associate Director of Workforce, Education and Professional Standards	**Paper date:**	4th April 2024
Executive Sponsor:	Clair Hobbs, Director of Nursing, Clinical Delivery & Workforce Claire Horsfield, Director of Operations & Chief AHP	**Paper written on:**	26th March 2024
Paper Reviewed by:	Clair Hobbs, Director of Nursing, Clinical Delivery & Workforce Claire Horsfield, Director of Operations & Chief AHP	**Paper Category:**	Quality & Safety and Workforce
Forum submitted to:	Public Board	**Paper FOIA Status:**	Full

1. Purpose of Paper

1.1. Why is this paper going to the Public Board and what input is required?

This paper presents an update on the outcome of the recruitment campaign for Bishop's Castle Community Hospital (BCCH). The Trust Board is asked to consider the updated position in relation to the inpatient service in the context of the decision made in September 2023. The paper also provides an update on the expansion of services at BCCH.

2. Executive Summary

2.1 Context

The inpatient facility at BCCH was temporarily closed in October 2021 due to staffing shortages which were impacting on safety and quality of care. Following engagement with staff, patients, the wider public and stakeholders during the Summer of 2023, the Trust Board met in September 2023 and agreed there should be a new and focussed effort on recruitment for a 6 month period, as outlined in a workforce and recruitment plan co-produced with staff and the local community. At the same time, work commenced to expand services at BCCH.

Bishops Castle Hospital Update

The decision made by the Board in September 2023 was clear that if completion of the workforce and recruitment plan did not achieve the staff recruitment targets, the Trust Board would proceed with providing notice that it would withdraw from providing services at the inpatient facility at BCCH, and would provide the commissioned activity over the remaining three community hospital sites in Ludlow, Bridgnorth and Whitchurch.

2.2 Summary

- Five Recruitment events have been held during October 2023 to March 2024, with good attendance at all, and with offers to both Registered Nurses (RNs) and Healthcare Support Workers (HCSW) posts.
- The outstanding vacancies not currently advertised but awaiting approval in accordance with Trust processes are: Ward Clerk 0.85 WTE, Housekeeper 0.85 WTE and Pharmacist 1.00 WTE. A Band 6 Occupational Therapy 0.36 WTE vacancy is currently advertised.
- RN vacancies have been recruited to, with a small over recruitment of 1.24 WTE to allow for any withdrawals.
- Some RNs have withdrawn as they have been able to secure roles in other areas and this remains a current risk.
- At the time of the temporary closure there were 3.47 substantive staff that were redeployed and all have confirmed that they will return to their BCCH roles
- Drop-in sessions for the expansion of services have taken place during February 2024. These were attended in small numbers, but feedback was very positive from the public and from the staff involved. Further Drop-in sessions are planned for April and May 2024.

2.3. Conclusion

The Trust Board is asked to:

- **Consider** the information outlined in this paper regarding the recruitment that has taken place and the staffing levels achieved.
- **Consider** whether any additional information has come to light which may affect the decision taken in September 2023
- **Approve** the recommendation that staffing levels at BCCH have reached the threshold to enable re-opening of the inpatient beds.

Following consideration of the above:

- **Approve** the recommended next steps including the recommendation to develop and enact a mobilisation plan to re-open the inpatient beds at Bishop's Castle Community Hospital in line with the decision taken in September 2023
- **Accept the paper as information and assurance** on the collaborative work to expand services from BCCH.

Shropshire Community Health
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Bishops Castle Hospital Update

3. Main Report

3.1 Introduction

The Recruitment Campaign commenced in September 2023 with the introduction of two Delivery Groups, one external facing to include stakeholders from local Counsellors, the Bishop's Castle Mayor, and elected members of the local Campaign Group, plus one for our own staff.

Five recruitment dates were agreed with the stakeholders and held between October 2023 and March 2024. Trust colleagues and external stakeholders supported all of these events.

3.2 Recruitment

Table 1- Recruitment to date

Establishment	In Budget		Staff in post at present	Staff offered on 13.10.2023	Staff offered on 25.11.2023/ 12.01.2024	Staff offered on 24.02.2024/ 16.03.2024	Staff needed
	Band	WTE	WTE	WTE	WTE	WTE	WTE
Registered Nurses	7	1	1	0	0	0	0
	6	2	1	0.80	0	0	0.20
	5	7.24	1.47	1.84	3.97	2.40	-2.44
	4	2	0	1.00	0	0	1.00
Total Registered		12.24	3.47	3.64	3.97	2.40	-1.24
HCSW	2	7.49	0	0.40	3.40	3.70	-0.01
Total HCSW		7.49	0.0	0.40	3.40	3.70	-0.01
Total		19.73	3.47	4.04	7.37	6.10	-1.25

3.2.1 The Trust has undertaken 5 recruitment events and offered to all RN and HCSW posts with an over recruitment of 1.24 WTE to the RN roles. The over recruitment is to allow for any withdrawals.

3.2.2 Throughout the recruitment process there have been a number of withdrawals due to successful candidates having accepted posts elsewhere.

3.2.3 At the time of the temporary closure there were 3.47 substantive staff that were redeployed and all have confirmed that they will return to their BCCH roles.

3.2.4 There are a small number of posts that still require recruitment (see Table 2). These will be progressed in accordance with the Trust's recruitment processes and alternative arrangements such as cross cover will be put in place as required in the interim. These vacancies therefore do not affect the safe staffing of the inpatient service.

Bishops Castle Hospital Update

Table 2- Vacancies left to recruit

Role	Band	WTE Vacant
Pharmacy	7	1.00
Ward Clerk	3	0.85
Housekeeper	2	0.85
OT	6	0.36

Considering the recruitment that has been achieved to date, and following a review of the safe staffing levels, it is recommended that the Trust could safely move towards re-opening the inpatient service at BCCH.

3.3 Additional Considerations

In order for the Board to fully consider this position, following the successful recruitment to a number of posts, a review of the external environment has been undertaken to assess if there are any material changes which could impact upon the Board's decision made in September.

On 25th March, the Trust received a letter from Shropshire, Telford and Wrekin Integrated Care Board, which confirmed that should the inpatient facility at BCCH reopen, it should be done so within the existing financial envelope and that any services within the community which were enhanced due to the temporary closure of the beds should return to business as usual levels to achieve the rebalance of capacity and activity.

At the time of writing, it has not been possible to fully assess this position and further detail will be provided verbally to the Board during the meeting.

3.4 Update on Expansion of Services

3.4.1 Drop-in sessions were held for members of the Bishop's Castle community at BCCH on Mondays and Thursdays (10:00 to 14:00) during two weeks in February 2024. These were led by one of the Senior Nurses who is a member of the Inpatient team at BCCH. This Nurse was supported clinically by the Southwest Community Matron.

3.4.2 Actions that were taken by the Nurse to support the people who attended included, referring on to Shropcom services, general advice about keeping hydrated and signposting people who would need to self-fund a support package to the correct place to do this safely. These actions were taken proactively and empowered people to better manage their current situation.

3.4.3 The sessions were received very positively by the staff who were part of these and by the members of the community who visited them. Further sessions will be held on Mondays (10:00 to 14:00) throughout April and May 2024. These will be advertised widely throughout the Bishop's Castle Community.

Bishops Castle Hospital Update

3.4.4 In addition to the Drop-in sessions, our Podiatry service is now delivering clinics at BCCH as is the Age UK Support Group. The First Contact Physiotherapy Service is commencing in April which is a collaborative service being provided with the Southwest Primary Care Network.

3.5 Recommended Next Steps

3.5.1 Given the recruitment achieved to date, the Trust moves to develop and implement a mobilisation plan to re-open the inpatient service at BCCH.

3.5.2 Following Trust Board approval of the recommended step above all staff, both internal and newly appointed, will be informed formally.
3.5.3 Development of plans for BCCH as a physical hub for professionals to meet and for members of the community to drop in to discuss their holistic needs will continue.

3.6 Key Risks

3.6.1 There is a risk that candidates that have been appointed to may continue to withdraw in the absence of a clear date for reopening and this has been the case for a number of RN.

3.6.2 There is a risk of the Expansion work overlapping with other programmes of work sitting within the ICS, Primary Care, and the Local Authority. This can be mitigated through good representation and engagement of the enhancing services in the southwest Delivery Group.

3.7 Conclusion

The Trust Board is asked to:

- **Consider** the information outlined in this paper regarding the recruitment that has taken place and the staffing levels achieved.
- **Consider** whether any additional information has come to light which may affect the decision taken in September 2023
- **Approve** the recommendation that staffing levels at BCCH have reached the threshold to enable re-opening of the inpatient beds.

Following consideration of the above:

- **Approve** the recommended next steps including the recommendation to develop and enact a mobilisation plan to re-open the inpatient beds at Bishop's Castle Community Hospital in line with the decision taken in September 2023
- **Accept the paper as information and assurance** on the collaborative work to expand services from BCCH.

CHIEF EXECUTIVE'S REPORT – April 2024

1. Introduction

This report sets out the national and local issues of strategic importance to the organisation (for information) not picked up through other Board reports.

The Board is asked to consider the impact of these issues on the Trust.

2. Key Issues

2.1 Appointment of Substantive Medical Director.

I am delighted to announce that Dr Ganesh has been substantively offered the role of Medical Director (MD) for the Trust. Many of you will be aware that Dr Ganesh has been operating as the interim MD since June 2022 and I am pleased that he applied for the substantive post. I would like to thank all Shrop Comm and System colleagues who supported the process and provided time to attend the stakeholder panels. Your input was invaluable and much appreciated.

I am proud that we are a Trust that is truly clinically led, with more than 50% of the Board being registered and practising clinicians. Dr Ganesh holds a broad portfolio focused on clinical governance and quality of service delivery. He is the professional medical lead, and advocate for Children and Young People (CYP) services on the board, as a registered paediatrician. This ensures that we not only have a strong nursing, therapy, and adult focus, but also focus on CYP services, which make up a third of what we do.

I am sure you will join me in congratulating Dr Ganesh and I know he is looking forward to working with his fellow Shrop Comm, MD, and other colleagues across the system on the next stage of both Shrop Comm and ICB journey.

2.2 Welcoming Dudley 0-19 service

On the 1st of April we welcomed the Dudley 0-19 service into our community of fabulous folk in Shrop Comm. This sees a 'welcome back' to the Dudley School Nursing team, who were previously part of Shrop Comm prior to April 2021. The 0-19 service includes

broader services relating to Children and Young People. We are excited about expanding our reach into Dudley and welcoming another outstanding team to our community trust. A huge thank you to the project mobilisation team and Shrop Comm's 0-19 Dudley team for all your efforts. Welcome team Dudley!

2.3 End of the Financial Year

The 2023/24 financial year is drawing to a close and we are on track to deliver a very challenging financial plan. Whilst it's too early to confirm our end of year performance, I am very grateful to teams across the whole organisation who have worked together throughout the year to safely manage our money.

We know 2024/25 will be equally challenging across the whole of the NHS and draft plans are in place; we'll bring the final plans to our Board meeting in the future, in line with national planning requirements.

2.4 Urgent and Emergency Care

Urgent and Emergency Care pressures have continued since my last report. However, I remain humbled by the response of our staff in the face of what has been a challenging Winter. I reported in February the approaches being taken by our Virtual Ward, Rapid response, and Anticipatory Care teams (ACT), in terms of both supporting patients to stay out of hospital and facilitating early discharge. These teams continue to play a central role in the overall urgent and emergency care response; and something the system supports to deliver a more sustainable model of non-elective care alongside our ambulance, primary care, and local authority colleagues.

The opening of two Rehabilitation and Recovery wards in January are also central to the delivery of more sustainable care, alongside our community hospitals. These wards, one on the PRH site (20 beds) which opened on 2nd January and the other on the RSH site (26 beds currently) opened on the 5th of January, provide rehabilitative care to patients who require ongoing nursing and medical input alongside intensive rehabilitation; and operate in tandem with our wider sub-acute facilities including Virtual Ward, ACT and Rapid Response crisis teams. As stated in my previous report, this is a unique model and one of the first examples of a community Trust literally operating within the space of acute care in partnership with acute colleagues. Already, within less than 12 weeks of operation we have seen a reduction in care needs of patients from pathway 2 to pathway 1 and to pathway 0, with over 85% of the patients returning to their place of residence, promoting independence and wellbeing.

2.5 Vaccination - Flu Vaccinations

The annual Flu programme saves thousands of lives every year and reduces GP consultations, hospital admissions and pressures on A&E and is a major defence in our armoury to manage Winter pressures. Vaccinating our staff is essential in protecting both our workforce (and their families), our patients, and visitors to our hospitals and services.

The Commissioning for Quality and Innovation (CQUIN) target for the 2023/24 Flu immunisation programme is for 75%-80% of patient-facing staff to take up the vaccination. The Occupational Health and Wellbeing (OHWB) Team has been leading the programme to deliver staff vaccines throughout our Trust; since 12 October 2023, 70 roving clinics have taken place and local peer vaccinators have also supported this year's campaign.

Our programme has now concluded with our final uptake being 54% for frontline staff. Whilst this falls short of the 70% encouraged target for frontline staff, the uptake figures reflect the national picture. The Trust's performance is within the top quartile in the Midlands Region and is the best performing Trust in the STW ICS region. The Occupational Health Team are already thinking ahead to the planning of this year's Flu campaign with a view to exceeding this performance in the 2024/25 year.

Covid Vaccinations

The Trust remains the lead provider for the Shropshire, Telford, and Wrekin (STW) Covid-19 Vaccination Programme.

At the end of the Autumn/Winter campaign, which closed on 31 January, the Trust, in collaboration with colleagues in Primary Care Networks (PCNs) and Community Pharmacies had delivered over 125,000 COVID-19 vaccinations to residents in the STW area, with percentage uptake at or above national and regional averages. Our overall uptake amongst the key over 75s cohorts and in our Care Home population was above 80%, which continues to ensure that these vulnerable groups remain protected.

Staff uptake within the Trust ended up at 45.9% which, although not as high as during the Autumn 2022 campaign, does place the Trust one of the best performing trusts in the Midlands region.

The Trust is now in the planning phase for a Spring 2024 campaign which will aim to vaccinate those due a bi-annual COVID-19 Vaccination. The eligible cohorts for spring are as follows:

- adults aged 75 years and over (as at 30/06/2024),
- residents in care homes for older adults,
- individuals aged 6 months and over who are immunosuppressed.

Visits to older adult care homes and eligible housebound patients will begin on 15 April 2024, with all other vaccinations beginning from 22 April. The campaign will end on Sunday 30 June 2024.

In common with previous campaigns, SCHT will lead a blend of providers across the STW area including PCNs and Community Pharmacies. Pop-up clinics and roving teams will be utilised by the programme to ensure that we maximise our potential to reach all of our eligible cohorts.

Based on previous campaigns, and the normally high demand from this campaign's eligible cohort, we are planning for an approximate uptake of 84% which equates to almost 60,000 vaccinations during the 10 week campaign.

The Board will continue to receive regular updates on the performance of both the Trust and the System against these plans during the campaign.

3. Other Areas of Performance

3.1 Elective RTT and non RTT

The Trust overall performance for February was 51.7%. It is recognised that this is a deterioration and it follows the launch of the system wide MSK service MSST which is the Trusts biggest contributor to RTT incomplete performance.

Teams have produced a recovery trajectory to support services to improve this position and this is supported by clear action plans provided via the Trust's internal performance cycle.

The trust has worked hard to improve its position with the longest waiting patients on the RTT pathway. The Trust has continued to improve its position by reducing to zero patients over 78 weeks. Plans and mitigations are in place to reduce waits in line with the NHSE trajectory of zero 65 week waits by the end of March 2024. Services have continued to reduce numbers within this cohort and remain confident of zero 65 week breaches at the

end of March. We will continue to work closely with system partners and NHSE in line with future national guidance for long waits.

In my last report I highlighted the challenges within the dental services and access to theatre space within the local acute trust. I am pleased to report that these long waits continue to be reduced through close working with Shrewsbury and Telford Hospital NHS Trust (SaTH). I would like to thank our SaTH colleagues for working with us to resolve this issue to get us to a more sustainable position in terms of theatre capacity for 24/25.

These are the main two areas of pressure and more detail on RTT and non-RTT performance can be found within the integrated performance report.

3.2 Non–RTT services

Areas of good practice and improvement are particularly visible across pulmonary rehab and long covid from a non RTT perspective, which I highlighted in previous reports and this improvement continues.

There are ongoing challenges in Community Neuro-Rehab Team relating to vacancies in Psychology. Temporary staffing is mitigating, and the service is working closely with two separate providers to secure Psychology capacity that will support recovery of the current position and consistent support to patients.

4. Our People – Recruitment & Retention

Delivery of services and performance is only possible with a skilled workforce. Therefore, a key focus for the Trust is staff recruitment and expansion of our workforce alongside retention of skill and experience within the organisation and across the system.

4.1 Recruitment across the Trust

The Trust is engaged in several programmes of work aimed at increasing our workforce using domestic pipeline approaches with schools, colleges, and universities to employ apprentices and trainees through different routes who can then progress, if they wish, to professional qualifications across the Trust and system. For example, Trainee Nurse Associate and Therapy roles, blended and peripatetic administrative roles to name but a few.

We have also focused on international recruitment to increase our qualified numbers alongside the domestic pipeline approaches being taken. The Trust is also working positively with STW system partners on joint approaches to recruitment and retention that provide opportunities for developing a wide skill base. I would formally like to welcome Sarah Higgins to the Trust who is our new Allied Health Professional Practice Education Facilitator, an Occupational Therapist by profession. Sarah's role focused specifically on the development and education of new AHP roles given AHPs make up the second largest cohort of our staff after nursing. Welcome Sarah!

In addition, the Trust is working with digital recruiters to get the widest reach in terms of advertisement and promotion of our services and, of course, the best advertisement for what we do is through our greatest asset; our staff themselves, through word of mouth and by using our staff to tell their story of what it is like to work in STW.

We have also trialled some new approaches to recruitment which are bearing fruit that we intend to roll out in different areas. STW is a mixed community with some urban areas but 60% of Shropshire is rural and it is within some of our more rural communities where recruitment of staff has been the most challenged. In Bishops Castle, we have been working with the local community to think differently about the campaign and what the wider community can offer in terms of support and inclusion and being a conduit for information. This approach uses local knowledge to promote both what we do as a community trust as well as describing what is available more widely in the area. There has been a real energy in this approach which has used local radio and community links to showcase the area. To date we have also run four very productive 'live' recruitment days where we have made offers to both registrants and non-qualified staff. The outcome of this campaign and next steps can be seen under the Director of Nursing and Director of Operations reports for discussion.

Similarly, we have held targeted events and campaigns to recruit to the Rehabilitation and Recovery Wards with partners which have taken on a similar more nuanced approach and again this has yielded some positive results. At the time of writing this report we have recruited to over 85% of the posts based at PRH and 68% based at RSH.

Workforce and recruitment remain challenging, but these different approaches have demonstrated that being specific about both the role and career opportunity, and showing how this blends into people's lives, maximises the potential of recruiting people who not only bring their skills but their whole self to the post.

4.2 Staff Survey

This year's staff survey results were published nationally on 7 March 2024. Our response rate has improved compared to 2022 (50%) with 52% of our workforce completing the survey.

We have seen an improvement in 5 out of 8 of the NHS People Promise elements and themes, which is very positive. However, it is clear we have challenges ahead; to support our work moving forwards we have a comprehensive communication culture and engagement plan, and our listening events will continue. A report covering this work in more detail is on the agenda.

This year we are empowering our managers to develop their own action plans with their teams to drive local improvements. Our Corporate improvement actions will be identified and delivered by utilising the NHS Culture and Leadership framework and through participation in the national People Promise Exemplar programme.

5. Governance Service

Over the last 12 months the Trust has been reviewing it's governance arrangements and has restructured the Governance Team to bring together all elements of governance into an integrated team. This new team is in its infancy but the signs of improvement are already being seen. We have successfully implemented a more robust policy framework with a new electronic policy register being rolled out from the 1 April. This will enable us to ensure that our policies are up to date, fit for purpose and user friendly for our staff.

Further we have invested in our governance team with a number of training programmes and network attendances taking place across information governance, freedom of information, patient safety and clinical audit. The first cohort of the Governance Team and Learning Response Leads under the Patient Safety Incident Framework have recently undertaken their training in systems based reviews and by all accounts the feedback on this training has been really positive.

Finally, we have recently been successful in getting approval to proceed with an upgrade of our Datix system, which is our key patient safety and risk management system. This is a significant development in the enhancement of our governance and the team are excited to be getting this work underway.

6. Good News Stories

As part of our mobilisation of the 0-19 service in Dudley, Wednesday 6th March saw a face to face engagement session take place with over 80 members of staff from across Dudley Integrated Health Care and Black Country Health Care Trusts (who currently provide the services). These staff attended their corporate induction, listened to brief presentations, and engaged in discussions with representatives from right across Shropcom at break-out tables. The warm welcome to Shropcom which was extended to all the staff in attendance, was well received, positive feedback noted and genuine comments of feeling reassured and looking forward to transitioning into Shropcom expressed. Thanks go out to all the members of the Shropcom team that helped make the event so informative and welcoming.

Following a Meningitis B outbreak at a nursery in Oswestry recently, members of our Covid Vaccinations and School Aged Immunisations teams rapidly set up immunisation clinics at the nursery for children and staff to receive updated MenB vaccinations. The regional team from UKHSA (United Kingdom Health Security Agency) positively commented on how well the team worked with other local agencies, the speed with which the clinics were set up, on our communications with the nursery and families, and on the professionalism and kindness of the team that were in the nursery to run the clinics.

Shropshire Community Health NHS Trust

2024/25 Operating Plan Update

0. Reference Information

Author:	Jonathan Gould Deputy CFO	**Paper date:**	04 April 2024
Executive Sponsor:	Sarah Lloyd, CFO	**Paper written on:**	27 March 2024
Paper Reviewed by:		**Paper Category:**	Finance
Forum submitted to:	Trust Board (Public)	**Paper FOIA Status:**	Full

1. Purpose of Paper

1.1. Why is this paper going to Trust Board and what input is required?

This paper provides an update on progress made in relation to the local and national planning process for 2024/25, including next steps.

In addition, it provides an update in relation to our 2024/25 Operational Plan development and proposes the next and final stages of this process.

2. Executive Summary

2.1. Context

Shropcom submitted its draft Activity, Workforce, Performance and Finance plans in March in line with the local and national timetable, following approval at an Extraordinary Trust Board meeting on 18 March.

Work is continuing to refine these plans through internal and system discussions. Additionally, we await national Planning Guidance which will be reviewed to inform any further changes. The final plan submissions are due to NHSE on 2 May.

Despite the national Planning Guidance not being available, we are continuing to develop Shropcom's 2024/25 Operational Plan using all available information. It is proposed that a draft of this document is presented to the May Trust Board meeting for consideration and comment with the final version presented to the June meeting for approval.

2.3. Conclusion

The Board is asked to:

- **Consider** the update on national and local 2024/25 planning requirements and that final plan submissions are required by 2 May
- **Acknowledge** the continued development of Shropcom's 2024/25 Operational Plan for review at the May Board meeting and approval by the Trust Board in June

2024/25 Operational Plan Update

Accountable Director: Sarah Lloyd
Board Meeting 04 April 2024

2024/25 Planning

Draft Activity, Workforce, Performance, and Finance plans have been submitted to NHSE by all NHS organisations and Integrated Care Systems (ICS).

Shropcom submitted its draft plans in March in line with the local and national timetable, following approval at an Extraordinary Trust Board meeting on 18 March.

Work continues to refine draft plans together with partners across our ICS, in preparation for the final submission. The local and national timetable is shown below. National Planning Guidance is expected imminently and this, together with other refinements agreed with system partners, will be reflected within our final plan submission on 2 May,

Key Milestone	Completion Date
Submission to NHSE	21 March - COMPLETE
Second round of confirm and challenge meetings with STW ICB	02 – 04 April
Final Provider amendments to submissions following confirm and challenge meetings	12 April
Final system level submission	17 April
Provider level sign-off and board level sign-off to take place simultaneously	26 April
NHSE Submission	02 May

Operational Plan Development

Work to develop Shropcom's 2024/25 Operational Plan is well underway. This process engages teams across the Trust and is informed by local knowledge and priorities as well as the national Planning Guidance.

Whilst the national Guidance is not yet available, we are utilising all available information to develop our plan.

Due to the delay in publication of the national Planning Guidance, and final 2024/25 plans not being agreed and submitted until May, it is proposed that our Operational Plan is presented to the June public Board meeting for approval, Whilst this is later than usual it reflects the national timetables now in place. A draft discussion document will be presented to the May Board meeting for review and comment.

Operational Plan Development

Based on available information and local priorities, our key areas of focus for inclusion within our plan are shown below, but will change as work continues.

- Developing our People and improving engagement
- Developing CYP Services, including onboarding the 0-19 Dudley Service
- Partnership working to maximise the impact on the STW Urgent and Emergency Care pathway including:
    - Virtual Wards
    - Sub-Acute Wards
    - Community Rapid Response
    - Integrated Discharge Teams
    - OPAT (IV at home)
- Maximising use of Resources – Digital Technology, Efficiency and Productivity and utilisation of our Estate.

Operational Plan Development

Following discussion and review at recent meetings, it is proposed that we maintain our current Strategic Objectives, together with our agreed Vision and Values for 2024/25.

The Strategic Priorities for the year ahead will be discussed and agreed by the Board, once all relevant information is available.

This will be summarised in our '2024/25 Plan on a Page' and shared widely across Shropcom. A draft version is as follows.

Plan on a Page 2024/25 *DRAFT*

Vision

We will be at the heart of supporting our communities by providing fully connected services - so that everyone gets the right care, in the right place, at the right time, by the right people.

Strategic Objectives

Looking After Our People

Caring For Our Communities

Managing Our Resources

Strategic Priorities

To be finalised

Trust Values

- Improving Lives
- Everyone Counts
- Commitment to Quality
- Working Together for Patients
- Compassionate Care
- Respect and Dignity

Next Steps

The Board is asked to:

- **Consider** the update on the national and local 2024/25 planning requirements and that final plan submissions are required by 2 May.

- **Acknowledge** the continued development of the Shropcom 2024/25 Operational Plan for review at the May Board meeting and approval by the Trust Board in June

0. Quality and Safety Report – March 2024

Author:	Chris Panayi – Governance Data Manager Sara Ellis-Anderson - Deputy Director of Nursing and Quality and Deputy DIPC	**Paper date:**	28th March 2024
Executive Sponsor:	Clair Hobbs, Director of Nursing, Clinical Delivery and Workforce	**Paper written on:**	20th March 2024
Paper Reviewed by:	Clair Hobbs, Director of Nursing, Clinical Delivery and Workforce	**Paper Category:**	Quality and Safety
Forum submitted to:	Board	**Paper FOIA Status:**	Full

1. Purpose of Paper

1.1.
This paper aims to provide assurance to the Board to support the organisation in the provision of evidence against key lines of enquiry and to contribute to the Trust strategic goals and priorities.

2. Executive Summary

2.1 Context

The report aims to:

- Provide the Board with an executive summary focusing on areas for and areas of improvement.
- Provide access to the suite of detailed quantifiable information from the Trust's single data performance repository for reliability and accuracy.
- Analysis to provide evidence through external benchmarking, Trust historical performance and triangulation of softer intelligence to strengthen both reliability and confidence in content.
- Report improvement headlines from the Service Delivery Groups (SDGs).

2.2 Summary

Safe

- The 12-month rolling count of MRSA Bacteraemia infection rates were reported as zero for February.
- The number of inpatient falls (18) in our care fell for the first time in Q4, as did the rate of falls (5.29 per 1000 occupied bed days). This incidence rate is the lowest since M7 and represents a return to below the average for 2022/23. We did however see a sustained level of increased patient harm with 9 patients suffering low harm and one moderate harm. One fall resulted in a fractured neck of femur, however on review at panel it was deemed that all appropriate measures had been put in place before and following this incident.
- 0 Patient Safety Incident Investigation (PSII) were reported in February. This represents an improvement on the one PSII recorded in January.

- The development of pressure ulcers in our care was reported as 71 in February, an increase of 6 with 65 reported in January.
- The count of Never Events reported by the Trust for February was 0.
- The count of National Patient Safety Alerts not completed by deadline reported by the Trust for February was 0.
- The 12-month rolling count of E. coli Bacteraemia reported in February was 0.
- The 12-month rolling count of Clostridioides Difficile (C. Diff) infections in February 2024 is 3 with cases in June and August 2023 and the latest case reported at the end of February.

Caring

- New Birth Visits (NBV) performance increased this month following a dip in performance in December due to the Christmas holiday period. The 0-19 Teams have reported an increase in performance for this month with 87.39% of visits delivered within 14 days in January. Nearly all of the visits that were delivered outside the target timeframe were beyond the control of the teams, with Parental Choice being the main reason for delays.

Responsive

- Complaint response has increased to 62.5% in February, with 6 complaints exceeding their reply to deadline.
- 18-week RTT. 495 harm proformas have been completed to date; with 77.57% indicating no harm and 21.21% indicating low harm and can be treated and resolved. Looking into the cases where harm was identified the vast majority were rheumatology patients.

Well Led

- Mandatory Training overall target of 95% was not achieved in January with 92.61%, reported, with a slight decline from 92.89% reported in the previous month.
- Appraisal position in February was reported as 83.24%, a slight improvement from 81.37% in January.
- Sickness rates in February were 5.3%, a 0.6% drop from 5.9% reported in January.

Effective

- There were no deaths categorised as unexpected for February.

Recommended changes for April 24 discussed and agreed at February Quality and Safety Committee meeting.

- New Birth Visits and proportion of patients who have a first consultation in a post-covid service within six weeks of referral are proposed to move from future Quality reports to performance reports.
- Falls and Pressure ulcer data will be presented in SPC chart format and Deputy Director of Nursing is working with the Information Team to complete this for April 24 report.
- New metrics proposed will include number of medication incidents as this is one of SCHT PSIRF priorities.

2.3. Conclusion

The Board is asked to:

- **Note** the information in the report.
- **Take assurance** from the report that appropriate actions are being taken to address any areas of concern.
- **Request** any future information that will increase assurance.

Safe - Inpatient Falls

Community Hospitals form part of the Integrated Care System (ICS) transitional care pathways. This can lead to challenges on our Hospital Wards as the Trust cares for people who require rehabilitation often relating to falls and are therefore at higher risk of further falls when on the ward. The Trust aims to reduce the risk of patients sustaining any harm because of a fall whilst in our care. When patients do fall, a level of harm are assigned to the incident as follows:

- No harm – no harm caused to patient.
- Low harm – patient required extra observations or minor treatment.
- Moderate harm – patient required a moderate increase in treatment, possible surgical intervention, cancelling of treatment, or transfer to another area.
- Severe harm – death or permanent harm are caused to the patient.

These descriptors are used during this report and are recorded on DATIX.

Total number of Falls in month 18 ↓
Falls per 1000 Occupied Bed days 5.29 ↓

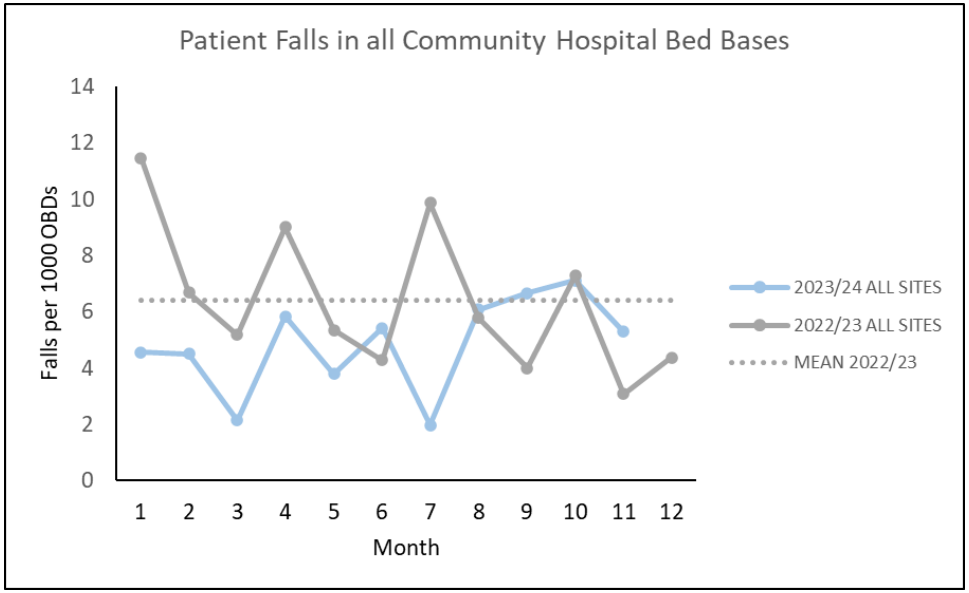
During February there were 18 inpatient falls reported which occurred in our care across the Community Hospital Wards and our two new Rehabilitation and Recovery Wards, which equates to a rate of 5.29 falls per 1000 Occupied Bed Days (OBDs). This is a lower number and incidence rate than in M10 and represents an improvement in performance after a three-month trend of increased incidences. In February the rate of falls fell to below the average for 2022/23. Anecdotal evidence indicates that there has been a reduction in falls regionally as we head out of the winter months. Please see the table below detailing the rate of falls per 1000 OBDs for 2022/23 and 2023/24.

		M1 April	M2 May	M3 June	M4 July	M5 Aug	M6 Sept	M7 Oct	M8 Nov	M9 Dec	M10 Jan	M11 Feb	M12 Mar
2022/23 ALL SITES	Falls	26	15	12	21	12	10	24	14	10	18	7	11
	Falls per 1000 OBDs	11.46	6.69	5.66	9.01	5.35	4.29	9.87	5.79	4	7.29	3.08	4.38
2023/24 ALL SITES	Falls	11	11	5	14	9	13	5	15	17	25	18	
	Falls per 1000 OBDs	4.56	4.5	2.15	5.84	3.79	5.43	1.97	6.09	6.67	7.11	5.29	

Graph 1 below shows the occurrence of falls per 1000 OBDs across 2022/23 and 23/24, with mean falls occurrence for 22/23 also shown.

Falls Graph 1

Falls per 1000 occupied bed days 22/23 & 23/24



In total 17 individual patients fell in February, with one individual falling twice (at Ward 36 PRH – once with no harm and once with low harm). The supervision level and visibility of this patient was reviewed after each incident. This month, five of the falls were witnessed and all occurred when the patients were mobilising independently. Of these patients, two were confused and wandering and one individual lost their balance after becoming argumentative with a member of staff having been asked to leave a non-patient area. In total, confusion was identified as a contributory factor in 5 falls this month and all patients involved were reassessed in terms of bed visibility and supervision requirements. One of the patients was in a safer bay at a time when staff sickness had resulted in the loss of HCA cover – the ward team have been supported to explore how staff can be better allocated to maintain optimal safety for all our patients including during periods of reduced staffing.

The distribution of inpatient falls across the hospital sites in February was as follows:

Community Hospital Site	Total number of falls	No Harm	Low Harm	Moderate Harm	Severe Harm	Falls per 1000 OBD's
Whitchurch	3	1	2	0	0	3.03
Bridgnorth	2	0	2	0	0	3.14
Ludlow	4	1	3	0	0	6.18
Ward 18 RSH	3	2	1	1	0	5.30
Ward 36 PRH	6	4	1	0	0	10.66

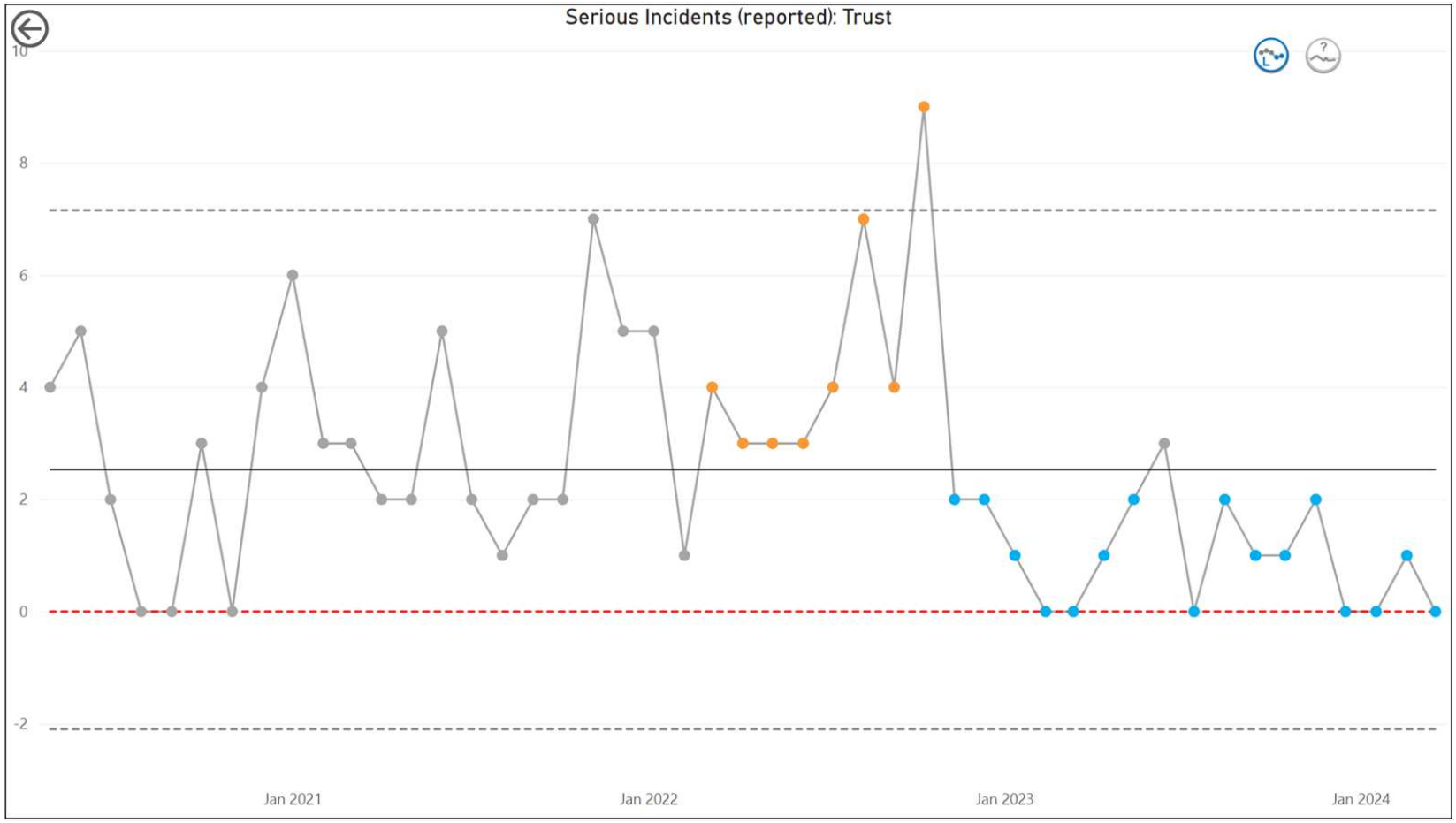
Nine patients suffered low harm (skin tear and bruising) and one patient suffered moderate harm (fractured neck of femur). Four of these patients were conveyed to secondary care for review with two patients remaining for a spell of acute care including the patient with moderate harm. Review of the patient incident resulting in fracture indicated that all appropriate risk assessments, prevention and management measures had been taken. All other patients returned with no other harm identified and with no change to their management plans.

Review of DATIX relating to Falls in M11 confirmed a persistent reduction in the quality and completeness of reporting with many DATIX missing key information including details specific to the individual patient and the circumstances of the incident. This continues to make it challenging to identify common themes and contributory factors. Falls have been identified as one of the Trust's PSIRF priorities and the existing and incoming Locality Clinical Managers will work with their teams to support them with quality improvement in falls prevention and management in conjunction with members of the Quality Team. Discussions have taken place with the Governance team as to what fields on Datix can be made mandatory to ensure more accurate reporting.

Safe - Patient Safety Reporting

As part of the Trust's transition to the Patient Safety Incident Response Framework (PSIRF) responding in response to a Patient Safety Incident may take different methods; with an emphasis on thematic review or cluster of incidents to understand common themes, links or issues to facilitate safety responses. Where an individual learning response has been agreed this will, usually, be in the form of a Patient Safety Incident Investigation (PSII)

Total reported = 0
There were 0 Patient Safety Incident Investigation (PSII) reported in February. This represents a decrease comparative to the one recorded in February**.** Regular ongoing monitoring remains in place to ensure oversight of all Patient Safety Incidents, through Panel meetings chaired by Directors and with representation from the ICB. This has transitioned to a weekly MDT panel (Patient Safety Incident Panel) as part of PSIRF.



Safe – Pressure Ulcers

We aim to reduce the number of patients in our care from developing a pressure ulcer attributable to our acts or omissions.

Total = 71 developed in service ↑

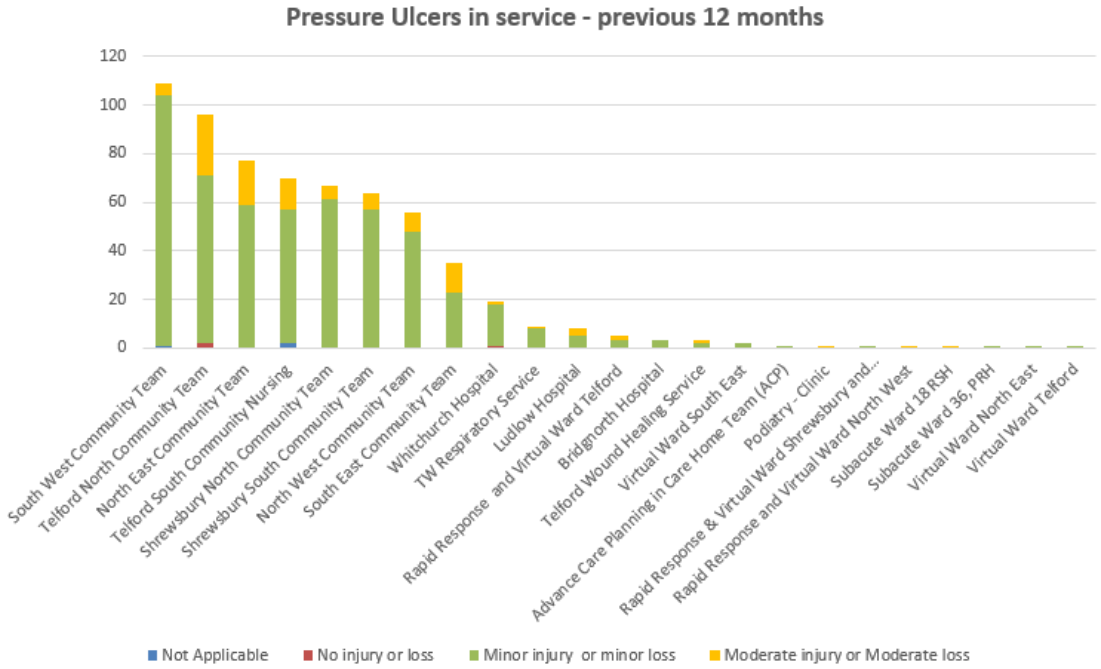
71 pressure ulcers were reported as developing in the care of the Trust in February, thi is six more than reported in January (65). None were reported under Patient Safety Incident Investigation (PSII). There were 2 category four pressure ulcer reported, 2 category three, 9 unstageable pressure ulcers, 31 category two, 25 suspected deep tissue injuries, and 2 category one.

The level of moderate harm reported overall increased in February to 18, which is eight higher than the average reported of 10, and 7 more than reported in January (11).

The distribution of pressure ulcers across the Community Nursing Teams in February was as follows including the level of harm associated:

Service	1	2	3	4	Unstageable	Suspected Deep Tissue Injury	Total	Low Harm	Moderate Harm
South West Community Team	1	10	0	0	2	2	15	15	0
Telford South Community Nursing	0	2	1	1	2	6	12	7	5
North East Community Team	0	4	1	0	1	3	9	5	4
Telford North Community Team	0	6	0	0	1	2	9	6	3
North West Community Team	1	1	0	1	1	2	6	5	1
Shrewsbury South Community Team	0	3	0	0	0	2	5	5	0
South East Community Team	0	1	0	0	2	2	5	4	1
Shrewsbury North Community Team	0	1	0	0	0	2	3	3	0
Whitchurch Hospital	0	1	0	0	0	1	2	1	1
Bridgnorth Hospital	0	0	0	0	0	1	1	1	0
Ludlow Hospital	0	1	0	0	0	0	1	0	1
Rapid Response and Virtual Ward Te	0	0	0	0	0	1	1	0	1
Rapid Response & Virtual Ward Shrev	0	1	0	0	0	0	1	1	0
Subacute Ward 18 RSH	0	0	0	0	0	1	1	0	1
Total	2	31	2	2	9	25	71	53	18

The graph shown below illustrates the distribution of pressure ulcers across each service and include the associated levels of harm.



South West Community Team account for the majority of pressure ulcers reported in February (15), and for the majority over the previous 12 months. Feedback from the Service Lead was the team are very proactive at reporting any type of skin damage so reporting in general is higher than other teams. However, staff have been released to support the SE IDT resulting in higher numbers of cancelled/rescheduled visits for the team, and also high short term sickness rates have been reported in the last 6 weeks or writing this report, which may be another contributing factor to higher incident reporting for this team.

Actions in place to improve:

- New NHSE (NHS England) classification guidance has been released which will impact the way in which pressure ulcers are classified this will result in changes to reporting – decision made on West Midlands TV Network to not change PU reporting as European Pressure Ulcer Advisory Panel (EUPAP) plan on releasing new recommendations in 2025 which would mean further changes to policies and reporting which can become confusing
- Plans in place to support North Telford due to issues identified during TV visits to support with pressure ulcer prevention and management and other wound related issues.

Safe – Compliance with CQC Medicines Management

Proportion of actual compliances with standards against potential compliances

Performance = 99.05

CQC standards concerning Medicines Management are monitored for a number of services on a monthly basis. These standards help to evidence that the fundamentals of medicines management at ward or clinic level are maintained. Each standard monitored is defined by the CQC. These standards include monitoring of room and fridge temperatures, daily monitoring of resuscitation trolleys, daily checks of controlled drugs, appropriate management of sharps bins, spill kits and fully documented allocation of FP10 prescriptions.

A Standing Operating Procedure (SOP) supports staff and defines expected actions. The minimum target for compliance is set as 95% which was agreed by the Quality and Safety Committee in 2019. The results from the last quarter can be seen below:

	Service	
Month	**Adults (%)**	**CYP&F (%)**
November	97.14	98.21
December	98.10	100
January	98.1	100

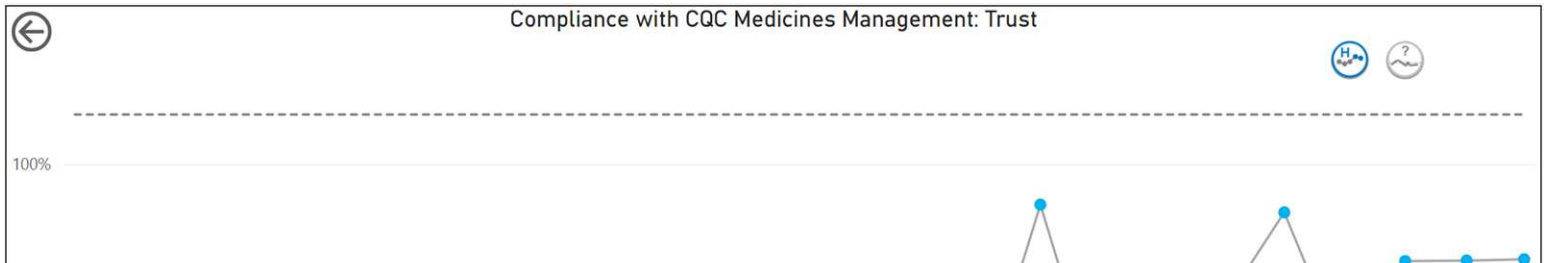
The breakdown of non-compliance in adult services was seen at Ludlow due to staff not completing the accountability log on a shift-by-shift basis for drug keys. This is a known theme for Ludlow hospital.

The other non-compliance was for Bridgnorth not completing their FP10 accounting log at ward level. This instance has been fully investigated and closed.

Children's Services continue with their 100% compliance.

The Pharmacy Team will continue to monitor and support.

The graph below shows the Trust's overall trust position at 99.10% for January.



Safe - Discharge Letter Completion Compliance

Within the in-patient settings, at discharge, the clinician (usually the prescriber) managing the patient completes a discharge letter. The ideal situation would see the patient leave with this discharge letter which contains pertinent information regarding the patient's admission, treatment and investigations, but more importantly, it also contains the medication that the patient is discharged with as well as details on medicines stopped, doses that have been changed and any newly initiated medicines.

Due to there not being a prescriber on site 7 days a week, it was agreed that the target was within 48 hours of discharge, this meant it enabled patient flow so patients could be discharged in an evening or at a weekend when the prescriber was not on site.

In view of this, the Medicines Management team undertake an audit on a monthly basis which checks the compliance for each hospital site with a requirement for each site to have completed a discharge letter for each patient discharged within 48 hours of discharge with 100% compliance.

The table below provides a summary of compliance for each hospital over the last quarter:

Community Hospital	January 2024		December 2023		November 2023	
	Number discharged	Percentage compliance	Number discharged	Percentage compliance	Number discharged	Percentage compliance
Bridgnorth	30	87%	27	85%	34	32.3%
Ludlow	17	82.35%	23	78.2%	19	94.7%
Whitchurch	20	100%	32	100%	39	76.9%

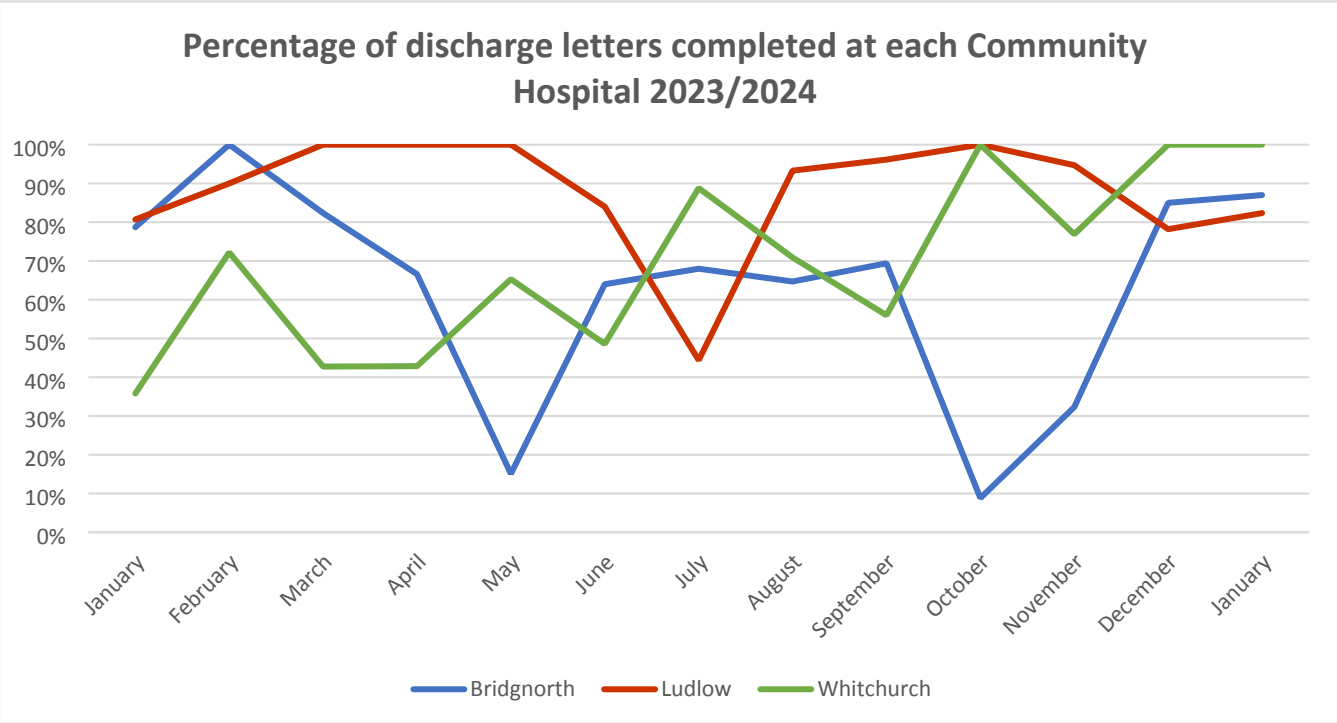
It is positive to see that Whitchurch has held on to it's position with two months of continuous compliance.

Bridgnorth and Ludlow both saw slight increases in compliance, but both were unable to reach the target of 100%.

The new GP model should help with supporting Bridgnorth Hospital acquire it's 100%.

Ludlow has had issues with their ACP gaining access to eScript. This has been followed up and a further application completed, however, as the new RiO module is now live, it is hoped that it will be easier to provide access to prescribers moving forwards as this will all be completed under SCHT control.

The Medicines Management Team will continue to monitor and feedback.


Percentage of discharge letters completed at each Community Hospital 2023/2024
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
January
February
March
April
May
June
July
August
September
October
November
December
January
Bridgnorth
Ludlow
Whitchurch

Safe – Safer Staffing

The National Quality Board (NQB, 2016) recommend a 'triangulated' approach to staffing decisions. The Trust has a validated tool for acuity and dependency for both the Community CNSST (Community Nursing Safer Staffing Tool) and Inpatient Wards SNCT (Safer Nursing Care Tool) this will enable a robust triangulated approach. Data collection is collected twice a year and this data forms part of planned biannual staffing reviews to allow SCHT to comply with National safer staffing guidelines.

We continue to utilise Fill Rates and Care Hours Per Patient Day (CHPPD). A description of both is below:

Fill Rate: is calculated by comparing planned hours to that of actual hours worked. A figure over 100% indicates more hours worked than planned.

CHPPD: It is calculated by dividing the total numbers of nursing hours on a ward by the number of patients in beds at midnight. The calculation provides the average number of care hours available for each patient on the ward.

Community Hospital Inpatient ward fill rates

February 2024

	Day		Night	
Hospital Site	**Average fill rate – Registered Nurses (%)**	**Average fill rate – care staff (%)**	**Average fill rate – Registered Nurses (%)**	**Average fill rate – care staff (%)**
Bridgnorth	85.5%	99.8%	96.6%	119.2%
Ludlow	98.5%	111.6%	100.2%	144.6%
Whitchurch	94.6%	132.5%	100.1%	160.1%

January 2024

	Day		Night	
Hospital Site	**Average fill rate – Registered Nurses (%)**	**Average fill rate – care staff (%)**	**Average fill rate – Registered Nurses (%)**	**Average fill rate – care staff (%)**
Bridgnorth	91.8%	85.3%	100%	79.8%
Ludlow	90.3%	117.3%	98.8%	182.7%
Whitchurch	93.6%	101.9%	99.4%	120.4%

Fill rates for Registered Nurse (RN) numbers were above the 90% threshold on day shifts during February for Ludlow and Whitchurch, with Bridgnorth reporting 85.5%. Having reviewed the rota for February with the exception of one am and one pm shift, all shifts had there established 3 nurses on days and 2 nurses on nights. On the two shifts that only had 2 nurses on there were extra HCSW on shift.

The overall trend shows staffing levels on night shifts for both RN and HCAs were on or above 100% to meet increased patient care needs for all three inpatient wards. The increase in HCAs on day and night shift is to maintain ongoing management and safety for patients requiring enhanced supervision. This is noticeable at Whitchurch for night shifts where the fill rate is 160.1%, due to an increased number of patients with enhanced needs.

Bed occupancy rates reported for the month of February were 93.9% overall, this is a 0.5% drop from 94.4% reported in January. The breakdown for bed occupancy at each site was 87.8% Bridgnorth, 97% Ludlow, and 94.8% at Whitchurch. The overall target is 91%.

Overall, for all inpatient Community wards there were 746 RN shifts requiring cover with 544 being covered by substantive staff (72.9%), a slight increase from 71.8% last month. 141 were filled by agency RN staff (18.9%), a 1.3% increase from last month (21.2%).
There were 48 shifts filled by bank staff (6.4%), this is the same as last month. There were 13 shifts that were not filled at all, compared to 4 last month.

For all Community Hospital inpatient wards, there were no shifts reported throughout February where 100% RN agency staff were used.

Whilst Bishops Castle Community Hospital (BCCH) remains temporarily closed the Trust commenced recruitment campaign in September 2023. This will run until the end of March 2024 when progress will be reported to the Board. The RN establishment for BCCH is WTE 12.24 with WTE 3.47 BCCH temporarily working at Ludlow who will return when BCCH reopens. There have been 4 recruitment events with 1 further on the 16 March 2024. The Trust has now offered to all RN posts and so has reached the target of 7.49 WTE. A further 2.00 WTE HCSW have offered leaving 1.80 WTE left to recruit.

Care Hours Per Patient Day (CHPPD) data

The below is a rolling data table updated monthly to show staffing levels in relation to patient numbers on an inpatient ward. Shropshire Community Health NHS data from the NHS England model hospital tool. On performing benchmark analysis, for the latest data (December 2023), the average overall for our Trust is 6.9 care hours per patient day (CHPPD), which is 1.8% below the overall average of other similar community health NHS trusts at 8.7. (See second table). For the latest internal data reported for February, the average is 6.6 across the 3 inpatient wards.

Safer Staffing - Care Hours Per Day Total (CHPPD)												
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Bridgnorth	8.1	7.9	7.5	7.2	6.7	7.7	8	7.7	7.9	7.5	6.7	6.9
Ludlow	7.6	7.9	8	7.2	6.2	7.6	7.1	7.4	7.7	8.7	8.3	6.6
Whitchurch	8.4	8.7	7.6	8.9	6.9	7.3	7.5	6.7	6.9	7	6.4	6.4

Care Hours Per Patient Day (CHPPD) data

The below is a benchmarking table against other Community Health NHS Trusts reported at December 2023, sourced from the most recent data on the Model Hospital tool, NHS England. We currenty sit below the average of 8.7 with 6.9 Care Hours per Patient Day.

Organisation Name	CHPPD - Overall
Derbyshire Community Health Services Foundation Tr	14.1
Central London Community Healthcare	11
Hertfordshire Community	10.1
Birmingham Community Healthcare	9.6
Hounslow And Richmond Community Healthcare	9.2
Kent Community Health NHS Foundation Trust	8.8
Lincolnshire Community Health Services	8.3
Leeds Community Healthcare NHS Trust	7.3
Norfolk Community Health and Care	7.2
Shropshire Community Health	6.9
Sussex Community	6.7
Bridgewater Community Healthcare	5.8
Overall average	8.7

Safe – Staff Vacancy Rates

The tables below illustrate the February 2024 vacancy position for the 4 Community Hospital sites for RNs and HCAs (Table 1). The second table shows vacancies within Community Nursing Teams over the last 6 months. A Column has been added to enable sight of post offered to and where there are discrepancies with wards and finance.

Community Hospitals Vacancies – Table 1

Community Hospital	Registered Nurse Vacancy Position Includes Bands 4,5,6 & 7		Posts offered WTE	Unregistered Nurse Vacancy Position Includes Bands 2 & 3		Posts Offered WTE
	WTE	%		WTE	%	
Bishops Castle	6.97	68.1 →	7.77	8.09	74.3 →	1.80
Ludlow	2.75	20.8 ↑	Out to advert	4.75	21.8 →	Appointed await start dates. 0.76 vacant to be advertised
Bridgnorth	1.95	14.0 ↑	1.00 IR Nurse	1.54	6.3 ↓	2.94
Whitchurch	3.61	21.7 →	2.00	0.96	4.1 ↑	2 International nurses will be in placed end April

Community Nursing Vacancies – Table 2

Community Nursing Team	Sep-23	Oct-23	Nov- 23	Dec- 23	Jan-24	Feb-24
North Telford	17.2%	17.4%	8.4%	8.4%	8.4%	10.6%
South Telford	-2.1%	-2.1%	2.3%	-2.1%	-2.1%	-2.1%
Central	16.2%	12.2%	14.3%	12.1%	16.1%	15.4%
North East	10.5%	15.7%	12.8%	12.8%	10.3%	5.0%
North West	6%	-2.1%	-2.5%	-2.5%	-2.5%	-0.6%
South East	12.5%	3.3%	3.3%	4.2%	-1.2%	-1.2%
South West	-0.9%	3.5%	0.2%	0.2%	-2.6%	5.3%

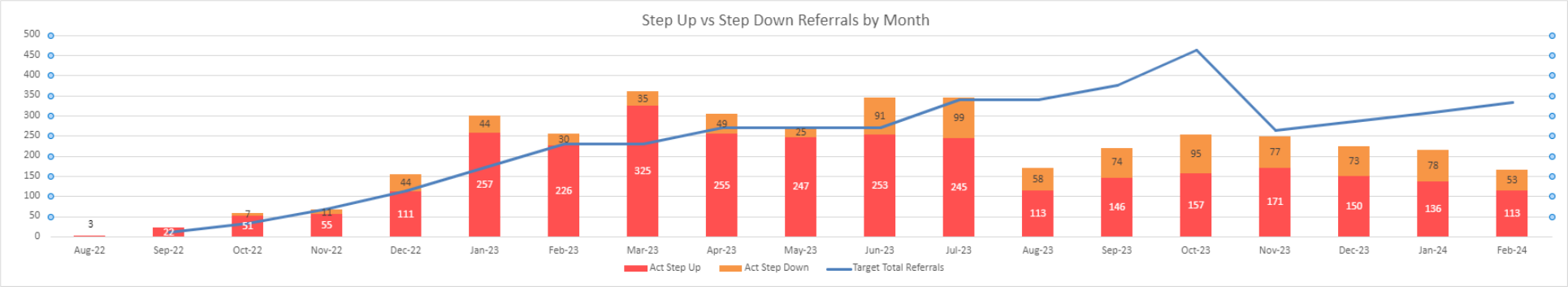
Safe – Virtual Wards

Virtual wards (also known as hospital at home) allow patients to get hospital-level care at home safely and in familiar surroundings, helping speed up their recovery while freeing up hospital beds for patients that need them most. Just as in hospital, people on a virtual ward are cared for by a multidisciplinary team who can provide a range of tests and treatments. This could include blood tests, prescribing medication or administering fluids through an intravenous drip. Patients are reviewed daily by the clinical team and the 'ward round' may involve a home visit or take place through video technology.

Our Virtual Ward also uses remote monitoring where possible, enabling clinical staff to easily check in and monitor the person's recovery.

The team supported a total of 166 referrals through February 2024. Patients continue to be supported via a mixture of face-to-face visits and remote care planning, based on their clinical presentation with clinical teams accessing a daily MDT supported by consultant physician and pharmacy.

The team continues to engage with system partners to promote additional alternative to hospital admission services via both step-up and step-down pathways.



In the absence of fully integrated EPR and EPS, there remains a risk that patients could continue to be in receipt of medications which has been altered or stopped by the VW medics. To mitigate this risk, the team provide onboarding information to the patient's GP which outlines the roles and responsibilities of each provider. This is followed by a discharge summary to advise primary care of offboarding, and of any future recommendations. This risk continues to be mitigated through February and March while the team await the implementation of EMIS.

To date, quality metrics have included capturing compliments and complaints, length of stay on the service and pathway utilisation. A more detailed IQVIA has been compiled to support the collection of qualitative data. There are currently no outstanding complaints for review for the service, and 18 positive comments received.

There continues to be issues with the timely receipt of patient discharge summaries or transfer of care documentation, which has been escalated to colleagues in SaTH, and is captured via documentation on DATIX. As a mitigation, the senior clinical team can access relevant detail via their log-in to 'portal', but this is timely and out of process.

Through Q4, the team have conducted a recruitment drive to fulfil remaining posts following a review of the workforce requirements. This saw multiple posts appointed to including ACPs, RGNs, and Health Care Support Workers. The following table outlines posts offered and remaining positions available.

Locality	Registered Nurse Vacancy Position		Posts offered	Unregistered Nurse Vacancy Position		Posts Offered
	Includes Bands 4,5,6,7 & 8a		WTE	Includes Bands 2 & 3		WTE
	WTE	%		WTE	%	
Telford	5.64	22.9%	3.27	1.8	7.3%	1.8
Central	1.64	9.3%	1.64	1	5.7%	1
North West	3	23.4%	1	0.8	6.2%	0
North East	3	27.8%	3	2	18.5%	0
South West	1	9.8%	1	2	19.6%	0
South East	2.54	26.7%	1	1	10.5%	1

Safe – Sub Acute Wards

- Sub-Acute Ward 36 Princess Royal Hospital (PRH) opened on 2nd January 2024 (20 beds)
- Sub-Acute Ward 18 Royal Shrewsbury Hospital (RSH) opened on 5th January (20 beds) earlier than expected due to unprecedented urgent and emergency care demand across the system.
- A further 6 beds opened at RSH on the 11th of March 2024.
- Although there has been a step change in the number of staff with SaTH IT access, in M10 there remained a risk of delayed reporting due to staff requiring access to SATH devices. However, the increase in reporting in M11 suggests that mitigations in place have been effective.
- Incidents have been reviewed for M11 with 14 recorded on DATIX for RSH and 19 for PRH. The top three themes are Falls, 100% agency staffing and medicines management.
- One incident was a PSII relating to the assessment and treatment of a patient on RRU Ward 18 RSH presenting with query hyperkalaemia – this has been investigated and learning shared.
- Medicines Management audits undertaken by the SCHT team have provided a baseline with actions for areas requiring improvement.
- Food Safety/Kitchen audits at RSH have also indicated areas for improvement and staff have been identified to attend training provided by SaTH to improve our compliance.
- Daily safety checks are now routinely completed utilising the daily safety huddle book and ward manager/senior operational managers are performing weekly spot checks.
- Representatives from the ICB are due to undertake repeat Quality Monitoring visits at both sites in M12. The team has continued to work to progress against feedback from visits in M10.
- A Risk Register has been developed and is reviewed monthly by the Director of Nursing, Clinical Delivery and Workforce and Deputy Director of Nursing and Quality.

Responsive – Complaints (open) % within response timescales

Complaint's response performance is measured by the percentage of complaints answered within the timescale that has been agreed with the complainant; the target is set at 95%. Complaints provide valuable feedback to improve care & outcomes.

Performance = 62.5%

As at 3 March 2024, 12 complaints are being investigated. 12 (100%) complaints are currently within their deadlines for reply; this includes 2 complaints where the reply deadline has been extended and the complainants have been updated.

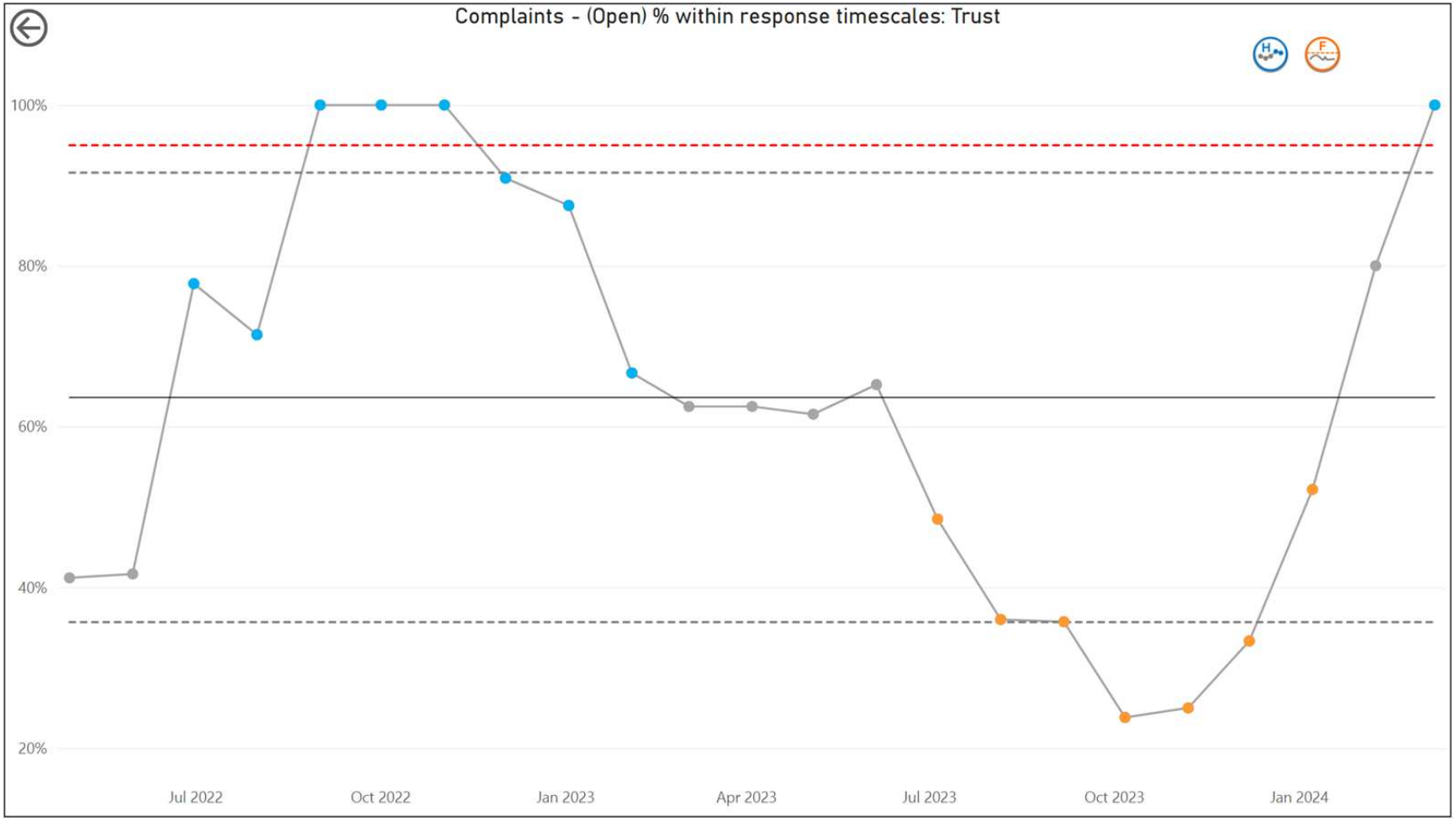
A total of 12 complaints were received in February 2024 as follows;

- 7 in Adults Services – Shrewsbury North Community Team (2), Bridgnorth MIU (1), Bridgnorth Hospital (1), Ludlow Hospital (1), Sub Acute Ward (1), and Shrewsbury South Community Team (1)
- 1 in Children and Young People's Service – Central Shropshire Health Visiting (1)
- 4 in TeMS & Outpatients – Podiatry Clinic (1), Ludlow Physiotherapy (1), MSST (1), and TeMS Consultants (1)

10 (62.5%) out of the 16 complaints closed in February 2024 were replied to within their deadlines. Of the 16 complaints closed in February 2024, 7 complaints were either upheld or partly upheld, 2 are awaiting decisions.

Lessons learnt / action taken included the following;

- We will review how we currently evaluate effectiveness of pain relief administered.
- Preadmission/transfer status regarding risks associated with confusion is being reviewed with our system partners to ensure that we have accurate clinical information for handover between care providers and that this supports us with an informed decision regarding accepting the patient into our care and being able to meet the individual's needs and maintain safety.
- Apology given and all staff given a copy of laundering and disposal policy.
- The waiting list for children who are too young for MDA and the need for this list is going to be reviewed.
- It was acknowledged that clinicians should introduce themselves at appointments. The manager has spoken to the Team and other services they manage to reinforce the positive message this simple act can have.
- A breakdown in process has been shared with the Administration and Clinical Teams to reduce the likelihood of this happening in the future.


Complaints - (Open) % within response timescales: Trust
100%
80%
60%
40%
20%
Jul 2022
Oct 2022
Jan 2023
Apr 2023
Jul 2023
Oct 2023
Jan 2024

Responsive – 18 Week Referral to Treatment (RTT) Pathways – Harm Proformas

Harm Proformas have been completed for all new patients seen over 52 weeks as an essential, but also for follow up patients if the clinician deems necessary. 495 harm proformas have been completed to date; with 77.57% indicating no harm and 21.21% indicating low harm and can be treated and resolved. Looking into the cases where harm was identified the vast majority were rheumatology patients.

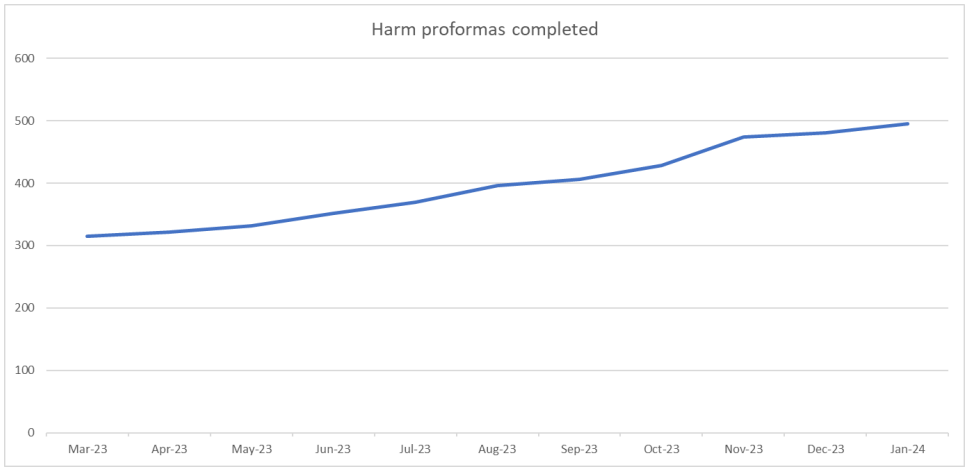
There have been 6 cases (1.21%) of moderate harm identified in November 2023 - January 2024; 3 following delays to consultant appointment, 2 due to delayed follow up appointments in rheumatology and 1 due to patient choice delay to commence medication. All cases have been reviewed by the clinical lead who has agreed with the assessment of moderate harm. These cases have been escalated via the quality team and then onto governance team for discussion at weekly panel meeting.

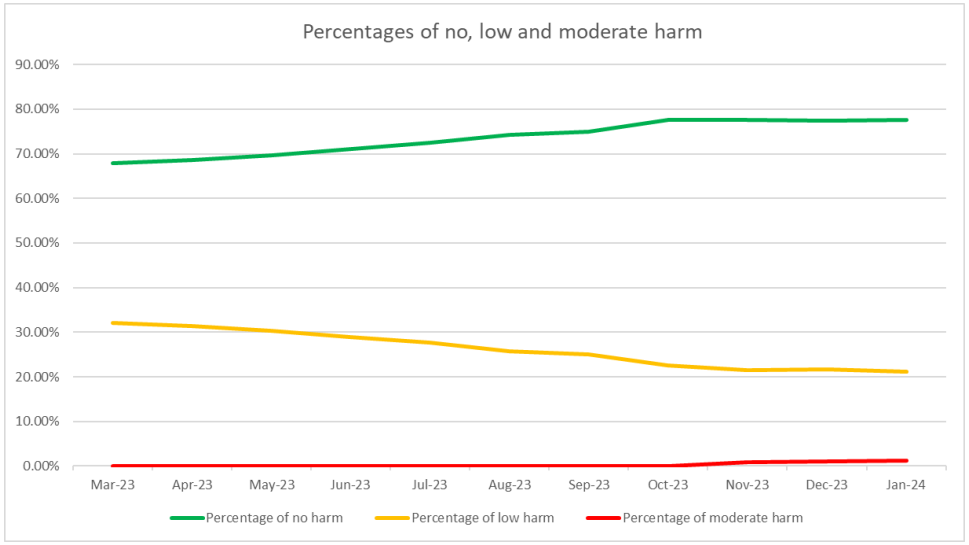
The service is routinely conducting a review of 10% of the harm proformas completed which equates to 49. Of the most recent review, 1 was revalidated as having no further harm occurring.

The below table and charts display the number of harm proformas completed and percentages of low and no harm - over an 11-month period.

18-week RTT	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Harm proformas completed	315	322	332	352	370	396	406	428	474	481	495
Number of low harm	101	101	101	102	102	102	102	102	102	104	105
Number of moderate harm	0	0	0	0	0	0	0	0	4	5	6
Percentage of no harm	67.90%	68.60%	69.60%	71.10%	72.40%	74.20%	74.90%	77.50%	77.65%	77.33%	77.57%
Percentage of low harm	32.10%	31.40%	30.40%	28.90%	27.60%	25.80%	25.10%	22.50%	21.51%	21.62%	21.21%
Percentage of moderate harm	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.84%	1.03%	1.21%

The current harms policy will be reviewed to ensure all services that have patients waiting over 52 weeks have harm reviews completed. Outcomes of harms reviews will be reviewed at divisional governance meetings with escalation to Patient Safety Committee.


Harm proformas completed
600
500
400
300
200
100
0
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24


Percentages of no, low and moderate harm
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Percentage of no harm
Percentage of low harm
Percentage of moderate harm

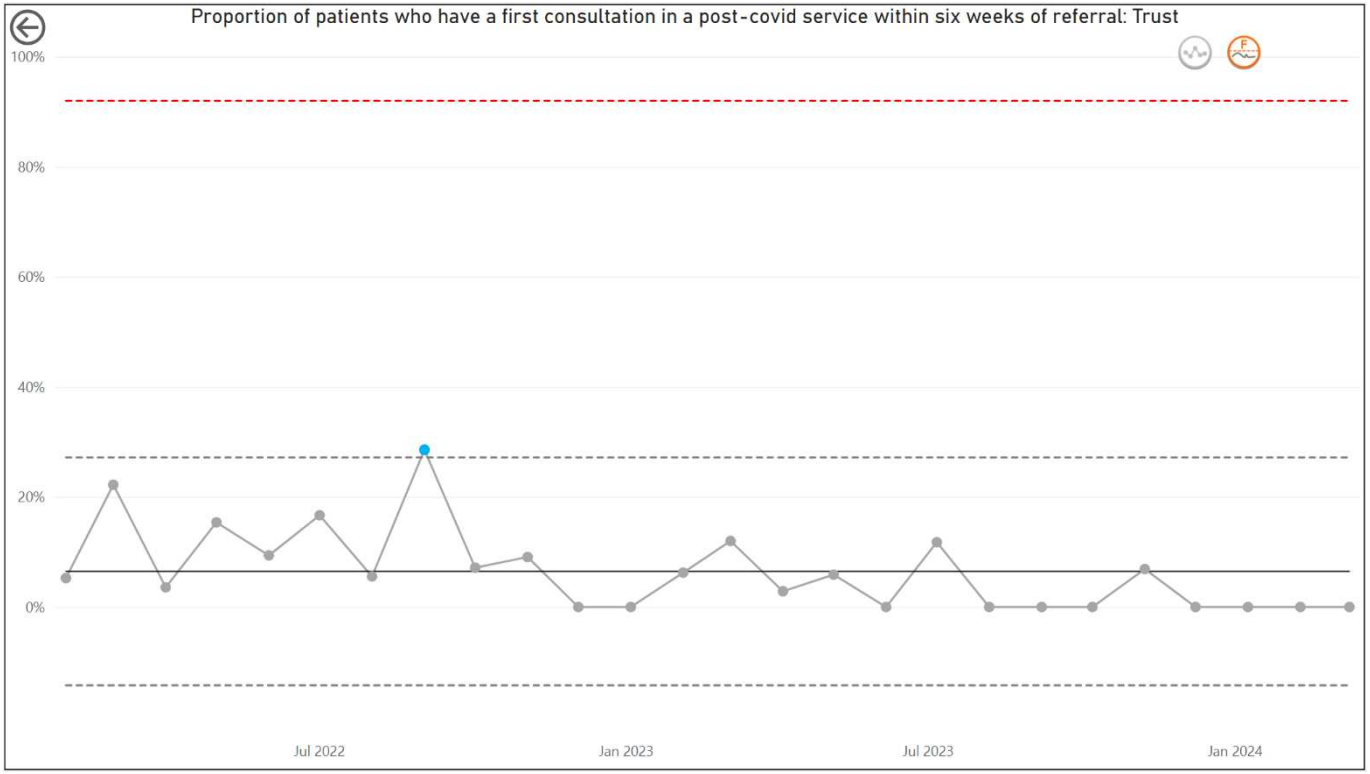
Responsive – Proportion of patients who have a first consultation in a post-covid service within six weeks of referral (92% target)

This indicator is the percentage of patients who have an initial assessment in a Post Covid service within 6 weeks of referral.

Performance = 0% →

The below is the current position for Long Covid patients being seen for their initial assessment within 6 weeks. The service has struggled with capacity to manage the demand of initial assessments and has carried a backlog due to staffing issues when the service was first launched. The funding allocation for this service is significantly less than the service had planned its workforce for, therefore, the service will continue to struggle to achieve the 6-week target with the capacity available with the new funding.

A revised workforce plan and service delivery approach to create the capacity required to work towards achieving the target of referral to assessment within 6 weeks has been implemented. We have changed our intervention delivery approach in the hope that it will improve the capacity of the current workforce to carry out more initial assessments. This is now reflected in the overall number of patients waiting for the initial assessment, this currently stands at 34 patients who have not had an appointment allocated or an opt in letter, with the highest waiting patient standing at 18 weeks. Despite the improved position, the prevention of harm to patients continues to be addressed by ensuring that they are fully triaged by the long covid GP to ensure that no patient is entering the service with an unknown or unaddressed clinical risk / concern. Patients are sent booklets and contact information following the triage process so should their condition deteriorate whilst waiting for the assessment, they can contact the service to report this, with view to expediting the referral. Harm proformas will be completed for patients waiting longer than 52 weeks for their initial assessment as well as for those patients it is deemed necessary as in alignment to other services.



Caring - New Birth Visits (NBV) % within 14 days

National target remains at 95% however commissioners in Shropshire have changed the local target to 90%

Combined Performance across county = 87.39% ↑ January

The overall percentage of New Birth Visits (NBVs) completed within targeted timescales for Shropshire, Telford & Wrekin increased from 79.31% in December to 87.39% in January

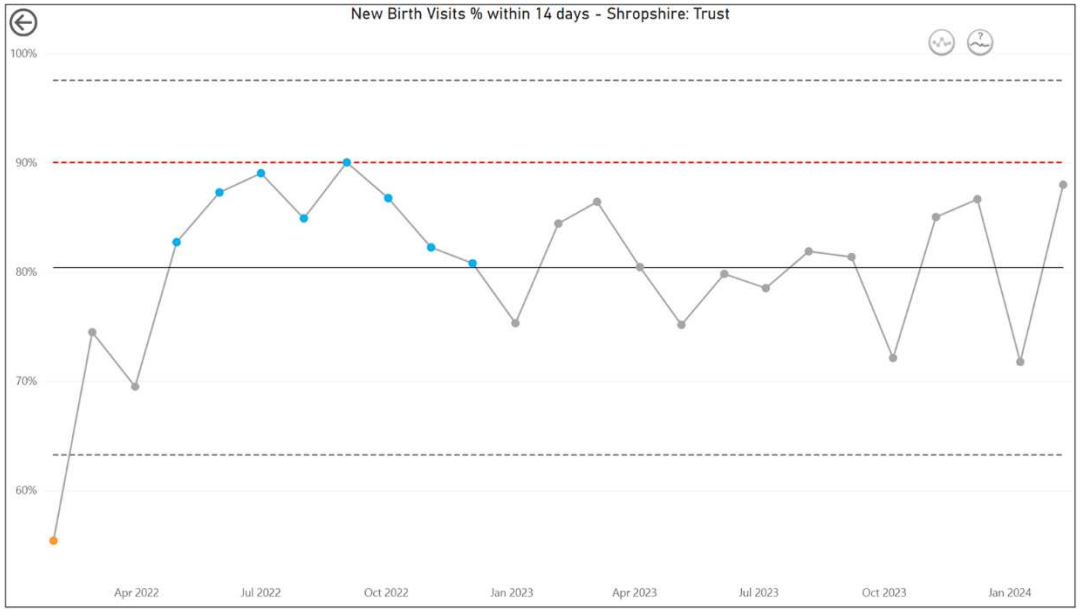
Shropshire NBV Target 90% of New Birth Visits to be completed within 14 days of birth (Shropshire)

Shropshire Performance = 86.96% January ↑

There was a total of 191 births in January, out of which, 23 visits were delivered out of timescales within Shropshire.

- 10 were due to parental choice of appointment date
- 7 due to babies being in the Neonatal Unit (NNU)
- 3 due to workforce capacity
- 2 Out of Area/transfers in (late notifications)
- 1 No access

Only 3 of the new birth visits completed out of timescales this month were due to staffing capacity, which is a marked improvement. Factors such as babies being in the Neonatal Unit and late notifications are outside the control of the service. Parental choice and availability is becoming the main reason for visits delivered outside the timeframe. Reasons for this include, parents requesting to rearrange the visit, family illness impacting on original appointment and declining appointments offered at the weekend (Bank). There continues to be a complexity within the workload (increased vulnerabilities, safeguarding concerns, development needs) and health visitors in the Central team particularly are carrying an increasingly time and labour-intensive caseload, due to the volume of Child Protection, Child In Need, Looked After Children and targeted work required. Out of the 23 NBV out of timeframe, 10 of these were completed on day 15 & 16.



Telford NBV

Target 95% of New Birth Visits to be completed within 14 days of birth

Performance = 86.62% January ↓

The Telford Team achieved 86.62% in January which is a decrease from the 88.73% achievement during December.

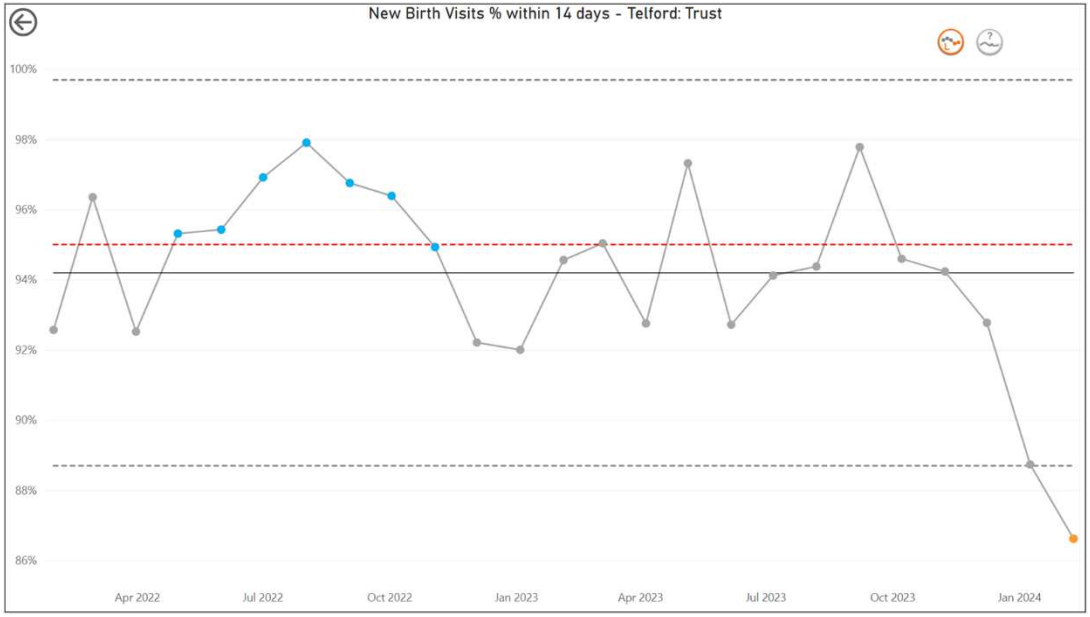
There were a total 142 births in January, of which, 123 New Birth Visits were completed within the timescale. Of the 19 visits that were recorded out of timescale: -

- 7 due to babies that were still in the Neonatal Unit (NNU) or taken to hospital
- 5 due to Parental Choice
- 2 due to child not being in the county (other location with family)
- 2 due to late notification from out of area transfers (Birmingham and Sandwell)
- 1 due to mother taken to hospital
- 1 due to not being able to contact parent
- 1 due to CHIS information being incorrect

Across both Teams 100% of all birth visits were eventually undertaken and no harm detected due to any delays in visit. No complaints (formal or informal) were reported when a visit was completed out of timescales.

Actions being undertaken:

- Close monitoring of new birth contacts, allocation and escalation for additional support/creative response to meet clinical capacity when needed.



The table below illustrates that families are now seen within 21 days with the overall seen within 21 days as 97.2%.

6 Month Summary

Row Labels	Within 14 Days	15-21 Days	22-28 Days	Above 28 Days	Grand Total
Shropshire	878	185	19	12	1094
Telford	779	49	6	9	843
Grand Total	**1657**	**234**	**25**	**21**	**1937**

Shropshire Locality - Summary by Month

Count of Local Facility ID Row Labels	Column Labels Within 14 Days	15-21 Days	22-28 Days	Above 28 Days	Grand Total
Aug-23	78.99%	19.33%	1.68%	0.00%	100.00%
Sep-23	82.18%	14.37%	1.15%	2.30%	100.00%
Oct-23	75.60%	22.01%	1.44%	0.96%	100.00%
Nov-23	86.27%	11.76%	1.96%	0.00%	100.00%
Dec-23	82.45%	13.83%	2.66%	1.06%	100.00%
Jan-24	76.00%	20.50%	1.50%	2.00%	100.00%
Grand Total	**80.26%**	**16.91%**	**1.74%**	**1.10%**	**100.00%**

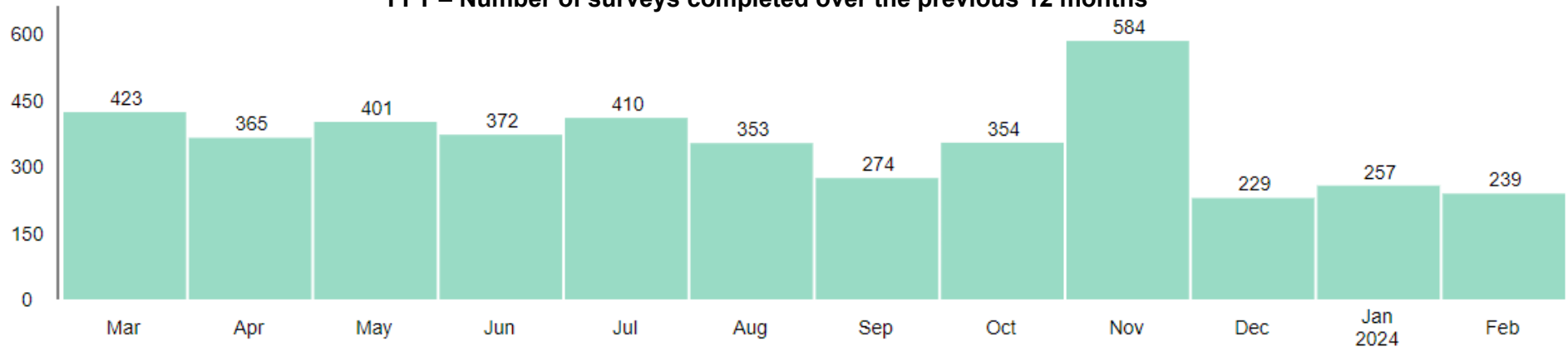
Caring - Friends & Family Test

The table below is an extract taken from the patient experience web system (IQVIA) which indicates responses across all Friends and Family Test (FFT) responses for the previous 12 months. For the latest position in February, 97% positive feedback was reported, the same as reported in January. In February, there were 239 responses received, with 257 reported in January. Responses for this time of year are lower than average, this time of year, however, these are lower than the same period last year, with 365 responses received in February 2023.

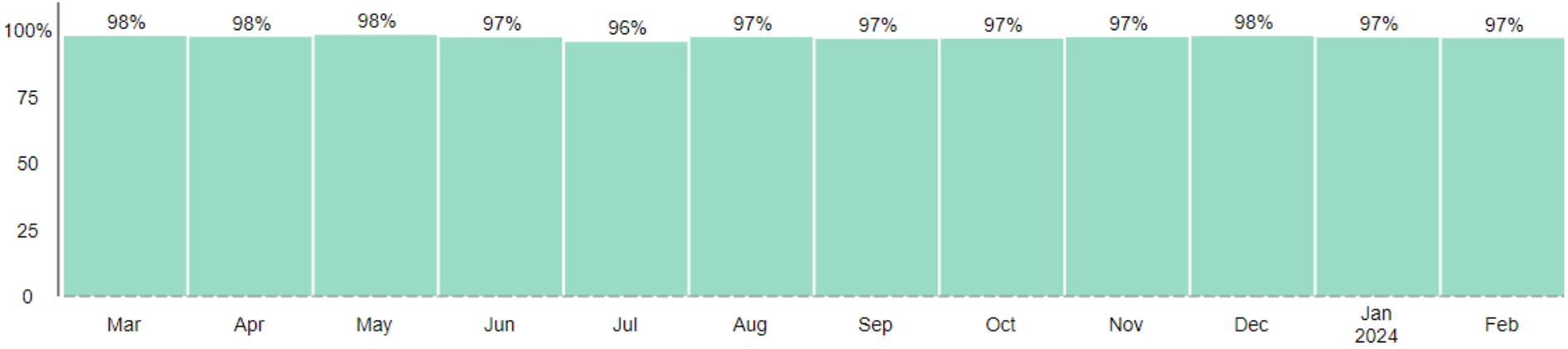
Negative feedback for the latest month again centered around communication, where often environment is the common theme. A well-attended training session was held this quarter with 50 staff including FFT champions, and other staff using the IQVIA FFT system. Talks are ongoing for the trust to implement action drivers, to alert service leads to actions required where negative feedback or concerns are logged.

We are also about to recruit volunteers to assist with FFT feedback and monitoring, such as making phone calls to patients. This has started in two hospitals with the inpatient survey already.

FFT – Number of surveys completed over the previous 12 months



FFT Results – Very Good and Good over the previous 12 months



Well Led - Mandatory Training Compliance

To ensure staff have the right skills to do their roles safely and effectively a minimum of 95% compliance against mandatory training will be achieved.

Performance = 92.61% ↓

Overall performance against the target declined slightly in February from 92.89% reported last month.

The main reason for overall non-compliance with the target over the last quarter is mainly due to the introduction of the Oliver McGowan Learning Disability and Autism training, with 83.3% reported in February, and Patient Safety - Level 2 (85.6%). For several months, these two competencies have been 10% or more under the 95% target. Teams are reporting some challenges with completing the Oliver McGowan training in terms of time it takes to complete and ensuring that it is recorded as completed on ESR. Team leaders are being asked to ensure that dedicated time is assigned to individuals, it has also been requested.

Mandatory Training areas not achieving compliance targets in February are described below.

- High Risk Fire Training - compliance improved by 9.5% in February to 75.46% from 65.95% in January. This improvement has been supported by action from the ESR learning compliance team.
- Basic Life Support (BLS) training stabilised to 82.9% for adults, from last month (79.58%), and 82.19% for Paediatric BLS, from last month (79.88%).
- Information Governance overall performance for January was reported at 90.2%, a 0.3% decline from 90.53% reported last month.

Monthly performance and professional standard meetings are in place to monitor mandatory training with operational teams led by the Associated Director for Workforce, Clinical Education & Professional Standards and HR colleagues. Action plans are developed and progress against them monitored. A combination of workload pressures and vacant operational manager posts is continuing to contribute to the current position. A new structure of ‘HR Surgeries’ will be introduced where HR Business Partners and Service Managers meet to analyse the detail around individuals whose Mandatory Training Compliance is poor. An action out of these meetings will be individual support and improvement plans to understand why their compliance is not as expected.

Well Led – Appraisal Rates

Supporting staff to achieve their potential through supported career conversations, our target is 95% of our staff to be compliant.

Performance = 83.24% ↑

Appraisal position in February was reported as 83.24%, a slight improvement in performance from 81.37% in January.

The focussed work at a team level had started to show some small improvements. Teams are being encouraged to plan in appraisals when there is an overlap of staffing during shift handovers, especially in the community hospitals.

Monthly meetings are in place to monitor appraisal recovery with operational teams led by the Associated Director for Workforce, Clinical Education & Professional Standards and HR colleagues. Action plans are developed and progress against them monitored. A combination of workload pressures, new staff, late entries on to ESR and vacant operational manager posts are contributing to the current position. A new structure of 'HR Surgeries' will be introduced where HR Business Partners and Service Managers will meet to analyse the detail around individual teams whose Appraisal Compliance is poor. An action out of these meetings will be to support individual team leaders with improvement plans to understand why their compliance is not as expected.

Meeting	Shropshire Community Health NHS Trust -Quality and Safety meeting
Meeting Date	March 2024
Paper Title	Guardian of Safe Working Hours Quarterly Report For the Shropshire Community Health NHS Trust 1 October – December 2023
Paper Written	March 2024
Author	Dr Bridget Barrowclough Guardian of Safe Working Hours (GoSW)

Executive Summary

The GoSW hours for Shrewsbury and Telford Hospital NHS Trust and for the Shropshire Community Health NHS Trust continues in the role since July 2016 to champion safe working hours and ensure compliance with an Exception Reporting system as mandated in the TCS Junior Doctor Contact 2016. Post graduate doctors and dentists in training and Locally Employed Doctors can use this process to report hours worked over, missed rest breaks, and differences in service commitments and variations in educational opportunities. The GoSW maintains an oversight of all reports and ensures that all reports are addressed in a timely manner.

High level data
Number of trainee doctors in the SCHCT :3

Exception reporting
In this quarter there were no exception reports filed by the Post graduate doctors in training working in the Shropshire Community Health NHS Trust.

Shropshire Community Health
NHS Trust

Flu Campaign 2023/24 Update

0. Reference Information

Author:	Fiona MacPherson, Head of People Services	**Paper date:**	27 March 2024
Executive Sponsor:	Clair Hobbs, Director of Nursing & Workforce	**Paper written on:**	21 March 2024
Paper Reviewed by:	Lisa Gibbons, Associate Director for People – Employee Relations and Occupational Health	**Paper Category:**	Workforce
Forum submitted to:	Board	**Paper FOIA Status:**	

1. Purpose of Paper

1.1. Why is this paper going to the Quality & Safety Committee and what input is required?

This paper is to provide the Board a summary report of the 2023/24 flu vaccination programme, our final position, the learning captured so far and our approach to the development of our 2024/25 flu vaccination programme.

Executive Summary

2.1 Context

Our ambition for this campaign was to achieve an uptake of staff flu vaccinations in line with the Quality Indicator 2023/24 Commissioning for Quality Innovation (CQUIN) of between 75% and 80% by the end of February 2024.

The programme commenced on 5th October 2023 and was co-ordinated by Occupational Health. A three-pronged approach to maximise delivery options for our patient facing staff was implemented.

For this campaign we achieved an uptake of 54.1% for frontline staff and 54.3% for all staff. Although this was lower than in previous years, it is reflective of the overall national picture which saw healthcare worker uptake figures drop. As of 31 January 2024, our performance was in the upper quartile being the sixth top performing Trust in the West Midlands Region, and the highest performing Trust in STW ICS (this is the available data at the time of writing the report).

The lessons learnt for this years' campaign will inform development of the 2024/25 flu programme.

2.2 Summary

This report gives an update of the following:

1. Final flu vaccination uptake for staff including comparison to previous years
2. Key learning captured from our 2023/24 campaign
3. Next steps for the planning or 2024/25 campaign

2.3. Conclusion

The Board is asked to note the information provided within this paper.

Flu Campaign 2023/24 Update

3 Main Report

3.1 Introduction

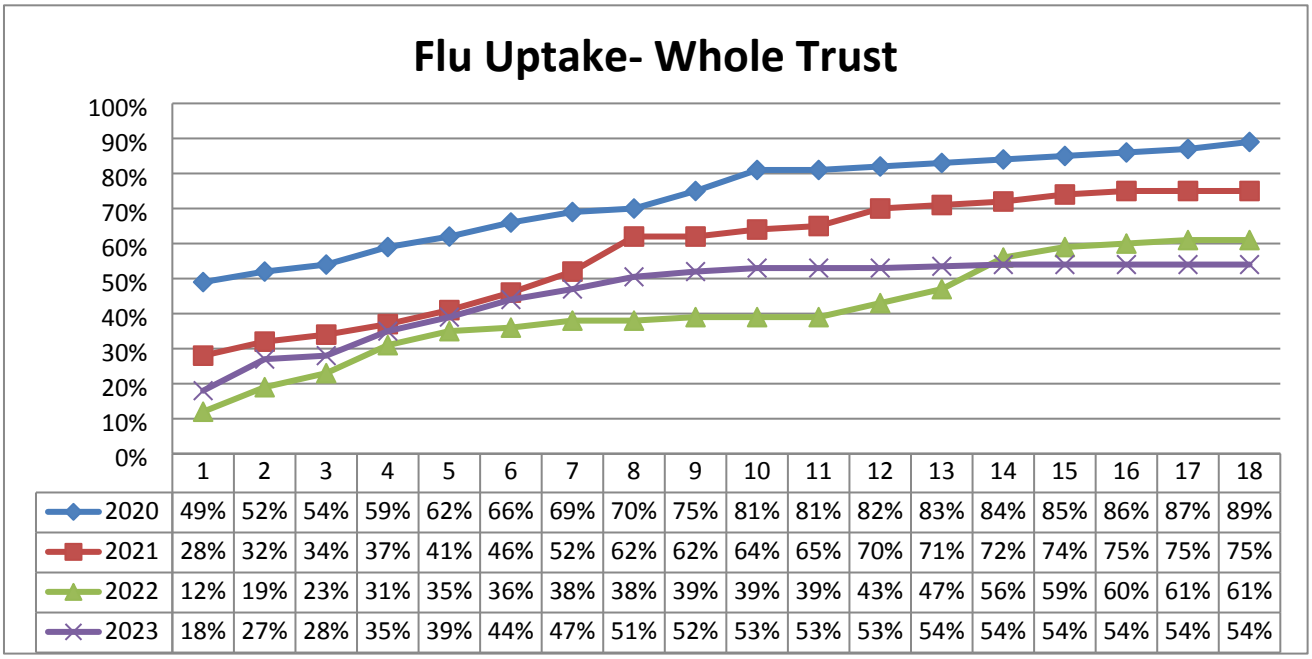
The annual flu programme saves thousands of lives every year, and reduces GP consultations, hospital admissions and pressures on A&E. Vaccinating our staff is essential in protecting both our workforce (and their families), our patients and all visitors to our community hospitals and services.

During this year's campaign 61 flu clinics (21 more than last year) were held across 22 Trust locations during the period October 2023 to February 2024. Additionally, any staff member attending the Occupational Health Department were offered the vaccine, as were any new starters to the Trust and there were peer vaccinators at 6 sites which included our Community Hospitals.

3.2 Final Flu Uptake Percentage

Final flu vaccination uptake was 54% (54.1% for frontline staff and 54.3% for all staff). Although this was lower than in previous years, it is reflective of the overall national picture which has seen a drop in healthcare worker uptake. It also should be noted that we were within the top 6 performing Trusts within the West Midlands Region as of 31 January 2024, and the top performing Trust in STW ICS

The table below shows our current uptake in comparison to previous years.



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
2020	49%	52%	54%	59%	62%	66%	69%	70%	75%	81%	81%	82%	83%	84%	85%	86%	87%	89%
2021	28%	32%	34%	37%	41%	46%	52%	62%	62%	64%	65%	70%	71%	72%	74%	75%	75%	75%
2022	12%	19%	23%	31%	35%	36%	38%	38%	39%	39%	39%	43%	47%	56%	59%	60%	61%	61%
2023	18%	27%	28%	35%	39%	44%	47%	51%	52%	53%	53%	53%	54%	54%	54%	54%	54%	54%

Our uptake in 2020 was the highest it has ever been, and we believe that was due to Covid vaccinations not being available at that time, with staff wanting to protect themselves as much as they could, given that covid infection rates were high. The 2021 uptake rates are more reflective of previous years where we have achieved between 70% and 75%.

Flu Campaign 2023/24 Update

For the first time we have reported on Directorate uptake based on our local data (vaccinations we have administered and where individuals have informed us they have been vaccinated):

Directorate	% uptake
Nursing / Quality / IPC	59%
Ops / Meds Management	26%
Trust Board / Medical / Strat / E&F	55%
Covid 19 Programme	29%
Digital	38%
Finance	48%
Governance	50%
HR and Workforce	48%
Safeguarding Children	77%
CYP&F	43%
Planned Care	33%
Urgent Care	32%
Community Services	34%

3.3 Actions for planning of 2024/25 campaign

For our 2024/25 flu vaccination programme we will set out to deliver a campaign that engages and educates staff, increases our peer vaccinator pool and ensures effective accessibility to the vaccine.

Our recent campaign finished at the end of February 2024 and whilst we continued to glean learning throughout the duration of it, a review has been undertaken to look at what worked well and what didn't, areas of the campaign that can be improved upon and feedback from staff. These will be considered whilst planning our next campaign.

Flu vaccinations as part of the Health & Wellbeing days worked well and staff liked the fact that they could access other services/information at these days e.g. Pension information at a 'one stop shop'.

Vaccine storage plays a big part in where our peer vaccinators can be based. We have secured additional fridges to enable us to look at extra bases for peer vaccinators. To aid the success of our next campaign peer vaccinators will be enlisted early with the guarantee that they will be afforded the time to undertake staff flu vaccinations as and when required, and line managers will also be engaged with to support the peer vaccinators locally. Peer Vaccinators will also be required to promote and champion the vaccination to their peers and colleagues, with the ability and confidence to articulate the rationale for the vaccine and give all the related information required to staff, as well as being able to counsel staff appropriately when there is reluctance to have the vaccine.

Next year's campaign will require greater promotion from our Communications team. This should include weekly flu updates, education on the vaccine, myth busting and promotion of the vaccine, via desktop, staff zone and Trust social media. Managers will also need to take responsibility of promoting the importance of the vaccine to their teams.

We reported for the first time, uptake figures by team and base; this enabled us to focus our communication in low uptake areas and this approach will continue next year.

Flu Campaign 2023/24 Update

Next Steps

- Undertake a staff survey on attitudes to flu vaccination, campaign feedback
- Identify peer vaccinators early and put appropriate support and training in place
- Source and place additional fridges in appropriate locations
- Undertake a data cleanse on ESR on staff bases to support more targeted work
- Review all our learning and develop a flu vaccination programme plan
- Commence the 2024-25 flu working group

3.4 Conclusion

The Board is asked to note the information provided within this paper

Shropshire Community Health NHS Trust

Chair's Assurance Report

Resource and Performance Committee Part 1 – 25th March 2024

0. Reference Information

Author:	Antigone Bracken Executive Assistant	**Paper date:**	4 April 2024
Executive Sponsor:	Peter Featherstone, RPC Chair	**Paper written on:**	26th March 2024
Paper Reviewed by:	N/A	**Paper Category:**	Governance
Forum submitted to:	Trust Board	**Paper FOIA Status:**	Full

1. Purpose of Paper

1.1. Why is this paper going to the Board and what input is required?

This paper presents a summary of the Resource and Performance Committee meeting held on 25th March 2024 for assurance purposes.

2. Executive Summary

2.1 Summary

- The meeting was well attended.
- The agenda items included:
    - Finance and capital report
    - Annual budget setting
    - Integrated Performance report
    - Benchmarking update
    - 2024/25 CIP Progress Update
    - Apprenticeship Levy
    - Virtual Ward
    - Estates Strategy Update and Environmental Quarterly Update
    - Green plan 6 monthly update
    - Annual Declaration of Data Security and Protection Toolkit Status
    - Review of BAF
    - Workplan

2.3. Conclusion

The Board is asked to note the Chair's Report for assurance purposes.

Shropshire Community Health
NHS Trust

Chair's Assurance Report

Resource and Performance Committee Part 1 – 25th March 2024

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Board from the Resource and Performance Committee which met on 25th March 2024. The meeting was quorate with three Non-Executive Directors, one associate Non-Executive Director and three Executive Directors present. A full list of the attendance is outlined below:

Chair/ Attendance:	
Peter Featherstone	Non-Executive Director (RPC Chair)
Sarah Lloyd	Chief Finance Officer
Shelley Ramtuhul	Trust Secretary/Director of Governance
Claire Horsfield	Director of Operations
Harmesh Darbhanga	Non-Executive Director
Jill Barker	Associate Non-Executive Director
Jonathan Gould	Deputy CFO
Steve Price	Head of Information & Performance Assurance (part meeting)
Alison Sargent	Non-Executive Director
Sam Townsend	Divisional Clinical Lead ACS (part meeting)
Michael Price	Procurement Management Centre Lead (part meeting)
Sarah Allan	Associate Director of Workforce and Resourcing
Antigone Bracken	Executive Assistant (Minutes)

Apologies:	
Clair Hobbs	Director of Nursing, Clinical Services and Workforce
Patricia Davies	Chief Executive Officer
Tina Long	Interim Trust Chair
Jon Davis	Associate Director of Digital Services
Gemma McIver	Deputy Director of Operations

3.2 Actions from the Previous Meeting

The Committee reviewed all open actions from previous meetings, none of which are outstanding.

3.3 Key Agenda

The Committee received all items required on the work plan with an outline provided below for each.

Agenda Item / Discussion	Assured (Y/N)	Assurance Sought
7. Finance and Capital report		
The Committee considered the financial performance at Month 11 and noted SCHT has a small favourable variance to our plan at this stage of the year.	Y	

Chair's Assurance Report

Resource and Performance Committee Part 1 – 25th March 2024

The forecast is to meet the annual plan of breakeven but aim to maintain the small surplus if possible. There will be a similar number of areas of focus in 2024-25 with higher risk areas being agency, recruitment and vacancies, CIP and activity delivery. SCHT's existing rigorous controls will continue. A draft plan for 2024/25 has been submitted with work on the final plan underway.		
8. Annual budget setting		
The Committee noted national planning guidance has not been received. If this, or any other changes in the final version of our 2024/25 plan impact upon our budgets, then these will be amended through established governance and approval routes. The Committee noted the draft financial plan was approved at an extraordinary Board meeting. **The Committee reviewed the presented information and recommended the 2024/25 opening budgets to the Trust Board for approval.**	Y	
9. Integrated performance report		
The Committee received the report and noted that most areas which are off track related to access and waiting times, and these have been reviewed at AAPC. The Committee requested further consideration in relation to the presentation of the report and the appended action plans. It is proposed that consideration be given to a further AAPC meeting to review end of year performance and the 2024/25 plans and recommend next steps to the Trust Board given this is a time-limited committee.	Y	
10. Benchmarking paper		
The Committee received the benchmarking paper on elective RTT performance and productivity work underway. Performance on RTT services has been above average but deteriorated following the introduction of MSST. Improvement is forecast from May 2025 based on the current actions and timescales. The Productivity Improvement Group is identifying opportunities for improvement.	Y	

Shropshire Community Health NHS Trust

Chair's Assurance Report

Resource and Performance Committee Part 1 – 25th March 2024

11. 2024/25 CIP Progress Update		
The Committee acknowledged the Trust's current CIP target for 2024-25 is £3.1m with a material amount still to identify. Governance structures to enable this are in place. Consideration is being given as to what support is required to increase capacity to deliver at pace.	Partial	
12. Agency/Bank Usage update		
The Committee noted the increase in agency usage in January and February and that it is now at the highest level since the start of the year. This is due to covering vacancies within the Sub Acute Wards. Recruitment has progressed however not all staff have started work with the Trust. SL confirmed the national agency spend target for 2024-25 will not be met based on current information. RPC requested continued focus and reporting on agency and bank spend. Additional reporting in relation to the actions being taken and likely dates of agency reduction is required to increase assurance.	Partial	
13. Apprenticeship Levy		
The Committee acknowledged position of the Apprenticeship Levy and that the system is establishing a workforce apprenticeship. The Committee requested that People Committee undertake an in depth analysis of the levy and review whether SCHT is gaining maximum benefit.	Partial	
14. Virtual Ward		
The Committee acknowledged that SCHT step up referrals have received national recognition and the GIRFT review confirmed step up/step down pathways are working well. The Committee accepted the report, suggesting that future reports improve focus on benchmarking and performance.	Y	
15. Estates Strategy Update and Environmental Quarterly update		
The Committee gained assurance in relation to the Trust's estate. Car parking at Trust sites was discussed and it was noted that this is challenging in some areas, with a Task and Finish Group looking at additional options.	Y	

Chair's Assurance Report

Resource and Performance Committee Part 1 – 25th March 2024

The impact of potential RAAC was discussed noting this is under review and all necessary actions are in place; this is not in relation areas accessed by our patients or staff.		
16. Green Plan 6 monthly update		
The Committee acknowledge the work being undertaken against the Green Plan and that progress is on track.	Y	
17. Annual declaration of Data Security and Protection toolkit status		
The Committee noted that assurance of the DSPT now sits with the Audit Committee and will be removed from the RPC work plan.	N/A	
18. Review of BAF		
The Committee discussed the updates within the BAF and requested changes to this report to show how risks are changing over time. The DoG is to progress this work.	Y	
19. Workplan		
The Committee requested the work plan be amended in line with comments made during the meeting.	N/A	
20. Items for Information		
the Contract Management Group Terms of Reference were considered and approved.	N/A	

3.4 Approvals

The Committee approved:

- The 2024/25 Opening Budgets were reviewed and recommended to the Trust Board for approval.
- The Contract Management Group Terms of Reference.

3.5 Risks to be Escalated

In the course of its business the Committee did not identify any new risks that required escalation although a number of areas which require additional attention were highlighted, as noted within this report.

4. Conclusion

The Board of Directors is asked to note the meeting that took place and the assurances obtained.

Shropshire Community Health
NHS Trust

Performance Update

Author:	Steve Price, Head of Information and Performance Assurance Operational Leads	**Paper date:**	**4th April 2024**
Executive Sponsor:	Sarah Lloyd, Director of Finance Claire Horsfield, Director of Operations	**Paper written on:**	**25th March 2024**
Paper Reviewed by:	Resource and Performance Committee	**Paper Category:**	Performance
Forum submitted to:	Trust Board	**Paper FOIA Status:**	Full

1. Purpose of Paper

1.1. Why is this paper going to the Board of Directors and what input is required?

The purpose of this report is to provide oversight of the key performance indicators included within the Trust's Performance Framework.

The paper is intended to provide information and assurance and consider for action.

2. Executive Summary

2.1 Context

The purpose of this report is to provide oversight and an assessment of the key areas of performance relevant to the Trust's updated Performance Framework.

This report focuses on the measures relevant to the Resource & Performance Committee as actions being taken in relation to performance indicators considered by the Quality and Safety Committee and People Committee are reported separately to the Trust Board.

2.2 Summary

The key points for the Trust Board to consider are:

- There are 60 performance indicators reported in this period across all committees.
- The table below summarises the number of KPIs highlighted as a concern against each responsible committee. 32 indicators are highlighted as a concern (53.3%), although there are interdependencies across many of these.

Committee	Variation concern	Assurance concern	Both Variation and Assurance	Total KPIs reviewed	Total Requiring Attention
People	2	8	4	**19**	**14 (73.7%)**
Quality & Safety	2	3	2	**16**	**7 (43.8%)**
Resource & Performance	2	4	5	**25**	**11 (44%)**

Each Committee is responsible for reviewing its KPIs, seeking assurance and agreeing actions to improve performance where required, and subsequent reporting to the Board.

Performance Update

Of the KPIs that the Resource and Performance Committee is responsible for, the following are currently highlighted as special cause variation of a concerning nature and/or the process is not capable and will fail the target without process redesign:

Two KPI are a variation concern only – special cause variation of a concerning nature.

1. Outpatient follow-up activity levels compared with 2019/20 baseline.
2. Financial efficiency – variance from efficiency plan

Four KPI are an assurance concern only - the process is not capable and will fail the target without process redesign.

1. Total patients waiting more than 65 Weeks to start consultant-led treatment (National target).
2. Total patients waiting more than 52 Weeks to start consultant-led treatment (National target)
3. Total elective activity undertaken compared with 2019/20 baseline.
4. Data Quality Maturity Index

Five KPI are both an assurance concern *and* special cause variation concern.

1. 18 week Referral to Treatment (RTT) incomplete pathways (National target)
2. Proportion of patients within 18 weeks (Local target)
3. Total patients waiting more than 78 Weeks – All services (Local target)
4. Total patients waiting more than 65 Weeks – All services (Local target)
5. Total patients waiting more than 52 Weeks – All services (Local target)

The list of KPIs which are of concern is largely unchanged from the last report; Financial efficiency – variance from efficiency plan is now flagged as having a variation concern.

Action Plans have been developed by Operational colleagues and included as Appendix 3 for the measures flagged as a concern in this report except for the finance measure which was reported to Resource and Performance Committee within the Finance report.

As of February 2024:

Measure	Nationally Mandated Referral to Treatment (Consultant-led Services)	Local Waiting List Management (All Services)
Patients waiting over 52 weeks	37	589
Patients waiting over 65 weeks	2	295
Patients waiting over 78 weeks	0	150
Patients waiting over 104 weeks	0	0

The 2 patients waiting over 65 Weeks to start consultant-led treatment are within Dental and have been waiting 66 and 67 weeks as of 29th February 2024.This is a slight deterioration in the month.

Performance Update

There is improvement in the 'Total patients waiting more than 52 Weeks to start consultant-led treatment' due to the transfer of MSST Rheumatology to RJAH that is taking place between February and April.

At the end of February there were 589 patients waiting over 52 weeks across Trust services, 295 patients waiting over 65 weeks and 150 patients waiting over 78 weeks, although there were no patients waiting over 104 weeks. This is a deterioration from the last report to the Board.

The measures relating to waiting times and RTT are likely to fluctuate as the implementation and transition of the system wide MSK transformation programme continues to embed. The increase in reported pathways for the Trust is significant which will require additional validation efforts, with limited capacity, and this could affect our performance. This is under close review by Operational teams within the programme.

18 week Referral to Treatment (RTT) incomplete pathways has deteriorated again from 53.73% in January to 51.2% in February, which largely relates to the revised MSK pathway.

The time-limited Access and Activity Performance Committee reviews performance in relation to waiting times and access to our services in further detail.

Please note that the RTT measures for February are subject to change as the validation for the national submission continued at the time of preparing the paper/dashboards.

The Board should note that whilst other performance indicators are not flagged as an area of concern there are instances where the dashboards/SPC charts are showing that an indicator/process will not consistently hit or miss the target. Further details are included in the appendices should members wish to review this position.

2.3. Conclusion

The Trust Board is asked to:

- **Consider** the Trust's performance to date and the actions being taken to minimise risks and improve performance where required.
- **Consider** the development of action plan reporting and if any amendments are required in order to provide adequate assurance to the Board in relation to the actions being taken to improve performance.

Performance Update

3. Main Report

3.1 Introduction

Following approval by the Board of the Performance Framework, a revised set of KPIs was agreed for monitoring the Trust's performance. The full list of KPIs monitored across all three of our committees is shown in Appendix 1 of this document.

The dashboards include icons that describe both variation and assurance against target. Appendix 2 includes more detail on the icon descriptions.

3.2 Summary of key points in report

There are a total of 60 performance indicators reviewed by our committees. Actions being taken in relation to performance indicators considered by the Quality and Safety Committee and People Committee are reported separately to the Trust Board.

This report focuses on the 25 indicators which are reviewed by the Resource & Performance Committee (RPC). Of these, 11 require particular focus with 9 of the 11 relating to access to services and waiting times and many showing a deterioration in performance, some of which is a consequence of the introduction of the system wide MSK service.

SPC charts are presented within this report. These charts present the actual trend line itself; the red dotted line is the target and the two dotted grey lines the control limits one upper and one lower. The **blue data points indicate a positive theme** and the **amber a concerning one.**

As noted above, there are 11 KPIs which require additional consideration from a resource or performance perspective.

Action plans for 10 of the 11 KPIs which require additional consideration are appended to this report, within Appendix 3. These plans set out the actions being taken to improve performance and associated timelines. As these action plans are under development the Board is asked to consider whether the templates require any refinement in order to deliver adequate assurance to Committees and the Board.

No action plan is presented within this paper for the 'Financial Efficiency – variance from plan' KPI on the basis that this is reported in full through the Finance paper presented to the Board meeting.

3.3 Key Issues & Recommendations

The key issues are summarised within this report and appendices.

Performance Update

3.4 Conclusion

The Trust Board is asked to:

- **Consider** the Trust's performance to date and the actions being taken to minimise risks and improve performance where required.

- **Consider** the development of action plan reporting and if any amendments are required in order to provide adequate assurance to the Board in relation to the actions being taken to improve performance.

NHS
Shropshire Community Health
NHS Trust

Resource and Performance Committee – SPC Summary
Month 11 (February) 2023/2024 Performance

Committee	Domain	Metric	Latest Date	Variation	Month Value	Month Target	Month Variance	YTD	YTD Target	YTD Variance	Assurance
Resource & Performance Committee	Responsive	18 week Referral To Treatment (RTT) incomplete pathways	2024-02-29		51.20%	92.00%	-40.80%	51.20%	92.00%	-40.80%	
Resource & Performance Committee	Use of Resources	Agency spend - compared to the agency ceiling	2024-02-29		149.23%	100.00%	49.23%	149.23%	100.00%	49.23%	
Resource & Performance Committee	Use of Resources	Agency spend - Price cap compliance	2024-02-29		82.77%	100.00%	-17.23%	82.77%	100.00%	-17.23%	
Resource & Performance Committee	Effective	Available virtual ward capacity per 100k head of population	2024-02-29		33.65	33.65	0.00	33.65	33.65	0.00	
Resource & Performance Committee	Responsive	Community Equipment Store - Response within 7 days	2024-01-31		94.11%	95.00%	-0.89%	90.21%	95.00%	-4.79%	
Resource & Performance Committee	Responsive	CQC Conditions or Warning Notices	2024-02-29		0	0	0	0	0	0	
Resource & Performance Committee	Effective	Data Quality Maturity Index	2023-11-30		94.4%	95.0%	-0.6%	94.4%	95.0%	-0.6%	
Resource & Performance Committee	Responsive	Diagnostics for Audiology and Ultrasound - DM01	2024-02-29		100.00%	99.00%	1.00%	100.00%	99.00%	1.00%	
Resource & Performance Committee	Use of Resources	Financial efficiency - variance from efficiency plan	2024-02-29		141.02%	0.00%	141.02%	141.02%	0.00%	141.02%	
Resource & Performance Committee	Use of Resources	Financial stability - variance from break-even	2024-02-29		5.42%	0.00%	5.42%	5.42%	0.00%	5.42%	
Resource & Performance Committee	Responsive	Number of patients not treated within 28 days of last minute cancellation	2024-02-29		2	0	2	2	0	2	
Resource & Performance Committee	Effective	Outpatient follow-up activity levels compared with 2019/20 baseline	2024-02-29		112.54%	75.00%	37.54%	80.89%	75.00%	5.89%	
Resource & Performance Committee	Responsive	Proportion of patients spending more than 12 hours in an emergency de...	2024-02-29		0.00%	1.99%	-1.99%	0.00%	1.99%	-1.99%	
Resource & Performance Committee	Responsive	Proportion of patients within 18 weeks	2024-02-29		58.26%	92.00%	-33.74%	58.26%	92.00%	-33.74%	
Resource & Performance Committee	Effective	Total activity undertaken against current year plan	2024-02-29		96.22%	100.00%	-3.78%	99.14%	100.00%	-0.86%	
Resource & Performance Committee	Effective	Total diagnostic activity undertaken compared with 2019/20 baseline	2024-02-29		177.78%	120.00%	57.78%	152.43%	120.00%	32.43%	
Resource & Performance Committee	Effective	Total elective activity undertaken compared with 2019/20 baseline	2024-02-29		128.27%	104.00%	24.27%	94.44%	104.00%	-9.56%	
Resource & Performance Committee	Responsive	Total patients waiting more than 104 weeks - all services	2024-02-29		0	0	0	0	0	0	
Resource & Performance Committee	Responsive	Total patients waiting more than 104 weeks to start consultant-led treatm...	2024-02-29		0	0	0	0	0	0	
Resource & Performance Committee	Responsive	Total patients waiting more than 52 weeks - all services	2024-02-29		589	0	589	589	0	589	
Resource & Performance Committee	Responsive	Total patients waiting more than 52 weeks to start consultant-led treatme...	2024-02-29		37	0	37	37	0	37	
Resource & Performance Committee	Responsive	Total patients waiting more than 65 weeks - all services	2024-02-29		295	0	295	295	0	295	
Resource & Performance Committee	Responsive	Total patients waiting more than 65 weeks to start consultant-led treatme...	2024-02-29		2	0	2	2	0	2	
Resource & Performance Committee	Responsive	Total patients waiting more than 78 weeks to start consultant-led treatm...	2024-02-29		0	0	0	0	0	0	
Resource & Performance Committee	Responsive	Total patients waiting more than 78 weeks - all services	2024-02-29		150	0	150	150	0	150	

Quality and Safety Committee – SPC Summary
Month 11 (February) 2023/2024 Performance

Committee	Domain	Metric	Latest Date	Variation	Month Value	Month Target	Month Variance	YTD	YTD Target	YTD Variance	Assurance
Quality & Safety Committee	Well Led	Acting to improve safety - safety culture theme in the NHS staff survey	2024-02-29		6.1	6.3	-0.2	6.1	6.3	-0.2	
Quality & Safety Committee	Safe	Category 4 Pressure Ulcers	2024-02-29		2	0	2	2	0	2	
Quality & Safety Committee	Safe	Clostridium difficile infection rate	2024-02-29		3.00	0.00	3.00	3.00	0.00	3.00	
Quality & Safety Committee	Responsive	Complaints - (Open) % within response timescales	2024-02-29		100.00%	95.00%	5.00%	47.06%	95.00%	-47.94%	
Quality & Safety Committee	Safe	Compliance with CQC Medicines Management	2024-02-29		98.77%	95.00%	3.77%	98.13%	95.00%	3.13%	
Quality & Safety Committee	Safe	Consistency of reporting patient safety incidents	2023-06-30		83.33%	100.00%	-16.67%	83.33%	100.00%	-16.67%	
Quality & Safety Committee	Effective	Deaths - unexpected	2024-02-29		0	0	0	0	0	0	
Quality & Safety Committee	Safe	E. coli bloodstream infection rate	2024-02-29		0.00	0.00	0.00	0.00	0.00	0.00	
Quality & Safety Committee	Safe	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection...	2024-02-29		0	0	0	0	0	0	
Quality & Safety Committee	Safe	National Patient Safety Alerts not completed by deadline	2024-02-29		0	0	0	0	0	0	
Quality & Safety Committee	Safe	Never Events	2024-02-29		0	0	0	0	0	0	
Quality & Safety Committee	Caring	New Birth Visits % within 14 days - Shropshire	2024-01-31		87.96%	90.00%	-2.04%	80.18%	90.00%	-9.82%	
Quality & Safety Committee	Caring	New Birth Visits % within 14 days - Telford	2024-01-31		86.62%	95.00%	-8.38%	93.33%	95.00%	-1.67%	
Quality & Safety Committee	Well Led	Overall CQC Rating	2024-02-29		Good	Good		Good	Good		
Quality & Safety Committee	Responsive	Proportion of patients who have a first consultation in a post-covid servic...	2024-02-29		0.00%	92.00%	-92.00%	3.16%	92.00%	-88.84%	
Quality & Safety Committee	Safe	Serious Incidents (reported)	2024-02-29		0	0	0	12	0	12	

People Committee – SPC Summary
Month 11 (February) 2023/2024 Performance

Committee	Domain	Metric	Latest Date	Variation	Month Value	Month Target	Month Variance	YTD	YTD Target	YTD Variance	Assurance
People Committee	Well Led	Aggregate score for NHS staff survey questions that measure perception ...	2024-02-29		7.2	7.3	-0.1	7.2	7.3	-0.1	
People Committee	Well Led	Appraisal Rates	2024-02-29		83.24%	95.00%	-11.76%	81.76%	95.00%	-13.24%	
People Committee	Well Led	CQC well-led rating	2024-02-29		Good	Good		Good	Good		
People Committee	Well Led	Leaver rate	2024-02-29		11.87%	9.60%	2.27%	11.87%	9.60%	2.27%	
People Committee	Well Led	Mandatory Training Compliance	2024-02-29		92.61%	95.00%	-2.39%	92.61%	95.00%	-2.39%	
People Committee	Well Led	Net Staff in Post Change	2024-02-29		27.26	0.00	27.26	10.81	0.00	10.81	
People Committee	Well Led	Proportion of staff in senior leadership roles who are from a) a BME back...	2024-02-29		9.09%	16.00%	-6.91%	9.09%	16.00%	-6.91%	
People Committee	Well Led	Proportion of staff in senior leadership roles who are from b) are women	2024-02-29		72.73%	64.00%	8.73%	72.73%	64.00%	8.73%	
People Committee	Well Led	Proportion of staff in senior leadership roles who are from c) are disabled...	2024-02-29		4.55%	3.60%	0.95%	4.55%	3.60%	0.95%	
People Committee	Well Led	Proportion of staff who agree that their organisation acts fairly with regar...	2024-02-29		56.50%	64.20%	-7.70%	56.50%	64.20%	-7.70%	
People Committee	Well Led	Proportion of staff who say they have personally experienced harassment...	2024-02-29		6.5%	0.0%	6.5%	6.5%	0.0%	6.5%	
People Committee	Well Led	Proportion of staff who say they have personally experienced harassment...	2024-02-29		10.6%	0.0%	10.6%	10.6%	0.0%	10.6%	
People Committee	Well Led	Proportion of staff who say they have personally experienced harassment...	2024-02-29		21.1%	0.0%	21.1%	21.1%	0.0%	21.1%	
People Committee	Well Led	Proportion of temporary staff	2024-02-29		10.4%	3.4%	7.0%	7.6%	3.4%	4.2%	
People Committee	Well Led	Sickness Rate	2024-02-29		5.50%	4.50%	1.00%	5.50%	4.50%	1.00%	
People Committee	Well Led	Staff survey engagement theme score	2024-02-29		7.1	7.2	-0.1	7.1	7.2	-0.1	
People Committee	Well Led	Total shifts exceeding NHSI capped rate	2024-02-29		240	0	240	200	0	200	
People Committee	Well Led	Total shifts on a non-framework agreement	2024-02-29		0	0	0	14	0	14	
People Committee	Well Led	Vacancies - all	2024-02-29		15.32%	8.00%	7.32%	12.86%	8.00%	4.86%	

Icon Descriptions

Variation	Assurance: P	Assurance: ?	Assurance: F	Assurance: (blank)
H	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. Assurance cannot be given as there is no target.
L	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. Assurance cannot be given as there is no target.
(common cause)	Common cause variation, **NO SIGNIFICANT CHANGE**. This process is capable and will consistently **PASS** the target if nothing changes.	Common cause variation, **NO SIGNIFICANT CHANGE**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Common cause variation, **NO SIGNIFICANT CHANGE**. This process is not capable and will **FAIL** the target without process redesign.	Common cause variation, **NO SIGNIFICANT CHANGE**. Assurance cannot be given as there is no target.
H	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. Assurance cannot be given as there is no target.
L	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. Assurance cannot be given as there is no target.
↗				Special cause variation of an increasing nature where **UP** is not necessarily improving or concerning. Assurance cannot be given as there is no target.
↘				Special cause variation of an increasing nature where **DOWN** is not necessarily improving or concerning. Assurance cannot be given as there is no target.
(blank)				There is not enough data for an SPC chart, so variation and assurance cannot be given. Assurance cannot be given as there are no process limits.

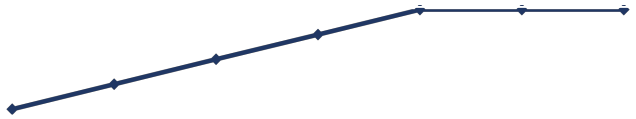
Exception Report - Action Plan

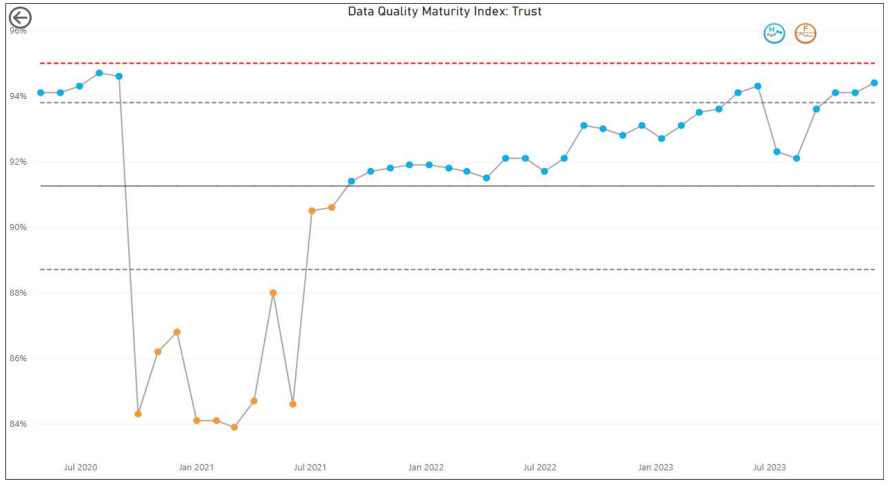
Data Quality Maturity Index

Data Quality Maturity Index as calculated by NHS England. Based on datasets submitted by SCHT

KPI Description	Latest 6 months	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	YTD
DQMI	%	92.30%	92.10%	93.60%	94.10%	94.10%	94.40%	94.4%
	Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

Trajectory	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
%	94.2%	94.4%	94.6%	94.8%	95.0%	95.0%	95.0%





Reason for performance gap:	Performance dropped in June/July 2023 following a number of errors highlighted in the dataset submissions as the Trust implemented the new version of a dataset submission standard. The datasets have been corrected and resubmitted. However, data quality issues still exist in several data items of MIU eg Chief Complaint, Clinical Coding for Admitted Patient Care, Ethnicity and Spoken Language. The main area of challenge impacting this metric is in relation to compliance re recording of ethnicity. Education to teams re importance and relevance of capturing this metric is ongoing. Challenges with admin capacity (aligned to NHS controls) to ensure this action is completed has had an impact however working with informatics to see how certain fields that support improving data quality become mandatory for completion.				
Action Plan		**Start Date**	**End Date**	**Status**	**Outcome**
	Data Quality Sub-Group to have representation from all divisions	Jan-24	Mar-24	On track	Membership at the DQ meeting has been reviewed from an ops perspective with dedicated representation from each division aligned to support.
	Implementation of new Divisional performance and Quality meetings in line with new divisional structure to ensure reporting is embeded into governance structures not just reflected in the improvment group	Mar-24	Apr-24	On track	Plans in place to include data quality as standard agenda item. Meetings are up and running with further action to include other corporate services
	Work with RIO teams re mandatory fields that must be completed before further data can be input	Jan-24	Apr-24	Ongoing	Ethnicity is a mandatory field in Rio, further investigation required for other areas

Author	Alastair Campbell/Helen Cooper/Mark Onions	**Date**	09/02/2024
Accountable Officer Approval	Claire Horsfield	**Date**	14/03/2024

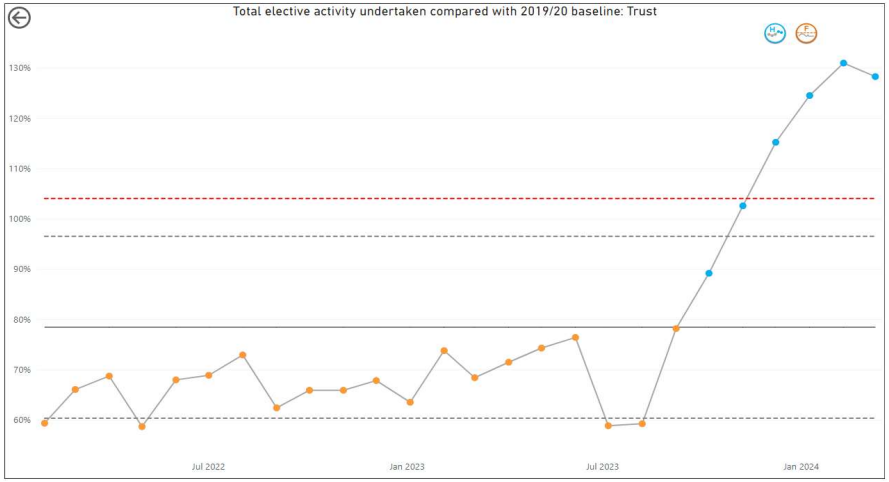
Exception Report - Action Plan

Total elective activity undertaken compared with 2019/20 baseline

Total elective activity undertaken compared with 2019/20 baseline. Calculated in line with NHSE SOF including working days comparison

KPI Description	Latest 6 months	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	YTD
Elective activity	%	89.15%	102.58%	115.21%	124.50%	130.96%	128.27%	
	Target	104.0%	104.0%	104.0%	104.0%	104.0%	104.0%	104.0%

Trajectory	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
%	130.0%	130.0%	130.0%	130.0%	130.0%	130.0%	130.0%



Reason for performance gap:	An improving position can be seen in total elective activity undertaken compared with 2019/20 baseline. We remain on track to achieve the target trajectory of 130% for February and a month on month improved position has been demonstrated. This has mainly been achieved through improved clinic utilisation across MSST. It is anticipated this will stabilise following the migration of Orthopedics and Rhumetology. Some areas are below plan and MSST has enabled the Trust to provide an improved picture overall. Dental activity continues to be below the target due to the challenges with the theatre list provision. Although this has improved for January with SaTH providing 2 lists and notification of lists for February and 2 lists for March. APCS remains below plan with locum support being aligned to support this recovery.				
Action Plan		**Start Date**	**End Date**	**Status**	**Outcome**
	Transition of TeMS Rheumatology new patients into MSST transfering activity/ pathways to RJAH	Feb-24	Mar-24	Complete	New patients transferred to RJAH, completed 7th March
	Transition of TeMS Orthopaedics into MSST transfering activity/ pathway to SaTH	Apr-24	May-24	Commenced	Initial conversations commenced with SaTH
	Continue to seek and formalise support from RJAH for Dental sessions.	Jan-24	Mar-24	Ongoing	Contract discussions commenced
	Gain an agreement with SATH for consistent ringfenced theatre provision on a regular basis.	Jan-24	Ongoing	Ongoing	Improved position since January 2024
	Recruitment of substantive APP in MSST to support increase in capacity	Feb-24	May-24	Ongoing	Adverts live
	Alignment of admin within MSST to standardise approach/processes to booking of patients to impove clinic utilisation	Feb-24	Apr-24	Commenced	System Admin lead aligned and integration workshops commenced
	Complete case of need to support evidence for NHS controls to recruit to the 47% admin vacancies	Jan-24	Mar-24	Complete	Impact assessment and Case for Need complete shared with excutive team for consideration
	Agreement of agency Physio/AAP to support MSST activity	Oct-23	Mar-24	On Track	Adverts for workforce plan live to enable agency to end
Author	Alastair Campbell/Helen Cooper/Mark Onions	**Date**	09/02/2024		
Accountable Officer Approval	Claire Horsfield	**Date**	14/03/2024		

Exception Report - Action Plan

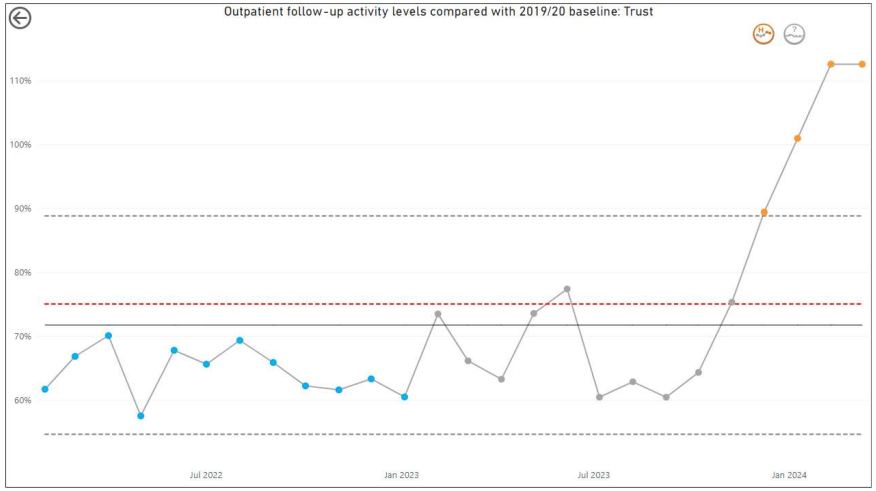
Outpatient follow-up activity levels compared with 2019/20 baseline

Outpatient follow-up activity compared with 2019/20 baseline. Calculated in line with NHSE SOF including working days comparison

KPI Description	Latest 6 months	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	YTD
Outpatient follow-up	%	64.30%	75.29%	89.39%	100.94%	112.55%	112.54%	
	Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%

Trajectory	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
%	120.0%	120.0%	120.0%	120.0%	120.0%	120.0%	120.0%

To be updated



Reason for performance gap:	There continues to be a focus on ensuring clinically appropriate follow-up activity and the positive adherence to utilising PIFU (patient initiated follow up) across MSST. SCHT PIFU position continues to impove increasing to 13.7% for February with MSST continuing to perform well at 16%. This is a positive position indicating an over performance against the PIFU target of 5%. The difficulty with this KPI is that MSST was not in existence in 19/20 so there is no baseline to compare to hence the continued demonstration of overperformance seen above. This would be similar for the TeMS service as the TeMS model is significantly different now than it was compared to 19/20.				
Action Plan		**Start Date**	**End Date**	**Status**	**Outcome**
	Continue to embedd PIFU across all clinically appropriate services and maintain peformance	Jun-23	Mar-23	On track	Currently overpeforming with processes and standards embedded in all areas
	Work with informatics to look at approach in reporting this KPI due to the challenges with comparison for TeMS/MSST	Feb-24	Mar-24	Ongoing	Agenda item in peformance cycle meeting discussed initially in Feb pending feedback for March
	Transition of TeMS Rheumatology into MSST transfering activity/ pathways to RJAH	Feb-24	Apr-24	On track	Confirmation recieved from RJAH Chief Opertaing Officer. Majority of open clock pathways have been transferred. Transition agreed for follow ups
	Transition of TeMS Orthopaedics into MSST transfering activity/ pathway to SaTH	Apr-24	May-24	Commenced	Initial conversations commenced with SaTH

Author	Alastair Campbell/Helen Cooper/Mark Onions	**Date**	09/02/2024
Accountable Officer Approval	Claire Horsfield	**Date**	14/03/2024

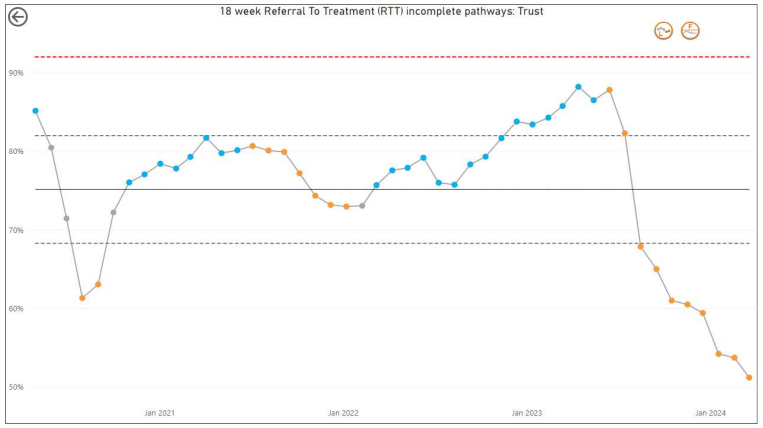
Exception Report - Action Plan

18 week Referral To Treatment (RTT) Incomplete Pathways

As at the end of the month, the percentage of patients that are still waiting for treatment and are within 18 weeks

KPI Description	Latest 6 months	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	YTD
RTT Incomplete Pathways	%	61.00%	60.51%	59.41%	54.21%	53.73%	51.20%*	51.2%
	Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%

Trajectory	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
%	53.0%	52.0%	51.0%	55.0%	60.0%	65.0%	70.0%



Reason for performance gap:

The current position continues to be a challenge mainly due to the implementation of the MSST service which equates to C 80% of all activity at Trust level but is also impacted by other RTT applicable services. Performance has dropped below the trajectory due to the continuing challenge within the MSST service and increase in admin resources to support recovery.

MSST - The service went live with receiving referrals 6 months before clinics were available to be booked into as existing services continued to work on their existing caseloads/backlog. This has led to a significant backlog being generated. The service continues to systematically recover this position however its is challenged due to due to a number of factors including a lack of standardisation of processes and approach leading to underutilised clinics and high levels of DNA's. The appointment of a system admin lead hosted by SCHT will mitigate this considerably however the 47% admin vacancy gap is a risk to full recovery.

Streamlining the service will support greatly with recovery and Rhumetology is planned to transfer to RJAH between Feb and April and Orthopaedics to SaTH end of May.

Dental also poses a risk due to access to consistent SaTH theatre provision. Currently this is however an improving picture with 2 sessions provided January and dates through to March.

Community Paediatrics is not achieving due to a mixture of vacancies and sickness having an adverse impact on the waiting list for Community Paediatrics and the Child Development Centre. The Junior Doctors aligned to the service are providing a degree of resilience however alternative options to deliver elements of this clinical model are being fully explored. Community Peadiatrics has been removed from the February 24 RTT submission and will be excluded going forward as per the changes in the national guidance

APCS also has a number of backlog patients following sickness within this area. The service is aiming to address this with changes being made to the clinic templates to enable greater new capacity to support reduction and recruiting additional clinicians to support.

Action Plan

	Start Date	End Date	Status	Comments
Transition of TeMS Rheumatology into MSST transfering activity/ pathways to RJAH	Feb-24	Apr-24	On track	Confirmation recieved from RJAH Chief Opertaing Officer. Majority of open clock pathways have been transferred. Transition agreed for follow ups
Transition of TeMS Orthopaedics into MSST transfering activity/ pathway to SaTH	Apr-24	May-24	Commenced	Initial conversations commenced with SaTH
Continue to seek and formalise support from RJAH for Dental sessions.	Jan-24	Mar-24	Ongoing	Contract discussions commenced.
Gain an agreement with SATH for consistent ringfenced theatre provision on a regular basis.	Nov-23	Ongoing	Ongoing	Improved position since January 2024
Recruitment of substantive Advanced Practice Practitioner (APP) in MSST to support increase in capacity	Feb-24	May-24	Ongoing	Advert closed, shortlisting w/c 11th March
Alignment of admin within MSST to standardise approach/processes to booking of patients to impove clinic utilisation	Feb-24	Apr-24	Commenced	System Admin lead aligned and integrtaion workshops commenced
Complete case of need to support evidence for NHS controls to recruit to the 47% admin vacancies	Jan-24	Mar-24	Complete	Impact assessment and Case for Need complete shared with excutive team for consideration
MSST focusing on improving clinical utilisation and implementing waiting list initiatives wtihin level 2 inlcuding additional clinics, blitz clinics etc.	Mar-24		Working Up	
Agreement of agency Physio/APP to support MSST activity via agency scutiny and Finance Recovery Group	Oct-23	Mar-24	On Track	Adverts for workforce plan live to enable agency to end

Author	Alastair Campbell/Helen Cooper/Mark Onions	**Date**	08/02/2024
Accountable Officer Approval	Claire Horsfield	**Date**	14/03/2024

**Please note that the actual performance for February is subject to change as the validation for the national submission continued at the time of updating the action plan*

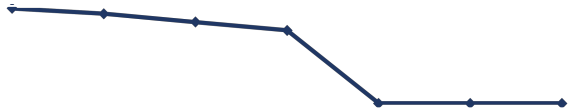
Exception Report - Action Plan

Total patients waiting more than 52 weeks to start consultant-led treatment

As at the end of the month, the number of patients that are still waiting for treatment and have been waiting 52 weeks and over

KPI Description	Latest 6 months	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	YTD
RTT 52+ week waits	Number	51	67	90	43	55	37*	37
	Target	0	0	0	0	0	0	0

Trajectory	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Number	69	65	59	53	0	0	0



Reason for performance gap:	Main areas of concern are within TeMS Rheumatology and Orthopaedics due to the delay in implementing Phase 3 of MSST. Mitigation is in place to support this trajectory with Rheumatology transferring to RJAH between February and April, with Orthopaedics to SaTH by end of May 2024. MSST Phase 2 has also seen a number of patients reaching 52 weeks due to capacity challenges within the level 3 element (Advamced Practice Practitoners & GPSIs). The 47% admin vacancy gap in MSST and TeMS is a key risk to delivering the improvement trajectory. This is significantly impact the teams' ability to validate, manage DNA rates, ensure full clinic utilisation and effectively manage patient pathways safely. An integration of admin pathways has commenced with RJAH to support with streamlining systems and processes however this will not mitigate the workforce gap it will focus on efficiency and productivity. Navigating the NHSE control measures effectively to ensure a balanced view on risk will be vital to support with the ongoing workforce gaps. Dental also continues to be challenged with patients reaching 52 weeks+ due to the lack of consistent theatre provision. This has however improved since January with theatre slots in place through February and March which will be imperative to support the ongoing reduction of 52 week waits.				
Action Plan		**Start Date**	**End Date**	**Status**	**Outcome**
	Transition of TeMS Rheumatology into MSST transfering activity/ pathways to RJAH	Feb-24	Apr-24	On track	Confirmation recieved from RJAH Chief Opertaing Officer. Majority of open clock pathways have been transferred. Transition agreed for follow ups
	Transition of TeMS Orthopaedics into MSST transfering activity/ pathway to SaTH	Apr-24	May-24	Commenced	Initial conversations commenced with SaTH
	Continue to seek and formalise support from RJAH for Dental sessions.	Jan-24	Mar-24	Ongoing	Contract discussions commenced
	Gain an agreement with SATH for consistent ringfenced theatre provision on a regular basis.	Jan-24	Ongoing	Ongoing	Improved position since January 2024
	Recruitment of substantive Advanced Practice Practitioner (APP) in MSST to support increase in capacity	Feb-24	May-24	Ongoing	Adverts live
	Alignment of admin within MSST to standardise approach/processes to booking of patients to impove clinic utilisation	Feb-24	Apr-24	Commenced	System Admin lead aligned and integrtaion workshops commenced
	Complete case of need to support evidence for NHSE controls to recruit to the 47% admin vacancies	Jan-24	Mar-24	Complete	Impact assessment and Case for Need complete shared with excutive team for consideration
	Agreement of agency Physio/AAP to support MSST activity	Oct-23	Mar-24	On Track	Adverts for workforce plan live to enable agency to end
Author	Alastair Campbell/Helen Cooper/Mark Onions	**Date**	09/02/2024		
Accountable Officer Approval	Claire Horsfield	**Date**	14/03/2024		

**Please note that the actual performance for February is subject to change as the validation for the national submission continued at the time of updating the action plan*

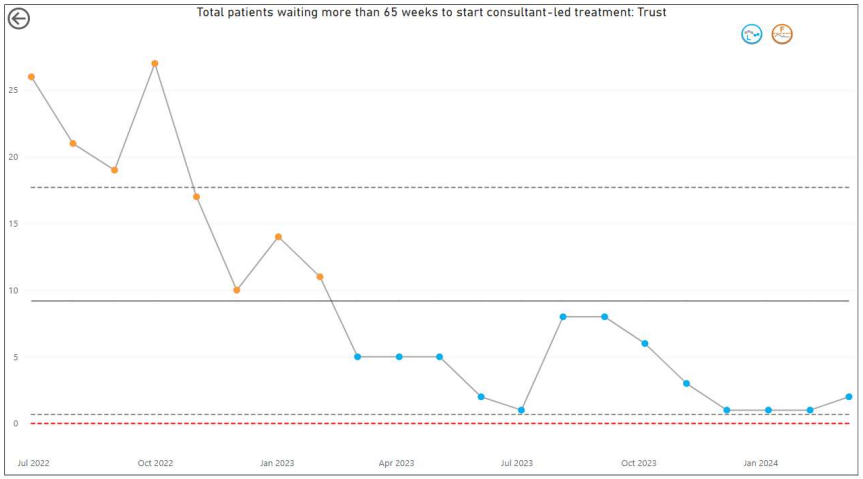
Exception Report - Action Plan

Total patients waiting more than 65 weeks to start consultant-led treatment

As at the end of the month, the number of patients that are still waiting for treatment and have been waiting 65 weeks and over

KPI Description	Latest 6 months	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	YTD
RTT 65+ week waits	Number	6	3	1	1	1	2*	2
	Target	0	0	0	0	0	0	0

Trajectory	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Number	3	0	0	0	0	0	0



Reason for performance gap:	There are currently 2 patients over 65 weeks for Dental but both have plans to be treated within March. The trajectory remains on track to achieve 0 65 week waits by end of March.				
Action Plan		**Start Date**	**End Date**	**Status**	**Outcome**
	Transition of TeMS Rheumatology into MSST transfering activity/ pathways to RJAH	Feb-24	Apr-24	On track	Confirmation recieved from RJAH Chief Opertaing Officer. Majority of open clock pathways have been transferred. Transition agreed for follow ups
	Transition of TeMS Orthopaedics into MSST transfering activity/ pathway to SaTH	Apr-24	May-24	Commenced	Initial conversations commenced with SaTH
	Continue to seek and formalise support from RJAH for Dental sessions.	Jan-24	Mar-24	Ongoing	Contract discussions commenced
	Gain an agreement with SATH for consistent ringfenced theatre provision on a regular basis.	Jan-24	Ongoing	Ongoing	Improved position since January 2024
	Recruitment of substantive Advanced Practice Practitioner (APP) in MSST to support increase in capacity	Feb-24	May-24	Ongoing	Adverts live
	Alignment of admin within MSST to standardise approach/processes to booking of patients to impove clinic utilisation	Feb-24	Apr-24	Commenced	System Admin lead aligned and integrtaion workshops commenced
	Complete case of need to support evidence for NHS controls to recruit to the 47% admin vacancies	Jan-24	Mar-24	Complete	Impact assessment and Case for Need complete shared with excutive team for consideration
	Agreement of agency Physio/AAP to support MSST activity via agency scutiny and Finance Recvoery Group	Oct-23	Mar-24	On Track	Adverts for workforce plan live to enable agency to end
Author	Alastair Campbell/Helen Cooper/Mark Onions	**Date**	09/02/2024		
Accountable Officer Approval	Claire Horsfield	**Date**	14/03/2024		

**Please note that the actual performance for February is subject to change as the validation for the national submission continued at the time of updating the action plan*

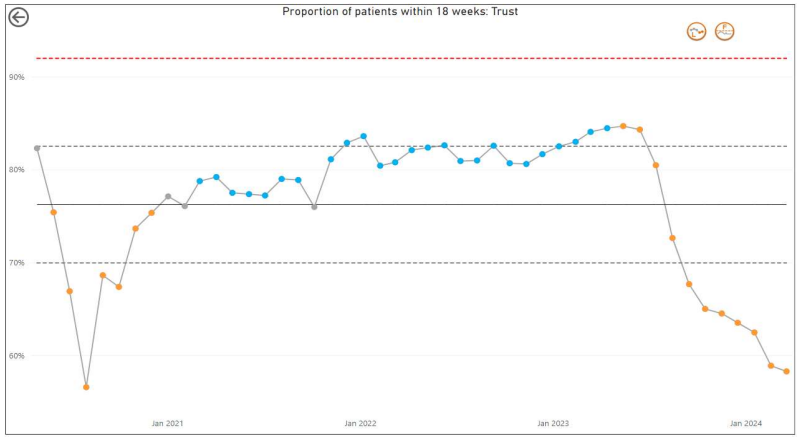
Exception Report - Action Plan

Proportion of patients within 18 weeks

The percentage of patients that are still waiting an appointment and are within 18 weeks

KPI Description	Latest 6 months	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	YTD
Proportion of patients within 18 weeks	%	64.99%	64.50%	63.50%	62.46%	58.87%	58.26%	58.26%
	Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%

Trajectory	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
%	53.0%	52.0%	51.0%	55.0%	60.0%	70.0%	75.0%



Reason for performance gap:	The deterioration in performance aligns to overall waiting list performance with MSST implementation being the main contributor to the decline. Performance has not dropped as much as anticipated in line with the trajectory. We anticopate further challenges with performance over the next few months due to the transition of Rheumatology and Orthopaedics away from TeMS. The aim is to work on improving the admin provision across MSST to help drive recovery and improvement from May onwards. Community Paediatrician vacancies and sickness continue to have an adverse impact on the waiting list for Community Paediatrics in addition to the increased number of referrals for complex cases. This in turn also adversely affects the Child Development Centre waiting lists. Speech and Language Therapy have also seen an increase within this cohort due to maternity leave, sickness, increased referrals from schools and a national shortage of qualified Speech & Language Therapists. APCS also has a number of backlog patients following sickness within this area, particularly seen within the ENT element of the service.				
Action Plan		**Start Date**	**End Date**	**Status**	**Outcome**
	Agreement of agency Physio/AAP to support MSST activity	Oct-23	Mar-24	On Track	Adverts for workforce plan live to enable agency to end
	Workforce review of Comm paeds provision with plan to mitigate Paediatrician gaps	Nov-23	May-24	On track	Plans in place to appoint to alternative workforce including specilaist nurses and psycholgy
	Focus on clinic utilisation across all services	Oct-23	Apr-24	Ongoing	Improvemnts seen in MSST with targeted support to APCS about to roll out, Golden patient model applied in dental and CNRT review commenced
	GPwSI locum to support with APCS improving activity and review of clinic templates and utilisation	Feb-24	May-24	On Track	Review of model arranged to look at how locum suypport can then reduce
	Transition of TeMS Rheumatology into MSST transfering activity/ pathways to RJAH	Feb-24	Apr-24	Complete	New patients transferred to RJAH, completed 7th March
	Transition of TeMS Orthopaedics into MSST transfering activity/ pathway to SaTH	Apr-24	May-24	Commenced	Initial conversations commenced with SaTH
	Continued implementation of PIFU to help support demand in services.	Apr-23		Ongoing	Overperformance of 10% against 5% target
	MSST focusing on improving clinical utilisation and implementing waiting list initiatives wtihin level 2 inlcuding additional clinics, blitz clinics etc.	Mar-24		Working Up	
	Creation of Fortnightly waiting list meeting to review performance and discuss nescessary actions	Mar-24		Complete	Completed - first meeting 11th March

Author	Alastair Campbell/Helen Cooper/Mark Onions	**Date**	09/02/2024
Accountable Officer Approval	Claire Horsfield	**Date**	14/03/2024

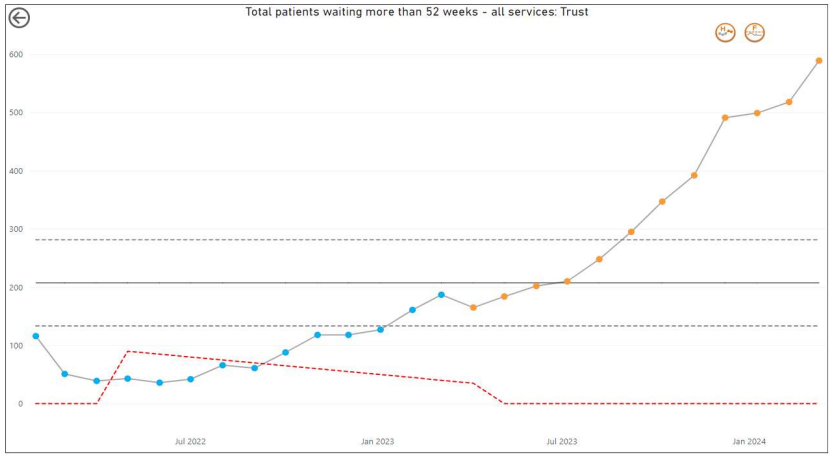
Exception Report - Action Plan

Total patients waiting more than 52 Weeks – All services

The number of patients that are still waiting for an appointment and have been waiting 52 weeks and over

KPI Description	Latest 6 months	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	YTD
52+ Week waits - All services	Number	347	392	491	499	518	589	589
	Target	0	0	0	0	0	0	0

Trajectory	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Number	600	600	600	550	500	450	400



Reason for performance gap:	The majority of this activity is attributable to TeMS/ MSST and its Lower Limb Orthopaedic and Rheumatology elements of the Service.which there are now plans to migrate to RJAH and SaTH. CNRT has a number of patients within 52 weeks due to the challenges with access to Psychology provision. An SLA is however progressing for this area of the service to support recovery. A full service review is planned to re explore the clinical model in its entirety to scope areas to increase productivity and more effectively manage wait times across the MDT moving forward. MSST has a proportion of patients within 52 weeks and continues to be challenged due to the pressure on admin teams due to their vacancies. This is leading to challenges with fully utilising clinical capacity to support patients and recover the postion. The lack of standardised admin processes across MSST is also leading to increased DNA rates which is impacting on the services ability to recover and prevent 52 week breaches. The numbers of patients waiting longer than 52 weeks in Community Paediatrics has increased this month and is attributable to Children waiting for Schedule of Growth Skills (SOGS) appointments. This is due to capacity of our Specialist Nursery Nurse Team and reduced admin capacity to support with managing clinics and validation. These appointments are age specific so some take priority over others that could have been waiting longer on the waiting list. There are regular meetings with the team to review the waiting list and prioritise				
Action Plan		**Start Date**	**End Date**	**Status**	**Outcome**
	Transition of TeMS Rheumatology to MSST	Feb-24	Apr-24	Complete	New patients transferred to RJAH, completed 7th March
	Transition of TeMS Orthopaedics to MSST	Apr-24	May-24	Commenced	Initial conversations commenced with SaTH
	Implementation of new Psychology SLA to provide capacity to manage the waiting list	Mar-24		working up	On Track to impliment finalising SLA
	Comm Paeds - SOGS - looking at different approaches to increase throughput	Feb-24		Ongoing	Linked to recruitment for specialist nursery nurses
	CNRT service review and implimentation of Psychology SLA	Apr-24		Planned	
	Recovery investment has strengthened the SLT team, however recruitment has been slower than anticipated.	Mar-24		Planned	
	Workforce skill mix to support CDC due to recruitment challenges	Apr-24		Ongoing	Advert option for specialist doctor
	2 x band 5 specialist nursery nurses recurited to support with CDC assessments.	Feb-24		Complete	Recruitment completed. Training has started for the individuals
	Talk boost program implemented to support with appropriateness of referrals coming into the service which longer term will support with future demand.	Feb-24		Ongoing	
	Alignment of Admin support and standardisation of admin processes to MSST	Feb-24	Mar-24	Ongoing	Case for need complete for triple lock process, Appointment internally to system admin lead complete
	Creation of Fortnightly waiting list meeting to review performance and discuss nescessary actions	Mar-24		Complete	Completed - first meeting 11th March

Author	Alastair Campbell/ Helen Cooper / Mark Onions	**Date**	09/02/2024
Accountable Officer Approval	Claire Horsfield	**Date**	14/03/2024

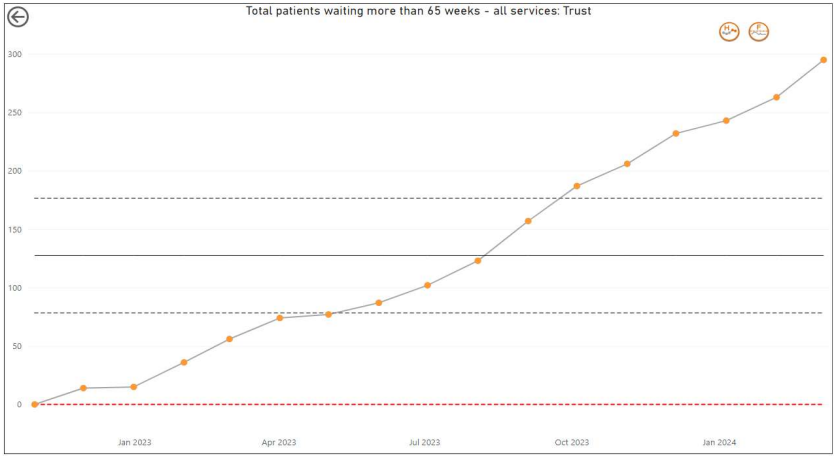
Exception Report - Action Plan

Total patients waiting more than 65 Weeks – All services

The number of patients that are still waiting for an appointment and have been waiting 65 weeks and over

KPI Description	Latest 6 months	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	YTD
65+ Week waits - All services	Number	187	206	232	243	263	295	295
	Target	0	0	0	0	0	0	0

Trajectory	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Number	280	300	250	200	150	100	50



Reason for performance gap:	Majority of the patients within this cohort sit within TeMS/MSST. This is mainly the Lower Limb element of TeMS but also a proportion of Rheumatology. Both of which have robust plans in place to migrate to RJAH and SaTH. We had antipcated that the numbers would increase before reducing once the transfer of Rheuamtology and Orthopaedics had begun. There has been a slightly larger increase but TeMS Rheumatology continues to be transferred to RJAH with plans being worked up for Orthopeadics from April/May. CNRT has also seen some long waits within their waiting list due to signifcant challenges with Psychology provision an SLA will launch to mitigate this. A full service review of CNRT is also planned to scope further opportunities for productivity. MSST admin within SCHT is heavily depleted due to vacancies with a vacancy rate of 47% being held at present. This is impacting the services ability to standardise admin processes across MSST, reduce DNA rates, increase clinic utilisation and manage and monitor patients pathways accurately and effectively. This has the potential to impact on the recovery of Non-RTT waiting lists if not addressed.				
Action Plan		**Start Date**	**End Date**	**Status**	**Outcome**
	Transition of TeMS Rheumatology into MSST transfering activity/ pathways to RJAH	Feb-24	Apr-24	Complete	New patients transferred to RJAH, completed 7th March
	Transition of TeMS Orthopaedics into MSST transfering activity/ pathway to SaTH	Apr-24	May-24	Commenced	Initial conversations commenced with SaTH
	Implementation of new Psychology SLA to provide capacity to manage the waiting list	Mar-24	Apr-24	working up	On Track to impliment finalising SLA
	Workforce review of Comm paeds provision with plan to mitigate Paediatrician gaps	Nov-23	May-24	On track	Plans in place to appoint to alternative workforce including specilaist nurses and psycholgy
	CNRT service review to consider alternative clinical model and approach to waiting list management	Apr-24	Jun-24	Planned	Allocated to lead as part of CIP plans
	Alignment of admin within MSST to standardise approach/processes to booking of patients to impove clinic utilisation	Feb-24	Apr-24	Commenced	System Admin lead aligned and integrtaion workshops commenced
	Complete case of need to support evidence for NHS controls to recruit to the 47% admin vacancies	Jan-24	Mar-24	Complete	Impact assessment and Case for Need complete shared with excutive team for consideration
	Creation of Fortnightly waiting list meeting to review performance and discuss nescessary actions	Mar-24		Complete	Completed - first meeting 11th March
Author	Alastair Campbell/Helen Cooper/Mark Onions	**Date**	09/02/2024		
Accountable Officer Approval	Claire Horsfield	**Date**	14/03/2024		

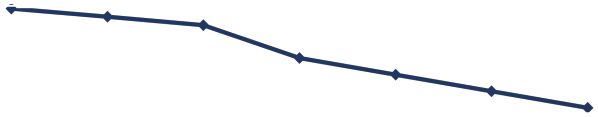
Exception Report - Action Plan

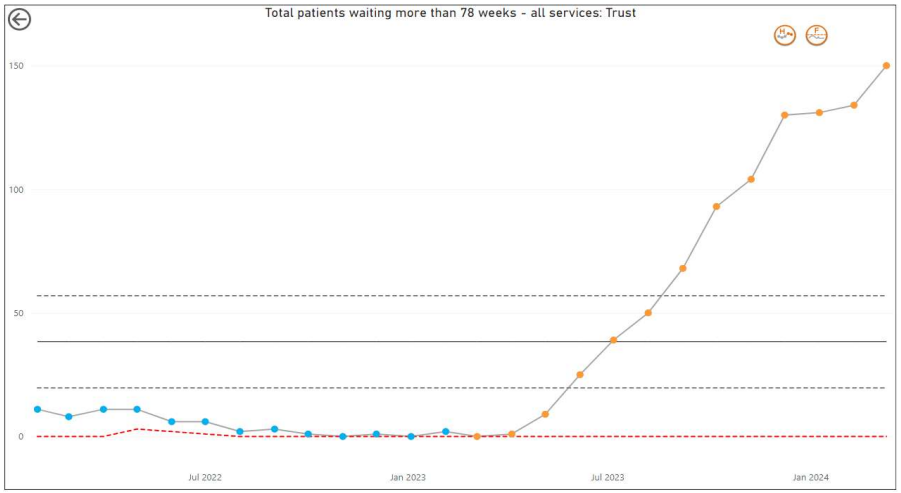
Total patients waiting more than 78 Weeks – All services

The number of patients that are still waiting for an appointment and have been waiting 78 weeks and over

KPI Description	Latest 6 months	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	YTD
78+ Week waits - All services	Number	93	104	130	131	134	150	150
	Target	0	0	0	0	0	0	0

Trajectory	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Number	140	130	120	80	60	40	20





Reason for performance gap:	Majority of the patients within this cohort sit within the TeMS service. This is mainly the Lower Limb element of TeMS but also a proportion of Rheumatology. Both of which have plans to migrate to SaTH and RJAH. CNRT has also seen some long waits within their waiting list due to significant challenges with Psychology provision. MSST admin within SCHT is heavily depleted due to vacancies with a vacancy rate of 47 % being held at present. This is hampering the services ability to standardise admin processes across MSST, reduce DNA rates, increase clinic utilisation and manage and monitor patients pathways accurately and effectively. This has the potential to impact on the recovery of Non-RTT waiting lists if not addressed.				
Action Plan		**Start Date**	**End Date**	**Status**	**Outcome**
	Transition of TeMS Rheumatology into MSST transfering activity/ pathways to RJAH	Feb-24	Mar-24	Complete	New patients transferred to RJAH, completed 7th March
	Transition of TeMS Orthopaedics into MSST transfering activity/ pathway to SaTH	Apr-24	May-24	Commenced	Initial conversations commenced with SaTH
	Implementation of new Psychology SLA to provide capacity to manage the waiting list	Mar-24	Apr-24	Working up	On Track to impliment finalising SLA
	Workforce review of Comm paeds provision with plan to mitigate Paediatrician gaps	Nov-23	May-24	On track	Plans in place to appoint to alternative workforce including specilaist nurses and psycholgy
	CNRT service review to consider alternative clinical model and approach to waiting list management	Apr-24	Jun-24	Planned	Allocated to lead as part of CIP plans
	Alignment of admin within MSST to standardise approach/processes to booking of patients to impove clinic utilisation	Feb-24	Apr-24	Commenced	System Admin lead aligned and integrtaion workshops commenced
	Complete case of need to support evidence for NHS controls to recruit to the 47% admin vacancies	Jan-24	Mar-24	Complete	Impact assessment and Case for Need complete shared with excutive team for consideration
	Creation of Fortnightly waiting list meeting to review performance and discuss nescessary actions	Mar-24		Complete	Completed - first meeting 11th March
Author	Alastair Campbell/Helen Cooper/Mark Onions	**Date**	09/02/2024		
Accountable Officer Approval	Claire Horsfield	**Date**	14/03/2024		

Shropshire Community Health NHS Trust

Month 11 2023/24 Financial Performance

0. Reference Information

Author:	Jonathan Gould, Deputy CFO	**Paper date:**	4 April 2024
Executive Sponsor:	Sarah Lloyd, CFO	**Paper written on:**	28 March 2024
Paper Reviewed by:	Resource & Performance Committee	**Paper Category:**	Finance
Forum submitted to:	Trust Board	**Paper FOIA Status:**	Full

1. Purpose of Paper

1.1. Why is this paper going to Trust Board and what input is required?

This paper presents key financial information in relation to our financial performance as at month 11, forecast outturn for the remainder of 2023/24 and is for assurance.

2. Executive Summary

2.1. Context

The Trust's 2023/24 Income and Expenditure (I&E) plan is to breakeven; this reflects our financial plan submission to NHS England. The Trust's 2023/24 capital expenditure plan is £2,500k.

This paper summarises the Trust's financial performance for the period ended 29 February 2024 against both the I&E and Capital plan.

2.2. Summary

The Trust is reporting a £616k adjusted surplus for month 11 year to date compared to the planned surplus of £165k, which is a favourable variance of £451k.

Key areas for consideration are:

- **The two Sub-Acute Wards** were originally planned to open in December 2023, and this was reflected in the financial plan. However, the wards opened in January 2024 which results in month 11 financial reporting showing significant variance for both income and cost when compared to our plans.

- **Agency** spend as at month 11 is £5,120k. This exceeds planned levels by £1,832k (56%). Month 11 spend at £679k was the highest to date this financial year. This near doubling of agency usage in February and January compared to December's usage is due to the opening of the two Sub-Acute Wards at the start of January when a number of essential substantive posts were still vacant and continue to remain so. Agency remains a key area of external scrutiny, and the Agency Scrutiny Group is focused on reducing agency spend as far as possible, without compromising patient safety.

Month 11 2023/24 Financial Performance

- **CIP -** our performance to date is a favourable variance to plan of £263k – with actual delivery of £3,941k year to date. Recurrent CIP delivery is £81k adverse to plan year to date. The full year effect of the recurrent CIP schemes is on plan which means there will be no undelivered CIP value to carry into our financial plan for 2024/25. The recurrent schemes will deliver £174k lower than plan in-year which is being mitigated through non-recurrent CIP delivery.

- **Elective Income** - as at month 11 elective activity is on track to recover the shortfall from previous months and deliver in line with our plan for the year. Dental activity will not now deliver to plan but the shortfall is expected to be covered by overperformance in elective therapy services. The transfer of MSK activity from SATH and RJAH continues as the system-wide Musculoskeletal Services Shropshire and Telford (MSST) service is implemented. These changes in delivery alongside the reduction in the elective activity threshold targets are now likely to result in additional income for the system.

- **Forecast outturn** – the level of risk associated with delivering our financial plan has now been fully managed and mitigated, with the exception of any unexpected items between now and the end of the financial year. Therefore, we expect to maintain the small favourable outturn position compared to forecast which is to breakeven in line with plan.

2.3. Conclusion

The Trust Board is asked to:

- **Consider** the adjusted financial position for the year to date is a surplus of £616k compared to the planned surplus of £165k, which is a favourable variance of £451k
- **Recognise** that agency costs continue to exceed our plan.
- **Acknowledge** the Trust's challenging CIP target for 2023/24 and that in-year and full year recurrent schemes are forecast to deliver this target in full.
- **Consider** that Elective activity is expected to maintain the improvement seen in quarter 3 over the balance of the year to deliver our forecast outturn
- **Acknowledge** the known risks associated with delivering our financial plan have now been fully managed and mitigated. We therefore anticipate maintaining a small favourable outturn position compared to our forecast which is to breakeven in line with plan.

Month 11 2023/24 Financial Performance

3. Main Report

3.1. Introduction

The Trust is measured on its financial performance in several ways, but the principal measure is total Income & Expenditure at adjusted financial performance level. This excludes several technical accounting adjustments and is the level at which performance is reported to and managed by NHSE.

3.1.1. Summary of key points in report

The following dashboard summarises key areas of performance in relation to our financial plan. As at month 11 the year to date financial performance is a favourable variance of £451k compared to plan.

Financial Performance against Plan (£k)	M11 Plan	M11 Actual	M11 Variance	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Forecast Outturn	Annual Variance
(Surplus)/ Deficit	176	(121)	(297)	(165)	(616)	(451)	0	0	0
Agency Expenditure	455	679	224	3,288	5,120	1,832	3,735	5,743	2,008
Cost Improvement Programme	430	698	268	3,678	3,941	263	4,108	4,508	400
Capital Expenditure				2,002	1,573	(429)	2,500	2,500	0

3.2. Adjusted Financial Performance – favourable variance to plan £451k

The adjusted financial position for month 11 is a surplus of £616k compared to the planned surplus of £165k which is a favourable variance of £451k. Table 1 summarises the adjusted financial position.

	YTD Plan £k	YTD Actual £k	Variance £k
Income	(99,694)	(98,404)	1,290
Expenditure excl. adjusting items	99,529	97,788	(1,741)
Adjusted financial performance total	**(165)**	**(616)**	**(451)**
Adjusting items	146	143	(3)
Retained (surplus) / deficit	**(19)**	**(472)**	**(453)**

Table 1: Income and Expenditure (Surplus) / Deficit Position as at 29 February 2024

Month 11 2023/24 Financial Performance

3.2.1. Income – adverse variance to plan £1,290k

Table 2 summarises the income position.

	YTD Plan £k	YTD Actual £k	Variance £k
System Income	(77,412)	(75,712)	1,700
Non system Income	(22,282)	(22,692)	(410)
Total Income	**(99,694)**	**(98,404)**	**1,290**

Table 2: Income Summary as at 29 February 2024

The adverse position in relation to the System income of £1.7m is largely due to lower levels of income received from STW ICB due to the delay in the opening of the two Sub-Acute Wards, which opened in January instead of December, and delays in a number of other developments. We receive sufficient income to cover the actual costs incurred on Sub-Acute Wards and our planned service investments and any excess income is returned to the ICB. Our financial plan for 2024/25 assumes these services will be fully operational and reflects the full cost of operation and associated income.

Elective Income Risk: At month 11 we have reported elective income in line with the plan for the year to date, when considering all commissioners of our services. A large element of elective activity relates to MSK services and our activity has increased as the system-wide Musculoskeletal Services Shropshire and Telford (MSST) service is implemented. These changes in delivery, alongside the reduction in the elective activity 2019/20 threshold targets, are now likely to result in additional income for the system.

3.2.2. Expenditure – favourable variance to plan £1,743k

Table 3 shows a summary of expenditure, by key categories, for the year to date at month 11.

	YTD Plan £k	YTD Actual £k	Variance £k
Substantive	64,695	60,608	(4,088)
Bank	1,263	1,978	715
Agency	3,287	5,120	1,832
Total Pay	**69,246**	**67,705**	**(1,540)**
Supplies & Services Clinical	11,853	12,249	396
Prison Escorts and Bedwatch	211	205	(6)
Drugs	1,111	1,561	450
Premises	6,862	7,716	855
Travel	1,338	1,404	66
Other	5,019	4,316	(702)
Non-Pay	**26,394**	**27,452**	**1,058**
Trust wide Central Charges	4,035	2,774	(1,261)
Total Non-Pay	**30,429**	**30,226**	**(203)**
Total Expenditure	**99,675**	**97,931**	**(1,743)**

Table 3: Expenditure Summary as at 29 February 2024

Month 11 2023/24 Financial Performance

3.2.3. Pay – favourable variance to plan £1,540k

The overall pay position is a favourable variance of £1,540k year to date. This is largely due to slippage in the opening of the two Sub-Acute Wards (£897k) and recruitment lags in the other service developments (£440k); these variances are offset by lower income as mentioned in the previous section.

3.2.4. Non-Pay and Central Charges – favourable variance to plan £203k

The adverse variance on drugs expenditure is largely the result of changing our pharmacy supplier at short notice, which has resulted in a cost pressure due to increased service charges.

The adverse variance on clinical supplies and services is driven largely by charges in respect of clinical supplies and services provided by them in the operating of the two Sub-Acute Wards since the start of January 2024. This includes catering, cleaning, clinical ward supplies, drugs and diagnostic tests. The funding for this is currently assigned to the 'Other' category and budgets will need to be reviewed to allocate to the appropriate category.

The adverse variance on Premises is due to set-up and mobilisation costs incurred in readiness for our 0-19 Dudley School Nursing and Health Visiting Contract to commence on 1st April 2024 and a number of additional costs across our estate.

The favourable variance in Trust wide central charges is largely due to interest received on our cash balance at the bank being above planned levels.

3.2.5. Agency and Locum Expenditure – adverse variance to plan £1,832k

Agency spend year to date is £5,120k at month 11 which is £1,832k (56%) above plan. The agency spend forecast outturn for 2023/24 is £5,743k – which is £2,008k above plan. There remains a risk that this will increase further if substantive recruitment to the two Sub-Acute Wards does not deliver the required staffing levels and agency is needed to fill the rotas.

Agency spend in M11 was £679k. The increase in agency spend in January and February is due to the opening of the two Sub-Acute wards at the start of January when a number of clinical substantive posts were not filled and continue to remain so. A total of 78 WTE agency staff were engaged in February.

The Agency Scrutiny Group meets weekly to scrutinise all requests for agency usage, if the request is accepted by the group, it is then submitted to the Director of Nursing, Clinical Delivery & Workforce for final approval.

3.2.6. Cost Improvement Programme 2023/24

The Trust's CIP target for 2023/24 is £4,108k which is 3.6% of the Trust's overall expenditure forecast outturn for this year.

The recurrent CIP plan totals £2,386k and the non-recurrent element is £1,722k.

Month 11 2023/24 Financial Performance

Table 4 shows actual CIP delivery for the year to date at month 11 is £3,941k, this is £263k favourable compared to our plan. Of the £3,941k CIP delivered to date, £2,049k is recurrent and £1,892k is non-recurrent. Recurrent CIP is £81k adverse to plan year to date which is more than offset by non-recurrent mitigation of £344k.

Category £k	YTD Plan			YTD Actual			Variance adv/(fav)		
	Rec.	Non Rec.	Total	Rec.	Non Rec.	Total	Rec.	Non Rec.	Total
Total CIP Delivered	2,130	1,548	3,678	2,049	1,892	3,941	81	(344)	(263)

Table 4: CIP 2023/24 YTD Performance as at 29 February 2024

Table 5 shows that we have now identified schemes which equate to £4,508k. This is £400k above our £4,108k target. The £400k is due to additional non recurrent delivery.

To date, 100% of our schemes are now rated Low risk in terms of delivery. All schemes are reviewed by Quality, Equality Impact Assessments to ensure changes made are safe and the anticipated impact is considered.

Previously reported amber and high-risk CIP schemes for 2023/24 have either been removed because they are no longer viable or moved to 2024/25 for potential delivery.

Recurrent / Non-Recurrent	Low £k	Medium £k	High £k	Unidentified £k	Total £k
Recurrent	2,212	-	-	-	2,212
Non-Recurrent	2,296	-	-	-	2,296
Forecast Outturn	**4,508**	**-**	**-**	**-**	**4,508**
Risk Percentages					
Recurrent	49%	0%	0%	0%	49%
Non-Recurrent	51%	0%	0%	0%	51%
	100%	**0%**	**0%**	**0%**	**100%**

Table 5: CIP Forecast Savings in year for 2023/24

Although we are forecasting to undershoot our recurrent CIP delivery by £174k during the year, we will deliver the full year effect of recurrent target of £2,386k. As a result the opening recurrent budget position for 2024/25 will be adjusted for the full year effect of CIP delivery. The in-year shortfall of £174k on recurrent CIP delivery is fully mitigated by non-recurrent schemes.

A CIP Working Group is in place to oversee delivery of the Trust's in-year efficiency target and develop a three-year rolling CIP programme. The Chair of the CIP Working Group provides monthly updates to the FRG.

3.2.7. Statement of Financial Position

The summarised Statement of Financial Position (SoFP) for period ended 29 February 2024 is shown in Table 6. Receivables decreased by £398k and payables decreased by £272k and cash increased by £711k. There are no exceptions to bring to the Board's attention at this time.

	31 Jan 24 Balance £k	29 Feb 24 Balance £k	Movement in Month £k
Property, Plant & Equipment	39,661	38,903	(758)
Inventories	312	282	(30)
Non-current assets for sale	0	0	0
Receivables	3,062	2,664	(398)
Cash	22,228	22,939	711
Payables	(12,083)	(11,811)	272
Provisions	(1,533)	(1,886)	(353)
Lease Obligations on Right to Use Assets	(9,214)	(8,550)	664
TOTAL ASSETS EMPLOYED	**42,433**	**42,541**	**108**
Retained earnings	33,314	33,422	108
Other Reserves	9,119	9,119	0
TOTAL TAXPAYERS' EQUITY	**42,433**	**42,541**	**108**

Table 6: Statement of Financial Position (SoFP) as at 29 February 2024

3.2.8. Capital Expenditure

Capital expenditure is £1,573k at month 11 compared to a plan of £2,002k. We are forecasting full utilisation of our planned allocation of £2,500k by year end.

IFRS 16 – Capitalising Leases. The Trust has an adverse forecast outturn risk of £1.4 million compared to our IFRS 16 plan of £2m. This is due to the IFRS16 impact of the Mount McKinley lease of £1.2m and Rent Reviews of NHSPS leases of £0.9m, neither of which were in the IFRS 16 plan. The overspend is partly offset by provision for early termination of Hortonwood and Halesfield leases of £0.7m. The forecast overspend of £1.4m is fully mitigate across the ICS by system partners' overall capital underspend.

3.2.9. Forecast Outturn and Financial Risk

The Trust's financial plan is to achieve a breakeven position by year end and the summary forecast compared to plan is set out in Table 7.

Details £k	Annual Plan £'000	Forecast £'000	Variance £'000
Income	(110,114)	(108,735)	1,379
Expenditure	110,114	108,735	(1,379)
Adjusted financial performance	**0**	**0**	**0**

Table 7 : 2023-24 Forecast Outturn

Our current forecast as reported to NHSE and STW ICS system partners, is breakeven. The known risks to delivering our financial plan have now been fully managed and mitigated, therefore we are aiming to maintain a small favourable outturn position compared to forecast of breakeven unless an unexpected item is identified over the remaining weeks of the financial year.

Month 11 2023/24 Financial Performance

3.3 Conclusion

The Trust Board is asked to:

- **Consider** the adjusted financial position for the year to date is a surplus of £616k compared to the planned surplus of £165k, which is a favourable variance of £451k
- **Recognise** that agency costs continue to exceed our plan.
- **Acknowledge** the Trust's challenging CIP target for 2023/24 and that in-year and full year recurrent schemes are forecast to deliver this target in full.
- **Consider** that Elective activity is expected to maintain the improvement seen in quarter 3 over the balance of the year to deliver our forecast outturn
- **Acknowledge** the known risks associated with delivering our financial plan have now been fully managed and mitigated. We therefore anticipate maintaining a small favourable outturn position compared to our forecast which is to breakeven in line with plan.

Shropshire Community Health
NHS Trust

Opening Budgets 2024/25

0. Reference Information

Author:	Anthony Simms, Associate Director of Finance	**Paper date:**	04 April 2024
Executive Sponsor:	Sarah Lloyd, CFO	**Paper written on:**	28 March 2024
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1. Purpose of Paper

1.1. Why is this paper going to Trust Board and what input is required?

The purpose of this report is to present the Trust's opening budgets for 2024/25. This information was reviewed and discussed at the Resource and Performance Committee on 25 March 2024, and the Committee recommends these budgets to the Trust Board for approval.

2. Executive Summary

2.1. Context

The purpose of this report is to brief the Board on the output from the 2024/25 revenue and capital budget setting process and for the Board to review and approve these opening budgets.

2.2. Summary

The proposed opening budget has been set in line our agreed budget setting process and principles. It reflects Shropcom's draft financial plan which was approved at an Extraordinary Board Meeting on 18 March and submitted to the STW system on 19 March and NHSE on 21 March.

At the time of writing the national Planning Guidance has not been released. For this reason, and due further work on financial plans being required across the whole of the Shropshire, Telford and Wrekin (STW) system, it is likely further changes will be required to our financial plan. This may result in amendments to our 2024/25 budgets; should this be the case, then these will be enacted following appropriate approvals in line with the Trust's Virement Policy and reported through Committee and Board as required.

All STW partner organisations agreed to reverse Intelligent Fixed Payment (IFP) as a basis for allocating income and to revert to national guidance to calculate income for each system partner. This has resulted in additional recurrent income within our opening income from STW ICB which is reflected in our 2024/25 opening budgets.

Despite the fact that further adjustments to our budgets are still likely, it is important to agree an opening budget and share initial budgets with Budget and Resource Managers at the start of the new financial year. This is key financial control and a cornerstone of sound financial governance. For this reason, it is appropriate to agree an opening budget which we expect to be amended, rather than waiting until all adjustments are agreed.

Opening Budgets 2024/25

Work is continuing to develop budgets to reflect items such as CIP adjustments and allocation of Centrally Held Budgets and these changes, together with any changes required as a result of the final plan submission, will be reflected within any future update.

Following approval at the Trust Board, opening budgets will be shared with Budget Managers, who are required to sign-off their opening budgets.

2.3. Conclusion

The Board is asked to:

- **Approve the opening 2024/25 annual budget**. The opening revenue budget is a £0.80m surplus in line with our draft plan submission to NHSE on 21 March 2024
- **Recognise** that the opening budgets are expected to be amended to reflect all changes agreed during the final stages of the national planning process and appropriate approvals will be sought as required
- **Acknowledge** a Capital Programme totalling £8.39m was submitted in the draft plan submission on 21 March, although this also remains subject to change

Opening Budgets 2024/25

3. Main Report

3.1. Introduction

The Trust's draft financial plan for 2024/25 was approved at an Extraordinary Board meeting on 18 March, submitted to the STW system on 19 March 2024 and NHSE on 21 March.

In line with the national timetable, planning discussions are ongoing and it is therefore likely there will be amendments to the draft plan before final plan submissions are made in early May. It is of note that national Planning Guidance is not yet available and changes may need to be made to reflect this.

The key financial elements are summarised in Table 1 below:

Detail	DRAFT Plan 2024/25	Comments
Adjusted Financial Performance - **Surplus**	£0.80m	Includes recurrent and non-recurrent items as well as a number of items that require final agreement with the STW ICS.
Cost Improvement Target	£3.10m	The CIP target reflects the national efficiency requirement of 2.2% plus an additional £0.8m stretch target
Cost Improvement as % of Turnover	3.0%	Requirement via the national tariff of 2.2% plus an additional 0.8% stretch target
Closing Cash Balance	19.5m	
Net Capital Expenditure Plan	£8.39m	Inclusive of IFRS16 capitalised leases of £5.13m

Table 1: Key Financial Headlines in draft plan and Opening Budget 2024/25

3.2. Opening Budgets 2024/25

The 2024/25 opening budgets are based on the key assumptions noted within this paper. Appendix 1 presents the budgets in more detail and also identifies recurrent and non recurrent items.

Our budget currently shows a planned surplus of £0.80m for the year, although this remains subject to change to reflect national planning guidance and the outcome of local planning requirements.

3.2.1. Income

Relevant income from patient care activities has been adjusted to reflect an inflationary uplift in line with NHSE planning information, shown in Table 2 below.

There is a risk that the expenditure inflationary uplifts may exceed the planning estimates. As the vast majority of our cost relates to pay, this is the largest areas of risk. However, plans are developed on the basis that if the agreed pay awards for 2024/25 exceed the 2.7% inflation allowed for within the planning information, then additional funding will be released, thereby mitigating this element of risk.

Opening Budgets 2024/25

Detail	Estimated Inflation	Cost Weight	Inflation
Pay	2.7%	69.3%	1.9%
Drugs	0.6%	2.4%	0.0%
Capital	1.7%	7.6%	0.1%
CNST	0.6%	2.2%	0.0%
Other	1.7%	18.4%	0.3%
Total Uplift			**2.3%**
Less efficiency target			**-1.1%**
Net Uplift			**1.2%**

Table 2: Inflationary uplift rates in 2024/25 Opening Budgets

The ICS Financial Framework, agreed by all Boards across the ICS, confirmed that an Intelligent Fixed Payment (IFP) approach would be introduced from 2022/23. In light of the re-introduction of a Payment by Results reimbursement mechanism in 2023/24 planning guidance, STW system partners agreed to revisit the principles around the IFP approach for allocating income. The outcome of these discussions is that using IFP as a basis for income allocation is being reversed in 2024/25 and the system is reverting to national guidance to calculate the income for each system partners. This has resulted in a £7.3m recurrent addition to our opening STW ICB income allocation which is reflected in our 2024/25 opening budgets. This adjustment removes the recurrent deficit created by IFP and broadly restores SCHT to a breakeven position.

Non-system income includes income from all other NHS bodies and non-NHS organisations. Income from Local Authorities is based on known information and includes the new 0-19 Dudley services which will join Shropcom on 1 April 2024.

Our draft plan includes £1.5m non-recurrent income to cover the continuing Covid Vaccination Programme and the Long Covid Clinic service. This sum is matched by cost which includes a level of recurrent cost for the Vaccination programme. Long Covid funding has been confirmed for the year. However, funding for the Vaccination programme has only been confirm for quarter 1, therefore both income and cost are provisional for the remainder of the year and are subject to change once full year funding has been confirmed.

3.2.2. Expenditure – Pay

Pay budgets for funded establishments are at 2023/24 pay rates for staff in post as at November 2023. Vacancies are funded at mid-point of relevant pay bands and pay drift associated with historical incremental drift for funded establishment has been funded.

Pay inflation is calculated nationally at 2.7% of recurrent budgets and has been set aside in a specific centrally held budget, pending agreement of the pay award for 2024/25. This reflects current planning assumptions and may be adjusted based on the final decision of the national pay review body recommendations. The expectation is that any potential increase above 2.7% would be matched by central funding.

Opening Budgets 2024/25

3.2.3. Expenditure – Non-Pay

Apart from adjustments for volume changes, non-pay budgets are largely unadjusted unless specific cost pressures have been identified.

In line with current planning guidance, non-pay inflation is calculated at 1.7% and 0.6% for drug expenditure. The general non-pay inflation uplift is held in a specific centrally held budget and will be allocated as required on a case-by-case basis.

3.2.4. Service Change – Pay and Non-Pay

Our initial expenditure budgets also include recurrent, full year effect costs for two Sub-Acute wards and the Outpatient Parenteral Antimicrobial Therapy (OPAT) service. The cost included in our plan for Sub Acute wards is currently under review by the ICB and may be subject to change.

The 0-19 Dudley service which is funded by the Local Authority has been included within our proposed opening budgets from 1 April 2024.

The income and expenditure associated with the Community Equipment Service (CES) and MSK Rheumatology has been removed from our 2024/25 plan to reflect the transfer to the new CES provider and impact of STW MSK Transformation, respectively.

3.2.5. CIP

The CIP target of £3.1m (3.0%) is a result of the in-year requirement of 2.2% built up from the national tariff and an additional 0.8% stretch target to support the overall system financial position in 2024/25.

3.0% is applied to the total cost base to calculate £3.1m. However, there are areas where CIP is not possible e.g. depreciation costs and Local Authority services where savings are already included within the contract. Excluding these areas, the remaining areas will be required to deliver 3.4% efficiency to deliver £3.1m CIP.

The CIP target has been allocated across Operational Divisions based on recurrent cost budgets. The CIP budget will be allocated to specific budget lines to reflect reductions in spend, as and when schemes are identified.

3.2.6. Other

There is no contingency reserve in line with system planning assumptions and previous discussions with NHSE.

3.2.7. Cost Pressures

We have assessed our known cost pressures for the year ahead and these total £0.7m recurrent cost and £0.9m non-recurrent following detailed planning discussions with leads.

Opening Budgets 2024/25

Whilst the values are included within the draft plan and budgets, a number of these are estimates and will require refinement and internal review before funding is released and committed in relevant budget areas.

All areas of our plan, including our cost pressure analysis, are subject to system review and approval prior to final plan submissions.

3.2.8. Centrally Held Budgets

The initial value of Centrally Held Budgets (CHBs) for 2024/25 is £18.6m; £17.9m recurrent and £0.7m non-recurrent.

The majority of this funding relates to the full year effect of new services, the Dudley 0-19 contract and inflationary funding.

3.2.9. Recurrent Budgets

The recurrent plan for the year is a surplus of £0.53m. The key difference between this and our annual plan of £0.8m surplus is the non-recurrent nature of the COVID Vaccination Programme income and the non-recurrent benefit in relation to interest receivable. Appendix 2 summarises the proposed recurrent budgets and WTEs.

3.2.10. Non Recurrent Budgets

The non-recurrent income for the COVID vaccination programme of £1.2m is matched by non-recurrent and recurrent expenditure. The national funding allocation has been confirmed for quarter 1 with the remainder of the year yet to be finalised. Once final allocation is confirmed the delivery model will be tailored to ensure a breakeven position is achieved. There is a potential risk that the recurrent expenditure will not be fully covered by the final allocation; as a result we will seek to manage this risk with system partners if it materialises.

We have set aside funding to cover non-recurrent cost pressures including the Trainee Nurse Associate (TNA) programme.

3.2.11. Bridge from closing 2023/24 to opening 2024/25 Recurrent Budgets

Table 3 summarise the movement from the 2023/24 agreed budget/plan to the initial opening budget for 2024/25.

The material changes, which are explained in detail above, are IFP reversal, divested services, inflation, CIP, cost pressures and investment in service developments.

Opening Budgets 2024/25

Detail	Surplus/(Deficit) £m
2023/24 Agreed Budget/Plan	0.00
2023/24 Non recurrent items	
IFP transition funding	(4.24)
Other adjustments/non recurrent benefits	(2.17)
2023/24 Closing Recurrent Budget	**(6.41)**
IFP Reversal	7.30
Other adjustments to 2023/24 opening position	(0.96)
2024/25 Recurrent planning assumptions	0.61
2024/25 Non recurrent planning assumptions	0.26
2024/25 Initial Opening Budget	**0.80**

Table 3: Movement from 2023/24 Budget to Initial Opening Budget 2024/25

3.2.12. Capital

The proposed 2024/25 capital plan was approved at the Capital and Estates Group and included input from operational services, digital, finance, IPC and estates. Our proposed capital expenditure plan of £8.39m (including IFRS16 leases) is subject to system prioritisation to ensure total system capital expenditure is in line with the national allocation received.

As in previous years, the capital programme will be entirely resourced from internally generated funds and as such there will be no borrowing requirement. The proposed 2024/25 capital plan is shown in Table 4.

Detail	Non IFRS 16 £m	IFRS16 Leases £m	Total £m
Backlog maintenance	0.48		0.48
Building improvements (incl leases)	1.34	5.13	6.47
IM&T systems (EPR/other IT)	0.05		0.05
IM&T Hardware replacement: Generic	0.42		0.42
IM&T Hardware replacement: IT specific	0.02		0.02
IM&T Software - Digital Levelling Up	0.50		0.50
Other equipment	0.39		0.39
Gross Capital Expenditure	**3.20**	**5.13**	**8.33**
Donated equipment	0.06		0.06
Charge against CRL	**3.26**	**5.13**	**8.39**

Table 4: Capital Programme from draft financial plan for 2024/25

It is of note that this plan assumes £0.7m funding is secured from 'Front-line Digitisation Fund' to support our digital capital programmes. If this funding is not secured during the year, the mitigation will be to reprioritise our planned capital expenditure.

Opening Budgets 2024/25

3.2.13. Key Risks

An initial risk assessment indicates that the financial risk associated with the draft plan, and therefore these budgets, currently totals £5.75m; this is assessed as potential cost pressures £3.45m; £0.5m inflation; £1.3m efficiency and £0.5 income risk. There is more work to do to develop the risk and mitigations associated with our financial plans and this work will continue as we prepare our final plans for submission.

In addition to the above, all STW partners have flagged a potential pay claim risk and our assessment of this is risk is £3m.

In total, the SCHT risk financial risk is therefore estimated at £8.75m although this value will be refined.

3.3. Conclusion

The proposed opening 2024/25 budget reflects draft financial planning information approved at the Extraordinary Board meeting on 18 March, submitted to the STW system on 19 March 2024 and NHSE on 21 March.

The system plans remain under development and are subject to change before the final submission in early May. National Planning Guidance is expected imminently and will also inform any revisions to the draft plans.

The 2024/25 opening budgets will be amended to reflect all changes agreed during the final stages of the national planning process, in line with our Scheme of Delegation, and reported through Committee and Board as required. However, from a financial governance and control perspective, it is important that an opening budget is approved, even if it remains subject to change, so Budget Managers are aware of the resources available to them at the start of the financial year.

Further work will be undertaken to develop budgets to reflect items such as CIP adjustments and allocation of Centrally Held Budgets in addition to changes required for the final plan submission.

3.4. Recommendation

The Board is asked to:

- **Approve the opening 2024/25 annual budget**. The opening revenue budget is a £0.80m surplus in line with our draft plan submission to NHSE on 21 March 2024
- **Recognise** that the opening budgets are expected to be amended to reflect all changes agreed during the final stages of the national planning process and appropriate approvals will be sought as required
- **Acknowledge** a Capital Programme totalling £8.39m was submitted in the draft plan submission on 21 March, although this also remains subject to change

Appendix 1 Proposed Opening Budgets 2024/25

Detail	2024-25 Recurrent Budgets		Non Recurrent Budgets						2024-25 In Year Budgets	
			COVID Vaccination		Long Covid Clinics		Cost Pressure	Interest Receivable		
	WTE	£m	WTE	£m	WTE	£m	£m	£m	WTE	£m
STW income		90.16					(0.20)			89.96
Other income		28.57		1.20		0.33	0.32			30.42
Total Income		**118.73**		**1.20**		**0.33**	**0.12**	**0.00**		**120.38**
Pay	1,626.0	(72.89)	35.8	(0.42)	5.0	(0.33)	(0.32)		1,666.8	(73.96)
Non-pay	7.0	(25.41)		(0.12)		0.00	0.00		7.0	(25.52)
Total Expenditure	**1,633.0**	**(98.30)**	**35.8**	**(0.54)**	**5**	**(0.33)**	**(0.32)**	**0.00**	**1,673.8**	**(99.48)**
CIP Target		3.09								3.09
Centrally Held Budgets	223.9	(17.89)					(0.70)		223.9	(18.60)
EBITDA		**5.62**		**0.66**		**0.00**	**(0.90)**	**0.00**		**5.39**
Depreciation		(4.36)								(4.36)
PDC		(0.67)								(0.67)
Interest		(0.06)						0.50		0.44
Retained Surplus/(Deficit)		**0.53**		**0.66**		**0.00**	**(0.90)**	**0.50**		**0.80**
Donated Assets Adjustments		0.00								0.00
Peppercorn Leases Adjustment		0.00								0.00
Adjusted Financial Performance Surplus/(Deficit)	**1,856.9**	**0.53**	**35.8**	**0.66**	**5.0**	**0.00**	**(0.90)**	**0.50**	**1,897.7**	**0.80**

Appendix 2 Proposed Opening Recurrent Only Budgets 2024/25

Detail	Central Income £m	Operations								Corporate			2024-25 Recurrent Budgets	
		Adult Community		Urgent Care		Childrens and Families		Planned Care		Corporate Services		Central		
		WTE	£m	WTE	£m	WTE	£m	WTE	£000	WTE	£m	CHB	WTE	£m
STW income	90.16													90.16
Other income	28.57													28.57
Total Income	**118.73**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	**0.00**		**118.73**
Pay		685.7	(29.58)	282.9	(9.18)	337.0	(16.43)	120.2	(6.26)	200.2	(11.45)		1,626.0	(72.89)
Non-pay			(6.21)		(1.62)		(1.74)		(5.22)	7.0	(10.62)		7.0	(25.41)
Total Expenditure	**0.00**	**685.7**	**(35.78)**	**282.9**	**(10.80)**	**337.0**	**(18.17)**	**120.2**	**(11.47)**	**207.2**	**(22.07)**	**0.00**	**1,633.0**	**(98.30)**
CIP Target			1.45		0.44		0.74		0.46					3.09
Centrally Held Budgets				103.9	(7.95)	120.0	(6.78)					(3.16)	223.9	(17.89)
EBITDA	**118.73**		**(34.33)**		**(18.31)**		**(24.21)**		**(11.01)**		**(22.07)**	**(3.16)**		**5.62**
Depreciation												(4.36)		(4.36)
PDC												(0.67)		(0.67)
Interest												(0.06)		(0.06)
Retained Surplus/(Deficit)	**118.73**		**(34.33)**		**(18.31)**		**(24.21)**		**(11.01)**		**(22.07)**	**(8.25)**		**0.53**
Donated Assets Adjustments														0.00
Peppercorn Leases Adjustment														0.00
Adjusted Financial Performance Surplus/(Deficit)	**118.73**	**685.7**	**(34.33)**	**386.8**	**(18.31)**	**337.0**	**(24.21)**	**120.2**	**(11.01)**	**207.2**	**(22.07)**	**(8.25)**	**1,856.9**	**0.53**

Shropshire Community Health
NHS Trust

Chair's Assurance Report

Audit Committee – February 2024

0. Reference Information

Author:	Stacey Worthington	**Paper date:**	4 April 2024
Executive Sponsor:	Shelley Ramtuhul, Director of Governance	**Paper written on:**	27 March 2024
Paper Reviewed by:	N/A	**Paper Category:**	Governance
Forum submitted to:	Trust Board	**Paper FOIA Status:**	Full

1. Purpose of Paper

1.1. Why is this paper going to the Trust Board and what input is required?

This paper presents a summary of the Audit Committee meeting held on 21 February 2024 for assurance purposes. The Audit Committee is asked to consider the assurances provided and whether any additional assurances are required.

2. Executive Summary

2.1 Context

The Committee provides an overarching governance role with a specific focus on integrated governance, risk management and internal control. It also reviews the work of other governance committees within the Trust, whose work can provide relevant assurance to the Committee's own scope of work. It also receives input from the Trust's internal and external auditors.

2.2 Summary

The Committee met on 21 February 2024 and was quorate with 4 Non-Executive Directors and 2 Executive members attending, along with other attendees. The Committee considered several items on the agenda, as outlined below. Members had the opportunity for a full and detailed discussion of each item and made recommendations as required. Details on assurance levels received can be seen within the main report.

2.3. Conclusion

The Trust Board is asked to note the Chair's Report for assurance purposes and consider any additional assurances required.

Shropshire Community Health NHS Trust

Chair's Assurance Report

Audit Committee – February 2024

3. Main Report

3.1 Introduction

This report has been prepared to provide assurance to the Trust Board from the Audit Committee which met on 21 February 2024. The meeting was quorate with 4 non-Executive and 2 Executive members. A full list of the attendance is outlined below:

Chair/ Attendance:	
Harmesh Darbhanga	Chair – Non-Executive Director
Peter Featherstone	Non-Executive Director
Alison Sargent	Non-Executive Director
Jill Barker	Non-Executive Director
Sarah Lloyd	Director of Finance
Shelley Ramtuhul	Director of Governance
Stacey Worthington	Executive Assistant / Corporate Office Manager (Minute Taker)
Apologies:	
Cathy Purt (Non-Executive Director) and Clair Hobbs (Director of Nursing)	

3.2 Actions from the Previous Meeting

The Committee received all items on the work plan with a summary of each provided below:

AGENDA ITEM / DISCUSSION		ASSURED (Y/N)	ASSURANCE SOUGHT
3.	**DECLARATIONS OF INTEREST** None declared.	N/A	
4.	**REVIEW OF THE ACTION LOG** The Committee reviewed the action log and noted the actions that could be removed. Review of Directorate Risk Registers – a prison deep dive to be reviewed by People Committee to focus on staffing.	FULL	
5.	**BOARD ASSURANCE FRAMEWORK (BAF)** The Committee accepted the verbal updates noting that the BAF would be presented at the committees	PARTIAL	**FULL REPORT TO NEXT COMMITTEE**
6.	**RISK MANAGEMENT REPORT** The Committee accepted the report and noted that the Trust was making good progress but that there was still further work to do.	PARTIAL	**REVIEW OF OLDEST RISKS IN NEXT REPORT**

Chair's Assurance Report

Audit Committee – February 2024

7.	**ANNUAL REVIEW OF THE TRUST RISK APPETITE STATEMENT** The Committee accepted the report and noted that there were no substantial changes to previous report but that the financial appetite had been reduced to align with the system risk appetite and financial controls in place	N/A	
10.	**USE OF THE TRUST SEAL** It was noted that the Trust Seal had not been used.	FULL	
11.	**BUSINESS CONTINUITY AUDIT** The Committee received the report and noted the limited assurance. The work was ongoing and a trajectory plan for improvement was requested.	PARTIAL	**TRAJECTORY FOR IMPROVEMENT**
12.	**ANTI-FRAUD, BRIBERY AND CORRUPTION UPDATE** The Committee accepted the report and noted the good progress made against the plan and that a 'green' rating was expected by year end.	FULL	
13.	**SINGLE SOURCE ARRANGEMENTS FOR GOODS AND SERVICES** The Committee accepted the report and all arrangements had been through due process.	FULL	
17.	**INTERNAL AUDIT REPORTS** The Committee reviewed and discussed the internal audit reports, following on from the discussion earlier in the agenda on Business Continuity.	PARTIAL	
19.	**EXTERNAL AUDIT PROGRESS REPORT** The Committee reviewed external audit progress and noted that planning for next year was underway.	FULL	

4. Risks to Escalate

There were no risks to escalate.

Chair's Assurance Report

Audit Committee – February 2024

5. Conclusion

The Board of Directors is asked to note the meeting that took place and the assurances obtained.

Shropshire Community Health NHS Trust

Board Assurance Framework
0. Reference Information

Author:	**Shelley Ramtuhul, Director of Governance**	**Paper date:**	**4 April 2024**
Executive Sponsor:	Shelley Ramtuhul, Director of Governance	**Paper written on:**	27 March 2024
Paper Reviewed by:		**Paper Category:**	Governance
Forum submitted to:	Quality & Safety Committee	**Paper FOIA Status:**	

1. Purpose of Paper

1.1. Why is this paper going to the Board and what input is required?

The Board is asked to ***note*** the current performance position against the Trust's objectives and ***consider and approve*** the proposed quality and safety risks to delivery cited on the Board Assurance Framework.

2. Executive Summary

The Board of Directors uses the BAF as tool to ensure effective management of any risks which have potential to impact on delivery of the Trust strategy.

The BAF has been presented to each of the Board Committees that have taken place in March.

Progress updates have been provided for all actions and the following changes have been made to the risks on the BAF:

- Risk 4.4 - Operational capacity to undertake all programmes of work – the likelihood of this risk has been increased to reflect the significant challenges the operational teams are facing
- Risk 5.3 – Continued movement of timescales for opening of Sub Acute beds (out of SCHT control) – this risk was approved for closure at the Resource and Performance Committee on the basis that the beds are now open
- Risk 7.2 – Digital Team Capacity – the likelihood of this has been increased to reflect the number of vacancies the digital team currently has and the impact this is having on the pace of delivery of digital programmes.

The Board is asked to consider the following:

- Are the risks identified correct and in line with the Board's knowledge? Are there any other risks that should be included?
- Are there adequate controls and assurances identified or are there gaps that should be cited?
- Are appropriate actions identified to address known gaps in controls and assurances? Where actions have been identified are they on track?

Board Assurance Framework

Conclusion

The Board is asked to consider and approve the Board Assurance Framework

Looking after our People — OBJ 1

Principle Objective: Invest in our workforce addressing existing gaps ensuring a compassionate and inclusive culture for all staff

This objective can be broken down into three key components; develop and implement a 5 year workforce plan and development programme that builds strong leadership and increases training and apprenticeship opportunities, identify and implement actions to improve staff experience and engagement, recognise and celebrate success and learning from success across all services

Objective Delivery / Forecast:

Q1	Q2	Q3	Q4	Full Year Forecast

Key Measures:

- ✓ Digital innovation for people processes, improved ESR data quality, expanding our recording of role specific essential training and workforce reporting (Q4)
- ✓ Recruitment and retention improvement plan will be delivered, our time to hire will improve and reliance on agency staffing will reduce (Q4)
- ✓ Implementation of Healthroster (Q4)
- ✓ CPD funding and opportunities for educational development, talent management and apprenticeship approaches, including new roles and flexible employment models (Q4)
- ✓ Growing the bank to provide an increased and agile flexible workforce (Q4)
- ✓ Staff engagement listening events to inform action plan (Q1)
- ✓ Staff satisfaction improvement plan will be finalised (Q1)
- ✓ National Self Assessment Toolkits for all available workstreams to inform actions (Q2)
- ✓ Just and learning culture principles and civility and respect programme delivered (Q3)
- ✓ Reduced sickness absence (Q4)
- ✓ Retention improvement plan will be delivered (Q4)
- ✓ Implementation of 6 EDI high impact actions / RACE code / national EDI improvement plan. Our WDES and WRES metrics will have improved (Q4)
- ✓ Implementation of actions from staff improvement plan (Q4)
- ✓ Improvement in staff survey results (Q4)
- ✓ Raised awareness of Trust's work through regular comms (Q1-4)
- ✓ Raise the profile of the Trust through creative comms (Q1-4)
- ✓ Highlight our services / achievements at a series of events / awards (Q1-4)
- ✓ Engage regularly with staff to ensure Trust communications are effective (Q1-4)
- ✓ Celebrate and promote successes through national awareness days (Q1-4)

Objective Details:

Opened: April 2022

Reviewed Date: March 24

Progress Update:

- Long service awards delivered to recognise staff contribution and celebrate our international Nurses. Will continue annually
- Listening events delivered, actions identified and being completed. Your Voice comms to promote. Will continue
- PIN badges have been distributed to staff for St Georges Cross and 75 year NHS of the NHS
- ESR project plan continues at pace
- Participation in the National People Promise Exemplar programme to improve staff experience commenced in Q4 2023/24
- Health Roster implementation project remains on track
- R&R improvement plan – regular updates going to People Committee and is on track
- 2023 staff survey results out and completing further analysis through a culture dashboard, plan going to April Board, working with SaTH colleagues for further OD and leadership development support
- TRAC implementation complete and fully operational
- Sickness absence continues to show sustained improvement new policy being rolled out to target reduction in short term sickness
- All planned Health & Well Being days have taken place with positive feedback. Next year's HW days now being planned and booked
- Health & Well being improvement plan in place and monitored through people Committee staff satisfaction results have shown an improvement in this area
- EDI Improvement plan in place – not commenced but will go through people Committee
- Executive agreement to join QNI as a member which will offer further support, development and CPD access for Nurses and AHPs across the organisation
- EDI development session for Board to be scheduled
- Inclusive Leadership training dates scheduled, to be promoted

Supporting Programmes of Work:	Key Assumptions:
○ Cultural programme ○ Aspiring Leaders Programme ○ Various national toolkits ○ Set up of staff experience committee ○ Access to SaTH managers development and leadership courses ○ Access to SaTH staff psychology hub and H&WB resources ○ People Promise Exemplar programme	○ Improvement in staff survey results ○ Substantive recruitment to 2 Assoc. Dir posts in the People Team for oversight and direction - completed

Risks:

1.1 Workforce team capacity
1.2 Recruitment restrictions impacting on staff morale Continued financial restrictions and expected vacancy freeze

Lead Director:

Director of Nursing, Workforce and Clinical Delivery

Lead Committee:

People Committee

Principle Objective: Invest in our workforce addressing existing gaps ensuring a compassionate and inclusive culture for all staff **BAF 1.1**

Principal Risk: Workforce Team Capacity

Insufficient capacity results in key programmes of work not being delivered or insufficient traction being made in the areas of staff experience and engagement

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	4	4	3
Likelihood	4	4	2
Total	16	16	6

Risk Details:

Opened: September 2023

Reviewed Date: March 2024

Source of Risk:

Corporate Risk Register

Controls:

- ✓ Ongoing monitoring of team capacity and prioritisation
- ✓ Revised workforce team structure
- ✓ Streamlined workforce processes
- ✓ Recruitment of a designated HRD

Assurance: **Source of Assurance** **3**

- ✓ People Committee oversight on key programme metrics
- ✓ Pulse checks
- ✓ System People Board
- ✓ Performance Board

Gaps In Controls:

- ~~C1: Ability to recruit substantively to Associate Director posts in workforce team~~
- C2: HRD not yet in post

Gaps in Assurance:

- N/A
- A1: People metrics being reviewed and will then need Board agreement

Action Plan to Address Gaps:

Ref	Action	Lead	Due	Progress
C1	Case of need to be presented to Executive Team for approval	Director of Nursing, Workforce and Clinical Delivery	November 2023	Case of Need presented and approved and appointments made - Completed
C2	Onboarding of HRD	Director of Nursing, Workforce and Clinical Delivery	April 2023	
A1	Proposed people metrics to be put forward to people committee and then onto Board for approval	Director of Nursing, Workforce and Clinical Delivery	May 2023	

Principle Objective: Invest in our workforce addressing existing gaps ensuring a compassionate and inclusive culture for all staff **BAF 1.2**

Principal Risk: Recruitment restrictions impact on staff morale

Additional scrutiny of non patient facing roles resulting in vacancies not being recruited to / recruitment temporarily paused with an impact on the remaining staff

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	4	4	3
Likelihood	4	4	2
Total	16	16	6

Risk Details:

Opened: September 2023

Reviewed Date: March 2024

Source of Risk:

Corporate Risk Register

Controls:

- ✓ QEIA process to ensure robust consideration of impact
- ✓ Scrutiny of vacancy panel decisions at Finance Recovery Group
- ✓ Case of Need proforma to assess options
- ✓ VRF panel chaired by Director of Ops and DoN
- ✓ VRF panel agreements – agreed and prioritised weekly by executive team
- ✓ Development of a system panel for vacancy approvals

Assurance: **Source of Assurance** **2**

- ✓ People Committee oversight
- ✓ Pulse checks
- ✓ System People Board Oversight
- ✓ Staff Survey
- ✓ Incidents
- ✓ Quality & Safety Committee

Gaps In Controls:

- C1: Triple lock process not defined to allow for recruitment to progress
- C2: No system process for agreeing recruitment

Gaps in Assurance:

- ~~Staff Survey Results a year out of date~~

Action Plan to Address Gaps:

Ref	Action	Lead	Due	Progress
C1	Triple lock process to be agreed	Director of Finance	January 2024	Process has been agreed for local approval of recruitment with ICB / NHS E challenge as appropriate - completed
C2	System vacancy panel to be agreed	Director of Nursing, Workforce and Clinical Delivery	April 2024	

Caring for Our Communities — OBJ 2

Principle Objective: Embed a culture of continuous quality improvement ensuring robust systems are in place and actions identified for priority areas

This objective can be broken down into four components; implement and embed the new Patient Safety Incident Response Framework across the Trust, continue to deliver quality improvement, identifying learning needs and supporting staff to enhance pressure ulcer management and reduce inpatient falls, strengthen our use of patient experience information supported by robust governance processes to ensure that we are listening and improving our services and develop and embed robust processes to undertake research and identify areas for clinical development

Objective Delivery / Forecast:

Q1	Q2	Q3	Q4	Full Year Forecast

Objective Details:

Key Measures:

- ✓ Compliance with Patient Safety Standards and a ratified Patient Safety Plan and Patient Safety Incident Response Policy in place (Q3)
- ✓ Role out of Purpose T pressure ulcer risk assessment (Q3)
- ✓ Achieve CQUIN for assessment and documentation of pressure ulcer risk (Q4)
- ✓ Bespoke training programmes for high risk teams to look at themes from RCAs and improvement measures (Q3)
- ✓ Pressure ulcer champions to be developed in all areas (Q1)
- ✓ Roll out of simple assistive technology for falls prevention (Q2)
- ✓ Complete evaluation of complex visual assistive technology for falls prevention and proceed to complete capital bid proposal if evaluation supportive (Q2)
- ✓ Achieve and sustain >95% compliance with the use and interpretation of lying and standing BP recording and interpretation (Q2)
- ✓ Revision of SCHT falls guidelines with national best practice and PSIRF (Q2)
- ✓ Full implementation of revised falls guidelines (Q2)
- ✓ Full implementation of SCHT Enhanced Supervision Policy (Q2)
- ✓ Achieve and sustain >95% compliance with falls prevention training (Q2)
- ✓ Reduce mean incidence of falls across Q1 and Q2 to <6 per 1000 bed days (Q2)
- ✓ Reduce incidence of repeated falls in same patient to <1 per patient per month (Q3)
- ✓ Reduce annualised mean incidence of falls to <6 per 1000 bed days (Q4)
- ✓ Reduce harm from falls, number of serious incidents relating to falls <2 for 23/24 (Q4)
- ✓ Review patient feedback methods across the Trust (Q1)
- ✓ Robust programme of observe and act (Q1)
- ✓ Strengthen relationship with Healthwatch (Q1)
- ✓ Expand digital methods of patient feedback (Q2)
- ✓ Patient Experience Delivery Group to report into Patient Experience Committee (Q2)
- ✓ Develop robust processes and structures to provide assurance that actions from patient feedback are implemented and shared (Q2)
- ✓ Publicise patient and service user feedback more regularly and robustly for staff, patients and public (Q3)

Progress Update:

- Patient Safety Incident Panels established with transition to PSIRF complete
- Purpose T implementation on hold at National level – therefore unable to progress in Q2 as planned
- CQUIN meetings and oversight occurring monthly and a delivery meeting bi-monthly Q3 data suggests will not meet target
- Falls quality improvement work continues including assistive technology
- Enhanced supervision policy currently under review with further discussions following rapid learning following a recent SI
- Currently developing a Quality Improvement oversight Group that will align to Patient Safety Committee and up to QSC for assurance and oversight
- Patient Experience Delivery Group has now been established and is reporting to the committee
- Baseline assessment against NHSEI assessment tool complete
- Quality improvement methodology agreed and being rolled out with Quality Improvement Framework developed for 24/25
- Clinical Quality Strategy under development
- Agreement to move to new datix system
- Quality Improvement Advocates identified across the organisation

- ✓ Continue to deliver high quality research, reaching all WM Clinical Research Network High Level Objectives and gaining Research Capacity Funding (Q3)

Key Measures Continued

- ✓ Grow the commercially partnered research activity in line with the DoH and NIHR Research programme promoting commercial research (Q2)
- ✓ Continue to grow the research champions scheme within the Trust increasing the number of colleagues engaging with the programme (Q4)
- ✓ Achieving Innovation and Improvement funding from the WM Clinical Research Network's Annual Funding round to grow research buy in within the Trust (Q4)

Supporting Programmes of Work:	Key Assumptions
○ PSIRF Programme	○ Upgrade / update to Datix

Risks:	
BAF2.1	Ability to transition to LFPSE
BAF 2.2	Reliance on volunteer input for key patient experience workstreams such as observe and act

Lead Director:	Lead Committee:
Director of Nursing, Workforce and Clinical Delivery	Quality and Safety Committee

Principle Objective: Embed a culture of continuous quality improvement ensuring robust systems are in place and actions identified for priority areas **BAF 2.1**

Principal Risk: Ability to transition to LFPSE

Non-compliance with patient safety standards, requirement to dual run with STEIS and ongoing resource implications, limitations to reporting

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	4	4	4
Likelihood	4	3	1
Total	16	12	4

Risk Details:

Opened: September 2023

Reviewed Date: March 2024

Source of Risk:

Corporate Risk Register

Controls:

- ✓ PSIRF Working group overseeing transition
- ✓ LFPSE testing completed with ongoing support from Datix
- ✓ System Working group
- ✓ System partner support (those also using Datix)
- ✓ National toolkit being followed
- ✓ Extension of NRLS and STEIS due to national issues with LFPSE

Assurance: **Source of Assurance** **2**

- ✓ Patient Safety Committee and Quality and Safety Committee Oversight
- ✓ NHS E and system oversight of implementation

Gaps In Controls:

- Datix reconfiguration to be completed and resource constraints
- Datix software compatibility

Gaps in Assurance:

- None identified

Action Plan to Address Gaps:

Ref	Action	Lead	Due	Progress
C1	Reconfiguration timetable to be compiled and implemented	Director of Governance	~~November 2023~~ March 2024	Reconfiguration work has commenced with initial testing completed, significant technical issues experienced with support required from Datix. Agreement from ICB to proceed with new Datix system which will resolve LFPSE compliance
C2	Ongoing support from Datix	Director of Governance	~~November 2023~~ March 2024	Tickets logged with Datix for ongoing support – business case being developed for upgrade to Datix. Agreement from ICB to proceed with new Datix system which will resolve LFPSE compliance

Principle Objective: Embed a culture of continuous quality improvement ensuring robust systems are in place and actions identified for priority areas **BAF 2.2**

Principal Risk: Reliance on volunteer input for key patient experience workstreams such as observe and act

Loss of volunteers would impact on ability to delivery key workstreams

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	4	4	4
Likelihood	4	3	1
Total	16	12	4

Risk Details:

Opened: September 2023

Reviewed Date: January 2024

Source of Risk:

Corporate Risk Register

Controls:

- ✓ Restructure of Governance Team to improve resilience including for patient experience work
- ✓ Administrative support for volunteers identified in new structure
- ✓ Board recognition for volunteers work to improve morale and retention
- ✓ Identified Patient Experience Lead overseeing volunteers with good and longstanding relationships
- ✓ Director of Governance attendance at volunteer meetings on request

Assurance: **Source of Assurance** **1**

- ✓ Patient Experience Committee

Gaps In Controls:

- C1: Lack of recruitment and retention plan for volunteers
- ~~C2: Lack of admin support until new Governance Structure in place~~

Gaps in Assurance:

- A1: No tracking of recruitment and retention of volunteers

Action Plan to Address Gaps:

Ref	Action	Lead	Due	Progress
C1	Recruitment and retention plan to be devised	Director of Governance	~~December 2023~~ April 2024	Director of Governance and Patient Experience Lead in discussion to formulate plan
C2	Administrative support to be put in place	Director of Governance	December 2023	Support now in place as a temporary fix with plans to recruit permanently -completed
A1	Recruitment and retention tracking to be put in place once plan devised	Director of Governance	~~January 2024~~ April 2024	Not yet commenced – recruitment and retention plan to be devised in the first instance

Caring for Our Communities — OBJ 3

Principle Objective: Tackle the problems of ill health, health inequalities and access to health care using data and analytics to redesign care pathways and measure outcomes

This objective can be broken down into two key components: promote uptake of vaccinations to improve health and reduce emergency admissions, further develop health inequalities measures and embed 'making every contact count' for all services

Objective Delivery / Forecast:

Q1	Q2	Q3	Q4	Full Year Forecast

Key Measures:

- ✓ Delivery a spring 2023 covid 19 vaccination campaign to the cohorts recommended by the JCVI. To achieve locally agreed uptake targets (Q2)
- ✓ Deliver an autumn/winter 20234/24 covid 19 vaccination campaign to the cohorts recommended by JCVI to achieve locally agreed uptake targets (Q4)
- ✓ Implement Brilliant Brushers programme across increased volume of targeted settings (Q1-4)
- ✓ Increase accessibility to high strength fluoride toothpaste for vulnerable elderly in care home settings (Q2)
- ✓ Increased offer of specialist dental care to children in STW (Q3)
- ✓ Implement Brilliant Brushers programme across increased volume of targeted settings (Q1-4)
- ✓ Increase accessibility to high strength fluoride toothpaste for vulnerable elderly in care home settings (Q2)
- ✓ Increased offer of specialist dental care to children in STW (Q3)

Objective Details:

Opened: April 2023

Reviewed Date: March 2024

Progress Update:

- The Covid Vaccination Service delivered a spring campaign between April 2023 – June 2023 as per JCVI guidance. They achieved overall uptake of 71% against a local target of 61%. This was made up of 82.1% of Care Home residents, 75.5% of eligible over 75s and 45.6% of Under-75 Immunosuppressed.
- The Covid Vaccination Service has begun an Autumn campaign in September 2023. Data will be reported following its completion on 31/01/2024.
- The Brilliant Brushers supervised toothbrushing programme for 3-5 year olds has now been up taken by 79 settings with 141 settings offered the programme (cumulatively up to the end of Q2)
- PGD has been developed, and further governance working with NHSE for provision of high strength fluoride toothpaste to vulnerable elderly in care (nursing home environments). Training of the care homes will be provide by the healthy smiles team and community pharmacy (PGD training) once the pharmacy provider has endorsed the process (Q3)
- PGD developed with NHSE partners for provision of HSF toothpaste to vulnerable homeless population via The Ark. Healthy Smiles team to deliver training to The Ark and pharmacy provider. Stalled at request of Ark and pharmacy pressure due to operational pressures. Operational delivery of community dental care to vulnerable homeless- screening process completed within the Ark. Delivery of services to commence at Shrewsbury Dental when the Ark reopens and can support service users to appointments
- ST4 in paediatric dentistry in post (1 day per week) widening offer of specialist paediatric care in STW (Q3)

- Acceptance of governance model by pharmacy provider for HSF toothpaste programme
- Capacity of primary care pharmacy and within the Ark to adopt the vulnerable homeless HSF and community dental care model

Supporting Programmes of Work:	Key Assumptions	Risks:
○ Vaccination Programme	○ Item of service payments remain at the same levels	Funding risk to be considered

Lead Director:	Lead Committee:
Director for Operations	Quality and Safety Committee

Caring for Our Communities — OBJ 4

Principle Objective: Restore and recover our services tackling the backlog and reduce long waits.

This objective can be broken down into two key components; aligned to commissioning intentions increase capacity through improved efficiency and models of care developing robust capacity plans to deliver predicted demand and reduce waiting lists and implement system wide outpatient transformation pathways including increasing patient initiated follow ups, advice and guidance

Objective Delivery / Forecast:

Q1	Q2	Q3	Q4	Full Year Forecast

Key Measures:

- ✓ Full implementation of Phase 1 of the system wide MSK transformation project (MSST) (Q1-2)
- ✓ Reduction to zero 52 week patients (Q4) national target 65 weeks
- ✓ Continue to explore further system wider transformation projects (diabetes) (Q2-3)
- ✓ Reduction of referral to treatment waiting list backlogs to ensure compliance with the 92% incomplete target (Q4)
- ✓ Overall implementation of all aspects of the system wider MSK Transformation Project (Q4)
- ✓ Implementation of PIFU across appropriate outpatient services (Q1)
- ✓ Continue to provide patients with options of virtual consultations (Q1)
- ✓ Work together with the system OP transformation group to look at standardising patient communications (Q2-3)
- ✓ Continue to develop plans to help reduce DNA alongside the system OP Transformation Group

Supporting Programmes of Work: Key Assumptions

Objective Details:

Opened: April 2023

Reviewed Date: March 2024

Progress Update:

- Phase 1 and becoming business as usual
- Active partner in System Diabetes forum
- MSK Board and Transformation project ongoing
- Virtual consultations are offered as appropriate with constant review on further opportunity
- Actively involved in System Out Patients transformation group
- Phase 2 of the project has now been implemented (Aug23). This now means that MSST has a single front door with a standardised referral proforma across the county. Level 2 and Level 3 therapy are now live with MSST clinics and seeing MSST patients with work being undertaken to look at recovering the current waiting list backlogs. Plans continue to implement Phase 3 of the project with Rheumatology due to go live now in march. At present no timescale has been agreed for Orthopaedics, Pain services and Orthotics.
- PIFU is now fully implemented in the appropriate services and is consistently above the national target for SCHT overall, currently at 10%.
- Services continue to utilise virtual consultations across multiple services. Whilst services are not routinely hitting the national aim of 25% further work is being undertaken to understand the appropriateness of 25% in specific services to understand how appropriate and achievable 25% is.
- This hasn't progressed any further as a system due to the OP transformation group having a refresh in priorities in Q2. Internally within SCHT we are looking to implement My NHSAPP which will provide patients the opportunity to receive appointment and clinical letters digitally which will increase efficiency and reduce costs.
- Further work is underway to support missed appointments via the use of text message reminders and to scope other digital solutions. However at present SCHT is consistently achieving the target set nationally of having a 5% DNA rate by March 24 but this may be impacted as we move forward by the system wide MSK service, MSST. This will be monitored closely within the project and via the OP Transformation group.

Risks:

- OP Transformation programme
- MSK Programme
- MSK transformation phases will continue as planned

BAF4.1	Demand exceeds capacity
BAF 4.2	Potential for patient harm due to waiting times
BAF 4.3	Internal governance and operational oversight of system programmes
BAF 4.4	Operational capacity to deliver the programmes of work

Lead Director:

Director for Operations

Lead Committee:

Resource and Performance Committee / Quality and Safety Committee

Restore and recover our services tackling the backlog and reduce long waits — BAF 4.1

Principal Risk: Demand exceeds capacity

Inability to restore activity levels resulting in increasing waiting times and poor patient experience. Non-compliance with national oversight framework, regulatory and system scrutiny and loss of reputation, potential for loss of income if activity levels not achieved.

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	5	3	3
Likelihood	4	4	2
Total	20	12	6

Risk Details:

Opened: April 2022

Reviewed Date: March 2024

Source of Risk:

Corporate Risk Register

Controls:

- ✓ Ongoing monitoring of performance against plan for early identification of actions
- ✓ Realtime review and monitoring of waiting lists
- ✓ Internal Planning Group in place for monitoring

Assurance: **Source of Assurance** **3**

- ✓ Resource and Performance Committee oversight
- ✓ National reporting on waiting times
- ✓ System Delivery Committee

Gaps In Controls:

- C1: Internal operational performance framework in infancy with Performance Board needing to be re-established
- C2: Operational Forecasting gaps

Gaps in Assurance:

- A1: Waiting for national oversight framework to enable assessment against requirements

Action Plan to Address Gaps:

Ref	Action	Lead	Due	Progress
C1	Performance board to be re-established	Director of Finance / Director of Governance	~~November 2023~~ Mar 2024	First meeting Scheduled for 6th December – two meetings have now taken place with February meeting the first meeting with the new performance template – keep action under review until embedded
A1	Complete assessment against national oversight framework once published	Director of Finance	December 2023	Still awaiting publication, continuing to work to 22/23 framework

Restore and recover our services tackling the backlog and reduce long waits — BAF 4.2

Principal Risk: Potential for patient harm due to waiting times

Inability to restore activity levels to that provided pre-Covid resulting in increasing waiting times and poor patient experience. Regulatory and system scrutiny and loss of reputation.

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	5	4	3
Likelihood	4	4	2
Total	20	16	6

Risk Details:

Opened: April 2023

Reviewed Date: March 2024

Source of Risk:

Corporate Risk Register

Controls:

- ✓ Programme of work to eliminate waits of over 104 weeks as a priority and reduce waits of over 78 weeks.
- ✓ Harms assessment process
- ✓ Harms Assessment Group established to deliver process

Assurance: **Source of Assurance** **3**

- ✓ Quality and Safety Committee oversight
- ✓ National reporting on waiting times
- ✓ System Delivery Committee
- ✓ Patient Safety Committee established

Gaps In Controls:

- ~~C1: Completion of harms reviews and embedding in patient pathway~~

Gaps in Assurance:

- A1: Lack of formal tracking or reporting of harms process

Action Plan to Address Gaps:

Ref	Action	Lead	Due	Progress
C1	Harms reviews to be completed for all patients waiting over 52 weeks	Director of Operations	December 2023	Completed and reported via Quality and Safety Committee - completed
A2	Tracking and reporting of harms process to be put in place	Director of Operations / Director of Governance	December 2023	Regular report to Quality and Safety Committee - completed

Restore and recover our services tackling the backlog and reduce long waits — BAF 4.3

Principal Risk: Internal governance and operational oversight arrangements for system programmes

System programmes are taken through system governance and don't have links into the Trust's governance and operational oversight arrangements, potential for risks to not be identified and mitigated from a Trust perspective when SROs sit outside of the organisation

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	5	5	5
Likelihood	4	3	1
Total	20	15	5

Risk Details:

Opened: September 2023

Reviewed Date: March 2024

Source of Risk:

Corporate Risk Register

Controls:

- ✓ Trust attendance at system programme meetings
- ✓ Establishment of CiC to improve collaborative working
- ✓ Weekly vacancy panel being established at system level

Assurance: **Source of Assurance** **3**

- ✓ Quality and Safety Committee oversight
- ✓ System Delivery Committee with Trust representatives in attendance

Gaps In Controls:

- C1: System programme meetings not aligned to Trust's operational meeting framework

Gaps in Assurance:

- A1: System programme meetings not aligned to the trust's governance framework

Action Plan to Address Gaps:

Ref	Action	Lead	Due	Progress
C1/A1	Review of governance and operational frameworks to ensure system programmes are captured	Director of Operations / Director of Governance	December 2023	Transformation Oversight Group established which reports to the newly established Performance Board. This is in it's infancy so will remain under review.

Restore and recover our services tackling the backlog and reduce long waits — BAF 4.4

Principal Risk: Operational capacity to undertake all programmes of work

Potential for operational pressures to affect prioritisation of system programmes both internally and across the system

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	5	5	5
Likelihood	4	4	2
Total	20	20 ↑	10

Risk Details:

Opened: September 2023

Reviewed Date: March 2024

Source of Risk:

Corporate Risk Register

Controls:

- ✓ Trust attendance at system programme meetings
- ✓ Revised operational structure

Assurance: Source of Assurance 3

- ✓ Resource and Performance Committee oversight
- ✓ System Delivery Committee with Trust representatives in attendance

Gaps In Controls:

- C1: System programme meetings not aligned to Trust's operational meeting framework

Gaps in Assurance:

- A1: System programme meetings not aligned to the trust's governance framework

Action Plan to Address Gaps:

Ref	Action	Lead	Due	Progress
C1/A1	Review of governance and operational frameworks to ensure system programmes are captured	Director of Operations / Director of Governance	December 2023	Transformation oversight group established which reports to Performance Board. This is in its infancy so will remain under review

Caring for Our Communities **OBJ 5**

Principal Objective: Build community care capacity supporting people to stay well and out of hospital

This objective can be broken down into four key components, improve on the integrated discharge team improvements across STW, further reducing LoS for patients with no criteria to reside and thereby supporting patient flow across STW, develop care models for sub-acute and post-acute care based on the needs of our population, making best use of our community bed base capacity and community assets and expand community-based services to provide more care and treatments and prevent hospital attendances, continue the planned expansion of Virtual Ward to enable patients to receive medical care in their home or usual place of residence, supporting improved outcomes ad experience for patients and reducing demand on acute hospital beds, play an active role in working with system partners to develop person centred and proactive models of care for the most vulnerable patients in our community and ensure that these models are embedded in our community services and working with system partners to develop neighbour hood models of care, with a clear focus on the alignment of community staff to geographical localities.

Objective Delivery / Forecast:

Q1	Q2	Q3	Q4	Full Year Forecast

Key Measures:

- ✓ P1 pathways decreased use / reduced waiting list (Q1)
- ✓ P2 pathways increased use / reduced waiting list (Q1)
- ✓ Reduced ward LoS for complex discharges (Q1)
- ✓ Reduction in MFFD numbers (Q1)
- ✓ Milestones and outcomes will be developed as part of the phase 2 of the Local Care Transformation Programme (Q1-4)
- ✓ Increased referrals (step up and step down) and bed occupancy in VW according to the agreed system trajectory (Q1)
- ✓ Reduction of acute beds as a direct results of virtual wards. This can be translated into the number of wards related to this reduction bed days. Monetised by applying the cost of a ward (Q1)
- ✓ Outcome or milestones set as part of Phase 2 of LCTP (Q1-4)

Objective Details:

Opened: April 2023

Reviewed Date: March 2024

Progress Update:

- Increasing numbers on Virtual Ward since the inception of 1 point of referral phone line
- Acuity and dependency of patients being reviewed on VW continues to be collated
- Original target bed numbers to be reviewed and discussed with regional colleagues
- Recruitment and pathways underway for sub-acute wards ongoing – awaiting ICB to confirm if Shrewsbury site will stay at 26 meds or increase again to 32 in new modular build
- P1 pathways increased use / reduced waiting list (Q1) The Integrated Discharge Team based within the acute provider has a focused work stream to drive the home first philosophy for discharge , with home being the default discharge pathway. The ambition to increase the number of pathway 1 referrals inline with the national discharge pathway profiles. Working with the local authority adult social care hospital / reablement teams and acute hospital staff the IDT continues to focus on this service improvement work, pathway 1 discharge were 47% of the total complex discharge April-June 2023, the work is to further increase the number of pathway 1 discharges when safe and appropriate to do so and decrease the dependant on pathway 2/3 provision continues.
- P2 pathways decreased use / reduced waiting list (Q1) Pathway 2 referrals remain higher than predicted and account for 30-35% of all complex discharges from the acute hospitals with high rates of community hospital occupancy. The reduction of pathway 2 referrals is linked to the IDT home

first approach and the interdependencies of professional decision making, safety netting and risk management, availability of domiciliary care including night services and critical incidents where community hospital criteria is flexed to support the demand and has an impact on the referral rates. The workstreams and review of metric is ongoing as part of the IDT project delivery group.

- Reduced ward LoS for complex discharges (Q1) Average LOS reduction by 2 days for complex discharge from baseline March 2023 16.4 days to 14,2 days September 2023, this remains variable and rises in line with escalation and availability of pathway 1-3 provisions
- Reduction in MFFD numbers (Q1) Q1 achieved an increase of the average complex discharges 25 to 27 weekday. Weekend discharges fluctuated but slight improvement on an average from 20 to 21.Q2 – continue to deliver weekday average of 27 and average weekend of 20 complex discharges. The reduction in the number of No criteria to reside numbers is also correlated to the reduction in average LoS of complex patients seen in Q1, which will reduce the required number of bed days. The overall bed day reduction trajectory is monitoring via the ICB demand and capacity modelling group.
- Sub acute wards is in Phase 1 with Service Delivery Groups focussing on the operational delivery of the varied workstreams including Workforce, Finance, Estates, Clinical Pathways with a weekly oversight Group chaired by the designated SRO (COO at SaTH)

Supporting Programmes of Work:	**Key Assumptions**
○ Local Care Programme ○ Virtual Ward programme	○ Recruitment of key staff

Risks:	
BAF 5.1	Recruitment challenges
BAF 5.2	Community capacity fails to have impact
BAF 5.3	Continued movement of timescales for opening of sub-acute beds – out of SCHT control

Lead Director:	**Lead Committee:**
Director of Nursing, Workforce and Clinical Delivery	Resource and Performance Committee / Quality and Safety Committee

Build community care capacity supporting people to stay well and out of hospital — BAF 5.1

Principal Risk: Recruitment challenges

Inability to meet safe staffing requirements, reliance on agency staff, impact on service delivery, reduction in standards of care and patient experience

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	5	4	3
Likelihood	4	4	2
Total	20	16	6

Risk Details:

Opened: April 2022

Reviewed Date: March 2024

Source of Risk:

Corporate Risk Register

Controls:

- ✓ Recruitment programme
- ✓ International recruitment as a system
- ✓ Availability of system mutual aid
- ✓ Planned early start to recruitment with potential 'recruit as risk' for key posts approach to minimise service delays and financial consequences

Assurance: **Source of Assurance** **3**

- ✓ People Committee oversight
- ✓ Safe Staffing reporting to Board biannually
- ✓ Quality metrics
- ✓ System People Board oversight

Gaps In Controls:

C1: Line of sight on vacancies and agency usage

Gaps in Assurance:

- ~~A1: People Committee in its infancy~~
- A2: System People Board has not met with any frequency

Action Plan to Address Gaps:

Ref	Action	Lead	Due	Progress
C1	Implementation of e-rostering	Director of Nursing	March 2024	Collaboration with the system on e-rostering in its infancy with project plan developed ongoing
A2	Engagement with System People Board	Director of Nursing / Director of Governance	September 2023	New People Committee established for ICB, Shrop Comm NED representative agreed. - completed

Build community care capacity supporting people to stay well and out of hospital — BAF 5.2

Principal Risk: Community capacity fails to have impact

Inability to progress with programme and commence recruitment campaign in full resulting in delays with opening of modular ward

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	5	5	5
Likelihood	4	3	1
Total	20	15	5

Risk Details:

Opened: September 2023

Reviewed Date: March 2024

Source of Risk:

Corporate Risk Register

Controls:

- ✓ VW metrics reported to Executive Team for oversight
- ✓ Provider Transformation Committee meeting regularly
- ✓ IDT in place

Assurance: **Source of Assurance** **3**

- ✓ System Integrated Delivery Committee
- ✓ Resource and Performance Committee
- ✓ NHS E Reporting
- ✓ Joint committee with SaTH on transformation work
- ✓ Committee in Common for Provider Collaborative

Gaps In Controls:

- C1: Reliance on system partner working and collaboration

Gaps in Assurance:

- ~~A1: Committee in common to be established~~

Action Plan to Address Gaps:

Ref	Action	Lead	Due	Progress
C1	Improved system working	Chief Executive	December 2023	Committee in common has been established and has met 3 times, ToR in draft and priorities agreed.

Build community care capacity supporting people to stay well and out of hospital CLOSE RISK **BAF 5.3**

Principal Risk: Continued movement of timescales for opening of sub-acute beds – out of SCHT control

Inability to progress with programme and commence recruitment campaign in full resulting in delays with opening of modular ward

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	5	5	5
Likelihood	4	3	1
Total	20	15	5

Risk Details:

Opened: September 2023

Reviewed Date: March 2024

Source of Risk:

Corporate Risk Register

Controls:

- ✓ Planned early start to recruitment with potential 'recruit as risk' for key posts approach to minimise service delays and financial consequences
- ✓ Programme plan in place

Assurance: **Source of Assurance** **3**

- ✓ Steering group in place attended by SCHT Executives
- ✓ SaTH / Shrop Comm Transformation Committee
- ✓ Project flash reports

Gaps In Controls:

- ○ C1: Programme plan not on track due to changing timeframes

Gaps in Assurance:

- ○ A1: Oversight of system programmes (addressed above through implementation of Transformation Oversight Group)

Action Plan to Address Gaps:

Ref	Action	Lead	Due	Progress
	Weekly reporting to Executive Team for oversight	Director of Nursing and Director of Ops	Ongoing	Completed

Caring for Our Communities — OBJ 6

Principle Objective: Develop strong partnerships expanding the range of services provided out of hospital settings

This objective can be broken down into two key component; seek opportunities to strengthen links with mental health services including CYP LD&A and SEND and building on the success of the Oswestry Test and Learn Project and the Brighter Futures Multi-Agency Programme, continue to strengthen partnerships and expand services for Children, Young People and their Families

Objective Delivery / Forecast:

Q1	Q2	Q3	Q4	Full Year Forecast

Objective Details:

Opened: April 2023

Reviewed Date: March 2024

Key Measures:

- ✓ Joint peer supervision forum launched (Q1)
- ✓ 'Voice of the Child' outcome tool developed (Q2)
- ✓ Partners will have come together to analyse the successes and outputs of these events to enable the next stage of development (Q1)
- ✓ Multiagency offer to support working together for 2023/24 including expansion to include Telford and Wrekin (Q2)

Progress Update:

- Supervision steering group re-established. Sara Ellis introduced as new chair to progress this workstream
- A second peer supervision meeting with BeeU took place in October 2023. These events continue to strengthen the partnerships between MPFT and SCHT.
- North Shropshire role out of the integration pilot has commenced. Evaluation will follow in the new year.
- Multi-agency workstream commenced to develop a local Voice of the Child outcome tool. Participants from Local Authority, Health, Education, SEND and parent groups engaged. Takeover day planned to hear the views of school aged children at the end of November.
- Brighter Futures events paused whilst Safeguarding Summit and panel analyse recent safeguarding cases. Themes and interagency learning will underpin the agenda for the next event scheduled for February/ March 2024 for the whole of Shropshire.
- LD&A NHSE Improvement Standards gap analysis completed
- Head of Quality attends STW LD&A system group
- SCHT are taking part in LD&A National Benchmarking exercise

Supporting Programmes of Work:

- N/A

Key Assumptions

- N/A

Risks:

BAF 6.1 BeeU are experiencing workforce and capacity challenges which means engagement is not guaranteed at peer supervision sessions. Leaders across both organisations are attempting to make this a priority to release staff whilst managing the risk to waiting lists and demand. (Risk being worked up)

Lead Director:

Director of Nursing, Workforce and Clinical Delivery

Lead Committee:

Quality and Safety Committee

Managing Our Resources — OBJ 7

Principle Objective: Maximise the potential of digital technologies ensuring a core level of digitisation in every service across systems to transform the delivery of care and patient outcomes

This objective can be broken down into four key components; building on the benefits released through virtual assistants, digital consent and improved agile working technologies, further extend digital channels to give patients better options to access health and social care services and support patients to manage their own health and care, maintain strong systems and processes and strengthen the Trust's cyber security capabilities working with the ICS to optimise our capabilities in this area, develop robust digital training plans to upskill our workforce to maximise the potential associated with digital development made to date and connect with the ICS to enable our staff to drive through a digital first approach to delivering care and offer a greater digital choice for how citizens can access and manage health and care services and supporting implementation of ICS wide EPMA for hospitals and community services to reduce medicines related errors waste and to optimise the use of the system medicines formulary

Objective Delivery / Forecast:

Q1	Q2	Q3	Q4	Full Year Forecast

Objective Details:

Opened: April 2023

Reviewed Date: March 2024

Key Measures:

- ✓ Appointment management online so that patients can see and change upcoming appointments (Q3)
- ✓ Expand digital consent and introduce more opportunity through online forms that will add patient related information directly into the clinical record (Q3)
- ✓ Strengthening of defences in depth and resilience against potential cyber threats (Q2)
- ✓ Embed digital first culture and optimise digital channels available (Q4)
- ✓ EPMA Business case (Q1)
- ✓ Medicines management team included in SCHT digital meetings (Q1)
- ✓ Review all medicine stock lists (Q1)
- ✓ Support finalising full EPMA business case (Q4)

Progress Update:

- EPMA Business case approved and system being deployed
- Internal audit review plus NHS E review of cyber resilience, both showing improvement and that arrangements are robust.
- Vacancies within the Digital team are affecting the programme timelines for deployment of available technology

Supporting Programmes of Work:

- EPMA Programme

Key Assumptions

- Operational capacity to support digital developments

Risks:

7.1 Risk of cyber attack
7.2 Digital team capacity

Lead Executive

Director of Finance

Lead Committee:

Resource and Performance Committee

Maximise the potential of digital technologies ensuring a core level of digitisation in every service across systems to transform the delivery of care and patient outcomes **BAF 7.1**

Principal Risk: Cyber attack

Loss of data or operationality of systems, reputational damage, impact on service delivery

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	4	4	3
Likelihood	5	3	2
Total	20	12	6

Risk Details:

Opened: September 2023

Reviewed Date: March 2024

Source of Risk:

Corporate Risk Register

Controls:

- ✓ DSPT Toolkit compliance
- ✓ External expertise input into cyber risk management
- ✓ SIRO and Deputy SIRO oversight
- ✓ Cyber security programme
- ✓ Information asset owners and register
- ✓ Business continuity plans in place

Assurance: **Source of Assurance** **3**

- ✓ Audit Committee Oversight
- ✓ Data Security Group

Gaps In Controls:

- ~~C1: Information asset owner processes still embedding~~

Gaps in Assurance:

- A1: N/A

Action Plan to Address Gaps:

Ref	Action	Lead	Due	Progress
C1	Information Asset Owner Network meetings to be established	Director of Governance	December 2023	Schedule in place with holds in the diary - completed

Maximise the potential of digital technologies ensuring a core level of digitisation in every service across systems to transform the delivery of care and patient outcomes **BAF 7.2**

Principal Risk: Digital Team capacity

Lack of capacity results in programmes of work being paused or delayed, loss of momentum with digital agenda, staff unsupported with digital service needs

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	4	4	4
Likelihood	5	5	2
Total	20	20 ↑	8

Risk Details:

Opened: September 2023

Reviewed Date: March 2024

Source of Risk:

Corporate Risk Register

Controls:

- ✓ Digital strategy and programme of work in place
- ✓ Regular team meetings with oversight from Director of Finance

Assurance: **Source of Assurance** **3**

- ✓ Digital Assurance Group

Gaps In Controls:

- C1: Recruitment controls preventing appointments to vacancies
- C2: Line of sight on programmes of work requiring digital input impacting on prioritisation and workload

Gaps in Assurance:

- N/A

Action Plan to Address Gaps:

Ref	Action	Lead	Due	Progress
C1	Digital B7 Case of Need to be presented to Execs	Director of Finance	November 2023	Submitted to Execs and approved to proceed however additional controls in place and system approval required.
C2	Transformation Oversight Group to include digital input	Director of Operations	November 2023	Approved ToR in place and meetings established and reporting to Performance Board - completed

Managing Our Resources — OBJ 8

Principle Objective: Make the most effective use of our resources moving back to and beyond pre- pandemic levels of productivity reviewing internal processes and reviewing pathways with our partners

This objective can be broken down into three key components; develop 3 year cost improvement programmes informed by benchmarking intelligence, develop an Estates Plan which ensures buildings are safe and fit for purpose and all associated backlog maintenance requirements are priorities and addressed accordingly, support the development of a broader approach to carbon reduction towards Net Zero extending beyond the built environment

Objective Delivery / Forecast:

Q1	Q2	Q3	Q4	Full Year Forecast

Objective Details:

Opened: April 2023

Reviewed Date: March 2024

Key Measures:

- ✓ Review and analyse the benchmarking reports shared with RPC during 22/23 for CIP opportunities to ensure a focussed trust wider approach is proposed to avoid duplication of effort (Q1)
- ✓ Agree CIP priority areas informed by the Q1 benchmarking intelligence exercise (Q2-3)
- ✓ Agree 3 year CIP targets with Board, STW and NHS England from 24/25 onwards
- ✓ CIP priority PIDs and Business cases are developed based on benchmarking intelligence to contribute towards 3 year CIP targets from 24/25 onwards (Q4)
- ✓ Review current estates backlog to provide an update to the annual ERIC returns (Q1)
- ✓ Review capital programme to identify links to backlog requirement and identify where schemes mitigate against growth of in year backlog (Q1)
- ✓ Updates through working groups (Q1)
- ✓ Space Utilisation and Hybrid working policy in place defining principles of property usage (Q1)
- ✓ Identification of site specific differences (Q1)
- ✓ Processes of design, sign off and handover in place for significant works (Q1)
- ✓ Review of PPM regimes as areas are refurbished (Q1)
- ✓ Ongoing review of BLM (Q1)
- ✓ Review revenue implications of BLM with service providers and any potential new works that fall below the capital allowance (Q2)
- ✓ Review priorities to identify any changes to spend activity (Q2)
- ✓ Review mitigation strategy where capital funding is constrained and link to the PAM update for September 2023 (Q2)

Progress Update:

- Estates plan has been approved via RPC with benchmarking showing good compliance
- Substantial progress with Net Zero agenda in relation to the estate, focus needed on the other areas of the programme
- Space Utilisation surveys complete for areas of the estate and action plans being developed and implemented
- CIP for 23/24 fully identified in year and recurrent delivery forecast when including full year effects
- VFM Audit underway

Supporting Programmes of Work:

- CIP Programme
- Net Zero Group
- Capital Programme

Key Assumptions:

- Operational delivery of CIP identified
- Elective activity delivery

Risks:

BAF1.1	Costs exceed plan
BAF 1.2	Capital funding insufficient (risk being worked up)

Lead Director:

Lead Committee:

Director of Finance | Resource and Performance Committee

Make the most effective use of our resources moving back to and beyond pre- pandemic levels of productivity reviewing internal processes and reviewing pathways with our partners **BAF 8.1**

Principal Risk: Costs exceed plan

Escalation within system oversight framework and increased regulatory scrutiny, inability to invest, loss of opportunity to transform services

Risk Rating:

	Inherent Risk	Residual Risk	Target Risk (Tolerance)
Consequence	4	1	3
Likelihood	5	5	2
Total	20	5 ↓	6

Risk Details:

Opened: April 2022

Reviewed Date: March 2024

Source of Risk:

Corporate Risk Register

Controls:

- ✓ Use of non-recurrent schemes to allow more time to implement recurrent cost saving schemes
- ✓ CIP Delivery Group working on identifying CIP schemes
- ✓ Robust QEIA process in place
- ✓ Financial Recovery Group in place for operational oversight

Assurance: **Source of Assurance** **3**

- ✓ Resource and Performance Committee oversight
- ✓ System Delivery Committee oversight
- ✓ KPI Metrics
- ✓ Value for Money audit

Gaps In Controls:

- C1: Shortfall in CIP schemes currently identified
- C2: Elective activity performance

Gaps in Assurance:

- A1: Performance and Programme Board to be re-established
-

Action Plan to Address Gaps:

Ref	Action	Lead	Due	Progress
C1	Ongoing work through CIP Delivery Group feeding into Financial Recovery Group	Director of Finance	March 2024	Weekly meeting continue to take place with Executive oversight
A1	Performance and Programme Board to be embedded	Director of Finance	February 2023	Three meetings have now taken place and continue to embed the performance framework
C2	Establish assurance committee for elective activity and patient waits	Director of Finance / Director of Governance	December 2023	ToR in place and meetings taking place - completed