Shropshire Community Health NHS Trust

Public Trust Board - 1 February 2024

MEETING

1 February 2024 10:00 GMT

PUBLISHED

29 January 2024

Agenda

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MINUTES OF THE PUBLIC BOARD MEETING

HELD AT THE SHROPSHIRE WILDLIFE TRUST, SHREWSBURY AT 10.00 AM ON THURSDAY 7 DECEMBER 2023

PRESENT

Chair and Non-Executive Members (Voting)

Ms. Tina Long	(Chair)
Mr. Peter Featherstone	(Non-Executive Director and Vice Chair)
Mr. Harmesh Darbhanga	(Non-Executive Director)
Ms. Alison Sargent	(Non-Executive Director)

Non-Executive Members (Non-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	(Medical Director) (Remote)

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)

Welcome and Chairs 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:

Lisa Gibbons, nominated by Harmesh Darbhanga
Lisa had been nominated by Mr Darbhanga for her enthusiasm and innovative work around staff experience. Her work would have a positive impact on staff morale and she had made a positive contribution to the work of the people committee.

Brian McMillan, nominated by Cathy Purt.
Brian had been nominated by Ms Purt for his work in emergency planning. Brian had recently joined the Trust and had been reviewing and rewriting a number of policies. His reports were clear and gave everyone a good understanding of the situation.

Apologies and Quorum

Apologies were received from Ms Cathy Purt, Non-Executive Director.

Declarations of Interest

None to declare.

Staff Story

Rachael Watts and Maggie Durrant presented two stories related to armed forces personnel. The first was John's story. John had joined the army in 1961 and was stationed around the world before retiring from the forces in 1979. John suffered with a chronic lung condition and was under the care of the virtual ward. John described the care he received on the virtual ward as 'fantastic' and that it left hospital beds open for those who needed them.

The second story was in relation to a volunteer, Paula, who Chaired the League of Friends at Bridgnorth Community Hospital. Paula had trained as a nurse at the Royal Shrewsbury Hospital and had joined the army as part of the nursing corps in 1988. She had been posted around the world and took medical retirement from the military after 30 years' service. On return to Shropshire, she was invited to join the Trustees of Bridgnorth Hospital and later was elected Chair. Paula has taken forward armed forces networking activities in the Hospital.

Ms Durrant presented the Board with the Silver Award of the Defence Employer Recognition Scheme (ERS) which had recently been awarded to the Trust.

Minutes of the Meeting held on 5 October 2023

Subject to the correction of a number of typographical errors, the minutes were agreed as an accurate record of the meeting.

Matters Arising and Action Log

There were no matters arising to discuss.

Chair's Communication

Ms Long summarised her written report and noted that she had attended a number of visits around the Trust which were very much appreciated. Ms Long particularly highlighted that she had attended a Schwartz Round meeting and encouraged all members of the Trust to attend a future event.

Non-Executive Director Communication

Mr Darbhanga thanked the Telford Community Nursing team for welcoming him and Ms Long when they visited. He praised the Long Service Awards which had recently taken place.

Mr Featherstone noted that he and Ms Long had visited the prison the previous day and wanted to express his thanks to Susan Watkins and Dr Patrick Staite, the GP based at the Prison. The Board agreed to enquire whether it would be possible to hold a private Trust Board meeting at the Prison.

Chief Executive's Report

Ms Davies shared, on behalf of the Trust, condolences for the families and friends of the four young men from Shrewsbury who had recently lost their lives in North Wales.

The recruitment campaign in relation to Bishop's Castle Community Hospital was ongoing and the Trust had worked closely with the Staff Our Beds Campaign and the local community. A number of open recruitment days had been held and these would continue in the New Year. Several services had already commenced on site, and some were due to come online in the upcoming weeks, mainly around ambulatory care. Significant recruitment work had also been done around the sub-acute wards.

The flu and covid vaccination programmes were going well. In relation to covid vaccinations, Shropshire, Telford and Wrekin remained one of the best performers in the country and SCHT were the main provider of this service.

The Trust had recently been awarded the tender for the 0-19 service for Dudley. The Trust had previously managed the school nursing service in Dudley and would now be responsible for the school and service provision for the entire 0-19 service.

The previous weeks Long Service and Welcome to International Nurses event had been a wonderful celebration. Two members of staff had over 40 years of service for the NHS. Ms Davies thanked all staff within the Trust for their hard work and dedication.

Mr Darbhanga asked what lessons had been learnt following the Bishop's Castle Recruitment Campaign. Ms Davies noted that the Trust had learnt a lot in relation to flexibility of posts, many candidates had expressed interest in more flexible posts working within the community and in patient services. Working with the local community to share with candidates what it is like to live in the area had been valuable and very powerful. The yield of the campaign would be considered in March and a decision would need to be made then for reopening of services, but the campaign would need to continue even beyond then.

Ms Sargent welcomed the news of the 0-19 Dudley Service. She asked if there had been any risks identified in relation to the mobilisation of the service. Ms Davies stated that the Trust knew part of the service well and nothing had been picked up in the mobilisation meetings of concern. Ms Lloyd noted that a mobilisation plan had been submitted as part of the tender process, so the thinking had already been done.

Ms Long asked if the sub-acute wards were progressing on time. Ms Davies stated that they were, joint recruitment was ongoing with the acute trust and a clear mobilisation plan was in place.

QUALITY, SAFETY AND PEOPLE

Quality and Safety Committee's Chair's Update

Ms Barker summarised her report. Ms Long asked for all Board members to complete the quality and safety training and for all mandatory training to be completed.

Ms Hobbs provided clarification around the wording on prison healthcare within the report. '*Some Prisoners have been trained to give aspects of care to others to help bridge the gaps'* did not mean staff vacancies, this was support some prisoners gave to other prisoners where they may not want to seek support from the healthcare team.

The Board noted that the meeting took place, the progress made, and the assurances obtained.

Integrated Quality and Safety Performance Update

Ms Hobbs noted that in relation to appraisal rates, the Trust was still some way off compliance, work was ongoing with teams to address this. It was noted that appraisal rates were better than recorded, some of which was due to a glitch within the recording system. Sickness rates had come down over the last 12 months and there had been a real improvement in the falls rates in October; most falls related to patients mobilising during the day and staffing did not seem to be a factor in falls rates.

Two serious incidents had occurred, one fall and another was the death of a patient who had been discharged from Stoke Heath.

The largest number of pressure ulcer reports had come from the Telford North Team, but significant work had been undertaken and the rates had now reduced, the highest number of reports was now from the South West Team. It was noted that these were not just about patient demographics but how the team worked.

In regard to staffing levels and fill rates, the day fill rate at Ludlow in October was 86%, which was not good, although no serious incidents had been reported. Bridgnorth and Whitchurch both remained above 90% and nights maintained 100%.

Ms Long noted that the Trust had committed to financially breaking even at year end but noted that this would not come at the compromise of patient safety.

Mr Featherstone asked about complaint rates and noted that only 25% were responded to within timescale. Ms Ramtuhul noted that there had been a period of staff sickness, and this had left a time lag with complaints. Additional support for the team was being sourced and Ms Ramtuhul noted that she was confident the issue would be resolved in the New Year.

Mr Darbhanga asked about mandatory training and appraisals. Ms Hobb replied that she was confident that mandatory training would reach target at year end but was not confident with appraisal rates. Further work needed to be undertaken to understand the reasons for this, how much was related to the technical glitch or what other reasons where there.

Quarterly Mortality and Learning from Death Update

Dr Ganesh summarised his report and noted that it had also been considered at the Quality and Safety Committee. In Quarter 2, there had been 3 unexpected deaths, one of which was in the prison, none related to covid. One related to an adult with a learning disability. There were 5 unexpected deaths of children, one related to asthma and learning was ongoing around this.

Guardian of Safe Working Report

Dr Ganesh advised that there were three trainee doctors within the trust and there had been no reports filed by any of the doctors within this quarter.

Rural Health

PCN Collaboration

Ms Barker shared that she had approached NHS Providers in relation to her role as rural champion. NHS Providers did have a rural network, but it did not appear to meet. Ms Davies noted that she had enquired at the Chief Executives of Community Trusts meetings and there did not appear to be any existing network, although interest was expressed from a number of trusts.

Ms Barker outlined four aims for the role as rural champion:

- To gain assurance that examples of best practice and innovation for services in rural settings are being delivered.
- Acknowledge and promote the cultural appeal of working within rural services.
- Seek assurance and challenge level of integration with PCNs and other local teams to enable patients needs to be met in their own homes.

- Challenge and encourage new innovative workforce models which best meet the needs of rural communities.

In relation to the PCN Networks, the South West Shropshire network was beginning to develop, and discussion were ongoing with other areas.

Bishop's Castle Community Hospital Update

Ms Hobbs noted that the report summarised the recruitment campaign for the Hospital. Ms Hobbs expressed her thanks to wider stakeholders, particularly the local Councillors and Mayor who had been fantastic.

Ms Hobbs outlined risks in relation to not having adequate staffing to reopen the inpatient provision and the impact that reopening may have on Ludlow Hospital, recruitment would also be needed for Ludlow. It was outlined that there was a risk of candidates withdrawing should it take too long for a decision to be made. Ms Davies noted that the report made it clear the threshold which would need to be met for the inpatient beds to reopen. Ms Hobbs clarified that candidates were being offered roles at Ludlow Hospital or the community until the decision on Bishop's Castle was made.

Ms Lloyd noted that a condition survey had been undertaken on the building, which was as expected. There was a small amount of compliance work which would be needed to reopen the site, which was estimated to take around four weeks to complete. An ongoing backlog of work was in place, as for all sites, which would go into the planned programme.

The Board:

Notes the current position and actions being taken to recruit to Bishop's Castle beds and the associated risks.

Takes particular note of the RN position as the RN shortages impacted the quality and safety of care which resulted in the temporary closure of Bishop's Castle inpatient facility and notes the work in progress to expand and develop services at BCCH in partnership with key stakeholders.

GOVERNANCE AND AUDIT

Audit Committee Chair's Report

Mr Darbhanga summarised his report. He noted that there were still some risks overdue, and work was being undertaken on these.

Review of Standing Orders, Standing Financial Instructions, Scheme of Delegation and Scheme of Reservation 2023

Ms Ramtuhul noted that this report had been agreed at Audit Committee and was presented to Board for ratification. Changes to each policy were highlighted.

The Board ratified the Audit Committee decision taken on the 18th October 2023 and approves the minor amendments to these governance documents.

EPRR Annual Report

Ms Horsfield presented the annual report and noted that the Trust was in a partially complaint position, the only organisation within the county to have managed this. Brian McMillan had recently joined the Trust to lead this work and his presence had been felt. The Trust is now able to offer in house training in this area and there was a clear action plan to address any gaps.

Ms Lloyd asked if the actions were completed, would the Trust be in a position of full compliance? Ms Horsfield replied she was confident this could happen, if the NHSE core standards remained as they were.

The Board discussed that EPRR reported to Quality and Safety however, it was agreed that the Audit Committee would be the most appropriate committee for this to sit under.

The Board noted the contents of the report, particularly the Core Standards award and commentary.

The assurance for EPRR to be moved to the Audit Committee from the Quality and Safety Committee.

Board Assurance Framework

Ms Ramtuhul noted that the full BAF had been presented to all Committees, with the exception of the People Committee, which had not met and was due at their next meeting. Risks had been identified in relation to gaps in control and assurance and actions were being undertaken to address these.

The Board approved the BAF.

RESOURCE AND PERFORMANCE

RPC Chair's report

Mr Featherstone presented his report. He highlighted the areas of partial assurance received and the actions that had been taken to address these.

Performance Report

Ms Lloyd stated that the report pulled together all of the Key Performance Indicators (KPIs) which the were reviewed by the Committees. 29 were a concern of which the majority sat within the remit of the people committee. It was noted that some of the indicators related to the staff survey and could only be updated annually.

A new group had been established, to be Chaired by Mr Featherstone, to scrutinise waiting times.

Work was taking place to understand the KPIs for each Committee and if there were appropriate.

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 presented her report which provided the Trust's financial position to 31 October. The Trust had delivered a small surplus of £350k and was continuing to deliver to its challenging financial plan. An extra-ordinary Board meeting had been held to review the forecast outturn position which concluded that the Trust would commit to delivering its financial plan of breakeven. The plan was challenging.

There were still some areas of unidentified or high risk to delivery. Agency spend was an area of focus, and a substantial reduction in spending had been noted. The Trust acknowledged that it had not reached planned levels, however, had made a commitment that it would not spend more than the total pay commitment on both substantive and agency staff.

It had also been acknowledged that the Trust needed to deliver all of its planned elective activity.

The Board

- ***Considered the adjusted financial position for the year to date is a surplus of £355k compared to the planned surplus of £296k which is a favourable variance of £59k***
- ***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***
- ***Recognised that the delivery of elective activity income is a significant risk to our financial plan***
- ***Acknowledged the risks in relation to delivery of our breakeven financial plan, and our likely year end position.***

Charitable Funds Annual Report & Accounts 2022/23

Ms Lloyd noted that this was the annual report in relation to Charitable Funds. The Charitable Funds Committee reviewed the report in detail and recommended the report for approval by the Board as the corporate trustee.

Due to the low level of funds held, a full audit was not required, however, the Trust's external auditors undertook an independent examination and did not require any changes to the account.

A slight decrease in the funds had been recorded, however, this showed that the funds were being used for their intended purposes. Large donations had been received from the League of Friends and there were numerous smaller donations of which the Trust gave its thanks for each one.

The report would be submitted to the Charity Commission following approval by the Board.

The Board adopted the 2022/23 Charitable Funds Annual Report and Accounts, as approved by the Charitable Funds Committee on the 9th November 2023 and in accordance with their delegated authority.

Charitable Funds Committee Chair's Report

Ms Sargent thanked the League of Friends for their support. The contributions made a huge difference.

The Board noted the meeting discussions which took place and the assurances obtained.

Patient Safety Incident Response Framework – For Information

Ms Ramtuhul noted that the framework had been agreed at the last Board meeting and had been published today to bring it to the public domain.

Questions or Comments from Members of the Public

No questions or comments were received.

ANY OTHER BUSINESS – with prior agreement of the Chair

Any Other Business

There was none.

DATE OF FUTURE MEETING

Date of Future Meeting

10am – 1.00pm, Thursday 4 January 2024

Shropshire Community Health NHS Trust

Chair's Update

0. Reference Information

Author:	Tina Long	**Paper date:**	1 February 2024
Executive Sponsor:	Shelley Ramtuhul	**Paper written on:**	26 January 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 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.

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 January

2.3. Conclusion

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

Chair's Update

3. Main Report

3.1 Meetings and Visits

Myself and some of the Non-Executive Directors have continued undertaking visits to services. Over the past couple of months we have been to Stoke Heath Prison and had a very valuable conversation with staff at the prison. We heard about a number of achievements which staff were proud of, as well as some of the challenges they have faced particularly around workforce and the recruitment of staff. We have arranged a follow up visit in February to discuss how things are progressing.

We also visited Whitchurch Community Hospital and spoke with staff in the ward areas and Minor Injuries Unit as well as the discharge co-ordinator who discussed with us the complexity of some patient discharges. It was a very helpful visit and gave us an opportunity to again hear about the commitment from our staff to high quality patient care.

I would like to thank all those staff both at Stoke Heath and Whitchurch for spending time with us.

I have attended a number of Regional meetings with other Chairs which are always useful and an opportunity to learn from others as well as attending Regional meetings specifically for our ICS and Shropshire Community Health NHS Trust.

Joining Corporate Induction every month along with the Chief Executive is an ideal opportunity to meet staff who are new to the Trust and to thank them for choosing us as a place to work.

3.2 Private Meetings of the Board

In January the Trust Board met in private in Shewsbury where we discussed several important issues, including:

- A review of the Trust's financial forecast
- Quality and Safety Report
- Performance Report with a focus on elective activity
- Financial Report
- Governance Framework
- Strategy Refresh

In addition to the above, the Board held a development session reviewing its strategic direction so all in all a very packed day.

3.4 Conclusion

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

CHIEF EXECUTIVE'S REPORT – January 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

2.2 New Year and Review of Performance over the Holiday Period

This is the first report for the New Year, and I would like to take this opportunity to wish our staff, SCHT Board, our partners and wider public a very Happy New Year. I would also like to thank our staff and wider Shropshire, Telford, and Wrekin (STW) health and care community for their commitment, compassion and dedicated focus this year including the holiday period and response to industrial action in the first week of January. Whilst the pre-Christmas and holiday period was extremely busy, the plans pulled together by Shropshire Community Health Trust (SCHT), and the wider system really did shine through. Thank you all.

Of course, there is still one quarter of the 2023/24 finance and performance year to go in terms of the NHS and public sector calendar. We are focused as an organisation and as part of the STW system on delivering our 2023/24 plan in full in terms of the performance and finance trajectories set for us respectively and as part of a wider ICB collective. I am pleased to report that at this point in the year, SCHT is on target to deliver our constitutional and local standards. Whilst there are some challenges to our position given, we are operating within a challenged system, we are confident in the mitigations and actions that we have in place to ensure that SCHT delivers against our 2023/24 plan and all statutory requirements.

As part of the 2023/24 plan, SCHT opened two rehabilitation and recovery wards within the Shrewsbury and Telford acute Trust estate – one within the Royal Shrewsbury Hospital (RSH) site opened on 2nd January and the other on the Princess Royal Hospital (PRH) site, which opened on 5th January. These are sub-acute wards that provide rehabilitative care to patients that require ongoing nursing and medical input alongside intensive rehabilitation. These two wards are operating in tandem with our wider sub-acute facilities including Virtual Ward, also opened early in the 2023/24 year and Rapid Response crisis teams. There are currently 20 beds within PRH sub acute ward and 26 on the RSH site, but the total bed numbers will increase over the next few weeks from the

current position of 46 to a total of 52 beds across the two sites. These two wards are in addition to our community hospitals who provide nursing and therapy led rehabilitation across the wider county. However, the sub-acute wards differ in that they require a greater level of acuity and medical oversight that lends itself to work alongside and be co-terminus with acute services. 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. A huge thanks to our staff and SaTH who have led on the development of these two wards and turned them around so quickly. I will report back on the progress of these service over the coming weeks. Enormous thank you to all who are and have been involved in this monumental effort. A positive start to the year developing wider sub-acute models of care that will further transform lives of our communities alongside our existing services that transform lives every day.

2.3 Non-Elective/Emergency Care:

November through December saw mounting pressure across the system in terms of non-elective and emergency care. However, the plans and mitigations put in place have made a difference, compared to the previous two years, in terms of managing patient throughput, maximising safe and effective discharge of patients, and managing patients at home rather than convey or be treated within a hospital environment.

Virtual Ward (VW), Rapid Response (RR), Respiratory (Resp) and Anticipatory Care Teams (ACT):

Prevention in terms of our teams intervening and providing care at home is an area of specialism within Shrop Comm and our Rapid Response teams work alongside our community teams and primary care to provide crisis intervention and deliver care as close to home as possible. Likewise, our ward winning Anticipatory Care Home team who focus on supporting the care home sector have also seen increasing demand that has reduced admission to acute care. Respiratory illness and those with respiratory conditions are particularly vulnerable in winter and our specialist nurse and therapy teams provide direct care to patients ensuring that treatments are titrated, and patients are involved to self-manage conditions to keep people well and independent. These teams have accepted across these services between Jan 2023 and Dec 2023 21,409 referrals, resulting in a significant reduction of ambulance conveyance and hospital admissions across STW.

Virtual Ward:
SCHT is the lead provider for the Virtual ward (also known as hospital at home) that allows 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. Many virtual wards use technology like apps, wearables and other medical devices enabling clinical staff to easily check in and monitor the person's recovery.

Nov 2022 saw the first patients admitted to the VW, but the main development of this sub-acute care model happened in the 2023/24 year. The VW has supported since its opening 3,608 referrals with a smaller than average readmission rate is currently at 14% national target is below 20% thus affectively supporting people in their own home safely and to continued independence. The greatest focus has been on 'step down' admissions to the VW thus releasing acute capacity, but we have also seen an increasing number of 'step up' admissions from the community and primary care. There are 167 beds and over the last quarter the occupancy has been over 82% which puts the service in the upper quartile of performance nationally. Whilst SCHT is the lead provider, the service delivery model is one which is in partnership and done jointly with our acute colleagues particularly in SaTH and more recently expanding into primary care. Board members will remember the presentation in the summer on VW and the video from patients who have experienced the VW, which reinforces why this service is important, not just from a system and capacity and retention of skill perspective, but from a service user and community point of view which is the most compelling evidence.

2.4 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 all 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 is leading the campaign and delivery of staff vaccines across our Trust and has action plan in place that is supported by the Trust Communications Team. The programme began on 12 October and several roving clinics have taken place and continue with peer vaccinators supporting the campaign, along with local 'Flu Champions.' Uptake is monitored weekly and additional actions identified to address any areas of low uptake. The campaign will run until spring this year. As of the end of Dec 2023 the uptake was 53.5% for all staff and 52.5% for frontline staff, which is the highest in region for a community provider and 4th highest provider in total. I will provide progress updates as the programme continues and a final position in March 2024.

Covid Vaccinations

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

Following the emergence of a new Covid-19 variant (BA.2.86), the NHS was asked to bring forward this year's Autumn/Winter Covid vaccination programme from the planned October date to 11th September for Care Home and housebound residents, with other eligible cohorts able to book into clinics from 18 September. I am pleased and proud to that STW delivered the COVID vaccine to our most vulnerable residents in full and on time, with all care home vaccinations being delivered by 22nd October putting STW as 4th in the Country in terms of performance in this vital area.

As of Monday 15 Jan, the Trust, in collaboration with colleagues in Primary Care Networks (PCNs) and Community Pharmacies have delivered almost 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 is above 80%, which continues to ensure that these vulnerable groups remain protected.

Staff uptake within the Trust is currently 37% which, although not as high as during the Autumn 2022 campaign, does place the Trust as 3rd best performing trust in the Midlands region. The comms team are continuing to stress the importance of staff winter vaccinations (both Flu and Covid) to help protect staff and their loved ones during the key winter period.

The eligible cohort across the STW area amounts to almost 240,000 people, which includes everyone aged 65 and over, residents in a care home for older adults, frontline health, and social care workers, those aged 6 months to 64 years in a clinical risk group, carers aged over 16, and household contacts aged over 16 of immunosuppressed patients. The core programme runs until 15 December with activities to address vaccine health inequalities continuing until 31 January 2024.

During this current campaign, there are a blend of providers including SCHT, PCNs and Community Pharmacies located across the county. Pop-up clinics and roving teams are being utilised by the programme to ensure that we maximise potential to reach all our eligible cohorts. Based on previous performance, the programme is forecasting to deliver a total of over 140,000 vaccinations, approximately 60% uptake overall, but with a much higher uptake rate in our Care Home residents and over 75s. The Board will continue to receive regular updates on the performance of both the Trust and the System against these plans over the coming months. We are currently awaiting instruction from JCVI and NHSE regarding any spring vaccination programme.

3. STW Provider Collaborative

Provider Collaboratives are partnerships that bring together two or more NHS trusts to work together at scale to benefit their populations. Formalising provider collaboratives is a culmination of a national policy focus on addressing the complex challenges facing health and social care through system working and exploring the potential of working at scale.

The four Trusts that provide health care to the population of Shropshire, Telford, and Wrekin (STW) have come together to form a provider collaborative based on a Provider Leadership Model structure. The collaborative is made up of SCHT, RJAH, SaTH and MPUFT and the terms of reference for each Committee have been approved in principle by each of the Provider Boards.

Over the last 12-24 months, the four Trusts have delivered important improvements in key areas, through a mix of organisational and collaborative working. Formalising and enhancing these relationships is important, and each Provider Trust identifies and fully embraces the need and benefit of working within Provider collaborations. These benefits include:

- Greater clinical and resource efficiency, including removal of unwarranted variation in care and duplication of effort.
- Greater transparency and management of organisational challenges and blockers to progress.
- More effective, timely and collective decision making.
- The sharing of risk across providers to facilitate 'braver' decisions, and
- The identification and implementation of innovative practices that enhance our ability to deliver high quality care to our communities, to improve health outcomes, e.g., innovative workforce solutions.

The four Trust Chairs and Chief Executives have implemented a Provider Leadership Board model utilising a Committees in Common (CiC) framework, with each of the four Trusts delegating authority to its own Board Committee (Provider Committee). The CiC structure has been established to support the Provider Collaborative. The first meeting of the CiC took place on 27th Nov 2023 in shadow form, and further meetings took place on 20th Dec 2023 and 8th Jan 2024. Each of the four Providers have delegated authority (within the scope of their Scheme of Delegation) to its own Board Committee; members which will meet in common to facilitate shared oversight and decision making.

The CiC agreed and signed off 4 priorities on 27th Nov that have the biggest initial yield in terms of improved ways of working and better outcomes for patients, and areas in which

providers are inextricably linked and dependent on each other for delivery of the whole pathway of care to patients. These areas are the greatest in terms of productivity and efficiencies, which in turn impact on financial and wider sustainability of care delivery across STW. There are other areas of back office/support functions, clinical governance, and wider areas of governance that the collaborative is exploring in terms of efficiency, resilience and patient safety. These are enablers to and fall out of the delivery of the 4 priorities agreed below:

1. UEC – key areas of focus from a provider collaborative perspective are virtual ward including VW expansion, Integrated discharge team and sub-acute wards; these are the responsibility of providers to deliver in line with the agreed plan with NHSE.
2. CYP (LD & A) –- led by MPUFT
3. MSK – led by RJAH
4. Workforce – Key area of focus in Q4 is the establishment of recruitment hub.

Whilst the workstreams above already exist as system collaborative programmes of work and have programme plans, milestones and deliverables articulated, the CiC structure will provide additional oversight and scrutiny of these programmes; additional benefit can be gained by mobilising collective efforts to ensure pace of delivery in line with the already agreed plans, and to agree additional actions and mitigations and alignment of collective resources where performance against these plans is off track or to accelerate delivery. In sum, the CiC can be utilised to unblock issues through joint decision making and a shared risk appetite.

We can already see benefits through this more formal collaborative approach in how we managed the winter holiday period, the delivery of phase 1 and phase 2 elements of the MSK programme and the achievement in Virtual Ward delivery and occupancy rates within the upper quartile of performance. Likewise, the introduction and delivery of the two sub-acute wards in January. The focus going forward is what is the ambition for Urgent and emergency Care, MSK, CYP across the system and how can we better deliver joined up care to patients by taking a different approach to our workforce to provide the best opportunities for care delivery.

Whilst this collaboration is currently centred on the 4 care provider Trusts, the CiC recognise that collaboration and delivery and the greatest opportunities for system transformation lies in the wider integration with place and local authority place-based boards and indeed primary care and this will an integral part of the development plan for the collaboration.

4. Other Areas of Performance

3.1 Elective RTT and non RTT

The Trust overall performance for October was 60.5%. It is recognised that this is a deterioration, and it follows the launch of the system wide MSK service MSST which

resulted in the transfer of waiting lists to the Trust. However, when compared to the National picture in October as an organisation we still sit at the midway point (81st out of 169). For MSK / Trauma & Orthopedics Octobers position was 59% and when benchmarked this puts us in the second quartile (41st out of 131).

The Trust and system partners have plans and mitigations in place to reduce waits in line with the NHSE trajectory of zero 65 week waits by the end of March 2024.

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 with an agreed plan for recovery in place with Shrewsbury and Telford Hospital NHS Trust (SaTH). I would like to thank our SaTH colleagues for working to resolve this issue.

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 my last report and this improvement continues.

Childrens services such as Child Development Centre (CDC), Children's Physiotherapy and Speech and Language therapy continues to experience challenges in reducing the number of patients waiting above 18 weeks. All these services have seen a consistent increase in demand (this is also reflected at a national level). Gaps in workforce particularly for paediatricians and Speech and Language therapists have further compounded the challenges over the summer and early autumn. However, the Trust is looking at and has in train recruitment and commissioning processes for consultant and GPs with a specialist interest in paeds to support the team, and we are engaged in looking at other models of clinical delivery with partners. We have had success in recruitment of speech and language therapists within this team and we are utilising temporary bank and agency staff in addition to fill gaps.

CNRT is the only other non-RTT service that is currently underperforming. This service is currently delivering 66%. Challenges in this service relates to vacancies in Psychology which has required a 6-month lead time to fill. A series of locums have been used to mitigate and support urgent cases however this has not always proven to be consistent and reliable. However, we have now successfully secured a contract arrangement with a consultant psychology service, which commenced December and is already making a positive impact 3 weeks into the wait times.

4. Our People

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 looking at increasing the work force using domestic pipeline approaches with schools, colleges, and universities to employ apprenticeships 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 had a focus this year on international recruits 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 working across a skill base.

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 – the 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 trailed some new approaches to recruitment which are bearing fruit that we would like 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 using local knowledge to promote both what we do as a community trust as well as describe 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, the media to showcase the area. To date we have also run 3 very productive live day recruitment events where we have made offers to both registrants and non-qualified staff. The detail regarding Bishops Castle recruitment and approach for wider service delivery being codesigned with the South West PCN and wider Bishops Castle group can be found in the attached papers.

Similarly, we have held targeted events and campaigns to recruit to the sub-acute wards with partners which have taken on a similar more nuanced approach and again this has yielded some positive results. The issue of workforce and recruitment remains challenging, but what these different approaches have certainly told us, is that when you are specific not only about the role and career opportunity, but how this blends into

peoples lives so they can make a wider choice, then you can maximise the potential of recruiting people that not only bring their skills but their whole self to the post.

I reported previously on the number of retention approaches that the Trust is engaged with which span across flexible working, rotational roles and opportunities for skills expansion, retire and return, CPD and health and wellbeing packages of support. These continue alongside wider engagement and staff feedback that enable us as a Trust to develop the best and most targeted approaches to support staff members across the trust.

5. Childrens and Young Peoples Services -

The Trust provides 0-19 services which is commissioned by both health commissioners in STW and the Local Authorities of Shropshire and Telford and Wrekin. It is difficult to summarise the service in one sentence as it covers a broad range of elective, public health, and urgent care services. These include health visitors, school nursing, Family Nurse Practitioners, specialist AHPs including physiotherapists, speech and Language Therapists, Occupational therapists and other AHPs alongside community paediatrics, medical and allied medical professionals. This is wide range of service provision which not only cares for the child and young person but their wider supporting network.

I reported in December, the positive news that The Trust has been successful in our bid to provide a 0-19 (25) service to deliver all elements of the Healthy Child Programme in the Dudley Metropolitan Borough Council area. This service includes:

· Health visiting

· Family Nurse Partnership

· School Nursing

· A universal emotional health and wellbeing service.

The contract is due to begin in April 2024 and the team are busy planning the successful mobilisation of the service. This is significant new business for the Trust and represents an expansion of the similar service that is provided in Shropshire, Telford & Wrekin.

Corporate Services and Governance

The Trust has a strong track record in its cyber security management and is consistently in the top 20 NHS organisations for its system defence work. The Trust is currently undergoing an external review of its cyber security processes which will hopefully provide further assurance.

In December the Trust launched its Patient Safety Incident Response Plan and Investigation Policy. This will build on the work that has already been done to improve the Trust's incident management and will see a greater emphasis on the patient voice, with one Patient Safety Representative already appointed and a further in the process of appointment.

I was hugely impressed by the response from our brilliant Corporate Teams during the opening of our sub-acute wards. They pulled out all of the stops to help in any way they could, whether it was unpacking boxes, issuing smartcards, supporting with access to digital systems or running errands. Thank you to all involved, it really was a team effort and is a great example of how our corporate teams are integral to supporting clinical delivery.

5. Good News Stories

The Trust have opened two Rehab and Recovery units one at Princess Royal (2nd January) 2024 (20 beds) and one at Ward 18 Royal Shrewsbury Hospital (5th January) (20 beds). RSH opened one week earlier than anticipated due to unprecedented demand in both emergency departments and excessive long ambulance waits. This could not have happened without both internal and external system mutual aid. So many of our incredible SCHT team have worked around the clock with hard work and determination from team Shrop Comm to get these wards up and running in such a short space of time! Already we are seeing patients access rehab pathways and return home faster than would have previously been the case. Having a community focus and ethos on these wards is vital to support individuals to return to their usual place of residence and protect people's independence wherever possible for as long as possible.

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:**	**1st February 2024**
Executive Sponsor:	Clair Hobbs, Director of Nursing, Clinical Delivery & Workforce Claire Horsfield, Director of Operations & Chief AHP	**Paper written on:**	January 2024
Paper Reviewed by:		**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 expansion of services at Bishops Castle Community Hospital (BCCH) and the ongoing recruitment campaign for the inpatient service for the Public Board for information and assurance.

2. Executive Summary

2.1 Context

Inpatient beds at BCCH were 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, work to expand services at BCCH and implement a targeted recruitment campaign for inpatient services has commenced.

2.2 Summary

- A test of change has been undertaken to include internal and external stakeholders. Patients and local practitioners including staff members who have previously worked or received care from the BCCH in-patient service were particularly pleased to be invited to be part of this working group. An informal update has also been given to the local campaign group currently working with the Trust on the recruitment of staff to the BCCH project, this was also received very positively.

Bishops Castle Hospital Update

- There will be a 4-week trial of the multi-disciplinary drop-in sessions throughout February 2024 at the BCCH site. Delivery of the test of the change drop-in sessions was paused in January due to operational pressures.
- A Recruitment event was held on the 12th of January 2024 with good attendance and media coverage.
- The outstanding vacancies to appoint to for BCCH are RN 3 WTE, HCSW 3.69 WTE, Ward Clerk 0.85 WTE, Housekeeper 0.85 WTE and AHP 1.6 WTE .
- The gap at BCCH for RN nurses now sits at 3 WTE RN and it would be safe to reopen BCCH once we have a further 2 WTE RN in post.
- If the BCCH recruitment plan is successful and the Hospital reopens, then there is a risk at Ludlow as there are 3.47 WTE RNs to replace and so plans need to be in place to ensure the Trust is not moving vacancy gaps from one hospital to another.
- The Trust has a further 2 recruitment events planned at BCCH to take place in February and March 2024. Once the Board has made a decision in April 2024 on the future of BCCH any further recruitment events needed will be arranged.

2.3. Conclusion

The Trust Board is asked to:

- Accept the paper as information and assurance on the collaborative work to expand services from BCCH.
- Accept the paper as information and assurance on the inpatient recruitment campaign.

3. Main Report

3.1 Introduction

The Shropshire Community Health NHS Trust (SCHT) Board concluded in March 2023 that the Trust remained unable to provide an inpatient bed facility at BCCH and could see no realistic prospect of reopening the (temporarily closed) beds.

Following formal notification of this decision to Shropshire Telford and Wrekin (STW) Integrated Care System (ICS), the Board agreed to commence a process of engagement with patients, carers, members of the public, stakeholders, and staff so that the outcome of that engagement could feed into a final decision for the Trust and further inform any next steps or considerations required by STW ICB.

The conclusion of the SCHT Trust Board that met in September 2023 was that it understood the strength of feeling from local people about the desire to make sure all avenues to recruit staff to the service have been explored. The Board agreed to develop a workforce and recruitment plan for Bishop's Castle with clear targets as to the numbers and type of staff to be recruited, progress was reviewed in December 2023 and a final decision will be made in April 2024.

In conjunction with the recruitment plan, the Trust have also commenced a review of services and opportunities to expand services at BCCH.

Bishops Castle Hospital Update

3.2 Expansion of Services delivered from the BCCH site.

3.2.1 During the temporary closure of the in-patient service at BCCH there was a commitment from the Trust to work with the Southwest Shropshire Primary Care Network to develop and expand services for the whole of the Southwest area of Shropshire. There was also an objective to ensure that the BCCH estate was being utilised to its optimum level to provide local access to services needed in the community setting.

3.2.2 In December 2023 a test of change was undertaken with internal and external stakeholders. It was at this meeting that there was a lack of understanding about how to access each other's services. It was also identified that there are gaps around how to support informal carers with their own health and wellbeing needs.

3.2.3 The group decided that utilising the BCCH building as a physical hub for professionals to meet and for members of the community to drop in to have an informal conversation about their holistic needs would be a positive next step to trial in early 2024.

3.2.4 In addition, collaborative planning work has been progressing with regards to increasing the utilisation of the clinic rooms at BCCH. This utilisation will be broader than SCHT services. Initial encouraging discussions with local charities (Age UK and Dementia UK Support Group) have taken place and Shropshire Local Authority are interested in delivering Let's Talk Local sessions from the BCCH site.

3.3 Plans for further Expansion

3.3.1 There will be a 4-week trial of the multi-disciplinary drop-in sessions throughout February 2024 at the BCCH site. The delivery of these will follow a Plan, Do, Study, Act methodology. People who utilise the sessions will be asked for their feedback to inform and refine the offer and service delivery. The sessions will initially focus on services for adults and their carers, and then expand the offer to services supporting children and their families.

3.3.2 Proposed drop-in sessions for January 2024 was paused due to operational Pressures. The internal working group are meeting January 2024 to produce a formal plan with clear milestones for delivery and evaluation. Monitoring of this project will be through the internal Operational Transformation Oversight Meeting .

3.3.4 BCCH has also been used as the site for the Proactive Care Multi-Disciplinary Group to meet. This group will use an evidence-based risk stratification model to identify people who may benefit from a holistic package of support proactively to prevent crisis from occurring in the future.

3.3.5 Testing and learning from both the drop-in sessions and the Proactive Care Group will inform further areas for development of patient conditions to allow for effective and holistic support plans to be implemented.

3.3.6 There is a risk of this work overlapping with other programmes of work sitting within the ICS, Primary Care and the Local Authority. Good representation and engagement of the Delivery Group is key to mitigating this risk and ensuring that information and learning is shared, and duplication is avoided.

Bishops Castle Hospital Update

3.4 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	Staff offered on 12.01.2024	Staff needed
	Band	WTE	Band	WTE	WTE	WTE	WTE
Trained	7	1	1	0	0	0	0
	6	2	1	0.80	0	0	0.20
	5	7.24	1.47	1.00	1.53	1.44	1.80
	4	2	0	1.00	0	0	1.00
Total trained		12.24	3.47	2.80	1.53	1.44	3.00
Untrained	3	1.2	0	0	0	0	1.2
	2	7.49	0	0.40	1.10	2.30	3.69
Total untrained		8.69	0.0	0.40	1.10	2.30	4.89
Total		20.93	3.47	3.20	2.63	3.74	7.89

3.4.1 The Trust has now undertaken 3 recruitment events at BCCH and offered 10.24 WTE to RN's however 1 RN has withdrawn and so we are still outstanding 3.00 WTE. For HCSW band 2 the Trust has offered to 5.80 WTE however 2.00 WTE that were offered posts as walk-ins did not complete their documentation and so outstanding is 3.69 WTE.

3.4.2 To reopen BCCH inpatient beds, we need a further 3.00 WTE RNs, however it will be safe to reopen if the Trust recruits 2.00 WTE. Having reviewed the band 4 establishment, it would not be a safe option to have 2 band 4's in the staffing numbers and will convert the 1.00 WTE band 4 to band 5 to ensure safety on the ward.

3.4.3 Recruitment to other staff roles at BCCH have been advertised ready for the February 2024 recruitment event. These are Ward Clerk 0.85 WTE, Domestic 0.85 WTE, Occupational Therapist 1.00 WTE and 0.6 WTE Physiotherapist.

3.5 Impact to Ludlow Hospital

3.5.1 When BCCH inpatient facility temporarily closed, the staff that were still at BCCH were redeployed with many going to Ludlow Hospital. 3.47 WTE RN are working at Ludlow and would want to return to BCCH, however 1.65 WTE of these RNs are not included in Ludlow's clinical numbers and so the risk to staffing is minimal. Remaining posts will be advertised in January 2024.

Bishops Castle Hospital Update

3.6 Future plans for Recruitment Campaign

- A further recruitment event has been arranged for the 16th of March 2024 due to the decision on BCCH will go to board in April 2024. This is in addition to the already organised event in February 2024.
- A radio campaign has commenced with our local station Sunshine Radio on 9th January 2024 and part of this campaign will feature interviews with the Director of Nursing, Clinical Delivery and Workforce and the BCCH Mayor.
- An updated leaflet has been developed and sent to all successful candidates as part of the 'Keep Warm' campaign and regular contact maintained over the coming months.
- All successful candidates have been invited to a meet and greet each other at the February recruitment event.
- Expansion plans for the BCCH building as a physical hub for professionals to meet and for members of the community to drop in to discuss their holistic needs would be positive next step to trial in early 2024.

3.7 Key Risks

3.7.1 There remains a risk that recruitment to the total RN establishment will not be achieved. Work continues to vary the approach to the recruitment campaign, in an attempt to attract to job seeking candidates.

3.7.2 There is a risk to Ludlow Hospital safety due to staffing as 3.47 WTE RNs will transfer back to BCCH if it re-opens. Posts for Ludlow will be advertised in January 2024 to reduce any potential gaps in staffing.

3.7.3 There is a risk that candidates that have been appointed to may withdraw due to not having an indicative start date and this has been the case for 1 WTE RN. To help mitigate this risk, there is an action built into the plan to keep the candidates warm with progress updates so that any change or growing risk is identified early.

3.7.4 To ensure the vacancy gap at Ludlow is minimised, posts will be advertised in January 2024. At this stage the Trust may not have reached the target for RNs for BCCH, this may create an over recruitment position . To minimise the candidates will be offered vacant positions
elsewhere in the Trust or held in a talent pool.

3.7.5 There is a risk of this 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 Delivery Group.

3.8 Conclusion

- The Trust Board is asked to **accept** the paper as information and assurance on the collaborative work to expand services from BCCH

Bishops Castle Hospital Update

- **Accept** the paper as information and assurance on the inpatient recruitment campaign and next steps
- A further paper will come to Trust Board (public) in April 2024 giving a summary to date so that net steps can be decided.

Shropshire Community Health NHS Trust

Chair's Assurance Report

Quality and Safety Committee Wednesday 24th January 2024

0. Reference Information

Author:	**Jessica Donegan, Executive Assistant**	**Paper date:**	**24th of January 2024**
Executive Sponsor:	Jill Barker, Non-Executive Director	**Paper written on:**	25th of January 2024
Paper Reviewed by:	Clair Hobbs, Director of Nursing, Clinical Delivery & Workforce	**Paper Category:**	Quality and Safety
Forum submitted to:	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 Quality & Safety Committee meeting held on 24th of January 2024 for assurance purposes. The Trust Board is asked to consider the assurances provided and whether any additional assurances are required.

2. Executive Summary

2.1 Context

The Quality and Safety Committee is a sub-committee of the Board of Shropshire Community Health NHS Trust (the Trust) and has delegated authority from the Board to oversee, co-ordinate, review and assess the quality and clinical safety arrangements within the Trust.

The Quality & Safety Committee will provide scrutiny and challenge regarding all aspects of quality and clinical safety, including strategy, delivery, clinical governance, research, and clinical audit, to obtain assurance and make appropriate reports or recommendations to the Board.

2.2 Summary

- The meeting was quorate.
- System pressure being placed on Shropshire Community Trust to open an additional six beds within Sub-Acute Wards was discussed heavily within the Committee.
- Lack of Chair, Designated Doctor and Designated Nurse for CDOP was discussed.

2.3. Conclusion

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

3. Main Report

3.1 Introduction

Shropshire Community Health
NHS Trust

Chair's Assurance Report

Quality and Safety Committee Wednesday 24th January 2024

This report has been prepared to provide assurance to the Board from the Quality and Safety Committee which met on 24th of January 2024. The meeting was quorate with Three non-executive Directors, Director of Nursing, Clinical Delivery & Workforce and Medical Director in attendance that counted to quoracy. A full list of the attendance is outlined below:

Chair/ Attendance:
Jill Barker (Chair), Non-Executive Director Tina Long, Chair, Alison Sargent, Non-Executive Director Cathy Purt, Non-Executive Director Clair Hobbs, Director of Nursing, Clinical Delivery & Workforce Shelley Ramtuhul, Director of Governance/Company Secretary Dr Ganesh, Medical Director Patricia Davies, Chief Executive Jane Sullivan, Senior Quality Lead ICB Sara Ellis-Anderson, Deputy Director of Nursing & Quality Sharon Simkin, Head of Quality Tracie Black, Associate Director for Workforce, Education & Professional Standards (part) Jessica Donegan, Executive Assistant/Minute Taker
Apologies:
Claire Horsfield, Director of Operations & Chief AHP, Gemma McIver, Deputy Director of Operations, Susan Watkins, Chief Pharmacist, Martin Howard, Patient Representative

3.2 Actions from the Previous Meeting

The Committee noted the actions of the previous meeting and received an update on the progress of each. All actions which were due to be completed before the meeting were confirmed as accomplished for which the Committee received appropriate updates.

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

Shropshire Community Health NHS Trust

Chair's Assurance Report

Quality and Safety Committee Wednesday 24th January 2024

1. Declaration of Interest		
There were no declarations shared.	N. A	
2. Agency Impact report		
There was no direct link in reduction between agency use and safer staffing levels during the June-November period. The report demonstrates that the reduction in agency staff and fill rates is not impacting adversely. Sickness does not correlate with the reduction of agency even though there has been discussions and frustrations from the Ward Managers. The staffing levels are looked at daily basis, staff have been used to having high levels of staffing on wards and when requesting the use of additional/agency staff it is now being challenged and consideration given on how we can utilise the skill set of staff available.	Full	The Committee was asked to note and gain assurance that the increased agency controls and subsequent reduction in agency have been implemented and have not had a detrimental effect on Quality & Safety. Full Assurance with the implementation of this report coming to Quality & Safety Quarterly for updates to the Committee.
3. Learning Disability Update		
A working group has been reestablished and the LD Working Champions have been reinstated, there is work to do following the review since September, the way the data is to be reported will be addressed to ensure that the most accurate data is available and presented. The Policy has been updated as well as the training being promoted across the Trust, this is in line with the national benchmarking standards. RAG rated Amber as it has been established there is work to complete and areas to improve, currently an ongoing picture.	Partial	Committee established that a gap analysis is to be completed, where the standards are plotted alongside where we a stand in relation to those. The data is available and will be completed and brought back to Quality and Safety Committee in March 2024.
4. Sub Acute Update		
Forty beds total were opened earlier this month, 20 at Princess Royal Hospital (PRH) and 20 at Royal Shrewsbury Hospital (RSH). It has been challenging to get substantive staff in, PRH is in a healthier position than RSH, this is down to good leadership in place. RSH saw extreme pressure to open at extremely short notice and is currently in a very fragile state. Substantive staff have left due to stress on the ward, including the Ward Manager, who went off sick day 2 and left the following week. As it stands on substantive staff there are 2.8WTE RNs (the 0.8 being band 7) and 3 HCAs, there are a further 2 HCAs due to join February. Aggressive attempts to recruit into this has proven difficult and the SaTH mutual aid ended this week, they are unable to assist further due to their own critical pressures. SAW huddles continue twice weekly with The Director of Nursing and Director of Operations to establish and maintain an overall picture and mitigations to continued risks.	Partial	Committee agreed that it is not appropriate to open the 6 beds that are being asked of us at this point in time, and we are holding significant risk at present across the Trust. The Committee noted that the staffing levels on Ward 18 mean we are not currently compliant with our own staffing levels that we have set and agreed, so without a written direct order we would not be opening an additional set of beds.

Chair's Assurance Report

Quality and Safety Committee Wednesday 24th January 2024

Mitigations- Increase the International Recruit Proportions, we have gone from 3 to4 per ward. We are under immense pressure from SaTH to open the additional six beds in place at Ward 18 (RSH) however we would need to be at 50% substantive staff (that need to be medical RNs) before we can consider that. The ward is already in a fragile position, and it is not appropriate that we open these additional beds without the appropriate staff and measures in place. The pressures we are seeing across the Trust from the impact of Sub Acute staffing also remains a risk, with over 1000 District Nurse visits being cancelled per week and leaving our housebound patients in a vulnerable position. This was agreed to now be taken through Patient Safety Committee, to establish a triangulation for patient harm there.		Committee agreed to look at an additional senior member (band 6 for 6 months) being given to the Corporate Quality Team to assist with the oversight on Sub Acute to be able to continuously monitor the issues and challenges would be helpful.
5. Chairs reports		
Patient Safety Committee The Patient Safety Committee saw two PGD's approved. There is also still concern around Ludlow from both an IPC and medication compliance linked to CQC standards. There is good work happening within the Prison and a skill mix is being completed. Discharge letter compliance has continued to be an issue with an induction plan in place and a visit from Dr Ganesh planned. EPRR Lead came and discussed the power outage plan and vulnerabilities held by the Trust at present. PSIRF received praise as we are currently the only Trust to have published our plan and policy on the Trust website. ***Infection Prevention and Control Committee*** The Committee was moved from 15th of January 2024 to 22nd of January 2024 due to quoracy (no attendance from Divisions), the chairs report will be sent virtually. It was a challenging Committee, as there is a lack of assurance by the evidence and reports being submitted to the Committee with reduced compliance for audits and training and gaps in information within Divisional reports. The Committee will be moved from quarterly to monthly until the reports and data are showing sustained improvement and compliance. ***NHSPS/ICB/SCHT Cleaning at Oswestry*** Work has continued well, awaiting a definite date on the new cleaning contractor to commence. ICB colleagues will be visiting site to view the progress that has been made. Estates work is near completion, the cleaning has improved, albeit a slight dip due to staffing issues from NHSPS. It is in a great position and is on track.	Full Partial Full	The Committee has full assurance as Patient Safety Committee are aware of the gaps and where they are with mitigations in place to rectify these actions.
6. SI Report		
The number of outstanding actions has reduced significantly. The first after action review was held Tuesday 23rd January 2024 which went well and is one of the new techniques being	Partial	Once Quality and Safety Committee see the learning that is coming

Chair's Assurance Report

Quality and Safety Committee Wednesday 24th January 2024

used In line with PSIRF. The After-Action Review was agreed by committee to be a useful tool aligning with PSIRF to help share learning and greater assurance.		through from the After-Action Reviews they will be fully assured.
7. Quarterly Mortality and Learning from Deaths Review Q3		
There were 5 deaths within the Quarter. October- 1. November-2. December-2. No deaths were reported as Covid related, even after 28 days and there was no reported death in custody or death with Learning Disability and Autism during this quarter. There was no CDOP December 2023, so no report available, total number of deaths was 33 and a number of suicide deaths which are under postmortem and coroners' investigation. Good learning came out of the deaths, how useful it was if the RESPECT form is completed well in advance and regular documentation and implementation of patients. There were 2 more deaths not in this quarter that follows the themes. Prisoners were released and within a week they have no residence in place. This is to be looked at how we manage this better with colleagues at the prison. CDOP is being taken over by the commissioners after an external review that they commissioned, an update was asked to come to the next Committee from the ICB regarding the status of CDOP. Currently there is no Chair, Designated Doctor or and the Designated Nurse for CDOP is about to leave, they have received funding for an independent chair and are interviewing.	Full	To be raised at the System Quality Committee
8. Integrated Quality & Safety report		
Virtual Wards & Sub Acute narrative was included within the report as requested. The complaints response decreased in December and the new Associate Director for Governance is working closely with the Complaints Department. Mandatory training and Appraisals continue to be a challenge, particularly this time of year but work continues. Falls increased slightly and out of hours. All related to patients mobilising and we will look in more detail as to whether dependency of patients was a significant factor. No movement on Pressure Ulcers but looking to work with Telford North as their leadership changed and we have seen dramatic improvement, so potential After Action review to be done there.	Partial	
9. PSIRF Update		
The Governance Team are guiding staff that are affected at present and have held off circulating communications to all before we need to. Level 1 and 2 training has been rolled out and completed (Sep/Oct) with compliance going up, around 50-60% at present.	Partial	

Chair's Assurance Report

Quality and Safety Committee Wednesday 24th January 2024

We are looking into the cost to upgrade the system as currently LFPSE is not DATIX compatible and rather than fixing a system that isn't compatible we are costing an upgrade to compatible systems.		

3.4 Risks to be Escalated

In the course of its business the Committee identified the following risks to be escalated:

- Increased pressure from the system to open an additional 6 beds at Royal Shrewsbury Hospital (Ward 18)
- Concerns regarding CDOP cover

4. Conclusion

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

0. Quality and Safety Report – January 2024

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Paper Reviewed by:	Clair Hobbs, Director of Nursing, Clinical Delivery and Workforce	**Paper Category:**	Quality and Safety
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1. Purpose of Paper

1.1.
This paper aims to provide assurance to the Trust 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

- Virtual Ward metrics have been included in the integrated quality report
- Two Sub-Acute wards have opened in January 2023, a short summary of emerging quality and safety measures have been included with all metrics being included in to next month's report.
- The 12-month rolling count of MRSA Bacteraemia infection rates were reported as zero for December. The case previously alluded to in last month's report, is still being investigated by SaTH, where the patient had their main treatment, but had limited contact with SCHT, the case has not yet been attributed to either Trust.
- The number of inpatient falls (17) in our care rose for the second consecutive month in December as did the rate of falls (6.67 per 1000 occupied bed days). This incidence rate is

the highest for 2023/24 and for the first time in year, we have exceeded the average rate of falls for 2022/23. Despite this, there was a relatively low incidence of harm with 4 patients suffering low harm only as a result of their fall.

- 0 Serious Incidents (SI's) were reported in December, which is the same as the previous month.
- The development of pressure ulcers in our care was reported as 57 in December, a slight increase of 3 compared to 54 reported in November.
- The count of Never Events reported by the Trust for December was 0.
- The count of National Patient Safety Alerts not completed by deadline reported by the Trust for December was 0.
- The 12-month rolling count of E. coli Bacteraemia reported in December 2023 was 0.
- The 12-month rolling count of Clostridioides Difficile (C. Diff) infections in December 2023 is 3 with cases in January, June and August 2023. There were no new cases reported in December.

Caring

- New Birth Visits (NBV) reported an improvement in performance for the latest month with 89.4% of NBV undertaken within 14 days across the County in November. Mainly due to an improvement in the Shropshire figures. There were no incidents of harm linked to late visits and all visits did take place.

Responsive

- Complaint response has decreased to 50% in December, with 3 complaints exceeding their reply deadline.
- The 18-week RTT data improved for the 15th consecutive month with percentage of no harm reported at 77.65% for November compared to 77.5% in October. Percentage of low harm also improved to 21.51% from 22.5% in October. 474 harm proformas have been completed to date.

Well Led

- Mandatory Training overall target of 95% was not achieved in December with 93.22% reported, with a slight decline from 93.61% reported in the previous month.
- Appraisal position in December was reported as 80.57%, a slight improvement from 79.59% in November. Robust monitoring meetings are in place to ensure recovery occurs along with the launch of the new appraisal paperwork.
- Sickness rates in December were 5.4%, which is a slight increase from 5.3%, reported in November.

Effective

- There were no deaths categorised as unexpected for December.

2.3. Conclusion

The Trust 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 17 ↑
Falls per 1000 Occupied Bed days 6.67 ↑

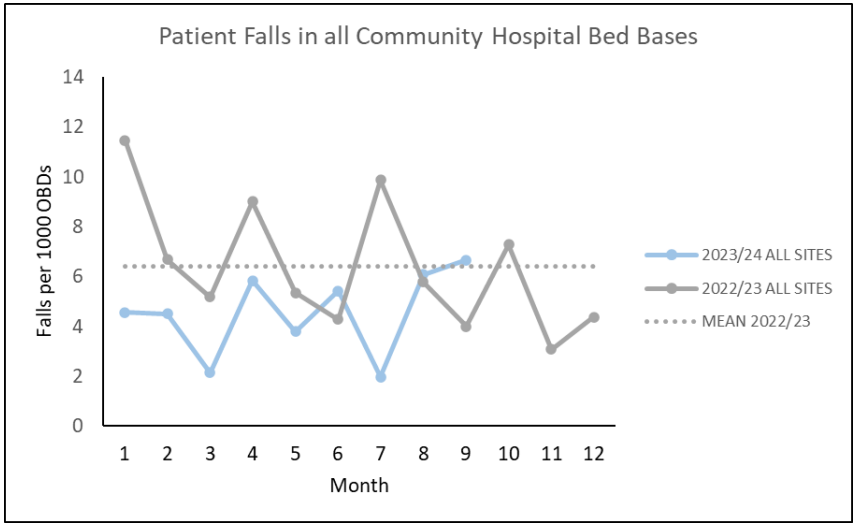
During December there were 17 inpatient falls reported which occurred in our care across the Community Hospital Wards, which equates to a rate of 6.67 falls per 1000 Occupied Bed Days (OBDs). This is a higher number and incidence rate than in M8 and represents a reduction in performance for the second month in a row. It is also the first time in 2023/24 that our rate of falls has exceeded the incidence across 2022/23. Anecdotal evidence indicates an increase in falls across the winter months regionally and we are awaiting data to support this. 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			
	Falls per 1000 OBDs	4.56	4.5	2.15	5.84	3.79	5.43	1.97	6.09	6.67			

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 14 individual patients fell in December, with one individual falling twice (at Ludlow – both with no harm) and one individual falling three times (at Whitchurch with low harm associated with the third fall). The supervision level and visibility of these patients was appropriately reviewed after each incident. Only two of the falls were witnessed and occurred during supervised activities – one patient fell whilst mobilising and one patient became agitated whilst using the commode, causing himself to fall. The therapy plan for the patient who fell whilst mobilising was reviewed following the event.

In December, 7 out of 17 falls occurred between the hours of 22:00 and 07:00, which is a relative increase in incidence for which it is hard to identify a single cause. All the patients were mobilising or transferring at the time of their fall.

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

Community Hospital Site	Total number of falls	No Harm	Low Harm	Moderate Harm	Severe Harm	Falls per 1000 OBD's
Whitchurch	7	5	2	0	0	6.51
Bridgnorth	3	3	0	0	0	4.03
Ludlow	7	5	2	0	0	9.60

Four patients suffered low harm (skin tear and bruising) and all four were conveyed to secondary care for review but returned with no other harm identified and with no change to their management plans.

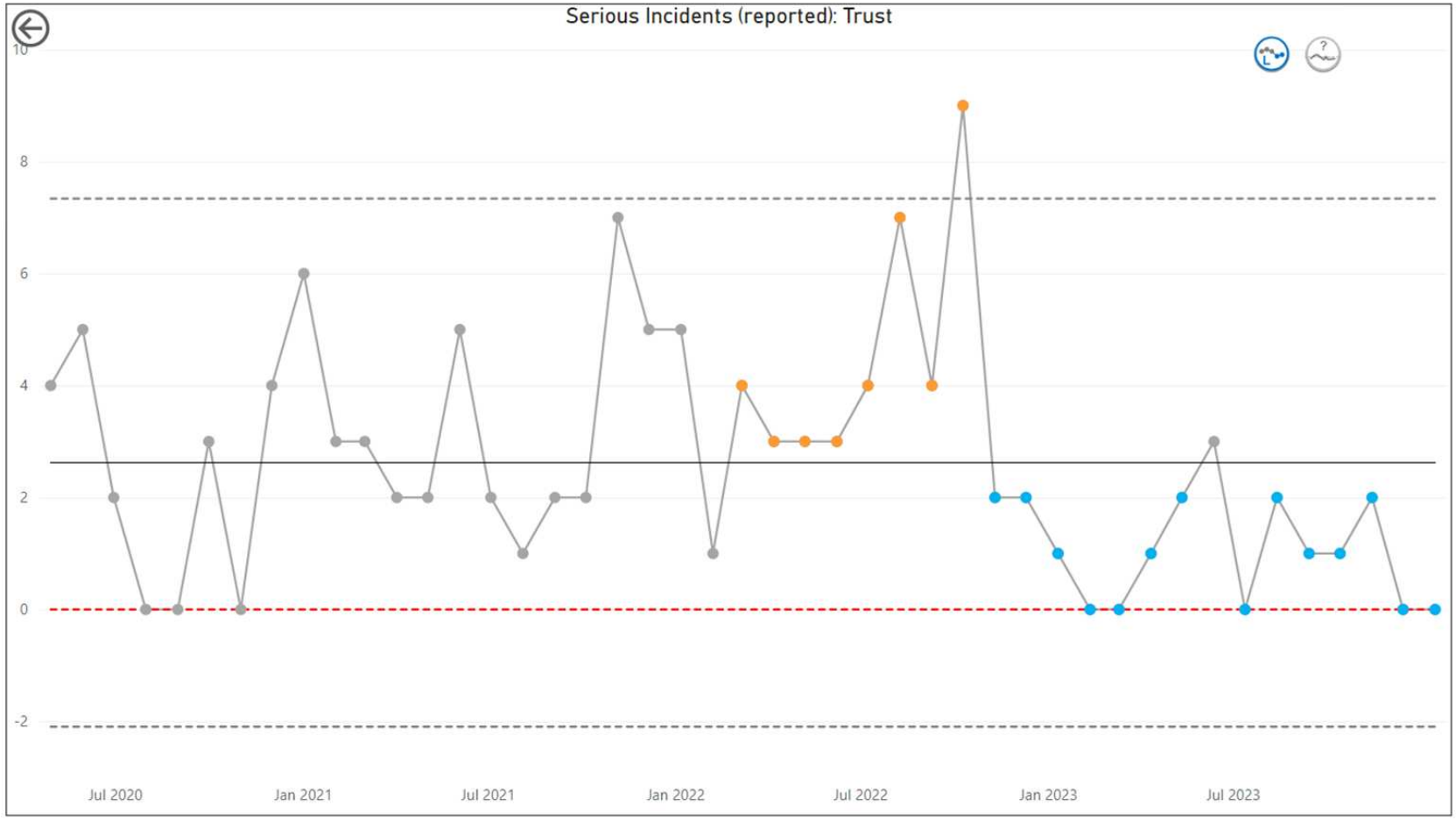
Review of DATIX relating to Falls in M9 revealed a continuation of the reduction in the quality and completeness of reporting with all DATIX missing key information including details specific to the individual patient and the circumstances of the incident. This makes it challenging to identify common themes and contributory factors although anecdotally the patients in M9 were reported to be more complex than usual in terms of acuity and functional ability. Falls have been identified as one of the Trust's PSIRF priorities and the Locality Clinical Managers have been asked to continue to work with their teams to support them to address this and to reinstate rapid debriefs to identify areas for quality improvement in falls prevention and management.

Safe - Serious Incidents

Serious Incidents (SI) are events in healthcare where the potential for learning is so great, or the consequences to patients, families or carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.
All patients will receive safe and high-quality care whilst under our care.

Total reported = 0

There were 0 Serious Incidents reported in December which is unchanged on the previous month. Regular ongoing monitoring remains in place to ensure oversight of all potential Serious Incidents, through Panel meetings chaired by Directors and with representation from the ICB. This has transitioned to a weekly MDT 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 = 57 developed in service ↑

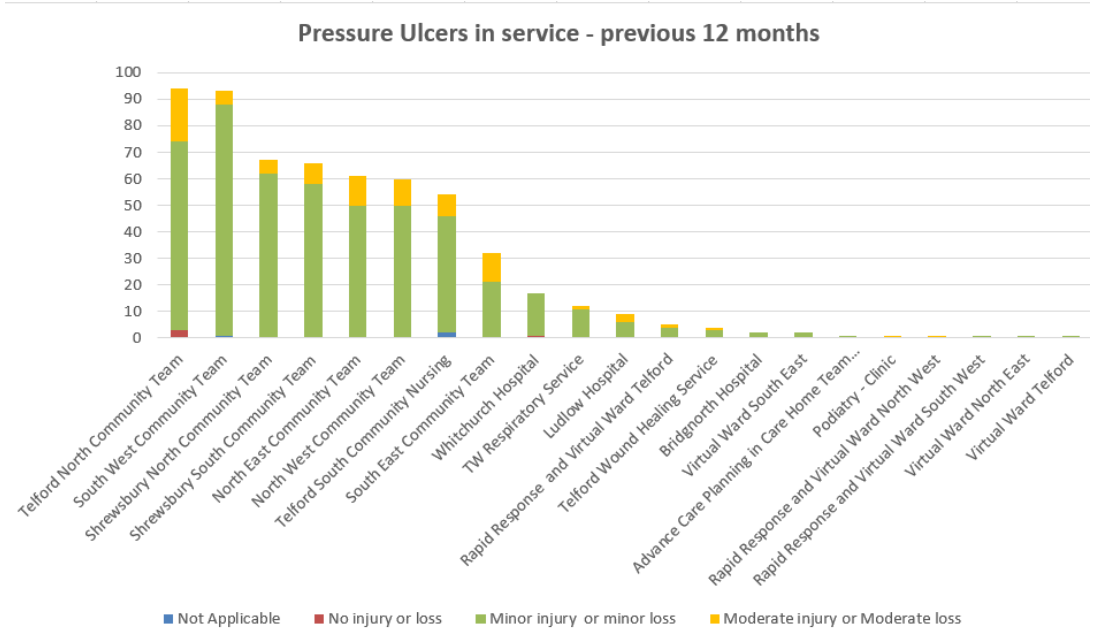
57 pressure ulcers were reported as developing in the care of the Trust in December, three more than reported in November (54). None were reported as Serious Incidents. There were 1 category four pressure ulcer reported, 1 category three, 10 unstageable pressure ulcers, 26 category two, 16 suspected deep tissue injuries, and 3 category one.

The level of moderate harm reported overall had increased in December to 15, which is five higher than the average reported of 10.

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

Service	1	2	3	4	Unstageable	Suspected Deep Tissue Injury	Total	Low Harm	Moderate Harm
North East Community Team	0	5	0	0	5	4	14	10	4
Shrewsbury North Community Team	0	6	0	0	0	3	9	8	1
South West Community Team	1	5	0	0	0	1	7	7	0
Telford South Community Nursing	1	4	0	0	2	0	7	6	1
North West Community Team	1	2	0	0	0	3	6	4	2
South East Community Team	0	1	0	1	1	3	6	3	3
Shrewsbury South Community Team	0	1	1	0	0	2	4	3	1
Telford North Community Team	0	0	0	0	2	0	2	1	1
Rapid Response and Virtual Ward Telford	0	1	0	0	0	0	1	1	0
Whitchurch Hospital	0	1	0	0	0	0	1	1	0
Total	3	26	1	1	10	16	57	42	15

The graph on the following page illustrates the distribution of pressure ulcers across each service with the associated levels of harm.



North East Community Team account for the majority of pressure ulcers reported in December (14), and Telford North Team account for the majority over the previous 12 months, however Telford North have represented a continued decreasing trend for this team over the last 9 months and this continues in December with 2 reported. Reasons for higher pressure ulcer reporting for Telford North could be attributed to the population they serve with an older age profile and a higher than average income deprivation.

Actions in place to improve:

- New NHSE (NHS England) classification guidance has been released at end of October 2023 which will impact the way in which pressure ulcers are classified which will result in changes to reporting – planning in progress to implement this within SCHT in April 2024
- Four pressure ulcer categories will remain: Unstageable will no longer remain but will be reported as Category 3 with new guidance.
- Deep Tissue Injuries (DTIs) are not to be reported until skin is broken, and category of damage is revealed.
- New recommendations have been presented at Patient Safety Trust Board
- Awaiting further instruction from NHSE regarding new classification system, further guidance/documents to be shared in due course (no timeline for this)
- PURPOSE-T form has been finalised and just awaiting NHSE pathways to be added. There is no additional risk as a result in the delay in roll out.
- Monthly caseload reviews continue to discuss complex wounds with caseload holders and pressure ulcers to ensure appropriate actions have been taken to prevent deterioration in wounds/pressure ulcers.

Safe – Compliance with CQC Medicines Management

Proportion of actual compliances with standards against potential compliances

Performance = 97.67 ↓

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 Trust Board in 2019. The results from the last quarter can be seen below:

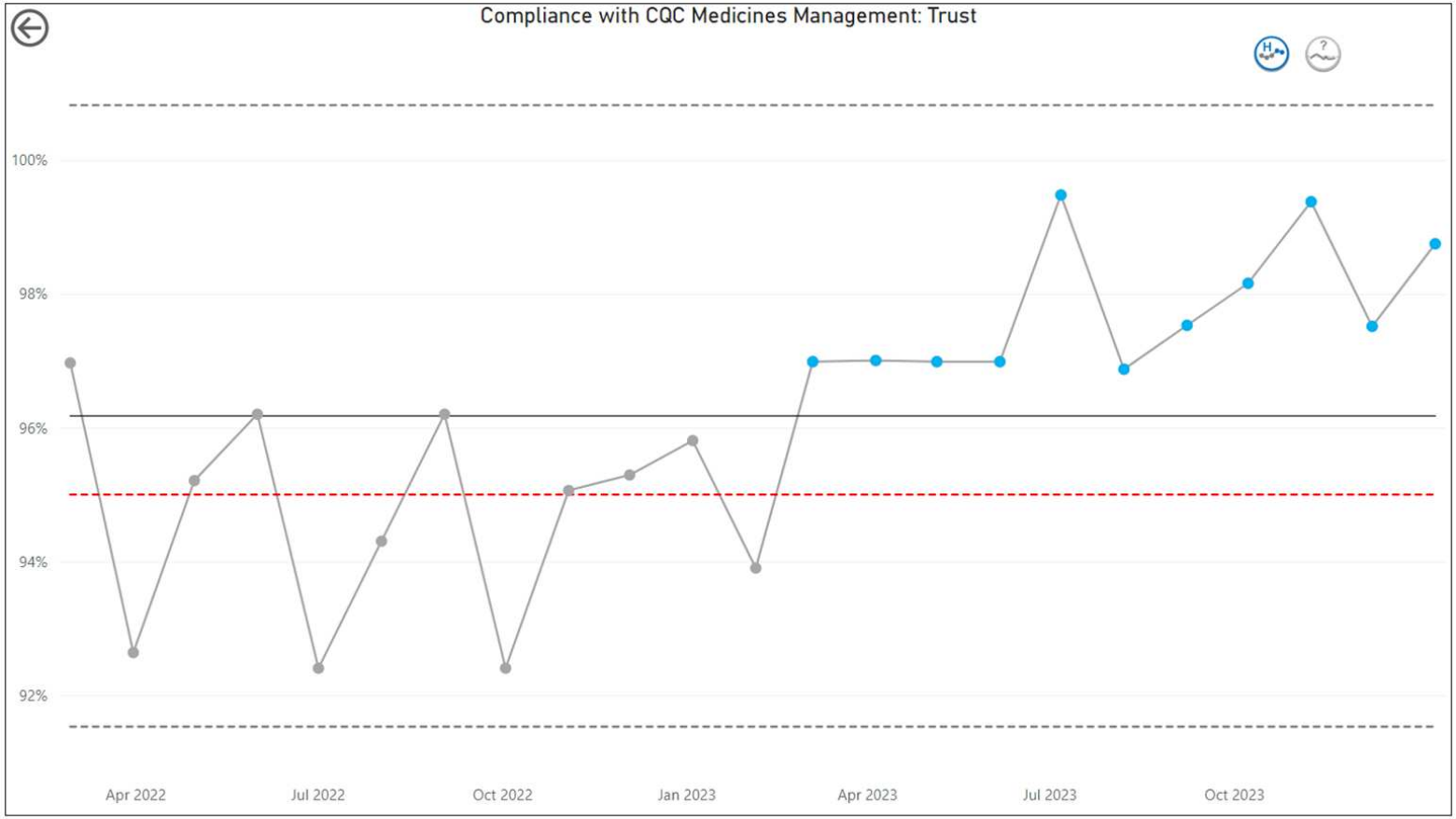
	Service	
Month	**Adults (%)**	**CYP&F (%)**
September	98.11	98.25
October	99.05	100
November	97.14	98.21

The breakdown of non-compliance in adult services was seen at only Ludlow in-patient setting, with their non-compliance due to not logging fridge and ambient temperatures each day. In addition, not completing the accountability log on a shift basis for medicine keys has become a month-on-month theme.

Children's services had one non-compliance which was reported as a sharps box not being dated, this was at Castle Foregate Dental service. No concerns have been raised and this has now been rectified.

The Pharmacy Team will continue to monitor and support.

The graph below shows the Trust's overall trust position at 97.67% for November.



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

December 2023

	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	91.85%	85.26%	100%	79.84%
Ludlow	86.29%	121.37%	100.8%	187.42%
Whitchurch	93.63%	101.92%	99.35%	120.4%

November 2023

	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	94.89%	95.94%	97.38%	89.08%
Ludlow	82.92%	101.00%	100.33%	150.83%
Whitchurch	91.00%	101.07%	97.89%	122.67%

Fill rates for Registered Nurse (RN) numbers were above the 90% threshold on day shifts during December for Bridgnorth and Whitchurch, with Ludlow reporting 86.29% due to increased sickness and inability to backfill with bank/agency at short notice.

The overall trend shows staffing levels on night shifts for both RN and HCAs were just on or above 100% to meet increased patient care needs with Bridgnorth being the exception with 79.84% reported. It is important that nights and weekends staffing levels are at their optimum as out of hours there are no other staff around to support the nursing teams. The increase in HCAs on day and night shifts is to maintain ongoing management and safety for patients requiring enhanced supervision. This is noticeable at Ludlow for night shifts where the fill rate is 187.42%, due to an increased number of patients with enhanced needs.

Bed occupancy rates reported for the month of December were 96.7% overall, fractionally higher than 96.6% reported in November. The breakdown for bed occupancy at each site was 96% Bridgnorth, 98% Ludlow, and 96.3% at Whitchurch. The overall target is 91%.

Overall, for all inpatient wards there were 735 RN shifts requiring cover with 525 being covered by substantive staff (71.4%), a 3% increase from 74.5% last month. 103 were filled by agency RN staff (19.7%), a 4.8% increase from last month (14.9%).
There were 62.5 shifts filled by bank staff (8.5%), an increase of 3.6% from last month (12.1%). There were 9 shifts that were not filled at all, compared to 11 last month.

For all inpatient wards, there were no shifts reported throughout December where 100% RN agency staff were used, no change from the previous month.

In January 2024 both Subacute wards opened. Ward 18 is based at RSH and ward 36 is based in PRH. We will collect the same data as our other community inpatient areas but as the wards have only just opened, we do not have data yet.

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 3 recruitment events with a further 2 scheduled for February and March 2024. Following these recruitment events the Trust only needs a further 3.00 WTE RN to get to it target and of the 7.49 WTE HCSW we have offered 3.80 WTE leaving a further 3.69 WTE to recruit to. Advert will go out now to recruit the 3.47 WTE staff at Ludlow that will return if BCCH reopens.

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 data (October 2023), the average overall for our Trust is 6.5 care hours per patient day (CHPPD), which is 3.3% below the overall average of other similar community health NHS trusts at 8.8. (See table below). However, for the latest internal data reported for December, the average is 7.5 across the 3 inpatient wards.

Safer Staffing - Care Hours Per Day Total (CHPPD)												
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Bridgnorth	7.9	8.2	8.1	7.9	7.5	7.2	6.7	7.7	8	7.7	7.9	7.5
Ludlow	8.1	13.7	7.6	7.9	8	7.2	6.2	7.6	7.1	7.4	7.7	8.7
Whitchurch	7.2	8.4	8.4	8.7	7.6	8.9	6.9	7.3	7.5	6.7	6.9	7

Care Hours Per Patient Day (CHPPD) data

The below is a benchmarking table against other Community Health NHS Trusts reported at October 2023, sourced from the most recent data on the Model Hospital tool, NHS England. We currenty sit below the average of 8.8 with 6.5 Care Hours per Patient Day.

Organisation Name	CHPPD - Overall
Derbyshire Community Health Services Foundation Trust	14.2
Central London Community Healthcare	10.7
Hertfordshire Community	10.4
Leeds Community Healthcare NHS Trust	9.9
Birmingham Community Healthcare	9.7
Hounslow And Richmond Community Healthcare	9.2
Kent Community Health NHS Foundation Trust	8.9
Norfolk Community Health and Care	7.2
Lincolnshire Community Health Services	7
Sussex Community	6.7
Shropshire Community Health	6.5
Bridgewater Community Healthcare	5.8
Overall average	8.8

Safe – Staff Vacancy Rates

The tables below illustrate the December 2023 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	8.97	68.1 →	5.77	7.49	72.5 ↑	3.80
Ludlow	1.95	14.8 →	Out to advert	3.95	18.1↓	In discussion as ward says 0.76 vacant
Bridgnorth	0.55	3.9 →	1.00 IR Nurse	2.94	11.9 ↑	2.94
Whitchurch	4.21	25.3 ↑	2.00	2.96	12.6 ↑	Need to advertise

Community Nursing Vacancies – Table 2

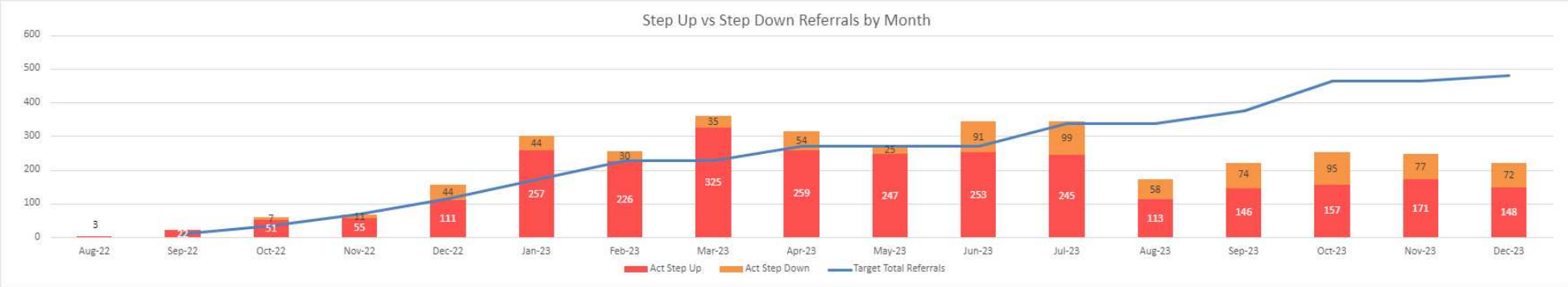
Community Nursing Team	Jul-23	Aug-23	Sep-23	Oct-23	Nov- 23	Dec- 23
North Telford	19.1%	18.4%	17.2%	17.4%	8.4%	8.4%
South Telford	-8%	-8%	-2.1%	-2.1%	2.3%	-2.1%
Central	21.1%	21.3%	16.2%	12.2%	14.3%	12.1%
North East	16.7%	12%	10.5%	15.7%	12.8%	12.8%
North West	5.8%	1.8%	6%	-2.1%	-2.5%	-2.5%
South East	8.8%	8.8%	12.5%	3.3%	3.3%	4.2%
South West	4.6%	4.6%	-0.9%	3.5%	0.2%	0.2%

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, enabling clinical staff to easily check in and monitor the person's recovery.

The team supported a total of 220 referrals through December 2023. 148 of these referrals were generated via a step-up or admission avoidance route, and 72 step-down referrals. Referrals for December demonstrate a 11% decrease from those in November 23. Clinical in-reach has been offered throughout the month of December to support colleagues in the acute trust with pathway planning, with focus being on Virtual Ward in the Community. In addition, there were a number of patients who's IV delivery was supported by VW staffing via an OPAT clinical pathway.



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.

There have been consistent issues with the timely receipt of patient discharge summaries or transfer of care documentation, which has been escalated to colleagues in SaTH, and continues to be documented 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.

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 are due to open at RSH w/c 5th of February – this is subject to a further risk assessment given the current workforce risks at the RSH site.
- Reporting mechanisms have been established through Datix to monitor quality and safety incidents. There is currently a risk of delayed reporting due to staff requiring access to SATH devices. Mitigations include a daily safety huddle where details of incidents

can be captured and later transferred on to datix retrospectively. RiO and IT teams are ensuring all new starters and regular agency staff get access to SATH IT systems to allow for 1 member of staff per shift can access SATH systems as further mitigation.

- Daily safety checks were not routinely completed in the first few days for each ward area opening, processes have now been established with allocation of daily safety checks within the daily safety huddle book and ward manager/senior operational managers are performing weekly spot checks.
- There have been a small number of incidents where there have been missed doses or delay in getting patient own medications ordered and delivered. The Pharmacy service is provided by SATH and they currently cannot attend the wards daily but have committed to three times per week with clear processes established for ordering medication on the days Pharmacy staff are not in attendance. The Medicines Safety Officer will keep this under review.
- There have also been some delays in screening patients for MRSA on admission to the ward area due to agency staff being unfamiliar with local processes. IPC policies on a page and key flowcharts are available to staff and IPC team in attendance daily on both sites to offer advice, support and education to staff.
- ShropDoc are currently supporting the out of hours deteriorating patient pathway with SaTH medical registrar as required to maintain patient safety. There have been rapid reviews of the deteriorating patient pathway and improvements made including introduction of grab bags for safe transfer, key contact details of Clinical Site Managers to arrange bed and handover and how to organise portering services. This is also being captured as part of local induction and the deteriorating patient pathway is displayed in both clinical areas.

The sub-acute wards will be included in the integrated quality report key metrics going forwards. A risk register has been developed and is reviewed weekly 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.

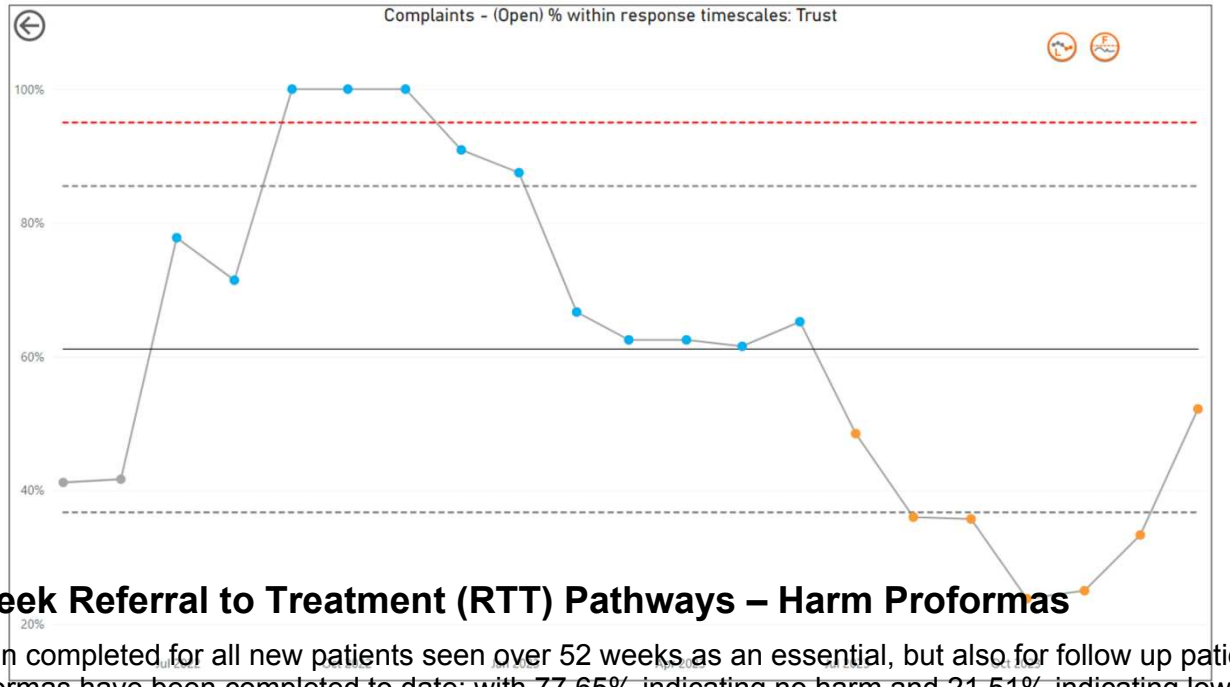
Performance = 50%

As at 12 January 2024, 22 complaints are being investigated, 12 (54.5%) complaints are currently within their deadlines for reply; this includes 3 complaints where reply deadlines have been extended with agreement of the lead investigating organization (joint complaints) or complainants. 10 (45.5%) complaints have exceeded their reply deadline mainly due to capacity issues within the Complaints Team which have since been resolved.

A total of 4 complaints were received in December 2023 as follows;

- 3 in Adults Services – Stoke Heath (1), TW Respiratory Service (1), and Whitchurch MIU (1)
- 1 in TeMS & Outpatients – Podiatry Clinic (1)

3 (50%) out of the 6 complaints closed in December 2023 were replied to within their deadlines. Of the 6 complaints closed in December 2023, 3 complaints were not upheld, 3 are awaiting decisions.



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. 474 harm proformas have been completed to date; with 77.65% indicating no harm and 21.51% indicating low harm and can be treated and resolved. Looking into the cases where harm was identified the vast majority were rheumatology patients.

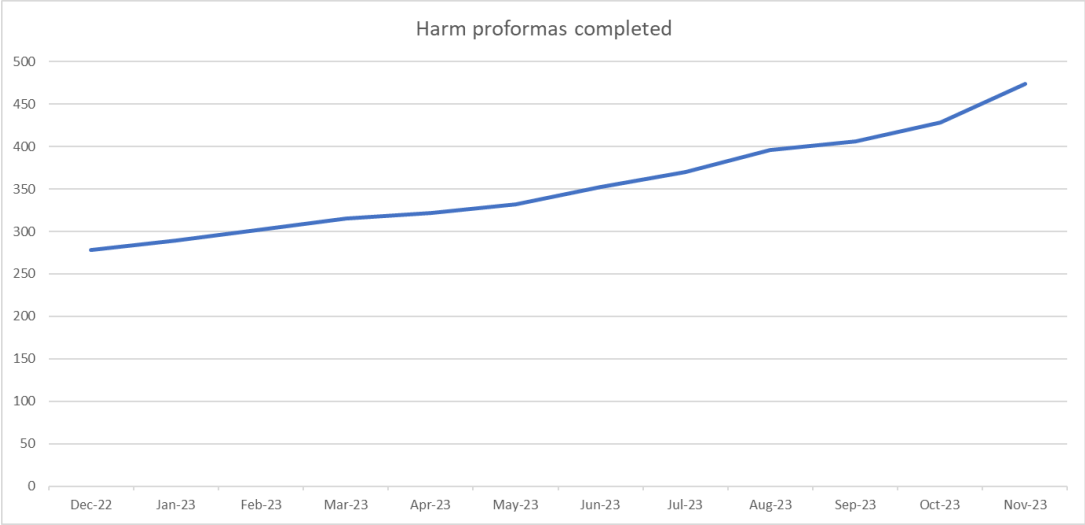
There have been 4 cases (0.84%) of moderate harm identified in November 2023; 3 following delay to consultant appointment and 1 due to delayed follow up appointment in rheumatology. All cases have been reviewed by the clinical lead who has agreed with the assessment of moderate harm. These cases have been escalated via the quality team and then onto governance team for discussion at weekly panel meeting.

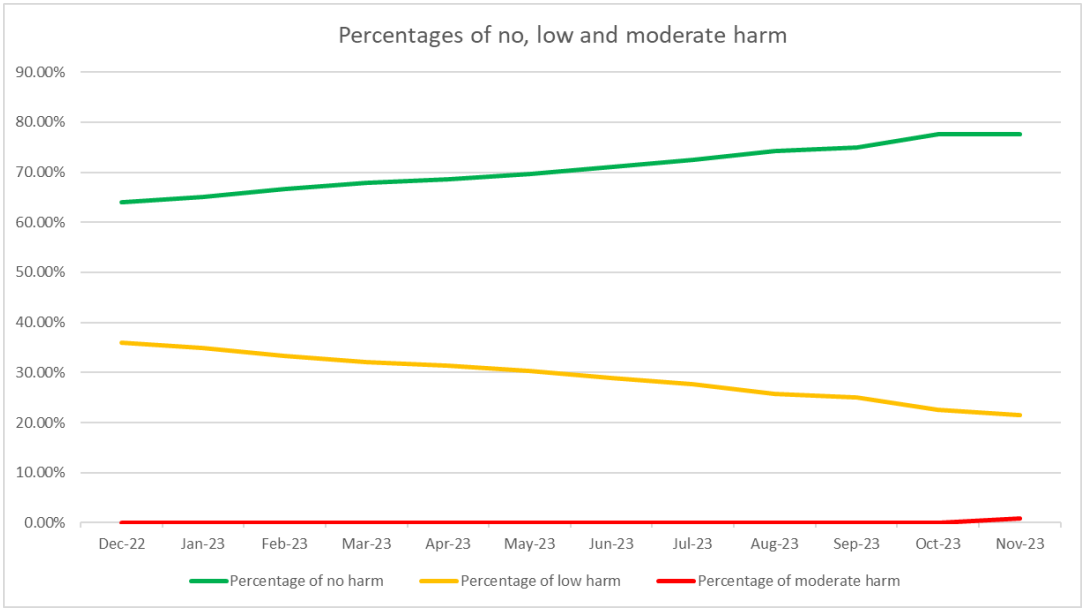
The service is routinely conducting a review of 10% of the harm proformas completed which equates to 47. Of the most recent review, 47 were revalidated as having no further harm occurring.

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	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Harm proformas completed	278	289	302	315	322	332	352	370	396	406	428	474
Number of low harm	100	101	101	101	101	101	102	102	102	102	102	102
Number of moderate harm	0	0	0	0	0	0	0	0	0	0	0	4
Percentage of no harm	64.00%	65.10%	66.60%	67.90%	68.60%	69.60%	71.10%	72.40%	74.20%	74.90%	77.50%	77.65%
Percentage of low harm	36.00%	34.90%	33.40%	32.10%	31.40%	30.40%	28.90%	27.60%	25.80%	25.10%	22.50%	21.51%
Percentage of moderate harm	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.84%

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 Trust Board.





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. Whilst the funding allocation has now been confirmed it 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, currently stands at 39 (last month it was 49, therefore the team are demonstrating that they are tackling the backlog in the waiting list despite further incoming referrals), with the longest waiting patient without an appointment or opt in letter standing at 18 weeks (only 1 patient). Despite this improvement, 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 = 89.40% ↑ November

The overall percentage of New Birth Visits (NBVs) completed within targeted timescales for Shropshire, Telford & Wrekin increased from 89.04% in October to 89.40% in November

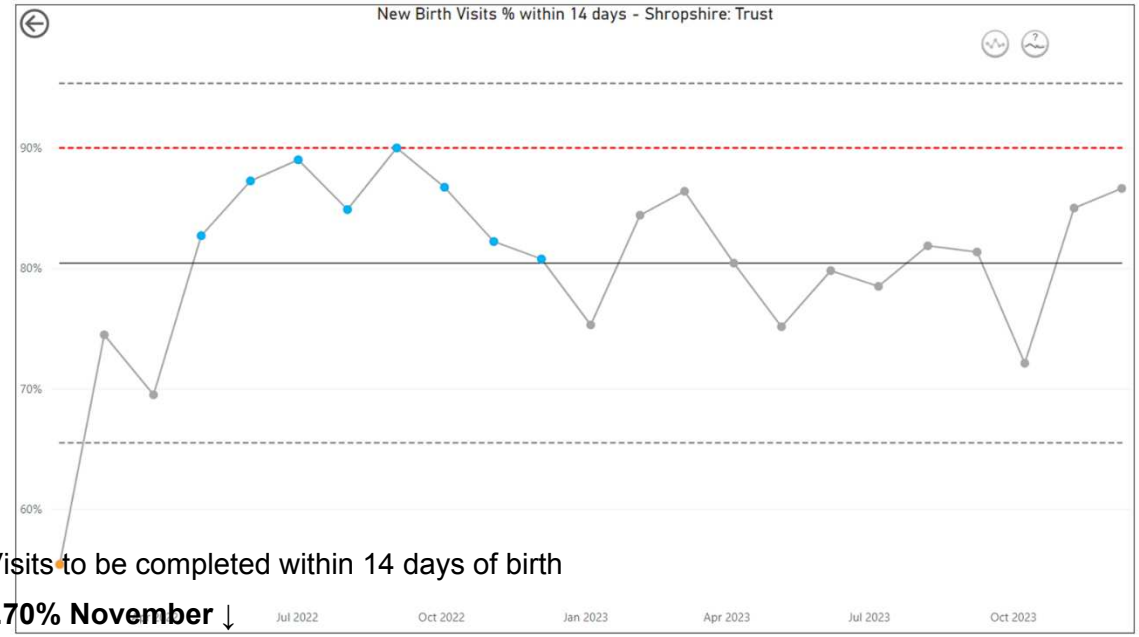
Shropshire NBV 90% of New Birth Visits to be completed within 14 days of birth (Shropshire)

Shropshire Performance = 86.63% November ↑

There were a total of 202 births in November, out of which, 27 visits were delivered out of timescales within Shropshire.

- 9 were due to parental choice of appointment date
- 3 due to babies being in the Neonatal Unit (NNU)
- 12 due to workforce capacity
- 1 query data quality
- 2 due to no access

Parental choice due to not being available for the appointment offered continues to affect the performance this month, including requesting to rearrange visit, family illness and declining appointments offered at the weekend (Bank). This has meant that it pushes the appointment that the parent finally agrees to outside of the timeframe. 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 CP, CIN, LAC and targeted work required. Out of the 27 NBV out of timeframe, 17 of these were completed on day 15 & 16.



Telford NBV

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

Performance = 92.70% November ↓

The Telford Team achieved 92.70% in November which is a decrease from the 94.23% achievement during October.

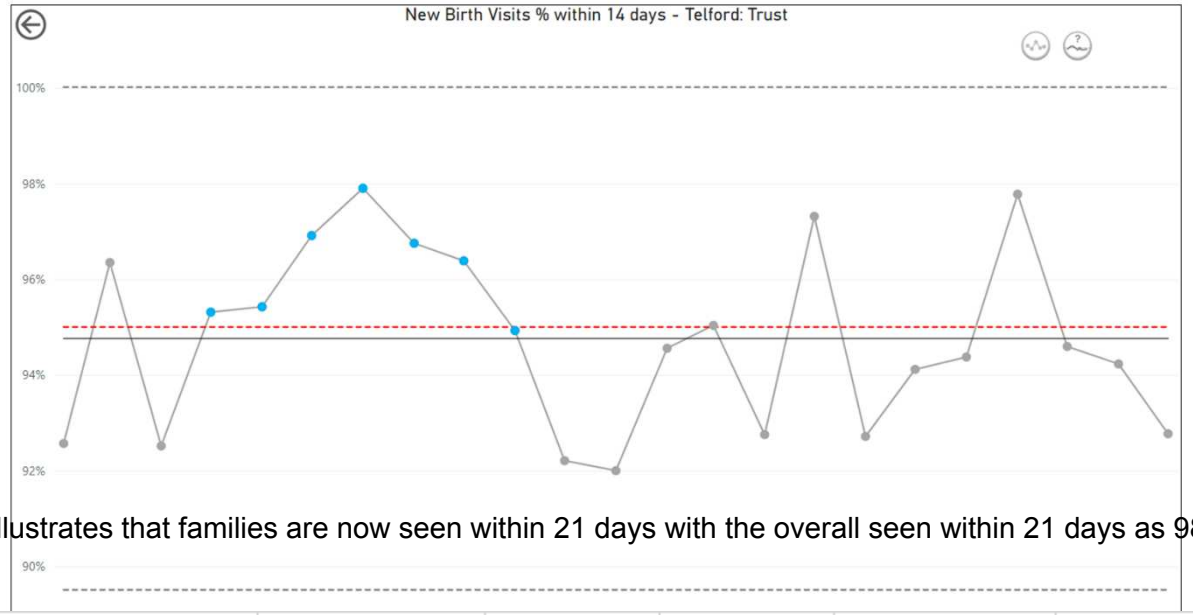
There were a total 166 births in November, of which, 154 New Birth Visits were completed within the timescale. Of the 12 visits that were recorded out of timescale: -

- 2 due to babies that were still in the Neonatal Unit (NNU) or taken to Hospital
- 1 due to mother taken to hospital
- 7 due to Parental Choice or didn't confirm until last day
- 1 due to no access
- 1 due to staff capacity

Across both Teams 100% of all birth visits were 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:

- Workforce plan in place. Awaiting newly recruited HV's to commence in post in January and February 2024, a further health visitor in training will complete their training in February 2024 and three further student HV's have now commenced their training.
- Staff returning from long term sickness leave and maternity leave
- Support to be accessed from other HV Teams and Bank workforce including the offer of extra hours.



The table below illustrates that families are now seen within 21 days with the overall seen within 21 days as 98.02%.

6 Month Summary

Row Labels	Within 14 Days	15-21 Days	22-28 Days	Above 28 Days	Grand Total
Shropshire	899	183	20	9	1111
Telford	810	38	5	5	858
Grand Total	**1709**	**221**	**25**	**14**	**1969**

Shropshire Locality - Summary by Month

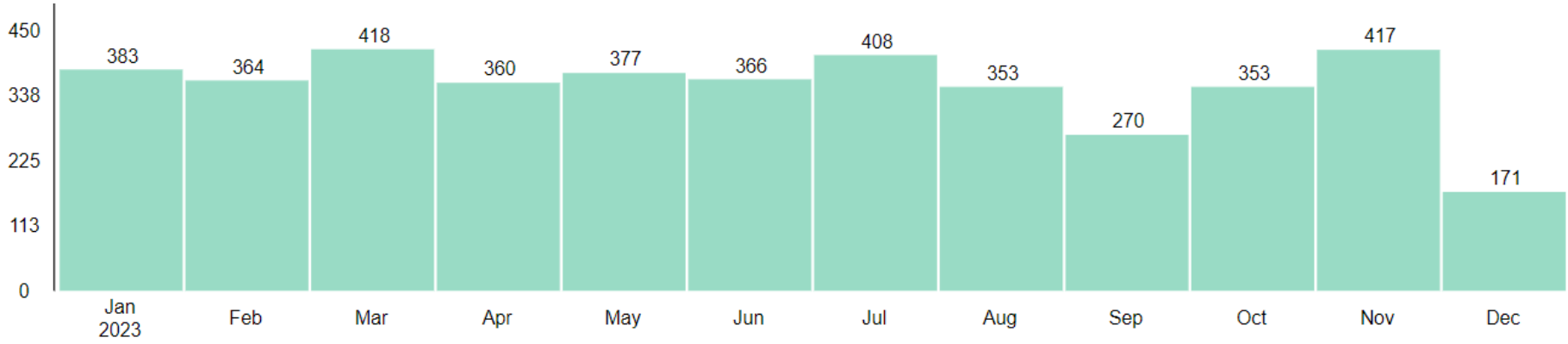
Row Labels	Within 14 Days	15-21 Days	22-28 Days	Above 28 Days	Grand Total
Jun-23	78.68%	17.77%	2.03%	1.52%	100.00%
Jul-23	81.86%	14.71%	1.96%	1.47%	100.00%
Aug-23	80.51%	17.80%	1.69%	0.00%	100.00%
Sept-23	72.11%	26.32%	1.05%	0.53%	100.00%
Oct-23	85.00%	12.50%	2.50%	0.00%	100.00%
Nov-23	86.63%	10.89%	1.49%	0.99%	100.00%
Grand Total	**80.92%**	**16.47%**	**1.80%**	**0.81%**	**100.00%**

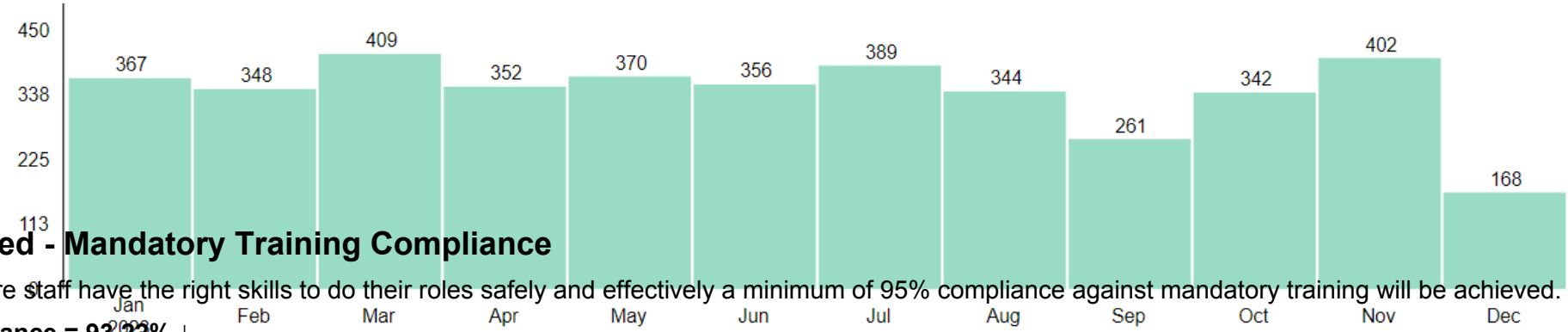
Caring - Friends & Family Test

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 December, 98.25% positive feedback was reported, a very slight decrease from 96.4% reported in November. In December, there was a decrease in responses received (171), compared to 417 in November. Responses for December are low which is normal for this time of year, however, are lower than the same period last year, with 283 responses received in December 2022.

Negative feedback for the latest month 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. The trust is considering the implementation of 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.





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 = 93.22% ↓

Overall performance against the target declined slightly in December from 93.61% 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 84.17% reported in December, and Patient Safety - Level 1 (87%), and Patient Safety – Level 2 (77.25%). Overall compliance without these would be 94.7%.

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

- High Risk Fire Training - compliance reduced further by 8.5% in December to 67.99% from 78.57% in November. There continues to be a focus on improving this level of compliance and working with the ESR team to reduce the time it takes for the training to be recorded onto ESR.

- Basic Life Support (BLS) training has declined by 1.5% to 79.44% for Adults, from last month (81.05%), and 79.44% for Paediatric BLS, a 1.6% decline from last month (81.15%).
- Information Governance overall performance for December was reported at 91.74%, a slight improvement from 91.5% reported last month.

Monthly 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, new staff and absence of Team Leaders is continuing to contribute to the current position. Access to laptops and computers have also been reviewed to ensure that all staff members are able have ease of access.

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 = 80.57% ↑

Appraisal position in December was reported as 80.57% a slight improvement in performance from 79.59% in November.

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. System pressures have led to some appraisals being stood down in accordance with escalation action cards. However, this is only dome when absolutely necessary.

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 absence of Team Leaders is contributing to the current position.

0. Reference Information

Author:	**Tracie Black Associate Director for Workforce Education and Professional standards**	**Paper date:**	**November 2023**
Executive Sponsor:	Clair Hobbs, Director of Nursing & Workforce	**Paper written on:**	November 2023
Paper Reviewed by:	Clair Hobbs, Director of Nursing & Workforce	**Paper Category:**	Workforce, safety
Forum submitted to:	People Committee & Trust Board	**Paper FOIA Status:**	Full

1. Purpose of Paper

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

The aim of this paper is to provide advice and assurance to the Trust People Committee and Trust Board of Directors regarding the provision of Safer Nurse Staffing and adherence to national policy.

2. Executive Summary

2.1 Context

NHS provider Boards are accountable for ensuring their organisation has the right culture, leadership, and skills in place for safe, sustainable, and productive staffing that will support safe, effective, caring, responsive and well-led care.

2.2 Summary

- The Community Safer Staffing tool has been introduced into the Trust after receiving the licence. In January we undertook a trial of the tool and took learning from this. In June 2023 the tool was commenced, and we will now follow the national standard of twice-yearly data collection in January and June.
- The Community Hospitals received their licence early this year and undertook their inaugural data collection of the National Safer Nurse Staffing Tool in June/July 2023.
- Vacancy rates in our Community Hospitals have improved but we still have gaps within the Community District Nursing Teams however these are reducing.
- The Trust has seen a reduction in agency staff. This is due to the increased scrutiny that the Trust has put in place following further measures instructed by NHSE.
- The International Nurses Programme is working well, and the Community Hospitals now have no band 5 vacancies, this does not include Bishops Castle that is at present temporarily closed At Whitchurch there were 3 band 6 vacancy, but these have now been appointed to. We now have International Nurses in the Community Teams which has been more of a challenge due to transport issues.
- The Trainee Nursing Associate (TNA) programme in 2023 is now well established in the Trust with 14 staff registered as Nursing Associates (NA), and a further 19 continue with their studies. The Trust has funding for a further 5 TNAs to commence in March 2024.

This supports the Registered Nursing gap and developing staff, to ensure we have a steady pipeline of home-grown Nurses.

- Establishment will need to be reviewed once we have collected 2 clean sets of data for both the Community District Nursing Teams and the Community Hospitals.

2.3. Conclusion

The Trust People Committee and Trust Board is asked to review the information and accept the recommendation that there is a moderate level assurance for safer staffing within the both the Community Hospital and Community District Nursing Teams. The Trust has seen an improvement in the Community Hospital vacancies, this is due to the International Nurse recruitment that commenced in January 2023, but we do still have vacancies gaps in our Community District Nursing Teams. The Trust is partially compliant with the national policy (Developing Workforce Safeguards), (attached), the progress of the document will be monitored at the People Committee to monitor compliance against the policy.

3. Main Report

3.1 Introduction

NHS Provider Boards are accountable for ensuring their organisation has the right culture, leadership, and skills in place for safe, sustainable, and productive staffing that will support safe, effective, caring, responsive and well-led care.

Demonstrating safe staffing is one of the essential standards that all health care providers must comply with to meet Care Quality Commission (CQC) regulation, Nursing and Midwifery Council (NMC) recommendations and national policy on safe staffing. The National Quality Board (2016) guidance and Developing Workforce Safeguards (2018) sets out expectations for Nursing and Midwifery staffing levels to assist local Trust Board decisions in ensuring the right staff, with the right skills are in the right place at the right time.

It is well documented that ensuring adequate Registered Nurse (RN) staffing levels in line with national recommendations has many benefits including improved recruitment and retention, reduction in staff stress, reduction in patient mortality and improved quality and safety metrics.

The Developing Workforce Safeguards (2018) was established from safe staffing work when system leaders identified a gap in support around workforce and builds on the National Quality Board (2016) guidance. It identifies that Trusts must ensure the below three components are used in their safe staffing processes:

- Evidence based tools and data.
- Professional judgement
- Outcomes

The Trust has both Community District Nurse Teams and inpatient wards. The has been a validated tool for inpatient wards for some years, however the Trust has not utilised this until

June 2023 due to not having the necessary licence. The National Community Safer Staffing tool was introduced nationally in September 2022 the Trust undertook its first data collection in January 2023 and completed the second data collection in June 2023, the Trust is one of the first to utilise this new national tool. This report outlines the first set of data for the community inpatient wards and the second set of data for the community District Nurse teams captured via this validated, evidence-based method.

4.0 Nurse to Patient ratio – inpatient wards

4.1 Nurse to patient ratios are a useful benchmark for assessing the average amount of patients each Nurse is caring for.

4.2 It should be noted that this method may not always accurately reflect the needs of the individual patient as their dependency on nursing input may differ at various points. Nevertheless, the Royal College of Nursing (RCN) 'Mandatory Nurse Staffing Levels' (2012) and NICE 'Safe Staffing for Nursing in Adult Inpatient Wards in Acute Hospitals' (2014) suggest inpatient wards must have a planned Registered Nurse (RN) to patient ratio of no more than 1: 8 during the day. We acknowledge that these recommendations are for acute wards, but the community wards work to these numbers also alongside professional judgement as the model of care moves towards a more sub-acute specialty. At present there is no national guidance of nurse-to-patient ratio for night duty however professional judgement of the Director of Nursing (DoN) is 1:13.

4.3 Table 1 shows the average RN: Patient ratio at Shropcom during June 2023 for the 3 Community Hospitals. It demonstrates that during June 2023 all community inpatient wards met the national requirement of an overall 1:8 for day shifts.

Table 1: Actual Average RN: Patient ratio during June 2023

Hospital	RN: Patient Ratio- Day Shift
Ludlow	1:7.34
Bridgnorth	1:7.6
Whitchurch	1:7.6

4.4 At Whitchurch the bed base is 32 with 4 escalation beds which takes them to 36. The escalation beds were closed in line with winter plans, and staffing was reduced, however the escalation beds are again open utilising bank and agency to support the extra staffing as these escalation beds are not funded.

4.5 Nursing Associates are used in the Trust but have not yet been written into National Policy to be included into the registered numbers, this is being added to National Policy and should be available in January 2024. The use of NA to the Trust is a new concept and so professional judgement is applied with triangulation of quality and safety data as a standard daily expectation of leaders and managers. We are awaiting a reviewed Safer staffing document which will have the Nursing Associates included, and so this will be included in the January 2024 report.

4.6 Actual versus planned staffing numbers for January 2023 showed that for Bridgnorth Total Planned shifts for both Registered Nurses and HCAs was 411.00 and the actual was 419.00 for days and night shifts planned was 180.0 and actual was 189.00 this is based on

25 beds. For Ludlow total planned shifts for Registered Nurses and HCAs was 382.0 and the actual was 428.0 for days and for nights planned was 120.0 and actual was 130.0 this is based on 24 beds. For Whitchurch total planned shifts both Registered Nurses and HCAs was 469.0 and actual 678.0 for days and for nights planned was 210.0 and actual was 267.0 this is based on 36 beds. This demonstrates that all 3 wards are using more shifts than planned, this can be attributed to higher dependency of patients and the increased need for enhanced care of some of our patients.

4.7 Shifts covered by substantive, bank, and agency for both RN'S and HCA combined are as follows. Ludlow 593 shifts were requested of which 397- 67% substantive, 54 -9% bank, 137 – 23% agency and 2 unfilled. Bridgnorth 683 shifts required of which 549 – 80% substantive, 37- 5% bank, 92 agency -13% and 5 -1% unfilled. Whitchurch 1018 shifts requested of which 637 -63% substantive, 56- 6% bank, 299 – 29% agency and 26 – 3% unfilled. We can see that the substantive staffing is improving but there is still more work to done undertaken to increase our bank numbers as this would offer a more consistent workforce and reduce agency spend further.

5.0 Safer Nursing Care Tool (SNCT)

5.1 The SNCT is an evidence-based tool that is recommended by NICE to measure individual patient acuity and dependency. It is proposed that using SNCT offers greater understanding regarding if actual hours match required hours.

5.2 The SNCT tool is designed to be used daily for a minimum, 20-day period twice per year not including the weekends (January & June) collecting individual patient acuity and for. The data collection is undertaken by the trained senior Nurses in the team.

5.3 The SNCT allows clinical staff to assess the needs of every individual patient. It is worth noting that as a generic tool, subjective application of SNCT has an expected 10% variation from ward to ward and is not designed to indicate required skill mix. It should be used as part of professional judgement and patient outcomes also as has been the case with this review.

5.4 The Trust gained its licence this year and so the first set of data was collected in June 2023. Moving forward, this will allow us to understand our adherence to the national standards and offer the Board greater assurance.

5.5 Training for staff has been undertaken and it is to be noted that the data collection should be undertaken by the senior staff, band 6 and above following training and there should be a peer review each week, for the 3 hospitals that undertook the data collection in June 2023 peer reviews were undertaken. Although the data collection is undertaken by the senior staff it is important that all staff are aware of the acuity tool and how to use it. At present in our Community Hospitals, we do not collect acuity data daily, we are moving to this and with the introduction of the E-roster and Safecare we will capture this information and so training will be put in place for all staff as this comes online.

5.6 Bridgnorth has 25 beds with the daily average at 23.2 patients at the time of the data collection. 12.5 patients scored level 0 and 10.7 scored 1b (See appendix 1 for the SNCT score). This scoring is appropriate and expected for the patients profile we see at for the type of patients in our Community Hospitals. The scoring suggests we should have 20.0 RN and 10.8 HCA. The actual establishment for the ward is RN 14.47 and HCA 20.49 a total of 35.07. The daily staffing is 3 RN on days and 2 RN on nights with 4 HCA on days and 3 HCA on night so at the moment there is a 0.05 deficit in the funded establishment. When we look at the results of the data collection it suggests the ward needs 30.8 to run the ward and suggests that the ratio of RN to HCA needs to change.

5.7 Ludlow has 24 beds with the daily average at 22.6 patients at the time of the data collection. 9.7 patients scored level 0 and 12.6 scored 1b. the scoring suggest we should have 20.6 RN and 11.1 HCA and a total of 31.7. The actual establishment for the ward is RN14.21 and HCA 14.19 a total of 28.40. the daily staffing is 3 RN on days and 2 RN on nights with 3 HCA on days and 2 HCA on nights so at the moment there is a 0.96 deficit in funded establishment. When we look at the results of the data collection it suggests the ward needs 31.7 to run the ward and suggests the ratio of RN to HCA needs to change.

5.8 Whitchurch has 32 beds (with 4 additional escalation beds that are not funded for) with the daily average at 29.8 patients at the time of the data collection. 13.9 patients scored level 0 and 15.8 scored 1b. This scoring is appropriate and expected for the patients profile we see at for the type of patients in our Community Hospitals. The scoring suggests we should have 26.6 RN and 14.3 HCA. The actual establishment for the ward is RN 14.67 and HCA 19.79 a total of 34.67. The daily staffing is 4 RN on days and 3 RN on nights with 4 HCA on days and 3 HCA on night so at the moment there is a 6.20 deficit in the funded establishment. When we look at the results of the data collection it suggests the ward needs 40.9 to run the ward and suggests that the ratio of RN to HCA needs to change. At the time of the data collection 32 beds were open.

5.9 We can see from the results that both Ludlow and Whitchurch the suggestion is that they both need an increase in establishment and that Bridgnorth needs a reduction. You will also note that Whitchurch establishment does not cover the staffing numbers they work on daily, and this has only been highlighted with the introduction of E-roster this is being addressed. Appendix 5

5.10 As this is the is data collection the Trust has undertaken; we need to wait until we have 2 sets of stable data before we make recommendations on changes to establishment. We also need to factor in professional judgement with all 3 wards being of poor visibility and needing more staff to monitor patients, this is of particular note in Whitchurch. The January 2024 data collection will be the Trusts 2nd clean set data and will be able to make establishment recommendations, however, we will need to consider any change in referral criteria due to the opening of the sub-acute wards. This may change the acuity and dependency scores and may not be able to act on those results for a further 12 months.

5.11 You will note that Bridgnorth establishment is higher than the other sites, which needs review as Ludlow only has 1 bed less than Bridgnorth and would not result in the need for such a difference in WTE and Whitchurch has 7 more beds than Bridgnorth with less establishment.

5.12 The gold standard for skill mix of staff would be 70% RN to 30% HCA linking to evidence suggestive that increasing RNs within a ward skill mix reduces mortality and increases patient safety and quality of Care. (Aiken et al 2010, 2013, 2016, 2018, Ball et al 2018, Blegan et al 2011, Estabrook et al 2005, Griffiths et al 2016, RCN 2021). Within the Community Wards the skill mix is often around 50:50. It is to be noted that when benchmarking most Trusts including acute Trusts do not reach the standard of 70:30, the aim is that once we have reviewed 2 clean data sets, we would look to increase the Nurse-to-patient ratio to 65% over a trajected period of time and that the 65% would include Nursing Associates. This is the professional judgement of the Director of Nursing.

6.0 Community Safer Care Tool (CNSST)

6.1 The CNSST is an evidence-based tool that is recommended by NICE to measure individual patient acuity and dependency. It is proposed that using CNSST offers greater understanding regarding if actual hours match required hours.

6.2 The CNSST tool is designed to be used daily for a 7-day period including the weekend, twice per year (January & June) collecting data for each patient contact. All staff collect the data. To be noted that a data collection as trial was undertaken in January 2023 so the data collection from June 2023 would be classed as the first set of data.

6.3 The CNSST allows clinical staff to assess the needs of every individual patient at every contact. It is worth noting that as a generic tool, subjective application of CNSST has an expected 10% variation from, District Team to District Team and is not designed to indicate required skill mix. It should be used as part of professional judgement and patient outcomes also as has been the case with this review.

6.4 Training is ongoing for the Community Teams as with the community model all staff have to undertake the acuity data collection by recording all their contacts whilst on their visits. This has been a challenge for the teams due to the pressure the teams are under and with over 250 staff to train this has proved difficult.

6.5 As the CNSST tool was only introduced late 2022, most of our regional teams were not ready in January and have only just undertaken their first data collection in October 2023. We took the opportunity in January 2023 to undertake a trail data collection to give us the opportunity to learn from it. This did enable us to be more prepared for the June 2023 data collection.

6.6 There a 7 District Nursing Teams within Shropshire Community Health Trust (SCHT) and they all took part in the data collection in June 2023 . In the CNSST there are 4 categories, from 1 to 4. 1 being simple straight forward care and 4 being the most complex care. All 7 teams showed a good balance of the categories with the highest contacts being category 1 and next highest category 3. (Appendix 2)

6.7 Central- have establishment of WTE 55.20. At the point of data collection there was WTE 45.79 Substantive and 3.97 Bank/agency totalling 49.76. The tool is suggesting that the recommended staffing should be 56.24 an increase of WTE 1.04.

6.8 North Telford - have establishment 31.27. At the point of data collection there was WTE 25.79 Substantive and 3.83 Bank/agency totalling 29.32. The tool is suggesting that the recommended staffing should be 33.51 and increase of WTE 4.19.

6.9 North East - have establishment 28.40. At the point of data collection there was WTE 19.80 Substantive and 6.05 Bank/agency totalling 25.85. The tool is suggesting that the recommended staffing should be 33.84 and increase of WTE 5.44.

6.10 North West - have establishment 28.56. At the point of data collection there was WTE 24.17 Substantive and 1.90 Bank/agency totalling 26.07 The tool is suggesting that the recommended staffing should be 31.11 and increase of WTE 2.55.

6.11 South Telford - have establishment 30.73. At the point of data collection there was WTE 28.62 Substantive and 1.29 Bank/agency totalling 29.91. The tool is suggesting that the recommended staffing should be 40.62 and increase of WTE 12.00.

6.12 South East - have establishment 29.47. At the point of data collection there was WTE 25.23 Substantive and 3.48 Bank/agency totalling 28.71. The tool is suggesting that the recommended staffing should be 36.07 and increase of WTE 6.6.

6.13 South West - have establishment 23.93. At the point of data collection there was WTE 24.73 Substantive and 2.60 Bank/agency totalling 27.73. The tool is suggesting that the recommended staffing should be 27.45 and increase of WTE 3.52.

6.14 All of the teams are demonstrating the need for increased staff but will need to review the data in January 2024 when we have 2 stable sets of data prior to making recommendations.

6.15 The caseloads for the District Nursing Teams are split into 3 categories, patient contacts, continence contacts and phlebotomy contacts. Phlebotomy contacts are mainly carried out by the HCA band 3. In June 2023 for all 7 of our District Nursing Teams, we saw 19,868 patients contacts, 695 continence contacts and 1,770 phlebotomy contacts. This is a decrease of 307 patient contacts, a reduction of 12 continence contacts and a decrease of 182 phlebotomy contacts on the May figures. The busiest departments are North and South Telford and Southeast. (Appendix 3)

6.16 For June 2023 there were 896 visits were cancelled, 5,249 were rescheduled and 411 essential care only(ECO) visits. This is due to lack of capacity within the team. South East and North West have the highest cancelled patients with north East and South Telford having the highest rescheduled appointments. North Telford. Within the Community Nursing Teams there was 47 pressure wounds reported as developing in the care of the Trust in June 2023,these breakdown as; 3 x category 1, 15 unstageable , 19 category 2 and 10 suspected deep tissue injuries this is a decrease of 4 compared to May 2023, however none of the 47 were reported as Serious incidents.

6.17 You will see from the benchmarking data (See appendix 4) that for all the teams they have a higher percentage of cat 1 patients. 5 of the 7 teams (Central are 2 teams) their daily caseload is higher that the benchmark.

7.0 Fill rates for inpatient wards

7.1 Trusts are required to collate and report staffing fill rates for external data submission to NHSE/I monthly. Fill rates are calculated by comparing planned (rostered) hours against actual hours worked for both RN and HCA.

7.2 The position for January 2023 Source (January 1st – 31st January 2023) is shown in table 2.

Table 2 – Fill rates (June 2023)

	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	93.3%	89.92%	100%	107.67%
Ludlow	84.77%	106%	100%	107.67%
Whitchurch	89.52%	170.6%	102.22%	155.54%

7.3 Fill rates for RN numbers were below the 90% threshold on days shift at Ludlow and Whitchurch. This can be offset by the higher-than -average care staff fill rates for day shifts.

7.4 HCA day and night shifts were higher than planned to maintain ongoing management and safety for patients requiring enhanced supervision. This is particularly noticeable at Whitchurch for day shifts where the fill rate is 170.6% which is a 60% increase on the previous month.

7.5 Fill rates do not take into account the skill mix within an area including what percentage of this fill was temporary staff, all of which are contributing factors to quality and safety within the clinical environment.

7.6 Bed occupancy rates reported for June 2023 were 91.5%. This breakdown for bed occupancy at each site as 97.7% Bridgnorth, 96.7% Ludlow, and 83.5% at Whitchurch.

7.7 Overall, for all inpatient wards there were, 904 RN shifts requiring cover with 625 being covered by substantive staff (69.14%), 219 were filled by agency RN staff (24.23%), 51 bank staff (5.64%). The were 9 shifts (1%) that were not filled at all. No serious incidents or incidents with harm were reported due to agency use or lower levels of staff.

7.8 Three shifts were reported in June 2023 as 100% RN agency staff. These were in relation Two at Ludlow and one at Bridgnorth and all-night shifts. However, for all shifts, patient safety was maintained, and mitigations were in place to maintain safety. All agency staff on these shifts work regularly at Whitchurch and Ludlow and were supported by substantive HCAs. All staff were up to date with their high-risk fire training.

8.0 Care Hours per Patient Day (CHPPD)

8.1 Care Hours per Patient Day (CHPPD) is a useful means of benchmarking against other NHS Trusts via the Insight-Model Hospital website. SCHT data is now available on the Model Hospital site and on performing benchmark analysis, for the last quarter (up to April 2023) the average overall or our Trust is 8.24 care hours per patient day (CHPPD, which is comparable with the average of other similar community NHS trusts of 8.67 as shown in table 3.

Table 3 - Model Hospital Benchmarking table

Organisation Name	CHPPD - Overall
Central London Community Healthcare	10.4
Birmingham Community Healthcare	9.27
Hertfordshire Community	9.01
Shropshire Community Health	8.24
Hounslow And Richmond Community Healthcare	8.05
Lincolnshire Community Health Services	8.04
Sussex Community	7.08
Norfolk Community Health and Care	6.77
Bridgewater Community Healthcare	6.24

8.2 Table 4 shows the rolling care hours per day for the last year. Care hours per patient day are calculated by dividing the total number of nursing hours on a ward by the number of patients in beds at midnight. The calculation proved the average number of care hours available each patient on the ward.

Table 4 – Care hours per patient day

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Bridgnorth	8.1	8.1	7.8	7.8	7.9	8.2	8.1	7.9	7.5	7.2	6.7	7.7
Ludlow	7.7	7.2	7.3	6.7	8.1	13.7	7.6	7.9	8	7.2	6.2	7.6
Whitchurch	6.9	6.6	6.9	6.7	7.2	8.4	8.4	8.7	7.6	8.9	6.9	7.3

9.0 Substantive Unavailability

9.1 Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage.

9.2 Table 4 Shows the vacancy position for the Community Hospitals for June 2023. It is to be noted that although we show the vacancy position for Bishops Castle, this ward remains temporary closed. For Registered nurses both Ludlow and Bridgnorth show very small vacancy WTE 1.00 which is an improved picture from the January 2023 report. This is due to the international nurse recruitment programme the Trust has commenced and we now have 18 International nurses working across our Trust with International nurses in all 3 of our community hospitals. Whitchurch shows a RN vacancy rate of WTE 3.69 this is mainly band 6 posts that have previously been difficult to recruit to however in the last 2 months these posts have been recruited to and so this is an improving the vacancy rate. For Health Care Support Workers, the WTE vacancy for June 2023 was 7.98, with vacancies across all our 3 hospitals however these have now been appointed to and have either started or awaiting start dates.

Table 5 - Vacancy percentages for Community Hospitals

Community Hospital	Registered Nurse Vacancy Position		Unregistered Nurse Vacancy Position	
	WTE	%	WTE	%
Bishops Castle	6.97	68.1% ↑	8.69	79.8% ↑
Ludlow	(0.05)	(0.4)% →	4.35	20% ↑
Bridgnorth	0.95	6.8% →	2.34	9.5% ↑

Whitchurch	3.69	22% ↑	1.29	5.5% →

9.3 Vacancies for the Community District Nursing teams in total for RN is WTE 19.24 with the highest vacancy in the Central team at 8.0. WTE 10.6 of the RN vacancies have been recruited. The HCA vacancy WTE is 5.76 with the highest vacancy at North East at 3.8 . WTE 2.0 of the HCA have been recruited to.(Appendix 6)

9.4 In January 2023 we saw our first cohort of International Nurses (IR). We now have 19 nurses in the Trust and are expecting a further 14 arriving in January and February 2024 totalling 33. We have 14 IR Nurses in the Trust that have pin numbers with 5 undertaking there OSCE training. 12 IR nurses are working in our Community Hospital wards and 7 working in our Community District Nursing Teams. The IR nurses arriving in January will go to the sub- acute wards at Shrewsbury and Telford with the remaining 7 going to the community district nursing teams.

10.0 Incidents

10.1 During June 2023 there were 3 reported staffing issues but with no patient harm.

10.2 During June 2023 there were 4 occasions that the inpatient wards had 100% RN agency on night duty, 3 at Ludlow and 1 at Bridgnorth. There were substantive HCA on duty and agency were regular staff to the wards. There were no falls or incidents of any significance on the nights with 100% agency.

10.3 Falls in the Community Hospitals saw 5 in June 2023, with 4 at Bridgnorth, 1 at Ludlow and none at Whitchurch. Of the 5 falls this involved 5 patients which equates to a rate of 2.15 falls per 1000 Occupied Bed Days (OBDs). 1 of the falls occurred between the hours of 22.00 and 07.00 continuing the trend of reduced night hour falls. This demonstrates a favourable position compared to previous months. This puts us in a better position as the mean incidence for community providers in our region (mean rate of 4.65 falls per 1000 OBDs) as seen in table 6.

Table 6 – Falls Data

Year		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	Falls	26	15	11	21	12	10	24	14	10	18	7	11
	Falls/ 1000 OBDs	11.46	6.69	5.18	9.01	5.35	4.29	9.87	5.79	4	7.29	3.08	4.38
2023/24	Falls	11	11	5	14	9							
	Falls/ 1000 OBDs	4.56	4.5	2.15	5.84	3.79							

11.0 Recommendations

11.1 To embed the twice-yearly data collection tool for both the community Hospitals and the community district nursing. Ensuring training is available for staff to allow for high quality data to be collected.

11.2 The introduction of E-roster Safecare which will be introduced alongside the e-rostering implementation plan. E-rostering should be in place by end March 2024.

11.3 Work with the Virtual Ward to implement an acuity data collection tool, so that they can evidence their demand on their service.

11.4 Training to continuous to ensure both inpatient and community ward staff are able undertake data collection accurately.

11.5 Ongoing work on the recruitment and retention plan, to support the Trust in filling the vacancy gaps thus improving overall safer staffing numbers.

11.6 Introduction of a Legacy Mentor to the Trust to support staff and to improve retention of staff. The focus will be in the District Nursing Teams initially as they have the larger vacancies, and they predominately recruit newly qualified nurses.

11.7 The data collection for the CNSST for June 2023 gives an indication that there are shortfalls in staffing with the Community District Nursing Teams however this data cannot be used to recommend changes as it is recommended that 2 clean data collections are undertaken prior to making recommendations to Board. As the data collection in January 2023 was a trial, we would count the June 2023 as the first. We will review January 2024 data and make recommendations as appropriate.

11.8 For the inpatient data collection June 2023 was the first and it indicates that 2 of the wards need increased staffing and 1 needs reduction in staff, as this is the first data collection we need to treat with caution and await the January 2024 data before any recommendations are made.

11.9 We will need to implement the safer staffing tool to the new sub-acute wards that will be coming on board in January 2024. The first set of data will be collected in June 2024. This will also apply to Bishops Castle if the ward reopens in the new year.

11.10 Whilst we have seen an improvement in staffing in the both the community teams and the inpatient areas, we need to be mindful that with the introduction of the 52 subacute beds that will come on line in January 2024 we will see an increase in vacancies, and this will increase the need for bank/agency initially. We may also see some instability in our existing areas if staff wish to move to the sub-acute from their substantive base.

11.11 A huge amount of work has been undertaken around agency use and we have seen a reduction in the and particularly in the use of off framework, however as mentioned in 12.8 this may temporarily change in the early part of 2024 due to the sub-acute wards.

11.12 There is a moderate level of assurance around safer staffing due to not having 2 clean data sets of a validated tools to be able to recommend change.

12.0 Conclusion

The Trust People Committee and Board is asked to review the information and accept the recommendation that there is a moderate level assurance for safer staffing within the both the Community Hospital and Community District Nursing Teams. The Trust has seen an improvement in the Community Hospital vacancies, this is due to the international nurse recruitment that commenced in January 2023, but we do still have vacancies gaps in our community district teams. The Trust is partially compliant with the national policy (Developing Workforce Safeguards), the progress of the document will be monitored at the People Committee to monitor compliance against the policy.

Supporting Literature

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Appendices

Appendix 1 – Inpatient Decision matrix

2012 version SNCT_A4 - 2020.docx

Appendix 2 – Community Decision matrix

Care Category Descriptor	Care requirements
Category 1 - Straightforward, routine, uncomplicated, patient contact usually without follow-up. Category 2 -Patient requiring minimal to moderate intervention with Follow-up. Category 3-Patient requiring moderate to complex interventions and follow-up Category 4-A complex patient.	Patient contact a simple, one-off intervention that can be completed today and generally requiring no follow up Patient contact a moderately complex intervention (or interventions) with follow-up. Patient contact abut assessing or dealing with more complicated situations requiring two or more interventions and follow-up? Patient contact a multifaceted situation requiring detailed assessment, treatment/car, significant coordination, and intensive case management?

Appendix 3 Community district nursing contacts

Team Contacts (excludes Phlebotomy and continence)

No. Contacts	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23
North Telford	2,949	3,186	3,399	3,257	3,171	3,069	3,457	3,261	3,520	3,165	3,209	3,134	3,142	3,459
South Telford	2,906	3,300	3,548	3,321	3,351	3,038	3,355	3,184	3,356	3,240	3,158	3,087	2,914	3,159
North East	2,539	2,515	2,679	2,617	2,361	2,279	2,410	2,163	2,153	2,339	2,372	2,317	2,356	2,379
South East	2,514	2,666	2,631	2,774	2,711	2,485	2,735	2,591	2,641	2,621	2,638	2,546	2,341	2,597
North Shrewsbury	2,361	2,315	2,408	2,413	2,360	2,308	2,466	2,355	2,473	2,649	2,653	2,607	2,399	2,844
North West	2,256	2,106	2,227	2,209	2,083	1,932	1,961	1,861	2,019	1,964	1,917	1,820	1,771	2,208
South Shrewsbury	1,867	2,007	2,064	1,875	2,015	1,879	2,100	1,904	2,063	1,882	1,611	1,626	1,581	1,730
South West	1,838	2,088	2,077	2,067	1,946	1,683	1,862	1,820	1,951	2,008	1,701	1,878	1,849	1,879
Total	**19,230**	**20,183**	**21,033**	**20,533**	**19,998**	**18,673**	**20,346**	**16,784**	**20,176**	**19,868**	**19,259**	**19,015**	**18,353**	**20,255**
Total including phlebotomy and continence												**21,959**	**21,203**	

Appendix 4 -Benchmark Data

Patient	Local Benchmark Data	Central	North Telford	South Telford	North West	North East	South East	South West
Cat. 1 patients (daily average per practitioner)	1.32	5.30	4.20	5.45	4.31	6.49	5.95	3.59
Cat. 2 patients (daily average per practitioner)	2.39	0.88	0.96	0.46	0.34	0.57	0.74	0.28
Cat. 3 patients (daily average per practitioner)	2.31	0.92	0.81	1.39	1.01	0.66	0.63	1.45
Cat. 4 patients (daily average per practitioner)	0.82	0.04	0.03	0.08	0.07	0.04	0.06	0.04
Daily caseload	6.84	7.14	5.99	7.37	5.73	7.76	7.37	5.36
Clinics (daily average per practitioner)	0.24	0.00	0.01	0.00	0.01	0.00	0.00	0.00

Appendix 5

Ludlow Inpatients (24 Beds)

Type	Name	Length	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours	Total WTE	Total (inc Headroom) 21%		Funded WTE	Gap WTE
Registered	Early	7.50	3	3	3	3	3	3	3	157.50	12.13	14.68		14.21	0.47
	Late	7.50	3	3	3	3	3	3	3	157.50					
	Long-Day	12.50								0.00					
	Night	10.00	2	2	2	2	2	2	2	140.00					

Type	Name	Length	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours	Total WTE	Total (inc Headroom)			
Un-Registered	Early	7.50	3	3	3	3	3	3	3	157.50	12.13	14.68	Reduced 1 HCA on Early		
	Late	7.50	3	3	3	3	3	3	3	157.50				14.19	0.49
	Long-Day	12.50								0.00					
	Night	10.00	2	2	2	2	2	2	2	140.00					

Whitchurch (32 beds)

Type	Name	Length	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours	Total WTE	Total (inc Headroom) 21%		Funded WTE	Gap WTE
Registered	Early	7.50	4	4	4	4	4	4	4	210.00	16.80	20.33		14.67	5.66
	Late	7.50	4	4	4	4	4	4	4	210.00					
	Long-Day	12.50								0.00					
	Night	10.00	3	3	3	3	3	3	3	210.00					

Type	Name	Length	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours	Total WTE	Total (inc Headroom)			
Un-Registered	Early	7.50	4	4	4	4	4	4	4	210.00	16.80	20.33			
	Late	7.50	4	4	4	4	4	4	4	210.00				19.79	0.54
	Long-Day	12.50								0.00					
	Night	10.00	3	3	3	3	3	3	3	210.00					

Bridgnorth (25 beds)

Type	Name	Length	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours	Total WTE	Total (inc Headroom) 21%	Funded WTE	Gap WTE	Notes
Registered	Early	7.50	3	3	3	3	3	3	3	157.50	12.13	14.68	14.47	0.21	Includes B6 + B5+ B4 NA(B4 NA not to work nights)
	Late	7.50	3	3	3	3	3	3	3	157.50					
	Long-Day	12.50	-	-	-	-	-	-	-	0.00					
	Night	10.00	2	2	2	2	2	2	2	140.00					

Type	Name	Length	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours	Total WTE	Total (inc Headroom)			
Un-Registered	Early	7.50	4	4	4	4	4	4	4	210.00	16.80	20.33	20.49	-0.16	Includes B3 TNA + B2 Nurses. Excludes B3 HCA 0.80 WTE (Wellbeing therapist)
	Late	7.50	4	4	4	4	4	4	4	210.00					
	Long-Day	12.50	-	-	-	-	-	-	-	0.00					
	Night	10.00	3	3	3	3	3	3	3	210.00					
							CLINICAL STAFF (WTE)					35.01	34.96	0.05	

FTSU Report – January 2024

Shropshire Community Health NHS Trust

0. Reference Information

Author:	Shelley Ramtuhul, Trust Secretary / Director of Governance	**Paper date:**	1 February 2024
Executive Sponsor:	Shelley Ramtuhul, Trust Secretary / Director of Governance	**Paper written on:**	26 January 2024
Paper Reviewed by:	People Committee	**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 and what input is required?

This paper presents an update of the FTSU self-assessment for information and outlines the ongoing work on the FTSU service. Further the paper provides a review of the FTSU activity for Quarter 3 2023-24.

2. Executive Summary

2.1. Context

The Trust has committed to enhancing the FTSU Service and the work being undertaken is reported on a regular basis to the People Committee. The data is now being collated in relation to the FTSU activity and this will now be included in the quarterly reports to the Committee.

2.2 Summary

The self- assessment shows a marked improvement with the following assessment against requirements:

Reporting Period	Compliant	Partially Compliant	Not Compliant
Q2 23-24	12	21	7
Q3 23-24	21	16	3

The full assessment is attached at Appendix One.

The paper also presents the first look at the quarterly FTSU activity, noting that the cases are still ongoing and that future reports will address the outcomes but there are clear themes around bullying and harassment which require further work. The quarterly report is attached at Appendix Two.

The strategy was previously identified as an area of focus and this has been presented to the People Committee and will now be socialised prior to being presented to the Board.

The Committee is asked to note the updated position and the position with regard to the self-assessment. Although there has been a notable improvement there is still a significant amount of work to complete and this assessment remains at partial assurance overall. Work

is now underway to identify completion dates for all areas of partial and non compliance for ongoing monitoring by the People Committee.

Further the Committee is asked to note the quarterly activity and the recommendation for further work to be undertaken in relation to bullying and harassment management which is also flagged in the self assessment as a requirement.

Shropshire Community Health NHS Trust

APPENDIX ONE: SELF ASSESSMENT JANUARY 2024

Summary of the expectation	Review Date	Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating (or further enhancement of evidence)
Behave in a way that encourages workers to speak up			
Individual executive and non-executive directors can evidence that they behave in a way that encourages workers to speak up. Evidence should demonstrate that they:			
understand the impact their behaviour can have on a trust's culture	18/01/2024	Culture session held in March and July. Culture and leadership programme completed	Board training specifically on FTSU recommended – scheduled for March
know what behaviours encourage and inhibit workers from speaking up	18/01/2024	Culture session held in March and July. Culture and leadership programme completed	Board training specifically on FTSU recommended
test their beliefs about their behaviours using a wide range of feedback	18/01/2024	Staff survey, Listening events programme completed with ongoing commitment to future dates	Survey to be issued to staff re: FTSU
reflect on the feedback and make changes as necessary	18/01/2024	You said we did bulletins	Board session to be scheduled to coincide with survey results
constructively and compassionately challenge each other when appropriate behaviour is not displayed	18/01/2024		360 appraisal to be completed by the Board
Demonstrate commitment to FTSU			
The board can evidence their commitment to creating an open and honest culture by demonstrating:			
there are a named executive and non-executive leads responsible for speaking up	18/01/2024	Director of Nursing is Executive Lead for FTSU, Harmesh Darbhanga is the Non-Executive Lead	
Speaking up and other cultural issues are included in the board development programme	18/01/2024	Culture session held in March with a further session planned for July.	National Guardian training on the Board Development programme for the next three sessions.

Summary of the expectation	Review Date	Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating (or further enhancement of evidence)
they welcome workers to speak about their experiences in person at board meetings	18/01/2024	Staff stories are shared at Board on a regular basis.	To strengthen this process, the FTSU Guardian should report to the People Committee on a quarterly basis
the trust has a sustained and ongoing focus on the reduction of bullying, harassment and incivility	18/01/2024		The Trust is in the process of triangulating information from the staff survey, patient complaints and FTSU data to understand the improvements that are required for this area. The introduction of the FTSU app will support the data collection and analysis
there is a plan to monitor possible detriment to those who have spoken up and a robust process to review claims of detriment if they are made	18/01/2024		The FTSU Guardian as part of the feedback loop to individuals who use the service, will determine whether detriment has been suffered. The data for this is also captured as part of the data submitted to the NGO on a quarterly basis. The evidence of this has not been captured previously.
the trust continually invests in leadership development	18/01/2024	The Trust offers multiple avenues for Leadership development, internal and external to the Trust	The Trust should look at its induction for managers and ensure culture and FTSU are included
the trust regularly evaluates how effective its FTSU Guardian and champion model is	18/01/2024	Niche review was asked specifically to look at FTSU arrangements, whilst this was focussed on the prison, the recommendations were Trustwide	Ongoing assessment will form part of the work programme for the FTSU Group once established. First meeting has taken place and outputs will be included in report to People Committee.
Have a strategy to improve your FTSU culture			
The board can evidence it has a comprehensive and up-to-date strategy to improve its FTSU culture. Evidence should demonstrate:			

Summary of the expectation	Review Date	Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating (or further enhancement of evidence)
as a minimum – the draft strategy was shared with key stakeholders	18/01/2024	Strategy in place but out of date and needs review	Strategy drafted and presented to People Committee in January 2024 now to be socialised before presentation to the Board.
the strategy has been discussed and agreed by the board	18/01/2024		Strategy drafted and presented to People Committee in January 2024 now to be socialised before presentation to the Board.
the strategy is linked to or embedded within other relevant strategies	18/01/2024	Strategy in place but out of date and needs review	FTSU Strategy drafted and will link through to the culture and engagement strategy being worked on.
the board is regularly updated by the executive lead on the progress against the strategy as a whole	18/01/2024		Strategy updates added to the workplan for People Committee and Board, reporting to commence once strategy signed off
the executive lead oversees the regular evaluation of what the strategy has achieved using a range of qualitative and quantitative measures.	18/01/2024		FTSU Group established with two meetings held with reporting against strategy included on the agenda as a regular item
Support your FTSU Guardian			
The executive team can evidence they actively support their FTSU Guardian. Evidence should demonstrate:			
they have carefully evaluated whether their Guardian/champions have enough ringfenced time to carry out all aspects of their role effectively	18/01/2024	Based on current demand there is sufficient capacity. Champions have been reviewed with plans for further recruitment	
the Guardian has been given time and resource to complete training and development	18/01/2024	Training completed and attends regional and national guardianship meetings and is part of the FTSU network	
there is support available to enable the Guardian to reflect on the emotional aspects of their role	18/01/2024	The FTSU Guardian seeks supervision from the NGO and of FTSU colleagues	

Summary of the expectation	Review Date	Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating (or further enhancement of evidence)
there are regular meetings between the Guardian and key executives as well as the non executive lead.	18/01/2024	Adhoc meetings as required	Regular meetings need to be scheduled with the executive leads of FTSU
individual executives have enabled the Guardian to escalate patient safety matters and to ensure that speaking up cases are progressed in a timely manner	18/01/2024	There is a clear process in place for the FTSU Guardian to escalate patient safety matters and ensure FTSU cases are progressed in a timely manner	
they have enabled the Guardian to have access to anonymised patient safety and employee relations data for triangulation purposes	18/01/2024	Data is available to FTSU Guardian as required.	
the Guardian is enabled to develop external relationships and attend National Guardian related events	18/01/2024	The FTSU Guardian attends regional and national guardianship meetings	
Be assured your FTSU culture is healthy and effective			
Evidence that you have a speaking up policy that reflects the minimum standards set out by NHS Improvement. Evidence should demonstrate:			
that the policy is up to date and has been reviewed at least every two years	18/01/2024	FTSU Policy available on the Trust web and is the national templated policy	
reviews have been informed by feedback from workers who have spoken up, audits, quality assurance findings and gap analysis against recommendations from the National Guardian	18/01/2024	Gap analysis completed and external review of FTSU arrangements via Niche	Feedback needs to be obtained from users and analysed, use of FTSU app will support this
Evidence that you receive assurance to demonstrate that the speaking up culture is healthy and effective. Evidence should demonstrate:			
assurance in relation to FTSU is appropriately triangulated with assurance in relation to patient experience/safety and worker experience.	18/01/2024	Data is available to FTSU Guardian as required.	

Summary of the expectation	Review Date	Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating (or further enhancement of evidence)
you map and assess your assurance to ensure there are no gaps and you flex the amount of assurance you require to suit your current circumstances	18/01/2024	FTSU Guardian is the Trust's lead on Board Assurance and regular reporting has been established to Board and People Committee	
you have gathered further assurance during times of change or when there has been a negative outcome of an investigation or inspection	18/01/2024	FTSU Guardian is the Trust's lead on Board Assurance and regular reporting has been established to Board and People Committee	
you evaluate gaps in assurance and manage any risks identified, adding them to the trust's risk register where appropriate.	18/01/2024	FTSU Guardian is the Trust's lead on Board Assurance and regular reporting has been established to Board and People Committee	FTSU reporting needs to be strengthened initial reporting established but could provide greater analysis as the quantitative and qualitative data is strengthened
The board can evidence the Guardian attends board meetings, at least every six months, and presents a comprehensive report.	18/01/2024	FTSU Guardian is the Trust's lead on Board Assurance and regular reporting has been established to Board and People Committee	
The board can evidence the FTSU Guardian role has been implemented using a fair recruitment process in accordance with the example job description (JD) and other guidance published by the National Guardian.	18/01/2024	Competitive recruitment process for Director of Governance with FTSU included in JD	
The board can evidence they receive gap analysis in relation to guidance and reports from the National Guardian.	18/01/2024	Gap analysis has been completed and presented to both Audit Committee and People Committee which are attended by all members of the Board	

Summary of the expectation	Review Date	Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating (or further enhancement of evidence)
Be open and transparent			
The trust can evidence how it has been open and transparent in relation to concerns raised by its workers. Evidence should demonstrate:			
discussion with relevant oversight organisation	18/01/2024	Non-Executives briefed when issues arise but no formal process in place. Liaison with external bodies as required	A healthy speaking up culture is created by boards that are open and transparent and see speaking up as an opportunity to learn. The Board should routinely discuss challenges and opportunities presented by matters raised through speaking up.
discussion within relevant peer networks	18/01/2024		This requires the Trust to share the learning from FTSU concerns raised, which at times can be difficult as it is important to always maintain confidentiality. There needs to be more of a focus on the changes in processes as a result of the FTSU concern raised
content in the trust's annual report	18/01/2024		Overview of the Trusts FTSU is to be provided in the Trusts annual Quality Account
content on the trust's website	18/01/2024	Content on Trust's website	Content needs review and updating
discussion at the public board	18/01/2024	This is on the Board work plan	To be presented once a full six months of data – End of Q1 24-25
welcoming engagement with the National Guardian and her staff	18/01/2024	FTSU is in communication with the NG and receives all the network information / attends the network meetings	The Board received an annual update from the FTSU in November, recommendation that this should increase to a 6 monthly basis.
Individual Responsibilities			

Summary of the expectation	Review Date	Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating (or further enhancement of evidence)
The chair, chief executive, executive lead for FTSU, Non-executive lead for FTSU, HR/OD director, medical director and director of nursing should evidence that they have considered how they meet the various responsibilities associated with their role as part of their appraisal.	18/01/2024	New Fit and Proper Person Framework self assessment and appraisal document in place	

APPENDIX TWO: QUARTER 3 2023-24 FTSU ACTIVITY

FTSU Reports

During Q3 2023-24 there were three reports from staff to the FTSU Service. Two of these came directly to the Guardian but also involved the Non-Executive Lead and the other report came via one of the new FTSU Champions.

The following information provides the high-level detail of the FTSU reports made. It should be noted that all of the cases are ongoing and the concerns raised have neither been discounted nor established:

Staff Type	Issue Raised	Category	Action Taken	Progress Update
Allied Health Professional	Behaviour of manager resulting in the person moving teams. Concerns with standard of clinical record keeping in team	Bullying and Harassment Staff safety Patient Safety	Meeting with FTSU Guardian Support offered and permission to raise with HR and Director of Ops as aware the concern had also been raised via other routes	Meeting arranged with HR and Director of Ops to agree next steps
Registered Nurse	Behaviour of manager in relation to work patterns and behaviour in front of colleagues	Bullying and Harassment Staff safety	Meeting with FTSU Guardian Support offered with facilitating a conversation with the manager agreed referral to HR for support	HR process ongoing
Admin and Clerical	Behaviour of manager / concerns with	Bullying and Harassment Staff safety	Meeting with FTSU Guardian	Welfare check made.

	management of change		offered but not taken up. Referral of concerns to HR due to concerns for staff wellbeing	Concerns taken through HR process and no further FTSU involvement.

FTSU Group Meetings

The FTSU Group has met twice since its establishment, once on 22 November 2023 and again on 11 January 2024. Attendees confirmed there had been no referrals or approaches beyond those detailed above during Q3 2023-24.

The Group discussed the soft intelligence they have regarding staff concerns and noted there were two distinct areas that need focus:

- Lack of resources (in particular in the District Nursing Teams)
- Recruitment issues (both in terms of ability to recruit and length of recruitment process)

The FTSU Guardian agreed to bring these to the attention of the People Committee as she was aware these linked to reports the Committee receives.

The FTSU Group also discussed raising the profile of FTSU in the organisation and agreed to the following actions:

- Introduction of a quarterly FTSU newsletter
- Profiles to be created for each of the champions and shared across the organisation
- Strengthening of FTSU content in staff induction

FTSU Actions

The actions outlined in the FTSU reports will be captured and updated in this section of the report going forward. In addition to the actions identified by the FTSU Group, the FTSU Guardian recommends a review of the Trust's approach to bullying and harassment as a result of a combination of the reports received for Q3 and the fact this is identified as an area of non-compliance in the self assessment. The FTSU Guardian will work with the Communications Team and Workforce Team to devise a plan to bring back to the Committee.

Action	Lead	Deadline	Progress
Introduction of a quarterly FTSU newsletter	Shelley Ramtuhul, Director of Governance	February 2024	In drafting stage, awaiting approval of FTSU strategy at Board to

			include in the first newsletter
Profiles to be created for each of the champions and shared across the organisation	Olivia Siegl, Head of Communications	February 2024	To be included in the first newsletter
Strengthening of FTSU content in staff induction	David Ballard, OD Business Partner	February 2024	National FTSU video link has been sent for consideration to be included in induction
Bullying and Harassment Management Plan	Shelley Ramtuhul, Director of Governance / Lisa Gibbons, Associate Director for People, Employee Relations and Occupational Health	February 2024	Meeting being arranged to include Comms and OD Business partner.

APPENDIX THREE: FTSU STRATEGY ON A PAGE

Shropshire Community Health
NHS Trust

Chair's Assurance Report

Resource and Performance Committee Part 1 – 22nd January 2024

0. Reference Information

Author:	Poppy Owens Executive Assistant	**Paper date:**	25 January 2024
Executive Sponsor:	Peter Featherstone, RPC Chair	**Paper written on:**	22nd January 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 22nd January 2024 for assurance purposes.

2. Executive Summary

2.1 Summary

- The meeting was well attended.
- The agenda items included:
    - Finance and capital report
    - CIP Update
    - Agency Analysis
    - Contract Monitoring report
    - Integrated Performance report
    - Planning Update including Operational Plan
    - Procurement – Strategy Progress and Quarterly Update
    - Digital Services Update
    - Digital Assurance Group Terms of Reference
    - 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 – 22nd January 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 22nd January 2024. The meeting was quorate with two 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
Patricia Davies	Chief Executive Officer
Jill Barker	Associate Non-Executive Director
Tina Long	Interim Trust Chair
Jonathan Gould	Deputy CFO
Mark Mawdsley	Head of Costing and Contracting (part meeting)
Jon Davis	Associate Director of Digital Services
Steve Price	Head of Information and Performance Assurance (part meeting)
Gemma McIver	Deputy Director of Operations

Apologies:	
Alison Sargent	Non-Executive Director
Clair Hobbs	Director of Nursing, Clinical Services and Workforce

3.2 Actions from the Previous Meeting

The Committee noted the actions of the previous meeting and received an update on the progress of each throughout the meeting.

Action 244 – CHrs updated that team are working on the bank staffing information and the detail is expected to be contained in the next report to RPC. Action open.

Action 246 – SR confirmed Comms briefing regarding non contracted work has been circulated. Action closed.

Action 250 – RTT trajectories are being discussed in the AAPC workshop on 22.1.24 and any further actions will be picked up through this meeting. Action closed.

Action 252 – CIP paper presented but insufficient detail regarding actions being taken. Further paper required at next meeting on CIP actions to close the gap.

Shropshire Community Health
NHS Trust

Chair's Assurance Report

Resource and Performance Committee Part 1 – 22nd January 2024

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 9 and noted overall it remains broadly in line with our financial plan other than in relation to the sub-acute wards where the delay in opening has created both income and expenditure variances. The Committee discussed that the forecast outturn remains unchanged and SCHT remains on plan to breakeven. Although some financial risk still remains this is reducing as the year progresses. Following independent surveys of our owned buildings, some Reinforced Autoclaved Aerated Concrete has been identified. This is in standalone areas and is not accessible by patients or our staff. Temporary mitigations are in place whilst the permanent solution is enacted. All relevant partners are aware of this position and our EPRR lead is supporting.	Y	
8. CIP Update		
The Committee noted the value of CIP which is high-risk in terms of delivery is reducing but remains a challenge. Of more concern is recurrent CIP delivery which remains behind plan and plans are not in place to fully address this. The Committee discussed capacity issues with supporting CIP and heard that there requests to recruit to vacancies being considered. A further update is required and future reporting should focus on actions being taken to improve delivery and their likely impact. In addition, benchmarking should be utilised when developing CIP schemes for 2024/25.	Partial	Future reporting to focus on actions being taken to improve delivery and utilise benchmarking to inform future schemes.
9. Agency Analysis		
The Committee reviewed the report which considered the longest serving and highest cost agency workers. It was noted that agency spend is at its lowest level so far this financial year which is due to additional scrutiny and oversight and the hard work of teams.	N	The paper is to be updated to provide details of the actions being taken and likely impact.

Chair's Assurance Report

Resource and Performance Committee Part 1 – 22nd January 2024

The Committee noted the paper provides information but is not providing assurance in relation to actions being taken and therefore requires further work for the next meeting.		
10. Contract monitoring report		
The Committee discussed the contract monitoring report including the activity underperformance in areas with block contracts and the improved position for elective activity, largely in relation to Outpatients in MSST service. The Committee discussed the pending overarching subcontract agreement with SaTH and noted the positive progress although further work is required and planned. Updates will continue to be provided to the Committee.	Partial	That sub-contracts are agreed and meet or exceed the RPC target of 75% signed.
11. Annual Budget Setting		
Internal work has progressed as far as possible in line with the timetable, but in the absence of the national Planning Guidance it is not possible to complete this exercise. The Committee noted this delay, due to external factors, and that it is anticipated that an extraordinary RPC will be required once guidance received in order for 24/25 opening budgets to be finalised.	N/A	
12. Integrated performance report		
The Committee heard that the KPIs flagged as a concern are largely unchanged. There are 10 KPIs which are off track and 9 of these relate to access and activity targets. The available virtual ward capacity per 100,00 is no longer flagged as a concern. Total patients waiting more than 65w all services (local indicator) is now flagged as having assurance and variation concern and outpatient follow up activity levels compared with the 19/20 baseline is now flagged as a variation concern also. It was noted that the performance report has improved significantly, and the next step is to include the forward trajectory and expected impact. The Committee agreed that performance recovery actions would be discussed and agreed through the Access and Activity Performance Committee workshop, held on 22.1.24.	Partial but increasing	Further assurance required on the actions to be taken, together with the timing and impact.
13. Planning Update including Operational Plan		
The Committee noted the delay in the release of national planning guidance is impacting progress of this work.	N/A	

Chair's Assurance Report

Resource and Performance Committee Part 1 – 22nd January 2024

The Committee reviewed 'first cut' planning information and the assumptions that this is based on but noted further work is required both internally and when the guidance is released. An extraordinary RPC meeting will be scheduled to review progress, following release of the guidance.		
14. Procurement – Strategy Progress/Quarterly Update		
The Committee considered procurement-led CIP delivery is materially in excess of the planned level, which is very positive and has supported our overall CIP delivery. Benchmarking information will be included within future reports. The procurement work underway across the ICS was noted.	Y	
15. Digital Services Update		
The Committee noted a good report demonstrating good progress in relation to delivery of the digital strategy. CHors suggested it would be further enhanced by describing how this technology improves the outcomes and experience for patients, productively and efficiency and this will be included within future reporting. The Committee discussed the positive impact the Integrated Care Record will have for both patients and staff and further communication will be shared.	Y	
16. Digital Assurance Group ToR		
Digital Assurance Group (DAG) ToR have been refreshed and were considered by RPC. The ToR revisions reflect an increase in operational/clinical representation within the membership. **The Committee approved the revised Digital Assurance Group Terms of Reference.**		
17. Review of BAF		
SR advised that the BAF paper will be going to public Board and it was therefore not discussed at this meeting.		
18. Work Plan		
The Committee discussed the work plan and reviewed the plan for the balance of the financial year.		

Chair's Assurance Report

Resource and Performance Committee Part 1 – 22nd January 2024

The 2024/25 work plan will be brought to the next meeting for consideration.		
19. Post meeting note		
The capital bid 2324-36 for Dental Ventilation work required RPC approval as it exceeds the £100k threshold and this was circulated following the meeting. It was approved virtually by RPC members via e-mail.		

3.4 Approvals

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The Committee approved:

- The revised Digital Assurance Group Terms of Reference
- The capital bid 2324-36 for Dental Ventilation works (virtual approval).

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:**	**1st February 2024**
Executive Sponsor:	Sarah Lloyd, Director of Finance Claire Horsfield, Director of Operations	**Paper written on:**	**23rd January 2024**
Paper Reviewed by:		**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. 30 indicators are highlighted as a concern (50%), although there are interdependencies across many of these.

Committee	Variation concern	Assurance concern	Both Variation and Assurance	Total KPIs reviewed	Total Requiring Attention
People	3	9	3	**19**	**15 (79%)**
Quality & Safety	0	2	3	**16**	**5 (31%)**
Resource & Performance	1	4	5	**25**	**10 (40%)**

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:

One KPI is a variation concern only – special cause variation of a concerning nature.

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

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. Total patients waiting more than 52 Weeks to start consultant-led treatment (National target) no longer has a variation concern and Total patients waiting more than 65 Weeks – All services (Local target) has been flagged as having an assurance concern and a variation concern.

As of December 2023:

Measure	Nationally Mandated Referral to Treatment (Consultant-led Services)	Local Waiting List Management (All Services)
Patients waiting over 52 weeks	51	499
Patients waiting over 65 weeks	1	243
Patients waiting over 78 weeks	0	131
Patients waiting over 104 weeks	0	0

The 1 patient waiting over 65 Weeks to start consultant-led treatment is within our Dental service and has been waiting 69 weeks as of 31st December 2023 and all options to provide treatment to this individual are being explored.

Whilst there has been improvement in the number of patients waiting over 52 Weeks to start consultant-led treatment, there has been deterioration in all of the local waiting list categories and so overall this is a deterioration from the last report to the Trust 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 requires additional validation efforts, with limited capacity, and this could affect our performance. This remains under close review by Operational teams within the programme.

Performance Update

18 week Referral to Treatment (RTT) incomplete pathways has deteriorated again from 59.41% in November to 52.56% in December, which largely relates to the revised MSK pathway.

Please note that the RTT measures for December 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.

3. Main Report

3.1 Introduction

Following approval by the Board of the updated 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 usually reviewed by the Resource & Performance Committee (RPC). Of these, 10 are felt to be worthy of particular focus with 9 of the 10 relate to access to services and waiting times with many showing a deterioration in performance over the last couple of months and some of this is a consequence of the introduction of the system wide MSK service.

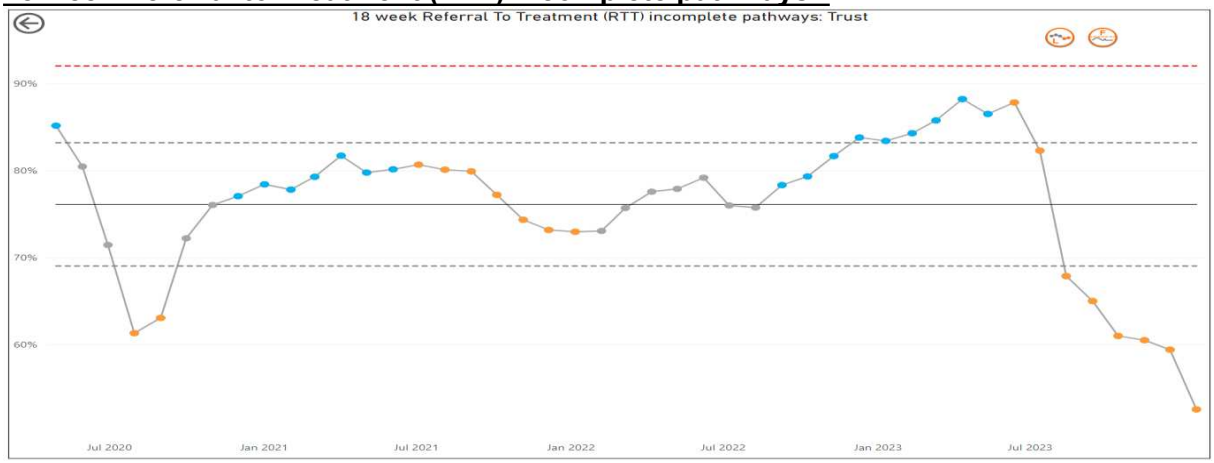
The newly established Access and Activity Performance Committee held a workshop on 22nd January 2024 to discuss RTT performance in detail. The workshop highlighted the services included and the governance/processes which are currently in place. Members were assured by the detail, appreciating the challenges ahead and the recovery actions needed to protect the improvement trajectory.

Performance Update

SPC charts are presented within this report for the 10 KPIs which require additional consideration from a resource or performance perspective. The actions being taken to improve this position are included below.

As well as 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**.

18 week Referral to Treatment (RTT) incomplete pathways:-



There has been a significant decline in performance again and special cause variation of a concerning nature exists, as the variation icon and amber shading depicts, with actual performance outside of the control limits. From an assurance perspective this KPI is flagged as not capable and it will fail the target without process redesign.

As noted above, and applicable throughout this report, please note that the RTT measures for December are subject to change as the validation for the national submission continued at the time of preparing the paper/dashboards.

Operational Narrative

Areas of Challenge:

The current position continues to be a challenge mainly due to the implementation of the MSST (MSK) service which equates to approximately 80% of all our RTT activity.

December (unvalidated data) shows Dental performance at 65.5% due to challenges with access to appropriate and timely theatre provision. Community Paediatric performance is also below target at 77%, due to Community Paediatrician vacancies and sickness.

Areas going well:

System partners have agreed to accelerate phase 3 of the MSK Transformation programme and align administrative processes; this action is expected to support performance improvement within the MSST service.

Performance Update

Actions and Time frames:
The current plan and operational trajectory is to recover the 18 week RTT position by March 2025. Key actions to support recovery over the following months are:

- SCHT to host an admin lead for MSST, this role will ensure effective clinic utilisation across the system. This role will commence w/c 5th February.
- Robert Jones and Agnes Hunt have agreed to be the lead provider for all Rheumatology activity. Patients will transfer over to RJAH by end of February.
- Orthopaedic activity transfer to SaTH is planned to be completed by April 2024.

Community Paediatrics:

- Planned GPSI role to support the community paediatrics waiting list longer term.
- Ongoing utilisation of locum paediatricians to support waiting list management.
- Workshop held on 9.1.24 to design a new skill mix model and fully scope alternative pathways and triage to support waiting list management.

Dental:

- Ongoing work to secure additional theatre sessions permanently.
- Weekly meetings with SaTH to plan future theatre provision.
- Utilisation of regional mutual aid to support Dental.

There are other services which contribute to not meeting this performance target, such as APCS and Community Hospital activity and operational narrative will again be requested for future reports.

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

Although this measure has been flagged as having special cause variation of an improving nature, as the blue variation icon depicts, this KPI is flagged as not capable and will fail the target without process redesign.

Operational Narrative

Areas of Challenge:
Currently the SCHT operational trajectory remains on track to deliver 0 65 week waits by March 2024. However, there is concern with relation to Dental surgery provision.

Performance Update

Dental surgery is likely to see some patients move to the 65+ waits due the challenges with theatre capacity. We are continuing to work with partners and aim to secure additional capacity. This is being regularly discussed at system calls alongside the ICB and with NHSE. Mutual aid is also being scoped outside of the County.

Areas going well:
Improvement has been achieved in the 65 week cohort following agreement from RJAH to accept transfer of the longest waiting TeMS patients as of 8th December.

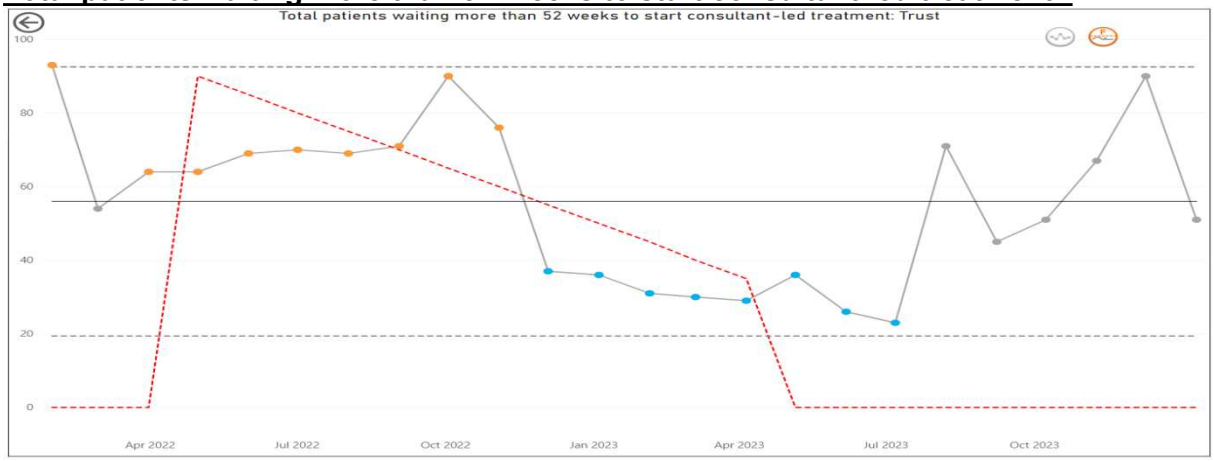
Further work is ongoing at looking at the next steps to support with the 40 and 52+ patients in Orthopaedics and Rheumatology with a plan to transfer all rheumatology patients to RJAH by end of February.

At the start of November, MSST therapy led pathways had c.50 patients waiting 52+ weeks. Following an intense improvement focus this position has now reduced to 3 patients, all of whom have plans and dates with the longest wait being at 52 weeks mitigating risk for the 65-week cohort trajectory.

Actions and Time frames:

- Ongoing weekly scrutiny of all long waits to continue through weekly long waits meeting chaired by Director of Operations
- Escalation weekly through meetings with SaTH to support with Dental clinic provision and utilisation
- Ongoing utilisation and formalising of contract to continue to utilise RJAH theatres for dental pathways.
- Rheumatology pathways to transfer to RJAH by February 2024
- Ongoing embedding of improvements and standardisation of the successful booking process for MSST therapy pathways to reduce DNAs and fully utilise clinical capacity.

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



Common cause variation is evident as per the grey variation icon. From an assurance perspective this KPI is flagged as not capable and will fail the target without process redesign as shown by the amber assurance icon.

Performance Update

At the end of December there were 51 patients reported waiting over 52 weeks (under the consultant led RTT incomplete pathways definition) across Trust services, 1 patient waiting over 65 weeks and 0 patients waiting over 78 weeks. This is a slight improvement in the high waits under the consultant led RTT incomplete pathways definition.

Operational Narrative

Areas of Challenge:

The main concern aligns again to high numbers of 52 week wait patients mainly within the TeMS service and particularly seen within the Lower Limb Orthopaedic and Rheumatology elements of the service. This again is due to delay in full implementation of the MSST phase 3 programme. Lack of designated Dental capacity is a risk to 52 week wait cohort.

Areas going well:

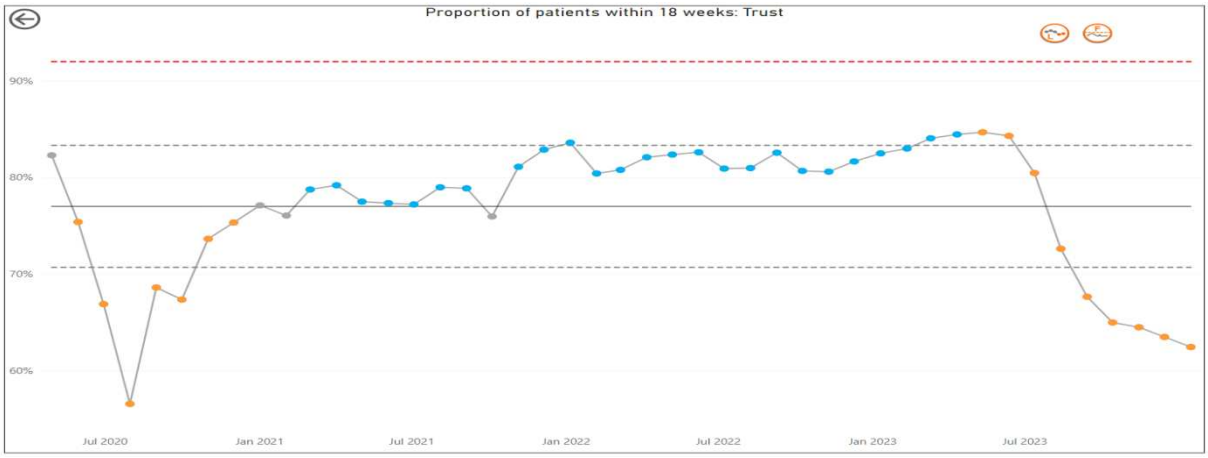
Phase 3 now has a clear system endorsed plan for acceleration with key milestones on track to be achieved from February – April 2024 which will have a direct influence on reducing the number of patients waiting over 52 weeks.

There are 0 patients over 52 weeks in the Community Paediatrics waiting lists.

Actions and Time frames:

- Full alignment of MSST and TeMS so that Orthopaedics can transfer to SaTH (April 2024) and Rheumatology to RJAH (February 2024), providing one service locally to manage all of MSK.
- Attendance at weekly meetings with partners to proactively manage all waiting lists across MSK as a system wide approach to managing the demand and collectively tackle 65 weeks then 52 weeks through a shared trajectory.
- Ongoing work to secure acute theatre provision for the most complex patients within the dental pathways.

Proportion of patients within 18 weeks:-



As with 18 week Referral to Treatment (RTT) incomplete pathways measure, there has been a significant decline in performance and special cause variation of a concerning nature exists, as the variation icon and amber shading depicts, with actual performance outside of the control limits. From an assurance perspective this KPI is flagged as not capable and it will fail the target without process redesign.

Performance Update

Operational Narrative

Areas of Challenge:

As detailed above this directly aligns to overall waiting list performance with MSST implementation being the main contributor to the decline in performance.

Community Paediatrician vacancies and sickness continue to have an adverse impact on the waiting list for Community Paediatrics and the Child Development Centre.

Speech and Language Therapy have also seen an increase within this cohort due to maternity leave and sickness.

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.

Areas going well:

In November, new Junior Doctors commenced within the Community Paediatrician Team. Once embedded within the placement they will be able to support some pathways and support the consultants. Junior Doctor support will also hopefully aid future recruitment and retention workforce plans to provide a community career pathway for consultants.

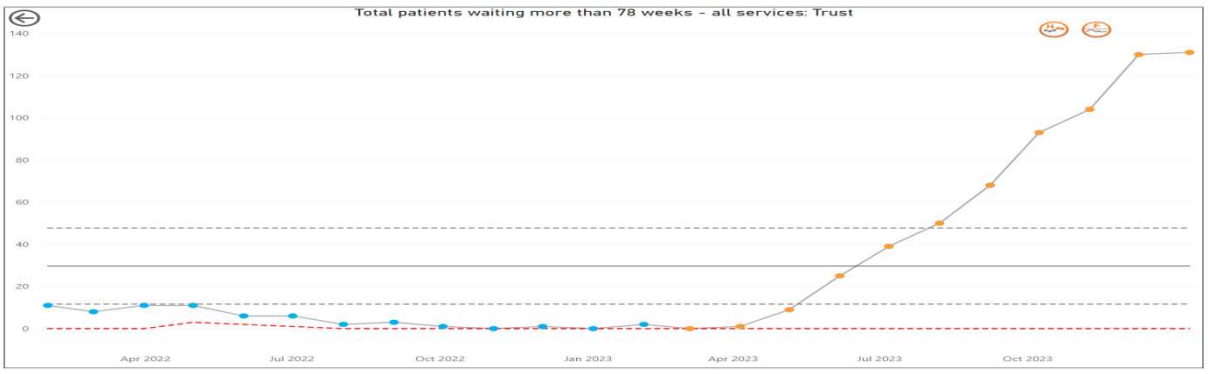
CNRT have engaged in validation training to improve data quality and waiting list management and improvement initiatives across the MDT to support a blended assessment approach.

Actions and Time frames:

- The main area to improve will be the utilisation of system wide clinic capacity for MSST. This will align to SCHT having overall admin leadership for the service.
- Digital solution to support validation plan is planned for April 2024.
- Migration of Rheumatology (February 2024) and Orthopaedics (April 2024)
- Ongoing utilisation of locum Community Paediatrician for the next 6 months
- Ongoing recruitment drive for Speech and Language Therapists and ongoing use of temporary staff to manage maternity gaps.
- Launch of new APCS clinic templates (February 2024) and additional GP capacity to increase clinics.
- Additional Psychologist capacity within CNRT

Other services also contribute to not meeting this target, such as Childrens Physiotherapy, Dental, Wheelchairs, LAC Nurses, Post Covid and Community Hospital Outpatient/Daycase activity and operational narrative will again be requested for future reports.

Total patients waiting more than 78 Weeks – All services



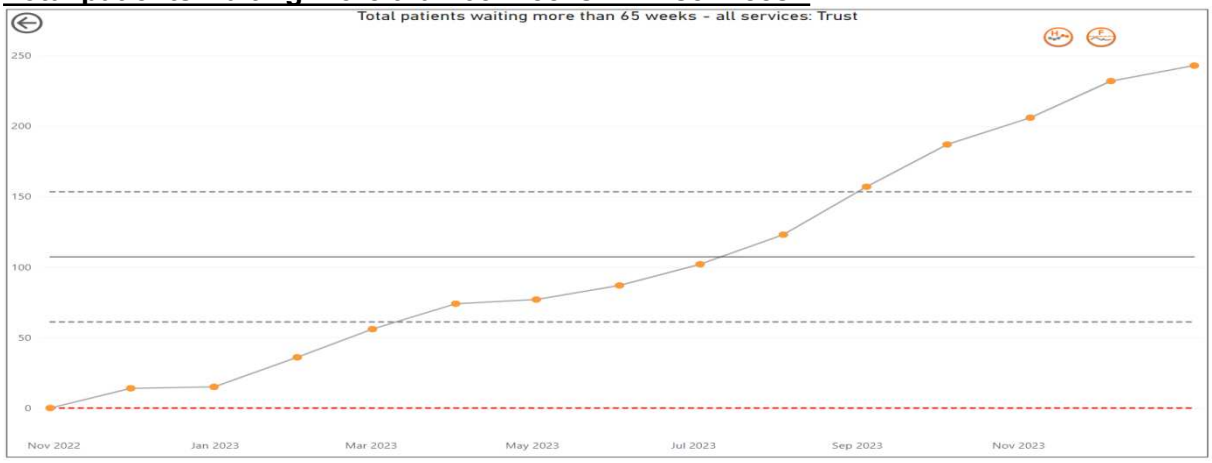
Performance Update

This SPC chart shows there is special cause variation of a concerning nature, as depicted by the amber variation icon, with actual performance outside of the upper control limit and with an increasing trend. i.e. the number of patients breaching/exceeding 78 weeks is increasing. From an assurance perspective this KPI is flagged as not capable and will fail the target without process redesign.

Operational Narrative
Areas of Challenge:
CNRT and TeMS are the only services (non RTT) that have patients waiting over 78 weeks. There are 116 in TeMS all of whom are waiting orthopaedic support and 7 in CNRT all of whom are waiting Psychology support.

Actions and Time frames:
- Migration of Orthopaedic pathways as detailed above.
- Psychology support for CNRT to commence 5th February

Total patients waiting more than 65 Weeks – All services:-



This SPC chart shows there is special cause variation of a concerning nature, as depicted by the amber variation icon, with actual performance outside of the upper control limit and with an increasing trend. i.e. the number of patients breaching/exceeding 65 weeks is increasing. From an assurance perspective this KPI is flagged as not capable and will fail the target without process redesign.

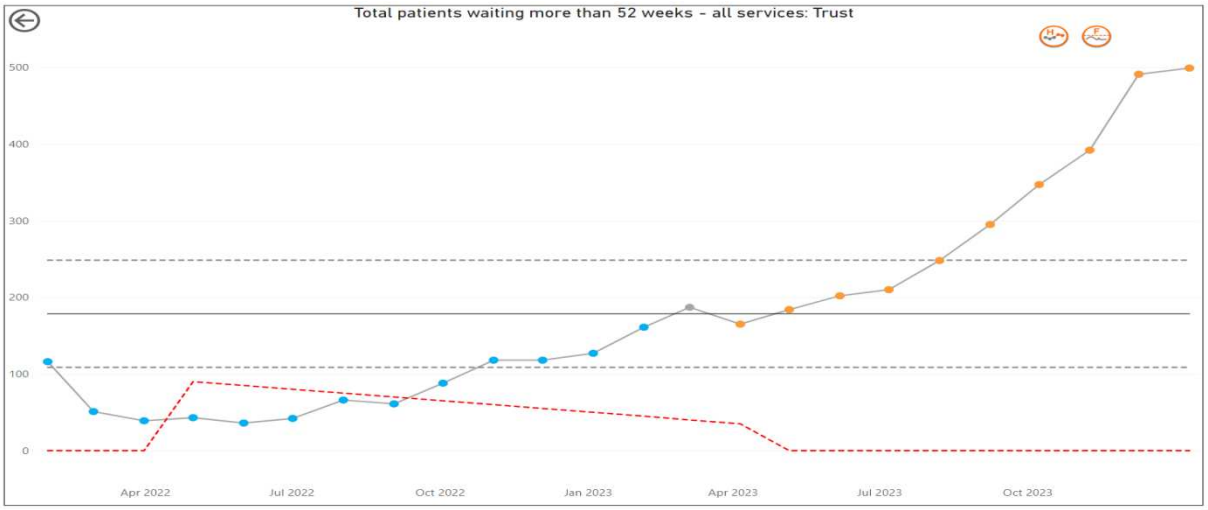
Operational Narrative
Areas of Challenge:
Again, the majority of this activity is attributable to Lower Limb Orthopaedic element of the service. This will be resolved through acceleration of phase 3 MSST as detailed above.

Vacancies in CNRT has led to a delay in waiting list validation, a recovery plan is now in place with a plan to complete all validation by the end of January.

Actions and Time frames:
- Migration of Rheumatology and Orthopaedic pathways as detailed above.
- CNRT psychology provision to commence 5th February

Performance Update

Total patients waiting more than 52 Weeks – All services:-



This SPC chart shows there is special cause variation of a concerning nature, as depicted by the amber variation icon, with actual performance outside of the upper control limit and with an increasing trend. i.e. the number of patients breaching/exceeding 52 weeks is increasing. From an assurance perspective this KPI is flagged as not capable and will fail the target without process redesign.

At the end of December there were 499 patients waiting over 52 weeks across Trust services, 243 patients waiting over 65 weeks and 131 patients waiting over 78 weeks and zero patients waiting over 104 weeks. This is a deterioration from the last reported position.

Operational Narrative

Areas of Challenge:

Again, a large amount of this activity is attributable to MSST Lower Limb Orthopaedic element of the service. This will be resolved through acceleration of phase 3 MSST as detailed above.

Vacancies in the CNRT service has led to a delay in waiting list validation, a recovery plan is now in place with a plan to complete all validation by the end of January.

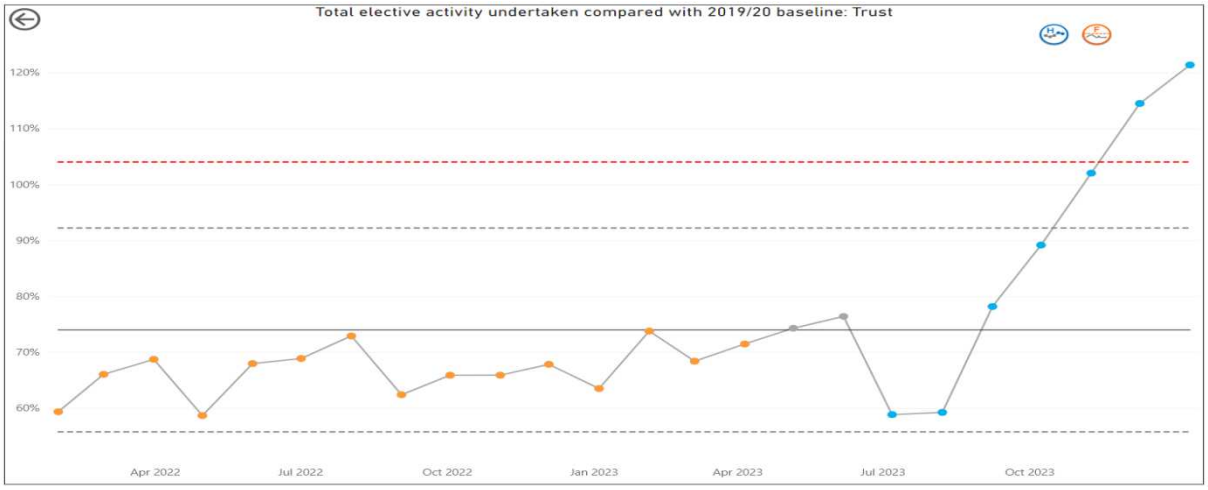
Actions and Time frames:

- Migration of Rheumatology and Orthopaedic pathways as detailed above.
- CNRT psychology provision to commence 5th February

There are other services which contribute to not meeting this performance target and operational narrative will again be requested for future reports.

Performance Update

Total elective activity undertaken compared with 2019/20 Baseline:-



Although there is special cause variation of an improving nature, as the blue variation icon depicts, this KPI is flagged as not capable and it will fail the target without process redesign.

Operational Narrative

Areas of Challenge:

Dental activity continues to be below the target due to the challenges with the theatre list provision.

Areas going well:

An improving position can be seen in total elective activity undertaken compared with 2019/20 baseline.

The forecast outturn for new outpatient activity is overperforming against plan due to activity within MSST. It is anticipated that MSST will continue to improve the Trust's performance against 2019/20 levels further mitigating the overall position.

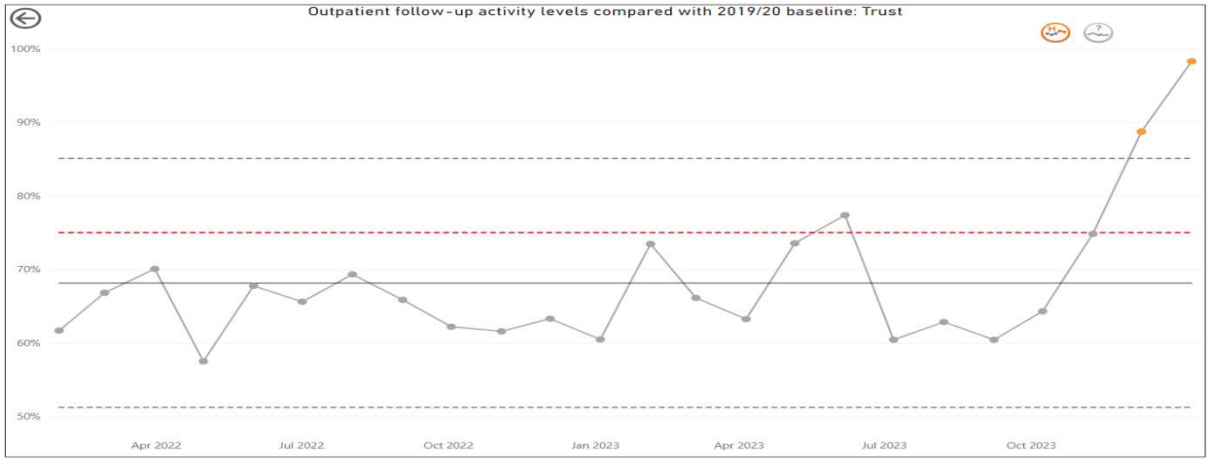
Actions and Time frames:

- Operational oversight of clinic utilisation is closely managed to ensure high levels are achieved and capacity converted where appropriate to accommodate further new activity.
- To mitigate the Dental position and to protect patient safety, wait times and activity alternative provision for suitable patients has been sourced at RJAH. In addition, suitable facilities out of county have been explored and utilised as appropriate on a patient by patient basis. Dialogue continues to secure recurrent theatre sessions whilst in the interim using ad hoc sessions.

There are other services which contribute to not meeting this performance target and operational narrative will again be requested for future reports.

Performance Update

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



This SPC chart shows there is special cause variation of a concerning nature, as depicted by the amber variation icon, with actual performance outside of the upper control limit. From an assurance perspective this KPI is flagged with the grey icon, the process will not consistently hit or miss the target as the target lies between process limits.

Operational Narrative

Areas of Challenge:

There continues to be a focus on ensuring clinically appropriate follow-up activity and the positive adherence to utilising Patient Initiated Follow Up across MSST supports this.

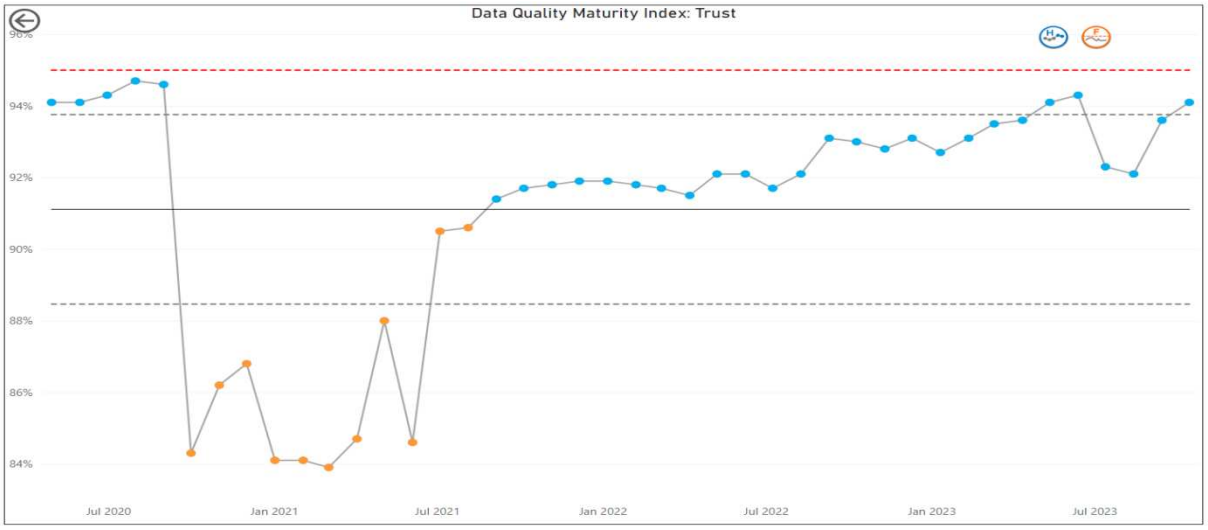
Areas going well:

Services continue to focus on reducing follow-ups in line with the national guidance of an overall reduction of 25% where appropriate.

Actions and Time frames:

- APCS is working on changing their clinic templates by February 2024 to further support with increasing capacity.

Data Quality Maturity Index:-



Performance Update

In this measure, although there is special cause variation of an improving nature, as the blue variation icon depicts, this KPI is flagged as not capable and will fail the target without process redesign.

Performance dropped in June/July 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, Clinical Coding for Admitted Patient Care, Ethnicity and Spoken Language. The Trust's Data Quality sub-group continues to review DQMI performance and has an unauthorised recovery plan which requires further development. The Information Team will liaise further with Operational Colleagues to determine actions that will improve the position.

Operational Narrative

Areas of Challenge:

Previous attempts at improving the compliance have not provided the uplift required and therefore a review of the plans and next steps is required to enhance engagement across the organisation.

Areas going well:

An improvement plan is in place between Operations and Informatics to support and also improve communication to front line teams on the importance of this metric from a quality and safety perspective.

Actions and Time frames:

The Data Quality sub-group is working with operations to cascade performance relating to this metric at a service level to target areas of poor performance and learn from those achieving.

3.3 Key Issues & Recommendations

The key issues are summarised within this report and appendices.

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.

Shropshire Community Health NHS Trust

Resource and Performance Committee – SPC Summary
Month 09 (December) 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	2023-12-31		52.56%	92.00%	-39.44%	53.56%	92.00%	-38.44%	
Resource & Performance Committee	Use of Resources	Agency spend - compared to the agency ceiling	2023-12-31		95.87%	100.00%	-4.13%	95.87%	100.00%	-4.13%	
Resource & Performance Committee	Use of Resources	Agency spend - Price cap compliance	2023-12-31		70.46%	100.00%	-29.54%	70.46%	100.00%	-29.54%	
Resource & Performance Committee	Effective	Available virtual ward capacity per 100k head of population	2023-12-31		29.01	29.01	0.00	29.01	29.01	0.00	
Resource & Performance Committee	Responsive	Community Equipment Store - Response within 7 days	2023-12-31		95.45%	95.00%	0.45%	88.94%	95.00%	-6.06%	
Resource & Performance Committee	Responsive	CQC Conditions or Warning Notices	2023-12-31		0	0	0	0	0	0	
Resource & Performance Committee	Effective	Data Quality Maturity Index	2023-09-30		94.1%	95.0%	-0.9%	94.1%	95.0%	-0.9%	
Resource & Performance Committee	Responsive	Diagnostics for Audiology and Ultrasound - DM01	2023-11-30		99.62%	99.00%	0.62%	99.62%	99.00%	0.62%	
Resource & Performance Committee	Use of Resources	Financial efficiency - variance from efficiency plan	2023-12-31		-17.25%	0.00%	-17.25%	-17.25%	0.00%	-17.25%	
Resource & Performance Committee	Use of Resources	Financial stability - variance from break-even	2023-12-31		-9.97%	0.00%	-9.97%	-9.97%	0.00%	-9.97%	
Resource & Performance Committee	Responsive	Number of patients not treated within 28 days of last minute cancellation	2023-12-31		0	0	0	0	0	0	
Resource & Performance Committee	Effective	Outpatient follow-up activity levels compared with 2019/20 baseline	2023-12-31		98.28%	75.00%	23.28%	73.61%	75.00%	-1.39%	
Resource & Performance Committee	Responsive	Proportion of patients spending more than 12 hours in an emergency de...	2023-12-31		0.00%	1.99%	-1.99%	0.00%	1.99%	-1.99%	
Resource & Performance Committee	Responsive	Proportion of patients within 18 weeks	2023-12-31		62.46%	92.00%	-29.54%	62.46%	92.00%	-29.54%	
Resource & Performance Committee	Effective	Total activity undertaken against current year plan	2023-12-31		76.27%	100.00%	-23.73%	96.52%	100.00%	-3.48%	
Resource & Performance Committee	Effective	Total diagnostic activity undertaken compared with 2019/20 baseline	2023-12-31		85.09%	120.00%	-34.91%	146.47%	120.00%	26.47%	
Resource & Performance Committee	Effective	Total elective activity undertaken compared with 2019/20 baseline	2023-12-31		121.37%	104.00%	17.37%	86.20%	104.00%	-17.80%	
Resource & Performance Committee	Responsive	Total patients waiting more than 104 weeks - all services	2023-12-31		0	0	0	0	0	0	
Resource & Performance Committee	Responsive	Total patients waiting more than 104 weeks to start consultant-led treatm...	2023-12-31		0	0	0	0	0	0	
Resource & Performance Committee	Responsive	Total patients waiting more than 52 weeks - all services	2023-12-31		499	0	499	499	0	499	
Resource & Performance Committee	Responsive	Total patients waiting more than 52 weeks to start consultant-led treatme...	2023-12-31		51	0	51	51	0	51	
Resource & Performance Committee	Responsive	Total patients waiting more than 65 weeks - all services	2023-12-31		243	0	243	243	0	243	
Resource & Performance Committee	Responsive	Total patients waiting more than 65 weeks to start consultant-led treatme...	2023-12-31		1	0	1	1	0	1	
Resource & Performance Committee	Responsive	Total patients waiting more than 78 weeks to start consultant-led treatm...	2023-12-31		0	0	0	0	0	0	
Resource & Performance Committee	Responsive	Total patients waiting more than 78 weeks - all services	2023-12-31		131	0	131	131	0	131	

Quality and Safety Committee – SPC Summary
Month 09 (December) 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	2023-12-31		6.1	6.3	-0.2	6.1	6.3	-0.2	
Quality & Safety Committee	Safe	Category 4 Pressure Ulcers	2023-12-31		1	0	1	1	0	1	
Quality & Safety Committee	Safe	Clostridium difficile infection rate	2023-12-31		3.00	0.00	3.00	3.00	0.00	3.00	
Quality & Safety Committee	Responsive	Complaints - (Open) % within response timescales	2023-12-31		52.17%	95.00%	-42.83%	41.71%	95.00%	-53.29%	
Quality & Safety Committee	Safe	Compliance with CQC Medicines Management	2023-12-31		98.75%	95.00%	3.75%	97.99%	95.00%	2.99%	
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	2023-12-31		0	0	0	0	0	0	
Quality & Safety Committee	Safe	E. coli bloodstream infection rate	2023-12-31		0.00	0.00	0.00	0.00	0.00	0.00	
Quality & Safety Committee	Safe	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection...	2023-12-31		0	0	0	0	0	0	
Quality & Safety Committee	Safe	National Patient Safety Alerts not completed by deadline	2023-12-31		0	0	0	0	0	0	
Quality & Safety Committee	Safe	Never Events	2023-12-31		0	0	0	0	0	0	
Quality & Safety Committee	Caring	New Birth Visits % within 14 days - Shropshire	2023-11-30		86.63%	90.00%	-3.37%	80.18%	90.00%	-9.82%	
Quality & Safety Committee	Caring	New Birth Visits % within 14 days - Telford	2023-11-30		92.77%	95.00%	-2.23%	94.67%	95.00%	-0.33%	
Quality & Safety Committee	Well Led	Overall CQC Rating	2023-12-31		Good	Good		Good	Good		
Quality & Safety Committee	Responsive	Proportion of patients who have a first consultation in a post-covid servic...	2023-12-31		0.00%	92.00%	-92.00%	3.64%	92.00%	-88.36%	
Quality & Safety Committee	Safe	Serious Incidents (reported)	2023-12-31		0	0	0	11	0	11	

People Committee – SPC Summary
Month 09 (December) 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 ...	2023-12-31		7.2	7.3	-0.1	7.2	7.3	-0.1	
People Committee	Well Led	Appraisal Rates	2023-12-31		80.57%	95.00%	-14.43%	81.64%	95.00%	-13.36%	
People Committee	Well Led	CQC well-led rating	2023-12-31		Good	Good		Good	Good		
People Committee	Well Led	Leaver rate	2023-12-31		11.75%	9.60%	2.15%	11.75%	9.60%	2.15%	
People Committee	Well Led	Mandatory Training Compliance	2023-12-31		93.22%	95.00%	-1.78%	93.22%	95.00%	-1.78%	
People Committee	Well Led	Net Staff in Post Change	2023-12-31		-7.95	0.00	-7.95	7.12	0.00	7.12	
People Committee	Well Led	Proportion of staff in senior leadership roles who are from a) a BME back...	2023-12-31		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	2023-12-31		68.42%	64.00%	4.42%	68.42%	64.00%	4.42%	
People Committee	Well Led	Proportion of staff in senior leadership roles who are from c) are disabled...	2023-12-31		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...	2023-12-31		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...	2023-12-31		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...	2023-12-31		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...	2023-12-31		21.1%	0.0%	21.1%	21.1%	0.0%	21.1%	
People Committee	Well Led	Proportion of temporary staff	2023-12-31		5.4%	3.4%	2.0%	7.0%	3.4%	3.6%	
People Committee	Well Led	Sickness Rate	2023-12-31		5.47%	4.50%	0.97%	5.47%	4.50%	0.97%	
People Committee	Well Led	Staff survey engagement theme score	2023-12-31		7.1	7.2	-0.1	7.1	7.2	-0.1	
People Committee	Well Led	Total shifts exceeding NHSI capped rate	2023-12-31		155	0	155	193	0	193	
People Committee	Well Led	Total shifts on a non-framework agreement	2023-12-31		0	0	0	14	0	14	
People Committee	Well Led	Vacancies - all	2023-12-31		15.13%	8.00%	7.13%	12.21%	8.00%	4.21%	

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.
(blank)	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.

Shropshire Community Health NHS Trust

Month 9 2023/24 Financial Performance

0. Reference Information

Author:	Jonathan Gould Deputy CFO	**Paper date:**	1 February 2024
Executive Sponsor:	Sarah Lloyd, CFO	**Paper written on:**	23 January 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 9, 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 approved May 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 31 December 2023 against both the I&E and Capital plan.

2.2. Summary

The Trust is reporting a £403k adjusted surplus for month 9 year to date compared to the planned surplus of £510k, which is an adverse variance of £107k.

Key areas for consideration are:

- **Sub-acute wards** were originally planned to open in December, and this was reflected in the financial plan. However, the wards opened in January which results in month 9 financial reporting showing significant variance for both income and cost when compared to our plans.

- For the first time this year we are reporting an **adverse variance** to our financial plan of £107k. This is a result of the profiling of the sub-acute income and expenditure plans and the delay in the go-live date and is a timing issue. It does not reflect a deterioration in our underlining performance, and we remain on track to deliver the forecast outturn of breakeven.

Month 9 2023/24 Financial Performance

- **Elective Income** - as at month 9 elective activity is on track to recover the shortfall from previous months and deliver in line with our plan for the year. Dental activity is unlikely to deliver to plan but the shortfall is expected to be covered by overperformance in elective Therapy. Operational leads continue to focus on recovery of activity to ensure delivery of the annual plan. 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. The level of additional income and which organisation it sits in is yet to be determined. **To deliver our forecast outturn position of breakeven, our elective activity underperformance must not exceed £400k at year end.**

- **Agency** spend at month 9 year to date is £3,806k. This exceeds planned levels by £1,403k (58%). Month 9 spend at £325k was the lowest so far this financial year and was £24k favourable to the in-month plan. This continues the downward trend in the monthly run-rate since quarter 1. 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. It is likely that we will see an increase in agency spend across the balance of the year due to winter pressures and opening of the sub-acute wards. **To deliver our forecast outturn position of breakeven, we must contain agency spend within our overall pay budget.**

- **CIP -** our performance to date is an adverse variance to plan of £30k – with actual delivery of £2,787k year to date. Recurrent CIP delivery is £345k adverse to plan year to date, which is a material concern as this will impact upon our financial plan for 2024/25 if not delivered during the year. Operational areas are working at pace to significantly increase recurrent CIP delivery and identify additional schemes to address forecast shortfalls. **To deliver our forecast outturn position of breakeven, we must deliver our CIP target in full by year end.**

- **Forecast outturn** – the level of risk associated with delivering our financial plan continues to reduce as we enter quarter 4 of the financial year. In January the Board reconfirmed its commitment to deliver a breakeven outturn, in line with our financial plan.

2.3. Conclusion

The Trust Board is asked to:

- **Consider** the adjusted financial position for the year to date is a surplus of £403k compared to the planned surplus of £510k, which is an adverse variance of £107k
- **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
- **Recognise** that agency costs continue to exceed our plan despite the controls in place and increases in substantive staff
- **Acknowledge** the Trust's challenging CIP target for 2023/24 and that both in-year and recurrent plans are not yet fully identified to deliver this level of efficiency
- **Discuss** the risks in relation to delivery of our breakeven financial plan, and our likely end of year position.

Month 9 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 NHS England (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 9 our year to date financial performance is an adverse variance of £107k compared to plan. The adverse variance, attributable to month 9, relates to the delay in the sub-acute wards go-live and is a timing issue that will be rectified by year end. It is not a deterioration in our underlining performance. Capital expenditure is lower than plan year to date due mainly to delays in the Whitchurch ventilation scheme, however this is expected to catch up by year end.

Financial Performance against Plan (£k)	M09 Plan	M09 Actual	M09 Variance	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Forecast Outturn	Annual Variance
(Surplus)/ Deficit	(236)	(71)	165	(510)	(403)	107	0	0	0
Agency Expenditure	349	325	(24)	2,403	3,806	1,403	3,735	5,743	2,008
Cost Improvement Programme	427	444	17	2,817	2,787	(30)	4,108	4,108	0
Capital Expenditure	408	139	(269)	1,562	1,205	(357)	2,500	2,500	0

3.2. Adjusted Financial Performance – adverse variance to plan £107k

The adjusted financial position for month 9 is a surplus of £403k compared to the planned surplus of £510k which is an adverse variance of £107k. The year to date adverse variance is all attributable to the delay in the sub-acute wards go-live date which is a timing issue and this position will be recovered by year end. Table 1 summarises the adjusted financial position.

	YTD Plan £k	YTD Actual £k	Variance £k
Income	(80,135)	(78,146)	1,989
Expenditure excl. adjusting items	79,625	77,743	(1,882)
Adjusted financial performance total	**(510)**	**(403)**	**107**
Adjusting items	121	120	(1)
Retained (surplus) / deficit	**(389)**	**(283)**	**106**

Table 1: Income and Expenditure (Surplus) / Deficit Position as at 31 December 2023

Month 9 2023/24 Financial Performance

3.2.1. Income – adverse variance to plan £1,989k

Table 2 summarises the income position. The adverse variance for the year to date includes an estimated £400k potential clawback for elective delivery against plan based on month 7 year to date performance. Income for service investments is profiled evenly across the financial year within our plan, however costs increase during the year therefore a further £1.5m of income has been deferred to cover costs as they arise in the final quarter of the year.

	YTD Plan £k	YTD Actual £k	Variance £k
System Income	(62,104)	(59,633)	2,470
Non system Income	(18,031)	(18,512)	(482)
Total Income	**(80,135)**	**(78,146)**	**1,989**

Table 2: Income Summary as at 31 December 2023

Elective Income Risk: At month 9 we have reported elective income as £400k adverse to plan year to date, when considering all commissioners of our services. A large element of elective activity relates to MSK services and our activity is increasing 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. The level of additional income and which organisation it sits in, is yet to be determined but could improve our financial performance. **To deliver our forecast outturn position of breakeven, our elective activity underperformance must not exceed £400k at year end.**

3.2.2. Expenditure – favourable variance to plan £1,883k

Table 3 shows a summary of expenditure, by key categories, for the year to date at month 9.

	YTD Plan £k	YTD Actual £k	Variance £k
Substantive	51,893	49,268	(2,625)
Bank	1,054	1,717	663
Agency	2,403	3,806	1,403
Total Pay	**55,350**	**54,792**	**(558)**
Supplies & Services Clinical	7,372	7,222	(150)
Prison Escorts and Bedwatch	173	183	11
Drugs	928	1,290	362
Premises	5,372	5,319	(53)
Travel	1,090	1,145	55
Other	6,327	5,651	(676)
Non-Pay	**21,262**	**20,811**	**(451)**
Trust wide Central Charges	3,134	2,260	(874)
Total Non-Pay	**24,396**	**23,071**	**(1,325)**
Total Expenditure	**79,746**	**77,862**	**(1,883)**

Table 3: Expenditure Summary as at 31 December 2023

Month 9 2023/24 Financial Performance

3.2.3. Pay – favourable variance to plan £558k

The overall pay position is a small favourable variance of £558k year to date. The main driver for overall favourable pay position is slippage in the opening of the sub-acute wards which totals £377k.

The saving accrued from substantive vacancies is utilised to offset bank and agency usage above plan. Bank costs are exceeding plan as bank staff are being used across clinical services, whenever possible, to cover vacancies and other absences before agency use is considered.

The year to date agency cost exceeds plan by £1,403k but the monthly run-rate for agency is on a downward trend with month 9 usage of £325k a reduction of £162k on the average monthly run-rate during quarter 2 of £396k and a £16k reduction compared to month 8.

The favourable variance on substantive pay is driven by vacancies in the Service Delivery Groups (SDGs). The vacancy rate at month 9 was 15.1% and our financial plan assumed growth in workforce from the start of the financial year due to agreed service developments. We are using agency staff, at a premium rate, to cover some of these roles which have not yet been recruited to.

The People Committee oversees workforce recovery plans to increase the pipeline of new starters in essential clinical roles and to retain existing staff. Improved recruitment and retention are crucial to reduce the Trust's reliance on agency usage. International nurses play a key part in this regard with further onboarding of new recruits expected in the coming months.

3.2.4. Non-Pay and Central Charges – favourable variance to plan £1,325k

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. There is also increased drugs expenditure at Stoke Heath Prison resulting in an overall adverse variance on drugs of £362k. The Chief Pharmacist is working with system partners to review opportunities for efficiencies in this area.

The favourable variance in Supplies and Services General is due to reduction in non-pay spend on Community Equipment Services following the reduction in prices for a number of key items negotiated by the Procurement Team (this is contributing to the Trust's recurrent CIP).

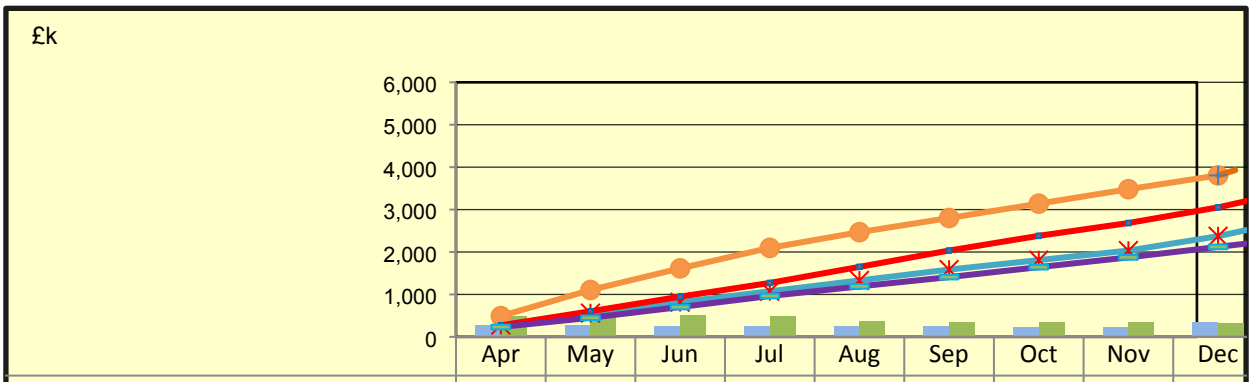
The favourable variance in 'Other' is expected to reduce in the coming months as new services increase their capacity for example seeking a new estates solution for the Virtual Ward and IDTs services.

The favourable variance in Central Charges is mainly due to interest received on our current cash balance at the bank exceeding planned levels.

3.2.5. Agency and Locum Expenditure – adverse variance to plan £1,403k

Table 4 shows agency expenditure is £3,806k at month 9 which is £1,403k (58%) 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 to above £6m if substantive recruitment to the sub-acute wards does not deliver the required staffing levels.

Month 9 2023/24 Financial Performance



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
In Month Plan	280	280	257	257	256	256	223	225	339
In Month Actual	489	616	510	483	371	334	338	341	325
Cumulative Plan 23/24	280	560	817	1,074	1,330	1,586	1,809	2,034	2,373
Cumulative Actual 23/24	489	1,105	1,615	2,097	2,468	2,802	3,140	3,481	3,806
Forecast Cumulative 23/24									3,806
22/23 Actual cumulative run-rate	271	603	948	1,271	1,650	2,035	2,382	2,683	3,052
21/22 Actual cumulative run-rate	232	450	703	963	1,189	1,409	1,643	1,873	2,120

Table 4: 2023/24 Agency and Locum Expenditure

December's agency spend is £325k, the lowest so far this financial year and £24k favourable to the in-month plan. This continues the downward trend in the monthly run-rate since quarter 1. Further, it is noted that 43 WTE agency staff were engaged in December compared to an average of 77 WTEs during quarter 1, demonstrating an improving position.

NHSE has imposed additional controls and monitoring for systems that have planned for a deficit in 2023/24. This includes weekly reporting of bank and agency usage and monthly forecasts of agency spend for the year. The STW ICB has also set up a System Workforce Agency Reduction Group which includes the three NHS providers and the ICB.

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.

The above measures are designed to reduce agency usage down to levels which align more closely to plan. However, the agency reduction programme is closely monitored to take account of any patient safety risk. Quality, Equality Impact Assessments are undertaken for any changes as appropriate.

To deliver our forecast outturn position of breakeven, we must contain agency spend within our overall pay budget.

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 element totals £2,386k and the non-recurrent element is £1,722k. Table 5 shows actual CIP delivery for the year to date at month 9 is £2,787k, this is £30k adverse compared to our plan. Of the £2,787k CIP delivered to date, £1,271k is recurrent and £1,516k is non-recurrent. Recurrent CIP is £345k adverse to plan year to date, which is a material concern as this will impact upon our financial plan for 2024/25 if not delivered during the year.

Month 9 2023/24 Financial Performance

Category £k	YTD Plan			YTD Actual			Variance adv/(fav)		
	Rec.	Non Rec.	Total	Rec.	Non Rec.	Total	Rec.	Non Rec.	Total
Internal									
Int. Nurses Impact on Agency	506	0	506	239	0	239	267	0	267
Digital Transformation	154	0	154	111	0	111	43	0	43
Estates & Premises Transformation	95	0	95	141	133	274	(46)	(133)	(179)
Procurement	250	0	250	264	0	264	(14)	0	(14)
Service re-design	453	0	453	328	485	814	125	(485)	(361)
Skill Mix / Establishment Reviews	18	0	18	77	31	108	(59)	(31)	(90)
Income Non-Patient Care	58	0	58	9	16	25	49	(16)	33
Other	82	0	82	101	0	101	(19)	(0)	(19)
	1,616	**0**	**1,616**	**1,271**	**665**	**1,936**	**345**	**(665)**	**(320)**
System Stretch Non Recurrent									
March Stretch		486	486		486	486	0	(0)	(0)
May Stretch	0	715	715		365	365	0	350	350
	0	**1,201**	**1,201**	**0**	**851**	**851**	**0**	**350**	**350**
	1,616	**1,201**	**2,817**	**1,271**	**1,516**	**2,787**	**345**	**(315)**	**30**

Table 5: CIP 2023/24 YTD Performance as at 31 December 2023

100% of the original 2023/24 target has been identified, although our recurrent delivery and forecast remains a concern, as noted above.

Table 6 shows that we have now identified schemes to the value of £3,988k which is 97% of the £4,108k target. £120k of schemes are yet to be identified which relates entirely to the £1,072k system 'stretch target' agreed in May.

To date, 94% of our schemes are rated Low/Medium risk in terms of delivery. The remaining 6% are either high risk or still to be identified. All schemes are reviewed by Quality, Equality Impact Assessments to ensure changes made are safe and the anticipated impact is considered.

The high-risk CIP schemes and the unidentified element still pose a risk of £239k to our forecast outturn if not mitigated. In addition, if the recurrent CIPs are not delivered as planned, this will impact delivery of our 2024/25 financial plan.

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. Actions are agreed to progress red and amber schemes to green and to consider non recurrent mitigations whilst schemes are being developed. The Chair of the CIP Working Group provides weekly updates to the FRG.

Month 9 2023/24 Financial Performance

Category / Delivery Risk	Low £k	Medium £k	High £k	Unidentified £k	Total £k
Internal					
Int. Nurses Impact on Agency	293	-	50		343
Digital Transformation	39	170	20		228
Estates & Premises transformation	188	29	9		226
Procurement	655	-	5		661
Service re-design	416	276	35		727
Skill mix/Establishment reviews	132	44	-		176
Income Non-Patient Care	19	6	-		25
Other	1	-	-		1
Total Internal	**1,743**	**524**	**119**	**-**	**2,386**
System Stretch Non Recurrent					
March Stretch	650	-			650
May Stretch	609	343		120	1,072
Total System Stretch N/R	**1,259**	**343**	**-**	**120**	**1,722**
Total Forecast	**3,002**	**867**	**119**	**120**	**4,108**

Recurrent / Non Recurrent	Low £k	Medium £k	High £k	Unidentified £k	Total £k
Recurrent	1,743	524	119	-	2,386
Non Recurrent	1,259	343	-	120	1,722
	3,002	**867**	**119**	**120**	**4,108**
Risk Percentages					
Recurrent	42%	13%	3%	0%	58%
Non Recurrent	31%	8%	0%	3%	42%
	73%	**21%**	**3%**	**3%**	**100%**

Table 6: CIP Forecast Savings in year for 2023/24

To deliver our forecast outturn position of breakeven, we must deliver our CIP target in full by year end.

3.2.7. Statement of Financial Position

The summarised Statement of Financial Position (SoFP) for period ended 31 December 2023 is shown in Table 7. Receivables (amounts we are owed) increased by £631k and Payables (amounts we owe) increased by £1,597k which are both within the expected range. Cash increased by £1,224k.

The increase in value of Property, Plant and Equipment relates to 'Right of Use' assets and is largely in relation to signing the lease for the Trust's headquarters.

Month 9 2023/24 Financial Performance

	30 Nov 23 Balance £k	31 Dec 23 Balance £k	Movement in Month £k
Property, Plant & Equipment	38,475	39,774	1,299
Inventories	312	312	0
Non-current assets for sale	0	0	0
Receivables	3,190	3,821	631
Cash	21,434	22,658	1,224
Payables	(11,607)	(13,204)	(1,597)
Provisions	(1,536)	(1,533)	3
Lease Obligations on Right to Use Assets	(7,998)	(9,500)	(1,502)
TOTAL ASSETS EMPLOYED	**42,270**	**42,328**	**58**
Retained earnings	33,175	33,233	58
Other Reserves	9,095	9,095	0
TOTAL TAXPAYERS' EQUITY	**42,270**	**42,328**	**58**

Table 7: Statement of Financial Position (SoFP) as at 31 December 2023

3.2.8. Capital Expenditure

Actual expenditure is £1,205k for the year to date compared to a plan of £1,562k. 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 £2.1 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. We are awaiting NHSE decision on whether it will increase our capital resource limit to cover the IFRS 16 forecast, or whether the ICS has to mitigate the issue across our system.

The risk in 2024/25 and future years is that we can expect there to be constraints to taking on leases in order to manage IFRS 16 expenditure within a plan. We will mitigate this risk by increasing our focus on planning and forecasting our intentions to take on leases in the future.

3.2.9. NHSE

NHSE has implemented additional expenditure controls on the STW providers and the ICB. In addition to the introduction of an additional approval process for the recruitment of non-patient facing staff, there is now a requirement for any additional items of expenditure above £25k to be subject to the triple lock. The triple lock requires approval from the providers, the ICB and NHSE.

3.2.10. 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 8.

Details £k	Annual Plan £'000	Forecast £'000	Variance £'000
Income	(109,877)	(108,936)	941
Expenditure	109,877	108,936	(941)
Adjusted financial performance	**0**	**0**	**0**

Table 8: 2023-24 Forecast Outturn

Month 9 2023/24 Financial Performance

The risk to delivering our forecast outturn has reduced month on month, however we need to continue with the improved performance in elective activity, maintain scrutiny and control on agency expenditure and deliver our CIP target in order to achieve our forecast position.

We continue to present a risk analysis to the Resource and Performance Committee on a monthly basis to ensure oversight of this area.

3.2.11. Budget setting

Whilst 2024/25 planning guidance is not yet received, plans for budget setting are well underway. A summary timetable was reviewed at the Resource and Performance Committee and it is intended to present opening budgets to the Trust Board for approval in March.

3.3 Conclusion

The Trust Board is asked to:

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

Shropshire Community Health NHS Trust

2023/24 Operational Plan delivery update

0. Reference Information

Author:	Jonathan Gould Deputy CFO	**Paper date:**	1 February 2024
Executive Sponsor:	Sarah Lloyd, CFO	**Paper written on:**	17 January 2024
Paper Reviewed by:		**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 provides an update on the delivery of milestones and outcomes in the 2023/24 operational plan.

2. Executive Summary

2.1. Context

The Trust Board approved the annual 2023/24 Operational Plan at its meeting in April 2023. This document is shared widely and sets out our ambitions for the year ahead.

Our 2023/24 Plan considered our ambition to transform and expand community care, through a suite of programmes that are driven by health need and the need for high quality, safe services. In addition, it considered system priorities and national priorities identified in the 2023/24 Planning Guidance. It also described our commitment to our teams and our plans to support them to improve their work experience and provide them with opportunities to develop and use their skills and knowledge.

Delivery of plans can be affected by many factors both internal and external. This update presents our progress to date against delivery of our plan, and a final end of year assessment of our performance will be presented to the Trust Board at the end of the year.

Our 2023/24 plan includes 8 strategic priorities:

Strategic Objectives	2023/24 Trust Priorities
Looking After Our People	**Invest in our workforce addressing existing gaps ensuring a compassionate and inclusive culture for all staff.**
Caring For Our Communities	**Embed a culture of continuous quality improvement ensuring robust systems are in place and actions identified for priority areas.**
	Tackle the problems of ill health, health inequalities and access to health care using data and analytics to redesign care pathways and measure outcomes
	Restore and recover our services tackling the backlog and reduce long waits.
	Build community care capacity supporting people to stay well and out of hospital.
	Develop strong partnerships expanding the range of services provided out hospital settings
Managing Our Resources	**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**
	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.

2023/24 Operational Plan delivery update

Our strategic priorities are broken down into 121 key deliverables and outcomes. Progress to date is as follows, with further detail included within the report:

	Fully Complete	On Track	Behind Plan with mitigations	Not expected to deliver	Total
Number of Milestones	23 (19%)	42 (35%)	52 (43%)	4 (3%)	**121**

Mitigations plans are being reviewed to ensure they are robust.

2.2. Conclusion

The Trust Board is asked to consider our current performance and next steps:

- Recognise the progress in delivering the milestones and outcomes from the 2023/24 operational plan
- Recognise that mitigation plans are being reviewed to ensure they are robust

Shropshire Community Health
NHS Trust

Progress against our 2023/24 Operational Plan Priorities

Shropshire Community Health NHS Trust

2023/24 Operational Plan delivery

Operational Plan 2023-24 BRAG Status Update - position at 22-12-23		Total Milestones & Outcomes due at Q3 end			
Strategic Objective	**Strategic Priority**	**Completed**	**On Track**	**In progress**	**At Risk**
	Total	**23**	**42**	**52**	**4**
Looking After Our People	Invest in our workforce addressing existing gaps ensuring a compassionate and inclusive culture for all staff	**3**	**16**	**1**	**0**
Caring For Our Communities	Embed a culture of continuous quality improvement ensuring robust systems are in place and actions identified for priority areas	**12**	**10**	**7**	**1**
	Tackle the problems of ill health, health inequalities and access to health care using data and analytics to redesign care pathways and measure outcomes	**1**	**3**	**1**	**0**
	Restore and recover our services tackling the backlog and reduce long waits	**3**	**2**	**4**	**0**
	Build community care capacity supporting people to stay well and out of hospital	**0**	**1**	**4**	**3**
	Develop strong partnerships expanding the range of services provided out hospital settings	**0**	**0**	**4**	**0**
Managing Our Resources	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	**3**	**2**	**3**	**0**
	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	**1**	**8**	**28**	**0**

Shropshire Community Health NHS Trust

2023/24 Operational Plan delivery update

Successes include:

- Full Implementation of Shropcom Enhanced Supervision policy
- Robust programme of Observe and Act in embedded
- Implementation of PIFU across appropriate outpatient services

Milestones at risk include:

- Quantifying the direct reduction in acute bed capacity due to the implementation of virtual wards
- Full implementation of sub-acute ward capacity

Progress:

- 117 out of the 121 milestones are delivered, on track, or are expected to deliver once mitigations are in place
- 4 are at risk of not being delivered and will be reassessed

RAG for milestones and outcomes

- 23 completed
- 42 Green and on track
- 52 Amber with mitigation plans
- 4 Red

2023/24 Operational Plan delivery

Recommendations:

- Recognise the progress in delivering the milestones and outcomes from the 2023/24 operational plan
- Recognise that mitigation plans are being reviewed to ensure they are robust

Shropshire Community Health NHS Trust

2024/25 Planning Update

0. Reference Information

Author:	Jonathan Gould Deputy CFO	**Paper date:**	1 February 2024
Executive Sponsor:	Sarah Lloyd, CFO	**Paper written on:**	23 January 2024
Paper Reviewed by:		**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 provides an update on the 2024/25 planning process.

2. Executive Summary

2.1. Context

Work is progressing to develop our 2024/25 system plans which will be produced and submitted to NHSE at a system level. This plan will incorporate the plans from all STW providers and the ICB. Each organisation will provide detail on Activity, Workforce and Finance, together with performance KPI information.

The planning process is led by the system Planning Group of which Shropcom is an active member.

Shropcom also has an Internal Planning Group which includes operational, performance, workforce and finance teams to ensure that plans are well understood, deliverable and triangulated for the year ahead. In addition, a number of Planning workshops for operational and clinical teams have been held which help to inform our plans.

2.2. Summary

It is of note that the 2024/25 national Planning Guidance has still not been released although it was expected in December. This Guidance informs our 2024/25 operational plan, particularly in relation to any new requirements or performance targets. However, in the absence of this guidance we continue to develop baseline plans. All organisations across STW have therefore submitted 'first cut' activity, workforce and finance plans to the ICB based on a number of planning assumptions.

The 'first cut' planning assumptions were presented to the Resource and Performance Committee (RPC) in January although it is certain that our draft plans will be refined once the national Guidance is received.

Our final plan submission is expected to be reviewed at an extraordinary RPC meeting in mid-February, although deadlines may change following release of the Guidance.

The ICB is holding 'Confirm and Challenge' sessions with all providers to review both the 'first cut' and final plan submissions.

Pending any changes to the timetable it is anticipated that the Trust Board will review and approve our 2024/25 Operational Plan at its meeting on 7 March.

2024/25 Planning Update

2.3. Conclusion

The Trust Board is asked to:

- **Recognise** the delay in the release of the national Planning Guidance
- **Acknowledge** the planning assumptions for the 'first cut' submission of the plan have been presented to the Resource and Performance Committee
- **Recognise** the final submission will be reviewed at an extraordinary Resource and Performance Committee in mid-February and presented for approval to the Trust Board on 7 March
- **Consider** the risk that further delays to the release of the national Planning Guidance will impact the timetable for approving the 2024/25 Operational Plan.

Shropshire Community Health NHS
NHS Trust

2024/25 Planning Update

Trust Board
01 February 2024

Accountable Director: Sarah Lloyd, Chief Finance Officer

2024/25 Planning update - Introduction

- Work is progressing to develop our 2024/25 system plans which will be produced and submitted to NHSE at a system level. This plan will incorporate the plans from all STW providers and the ICB.

- The planning process is led by the System Planning Group, and it includes our Shropcom planning lead. The System Planning Group and the System Finance Group work to ensure planning assumptions are consistent across the ICS.

- It is of note that there is a delay in the release of national Planning Guidance, which is likely to impact the planning timetable and this will be assessed once the Guidance has been shared.

- The ICB is holding 'Confirm and Challenge' sessions with each provider to review 'first cut' and final planning submissions.

2024/25 Planning update - Introduction

- Shropcom has an Internal Planning Group which includes operational, performance, workforce and finance teams to ensure that plans are well understood, deliverable and triangulated across all areas.

- Internal planning workshops for operational and clinical teams have also been held which help to inform our plans for the year ahead.

- Operational plans include detail on Activity, Workforce and Finance, together with performance KPIs.

- Each organisation has submitted 'first cut' plans to the ICB based on an initial set of assumptions. The planning assumptions for the 'first cut' submission were presented to RPC although it is certain that our draft plans will change once national Guidance is received.

Shropcom Planning Assumptions – 'First-Cut'

- **Activity and Workforce plans will reflect**:
  - A reduction in equipment services activity to reflect the transfer of the Community Equipment Service to an alternative provider
  - An increase in 0-19 activity to reflect the Dudley 0-19 service
  - An increase in Virtual Ward activity to reflect the full year effect of the service that started in 2023/24
  - An increase in Sub-acute ward activity to reflect the full year effect of the service that started in 2023/24
  - An increase in Outpatient activity to reflect the full year effect of the system-wide Musculoskeletal service that started in 2023/24
  - An increase in activity to reflect the full year effect of Outpatient Parenteral Antimicrobial Therapy (OPAT) which started in 2023/24
  - All other services are planning to deliver the same activity as that which was planned for 2023/24 without adjusting for demographic growth.

Shropcom Planning Assumptions – 'First-Cut'

- **Demographic Growth** - It is currently proposed that funding received for demographic growth is not be allocated at the planning stage to any partners within STW. Instead, the funding for growth will apply to specific areas of agreed investment. For Shropcom this includes the full year effect of Sub-acute wards, Virtual Wards, Musculoskeletal services, Integrated Discharge Team and OPAT.

- We are likely to submit further bids against the growth funding to the System Investment Panel for assessment, based on known service pressures or areas of service improvement.

Shropcom Planning Assumptions – 'First-Cut'

- **Finance**

- **Investments** – prior to the release of national Planning Guidance, SCHT is not assuming additional investment in new services in 2024/25. The investment received in 2023/24 for Sub-acute wards, Virtual Wards, Musculoskeletal services, Integrated Discharge Team and OPAT will be increased to represent the full year effect of these investments. The Dudley 0-19 service will also increase financial resources.

- It is anticipated that the system-wide 'Intelligent Fixed Payment' adjustment will be reversed for 2024/25 which will move SCHT towards planning for a surplus.

- The 'first cut' financial plan will be updated once the national planning guidance is released to reflect the efficiency target, cost pressures and inflation.

2024/25 Planning update - Introduction

- Our final plan submission is expected to be reviewed at an extraordinary RPC meeting in mid-February, although deadlines may well change following release of the guidance.

- Pending any changes to the timetable, it is anticipated that the Trust Board will review and approve our 2024/25 Operational Plan at its meeting on 7 March.

Recommendations

The Trust Board is asked to:

- **Recognise** the delay in the release of the national Planning Guidance
- **Acknowledge** the planning assumptions for the 'first cut' submission of the plan have been presented to the Resource and Performance Committee
- **Recognise** the final submission will be reviewed at an extraordinary Resource and Performance Committee in mid-February and presented for approval to the Trust Board on 7 March
- **Consider** the risk that further delays to the release of the national Planning Guidance will impact the timetable for approving the 2024/25 Operational Plan.