Board of Directors' Meeting
13 October 2022

Agenda item	180/22			
Report Title	Integrated Performance Report			
Executive Lead	Louise Barnett, Chief Executive Officer			
Report Author	Helen Troalen, Director of Finance			
	Link to strategic goal:		**Link to CQC domain:**	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our governance	√	Responsive	√
	Our partners	√	Well Led	√
	Report recommendations:		**Link to BAF / risk:**	
	For assurance		BAF 1,2,3,4,5,7,8, and 9	
	For decision / approval		**Link to risk register:**	
	For review / discussion		CRR1, CRR2, CRR3, CRR4, CRR5, CRR6, CRR9, CRR10, CRR11, CRR12, CRR13, CRR15, CRR17, CRR19, CRR21, CRR22, CRR23, CRR27	
	For noting	√		
	For information			
	For consent			
Presented to:	2022.09.20 Quality Operational Committee 2022.09.29 Senior Leadership Committee – Operational (mtg cancelled)			
Executive summary:	This report provides the Board of Directors with an overview of the performance indicators of the Trust to the end of August 2022. Key performance measures are analysed over time to understand the variation taking place and the level of assurance that can be inferred from the data. Where performance is below expected levels, an exception report has been included that describes the key issues, actions and mitigations being taken to improve performance. Planned year-end positions have been included in the overall dashboard and planned monthly performance trajectories have been included on a number of the SPC charts. The executive summary is included at the front of the report and metrics reported under functional headings for Quality and Safety: Patient Harm, Patient Experience and Maternity Services. Indicators performing in accordance with plan are included in Appendix 1 for completeness. The overarching dashboard indicates the Committee of the Board that has responsibility for scrutinising performance of indicators. The Board of Directors is requested to **note** the content of this report.			
Appendices	Appendix 1: Indicators performing in accordance with expected standards. Appendix 2: Understanding SPC charts. Appendix 3: Glossary of terms			
Executive Lead				

Integrated Performance Report

Purpose

This report provides the Board with an overview on performance of the Trust. It reports the key performance measures determined by the board using analysis over time to demonstrate the type of variation taking place and the level of assurance that can be taken in relation to the delivery of performance targets. Narrative reports to explain the position, actions being taken and mitigations in place are provided for each measure. Following scrutiny by the appropriate Committees of the Board, where performance is below expected levels, the narrative provides an exception report for the Board of Directors.

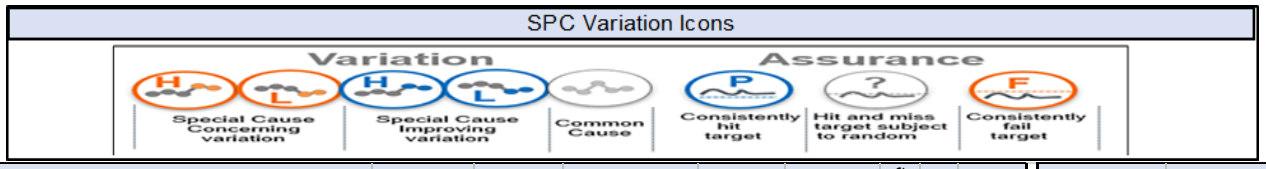
The Board of Directors integrated performance report is aligned to the Trust's functional domains and includes an overarching executive summary.

Table of Contents

1. Executive Summary
Louise Barnett, Chief Executive

- We had seen a marked decrease in the number of inpatients who were diagnosed with COVID-19. However, we remain cautious as the numbers have steadily started to increase in September.
- We are reviewing all our Infection Prevention & Control policies in relation to COVID-19 and looking to implement fresh national guidance as quickly and safely as we can, because we know this will help with being able to increase the capacity we have to see and treat patients.
- With the easing of some aspects of our operational pressures we have been able to focus more on education and training and we have launched several staff training initiatives. We know that our colleagues really value training, and we want to support them to continue in their journey of lifelong learning. We hope to be able to deliver more training in person over the coming months as well as further embrace opportunities for flexible working.
- We have now also received further analysis on the staff survey results. The reports that we receive at departmental level are crucial for us to be able to respond in a much more targeted way to our colleagues' concerns, and our leadership teams will be taking this forward over the coming months.
- We have also begun to put in place a more robust and systematic approach to performance management across the Trust, which again reflects the expectations of us now that we are in a new phase of the pandemic. We have reinstated more of our internal performance management processes, and we will, in the coming months, enhance our Getting to Good programme to ensure our key projects are managed using a standard methodology.
- Operational performance remains challenged across the board, including Urgent & Emergency Care, cancer pathways as well as diagnostics. However, we have several plans in place to improve performance over the coming months and prepare for winter, which is anticipated to be extremely challenging again.

2. Overall Dashboard



Quality - KPI	Scruitinising Committee	Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Perfomance	Assurance	Exception	Year to Date	SaTH 2022-2023 Plan
Mortality										
SHMI	QSAC	Mar 22	93.5	100	100			No		100
Infection										
HCAI - MSSA	QSAC	Jul 22	1	0	<2			No	18	28
HCAI - MRSA	QSAC	Jul 22	0	0	0			No	0	0
HCAI - C.Difficile	QSAC	Jul 22	5	<4	<3			Yes	26	33
HCAI - E-Coli	QSAC	Jul 22	4	<8	<4			Yes	10	49
HCAI - Klebsiella	QSAC	Jul 22	1	<2	<1			Yes	5	12
HCAI - Pseudomonas Aeruginosa	QSAC	Jul 22	1	<2	<1			Yes	6	6
Patient harm										
Pressure Ulcers - Category 2 and above	QSAC	Jul 22	17		<11			Yes	65	134
Pressure Ulcers - Category 2 Per 1000 Bed Days	QSAC	Jul 22	0.77							
VTE	QSAC	Jul 22	90.8%	95%	95%			Yes		95%
Falls - total	QSAC	Jul 22	126		<70			Yes	633	835
Falls - per 1000 Bed Days	QSAC	Jul 22	5.61	6.6	<4.5			Yes	5.4	4.5
Falls - with Harm per 1000 Bed Days	QSAC	Jul 22	0.04	0.19	<0.17			No	0.100	0.17
Never Events	QSAC	Jul 22	0	0	0			No	1	0
Coroners Regulation 28s	QSAC	Jul 22	0		0			No	0	0
Serious Incidents	QSAC	Jul 22	10						39	
Mixed Sex Breaches	QSAC	Jul 22	141	0	0			Yes	403	
Patient Experience										
Complaints	QSAC	Jul 22	79					Yes	351	
Complaints Responded within agreed time	QSAC	Jul 22	60%	85%	85%			Yes		85%
Complaints Acknowldeged within agreed time	QSAC	Jul 22	100%		100%			No		100%
Compliments	QSAC	Jul 22	39	Letters of thank you received.					213	
Friends and Family Test	QSAC	Jul 22	97.6%	80%	80%			No		80.00%
Maternity										
Smoking rate at Delivery	QSAC	Jul 22	11.8%	5%	5%			Yes	12.4%	5%
One to One Care In Labour	QSAC	Jul 22	100.0%	100%	100%			No		100%
Delivery Suite Acuity	QSAC	Jul 22	60%	85%	85%			Yes		85%
Workforce - KPI		Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Perfomance	Assurance	Exception	Year to Date	SaTH 2022-2023 Plan
Activity										
WTE Employed**Contracted	FPAC	Aug 22	6157					No		
Total temporary staff -FTE	FPAC	Aug 22	911					Yes		
Staff turnover rate (excludes junior doctors)	FPAC	Aug 22	1.18%	0.8%	0.8%			No	1.10%	0.8%
Sickness absence rate	FPAC	Aug 22	6.0%		4%			Yes	5.7%	4%
Agency Expenditure	FPAC	Aug 22	£16.908m					Yes		
Appraisal Rate	FPAC	Aug 22	82%	90%	90%			Yes		90%
Appraisal Rate (Medical Staff)	FPAC	Aug 22	91%	90%	90%			No		90%
Vacancies	FPAC	Aug 22	569	<10%	<10%			No		<10%
Statutory and Mandatory Training	FPAC	Aug 22	85%	90%	90%			Yes		90%
Trust MCA – DOLS & MHA	FPAC	Aug 22	78%	90%	90%			Yes		90%
Safeguarding Children - Level 2	FPAC	Aug 22	89%	90%	90%			Yes		90%
Safeguarding Adult - Level 2	FPAC	Aug 22	86%	90%	90%			Yes		90%
Safeguarding Children - Level 3	FPAC	Aug 22	78%	90%	90%			Yes		90%
Safeguarding Adult - Level 3	FPAC	Aug 22	71%	90%	90%			Yes		90%

Operational - KPI		Latest month	Actual Month Performance	National Standard for month	SaTH trajectory for month	Perfomance	Assurance	Exception	Year to Date	SaTH 2022-2023 Plan
Elective Care										
RTT Waiting list -Total size	FPAC	Aug 22	42487					Yes		
RTT Waiting list -English	FPAC	Aug 22	37901		33205			Yes		32944
RTT Waiting list -Welsh	FPAC	Aug 22	4586					Yes		
18 Week RTT % compliance -incomplete pathways	FPAC	Aug 22	54.3%	92%				Yes		
26 Week RTT % compliance -incomplete pathways	FPAC	Aug 22	66.8%	92%				Yes		
52+ Week breaches - Total	FPAC	Aug 22	3423	0				Yes		
52+ Week breaches - English	FPAC	Aug 22	3015	0	2333			Yes		2112
52+Week breaches - Welsh	FPAC	Aug 22	408	0				Yes		
78+ Week breaches - Total	FPAC	Aug 22	324	0				Yes		
78+ Week breaches - English	FPAC	Aug 22	277	0	207			Yes		211
78+ Week breaches - Welsh	FPAC	Aug 22	47	0				Yes		
104+ Week breaches - Total	FPAC	Aug 22	9	0				Yes		
104+ Week breaches - English	FPAC	Aug 22	6	0	55			Yes		0
104+ Week breaches - Welsh	FPAC	Aug 22	3	0	0			Yes		
Cancer										
Cancer 2 week wait	FPAC	Jul 22	77.3%	93%				Yes	75.3%	93%
Cancer 62 day compliance	FPAC	Jul 22	56%	85%				Yes	53.2%	85%
Cancer 31 Day Compliance	FPAC	Jul 22	93%	96%				Yes	91.8%	96%
Cancer 28 Day Faster Diagnosis	FPAC	Jul 22	65%	75%				Yes	63.4%	75%
Diagnostics										
Diagnostic % compliance 6 week waits	FPAC	Aug 22	53%	99%				Yes		
DM01 Patients who have breached the standard	FPAC	Aug 22	6846	0	1254			Yes		
Emergency Department										
ED - 4 Hour performance	FPAC	Aug 22	53.2%	95.0%	64%			Yes	57%	
ED - Ambulance handover > 60mins	FPAC	Aug 22	1115	0				Yes	5496	tbc
ED 4 Hour Performance - Minors	FPAC	Aug 22	84.0%	95%	95%			Yes	90%	95%
ED 4 Hour Performance - Majors	FPAC	Aug 22	23.7%	95%				Yes	29%	
ED time to initial assessment (mins)	FPAC	Aug 22	38	15	15			Yes		15mins
12 hour ED trolley waits	FPAC	Aug 22	585	0	0			Yes	2345	
Total Emergency Admissions from A&E	FPAC	Aug 22	2780					Yes	14566	58264
% Patients seen within 15 minutes for initial assessr	FPAC	Aug 22	29%					Yes	27.1%	
Mean Time in ED Non Admitted (mins)	FPAC	Aug 22	382					Yes	327	
Mean Time in ED admitted (mins)	FPAC	Aug 22	761					Yes	711	
No. Of Patients who spend more than 12 Hours in E	FPAC	Aug 22	1682					Yes	7715	
12 Hours in ED Performance %	FPAC	Aug 22	14.0%					Yes	10.5%	
Hospital Occupancy and activity										
Bed Occupancy -G&A	FPAC	Aug 22	91%	92%	91%			Yes		92%
ED activity (total excluding planned returns)	FPAC	Aug 22	11972		12362			No	64354	149762
ED activity (type 1&2)	FPAC	Aug 22	9947		10173			No	53686	123572
Total Non Elective Activity	FPAC	Aug 22	4720		5652			Yes	24673	
Outpatients Elective Total activity	FPAC	Aug 22	43656		54490			Yes	221743	
Total Elective IPDC activity	FPAC	Aug 22	5452		7182			No	26245	
Diagnostic Activity Total	FPAC	Aug 22	19522					Yes		

Finance - KPI		Latest month	Latest Value (£m)	National Standard for month	Plan for year (£m)	Perfomance	Assurance	Exception	Year to Date(£m)	Year End Planned Trajectory (£m)
Cash	FPAC	Aug 22	22.400m		1.700			No	1.700m	1.700
Efficiency	FPAC	Aug 22	2.202m		10.747			No	0.697m	10.474
Income and Expenditure	FPAC	Aug 22	15.968m		(22.330)			No	(19.135m)	(22.330)
Cumulative Capital Expenditure	FPAC	Aug 22	2.535m		19.822			No	19.822m	19.822

3. Quality Executive Summary
Hayley Flavell, DoN, Richard Steyn, Co-Medical Director and John Jones, Acting Medical Director

Note: the quality and safety data is reported a month in arrears to allow for the data to have been scrutinised at the relevant quality governance meetings prior to Board.

E.Coli and Clostridium Difficile remain over target in month and the root cause analysis (RCA) process has been reviewed and strengthened as a result; this ensures all Clostridium Difficile cases and device-related hospital-acquired bacteraemia (DRHAB) are completed within 20 working days. The outcomes from these RCAs are discussed and shared via the Infection Prevention and Control Operational Group (IPCOG) and monitoring will take place via the Infection Prevention and Control Assurance Committee (IPCAC), chaired by the Director of Infection Prevention and Control (DIPC). In addition, performance data is triangulated via the monthly metric audits, with a particular focus on cannula and catheter care.

Pressure ulcers remain slightly over the monthly target. One case of category 3 pressure ulcers is under investigation and improvement work continues.

Falls prevention remains a priority within the Trust and there is an ongoing improvement plan as part of our quality strategy. Training continues, along with embedding processes within operational practice i.e., bay tagging. There is a focus regarding neurology observations post fall and the recruitment of the enhanced supervision lead nurse and team has commenced.

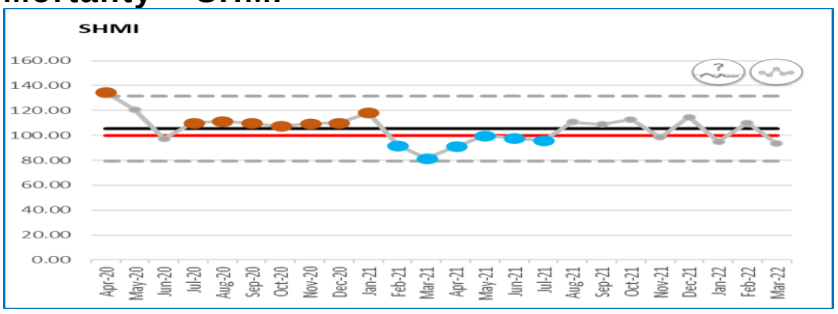
Venous Thromboembolism (VTE) screening performance remains below target. An improvement project has commenced and is working on improving this important measure.

There has been an increase in same sex accommodation breaches in month. This is attributed to the current bed capacity demands across the Trust. The instance of COVID-19 numbers being seen across the Trust and community is continuously being monitored to ensure any increases are identified early and aligned to national trends.

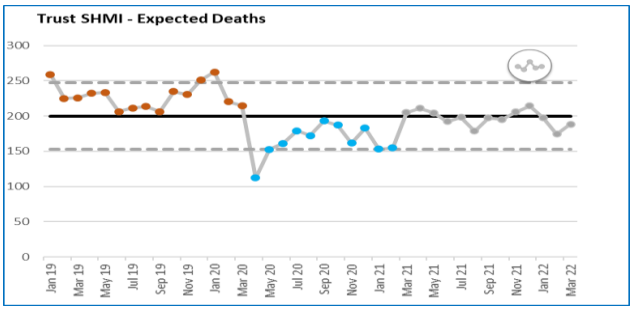
The timeliness of complaint responses remains a challenge and we have increased the resources within the PALS and Complaints team, which should hopefully see an improvement over the coming months. Progress in this area will be monitored via the monthly divisional performance meetings.

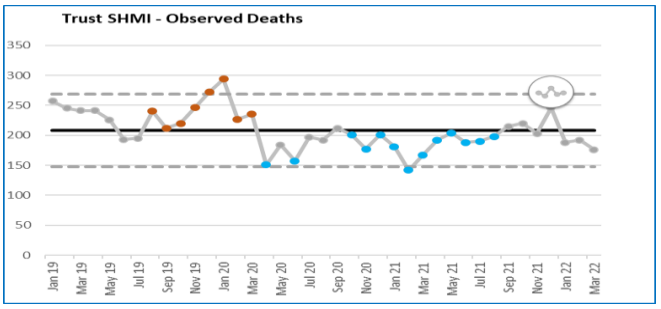
Quality exception reports – Harm

Mortality – SHMI



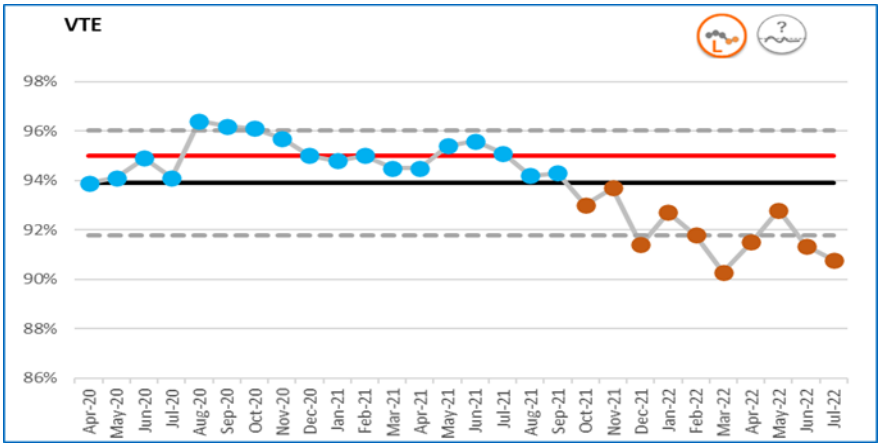
March 2022 actual performance
93.5
Variance Type
Common Cause
National Target
100
Target / Plan Achievement





Background	What the Chart tells us	Issues	Actions	Mitigations
The Summary Hospital-level Mortality Indicator (SHMI) is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die based on average England figures, given the characteristics of the patients treated at the Trust. COVID-19 activity is excluded from the SHMI indicator. SHMI condition groups are assigned on the primary diagnosis of the first episode of care. SHMI data has replaced HSMR and RAMI indicators to monitor mortality performance in accordance with NHSE recommendations.	The SHMI indicator continues to demonstrate common cause variation and CHKS data reflects a SHMI position that is favourable to the peer average.	The conditions across the Trust with the highest number of excess deaths (where there were more deaths than expected by the SHMI model) are: • Acute and unspecified renal failure • Deficiency and other anaemia • Other connective tissue disease	**Primary diagnosis code of acute and unspecified renal failure**: Following an initial audit of patients who died within the Trust between September 2020 and August 2021, the renal physicians have undertaken additional audit work and are instituting targeted educational activity. A presentation of this work is planned for October 2022 at the Trust Learning from Deaths group. **Primary diagnosis code of deficiency and other anaemia:** A clinical review of this small cohort of patients did not identify any specific concerns. The review identified widespread co-morbidities considered to be relevant to the diagnosis of anaemia for the cohort of patients and suggested that anaemia is easy to identify from blood results and therefore is likely to be documented on the ward round following admission and consequently impact SHMI. Anaemia is not usually a diagnosis on its own, rather an indicator of another problem. To support improvement work, the clinical coding team plan to undertake a further audit of documentation to confirm if coding was accurate for this group of patients. **Primary diagnosis code of other connective tissue disease:** Contact has been made with Robert Jones and Agnes Hunt Hospital to initiate a further review of the cases; however, it is for noting that the cohort is small.	Mortality performance indicators are a standing agenda item at the monthly Learning from Deaths Group where all indicators that are above the expected range are discussed and appropriate action agreed. Additional monthly CHKS updates have been introduced to the Learning from Deaths Group specifically to monitor mortality performance relating to urinary tract infections, septicaemia, pneumonia, and acute and unspecified renal failure.

Venous Thromboembolism (VTE) risk assessment completion

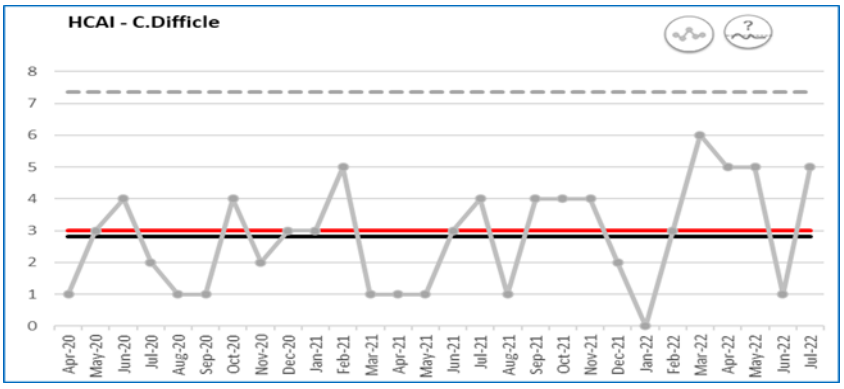


July 2022 actual performance
93%
Variance Type
Special Cause Concern
National Target
95%
Target / Plan Achievement
Performance has deteriorated and needs intervention to recover.

Background	What the Chart tells us	Issues	Actions	Mitigations
The number and proportion of patients admitted to hospital (aged 16 and over at the time of admission) that had a risk assessment for venous thromboembolism (dangerous blood clots). This is clinically important to protect inpatients from harm.	VTE assessments continue to fall below the National target line.	Performance is now steadily declining. Special cause concern requires further investigation and remedial action to be taken.	An action plan has been put in place to address the issues. Communication with divisional MDs, CDs, consultants, matrons, and ward managers to identify any outstanding VTE assessments and to ensure completion in a timely manner. Work continues on accurate consultant allocation and a workshop with all key stakeholders has been set up for the end of September 2022 to review the issues and put an improvement plan in place. Divisions will be asked to target certain wards at PRMs. Monitoring will continue with notifications sent to consultants.	Divisional PRMs review performance by division. Regular escalation of outlier wards and consultants will be undertaken.

Hospital acquired infections

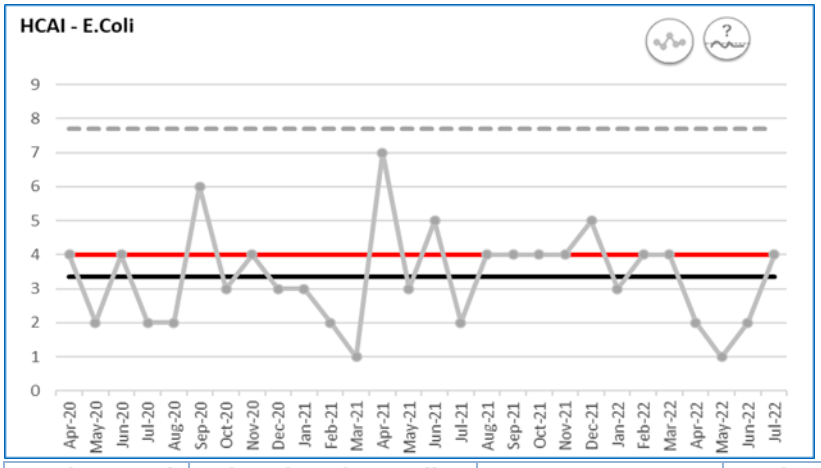
C. Difficile



July 2022 actual performance
5
Variance Type
Common Cause
Local Standard
<avg. 3 per month
Target / Plan Achievement
No more than 33 cases in 2022/23

Background	What the Chart tells us:	Issues	Actions	Mitigations
The National target for 2022/23 is to have no more than 33 cases of C.Difficile.	There were 5 cases of C.Difficile in July 2022. 4 cases were post 48 hours of admission to hospital and 1 case was within 28 days of discharge from the Trust.	The Trust continues to report cases of C.Difficile well above its trajectory. There have been 16 cases YTD against a target of no more than 12 cases. IPC Quality Ward Walks (QWW) have identified issues with sanitary equipment and compliance with hand hygiene. Common themes from RCAs include: -timely stool samples -prompt isolation -use of stool charts -antimicrobials.	Ongoing education included as part of QWW and IPC masterclasses. Commode training delivered across inpatient areas. Daily monitoring of IPC practices by ward matrons/managers. New stool sample posters. Key messages as part of the DON weekly senior nurse meeting. Antimicrobial prescribing shared at divisional/speciality level. IPC masterclasses delivered by IPC teams with clinical staff and masterclasses from NHSE.	Actions are reported via divisional IPC reports and monitored via the IPCOG as part of their monthly reporting.

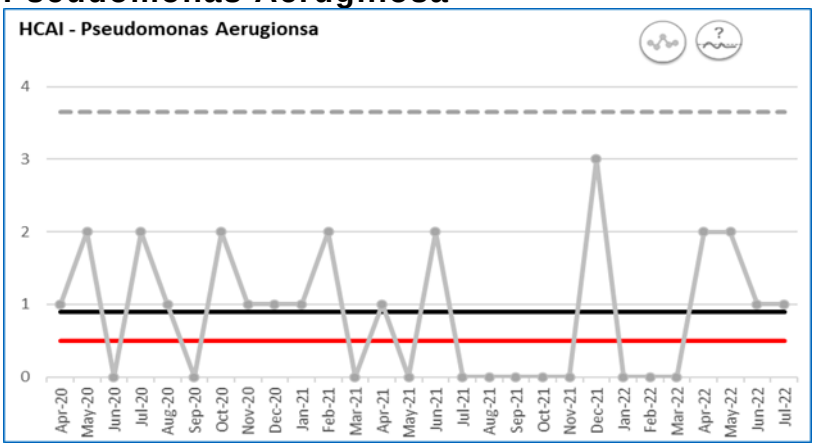
E-Coli



July 2022 actual performance
4
Variance Type
Common Cause
Local Standard
<ave.4per month National Target 8 per month
Target / Plan Achievement
Local Target for 2022/23 is no more than 49. National Target no more than 96

Background	What the Chart tells us:	Issues	Actions	Mitigations
Reporting E. Coli bacteraemia has been a mandatory requirement since 2011.	The number of E.coli cases increased in month 4 but is within our internal and externally set targets. YTD there have been 9 cases compared to 17 cases for the same time period in 2021/22.	One case in July was device related with the source deemed to be a catheter associated urinary tract infection.	HCAI actions, and actions from previous RCAs, continue to be implemented and monitored which includes consistent use of catheter insertion documentation, catheter care plan, ANTT training, timely completion of SIs and implementing of actions from these.	Catheter care is monitored via the monthly matron's quality assurance metrics audits, and high impact intervention audits. Actions from RCAs are reported at IPCOG.

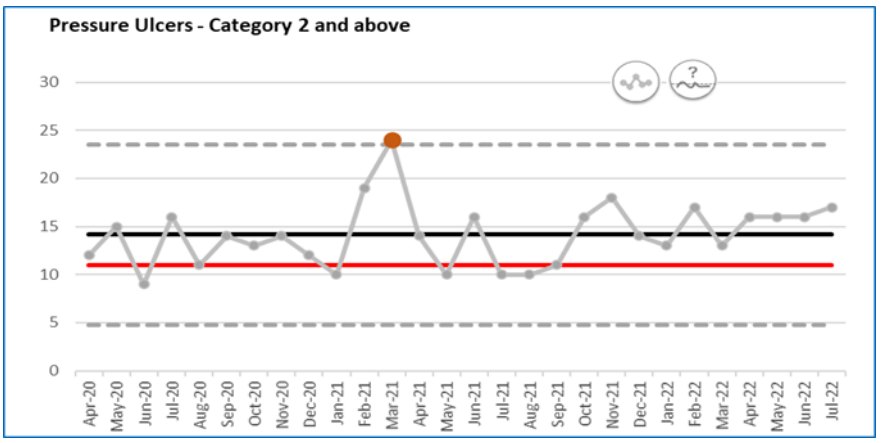
Pseudomonas Aeruginosa



July 2022 actual performance
1
Variance Type
Common Cause
Local Standard
No more than 6 per annum
Target / Plan Achievement
Local Target no more than 6 cases in 2022/23. National target of no more than 19 cases.

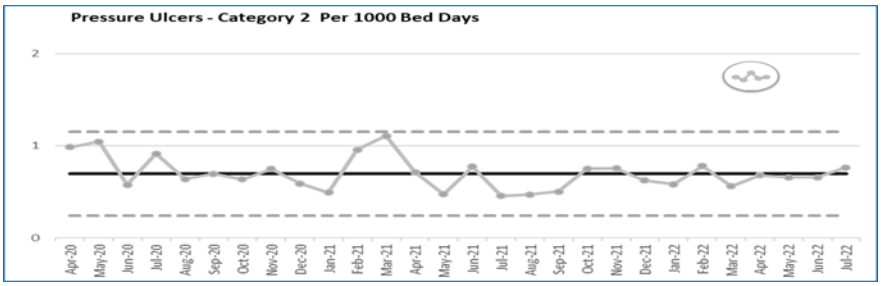
Background	What the Chart tells us	Issues	Actions	Mitigations
Reporting of Pseudomonas is a mandatory requirement.	There was one case of pseudomonas bacteraemia in July 2022. The Trust has breached its local improvement target with 6 cases reported YTD against a target of 6 cases for the year. However, the Trust remains below the nationally set target.	Case was deemed to be related to an ERCP procedure and therefore device related. An RCA is being undertaken.	As per other HCAIs, consistent use of catheter documentation and care plans, ANTT training, cannula care and 12 hourly checks, IPC training, compliance with IPC procedures and practices reinforced via IPC and NHSE masterclasses.	Ongoing monitoring of care through matron's audits discussed at monthly quality review meetings and divisional reports to IPCOG.

Pressure Ulcers – category 2 and above



July 2022 actual performance
17
Variance Type
Common Cause
Local Standard
11
Target/ Plan achievement
10% Improvement for 22/23 Pro rata =<11.16pm (No more than 134 cases)

Pressure ulcers – category 2 and above per 1000 bed days

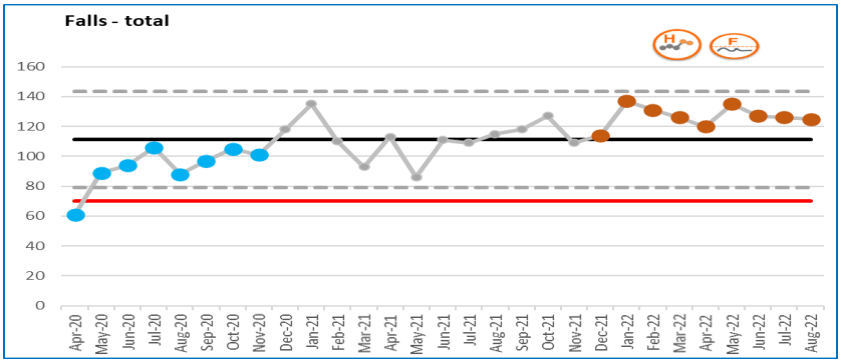


July 2022 actual performance
0.76
Variance Type
Common Cause
Local Standard
tbc

Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	10
Surgery, Anaesthetics and Cancer	7

Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust aims to reduce the number of hospital acquired pressure ulcers.	There were 17 hospital-acquired pressure ulcers in July 2022.	The number of acquired pressure ulcers reported monthly remains above our trajectory. There was one category 3 pressure ulcer on ward 11.	Ongoing work to ensure all patients have a Waterlow and MUST assessment completed on admission, weekly thereafter or when their condition changes. Education to ensure Waterlow assessments are accurately completed. Mandated tissue viability training. Support to ensure that staff are requesting pressure relieving equipment in a timely manner. Additional TVN support via a pressure ulcer nurse who is working alongside the ward staff in relation to improving knowledge and providing timely support.	All category 2 pressure ulcers or above have an RCA and are presented at the pressure ulcer panel. Those that meet the threshold for an SI are investigated and presented at the nursing incident quality assurance meeting.

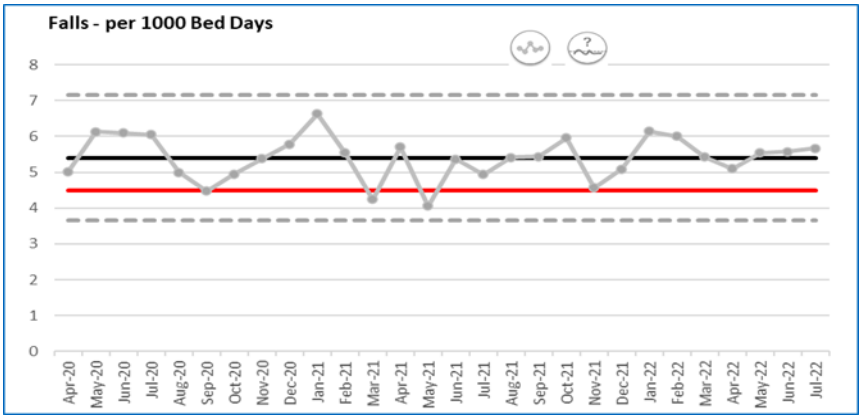
Falls



July 2022 actual performance
127
Variance Type
Special Cause Concern
Local Target
<70
Target / Plan Achievement
10% reduction on 21/22

Falls – Total per Division	Number Reported
Medicine and Emergency Care	84
Surgery, Anaesthetics and Cancer	42
Women and Children's	1

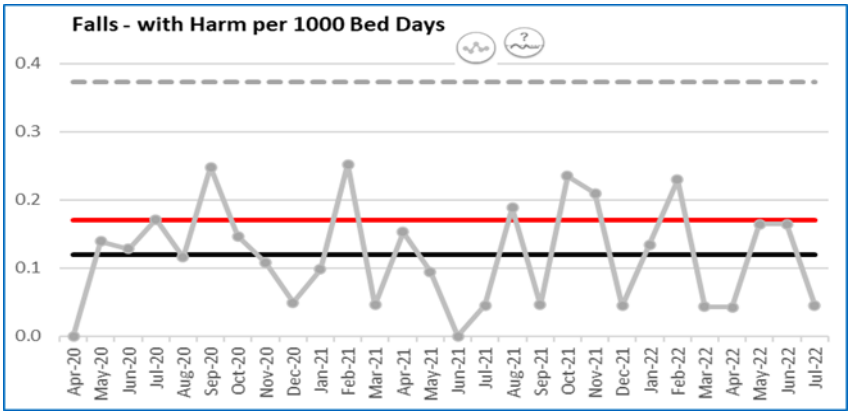
Falls – per 1000 bed days



July 2022 actual performance
5.6
Variance Type
Common Cause
Local Plan
4.5
National Standard
6.6
Target/ Plan achievement
Local Target set for 22/23

Background	What the Chart tells us	Issues	Actions	Mitigations
Falls amongst inpatients are the most frequently reported patient safety incident in the Trust. Reducing the number of patients who fall in our care is a key quality and safety priority.	The number of falls per month remain higher than our Trust target with 127 reported in the month.	There is ongoing improvement work to ensure all actions in relation to best practice for falls are embedded across the Trust.	Ensure all patients have a falls risk assessment and falls prevention care plan. To continue to ensure staff repeat the falls risk assessment and update care plans weekly or when a patient's condition changes. We are currently establishing an Enhanced Patient Supervision (EPS) team to provide a team with enhanced training to undertake this supervision across the Trust. The EPS policy and risk assessment is being reviewed. To continue to embed bay tagging for those patients at risk of falls. To continue to implement all aspects of the fall's prevention plan, including improvements in lying and standing blood pressure recording and post falls neuro observations. The Quality matron and Deputy COO are implementing improvements in relation to addressing the de-conditioning of patients whilst in hospital, which has been included in our Falls Week taking place across the system in September 2022.	All falls are reviewed daily by the quality matron and team. There is a weekly falls review meeting attended by the quality team and divisions where all falls that week are reviewed.

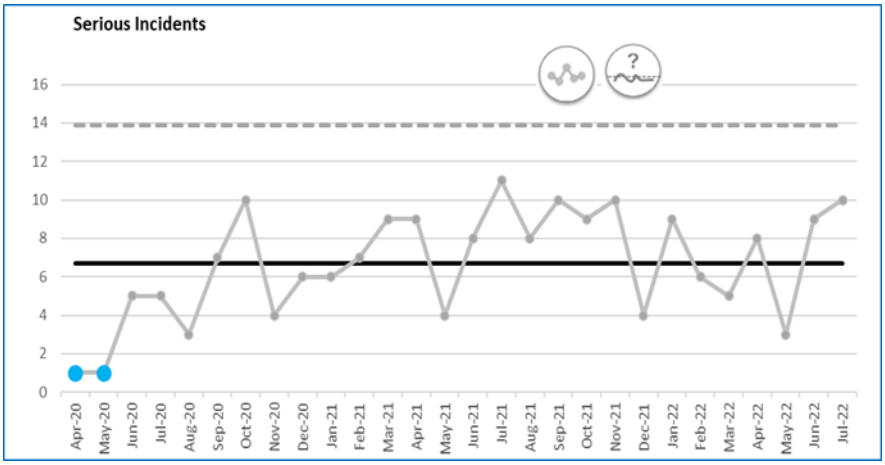
Falls – with harm per 1000 bed days



July 2022 actual performance
0.45
Variance Type
Common Cause
Local Target
0.17
National Standard
0.19
Target/ Plan achievement
10% reduction on 21/22

Background	What the Chart tells us	Issues	Actions	Mitigations
Falls amongst inpatients are the most frequently reported patient safety incidents in the Trust. Reducing the number of patients who fall in our care is a key quality and safety priority.	The falls with harm per 1000 bed days remained low in July 2022, but the Trust continues to see falls that result in moderate harm or above for patients.	There was one fall with harm reported in July 2022 where a patient on ward 24 fell and sustained a fractured neck of femur.	As per falls slide.	As per falls slide.

Serious incidents



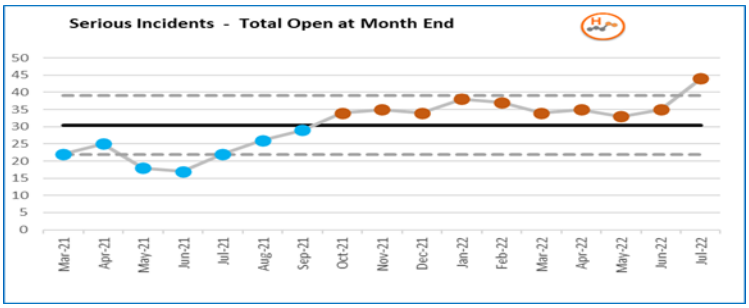
July 2022 actual performance
10
Variance Type
Common Cause
Local Standard
N/A
Target/ Plan achievement
N/A –seeking to encourage reporting of incidents

SUI theme	Number Reported
Delay in diagnosis leading to death	2
Delayed diagnosis/treatment delay	4
Fracture neck of femur (NOF)	1
Screening incident meeting SI criteria	1
Delayed diagnosis of recurrent cancer	1
Delay in transfer to UHMN	1
SaTH Total	**10**

SI - by division	Number reported
Medicine & Emergency Care	2
Surgery, Anaesthetics and Cancer	4
Women &Children's	2
Clinical Support Services	2

Background	What the Chart tells us:	Issues	Actions	Mitigations
Serious incidents (SIs) are adverse events with likely harm to patients that require investigation to support learning and avoid recurrence. These are reportable in line with the national framework.	The number of SIs reported continues to show common cause variation.	No issues identified.	Monitor reviews and maintain investigation reporting within national frameworks for timely learning. Embed learning from incidents.	Weekly rapid review of incidents and early identification of themes. Standardised investigation processes and early implementation of actions.

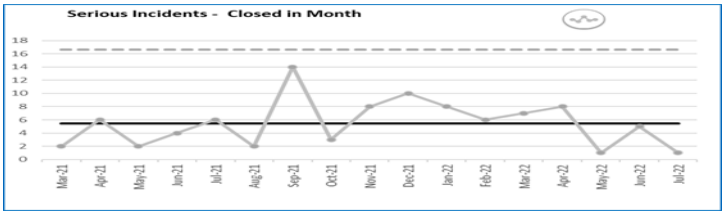
Serious incidents – total open at month end



SI – total open at month end per division	Number reported
Medicine & Emergency Care	13
Surgery, Anaesthetics and Cancer	18
Women and Children's	9
Clinical Support Services	3
Other	1
SaTH Total	**44**

Background	What the Chart tells us	Issues	Actions	Mitigations
Current number of open serious incidents (SIs).	Number of open SI's at month end is slightly increasing and is now showing special concern.	There are currently 44 open SIs which continue to run in line with the upper control limit.	Monitoring progress of investigations.	Weekly review of mitigations.

Serious incidents – closed in month

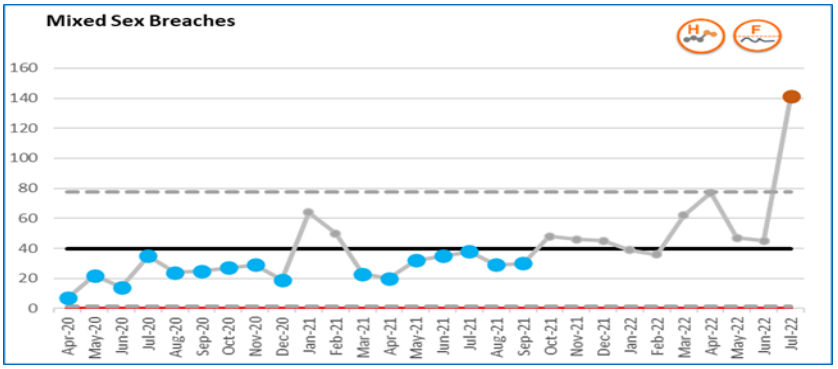


SI – closed in month per division	Number reported
Medicine & Emergency Care	1
SaTH Total	**1**

Background	What the Chart tells us	Issues	Actions	Mitigations
The number of serious incidents (SIs) closed in month will vary depending on the number reported.	Only one SI was closed in July and while not unique, it is unusual. This will be monitored for trends.	SIs to be completed in a timely manner.	Monitor reviews and feedback. Maintain investigation within national framework deadlines for timely learning. Attain sustainable learning from incidents.	Weekly review of progress of investigations.

Quality Exception Reports – Patient Experience

Mixed sex breaches exception report

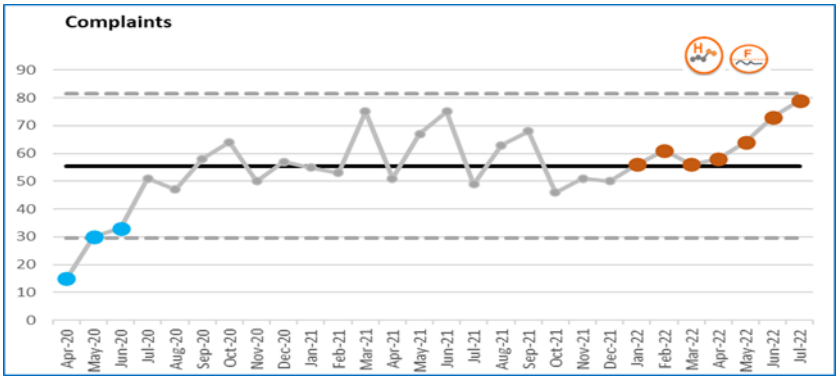


July 2022 actual performance
141
Variance Type
Special Cause Concern
National Target
0
Target/ Plan achievement
Continuing to breach this target.

Location	Number of breaches	Additional Information
AMU (PRH)	93 breaches	31 occasions with 3 patients bedded each time.
ITU / HDU (PRH)	17 primary breaches	13 medical, 4 surgical
Ward 16	6 primary breaches	1 occasion resulting in 6 breaches
ITU / HDU (RSH)	13 primary breaches	3 medical, 10 surgical
Ward 32 (RSH)	12 breaches	3 occasion resulting in 4 breaches

Background	What the Chart tells us	Issues	Actions	Mitigations
All patients in sleeping accommodation who have been admitted to hospital. A breach occurs at the point a patient is admitted to mixed sex accommodation outside of the guidance. Patients should not normally have to share sleeping accommodation with members of the opposite sex.	There has been a significant increase in the number of mixed sex breaches in July 2022.	An assessment area was used for escalation due to the current capacity demands across the Trust, this meant that the assessment area was used overnight for patients of the same sex but in the morning when the ambulatory care area opened, there were other patients in the clinical area. Unable to step down patients from ITU in a timely manner due to the bed pressures across the Trust.	There is work taking place across the Trust to improve the flow of patients through the organisation as well as the timeliness of discharges from the organisation. This will free up beds earlier in the day for patients to be moved to. Development of the acute medical floor will also enable improved acute medical pathways.	Same sex patients accommodated in the assessment space overnight. Patients moved to available beds as soon as possible the next day. Curtains and screens in place to maintain patient dignity.

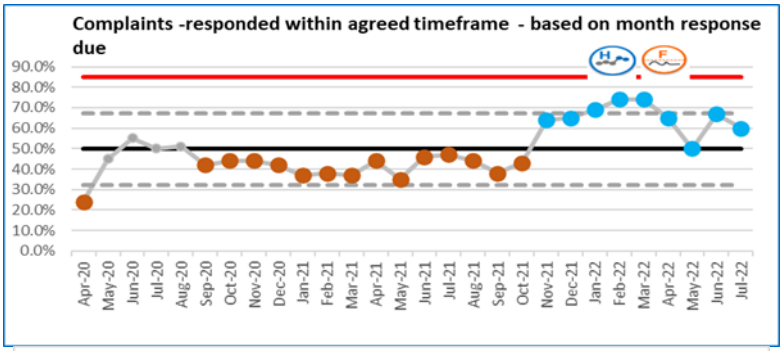
Complaints

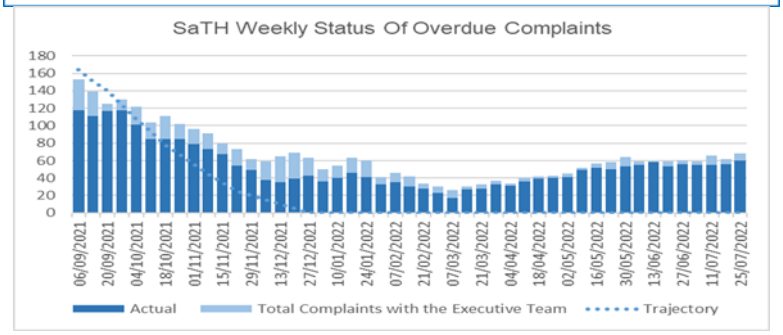


July 2022 actual performance
79
Variance Type
Special Cause Concern
Local Standard
N/A
Target/ Plan achievement
Seeking to encourage reporting of Complaints.

Background	What the Chart tells us	Issues	Actions	Mitigations
Complaints provide a valuable source of learning to the organisation.	Numbers have increased in recent months and are now showing a special cause concern. Complaint levels in July were 40% higher than the mean.	The Emergency Department at the Princess Royal Hospital continues to see higher numbers of complaints. This has been escalated to the senior management team and will be monitored.	No actions.	No mitigations.

Complaints – Responded within agreed timeframe



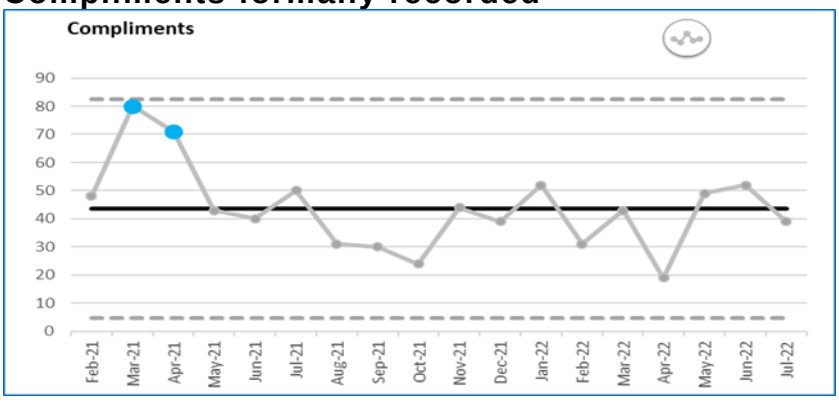


July 2022 performance
60%
Variance Type
Special Cause Improvement
SaTH internal target
85% responded to with the time agreed with the complainant.
Target/ Plan achievement
Target is unlikely to be achieved

Overdue Complaints per Division	Number Reported
Medicine and Emergency Care	54
Surgical, Anaesthetics and Cancer	8
Women and Children's	3
Other	3
Total	**68**

Background	What the Chart tells us	Issues	Actions	Mitigations
It is important that patients raising concerns have these investigated and the outcomes responded to in a timely manner as well as the Trust learning from these complaints.	Performance has dropped slightly but remains in line with performance seen across the last 12 months	Responses from divisions are still not being received in a timely manner; this is mainly due to competing clinical demands, and ongoing clinical pressures.	Weekly meetings with divisions to review open cases. Increase in PALS and Complaints team capacity to support timely review and liaison with patients and families.	Regular reviews of open cases and updates given to complainants.

Compliments formally recorded

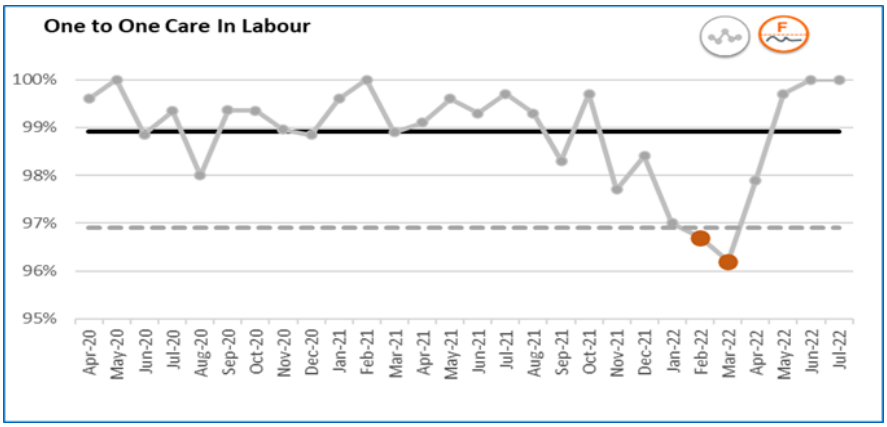


July 2022 actual performance
SATH
39
Divisions
MEC – 16
SAC – 9
CSS – 10
Other - 4

Background	What the Chart tells us:	Issues	Actions	Mitigations
By collecting data on positive feedback, the Trust will be able to identify well performing areas and seek to spread good practice.	The number of compliments remains low and is thought to be due to the low recording of compliments received.	This is still a new system and staff may not be aware of the need to log compliments.	Remind staff to use the Datix system to record positive feedback.	No mitigations.

Quality Exception Reports – Maternity services

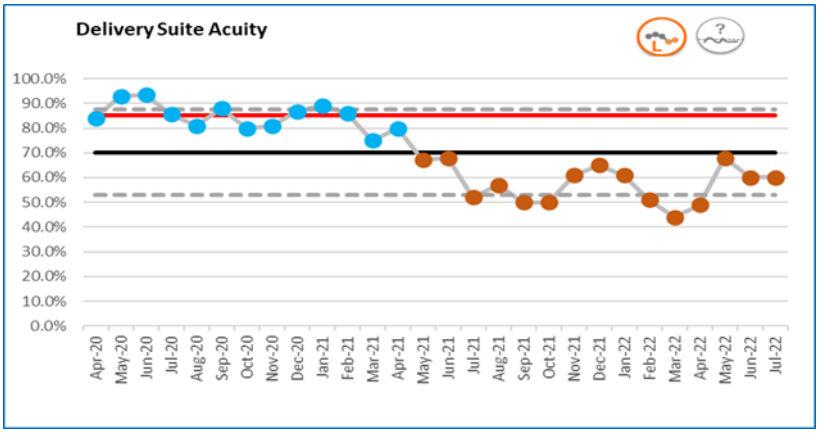
Maternity - One to One care in labour



July 2022 actual performance
100%
Variance Type
Common Cause
National Standard
100% (Better Births)
Target / Plan Achievement
Part of overall maternity care dashboard

Background	What the Chart tells us	Issues	Actions	Mitigations
Midwifery safe staffing should include plans to ensure women in labour are provided with 1:1 care, including a period of two hours after the birth of their baby. The provision of 1:1 care is part of the CNST standard safety action number 5 that requires a rate of 100% 1:1 care in labour.	The provision of 1:1 care in labour is a priority for the service and the result is reassuring that the actions and mitigations in place are effective.	100% 1:1 care has been achieved this month for the first time since February 2021. This is due to the control measures in place which ensure that the provision of 1:1 care in labour is a priority.	Effective use of the escalation policy to redeploy staff from other clinical areas in times of increased acuity to support safe staffing and ensure 1:1 care is maintained. Cohorting of postnatal women on delivery suite for care by one midwife to enable efficient use of available staff. Intermittent closure of the Wrekin birthing unit to support safe staffing levels on delivery suite. Incentivised bank rate in place for all areas of the service. Revised draft escalation policy which contains detailed information aligned to the regional OPEL framework to support the provision of 1:1 care currently being ratified.	Excellent compliance with the use of the Birth Rate + tool to measure acuity. A 7-day manager rota now in place to ensure oversight and action at weekends.

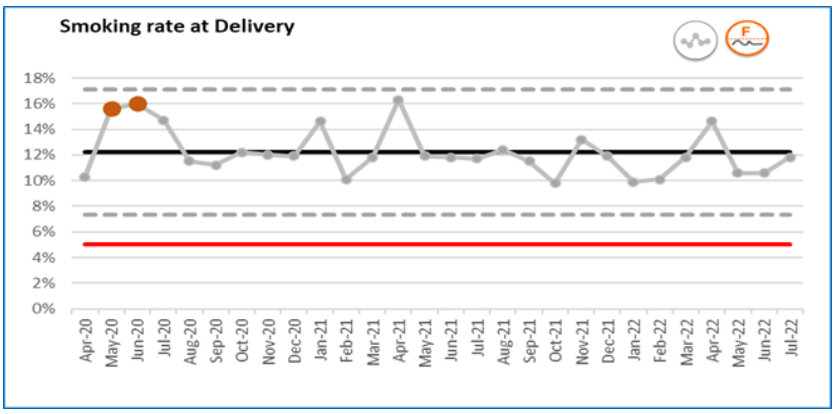
Delivery suite acuity



July 2022 actual performance
60%
Variance Type
Special Cause Concern
National Standard
85% (Birth Rate Plus)
Target / Plan Achievement
Part of overall maternity care dashboard and benchmarking

Background	What the Chart tells us	Issues	Actions	Mitigations
In 2015, NICE set out guidance for safe midwifery staffing which included the use of a tool endorsed by NICE to measure and monitor acuity. This has been in place at SaTH since 2018 and is reported monthly in line with the CNST standard safety action number 5.	There was a slight decline in acuity this month.	Staffing levels continue to often be below template on the delivery suite because of high unavailability rates due to maternity leave and known vacancies in the midwifery workforce.	Specialist midwives have been job planned to create an additional 4.8 WTE clinical hours to support safe staffing levels. A further 2.8 WTE midwives working in specialist roles and on secondment are being redeployed to work clinically until at least the end of September. Band 6 midwife interviews are taking place this month. Advert currently out for band 6 midwives. Intermittent closure of the Wrekin birthing unit to support safe staffing levels on delivery suite. A weekly staff planning meeting has been introduced by the DDoM for workforce to identify gaps in rotas and take action to resolve and mitigate proactively. Incentivised bank shifts in place for all areas.	Acuity tool consistently being completed to provide reassurance of data quality. Twice daily SMT huddles are embedded, including at weekends, to monitor and manage acuity and instigate the escalation policy when required. 100% provision of 1:1 care in labour.

Smoking rate at time of delivery (SATOD)



July 2022 actual performance
10.6%
Variance Type
Common Cause
National Target
5% by 2025
Target / Plan Achievement
Part of overall maternity care dashboard and benchmarking

Background	What the Chart tells us	Issues	Actions	Mitigations
The National SATOD government target for smoking at time of delivery has been set to 5% by March 2025. All pregnant smokers in Shropshire, Telford and Wrekin are referred to and supported by the Healthy Pregnancy Support Service (HPSS) based at PRH.	Slight increase in SATOD in July, which is within normal variation for the local area and similar to this time last year. No anomalous data evident.	New government target now for 5% SATOD. SaTH is higher than national average (9.1%) despite a longstanding reduction in SATOD figures over the last few years.	Healthy Pregnancy Support Service (HPSS) launched in August 2022 to address barriers to accessing support from our service and quitting successfully. Supporting partners who smoke and reducing inequalities.	Despite service launch and interventions, we may not be able to reach low government targets of 5% for our demographic. However, this is in line with most other ICSs where achievement of this target is ambitious.

4. Workforce Summary
Rhia Boyode, Director of People and Organisational Development

There have been 162 appointments made in month and 846 staff appointed year to date. We have seen our first cohort of 12 international nurses for 2022/23 commence with the Trust this month as well as recruiting international radiographers, where 11 offers have been made. Our registered nurse vacancy rate is now 99 WTE and nursing associates have 133 WTE vacancies. We currently have 53 trainee nursing associates in the Trust, of which 13 are due to qualify in October.

A ward transition programme has been introduced for our internationally trained nurses, which bridges the gap between OSCE preparation and the clinical areas; and we are currently reviewing the model and its suitability for all new starters.

Emergency medicine ran a recruitment open day in month to learn more about our emergency departments, meet the team, watch live demos, and ask questions. As a result, 45 people signed up for job notifications and expressed interest in our positions. Plans are now underway to run an event for our acute medical team which will support our recruitment efforts in staffing our new acute floor space.

As part of our recruitment and retention campaign, we have increased the use of social media to support with job campaigns and career stories such as the Hospital Transformation Programme (HTP). We are working in collaboration with the Trust's widening participation team to explore how we can further support recruitment of young people and recruitment within the local community.

Our agency usage remains high with 377 WTE used in August. There are several workstreams in place to address our agency usage including introducing agency controls, reviewing bank and locum rates, and introducing a rostering training programme to support managers in managing their teams effectively and help reduce the need for high-cost agency resource.

Our mandatory training compliance rate has continued to increase and is now at 85%, which is a 2% increase from July. The Learning Made Simple Training (LMS) platform is making a significant difference to the ability of staff to monitor their compliance and access training. The system is now accessed by 85% of all staff.

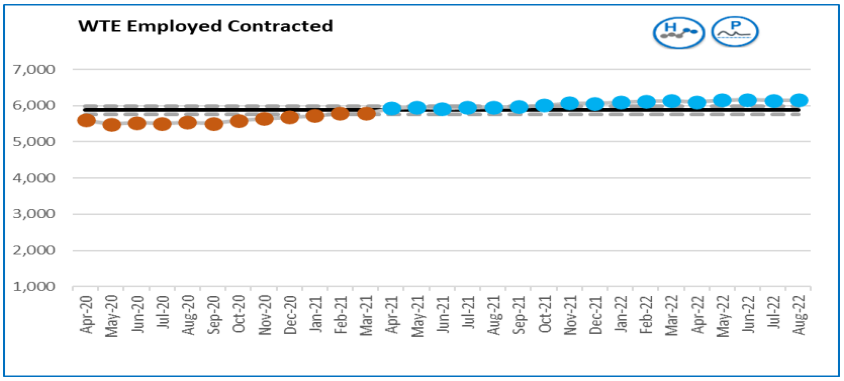
The overall staff turnover rate has reduced this month to 1.18% in month, and there are several initiatives to support retention, such as leadership development. A pilot of team-based rostering is underway along with a new approach in how flexible working requests are reviewed which has improved those now on flexible working arrangements.

The health and wellbeing of all our colleagues continues to be a priority. To support with mental health, we welcome our first substantive clinical psychologist. Our winter wellbeing plans to support our people through the hardship fund group launches in October and the flu and COVID-19 vaccination planning continues to ensure staff and patients receive a booster vaccination.

We received our quarterly People Pulse survey in July and we continue to be committed to ensuring SaTH is a 'great place to work'.

Quarterly pulse survey score	July	April
Participants completing the survey	1309	183
Engagement	6.03	5.61
Positivity	56.3%	49.4%
Proactively supporting health and wellbeing	47.4%	42.6%

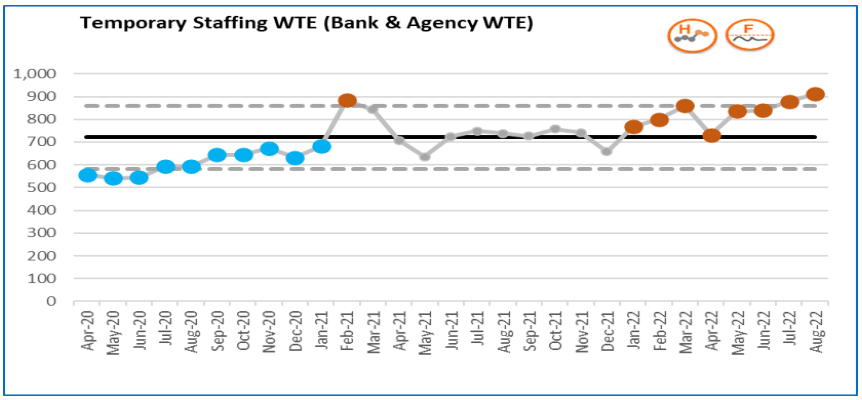
WTE employed



August 2022 actual performance
6157
Variance Type
Special Cause Improvement
Local Target
6720
Target / Plan Achievement
Seeking month on month improvement

Background	What the Chart tells us	Issues	Actions	Mitigations
This is a measure of the WTE contracted staff in post.	Special cause improvement from April 2021 to August 2022.	Continued high turnover rate of 15%. Increasing recruitment team to meet the vacancy demands both at the Trust and for the ICB e.g., international recruitment and medical people services. High patient activity levels and staff absences continuing to present challenges to staffing levels.	Recruitment campaigns continue e.g., international recruitment programme (delivery of 100 additional nurses by December 2022). Training for managers to ensure timely roster approvals to maximise opportunities for bank utilisation. Continue to monitor leavers along with reasons for leaving and support with early intervention.	Monitor the progress of our flagship programmes to support with retention such as flexible working. Utilisation of bank and agency staff to support workforce gaps.

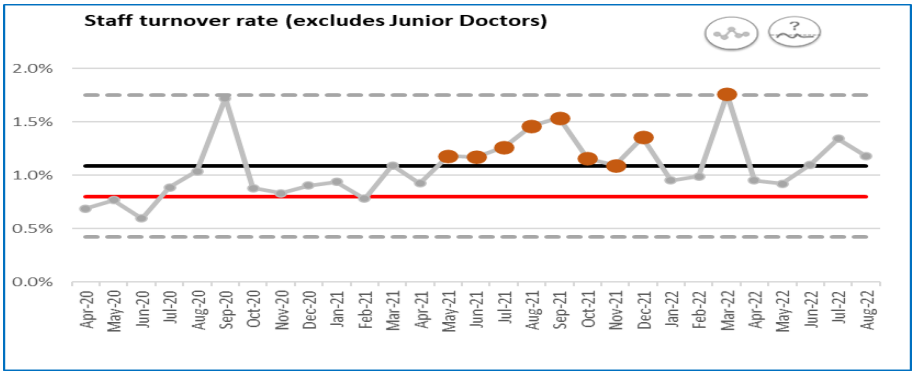
Temporary/agency staffing



August 2022 actual performance
911
Variance Type
Special Cause Concern
National Target
N/A
Target / Plan Achievement
TBC

Background	What the Chart tells us	Issues	Actions	Mitigations
The measure is an indicator of agency and bank usage expressed as WTE.	Special cause concern in August 2022.	Agency usage remains high, which is attributed to staff unavailability and vacancies. Management capability of rostering to support better utilisation of temporary workforce.	Introducing agency controls, reviewing bank and locum rates, and introducing a rostering training programme to support managers in managing their teams effectively and help reduce the need for high-cost agency.	Recruitment and retention activities to increase substantive workforce including international nurse recruitment.

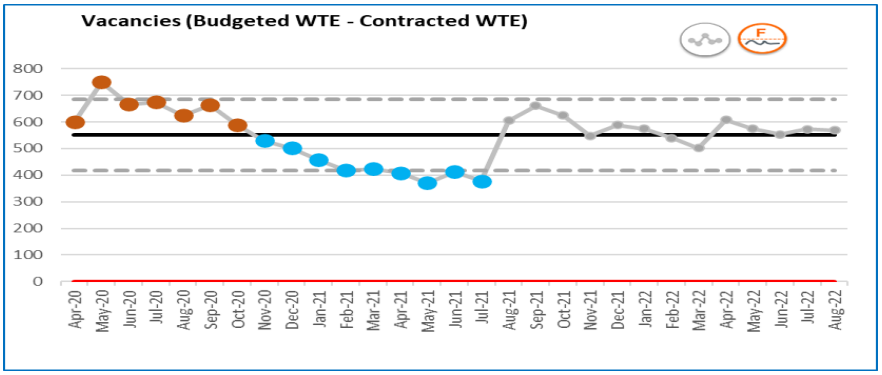
Staff turnover rate (excluding Junior Doctors)



August 2022 actual performance
1.18%
Variance Type
Common Cause
National Target
0.8%
Target / Plan Achievement
Target not achieved

Background	What the Chart tells us	Issues	Actions	Mitigations
The measure is an indicator of the percentage of staff who have left the organisation.	Common cause variation in January 2022 to August 2022.	Over the last 12 months 139 WTE have left the Trust due to work/life balance with 29% (41WTE) of these leaving in the last 3 months. Nursing and midwifery staff group has the highest percentage at 31% (44WTE) over the last 12 months. Over the last 12 months 32% (56WTE) of staff in additional clinical services have left within the first 12 months of joining.	Retention supports retaining our vital WTE and our continued high turnover rate is being addressed with the flagship programmes A pilot of team-based rostering is underway along with a revised approach in how flexible working requests are reviewed; this includes requests being reviewed by the people team to ensure a consistent and balanced approach in managing requests.	Utilisation of temporary workforce to maintain suitable staffing levels. Escalated bank rates in challenged areas.

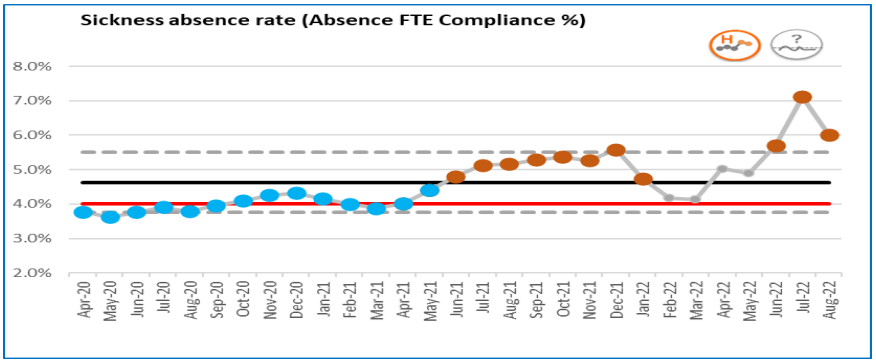
Vacancies



August 2022 actual performance
569
Variance Type
Common Cause
National Target
<10%
Target / Plan Achievement
Note change post reconciliation work

Background	What the Chart tells us	Issues	Actions	Mitigations
This is a measure of the gap between budgeted WTE and contracted WTE. Further review of establishments will continue as part of operational planning this year.	Common cause variation from August 2021 to August 2022.	A competitive marketplace presents challenges in attracting candidates. Vacancy gaps continue to put pressure on bank and agency usage. Capacity within recruitment to meet the increased demand recruiting to the revised nursing templates and medicine rotas. Turnover in Nursing is 13.1% at an average of 17 nurses per month.	Focus on retention of staff via supporting early career support and staff at the end of their careers. Refreshed attraction campaign to include job packs to be rolled out to S/N and HCA roles; increased use of social media; explore further supporting in recruitment of young people and recruitment in local community; attendance at job fairs and recruitment events and targeted recruitment campaigns for hard to recruit areas. Buddy system for HCAs to provide support and guidance to new to care/Trust HCAs. ICS retention group with one of the projects focusing on legacy mentors and career support for nurses to progress from band 5 to 6 and 6 to 7.	Recruitment activity continues to reduce workforce gaps. Use of temporary staff to cover vacant posts. HCA recruitment. Better utilisation of existing workforce through improved roster management via education programme.

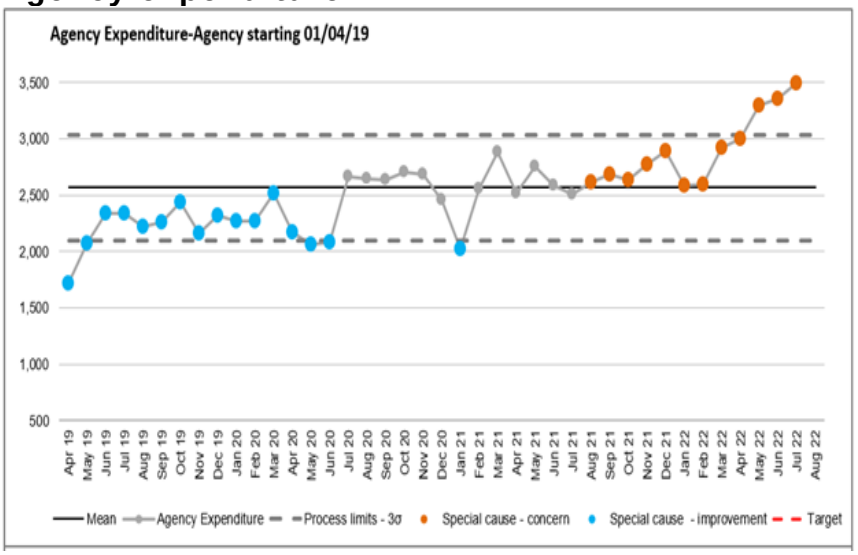
Sickness absence



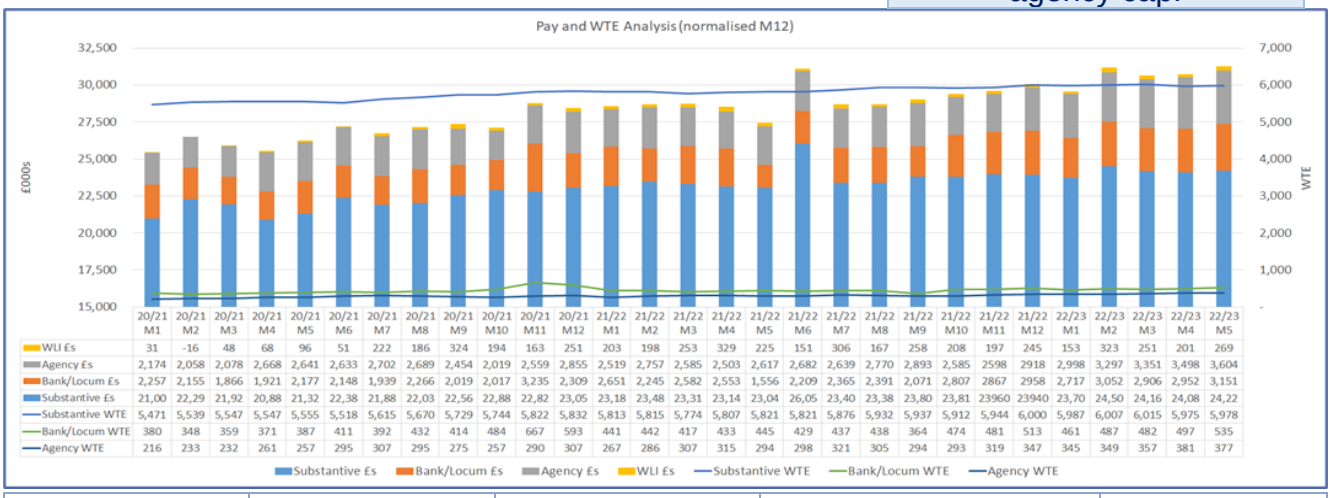
August 2022 actual performance
6%
Variance Type
Special Cause Concern
National Target
4%
Target / Plan Achievement
The target is unlikely to be delivered month on month

Background	What the Chart tells us	Issues	Actions	Mitigations
The measure is an indicator of staff sickness absence and is a percentage of WTE calendar days absent.	Special cause concern in August 2022 with common cause in February 2022 to May 2022.	The main reasons for sickness rates are attributable to mental health, COVID-and musculoskeletal. Highest staff groups contributing to sickness are estates and ancillary at 8.6% (44WTE); additional clinical services at 7.8% (93WTE) and nursing and midwifery at 7.6% (136WTE).	Ensure all staff have access to a range of health and wellbeing initiatives and programmes. Ongoing promotion of wellbeing support initiatives including introduction of psychological support hub. Continue to support appropriate PPE adherence and vaccination uptake.	Encourage bank uptake with escalated rates in challenged areas. Review unavailability rates with Divisions to support targeted interventions. Appointment of Clinical Psychologist. Flu and Covid – vaccination.

Agency expenditure



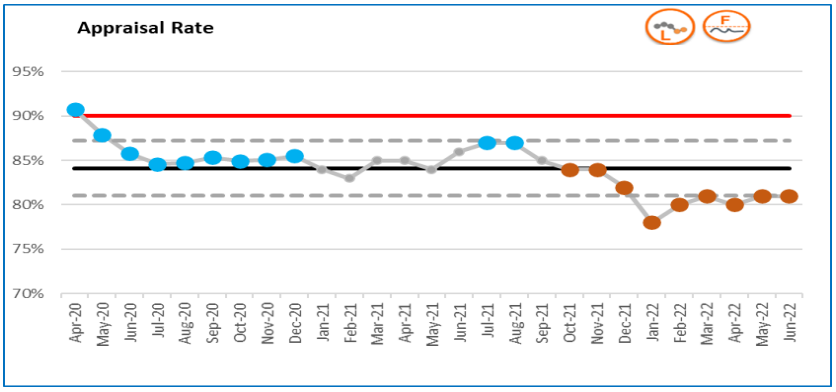
August 2022 actual performance
£16.908m spend year to date. Overspend to plan by £5.536m
Variance Type
Special Cause Concern
SaTH Plan year to date
£11.372m
Target/ Plan achievement
Remaining within annual plan overall and NHSE agency cap.



	20/21 M1	20/21 M2	20/21 M3	20/21 M4	20/21 M5	20/21 M6	20/21 M7	20/21 M8	20/21 M9	20/21 M10	20/21 M11	20/21 M12	21/22 M1	21/22 M2	21/22 M3	21/22 M4	21/22 M5	21/22 M6	21/22 M7	21/22 M8	21/22 M9	21/22 M10	21/22 M11	21/22 M12	22/23 M1	22/23 M2	22/23 M3	22/23 M4	22/23 M5
WLI £s	31	-16	48	68	96	51	222	186	324	194	163	251	203	198	253	329	225	151	306	167	258	208	197	245	153	323	251	201	269
Agency £s	2,174	2,058	2,078	2,668	2,641	2,633	2,702	2,689	2,454	2,019	2,559	2,855	2,519	2,757	2,585	2,503	2,617	2,682	2,639	2,770	2,893	2,585	2598	2918	2,998	3,297	3,351	3,498	3,604
Bank/Locum £s	2,257	2,155	1,866	1,921	2,177	2,148	1,939	2,266	2,019	2,017	3,235	2,309	2,651	2,245	2,582	2,553	1,556	2,209	2,365	2,391	2,071	2,807	2867	2958	2,717	3,052	2,906	2,952	3,151
Substantive £s	21,00	22,29	21,92	20,88	21,32	22,38	21,88	22,03	22,56	22,88	22,82	23,05	23,18	23,48	23,31	23,14	23,04	26,05	23,40	23,38	23,80	23,81	23960	23940	23,70	24,50	24,16	24,08	24,22
Substantive WTE	5,471	5,539	5,547	5,547	5,555	5,518	5,615	5,670	5,729	5,744	5,822	5,832	5,813	5,815	5,774	5,807	5,821	5,821	5,876	5,932	5,937	5,912	5,944	6,000	5,987	6,007	6,015	5,975	5,978
Bank/Locum WTE	380	348	359	371	387	411	392	432	414	484	667	593	441	442	417	433	445	429	437	438	364	474	481	513	461	487	482	497	535
Agency WTE	216	233	232	261	257	295	307	295	275	257	290	307	267	286	307	315	294	298	321	305	294	293	319	347	345	349	357	381	377

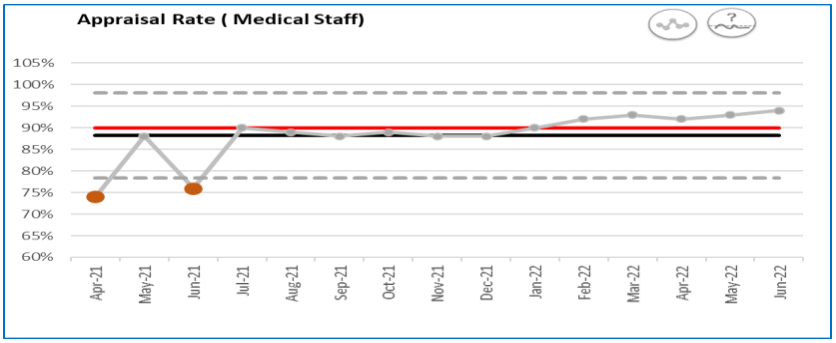
Background	What the Chart tells us:	Issues	Actions	Mitigations
The Trust agency costs have increased over the past 2 years due mainly to the COVID-19 pandemic and additional quality service investment requirements. There is a strong focus on reducing agency spend across the Trust which is integral to the Trust efficiency programme.	Agency costs are £16.908m year to date. In month costs are £0.607m higher than April and £0.106m higher than July. The increase is mainly due to further increases in off-framework agency within nursing and an increase in medical agency across both Medicine and Surgery divisions.	The Trust is consistently reliant upon agency premium resource.	Introducing agency controls. Reviewing bank and locum rates. Introducing a rostering training programme to support managers in managing their teams effectively and help reduce the need for high-cost agency. System wide agency group implemented to review usage and support delivery of cost reduction, ensuring the system agency cap is not breached.	Overseas registered nursing recruitment continues and is expected to reduce the reliance on agency nurses once the supernumerary period is complete. Increased focus on junior doctor rotas and recruitment to ensure effective use of medical locums.

Appraisals



August 2022 actual performance
82%
Variance Type
Special Cause Concern
National Target
90%
Target / Plan Achievement
Below target level of performance

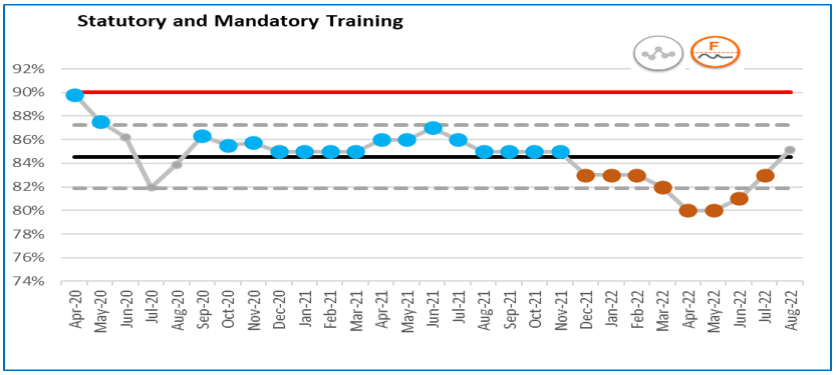
Appraisal – medical staff



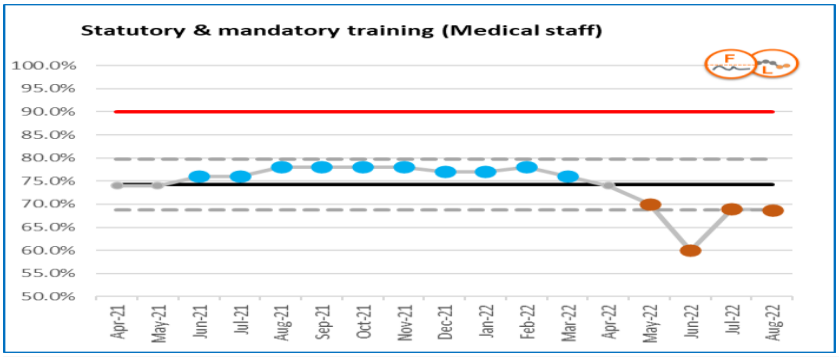
August 2022 actual performance
91%
Variance Type
Common Cause
National Target
90%
Target / Plan Achievement
90%

Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is a key indicator for patient safety in ensuring staff are compliant in having completed their annual appraisal.	Compliance has increased by 1% to 82%.	Staffing unavailability reasons, escalation levels and service improvement has reduced ability of ward staff to have time to complete appraisals	Appraisals being linked to pay progression. Focused support is being provided to the managers of any ward that is below target.	Ensure Health and Wellbeing offer is advertised widely throughout the Trust. Internal audit of appraisal record accuracy. The 5 departments with lowest compliance being provided with targeted support.

Statutory and mandatory training



August 2022 actual performance
85%
Variance Type
Special Cause Concern
National Target
90%
Target / Plan Achievement
90%

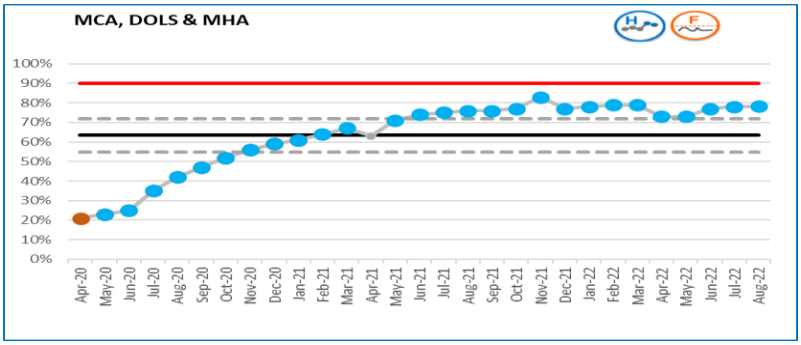


August 2022 actual performance
69%
Variance Type
Special Cause Concern
National Target
90%
Target / Plan Achievement
90%

Fire Safety Awareness	Moving and Handling - Level 1 (Load Handling)	Moving and Handling - Level 2 (Patient Handling)	Infection Prevention and Control - Level 1	Adult Basic Life Support (Classroom)	Paediatric Basic Life Support	Conflict Resolution	Equality, Diversity and Human Rights	Information Governance and Data Security Awareness	Health, Safety and Welfare
87%	88%	76%	82%	68%	41%	87%	89%	82%	89%

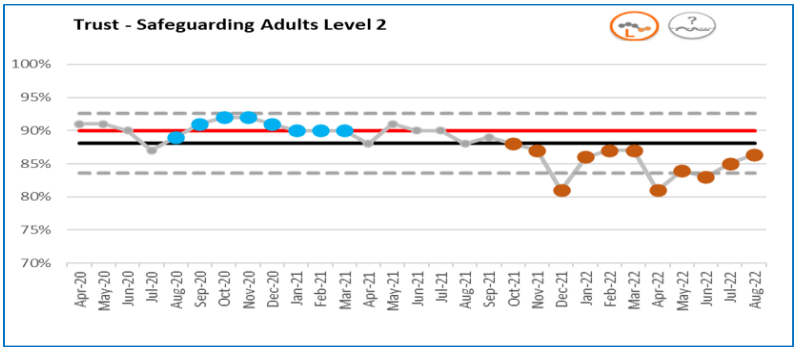
Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is a key indicator for patient safety in ensuring staff are compliant in having completed their statutory and mandatory training.	Compliance has increased to 85%, which is a 2% increase from July.	Staffing unavailability reasons, escalation levels has reduced ability of some staff to have time to attend training.	Learning Made Simple Training with 85% of staff registered. Mandatory training reminder notifications active. The 5 departments with lowest compliance being provided with targeted support. Medical performance team proactively booking medical staff Divisional trajectories developed with HRBPs Low compliant staff directly emailed to have plan in place within 10 days	Requirements made more transparent to staff via learning made simple platform. Libraries supporting learners to access e-learning. Phone support for e-learning The 5 departments with lowest compliance being provided with targeted support.

Trust MCA – DOLS and MHA



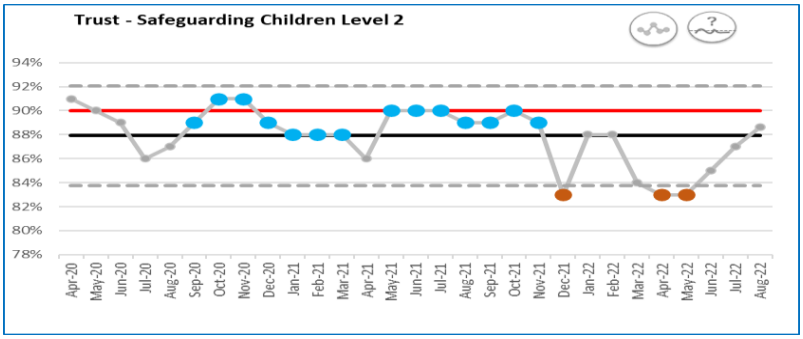
August 2022 actual performance
78%
Variance Type
Special Cause Improvement
National Target
90%
Target / Plan Achievement
Improvement trajectory in place

Safeguarding adults – level 2



August 2022 actual performance
86.4%
Variance Type
Special Cause Concern
National Target
90%
Target Achievement
90%

Safeguarding children – level 2



August 2022 actual performance
88.6%
Variance Type
Common Cause
National Target
90%
Target Achievement
90%

Background	What the Chart tells us:	Issues	Actions	Mitigations
The measure is a key indicator for patient safety in ensuring staff are compliant in having completed their statutory and mandatory training.	Performance dropped with the inclusion of the medical staffing groups being added into the training cohort figures in March 2022. For safeguarding children, the performance declined due to including designated adult wards who are now caring for 16/17-year-olds. Training levels have increased by 2% each month and are currently at 89% against a target of 90%.	All are now improving following the adjustment for the medical staff being added into the cohorts.	All courses have training dates through to the end of quarter 4 2022-23 available. In addition, the medical staffing is being booked onto the Level 3 training which includes MCA & DoLS training, via the medical directorate with notable improvements in booking figures from August 2022.	No mitigations

5. Operational Summary
Sara Biffen, Acting Chief Operating Officer

Overall, the emergency pathway continues to be under pressure. Despite a slightly lower attendance in August than previous months, attendances remain higher than 2021. Bed occupancy continues to increase and a further peak in COVID-19 positive patients on wards created challenges with longer lengths of stay. A Multi-agency Discharge event (MaDE) took place at the end of August, which resulted in a reduction in MFFD patients, specifically in those over 14 days length of stay. As a result of the MaDe event we are introducing face to face weekly check, chase, challenge processes across all wards, focussing on those patients with a length of stay over 14 days.

Ambulance handover delays have reduced slightly in August but still is much higher than in 2021 and is a focus of attention for improvement actions. An integrated discharge team pilot commenced on 2 wards at RSH with the aim to reduce the time from being MFFD and assessment for discharge pathways. This has demonstrated some positive results and we are working with Shropcomm to identify how we can continue to develop this approach.

The business case to support the reconfiguration of the acute floor at RSH was approved and this, together with the ED transformation programme, will commence in September 2022 and provide some long-term benefits to front door flow by providing additional assessment space for acute medicine and also support direct admission pathways for orthopaedic trauma and oncology patients.

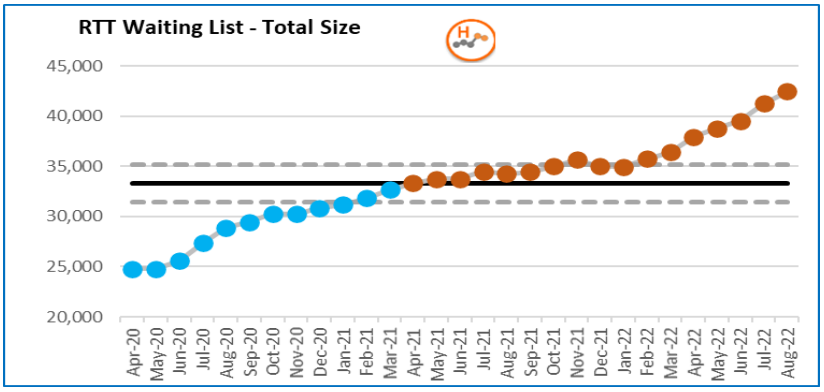
Overall RTT elective waiting lists have increased in August due to persistent flow pressures and consistent high numbers of patients who are medically fit for discharge (>110). Additional insourcing activity remains in place at weekends and our Trust is on trajectory to deliver the zero target for 104 weeks by the end of October 2022. Although the loss of ward 36 for planned orthopaedic surgery means that achievement of this target remains at risk, we are exploring any mutual aid opportunities possible to avoid breaches.

The ‘Super-September’ initiative will take place for 2 weeks from 26th September and will focus on actions to reduce the impact on the non-admitted backlog, such as validation of long-wait pathways, DNAs, and transfers to PIFU where appropriate.

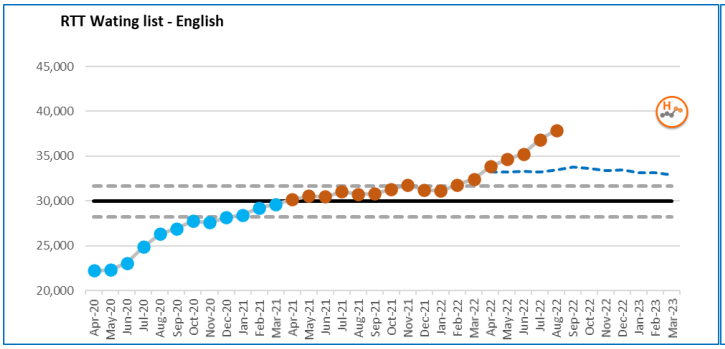
Cancer two week wait performance remains below the national standard with radiology remaining a significant constraint in delivering more rapid improvement. The number of patients waiting over 62 days for cancer diagnosis and treatment continued to rise in August, with radiology, endoscopy and Urology/Uro-oncology consultant workforce being the main causative factors. Prioritisation is given to cancer pathways but there is increasing demand in referrals in all of these areas and the turnaround of imaging reports has increased. The recovery trajectory is monitored weekly at internal and system level and mutual aid has been requested from NHS and Independent Sector partners. Diagnostic performance deteriorated in August due to annual leave and remains below the national standard. Our improvement plan is dependent on several business cases being approved which address capacity issues in these areas i.e., CDC (Telford), endoscopy capacity and the approval of the business case for a robot is expected to improve SaTH’s success rate in attracting the urologists needed to improve performance in Urology/Uro-oncology.

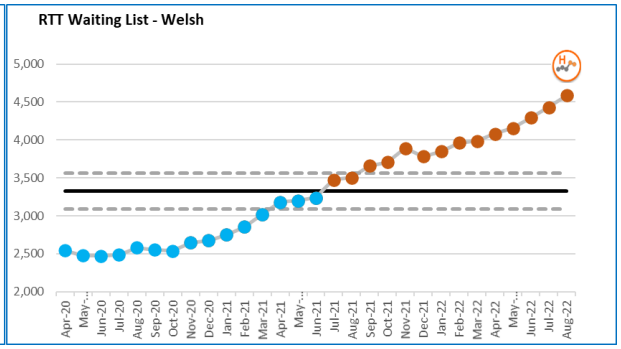
Elective Care

RTT Waiting list – total size



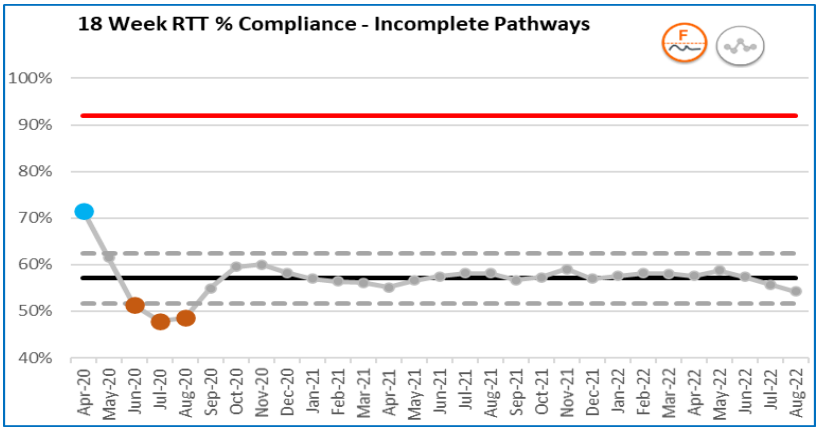
August 2022 actual performance
42487 (37901 English, 4586 Welsh)
Variance Type
Special Cause Concern
Local Plan
33460 (English 22-23 Plan)
Target / Plan Achievement
(22-23 plan)



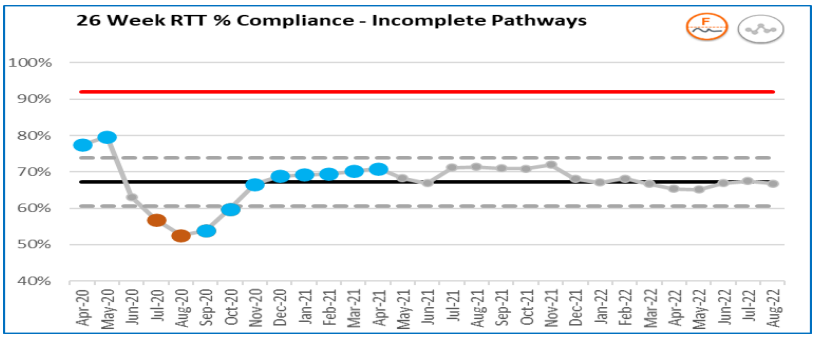


Background	What the Chart tells us	Issues	Actions	Mitigations
The total number of patients waiting for treatment.	The total waiting list size remains at a higher level and continues to increase. The list continues to be larger than planned levels.	Bed capacity due to emergency pressures and full escalation of the DSU at PRH. Staff absences and theatre vacancies. Increase in cancer referrals. Conversion rates as more patients are seen in outpatients and placed on a waiting list. Increased routine diagnostic waiting times.	Weekly restore and recovery meetings are in place. Established weekly outpatient transformation meeting with centres to further develop and monitor the PIFU and virtual plans by specialty and with clinical engagement. Insourcing at weekends but internal staffing remains challenging. Theatre trajectories for staffing.	Theatre staff recruitment is challenged, and all options are being investigated. Phase 1 of the elective hub bid for PRH site has been approved and will be in operational from June 2023 which will give PRH dedicated elective ring-fenced day surgery capacity (2 theatres and 8-day surgery beds). If phase 2 is approved this will increase to 4 theatres in total and 23-day surgery beds).

18-week RTT exception report



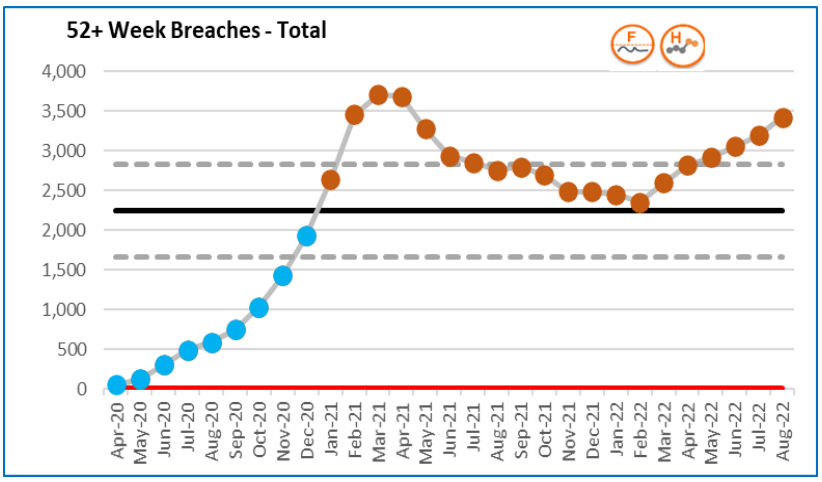
August 2022 actual performance
54.2%
Variance Type
Common Cause
National Target
92%
Target / Plan Achievement
Clinical prioritisation and the backlog developed mean target will not be achieved.



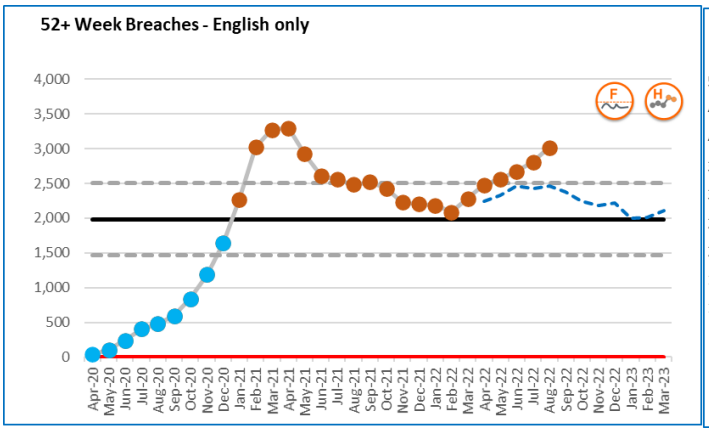
August 2022 actual performance
66.8%
Variance Type
Common Cause
National Target
92%

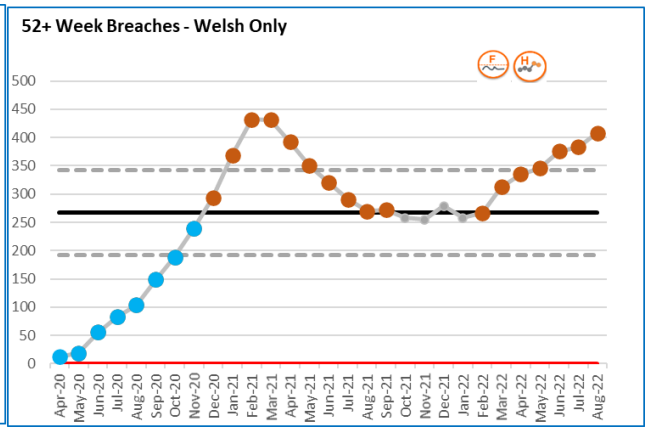
Background	What the Chart tells us	Issues	Actions	Mitigations
This is the national standard for patients referred for elective care. Headline performance against this measure has now stabilised but is well below the pre-pandemic performance.	Incomplete pathways appear to have stabilised at a level significantly below the national target. The 18-week and 26-week performance will continue to decline as urgent patients tend to wait in shorter time bands.	Limited resources. Theatre capacity issues due to theatre nursing teams and theatres prioritised to clinically urgent patients. Staff absences. Inability to open additional theatre lists to due to theatre staffing. Increase in cancer 2-week wait referrals and urgent demand across a number of specialties. Loss of elective capacity on both sites.	Monitoring of referral demand and capacity. Weekly centre PTL meetings. 6-4-2 and list planning meeting to ensure patients are clinically prioritised in terms of clinical urgency and length of wait.	Established system meeting to monitor elective recovery and cancer.

52 Weeks wait exception report



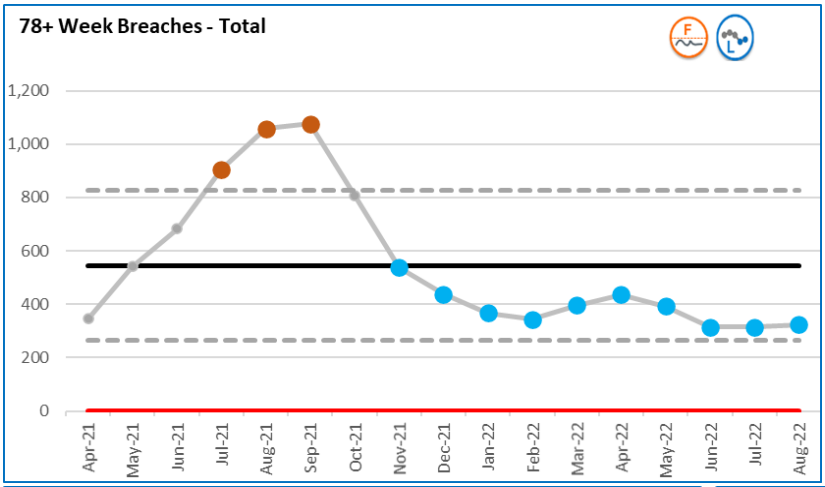
August 2022 actual performance
3423 (3015 English, 408 Welsh)
Variance Type
Special Cause Concern
Local Forecast
2462 June (English 22-23 plan)
Target / Plan Achievement
NHSE target reduction on 52+ breaches



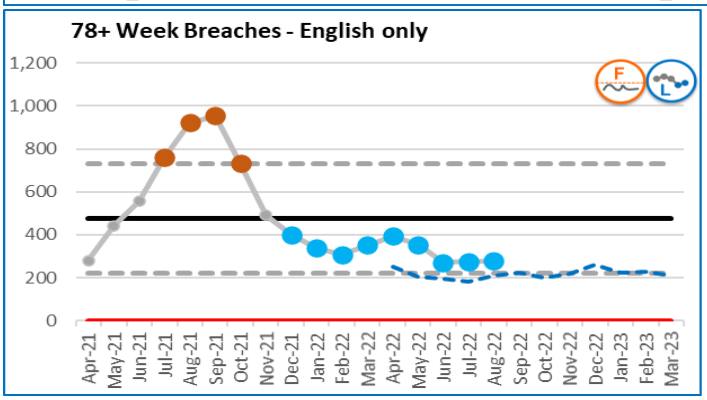


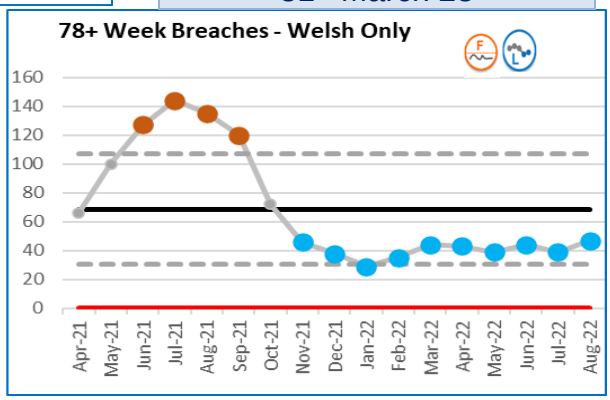
Background	What the Chart tells us	Issues	Actions	Mitigations
From a baseline position of zero pre-pandemic, the volume of patients waiting in excess of 52 weeks on an open RTT pathway has increased significantly. It reflects routine patients not currently being able to be prioritised for treatment.	The number of patients waiting over 52 weeks is increasing.	Lack of theatre staffing due to vacancies and inability to restart all elective theatre sessions. Reduced elective capacity. Urgent care pressures resulting in the loss of elective 'green' capacity due to increased escalation into DSUs.	Clinical prioritisation of patients. Optimising vanguard and insourcing capacity via 18 weeks. Continue to book in line with clinical priority and longest waits.	Monitored by weekly RTT meeting and the cancer performance meeting.

78 Weeks wait exception report



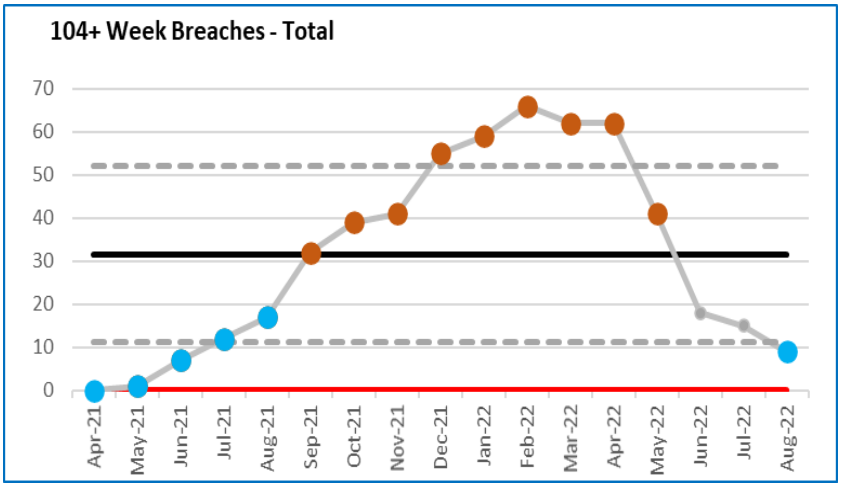
August 2022 actual performance	
324 (277 English, 47 Welsh)	
Variance Type	
Common Cause	
National Target	**Local Forecast**
0	209 (English 22-23 plan)
Target / Plan Achievement	
NHSE national target 0 by 31st March 23	



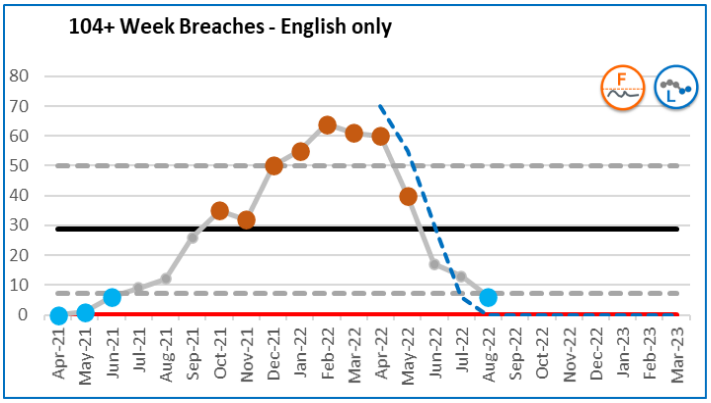


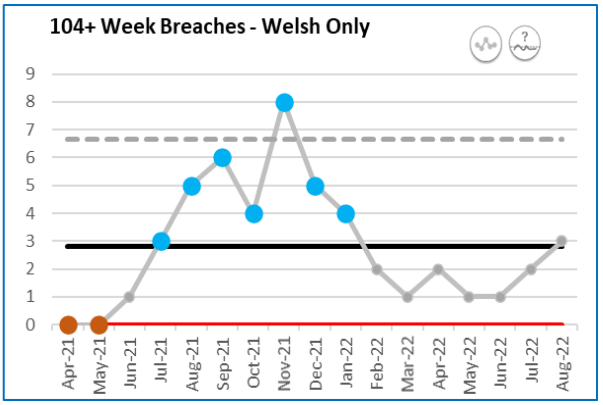
Background	What the Chart tells us:	Issues	Actions	Mitigations
From a baseline position of zero pre-April 2021, the volume of patients waiting in excess of 78 weeks on an open RTT pathway has increased significantly. The national target for 22/23 expects recovery to 0 patients waiting over 78 weeks by 31st March 2023.	The proportion of patients who are waiting over 78 weeks is reducing, although not to the level planned for this point in the year.	The volume of patients over 78 weeks is related to the proportion of clinically urgent patients waiting and the unscheduled care demands reducing capacity for routine long waiting patients. The forecast for 2022-23 shows that additional interventions will continue to be required in order to reduce this back to zero by 31st March 2023. Limited theatre capacity means we are unable to open additional lists and there is limited elective bed and DSU capacity on both sites.	Theatre vacancies are being addressed through recruitment and overseas nursing and there is a trajectory in place, which is being monitored. Elective recovery is part of the trust's Getting to Good programme. Recovery plans have been developed as part of the 2022-23 integrated operational planning cycle and are being monitored and reviewed. Weekly NHSE meeting in place to discuss the number of patients waiting 104 and 78 weeks.	Monitored via weekly RTT meeting. NHSE weekly meeting

104+ Weeks wait exception report



August 2022 actual performance	
9 (6 English, 3 Welsh)	
Variance Type	
Common Cause	
National Target	**Local Forecast**
0	0 (English 22-23 plan)
Target / Plan Achievement	
NHSE 0 by end of July 22	

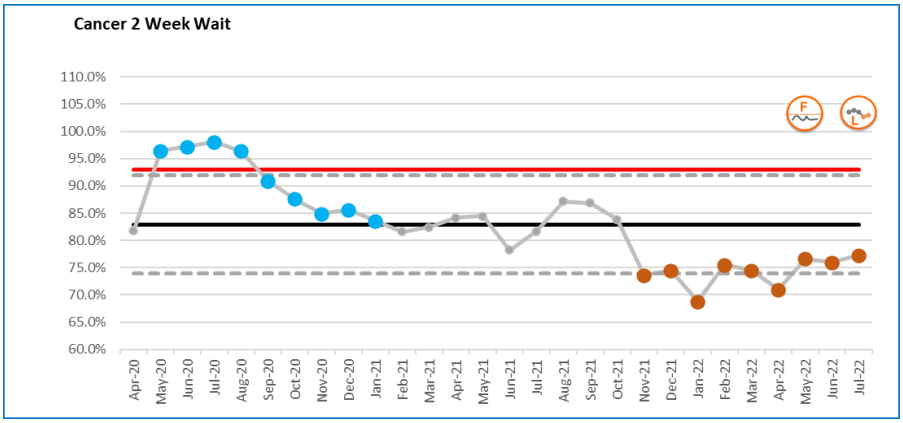




Background	What the Chart tells us:	Issues	Actions	Mitigations
NHSE target for patients waiting 104 weeks was 0 by end of July 22 and although considerable progress has been made, the Trust continues to fall below plan.	The number of patients waiting 104+ weeks is decreasing but not at the planned rate.	Significant progress has been made and teams are fully engaged. No elective orthopaedic capacity. Limited DSU beds. Theatre COVID-19 related staffing sickness and vacancies. Patient choice. Recent COVID-19 impacts have resulted in us being unable to operate for 7 weeks post wave.	Clinical priority of cases continues, and lists are allocated on clinical need. Optimising vanguard. Continued use of 18 weeks insourcing company at weekends. Daily meetings are taking place and weekly monitoring of patient waiting 104+ weeks via the RTT meeting with specialties.	6-4-2 theatre meeting. List planning. Weekly restore and recovery meeting. RTT weekly meeting.

Cancer

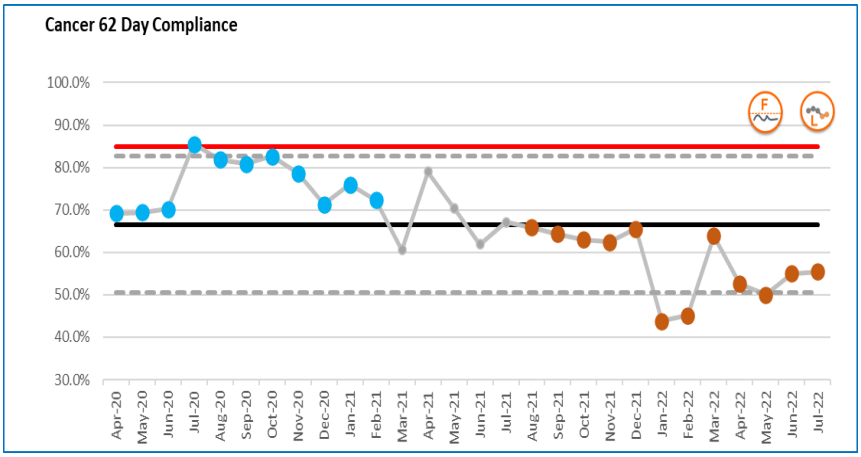
Cancer 2 week waits



July 2022 actual performance
77.3% (August 2022 Revised forecast 76.8%)
Variance Type
Special Cause Concern
National Target
93%
Target / Plan Achievement

Background	What the Chart tells us:	Issues	Actions	Mitigations
This measure is a key indicator for the organisation's performance against the national Cancer Waiting Times guidance ensuring wherever possible that any patient referred by their GP with suspected cancer has a first appointment within 14 days.	The present system is unlikely to deliver the target. Compliance with this target has fluctuated since April 2019 and is attributed to poor performance (capacity) within the breast, gynaecology, and lung services.	No capacity to be seen within 2 week waits in breast, gynaecology, haematology, and lung. This is due to radiology capacity for the one stop clinics in breast and gynaecology and consultant capacity in lung and haematology. Patient choice to delay appointments due to holidays during summer period	Additional ultrasound capacity to support gynaecology clinics. Additional clinics to be scoped to improve lung capacity. Encouraging patients to come to their appointment within 2 weeks and feedback to GPs to remind patients they need to be seen within 2 weeks.	Implementation of revised 2 week wait breast referral and gynaecology proforma.

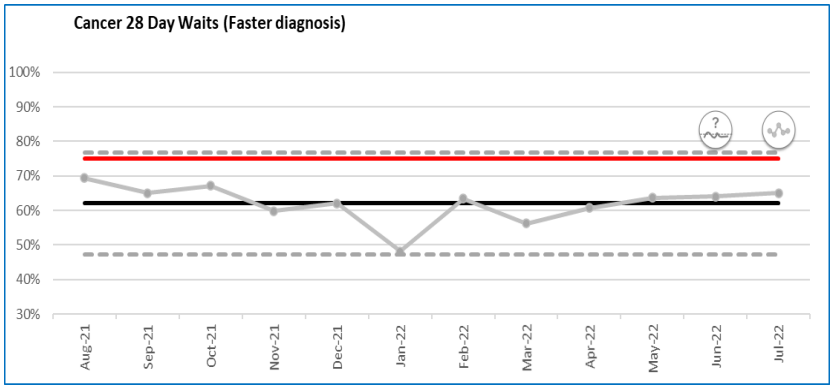
Cancer 62-day target



July 2022 actual performance
55.5% (August revised forecast 48.7%)
Variance Type
Special Cause Concern
National Target
85%
Target / Plan Achievement
Performance

Background	What the Chart tells us:	Issues	Actions	Mitigations
This measure is a key indicator for the organisation's performance against the national cancer waiting times guidance ensuring wherever possible that any patient referred by their GP with suspected cancer is treated within 62 days of referral.	The present system is unlikely to deliver the target. Compliance with this target has only been achieved since April 2019.	Capacity does not meet demand (diagnostics is a significant issue even prior to COVID-19). Surgical capacity has not returned to pre-COVID-19 levels. Rise in cancer 2 week wait referrals. Staffing levels in oncology.	Weekly review of PTL lists using somerset cancer register – escalations made as per cancer escalation procedure. Best practice pathways are being reviewed, and improvement plans and trajectories for each tumour site are continuously being worked on.	Cancer performance and assurance meetings are in place.

Cancer 28-day waits (faster diagnosis)

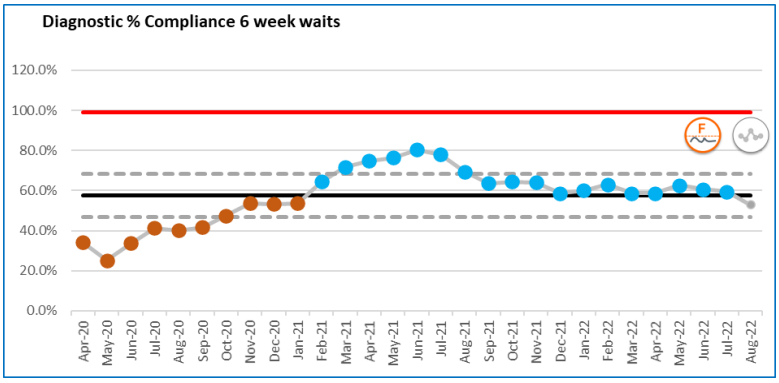


July 2022 actual performance
65%
Variance Type
Common Cause
National Target
75%
Target / Plan Achievement
Operational plan

Background	What the Chart tells us:	Issues	Actions	Mitigations
Faster Diagnosis Standard (FDS) is a new performance standard being introduced to ensure patients who are referred for suspected cancer have a timely diagnosis. The target is 75% of all patients referred in via 2 weeks wait, breast symptomatic and screening need to be told whether they have cancer or not within 28 days of referral.	The present system is unlikely to deliver the target. However, performance has been on a steady rise since March 22.	There has been a rise in 2 week wait referrals. 2 week wait capacity is not meeting demand in some specialities (as per previous slides). Diagnostic waiting times have increased.	Plans are being developed for updating plain films. Cleaning time between plain films can now be reduced and can now accommodate 1 patient every 10 minutes, as opposed to every 15 minutes thereby creating 2 more slots per hour. WLI has been approved for lists and reporting. Second outsourcing provider is coming online in September 2022. WLI dates have gone out for staffing, which includes reporting radiographer lists for plain films to help with backlog. Progressing plans for FNA's being undertaken by trained radiographers. WLI's throughout September for reporting to bring waiting times down for reports. WLI's for lists suspended until October 2022 to enable focus on reporting backlog in September 2022.	New best practice project manager has started in the surgical division to focus on best practice pathways.

Diagnostics

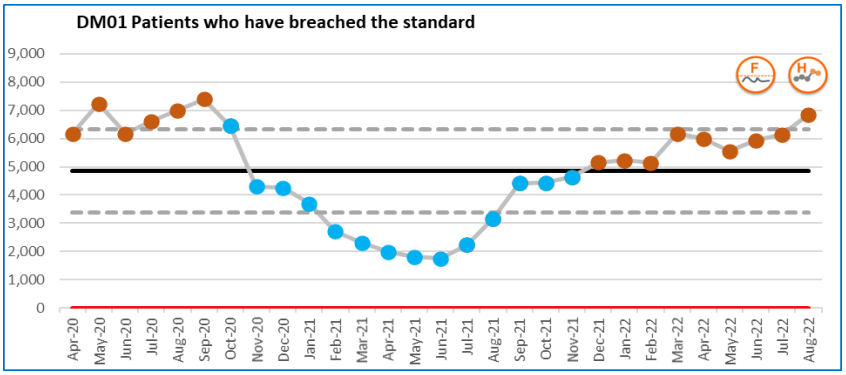
Diagnostics - DM01 diagnostics over 6 week waits



August 2022 actual performance
53%
Variance Type
Common Cause
National Target
99%
Target / Plan Achievement
Operational Plan for further additional capacity being developed for 2022-23.

Background	What the Chart tells us	Issues	Actions	Mitigations
DM01 is the national standard for non-urgent diagnostics completed within 6 weeks of the referral.	Common cause variation, consistently failing target with a 6% drop in performance in August.	Increased Colo-rectal and Gynae referrals/ lack of endoscopy and imaging capacity and high annual leave commitment in August. Need to deploy staff to cover acute areas and cancer pathways, impacts on out-patient capacity.	Continued use of agency staff where available. WLI payments to encourage additional sessions.	Clinical prioritisation of all radiology bookings. On site mobile CT/MRI scanners and Ultrasound insourcing to increase capacity. Agency radiographers used when available.

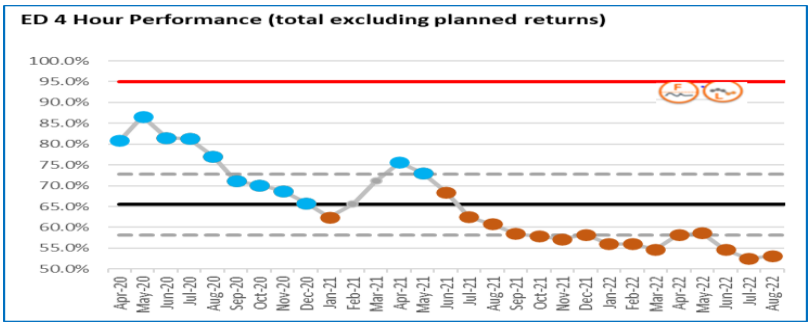
DM01 Patients who have breached the standard



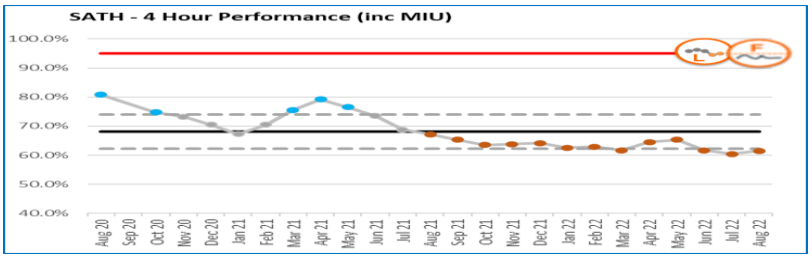
August 2022 actual performance
6846
Variance Type
Special Cause Concern
National Target
0 - < 6weeks
Target / Plan Achievement
Clinical prioritisation and then addressing longest waits.

Background	What the Chart tells us	Issues	Actions	Mitigations
DM01 is the national standard for non-urgent diagnostics completed within 6 weeks of the referral. There must be no more than 1% of patients waiting longer than 6 weeks.	Special cause concerning variation, consistently failing target. 6,846 breaches in August 2022 compared to 6,140 in July 2022.	Clinical prioritisation of Radiology referrals prevents backlog recovery of routine patients. High annual leave commitment in August reduces capacity.	WLI payments to encourage additional sessions. Agency usage where available. Ongoing recruitment across all modalities.	Clinical prioritisation of patients.

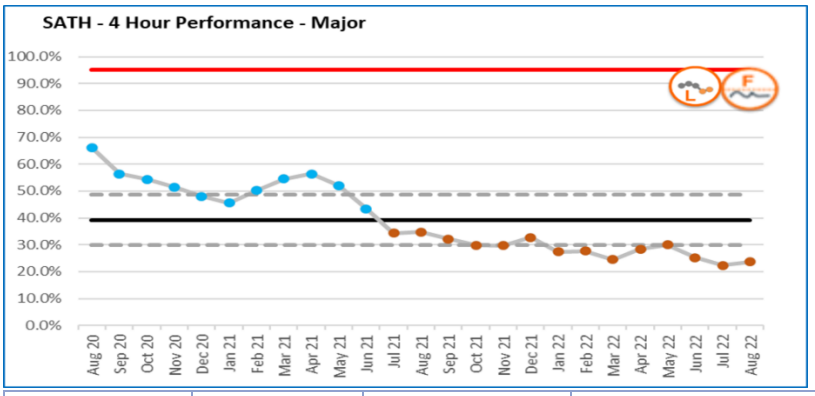
Emergency Care
A&E 4-hour performance and ED Majors performance



August 2022 performance
53.2%
Variance Type
Special Cause Concern
National Target
95%
Target / Plan Achievement
Performance is below national target.



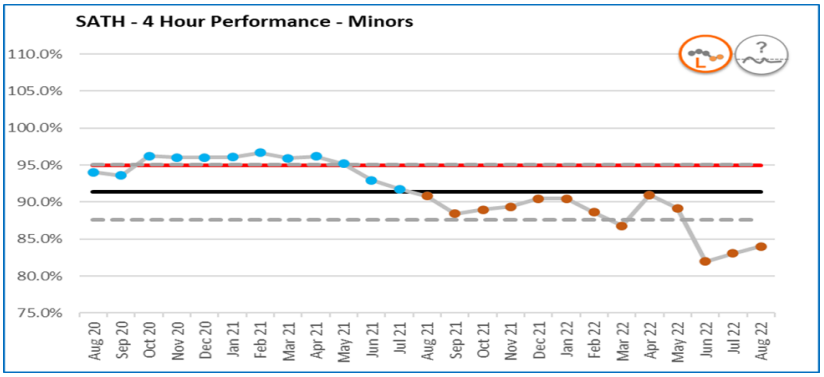
August 2022 performance
61.5%
Variance Type
Special Cause Concern
National Target
95%



August 2022 actual performance
24%
Variance Type
Special Cause Concern
National Target
95%
Target / Plan Achievement
The target is below the lower process control limit and so will not be achieved without process re-design.

Background	What the Chart tells us	Issues	Actions	Mitigations
The total number of patients waiting for treatment.	ED performance is forecast to continue to be below national target and although it had stabilised at around 65%, it fell further in June and remains low in August.	Flow out of ED continues to be a significant issue. Increase in MFFD patients and reduction in the number of complex discharges. Direct referrals referred to ED and the bedding down of AMA also impacts on flow. Staffing pressures due to insufficient templates and recruitment challenges.	RSH ward reconfiguration to create acute medical floor – AMU to move to 22R on 21st September 2022, however the full benefit will not be seen until 22T&O building works have completed and an AMA area is reintroduced. PRH SDEC reconfiguration awaiting a go live date which will see an increase in trollies. ICB ambulance handover action plan is in place and funding approved for key schemes – pre cohort and post cohort plans are under review. Review of RIU location at RSH is under review. Direct access for WAS and WMAS patients to SDEC, coloured phones to be introduced to support process. ED transformation programme to be launched September 2022 – business case being re-presented to business case review group and I&IC in September for funding approval. Embed ownership of internal professional standards (IPS). Successful recruitment event took place on 18th August. CYPU reconfiguration at PRH – business case under development.	System UEC action plan.

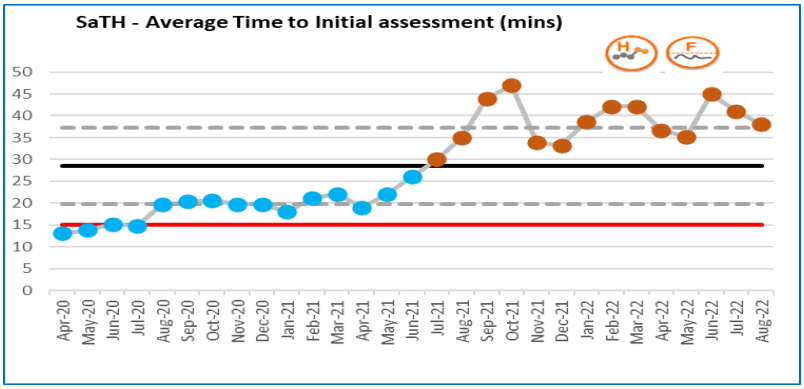
ED Minors performance



August 2022 actual performance
84%
Variance Type
Special Cause Concern
National Target
95%
Target / Plan Achievement
The target cannot be delivered reliably each month

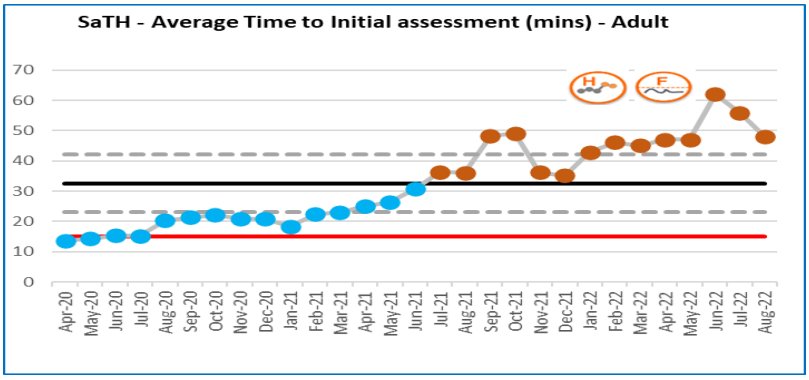
Background	What the Chart tells us	Issues	Actions	Mitigations
Maintaining streaming between minor and major conditions will support delivery of the 4-hour standard for patients with more minor presentations.	Performance is recovering slowly following a large dip in June but remains well below average	Workforce constraints within minor injury and illness. Physical space to assess patients within department. Data quality issues.	Reviewing potential to rotate workforce between sites. Dedicated consultant lead for minors. Review of potential developments with UTC provider. Introduction of ED redirection tool pilot.	Patients assessed on clinical priority need.

ED –Time of initial assessment (mins)



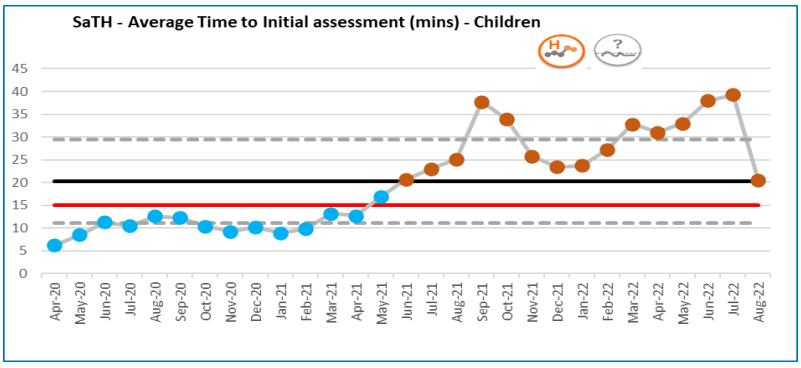
August 2022 actual performance
38 Minutes
Variance Type
Special Cause Concern
National Target
15 Minutes
Target / Plan Achievement
Aim to recover to national target.

ED Time to initial assessment - adult



August 2022 actual performance
48 Minutes
Variance Type
Special Cause Concern
National Target
15 Minutes
Target / Plan Achievement
Performance worse than target and above upper process limit

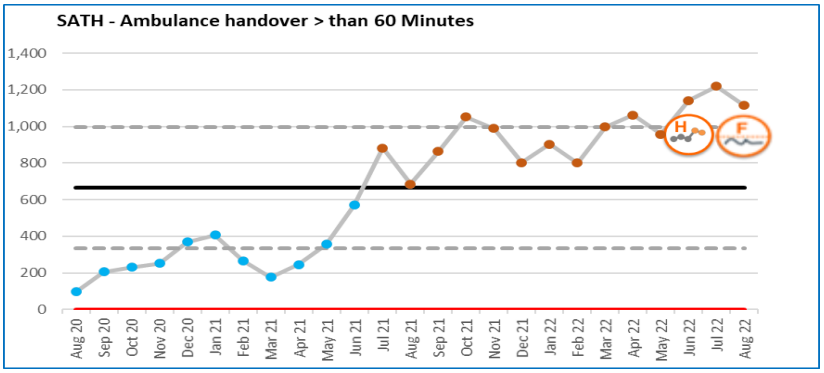
ED time to initial assessment - children



August 2022 actual performance
21 Minutes
Variance Type
Special Cause Concern
National Target
15 Minutes
Target / Plan Achievement
Performance deteriorated and now above upper process limit

Background	What the Chart tells us	Issues	Actions	Mitigations
Time to initial assessment is a patient safety indicator.	There has been a significant improvement in these measures in August. Initial assessment times for children are seeing a considerable reduction, with the average time at its shortest level since June 2021, although it still remains 6 minutes above target	Workforce and physical capacity constraints to meet the demand for both walk in and ambulance arrivals leads to bottlenecks in the department. The volume of nursing documentation required per patient for assurance purposes. Paediatric support to ED remains inconsistent due to staffing issues and capacity in PAU.	Senior ED Matron leading on task and finish groups to improve and standardise performance across both sites. Process mapping completed in partnership with the transformation team. Recruitment of 7wte band 6 paramedics into the ED with rolling start dates over the coming months. Band 7 SDEC Lead nurse now in post. Pathway developments to increase pull from ED to SDEC and high priority in workstream of emergency transformation programme. Band 7 paediatric lead supporting with initial assessment trial for paediatrics. Introduction of CYP assessment area has opened at RSH. Scoping exercise to look at estate's developments at PRH to introduce a CYP area in line with RSH. Reinstatement of paediatric stakeholder group to encourage collaborative working with W&C divisional team.	Oversight by divisional director, divisional director of nursing and COO.

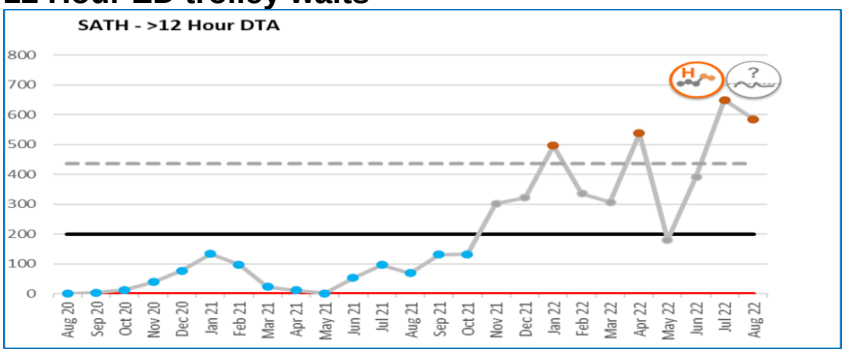
Ambulance handover> 60 Mins



August 2022 actual performance
1115
Variance Type
Special Cause Concern
National Target
0
Target / Plan Achievement
Performance deteriorated to above upper control limit

Background	What the Chart tells us	Issues	Actions	Mitigations
Ambulance handover times are an important indicator for patient safety and to support the community response to 999 calls by the release of ambulances to respond.	Handover delays continue to increase in volume and performance is showing special cause for concern. The number in August was significantly higher than at the same point in 2021	High volume of ambulance presentations with a large number presenting in batches. Continued implications due to COVID-19. Inability to safely staff all areas, which is impacting on the pull from ambulances. Flow out of ED continues to be a significant issue. Increase in MFFD patients and a reduction in the number of complex discharges. Direct referrals referred to ED.	RSH ward reconfiguration to create acute medical floor – AMU to move to 22R on 21st September 2022 however full benefit will not be seen until 22T&O building works have completed and an AMA area is reintroduced. PRH SDEC reconfiguration awaiting go live date which will see an increase in trollies. ICB ambulance handover action plan in place and funding approved for key schemes – pre cohort and post cohort plans are under review. Review of RIU location at RSH is under review. Direct access for WAS and WMAS patients to SDEC and coloured phones to be introduced to support process. ED transformation programme to be launched in September 2022 – business case being re-presented to business case review group and I&IC in September for funding approval. Embed ownership of internal professional standards (IPS). Recruitment event took place on 18th August 2022. CYPU reconfiguration at PRH – business case under development.	System UEC action plan.

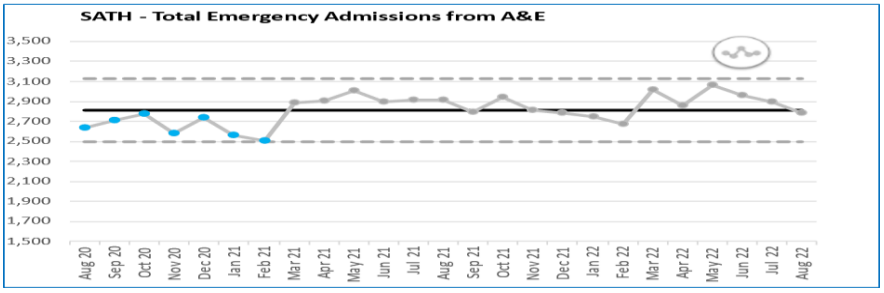
12 Hour ED trolley waits



August 2022 actual performance
585
Variance Type
Special Cause Concern
National Target
0
Target / Plan Achievement
Not achieved

Background	What the Chart tells us	Issues	Actions	Mitigations
This is a patient experience and outcome measure.	12-hour ED trolley waits have decreased slightly this month but remain high	Flow out of ED continues to be a significant issue. Increase in MFFD patients and reduction in number of complex discharges. Direct referrals referred to ED.	RSH ward reconfiguration to create acute medical floor – AMU to move to 22R on 21st September 2022 however full benefit will not be seen until 22T&O building works have completed and an AMA area is reintroduced. PRH SDEC reconfiguration awaiting go live date which will see an increase in trollies. ICB ambulance handover action plan in place and funding approved for key schemes – pre cohort and post cohort plans are under review. Review of RIU location at RSH is under review. Direct access for WAS and WMAS patients to SDEC and coloured phones to be introduced to support process. ED transformation programme to be launched September 2022 – business case being re-presented to business case review group and I&IC in September for funding approval. Embed ownership of internal professional standards (IPS). Successful recruitment event took place on 18th August 2022. CYPU reconfiguration at PRH – business case under development.	ED Safe today processes in place to mitigate risk where possible within the department .

Total emergency admissions from A&E



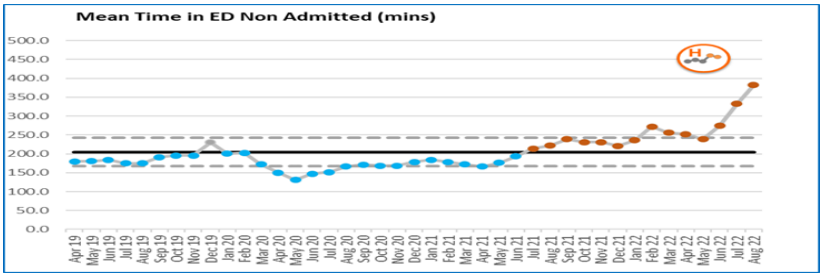
August 2022 actual performance
2780
Variance Type
Common Cause
National Target
N/A

Background	What the Chart tells us	Issues	Actions	Mitigations
The number of emergency admissions is an indicator of system performance and a reflection of the prevalence of serious illness and injuries in the community.	ED Safe today processes in place to mitigate risk where possible within the department.	Segmentation of patients continues to be necessary to ensure good IPS is maintained.	Bed capacity is flexed to meet the demand of COVID-19 and non-COVID-19 admissions.	System wide plans to avoid admission and use of alternative pathways.

UEC metrics – shadow reporting.

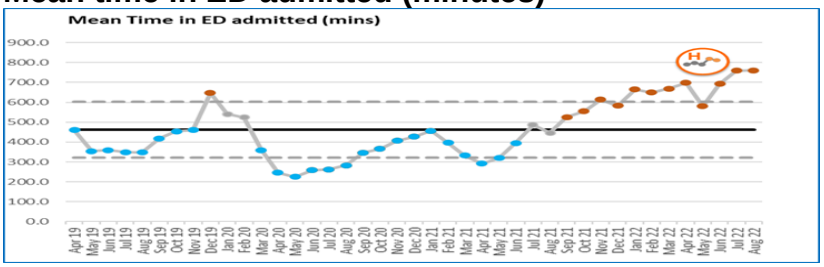
The measures below are reported in shadow form ahead of adoption expected nationally for 2022-23.

Mean time in ED non-admitted (minutes)



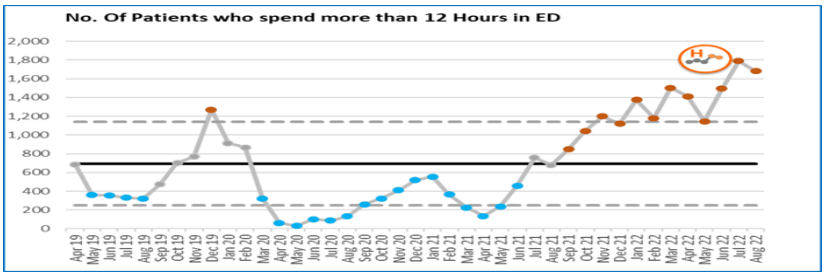
August 2022 actual performance
382
Variance Type
Special Cause Concern
National Target
n/a

Mean time in ED admitted (minutes)



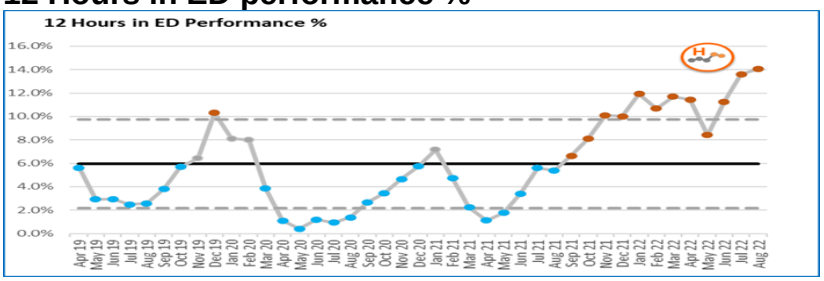
August 2022 actual performance
761
Variance Type
Special Cause Concern
National Target
n/a

Number of patients who spend more than 12 hours in ED



August 2022 actual performance
1682
Variance Type
Special Cause Concern
National Target
n/a

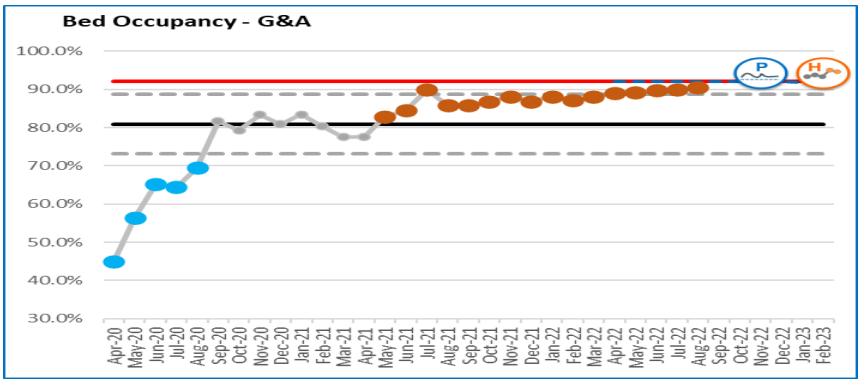
12 Hours in ED performance %



August 2022 actual performance
14%
Variance Type
Special Cause Concern
National Target
N/A

Hospital occupancy and activity

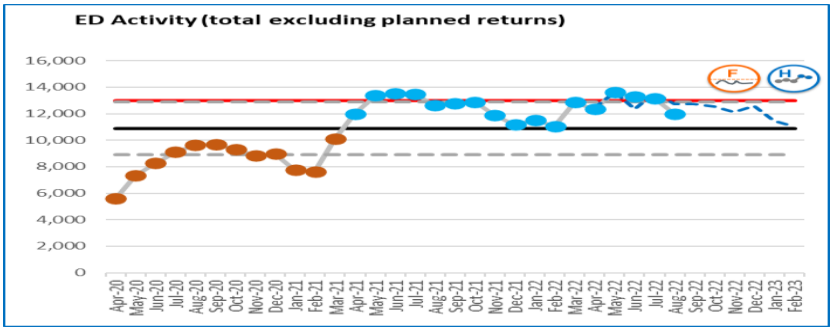
Bed occupancy



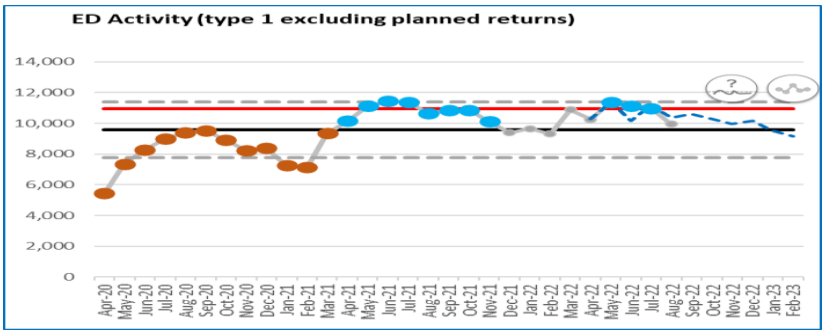
August 2022 actual performance
90.5%
Variance Type
Special Cause Concern
Local Target
92%
Target / Plan Achievement
Operational plan (22-23)

Background	What the Chart tells us	Issues	Actions	Mitigations
Bed occupancy is an important measure indicating the flow and capacity within the system.	Bed occupancy has increased overall, with most of the increase representing an increase in emergency non-COVID-19 admissions. Occupancy levels remain slightly below the pre-COVID-19 levels but close to the forecast position.	Segmentation of beds has created smaller bed pools and reduced flexibility. The increase in NEL occupancy has reduced capacity to restore elective activity. Re-allocation of beds to specialties means that some wards will have lower occupancy levels; however, their beds may not be clinically suitable to other specialty patients. Increase in MFFD times to discharge. Further work needed to mitigate against the forecast winter bed shortfall. The percentage occupancy is a national measure against G&A beds at midnight due to the specialty specific nature of some beds, they are not all suitable for all patients. Occupancy on wards admitting emergency patients is much higher than the mean and occupancy at midday is higher than at midnight. Morning discharges remain low in number, contributing to the flow issues in being able to admit patients from ED.	Bed base re-allocated to increase capacity for COVID-19 patients while protecting cancer activity within the day surgery unit. Focus on flow and discharge pathways with partners to increase bed capacity earlier in the day. Bed modelling completed demonstrating underlying bed shortfall into 2022-23 and will continue to be monitored.	Cross divisional ward reconfiguration group established and chaired by MEC divisional manager to re-configure ward allocation and align more closely to specialty requirements for 2022-23.

ED Activity



August 2022 actual performance
11972
Variance Type
Special Cause Improvement
Local Target
12870 (Monthly Average)
Target/ Plan achievement
22-23 Operational plan



August 2022 actual performance
9947
Variance Type
Special Cause Improvement
Local Target
10737 (Monthly Average)
Target/ Plan achievement
22-23 Operational plan

Background	What the Chart tells us	Issues	Actions	Mitigations
The ED activity levels reflect the demand for unscheduled care presenting at the A&E departments. Type 1 activity is the major A&E activity and excludes minor injury unit and urgent care centre activity.	Activity lower than the previous month but remains high. However, activity for this month does fall below the target set within operational planning for August 2022	As described in Emergency Care sections above	As described in Emergency Care sections above	Support from NHSE MFFD and criteria to reside.

Activity Levels

The operational activity plan includes activity provided by our core services, our additional internal interventions and use of the Nuffield Hospital. In addition to this plan, the independent sector has been commissioned by the ICS to provide additional eye care, urology, and general surgery cases. The formal tracking process for monitoring performance against the plan in 2022-23 has been agreed and the year-to-date performance can be seen in the table below:

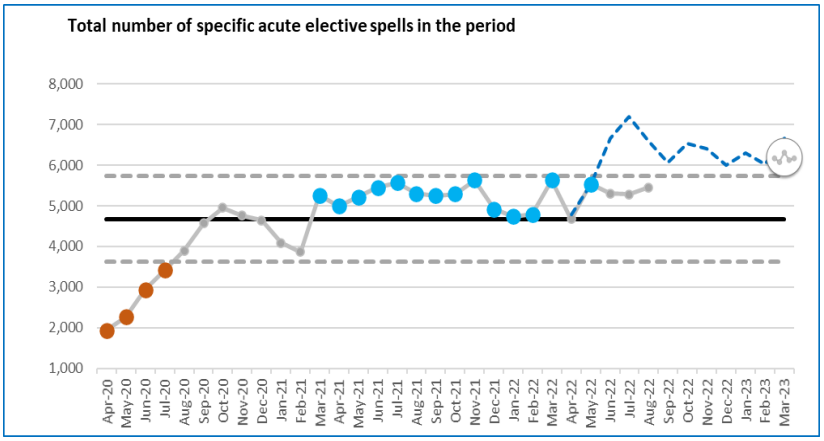
Total first outpatient attendances	April	May	June	July	August	YTD
19/20 Baseline	14,420	15,850	14,859	16,673	14,419	76,221
22/23 Actual	14,487	18,102	16,814	16,518	15,978	81,899
22/23 Plan	16,116	17,120	18,056	20,165	17,768	89,225
22/23 vs Baseline	100.5%	114.2%	113.2%	99.1%	110.8%	107.4%
Actual vs plan	89.9%	105.7%	93.1%	81.9%	89.9%	91.8%

Total follow up outpatient attendances	April	May	June	July	August	YTD
19/20 Baseline	29,958	30,804	28,545	32,543	27,012	148,862
22/23 Actual	27,113	30,874	30,078	29,513	28,955	146,533
22/23 Plan	29,229	29,093	31,749	35,527	29,845	155,444
22/23 vs Baseline	90.5%	100.2%	105.4%	90.7%	107.2%	98.4%
Actual vs plan	92.8%	106.1%	94.7%	83.1%	97.0%	94.3%

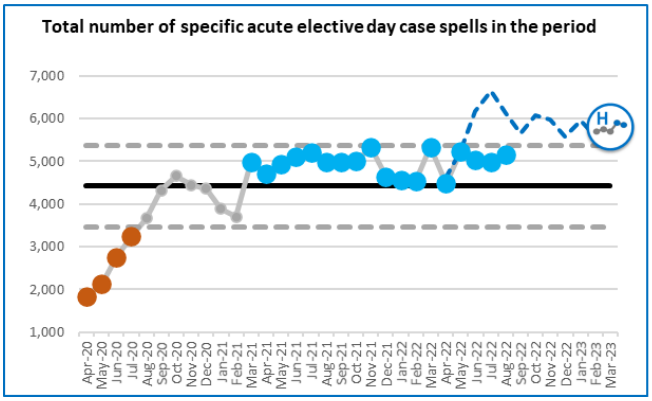
Total number of specific acute elective spells in the period	April	May	June	July	August	YTD
19/20 Baseline	329	385	426	488	408	2,036
22/23 Actual	193	296	281	285	283	1,338
22/23 Plan	163	279	487	553	471	1,953
22/23 vs Baseline	58.7%	76.9%	66.0%	58.4%	69.4%	65.7%
Actual vs plan	118.4%	106.0%	57.7%	51.5%	60.1%	68.5%

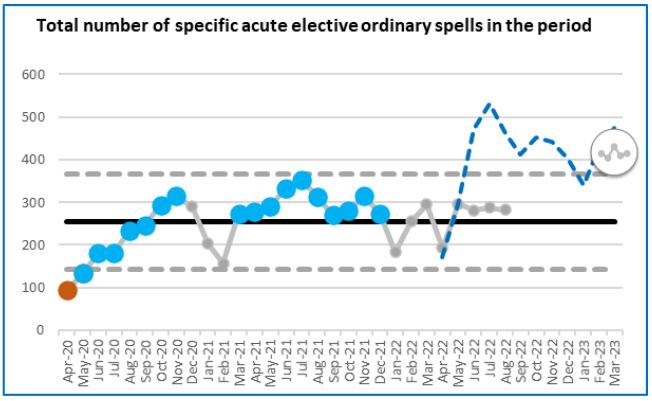
Total number of specific acute elective day case spells in the period	April	May	June	July	August	YTD
19/20 Baseline	4,997	5,434	5,015	5,406	4,944	25,796
22/23 Actual	4,477	5,240	5,023	5,007	5,174	24,921
22/23 Plan	4,560	5,123	6,214	6,658	6,140	28,696
22/23 vs Baseline	89.6%	96.4%	100.2%	92.6%	104.7%	96.6%
Actual vs plan	98.2%	102.3%	80.8%	75.2%	84.3%	86.8%

Total elective inpatient and day case activity



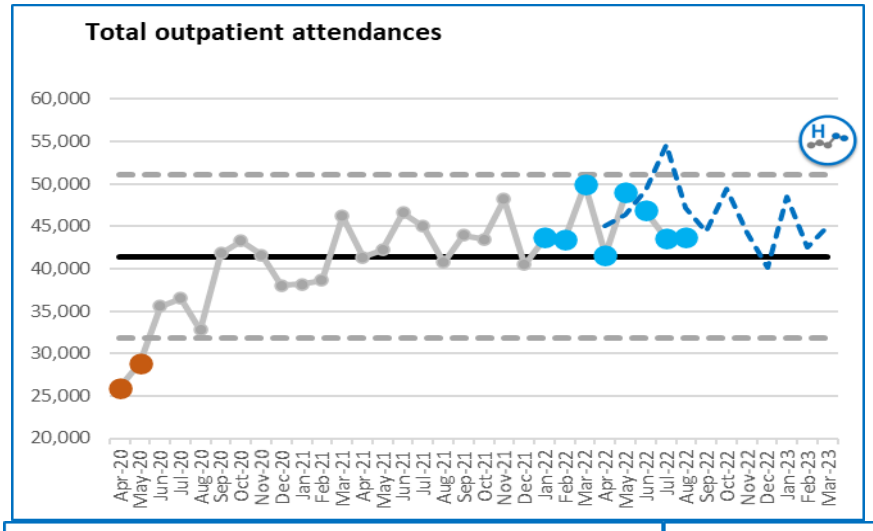
August 2022 actual performance
5457 (5174 DC, 283 IP)
Variance Type
Special Cause Improvement
Local Target
6696 (6020 English 22-23 plan + 576 Welsh actual)
Target/ Plan achievement
(22-23 operational plan)



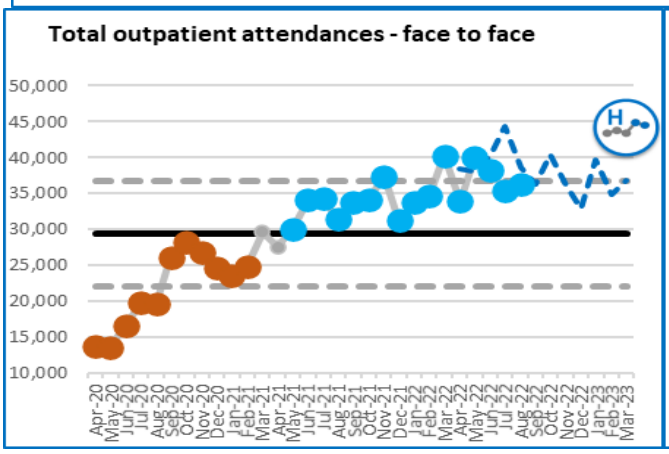


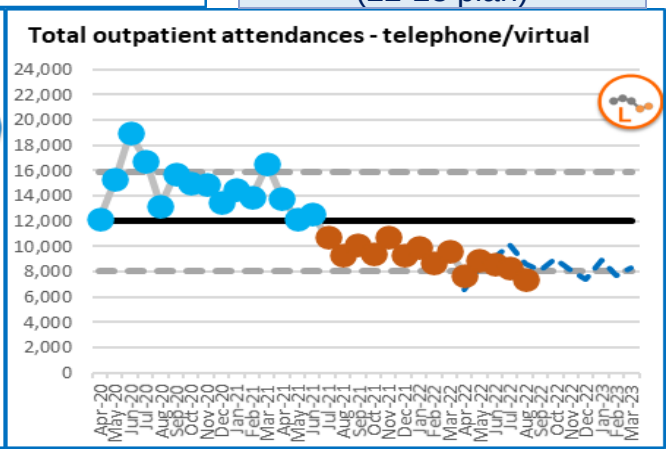
Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust is working to recover services in line with the level of activity delivered in 2019-20, which is being used as a baseline. The Trust has developed an activity plan for 2022-23 which aims to optimise the internally available capacity to address urgent elective cases, to increase capacity and reduce the longest waits for routine surgery.	Activity remains below historic levels and below expectation regarding “restoration & recovery.”	Reduced theatre capacity with theatre staffing constraints linked to vacancies and sickness. Emergency pressures impacting on the elective bed base. Lack of orthopaedic bed base. No DSU at PRH and limited capacity at RSH.	Clinical prioritisation of patients in terms of PL2 and PL2Cs and long patients waiting 6-4-2 processes for theatre allocation. Weekly restore and recovery meetings are taking place with specialties. Exploring options for additional capacity. Continuing to insource at weekends. Optimisation of vanguard.	As actions.

Outpatient elective total activity



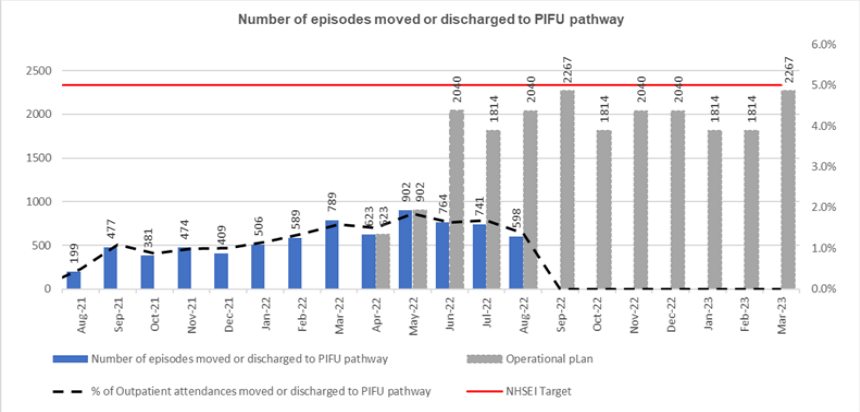
August 2022 actual performance
44933 Face to face – 37185 Telephone/Virtual – 7748
Variance Type
Common Cause
Local Target
47187 (43328 English 22-23 plan + 3859 Welsh actual)
Target/ Plan achievement
(22-23 plan)





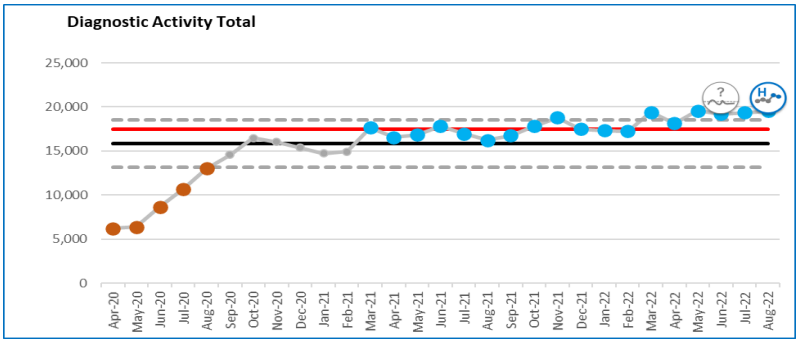
Background	What the Chart tells us	Issues	Actions	Mitigations
The operational activity plan aims to recover activity for 2022-23. In addition, transformation is expected to support new ways of working such as virtual activity, patient initiated follow up (PIFU) and increased use of advice and guidance. Large proportion of outpatient activity has returned to face to face, but we are working with teams on outpatient transformation in terms of PIFU, virtual and A&G in line with the 22/23 targets.	Increase in face-to-face activity and decrease in telephone and virtual. The overall number of appointments has fallen this month and is below the plan.	Delivery of the plan itself does not eliminate the backlog of past max waits created during the pandemic. Staffing challenges.	Additional capacity in the form of waiting list initiatives is being asked for. Options for agency staff in challenged specialties. Bank staff support. Clinical director for outpatient transformation is working with clinical teams around engagement. Clinical prioritisation of patients. Weekly outpatient transformation meeting with centre teams is focused on all outpatient transformation - PIFU, stratified and virtual follow ups. Benchmarking with other organisations to share good practice. Dedicated clinical director to support the programme from September 2022	As per actions.

PIFU



August 2022 actual performance
598 (1.4%)
Variance Type
Common Cause
Local Target
2040 (22-23 plan)
Target/ Plan achievement
NHSE target 5% of total OP attendances

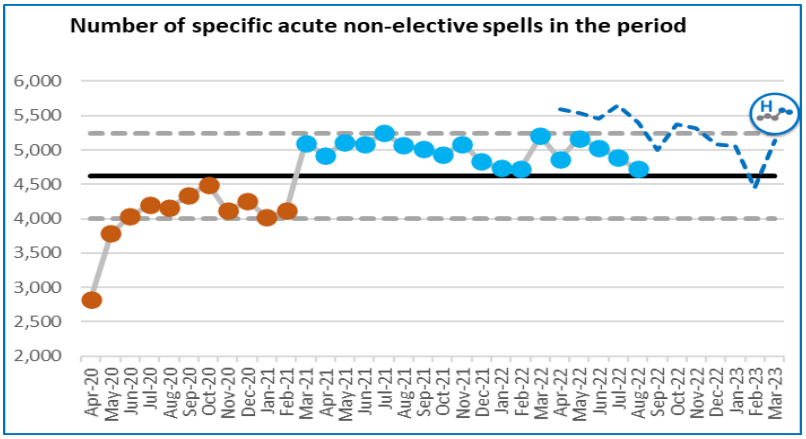
Diagnostics recovery



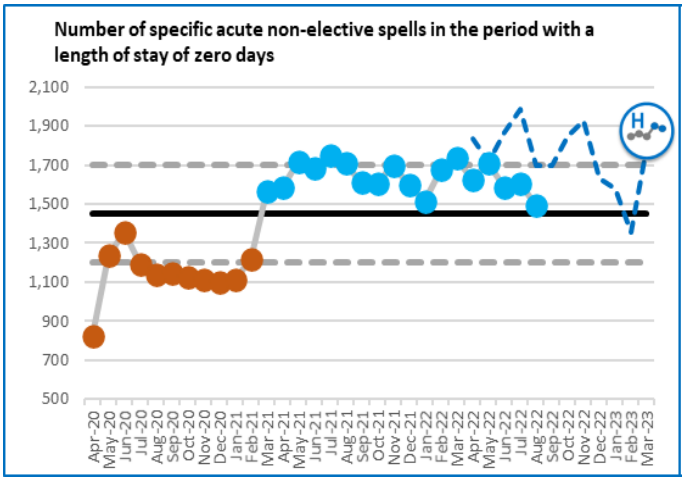
August 2022 actual performance
19522
Variance Type
Special Cause Improvement
Local Target
N/A
Target/ Plan achievement
(22-23 plan)

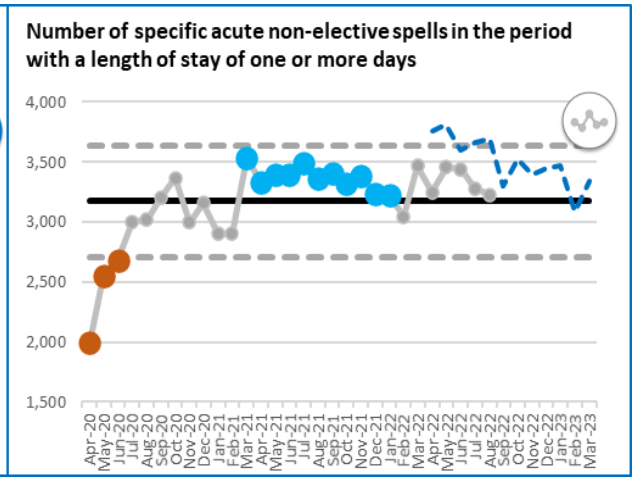
Background	What the Chart tells us	Issues	Actions	Mitigations
Diagnostic activity is made up of the number of tests/procedures carried out during the month; it contains imaging, physiological measurement, and endoscopy tests.	Special cause improvement maintained. Slight improvement in activity for Radiology in August 2022 with 15,011 total tests taking place compared to 14,227 in July 2022.	Staffing is still fragile with several staff leaving over the coming weeks. Main reason being due to cost of living and travel. MRI training has taken place in the Imaging Pod throughout August, reducing activity across these lists. The sustained level of clinical activity is creating a backlog for radiology reporting.	WLI sessions and payments have been agreed with staff to encourage additional work. This must be carefully managed with regard to staff well-being and work-life balance. Attempting to secure additional outsourcing for reporting. These companies are experiencing staffing and capacity issues themselves. Appointment templates adjusted to pre-COVID-19 levels.	Continued outsourcing to Everlight. Retention of CT and MRI mobiles. Ultrasound insourcing.

Non-elective activity



August 2022 actual performance
4720 (0 LOS 1495, 1+ LOS 3225)
Variance Type
Special Cause Improvement
Local Target
5395 (4975 English 22-23 plan + 420 Welsh actual)
Target/ Plan achievement
(22-23 plan)

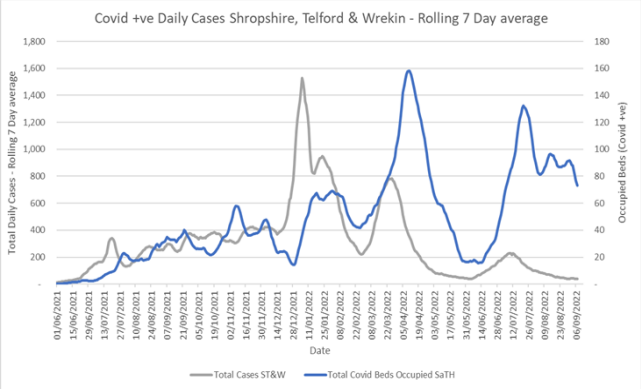


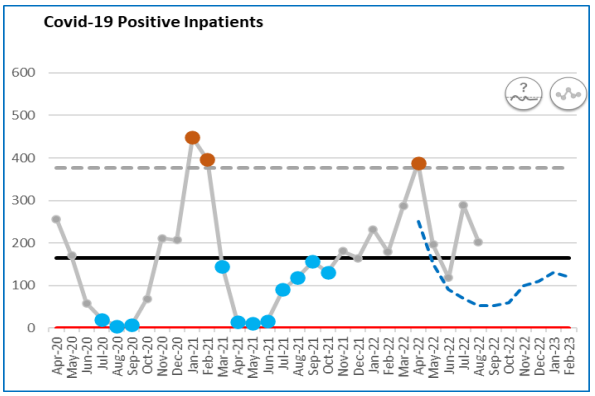


Background	What the Chart tells us	Issues	Actions	Mitigations
Non-elective activity reflects the demand from unscheduled care for admissions to hospital. It represents the greatest demand on beds and increases can result in constraints on elective activity, while reductions impact negatively on contract income.	Non elective activity has decreased this month and is below the planned value.	Flow issues across both sites	Dedicated CEPOD surgeon to support surgical emergency demands. Use of ambulatory care where appropriate.	See actions.

COVID-19

While we work through the recovery of elective services and manage the demand for urgent and emergency care, we continue to be mindful of the prevalence of COVID-19 in the community, especially in light of the modelled to impact of the likely additional wave in the winter months.





Operational performance benchmarking

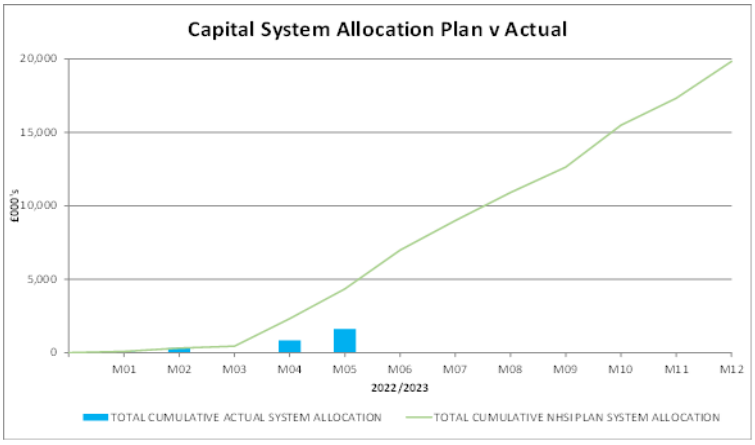
This table demonstrates the benchmarked position of the trust at a point in time compared to other English trusts reporting the same indicator. The icon shows the trend of ranking over time of the trust in relation to other trusts.

KPI	Latest month	Actual Performance Ranking	Performance
A&E - Left without been seen (out of 122)	Jul 22	113	
A&E - 4 Hour Standard (Type 1) (out of 107)	Jul 22	97	
A&E - Reattendance Rate (out of 118)	Jul 22	22	
A&E Time to Initial Assessment (Out of 111)	Jul 22	65	
Cancer 2 Week (out of 121)	Jul 22	80	
Cancer 2 Week Breast Symptomatic (out of 112)	Jul 22	86	
Cancer 62 Day Classic Metric (out of 121)	Jul 22	88	
Cancer 62 Day Breast Cancer (out of 118)	Jul 22	106	
Cancer 62 Day Lower Gastrointestinal Cancer (out of 119)	Jul 22	53	
Cancer 62 Day Lung Cancer (out of 114)	Jul 22	44	
Cancer 62 Day Other Cancer (out 120)	Jul 22	87	
Cancer 62 Day Skin Cancer (out 113)	Jul 22	53	
Cancer 62 Day Urological Cancer (out of 117)	Jul 22	108	
Diagnostic 6 Week Standard (out of 118)	Jul 22	98	
Diagnostic 6 Week Standard - Cardiology : echocardiography (out of 118)	Jul 22	22	
Diagnostic 6 Week Standard - Audiology Assessments (out of 108)	Jul 22	62	
Diagnostic 6 Week Standard - Urodynamics: pressures & flows (out of 97)	Jul 22	95	
Diagnostic 6 Week Standard - Respiratory physiology : sleep studies (out of 88)	Jul 22	43	
Diagnostic 6 Week Standard - Magnetic Resonance Imaging (out of 118)	Jul 22	107	
Diagnostic 6 Week Standard - Computed Tomography (out of 120)	Jul 22	69	
Diagnostic 6 Week Standard - Non-obstetric ultrasound (out of 118)	Jul 22	103	
Diagnostic 6 Week Standard - Colonoscopy (out of 118)	Jul 22	118	
Diagnostic 6 Week Standard - Flexi sigmoidoscopy (out of 120)	Jul 22	97	
Diagnostic 6 Week Standard - Cystoscopy (out of 117)	Jul 22	98	
Diagnostic 6 Week Standard - Gastroscopy (out of 120)	Jul 22	95	
RTT 52 Week Breach (out of 119)	Jul 22	84	
RTT Incomplete 18 Week Standard – (out of 119)	Jul 22	95	
RTT Incomplete 18 Week Standard Metric - Gynaecology (out of 118)	Jul 22	70	
Total Time in A&E - Admitted (out of 106)	Jul 22	91	
Total Time in A&E - Non - Admitted (out of 118)	Jul 22	64	
RTT Total Incompletes (out of 119)	Jul 22	49	
RTT 78 Week Breach (out of 119)	Jul 22	75	
RTT 104 Week Breach (out of 119)	Jul 22	85	

6. Finance Summary
Helen Troalen, Director of Finance

- The Trust submitted a revised plan for a deficit of £19.135m for 2022/23 on the 20th June. The Board will be notified when this plan is approved by NHS England.
- At the end of August, the Trust has recorded a year-to-date deficit of £15.97m against a draft planned deficit of £8.99m, an adverse variance to plan of £6.97m.
- The year-to-date deficit is driven by:
    - Pay costs, excluding COVID-19 and ERF are £9.46m adverse to plan. This is driven by an increase in agency expenditure, especially off-framework bookings since April for nursing, opening of unfunded escalation areas in order to mitigate ambulance delays and escalated bank rates for both medical staffing and nursing which are required to ensure cover due to sickness absence.
    - COVID-19 costs (in envelope) are £4.604m which is £2.684m adverse to the draft plan. There was an expectation that the majority of COVID-19 costs will cease at the end of Q1 as COVID-19 prevalence dropped within the community, however given the increase in prevalence, costs have continued to be incurred.
    - Elective recovery costs are £4.686m which is £0.475m underspent against plan which is driven by decreased activity levels compared to plan.
    - Elective activity as a whole remains below plan resulting in a non-pay underspend of £3.907m which has partially mitigated the above adverse variances. It should however be noted that costs in the month of August increased compared to previous months as activity increased.
- As a result of the year-to-date variance the executive team have set up a weekly group to ensure there is oversight of the strengthening of financial governance measures. This group is looking at a range of measures including tackling both the volume of and the cost of temporary forms of staffing.
- £2.202m of efficiency savings has been delivered year-to-date against plan of £1.505m. There are two main schemes where over delivery has been seen year to date, these being Procurement (£0.693m) and Overseas Nursing (£0.571m). Whilst it is expected that the annual target of £10.747m will be met in full there is likely to be an over delivery against schemes such as Procurement which will offset under recovery against schemes such as Medical Staffing cost reductions.
- The Trust is currently in discussions with NHS England about the forecast outturn for the end of the year. It is clear with the operational pressures that remain and the need to ensure that as much elective work as possible is delivered that there are no easy options for mitigating the deficit.
- For 2022/23 the Trust's system allocation for capital remains at £19.822m. Expenditure at month five was forecast at £4.340m, £2.535m was incurred, with sale proceeds of £0.925m being received, resulting in net expenditure of £1.610m.
- The Trust held a cash bank balance at the end of August 2023 of £22.404m.

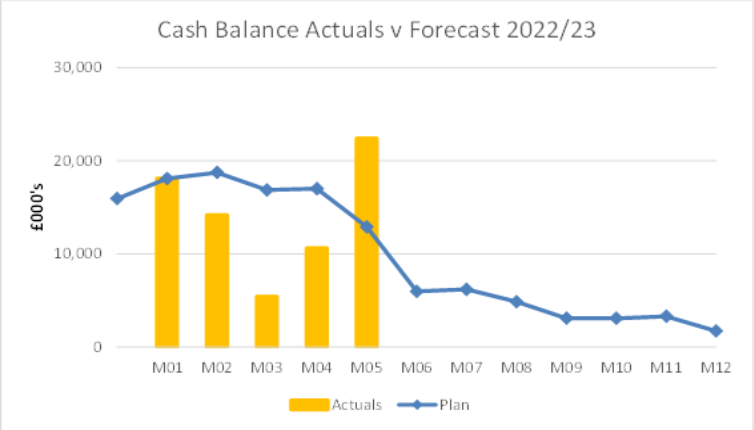
Capital Expenditure



August 2022 actual performance	
Spend year to date is £2.535m, offset by sale proceeds resulting in a net spend of £1.610m	
Variance Type	
Underspend of £2.730m	
National Target	**Forecast**
£19.822m	£19.822m
Target/ Plan achievement	
To meet he Trust's capital resource limit (CRL) at year-end.	

Background	What the Chart tells us	Issues	Actions	Mitigations
For 2022/23 the Trust's system allocation remains at £19.82m. Included within this is the continuation of the endoscopy reconfiguration of £0.93m, with sales proceeds to match this expenditure. The capital programme was reforecast in the June's plan submission.	Within the submitted plan it was projected that expenditure of £4.340m would have been incurred by August 2022 (including sale proceeds). The actual expenditure as at month 5 was £2.54m gross, after sale proceeds of £0.93m, this gives net expenditure of £1.61m. The main drivers for the under delivery at month 5 are the renal offsite move (£1.6m) which has dependencies with the CDC scheme (£0.64m); and the estates backlog programme (£0.74m).	The Trust is awaiting approval confirmation of national PDC for CDC Scheme. The shortfall of expenditure against the phased plan	No actions required.	No mitigations required.

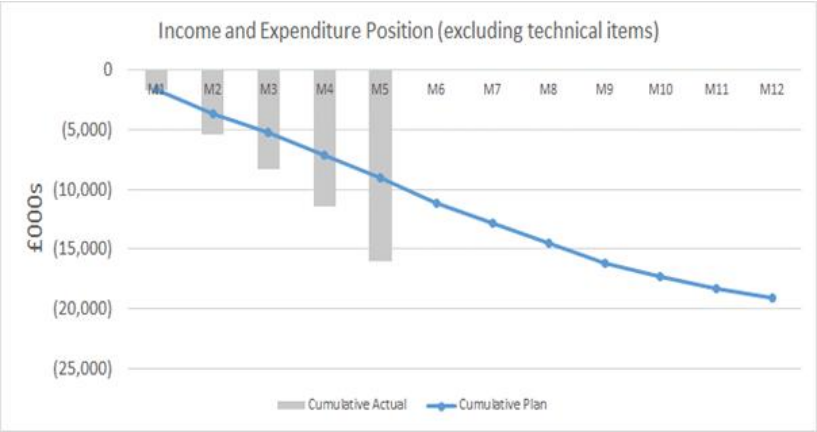
Cash



August 2022 actual performance
£22.400m cash in the bank
Forecast year-end cash balance
£1.700m
SaTH Year End Cash Balance
Required £1.700m
Target/ Plan achievement
Balanced position.

Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust undertakes monthly cashflow forecasting. A review of the cashflow assumptions has been undertaken following the draft plan submission in June.	The cash balance brought forward in 2022/23 was £15.92m with a cash balance of £22.4m held at end of August 2022 (ledger balance of £22.268m due to reconciling items). The chart demonstrates that the cash position at end of August was greater than plan.	The cash balance held at the end of August was greater than the plan. This is due in part to management actions with regards to the Trust's creditor base and co-operation with our local ICB in terms of receipt of income. In addition, the Trust's capital programme is behind plan resulting in reduced outflows for capital creditors.	The cash position continues to be monitored closely.	Treasury Management team undertaking active daily cashflow management, with weekly senior management review to allow management intervention as required.

Income and Expenditure Position

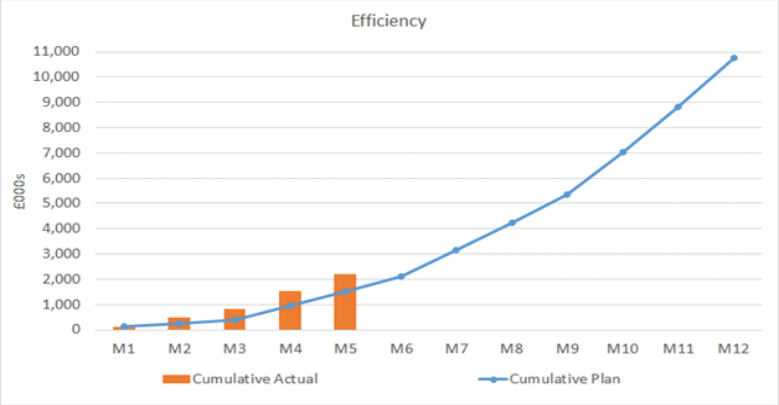


*Plan is currently draft

August 2022 actual performance	
(15.968m) Deficit at month five	
Variance Type	
Adverse variance of (£6.979m)	
National Target	**SaTH Plan 2022/23**
Breakeven	(£19.135m)*
Target/ Plan achievement	
(£19.135m) deficit full year*	

Background	What the Chart tells us	Issues	Actions	Mitigations
The Trust has submitted a revised financial plan for a deficit of £19.135m for 2022/23. This plan is yet to receive formal approval and as such should be treated as draft.	The Trust recorded a year-to-date deficit of £15.968m at month five which is £6.979m adverse to the draft plan.	The year-to-date deficit is predominantly related to pay expenditure which is driven by premium cost staffing amongst both medical staffing and nursing to mitigate sickness absence, opening of escalation areas to support increasing non-elective pressures and a continuation of COVID-19 related costs.	Executive led Finance Governance Group in place and meeting weekly. Actions include supporting the monitoring of agency nurse booking reasons and deep dives into high usage areas, job planning for consultants and sign off of junior doctor rotas, review of escalation areas with a view to close where appropriate and the review of all enhanced bank payments to ensure exit plans are in place.	Rollout of the revised nursing templates will support greater control and transparency across the nursing position. On-going international recruitment will continue to reduce vacancies and the need for high-cost agency nurses. Within medical staffing a review of rotas and job planning of consultants is underway.

Efficiency

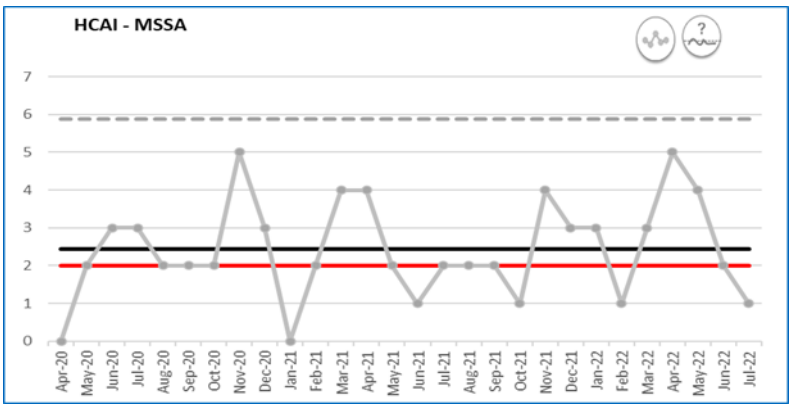


August 2022 actual performance
Year to Date Delivery of £2.202m
Variance Type
Surplus to phased plan £0.697
SaTH Plan 2022/23
£10.747m
Target/ Plan achievement
Full achievement by year end

Background	What the Chart tells us	Issues	Actions	Mitigations
A minimum of 1.6% in year recurrent savings (£7.600m) are required in 2022/23, which is in line with the agreed efficiency required to deliver the STW financial sustainability plan. Further efficiencies as part of workforce and MSK BTI's are also required in 2022/23 of which the Trust has a share totalling £3.000m for workforce and £0.147m for MSK.	The Trust delivered £2.202m of efficiency savings year to date at the end of month four which is £0.697m surplus to the phased plan. There are currently 5 workstreams which are delivering year to date, these are Overseas Nursing (£0.862m), Procurement (£0.833m), Divisional Schemes (£0.227m), Discretionary Spend (£0.144m) and Pharmacy (£0.136m). Whilst these schemes are delivering, and some are expected to over delivery such as Procurement there is concern around delivery in some areas such as Medical Staffing and Estates & Facilities. Whilst there is an over delivery year to date it should however be noted that planned efficiency delivery increases significantly from Q3.	Efficiency plans continue to be worked up in relation to both the £7.600m target as part of STW financial sustainability plan and the system BTI targets. Of the £7.600m target, £2.000m relates directly to divisions.	A minimum of 1.6% in year recurrent savings are required to maintain financial stability across the STW system in addition to the system wide schemes known as big ticket items (BTIs). However, potentially further savings are required to fund additional priority investments.	Plans expected to be in place by the end of quarter one for the Trust to deliver the 1.6% in full by year end.

Appendix 1: Indicators performing in accordance with expected standards

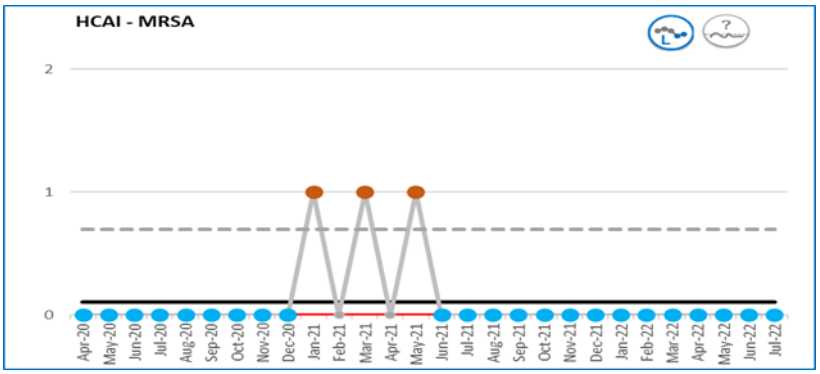
MSSA



July 2022 actual performance
1
Variance Type
Common Cause
Local Standard
<ave.2 per month
Target / Plan Achievement
Local target is no more than 28 cases in 2022/23 There is no national target set

Background	What the Chart tells us:	Issues	Actions	Mitigations
Reporting of MSSA bacteraemia is a mandatory requirement.	There was one case of MSSA bacteraemia in July 2022. Whilst there is no national target for MSSA, YTD we are above our locally set target.	The case in July was considered to be device related associated with a phlebitis from an IV line and an RCA is being completed on this case.	Ongoing actions include: ANTT training delivered by CPE team. Cannula care/VIPs, with ward managers ensuring daily checks are undertaken. Ensuring the consistent use of catheter care plan and catheter insertion documentation.	RCA summary and actions from RCAs presented as part of Divisional updates monthly at IPCOG. Catheter documentation and cannula care is audited through the monthly matrons' quality audits and reviewed at the monthly nursing quality metrics meetings.

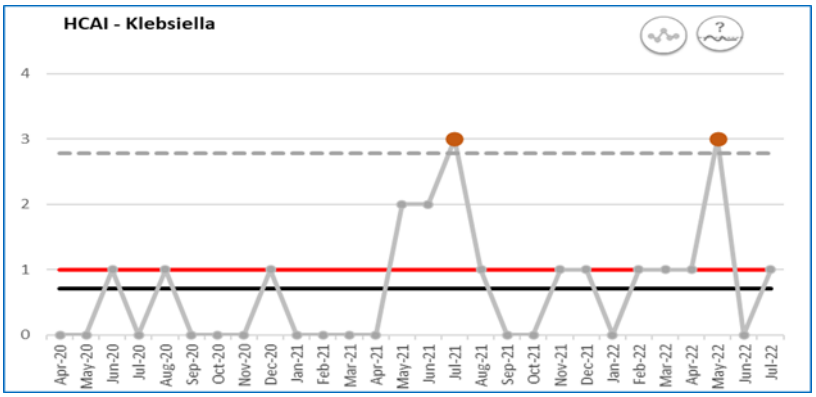
MRSA



July 2022 actual performance
0
Variance Type
Common Cause
Local Standard
0
Target / Plan Achievement
National target of 0 cases in 2022/2023.

Background	What the Chart tells us:	Issues	Actions	Mitigations
The target for all acute Trusts is zero cases of MRSA bacteraemia.	There has been no MRSA bacteraemia since May 2021.	No new issues.	As per HCAI improvement actions.	Monitored at divisional level and Trust level at IPCOG and IPCAC.

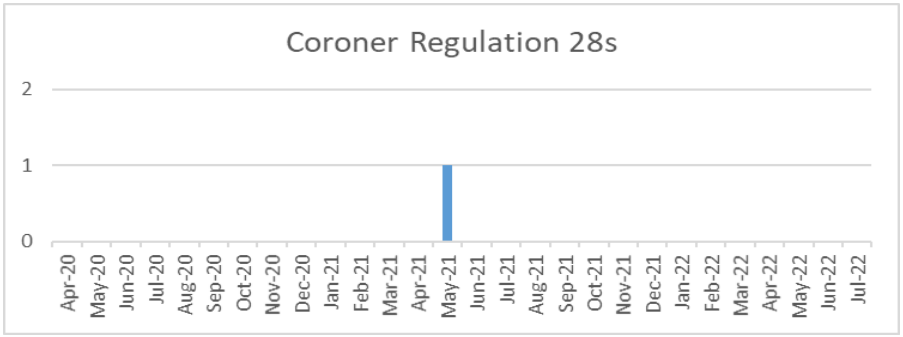
Klebsiella



July 2022 actual performance
1
Variance Type
Special Cause Concern
Local Standard
<ave.1 pm
Target/ Plan achievement
Local Target no more than 12 cases in 2022/23. National Target no more than 23 cases.

Background	What the Chart tells us	Issues	Actions	Mitigations
Reporting of Klebsiella is a mandatory requirement.	There were one cases of klebsiella bacteraemia reported in July 2022. The Trust is above its local target with 5 cases YTD against a target of 4 by month 4, however the Trust is below the national target.	This case was deemed not to be device related; no new issues identified.	There is ongoing improvement work in relation to HCAIs and compliance with IPC standards and procedures. Embedding the use of catheter care plans across the Trust. ANTT training. IPC training. IPC masterclasses.	Monitored at IPCOG and monthly metric meetings.

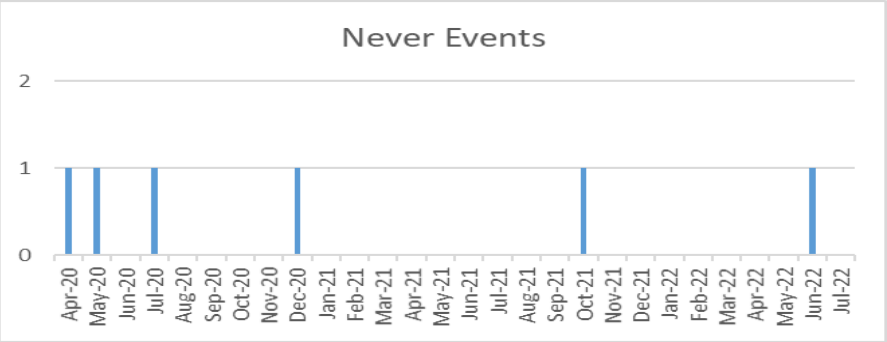
Coroner Regulation 28s



July 2022 actual
0
Variance Type
Common Cause
Local Standard
0
Target/ Plan achievement
Achieving Target

Background	What the Chart tells us	Issues	Actions	Mitigations
Key patient safety measure.	No regulation 28s have been submitted to the organisation since May 2021.	No issues.	No actions	No mitigations.

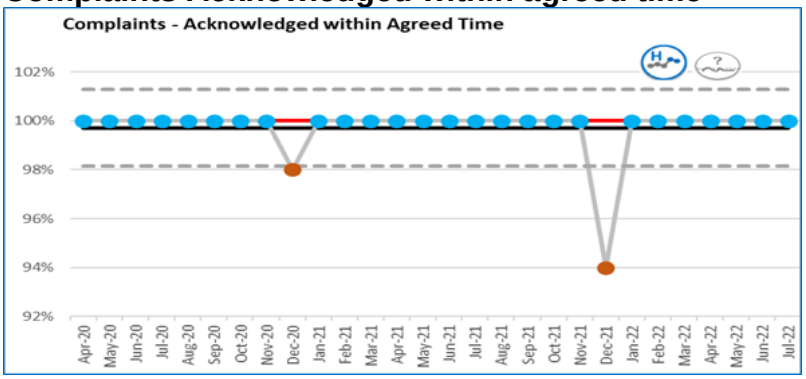
Never Events



July 2022 actual
0
Variance Type
Common Cause
Local Standard
0
Target/ Plan achievement
Achieving Target

Background	What the Chart tells us	Issues	Actions	Mitigations
Key patient safety measure.	No further Never Events have been reported since the case in June 2022.	No specific issues identified at this time.	No actions.	No mitigations.

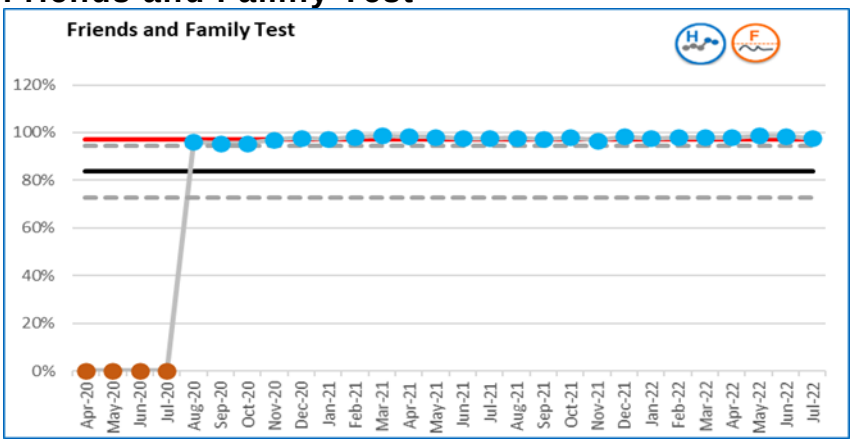
Complaints Acknowledged within agreed time



July 2022 actual performance
100% (97% within two days)
Variance Type
Common Cause
National Target
100%
Target/ Plan achievement
Target achieved consistently

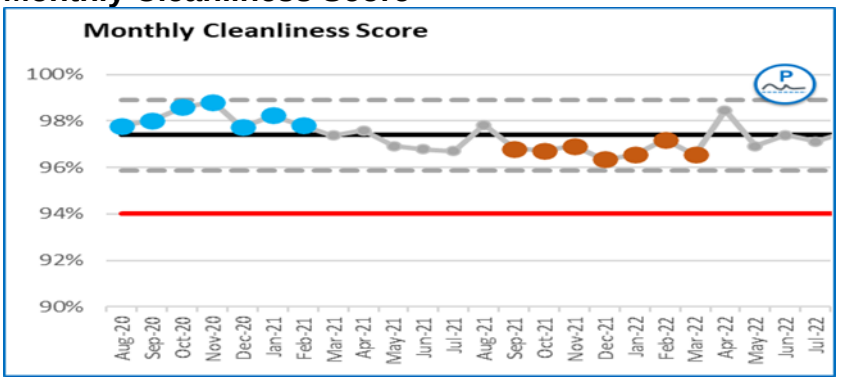
Background	What the Chart tells us	Issues	Actions	Mitigations
Acknowledging a complaint on receipt is important for patients raising concerns to both ensure that the patient knows we have received the complaint and that we are addressing it.	The target of three working days continues to be met, with 97% of complaints acknowledged within two working days, and 86% acknowledged within one working day.	No issues	No actions.	No mitigations.

Friends and Family Test



May 2022 actual performance
97.6%
Variance Type
Special Cause Improvement
National Standard
85%
Target/ Plan achievement
Target achieved consistently

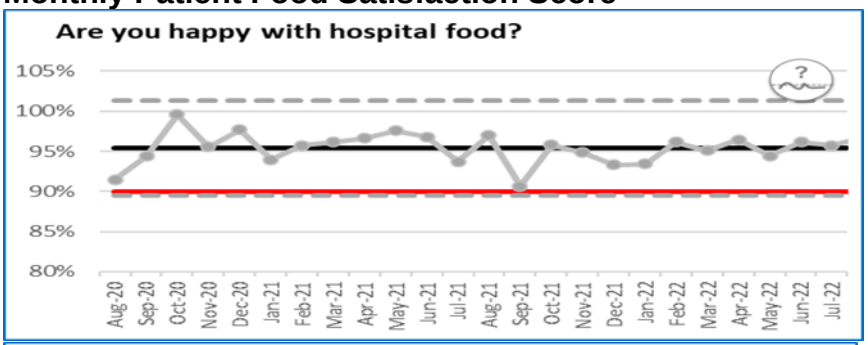
Monthly Cleanliness Score

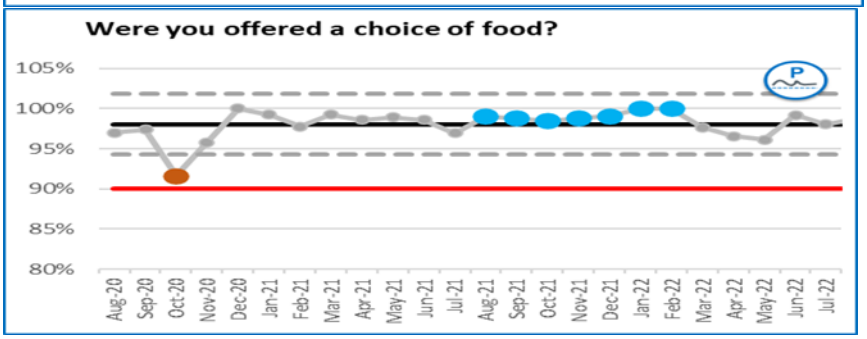


May 2022 actual performance
97.1%
Variance Type
Common Cause
Local SaTH standard
94%
Target/ Plan achievement
On target to achieve above local standard

Background	What the Chart tells us:	Issues	Actions	Mitigations
This is an independent monthly audit, which gives assurance of the standard of cleanliness undertaken by the cleanliness team.	There was a slight decrease. This month as the score fell to just below the mean.	No issues with the scores this month. Both teams struggle with absences through sickness and high turnover rates but continue to maintain a good standard of cleaning.	We continue to use agency and contract staff to cover as many gaps as possible and recruitment is on-going.	No Mitigations.

Monthly Patient Food Satisfaction Score



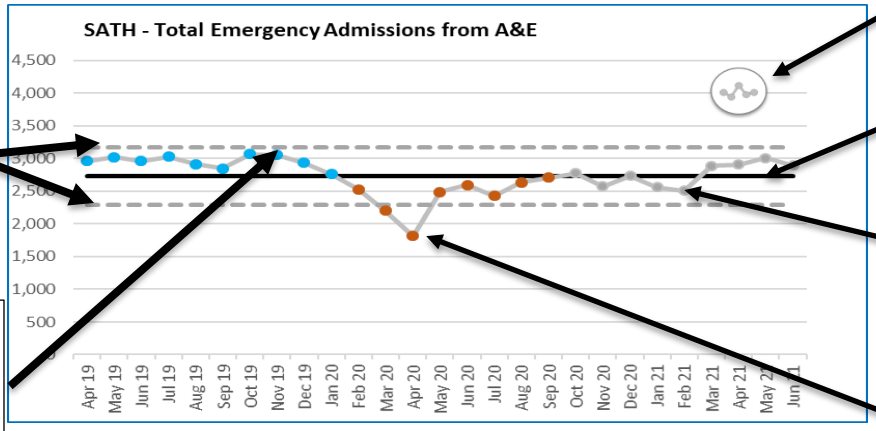


May 2022 actual performance
95.8% for satisfaction with food. 98% for satisfaction with choice.
Variance Type
Common Cause
Local SaTH standard
90%
Target/ Plan achievement
On target to achieve local standard

Background	What the Chart tells us:	Issues	Actions	Mitigations
This data is taken from the monthly Matron's Audit where 10 patients per month per ward are asked whether they are happy with the hospital food and the choice, they were given.	There is common cause variation with both measures for hospital food and they are both at and just below the mean this month.	No issues.	No actions.	No mitigations.

Appendix 2: Understanding Statistical control process charts in this report

The charts included in this paper are generally moving range charts (XmR) that plot the performance over time and calculate the mean of the difference between consecutive points. The process limits are calculated based on the calculated mean.



Icon showing most recent point type of variation

Process limits – upper and lower

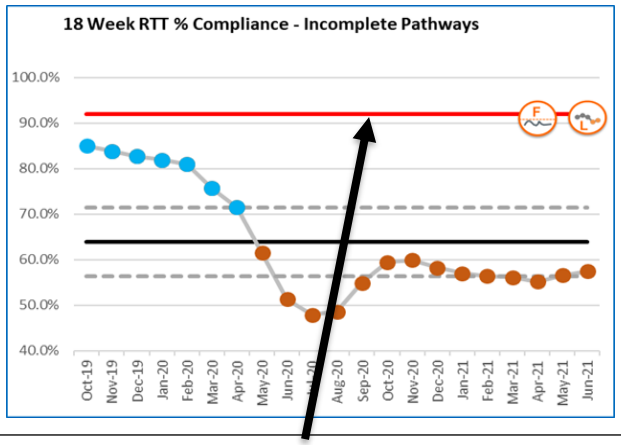
Mean or median line

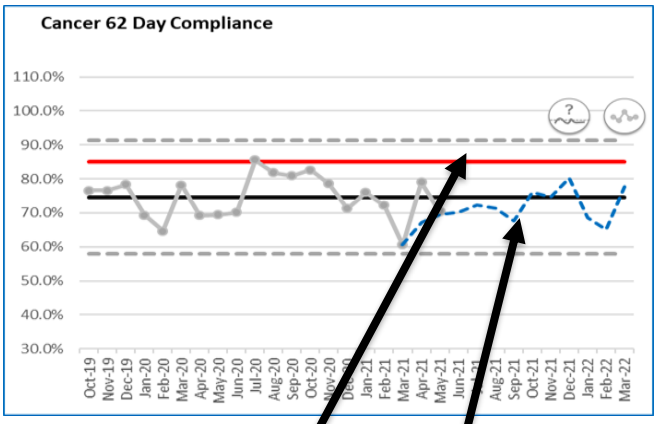
Common cause variation

Special cause variation -7 consecutive points above (or below) the mean

Special cause variation – data point outside of the process limit

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





Target line –outside the process limits. In this case, process is performing worse than the target and target will only be achieved when special cause is present, or process is re-designed

Target line – between the process limits and so will be hit and miss whether or not the target will be achieved

Plan – this is the Operational Plan trajectory submitted for the current year.

Appendix 3: Abbreviations used in this report

Term	Definition
2WW	Two week waits
A&E	Accident and Emergency
A&G	Advice and Guidance
AGP	Aerosol-Generating Procedure
ANTT	Antiseptic Non-Touch Training
BAF	Board Assurance Framework
BP	Blood pressure
CAMHS	Child and Adolescence Mental Health Service
CCG	Clinical Commissioning Groups
CCU	Coronary Care Unit
C. difficile	Clostridium difficile
CNST	Clinical Negligence Scheme for Trusts
COO	Chief Operating Officer
CQC	Care Quality Commission
CRL	Capital Resource Limit
CRR	Corporate Risk Register
C-sections	Caesarean Section
CSS	Clinical Support Services
CT	Computerised Tomography
DMO1	Diagnostics Waiting Times and Activity
DOLS	Deprivation Of Liberty Safeguards
DTA	Decision to Admit
E. Coli	Escherichia Coli
Ed.	Education
ED	Emergency Department
EQIA	Equality Impact Assessments
ERF	Elective Recovery Fund
Exec	Executive
F&P	Finance and Performance
FTE	Full Time Equivalent
FYE	Full year effect
G2G	Getting too Good
GI	Gastro-intestinal
GP	General Practitioner
H1	April 2021-September 2021 inclusive
H2	October 2021-March 2022 inclusive
HCAI	Health Care Associated Infections
HCSW	Health Care Support Worker
HDU	High Dependency Unit
HMT	Her Majesty's Treasury
HoNs	Head of Nursing
HSMR	Hospital Standardised Mortality Rate
HTP	Hospital Transformation Programme
ICS	Integrated Care System
IPC	Infection Prevention Control
IPCOG	Infection Prevention Control Operational Group
IPAC	Infection Prevention Control Assurance Committee
IPDC	Inpatients and day cases
IPR	Integrated Performance Review
ITU	Intensive Therapy Unit
ITU/HDU	Intensive Therapy Unit / High Dependency Unit
KPI	Key performance indicator
LFT	Lateral Flow Test
LMNS	Local maternity network
MADT	Making A Difference Together
MCA	Mental Capacity Act
MD	Medical Director
MEC	Medicine and Emergency Care
MFFD	Medically fit for discharge
MHA	Mental Health Act

MRI	Magnetic Resonance Imaging
MRSA	Methicillin- Sensitive Staphylococcus Aureus
MSK	Musculo-Skeletal
MSSA	Methicillin- Sensitive Staphylococcus Aureus
MTAC	Medical Technologies Advisory Committee
MVP	Maternity Voices Partnership
MUST	Malnutrition Universal Screening Tool
NEL	Non-Elective
NHSE	NHS England and NHS Improvement
NICE	National Institute for Clinical Excellence
NIQAM	Nurse Investigation Quality Assurance Meeting
OPD	Outpatient Department
OPOG	Organisational performance operational group
OSCE	Objective Structural Clinical Examination
PID	Project Initiation Document
PIFU	Patient Initiated follow up
PMO	Programme Management Office
POD	Point of Delivery
PPE	Personal Protective Equipment
PRH	Princess Royal Hospital
PTL	Patient Targeted List
PU	Pressure Ulcer
RALIG	Review Actions and Learning from Incidents Group
Q1	Quarter 1
Q&A	Question and Answer
QOC	Quality Operations Committee
QSAC	Quality and Safety Assurance Committee
R	Routine
RAMI	Risk Adjusted Mortality Rate
RCA	Route Cause Analysis
RJAH	Robert Jones and Agnes Hunt Hospital
RIU	Respiratory Isolation Unit
RN	Registered Nurse
RSH	Royal Shrewsbury Hospital
SAC	Surgery Anaesthetics and Cancer
SaTH	Shrewsbury and Telford Hospitals
SATOD	Smoking at the onset of delivery
SDEC	Same Day Emergency Care
SI	Serious Incidents
SMT	Senior Management Team
SOC	Strategic Outline Case
SRO's	Senior Responsible Officer
T&O	Trauma and Orthopaedics
TOR	Terms of Reference
TVN	Tissue Viability Nurse
UEC	Urgent and Emergency Care service
US	Ultrasound
VIP	Visual Infusion Phlebitis
VTE	Venous Thromboembolism
W&C	Women and Children
WEB	Weekly Executive Briefing
WMAS	West Midlands Ambulance Service
WTE	Whole Time Equivalent
YTD	Year to Date