



**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

Health and Well Being Board Briefing

November 2023

Topic	Page
Hospital Waiting Lists and Backlog	3
General Practice (GP) Access	4
Dental Access	5
Urgent and Emergency Care	6
Hospital Transformation Programme	7
Maternity	8
System Mortality Metrics	9
System Financial Update	10
Mental Health, Learning Disability and Autism	11
Child and Infant Mortality	12

Current Position

- The system plan to deliver 0x78 week waits (ww) and 104ww was not achieved due to challenges with a small number of complex patients. This included the sourcing of specialist equipment and specialist consultant procedures.
- Our position at the end of September 2023 was 104ww x 1 (RJAH) and 78ww x 10 (1 x SaTH, 9 x RJAH). Both providers also have a trajectory to reduce 65 week-long waiters to 0 by the end of March 2024 and are both on track to deliver this.
- Cancer services performance at our main service provider (SaTH) has greatly improved, however challenges remain due to capacity and radiology issues.
- Our 62-day backlog is 370 vs a plan of 409, similarly 104 day is 101 vs a plan of 122. We are on trajectory to meet our March 2024 targets for both metrics. There are action plans in place for all the main specialties.
- The 28 Faster Diagnosis Standard (FDS) for cancer referrals is almost exactly on plan with a performance of 68.3% against a plan of 68.5% in August
- Performance of all elective and cancer services remain under weekly scrutiny by NHSE. SaTH have now been taken out of Tier 1 scrutiny for elective care by NHSE due to improved performance, but remain in Tier 1 for cancer services

Next Steps/Key Actions

- SaTH continue to utilise insourcing and outsourcing services for electives and long waits to support delivery of 65ww.
- The system is focusing on services that have long waits for a first appointment, including increasing the utilisation of virtual advice and guidance and patient-initiated follow-up to free up appropriate capacity. Improvement plans are in place for delivery.
- Further bids for additional funding from West Midlands Cancer Alliance to support the reduction in the cancer backlog and improve performance against the Faster Diagnostics Standard (FDS) will be made during October
- Challenges with industrial action have been mitigated well over the last 6 months – though they have undoubtedly delayed progress with orthopaedic waits especially. There also remains challenges with further planned industrial action (junior doctors and consultants) impacting the recovery of cancer and elective activity.
- The end of October will see the national launch of PIDMAS (Patient Initiated Digital Mutual Aid System), both SaTH and RJAH are part of this. Patients who have been waiting more than 40 weeks for their first outpatient appointment will be given the option to opt in to change provider and go somewhere else with a shorter waiting time, subject to clinical suitability. This will be optional for patients.

Current Position

- Two GP practices in Shropshire were amongst the top 10 practices in the Midlands within the 2023 GP patient survey - Brown Clee Medical Practice and Knockin Medical Centre.
- Compared to the pre-covid period April 19 to March 20, in the period Aug 22 to July 23 there is 8.99% increase in the number of appointments (n=241,449).
- In July 2023, 7 out of 10 patients are being seen face-to-face across STW. 55% of patients in T&W and 52% in Shropshire were seen same day/next day.
- 90% of patients in T&W and 82% of patients in Shropshire are seen within 2 weeks.
- 49 out of 51 practices have restored appointment levels to pre-pandemic levels. The outliers are within 5% of their 2019 capacity.
- All eight Primary Care Network (PCN) Capacity and Access Improvement Plans were signed off in July.

Workforce headlines:

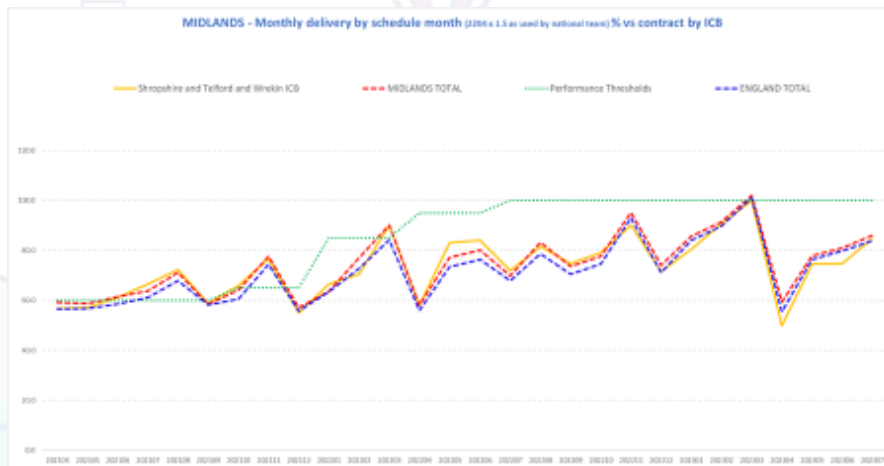
- GP numbers are stable at 51 FTE.
- Nurse positions in Primary Care are increasing slowly. Currently we have 161 FTE across STW.
- There has been a significant increase in the number of Direct Patient Care roles - currently 153 FTE.
- Over 260 roles from the Additional Roles Recruitment Scheme (ARRS) now recruited (July 23). There is a plan to increase by a further 17% by March 24.

Next Steps/Key Actions

- We continue to encourage PCNs/practices to sign up for the national GP Improvement Programme and training opportunities.
- Work continues with the two remaining practices yet to confirm a date for enabling patients' prospective access to their GP records.
- STW is regional leaders for % of practices signed up to online GP registration – we are continuing sign ups.
- System Access Recovery Plan in development and going to the Board meeting of the ICB in November 2023.
- Agreement with Secondary Care Medical Directors/GP Board/LMC to establish a GP/Secondary Care Interface Oversight Group – work to start on a joint concordat.
- Work continues with the 17 remaining practices transitioning from analogue/evergreen contracts to cloud based digital telephony.
- Building and fit out works are going well for Shifnal Medical Practice and on track for completion in December.

Current Position

- Nationally, dentistry is in a very challenged position with a shortage of dentists willing to work in the NHS. This is more acute in rural areas.
- The Shropshire, Telford and Wrekin average scheduled units of dental activity (UDA) compared to contract in July 2023 is 85% (Midlands 86%, England 83%).
- Increased numbers of STW contracts handing back activity and contracts in their entirety. Successful reallocation to date of activity handed back to performing contracts.
- New contract in Oswestry is performing well with the community dental service (CDS), which sees urgent patients also performing well.



Next Steps/Key Actions

- Currently awaiting government and NHSE response to the Health and Care Select Committee Report on dentistry.
- Awaiting announcement of the next phase of the dental plan by NHSE.
- Office of the West Midlands (NHSE) developing an investment initiative to incentivise improved access to patients.
- Increased investment in child friendly CDS practices.
- NHSE West Midlands developing a dental strategy to support improvements in access and oral health by end October.

Current Position

- In line with the national picture, we are experiencing ongoing challenges. Higher demand for acute urgent and emergency care services continues.
- The system has been impacted by junior doctor and hospital consultant industrial action.
- Interventions at the Shrewsbury and Telford Hospitals (SaTH) to improve patient journey include:
 - New Acute Medical Floor at the Royal Shrewsbury Hospital (RSH).
 - Expanded Discharge Lounge at the Princess Royal Hospital (PRH).
 - Ambulance Receiving Areas at PRH and RSH.
 - Focus on ward processes to support discharges earlier in the day.
 - Development of a discharge management tool to support discharge co-ordination.
 - Partnership work with Virtual Ward teams to increase discharges into this service and reduce length of stay in hospital.
- Interventions are having a measurable impact:
 - Number of people being discharged earlier in the day improving.
 - Average time between being ready to leave hospital and being discharged improving.
 - Average length of stay improving.
 - Utilisation of discharge lounge improving.
 - Number of Virtual Ward referrals from our wards increasing.

Next Steps/Key Actions

- Average wait times for A&Es now live on the SaTH website to enable patients to make an informed choice on where to seek appropriate care.
- PRH's same day emergency care reconfiguration, providing more capacity, is set for completion this Autumn.
- Progress continues for SaTH's Emergency Care Transformation Programme.
- Plans for two new subacute wards, including a modular build, are in progress at RSH and PRH.
- Increased internal focus at SaTH on simple and timely discharges (for people with no onward additional care needs).
- The system is working together to expedite complex discharges (for people who require additional care following discharge).
- Continued implementation of Virtual Ward pathways is supporting step down from acute to community services (to provide skilled nursing care and monitoring at home).
- Multimedia communication campaign - 'Think Which Service' launches again on 18.10.23 to encourage people to seek the most appropriate care for their needs. Evaluation from last year's campaign suggests the campaign had an impact in encouraging behaviour change and diverted activity from A&E.

Current Position

- We have been providing updates to numerous stakeholder groups, via focus groups, MP briefings, council updates and many other interested parties.
- We continue to proactively identify opportunities to engage with communities and representatives of those we serve in order to fully understand and address their needs and concerns.
- We have continued to raise the profile of clinical leads, including an interview slot with BBC Radio Shropshire on 17 August with Dr Ed Rysdale and Dr Jenni Rowlands.
- We are planning interactive HTP zones at both the Royal Shrewsbury Hospital (RSH) and the Princess Royal Hospital (PRH) as a way of showcasing flythroughs of both sites, project updates, and opportunities to meet programme staff.
- We continue dialogue with local press and sharing the latest developments to ensure accuracy of reporting.

Next Steps/Key Actions

- We await the outcome of the Outline Business Case (OBC) but will communicate this via press release and stakeholder communication when announced.
- We await the decision of Shropshire Council regarding the planning application process for the Royal Shrewsbury Hospital site.
- HTP enabling works are being prepared on site at RSH but are also subject to the outcome of the OBC.
- We are planning further staff engagement sessions at both RSH and PRH in the coming weeks.
- We are planning an online public briefing session in the coming weeks.

Current Position

- As of October 2023, of the 52 actions set out in the first Ockenden Report, 48 (92%) have been delivered. Of the 158 actions set out in the final Ockenden Report, 141 (90%) have been delivered. This puts the Trust ahead of its projected delivery status.
- 25 new CTG (Cardiotocography) machines have been delivered and are now in use, including 15 that have the option of wireless monitoring, allowing women to be mobile during labour.
- We have begun tours of our maternity unit and services for women and their families in their antenatal period. These tours, led by a midwife, also allow the opportunity for questions to be answered and have proven very popular with service users.
- New Consultant Midwife, Dudu Nyathi, has been appointed to the Senior Leadership Team and will be working alongside our clinical teams to provide expertise and support. Dudu will also be focusing on improving patient experience by working collaboratively with the Maternity and Neonatal Voices Partnership (MVNP).
- A new Equality, Diversity & Inclusion (EDI) Specialist Midwife, Leona Gollins, has also joined the team. Leona will undertake quality improvement projects that will focus on addressing disparities in health provision associated with health inequalities. This includes delivering our improvement action plan for black maternal health improvement following the publication of the House of Commons Black Maternal Health Report in March 2023, which highlighted the disparity in maternal healthcare for black women.

Next Steps/Key Actions

- We have delivered the majority of actions from the first and final Ockenden Reports. We are working to ensure these improvements in our care are sustained while we complete the remainder of the actions with energy and commitment.
- We continue to support external parties where necessary change is outside of our control, for example where the lead agent for the action is a separate organisation.
- We will continue to listen to women and families and build on feedback we receive, as this is true evidence of the progress we are making.
- We are engaging with our local communities by partnership working with local 'Best Start for Life' events.
- Plans are underway to hold another open day for maternity and neonatal services. This will allow members of our local communities to engage with us and ask our staff any questions they may have. We are hoping to be able to expand on this forum to include pre-conception care.

Current Position

- The Community Mental Health Transformation Programme is across a wide range of services - rehabilitation, health checks, digital solutions, workforce and VCSE.
- Perinatal access to specialist MH and maternal mental health service exceeding national target.
- Acute length of stay 60+ days and 72 hour follow-up review within lowest quartile. Reviewing important strategy to reduce deaths by suicide.

Risks and Challenges

- The dementia diagnosis rate is not meeting the national target however, a recovery plan is in place and showing modest improvement each month. Talking Therapies access is not meeting the national target.
A change in national coding criteria has reduced performance further.
- With out-of-area placements, there is insufficient local bed-based capacity.

Key Data

- Perinatal access – 764 contacts compared to a national target of 501. 72 hour follow-up – 95% compared to a national target of 80%.
- Autism diagnosis – 640 awaiting assessment. Longest wait 70+ weeks (8 people), range 4 to 70+ weeks, mode 65 to 69 weeks. Core CAMHS – waiting time for routine referrals is 7 months, with interventions 1 to 9 months (depending on the type of intervention).
- Dementia diagnosis rate – 59% compared to a national target of 66.7% and Talking Therapies access – YTD actual of 1,835 compared to a national YTD target of 4,209.

Next Steps/Key Actions

- Autism diagnosis waiting list initiative in operation. A sustainable workforce model is being explored, and business case now submitted.
- Core CAMHS Demand and Capacity Review shows insufficient capacity within service.
- Exploring options with regards to Dementia Navigator roles to support and increase accessibility. Reviewing waiting list initiative to maximise the opportunity for assessment and diagnosis.
- Talking Therapies Improvement Plan in place and continuing to actively monitor recovery.
- Currently undertaking local bed-based review.
- Further developing and implementing MHST leadership structure.

Child and Infant Mortality in STW

- Every child's death is a tragedy
- A Report to the September ICB showed an overall increase in numbers of deaths across all perinatal, neonatal and child mortality in 2021/22 & 2022/23, we are monitoring 2023/34 closely.
- An initial more detailed review of local evidence in October showed that while many of these deaths are from natural causes such as extreme premature birth and its complications, congenital anomalies, infection and malignancy. Others relate to modifiable risk factors and preventable causes
- While there are already lots of activity and programmes in place across STW to address these issues the following additional investigation and actions have been agreed:
 - Understand the findings from recent STW CDOP Annual Reports
 - Hold a deep dive workshop on child mortality with all stakeholders
 - Review in detail current data and the evidence base
 - Map and review current action against best practice guidance
 - Review any additional actions required into a system action plan
 - Continue developing monitoring & review systems for child deaths across ICS
 - Establish an ICS mortality overview group
 - Make progress in setting up a ICS CYP Delivery Board