



The Shrewsbury and Telford Hospital 
NHS Trust

**Update from
The Shrewsbury and
Telford Hospital NHS Trust**

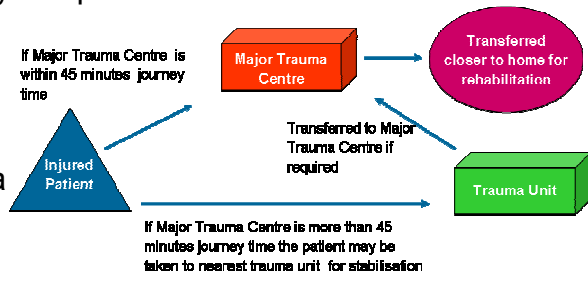
**Wem and Shawbury
Local Joint Committee**

20 June 2012

LOOKING TO THE FUTURE

RSH takes on life-saving Trauma Unit role
New Major Trauma Network launched

- The Royal Shrewsbury Hospital has a vital role in the new West Midlands trauma care network as a Trauma Unit.
- It works closely with the Major Trauma Centres in Stoke and Birmingham.
- As a designated Trauma Unit the Royal Shrewsbury Hospital plays a key role in this system, and makes sure the full range of emergency services remain available for people in Shropshire when they need it.



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graph LR
    IP[Injured Patient] -- "If Major Trauma Centre is within 45 minutes journey time" --> MTC[Major Trauma Centre]
    MTC --> TH[Transferred closer to home for rehabilitation]
    IP -- "If Major Trauma Centre is more than 45 minutes journey time the patient may be taken to nearest trauma unit for stabilisation" --> TU[Trauma Unit]
    TU -- "Transferred to Major Trauma Centre if required" --> MTC
    
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Encouraging Individual Ability and Creativity

Taking Pride in our Work and our Organisation

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Looking To The Future:

Where we are now

Full Business Case	✓	Full Business Case approved by Strategic Health Authority, NHS Midlands and East on 24 May
Planning Permission at PRH	✓	Planning permission granted for new Women and Children's Unit at PRH on 28 March
Capital Funding	✓	Public Dividend Capital funding approved for £35m developments at PRH and RSH on 6 March
RSH Planning Permission	underway	Planning process underway for small extension at RSH to provide Paediatric Outpatients next to PAU (adjacent to A&E)
Travel and Transport Plan	underway	Working with patients and public on Travel and Transport Plan to be published in summer
Design of new facilities	underway	Working with patients and public on design of new Women and Children's Unit

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A look inside new Women & Children's Unit



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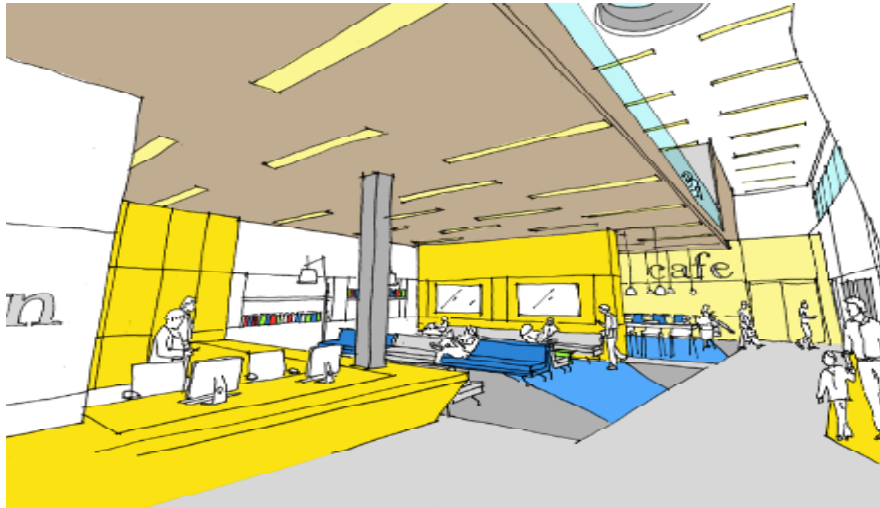
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A look inside new Women & Children's Unit



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Looking To The Future Next Steps

- Building work continues on centralising inpatient surgery at RSH and inpatient head and neck services at PRH
- Building work on new Women and Children's Unit starts shortly
- Continue to work with doctors, nurses, patients and public to finalise detail of changes
- From late 2013, start major publicity drive about new women and children's services ahead of launch in 2014



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Lingen Davies Centre opens its doors

State of the art facilities for adults with cancer

- Chemotherapy Day Centre opened to patients in April
- Phase 2 underway – haematology and outpatients
- Lingen Davies raising £386,000 for furniture and fittings
- Fully completed Autumn 2012
- Continuing to meet national cancer access targets

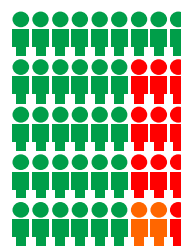


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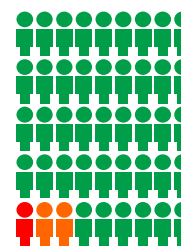
Waiting Times

Getting back on track to deliver our promises to you

- During 2011 we faced some significant problems with booking and scheduling
- As a result too many people were waiting too long to be seen
- Staff in the Trust have worked hard to tackle this, putting on extra clinics and theatre sessions
- At the end of March we were back on track for patients on a "non-admitted" pathway but we had not reached the target for "admitted" pathways
- Key challenges are in orthopaedics, orthodontics and ophthalmology



In June 2011, over 25% of patients were waiting longer than 18 weeks



By March 2012 this had reduced to around 6%



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Finance

Living within our means

- We started the year with a £14.4m underlying deficit
- We ended the year in recurring financial balance for the first time ever
- The year ahead will be challenging for the NHS as a whole including the Trust, as we seek to maintain quality of services and meet growing demand without an increase in income
- To meet national requirements we must plan to end the year with a surplus which enables us to invest in the quality of local services
- Effectively we need to save an additional 5p in every £1 for each of the next two years
- In doing this we need to keep quality at the heart of everything we do

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Foundation Trust

Developing our application

- We aim to become a Foundation Trust by 2014
- NHS Foundation Trusts will:
 - Remain part of the NHS and provide healthcare according to core NHS principles – free care based on need and not the ability to pay
 - Have greater accountability to local people, patients, service users and staff who can become members or governors
 - Have more freedom to improve and develop local services
 - Have greater financial flexibility, with the ability to reinvest surpluses
- More details are available from the Trust website at www.sath.nhs.uk

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Foundation Trust Membership

Getting Better at Membership

- Becoming a member will be simple, accessible and well publicised
- We will recruit new members through volunteers, community events, existing members, social media and more
- We will continue to learn from other organisations across the country to adopt best practice in membership recruitment
- We will forge links with community groups to build and maintain a diverse membership
- We will develop and achieve clear targets for membership recruitment and engagement

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Foundation Trust status

Public Governors representing your community

- 3 governors from central Shropshire
- 2 governors from Montgomeryshire and north east Radnorshire
- 3 governors from northern Shropshire
- 3 governors from southern Shropshire
- 5 governors from Telford & Wrekin
- Numbers reflect local population figures now and in the future



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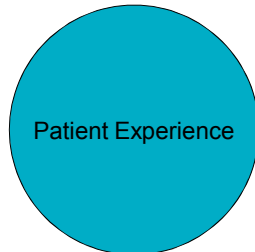
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Setting goals that are important to patients

Patient Experience



Excellent ratings in patient environment inspections

90% of outpatients rating their experience as "excellent"

95% of inpatients rating their overall care as excellent

Improved information for patients and carers

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Setting goals that are important to patients

Patient Safety

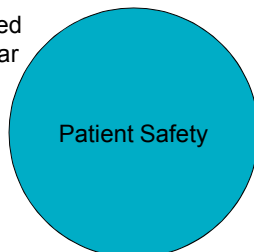
Eliminating avoidable grade 3 and grade 4 pressure ulcers

80% reduction in inpatient falls that result in harm

Healthcare associated infections reduce year on year

100% compliance with WHO surgical checklist

Reduce in-hospital mortality



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Setting goals that are important to patients

Clinical Effectiveness

Deliver constitutional rights
on waiting times and
access

Increase number of
procedures undertaken as
daycase

Improve timeliness of
assessment and discharge

Reduce staff sickness



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Infection Control:

Impressive performance continues

- At the end of the year we have achieved our targets for MRSA bacteraemia, C difficile and MRSA screening.
- We ended 2011/12 with one MRSA case against our annual target of not more than two MRSA post 48 hr bacteraemias in the year. This is the lowest figure on record.
- We ended 2011/12 with 41 SATH responsible C difficile cases (post 72 hrs) versus a target of not more than 54. This is our lowest figure on record.
- Targets have been set for 2012/13 of not more than two MRSA bacteraemias, and not more than 45 C difficile cases.

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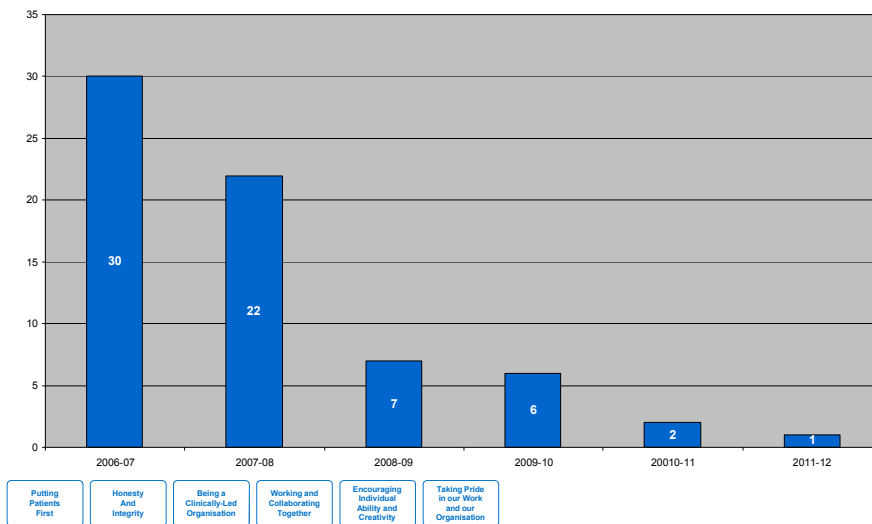
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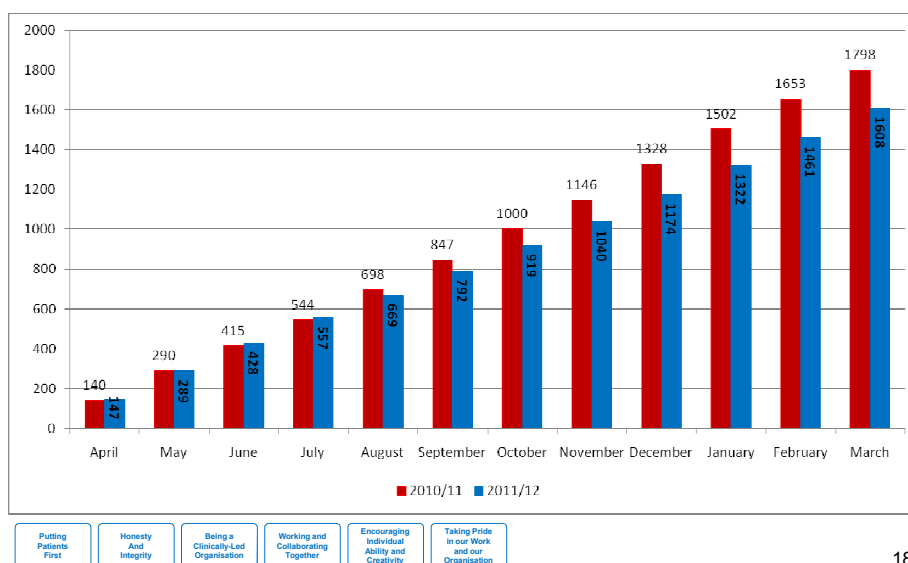
Post 48 hour MRSA bacteraemia cases



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Our Safety Goal

Reducing in-hospital mortality by 20% over two years



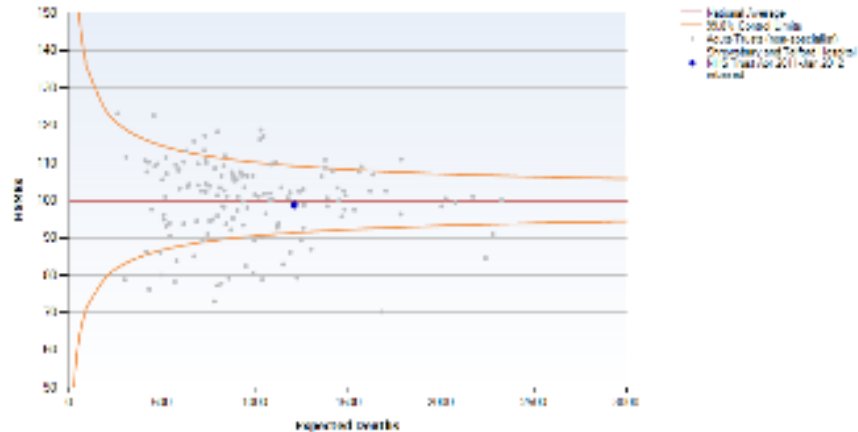
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HSMR

How do we compare?

Acute Trust HSMRs Apr 2011-Jun 2012

The background points show the HSMR for the current financial year for each acute non-specialist trust in England. Use the controls below to toggle between the current and previous years.



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The Year Ahead

Ambitions and Challenges

- Be ambitious about changing healthcare for the better
- Deliver our changes to surgical services, and continue our work on women & children's services
- Travel and Transport plan
- AAA screening in place
- Complete the Lingen Davies Cancer Centre
- Develop application for FT status
- Live within our means
- Rural health and integrated care
- What are your views?

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Questions?



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