The Shrewsbury and Telford Hospital NHS Trust

Board of Directors' Meeting
8 December 2022

Agenda item	234/22			
Report Title	Integrated Performance Report			
Executive Lead	Louise Barnett, Chief Executive Officer			
Report Author	Helen Troalen, Executive 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, 8, 9, 10, 11, 12	
	For decision / approval		**Link to risk register:**	
	For review / discussion		All risks	
	For noting	√		
	For information			
	For consent			
Presented to:	2022.11.23: Quality and Safety Assurance Committee 2022.11.29: Finance and Performance Assurance Committee			
Executive summary:	This report now appears in a new format (introduced at last month's Board meeting), in order to provide more clarity over the important performance indicators which the Board monitors. Excerpts of the report, and performance indicators, have been previously reported at a number of operational and leadership groups and committees. The report delivers to the Board an overview of the performance indicators to the end of October 2022, with a brief forward look using data analysed over a period of time, which helps to indicate themes and areas of potential higher risk, and the actions being taken to mitigate such risks. Each of the sections begins with an executive summary, highlighting areas of potential concern and actions.			
Appendices	Appendix 1: Integrated Performance Report			
Executive Lead				

The Shrewsbury and Telford Hospital NHS Trust

The Shrewsbury and Telford Hospital NHS Trust

Integrated Performance Report

Board of Directors' Meeting 8th December 2022

(presenting September/October 2022 data)

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The Shrewsbury and Telford Hospital NHS Trust

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Executive summary

The Shrewsbury and Telford Hospital NHS Trust

This report outlines our performance across September and October 2022.

There was nothing remarkable about the incidence of Covid-19 over this period although we continue to monitor the impact that even having a steady rate of c. 50 inpatients at any one time has on operational performance.

During the last month it has emerged that some of our specialties are booking outpatient appointments for routine patients are far out as 2025. The Trust does not routinely book patients this far in advance as every effort is made to shorten waiting times where possible. The Trust is in discussions with the STW system to agree how improvements to the waiting times can be made.

The hospital does continue to be under sustained pressure caused by the lack of capacity to discharge patients in the community. There has been a marked decline in the performance of two KPI; patients waiting more than 60 minutes in an ambulance and patients waiting for more than 12 hours once a decision to admit has been made. The Trust continues to work with partners across the STW system to improve these metrics and has in recent weeks opened ambulance receiving areas on both sites.

We also continue to see a trend of acutely unwell patients in the emergency department waiting room where they have made their own way to hospital and it should be recognised that the Trust will continue to see patients in order of clinical priority regardless of how they made their way to hospital.

We continue to recruit more staff every month and we are very focused on increases the numbers of permanent staff from both the UK and overseas in order that we can reduce our reliance on agency staff.

Our staff survey closed recently and we are very pleased that nearly 50% of our staff completed the survey. This gives us excellent feedback to work on.

Finally, we note that on October our performance in relation to staff statutory and mandatory training figures is higher than at any point since the very beginning of Covid with a trajectory to hit the target in the coming weeks. Whilst we are very busy this training is at the core of us achieving and maintaining high standards and we are very pleased to see the positive improvement.

Quality Patient Safety and Effectiveness

The Shrewsbury and Telford Hospital NHS Trust

Executive Leads:

Director of Nursing

Hayley Flavell

Acting Medical Director

John Jones

The Shrewsbury and Telford Hospital NHS Trust Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Quality Patient Safety & Effectiveness	Trust SHMI (HED)		100	100	108.68	111.7	97.8	113.8	94.3	109.3	93.2	95.4	-	-	-	-	-	
	Trust SHMI - Observed Deaths		-	-	216	197	208	216	199	176	190	182	-	-	-	-	-	
	HCAI - MRSA		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	HCAI - MSSA		-	2	2	1	4	3	3	1	3	5	4	2	1	6	2	
	HCAI - C.Difficile	R	<4	3	4	4	4	2	0	3	6	5	5	1	5	10	2	
	HCAI - E-coli	R	<8	4	4	4	4	5	3	4	4	2	1	2	4	1	2	
	HCAI - Klebsiella		<2	1	0	0	1	1	0	1	1	1	3	0	1	0	2	
	HCAI - Pseudomonas Aeruginosa		<2	1	0	0	0	3	0	0	0	2	2	1	1	0	1	
	Pressure Ulcers - Category 2 and above		-	11	11	16	18	14	13	17	13	16	16	16	17	8	17	
	Pressure Ulcers - Category 2 and above per 1000 Bed Days		-	-	0.50	0.75	0.75	0.62	0.58	0.79	0.50	0.68	0.66	0.66	0.77	0.32	0.72	
	VTE Risk Assessment completion		95%	95%	94%	93%	94%	91%	93%	92%	91%	92%	93%	91%	93%	93%	-	
	Falls - per 1000 Bed Days		6.6	4.5	5.44	5.96	4.57	5.08	6.15	6.01	5.45	5.11	5.54	5.56	5.61	5.03	5.31	
	Falls - total		0	70	118	127	109	114	137	131	126	120	135	127	126	125	125	
	Falls - with Harm per 1000 Bed Days		0.19	0.17	0.05	0.23	0.21	0.04	0.13	0.23	0.04	0.04	0.16	0.09	0.04	0.16	0.13	
	Falls - Resulting in Harm Moderate or Severe		0	0	1	5	5	1	3	5	1	1	4	2	1	4	3	
	Never Events		0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	
	Coroner Regulation 28s		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents		-	-	10	9	10	4	9	6	5	8	3	9	10	9	15	
	Serious Incidents - Closed in Month		-	-	14	3	8	10	8	6	8	8	1	5	1	13	3	
	Serious Incidents - Total Open at Month End		-	-	29	34	35	34	38	37	35	35	33	35	44	42	51	
	Patient Safety Incidents as % of NRLS		98%	-	95%	93%	95%	97%	95%	98%	97%	98%	97%	95%	98%	96%	96%	
	% of PSI with Low or No Harm		100%	100%	96%	96%	98%	97%	97%	97%	97%	98%	96%	94%	98%	96%	97%	
	Mixed Sex Accomondation - breaches		0	0	30	48	46	45	39	36	62	77	47	45	141	93	45	
	One to One Care in Labour		100%	100%	98%	100%	98%	98%	97%	97%	96%	98%	100%	100%	100%	100%	100%	
	Delivery Suite Acuity				50.0%	50.0%	61.0%	65.0%	61.0%	51.0%	45.0%	49.0%	68.0%	60.0%	60.0%	55.0%	58.0%	
	Smoking Rate at Delivery				12.0%	10.0%	13.0%	12.0%	10.0%	10.0%	12.0%	15.0%	11.0%	11.0%	12.0%	12.0%	13.0%	
	Caesarean Sections rate of Robson Group 1 Deliveries		-	-	18.5%	12.2%	12.5%	13.7%	12.2%	13.6%	25.0%	10.0%	14.9%	22.5%	9.1%	7.9%	16.2%	
	Caesarean Sections rate of Robson Group 2 Deliveries		-	-	50.6%	50.0%	34.5%	28.8%	34.5%	36.7%	40.9%	46.1%	57.3%	51.7%	51.4%	50.6%	45.9%	
	Caesarean Sections rate of Robson Group 5 Deliveries		-	-	88.2%	85.7%	73.8%	80.0%	73.8%	71.4%	60.0%	82.4%	87.5%	85.7%	90.0%	79.5%	76.2%	
Quality Caring & Experience	Complaints		-	-	68	46	51	50	56	61	56	58	64	73	79	77	72	
	Complaints -responded within agreed timeframe - based on month response due		85%	85%	38%	43%	64%	65%	69%	74%	74%	65%	50%	67%	60%	55%	62%	
	PALS - Count of concerns		-	-	389	297	309	249	280	292	334	285	257	225	314	368	286	
	Compliments				30	24	44	39	52	31	43	19	49	52	39	54	51	
	Friends and Family Test -SaTH		80%	80%	97%	98%	97%	98%	98%	98%	98%	98%	99%	99%	98%	97%	97%	
	Friends and Family Test - Inpatient		-	-	99%	99%	99%	100%	99%	99%	98%	98%	99%	99%	98%	99%	98%	
	Friends and Family Test - A&E		-	-	86%	89%	84%	86%	74%	86%	89%	98%	86%	89%	62%	59%	65%	
	Friends and Family Test - Maternity		-	-	99%	99%	99%	100%	99%	99%	98%	92%	99%	100%	98%	98%	99%	
	Friends and Family Test - Outpatients		-	-	99%	98%	98%	99%	99%	99%	99%	95%	99%	99%	99%	98%	99%	
	Friends and Family Test - SaTH Response rate %		-	-	7%	6%	6%	6%	6%	5%	5%	5%	6%	5%	6%	7%	7%	
	Friends and Family Test - Inpatient Response rate %		-	-	15%	15%	13%	14%	13%	12%	12%	13%	16%	14%	17%	18%	19%	
	Friends and Family Test - A&E Response rate %		-	-	3%	15%	3%	1%	2%	1%	1%	1%	0%	1%	0%	1%	1%	
	Friends and Family Test - Maternity (Birth) Response rate %		-	-	14%	12%	3%	6%	8%	11%	10%	6%	4%	5%	7%	6%	5%	

Quality Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

The number of pressure ulcers reported this month is above trajectory. There were four cases of category 3 pressure ulcers of which, two cases met the threshold for a serious incident investigation and improvement work continues.

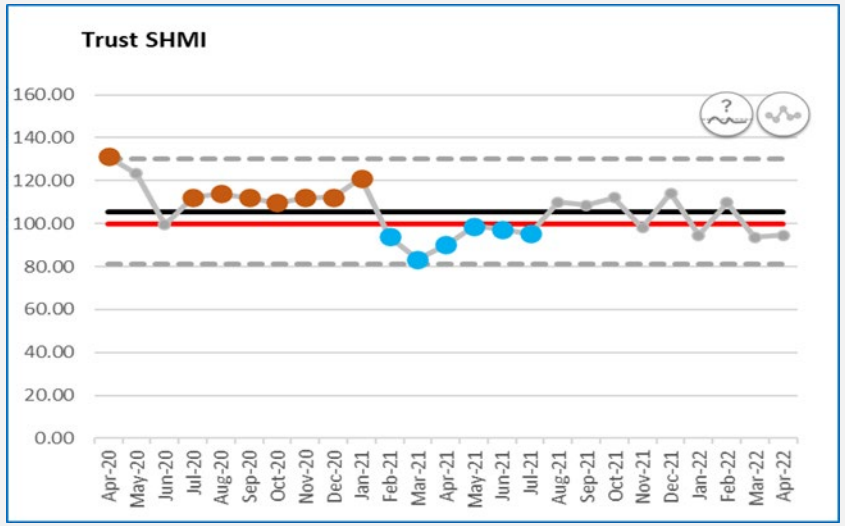
Falls prevention remains a priority within the Trust and there is an ongoing improvement plan underway as part of our quality strategy. Training continues, along with embedding processes within operational practice through initiatives such as bay tagging. There is a focus regarding neurology observations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

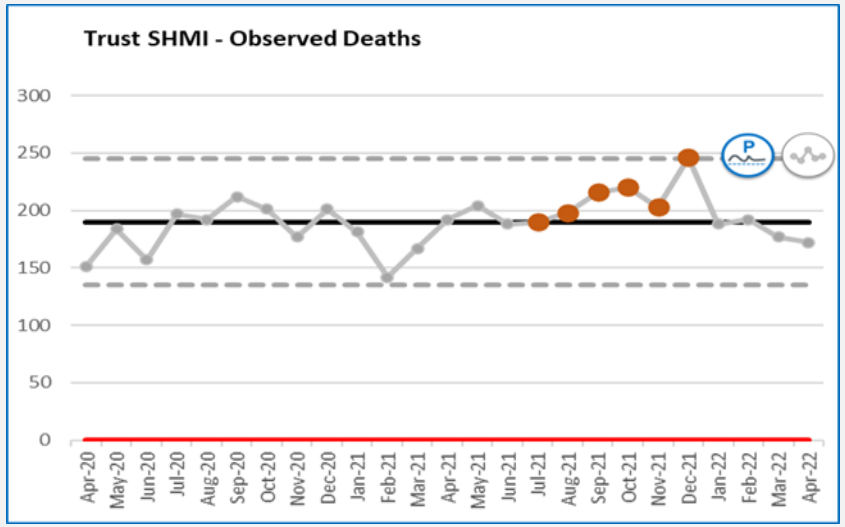
VTE screening performance remains below target and an improvement project has commenced, which is focussing on improving this important measure. We are auditing samples of notes to determine whether the failure to complete electronic assessments is putting patients at risk by not providing adequate prophylaxis and also preparing a proposal for change to prescription charts to assess benefits to a paper-based approach.

The timeliness of complaint responses remains a challenge due to the significant pressures faced by the clinical teams within the divisions. However, an increase in resources for the complaints team should help to support an improvement over the coming months. A trajectory to reduce the backlog of complaints will be provided in future performance reports and progress will be monitored via the monthly divisional performance meetings.

Mortality outcome data

The Shrewsbury and Telford Hospital NHS Trust





What does the data tell us?

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 and other connective tissue disease.

What actions are being taken to improve?

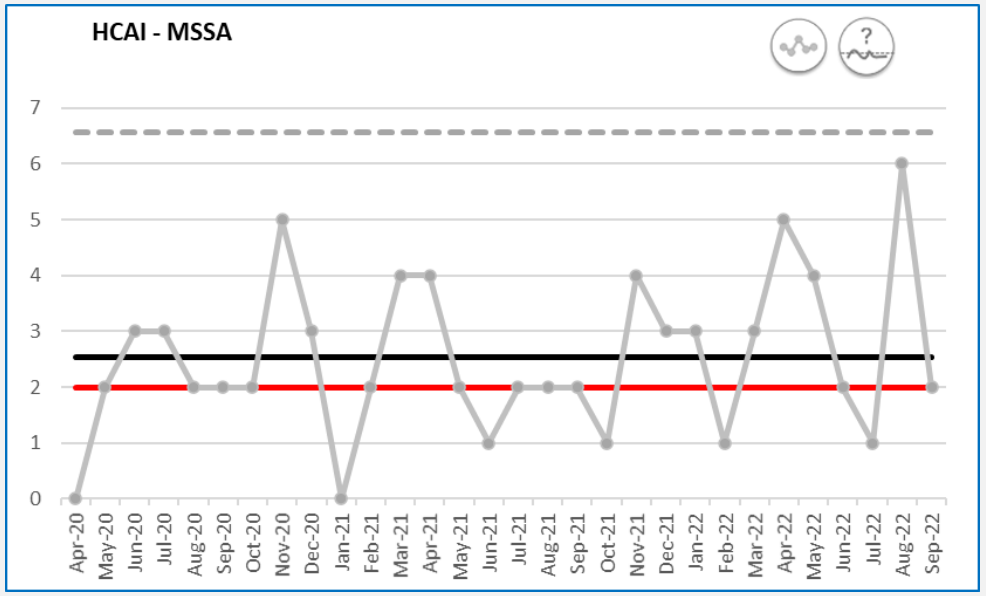
Mortality performance indicators are a standing agenda item at the monthly Learning from Deaths Group where all indicators that are above the expected range are discussed and appropriate actions agreed.
Additional monthly CHKS updates have been introduced to the Learning from Deaths Group, specifically to monitor mortality performance relating to urinary tract infections, septicaemia, pneumonia, and acute and unspecified renal failure.

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 took place at the Trust Learning from Deaths group in October 2022.

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.

Infection Prevention and Control - MSSA



What are the main risks impacting performance?

- There were two cases of MSSA bacteraemia in September 2022.
- Whilst there is no national target for MSSA, YTD we are above our locally set target. Although there was a decrease in cases in Q2 compared to Q1, the numbers are higher than the same time-period last year.

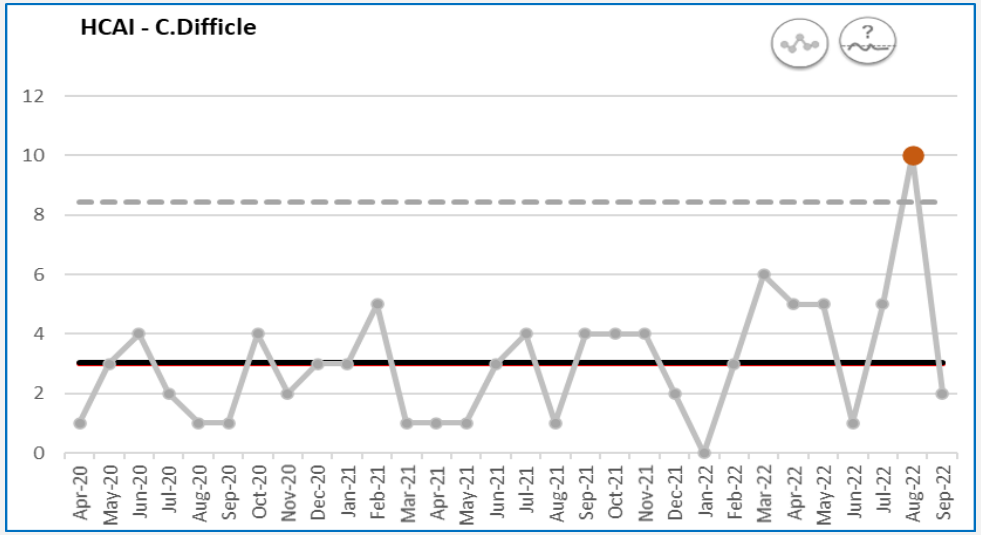
What actions are being taken to improve?

Ongoing actions across the Trust include:

- Aseptic technique training delivered by the CPE team.
- Cannula care/VIPs with ward managers ensuring daily checks are undertaken, which includes the consistent use of catheter care plans and catheter insertion documentation.
- RCA summary and actions from RCAs are presented as part of Divisional updates monthly at IPCOG.
- Catheter documentation and cannula care are audited through the monthly matrons' quality audits and reviewed at the monthly Nursing Quality Metrics Meetings.

Infection Prevention and Control – C. Difficile

The Shrewsbury and Telford Hospital NHS Trust



What are the main risks impacting performance?

- There was a significant reduction in the number of C. difficile cases in September 2022 compared to the previous 2 months in Q2 however, the Trust continues to report an overall increasing number of cases of C. difficile. with 18 cases reported in Q2.
- During the year to date there have been 28 cases against a target of no more that 12 cases.
- IPC Quality Ward Walks (QWW) have identified issues with sanitary equipment, compliance with hand hygiene and PPE and whilst we have seen improvements, we are still finding some issues in relation to these themes.
- Common themes from RCAs include; timely stool samples, prompt isolation, use of stool charts and Antimicrobials.

What actions are being taken to improve?

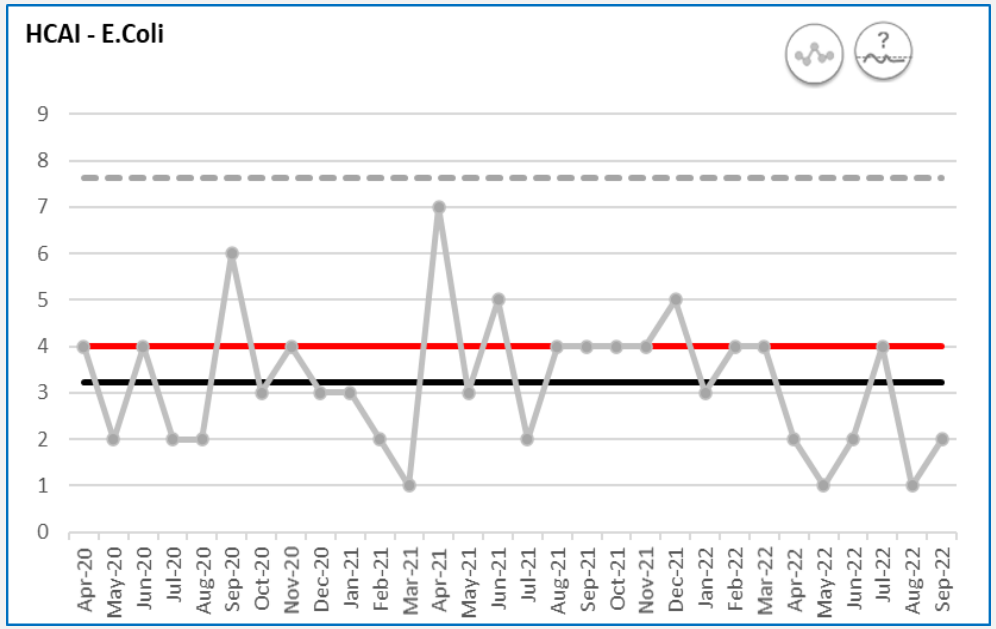
IPC improvements are ongoing; however, a specific C. difficile action/recovery plan is being developed by the IPC team for implementation and monitoring across each division.

Other actions already in place include:

- Ongoing education included as part of QWW and IPC Masterclasses.
- NHSE/I IPC masterclasses (next meeting scheduled 4th October 2022).
- Commode training has been delivered across inpatient areas.
- Daily monitoring of IPC practices by ward matrons/managers.
- New stool sample posters.

- Key messages are shared as part of the DON weekly senior nurse meeting and actions are reported via Divisional IPC reports and monitored via the IPCOG as part of their monthly reporting. The C. difficile action/recovery plan is scheduled to be approved at IPCOG and IPCAC in October 2022.

Infection Prevention and Control – E. coli



What are the main risks impacting performance?

- There have been 12 cases compared to 21 cases for the same time period in 2021/22.
- There were two cases of E. coli in Sept 2022 with no new issues being identified.

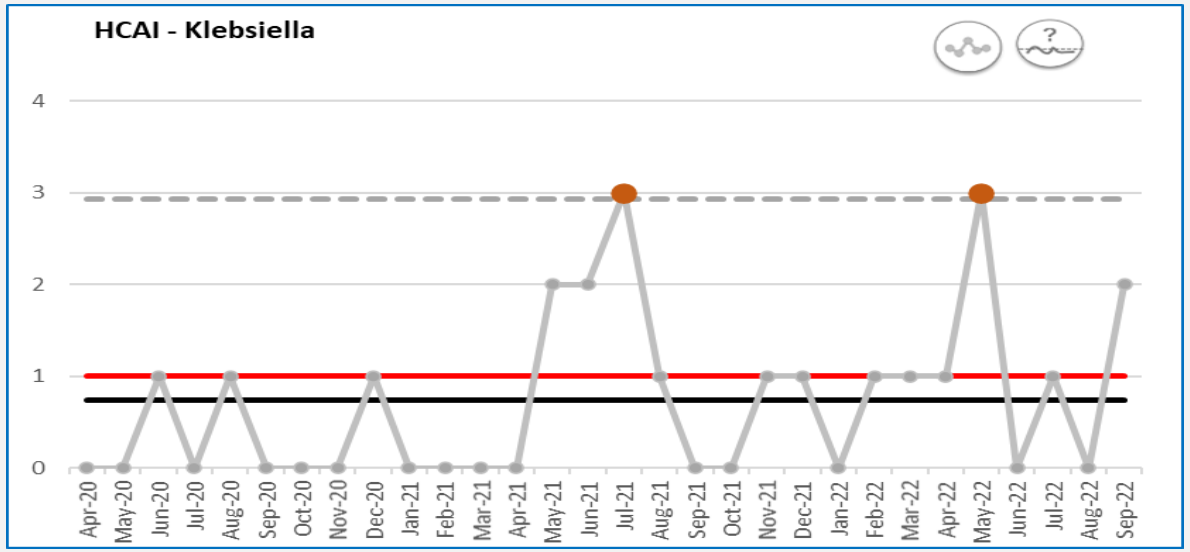
What actions are being taken to improve?

HCAI actions, and actions from previous RCAs, continue to be implemented and monitored which include:

- Consistent use of catheter insertion documentation.
- Catheter care plans in place.
- Aseptic technique training underway.
- Daily reporting of cannula VIPs and earliest possible removal of devices when no longer required.
- Timely completion of SIs and implementing the resulting actions from these incidents.
- Going forward, when a device related HCAI is reported, the IPC team will advise the team on immediate actions prior to the full completion of the RCA to facilitate early implementation of remedial actions.
- Catheter care is monitored via the monthly matron's quality assurance metrics audits, and high impact interventions audits. Actions from RCAs are reported at IPCOG, and cannula care is also monitored via the monthly matron quality audits.

Infection Prevention and Control - Other

The Shrewsbury and Telford Hospital NHS Trust

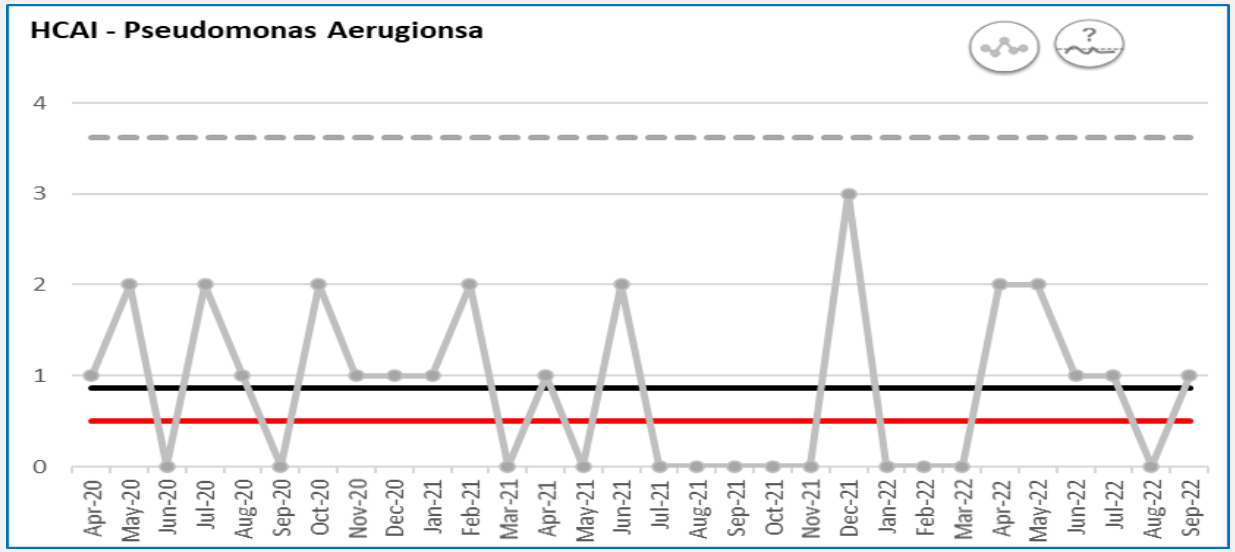


What are the main risks impacting performance?

- There were two new cases of Klebsiella bacteraemia in September 2022.
- The Trust is above its local target with seven cases YTD against a target of six by September 2022, however the Trust is below the national target.

What actions are being taken to improve?

- There is ongoing improvement work in relation to HCAIs and compliance with IPC standards and procedures. Both performance and the improvement work is monitored at IPCOG and the monthly metric meetings.



What are the main risks impacting performance?

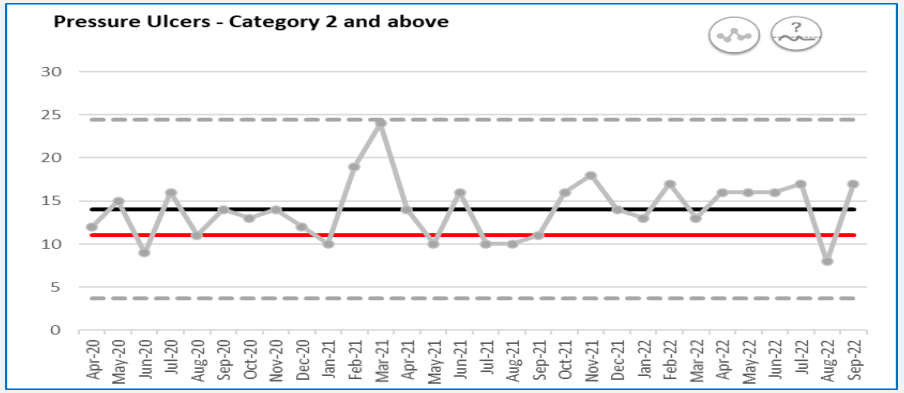
- There was one case of pseudomonas bacteraemia in September 2022.
- The Trust has breached its local improvement target with 7 cases reported YTD against a target of 6 cases for the year. However, the Trust remains below the nationally set target.

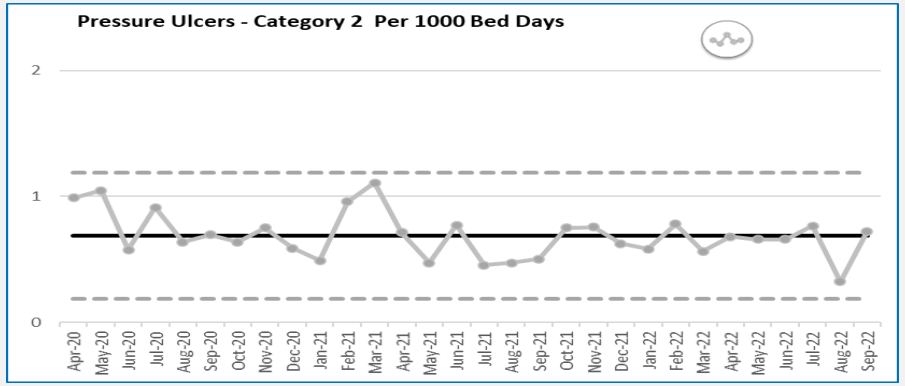
What actions are being taken to improve?

- There is ongoing improvement work in relation to HCAIs and compliance with IPC standards and procedures. Ongoing monitoring of care through matron audits are discussed at monthly quality review meetings and divisional reports to IPCOG.

Patient harm- Pressure ulcers

The Shrewsbury and Telford Hospital NHS Trust





Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	12
Surgery, Anaesthetics and Cancer	5

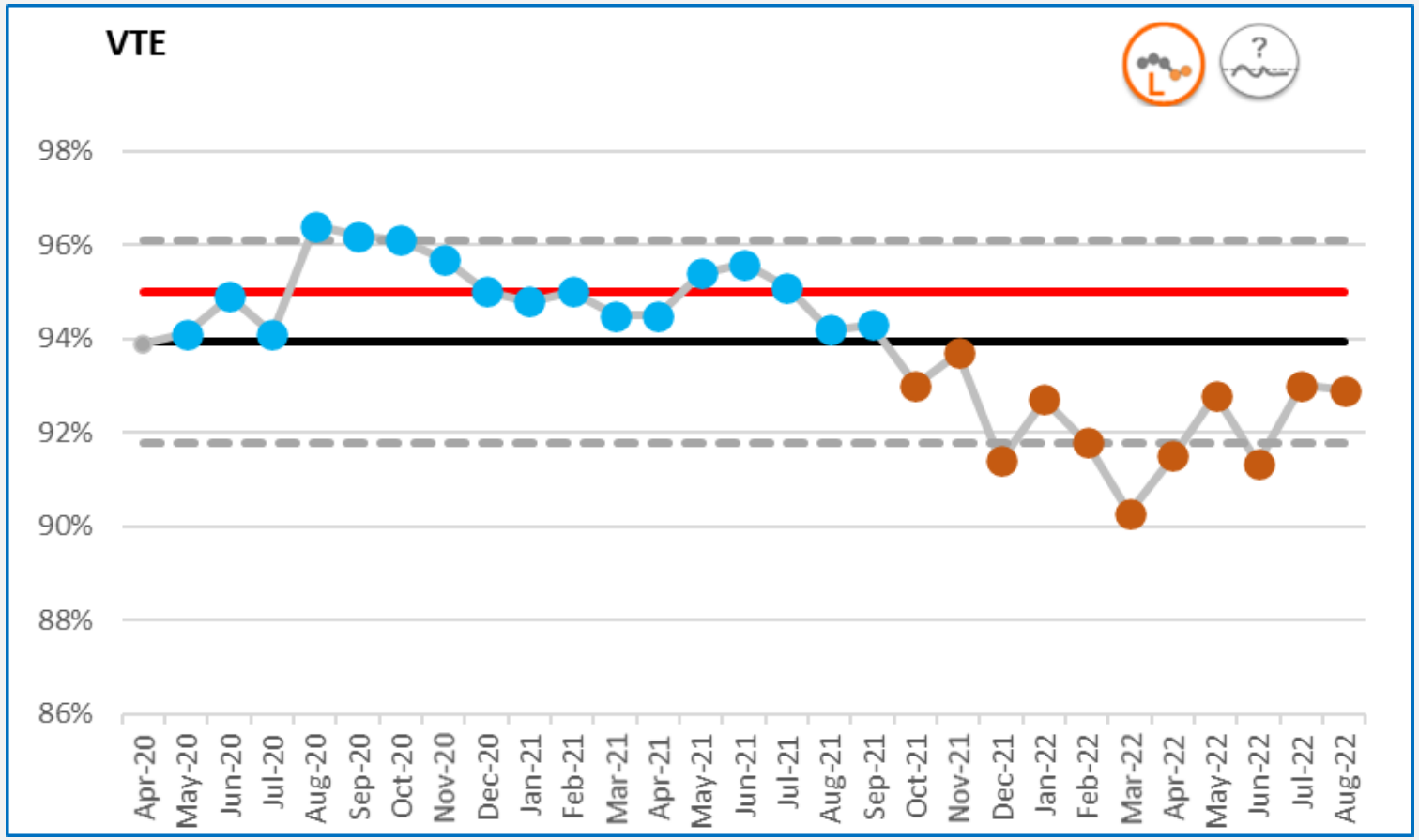
What does the data tell us?

- There were 17 acquired pressure ulcers in September 2022.
- The number of acquired pressure ulcers reported this month is above trajectory.
- There were 13 category 2 pressure ulcers and four category 3 pressure ulcers on Ward 4, Ward 10 and Ward 24. Of these cases, two met the threshold for a serious incident investigation.

What actions are being taken to improve?

- Overarching pressure ulcer improvement plan developed following a thematic review of RCA/SI reports.
- Ongoing work to ensure all patients have a Waterlow and MUST assessment completed on admission, weekly thereafter or when their condition changes.
- All RN staff to have completed mandatory TV training by March 2023. Spot checks by ward managers and matrons to ensure Waterlow assessments are accurately completed, and prevention actions implemented via care plans. Additional bespoke TVN training to wards by the Pressure Ulcer Prevention Nurse.
- Ensure that staff are requesting pressure relieving equipment in a timely manner and that any delays are escalated and recorded via Datix. All pressure ulcers have an investigation undertaken even if the threshold for an SI is not met to ensure remedial actions are taken and learning shared. All investigations are reviewed at the Pressure Ulcer Panel Meeting monthly or the SIs at the Nursing Incident Quality Assurance Meeting (NIQAM).

Patient Harm - VTE



What are the main risks impacting performance?

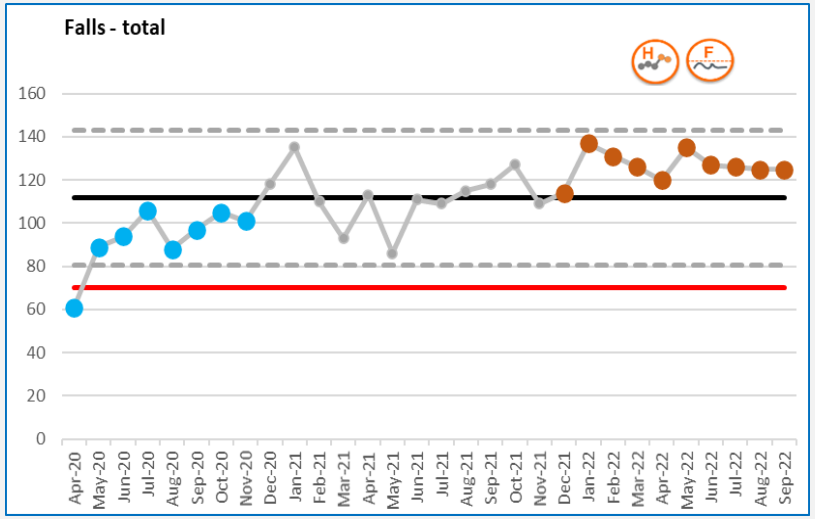
VTE assessment continues to fall below the national target line and performance is now steadily declining. Special cause concern requires further investigation and remedial action to be taken.

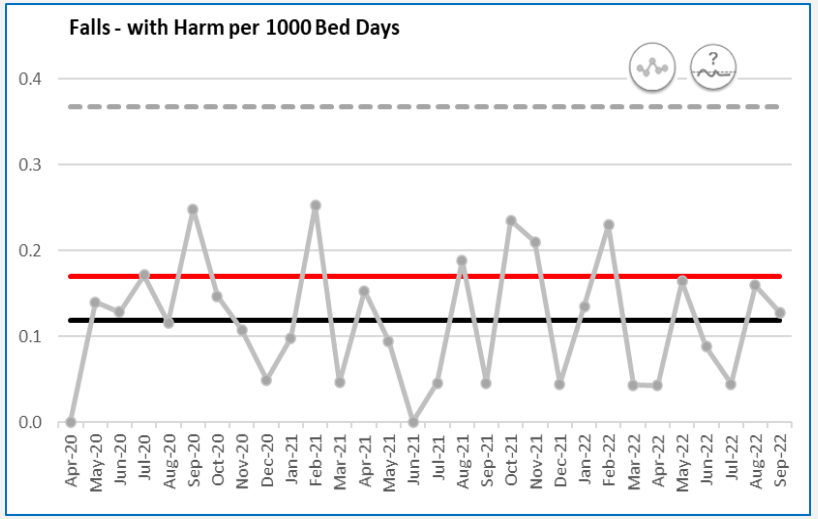
What actions are being taken to improve?

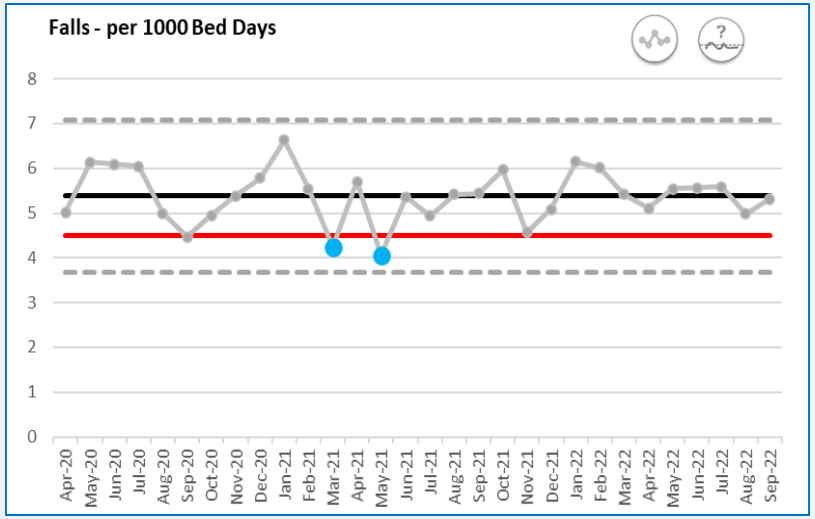
- An action plan has been put in place to address issues related to VTE assessments.
- Communication with divisional MDs, CDs, consultants, matrons, and ward managers takes place to identify any outstanding VTE assessments and to ensure completion in a timely manner.
- Work continues on accurate consultant allocation and a workshop with all key stakeholders was arranged for the end of September 2022 to review issues and to put an improvement plan in place.
- Monitoring will continue with notifications sent to consultants.
- Divisional PRMs review performance by division.
- Regular escalation of outlier consultants will be undertaken.

Patient harm- Falls

The Shrewsbury and Telford Hospital NHS Trust







What does the data tell us?

- There were 125 falls reported in September 2022, which remains above the Trust improvement trajectory.
- The falls with harm per 1,000 bed days remained low in September 2022, but the Trust continues to see falls that result in moderate harm or above for patients.
- There were three falls with harm reported as Serious Incidents in September 2022:
  - One patient fell and sustained a head injury on Ward 15.
  - One patient fell and sustained a head injury on Ward 27.
  - One patient fell and sustained a fractured neck of femur on Ward 21.

Patient harm- Falls

The Shrewsbury and Telford Hospital NHS Trust

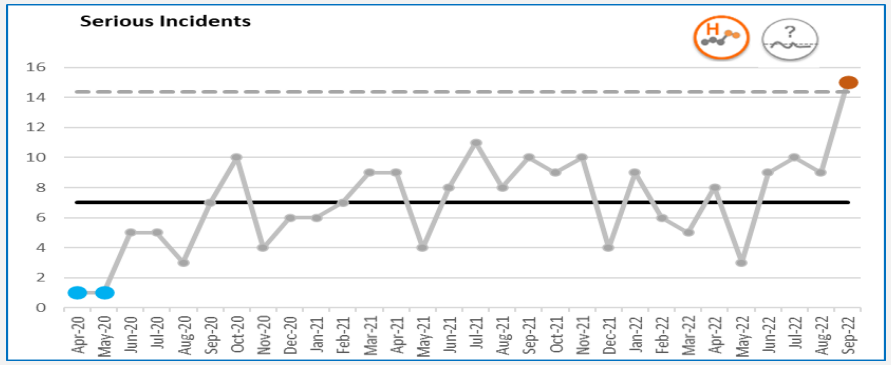
What actions are being taken to improve?

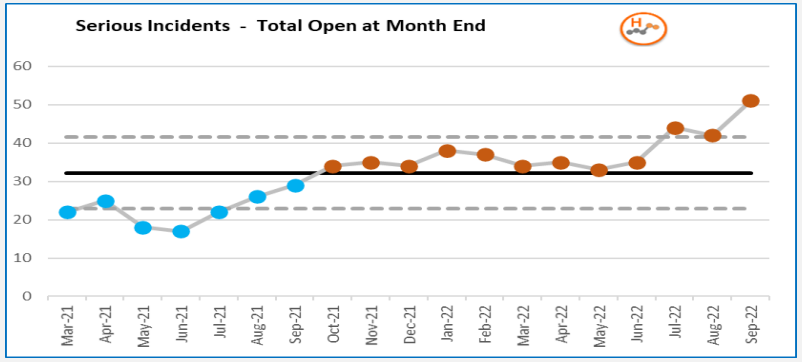
- Continue to ensure all patients have a falls risk assessment on admission and an appropriate falls prevention care plan
- To continue to ensure staff repeat the falls risk assessment and update care plans weekly or when a patient's condition changes.
- The Enhanced Patient Supervision (EPS) Lead has commenced and recruitment to an EPS team is ongoing.
- The EPS lead is reviewing the policy and risk assessments and undertaking assessments in the clinical areas in relation to the current practices around cohorting and bay tagging.
- To continue to implement actions including lying and standing BP recording and post falls neuro observations.
- Falls Improvement week was undertaken in October 2022 and patient re-conditioning improvements are planned for the beginning of November 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 occurred that week are reviewed.
- Ongoing improvement work to ensure all actions in relation to best practice for falls are embedded across the Trust.

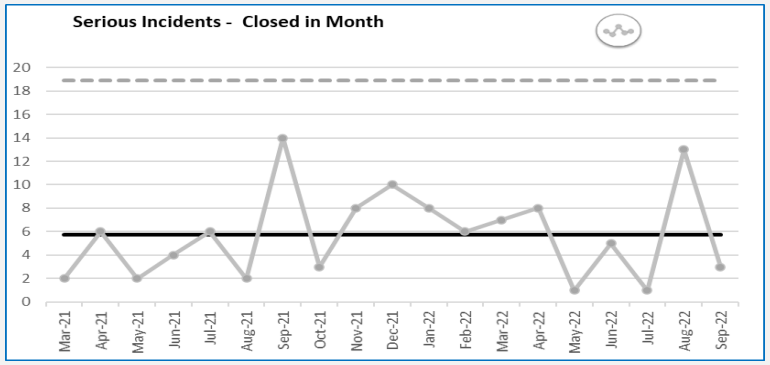
Falls – Total per Division	Number Reported
Medicine and Emergency Care	82
Surgery, Anaesthetics and Cancer	37
Women and Children's	6

Patient harm- Serious incidents

The Shrewsbury and Telford Hospital NHS Trust







SUI theme	Number Reported
Category 3 Pressure ulcer	2
Delayed diagnosis: Clot in the superior sagittal vein	1
Delay in treatment	3
Delay in diagnosis / treatment	1
Delay in diagnosis	3
Deteriorating patient	1
Fall – Fracture neck of femur	1
Fall –Fractured skull	1
Fall – subdural belled	1
Intrapartum stillbirth	1
Total	15

SI - by division	Number reported
Medicine & Emergency Care	8
Surgery, Anaesthetics and Cancer	3
Women's & Children's	4

What does the data tell us?

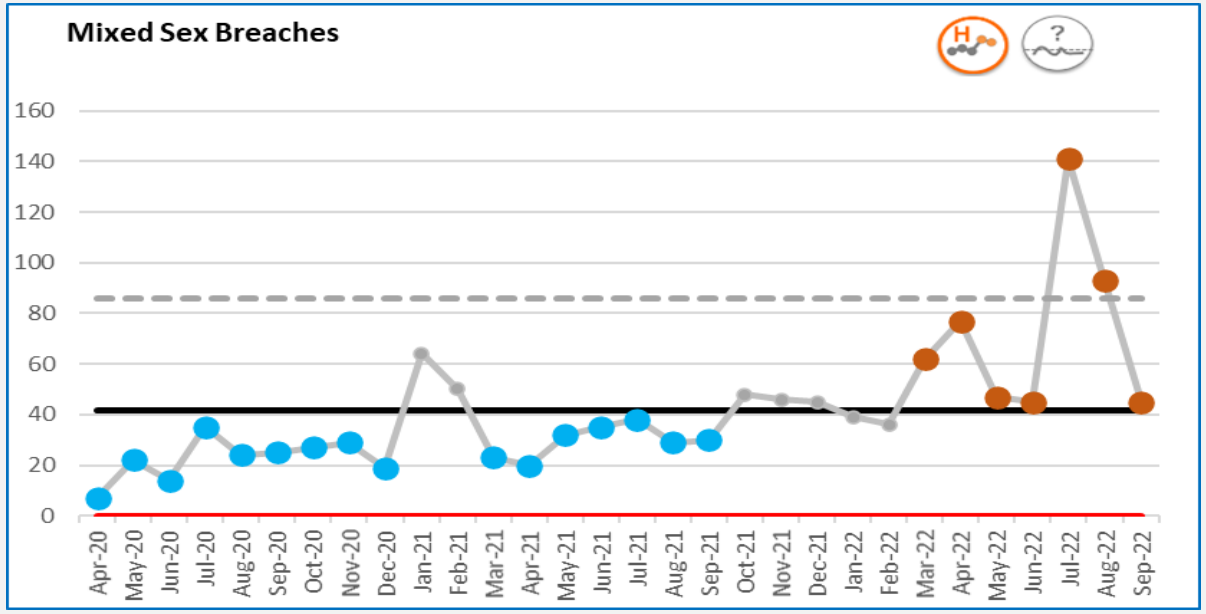
- The number of SIs reported reached its highest figure in recent years. While not uncommon to have a rise in September, this number is unusually high, and any ongoing special cause variation will be monitored for trends and themes. No obvious issues have been identified but monitoring is in place for underpinning themes.
- Number of open SIs is 51, which is slightly increasing and is now showing special concern. There were three SIs closed in September 2022, which will be monitored for trends.

What actions are being taken to improve?

- 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.
- Attain sustainable learning from incidents.

Mixed sex breaches exception report

The Shrewsbury and Telford Hospital NHS Trust



Location	Number of breaches	Additional Information
AMU (PRH)	23 breaches	13 occasions
ITU / HDU (PRH)	5 primary breaches	
ITU / HDU (RSH)	17 primary breaches	5 medical, 10 surgical, 2 orthopaedic

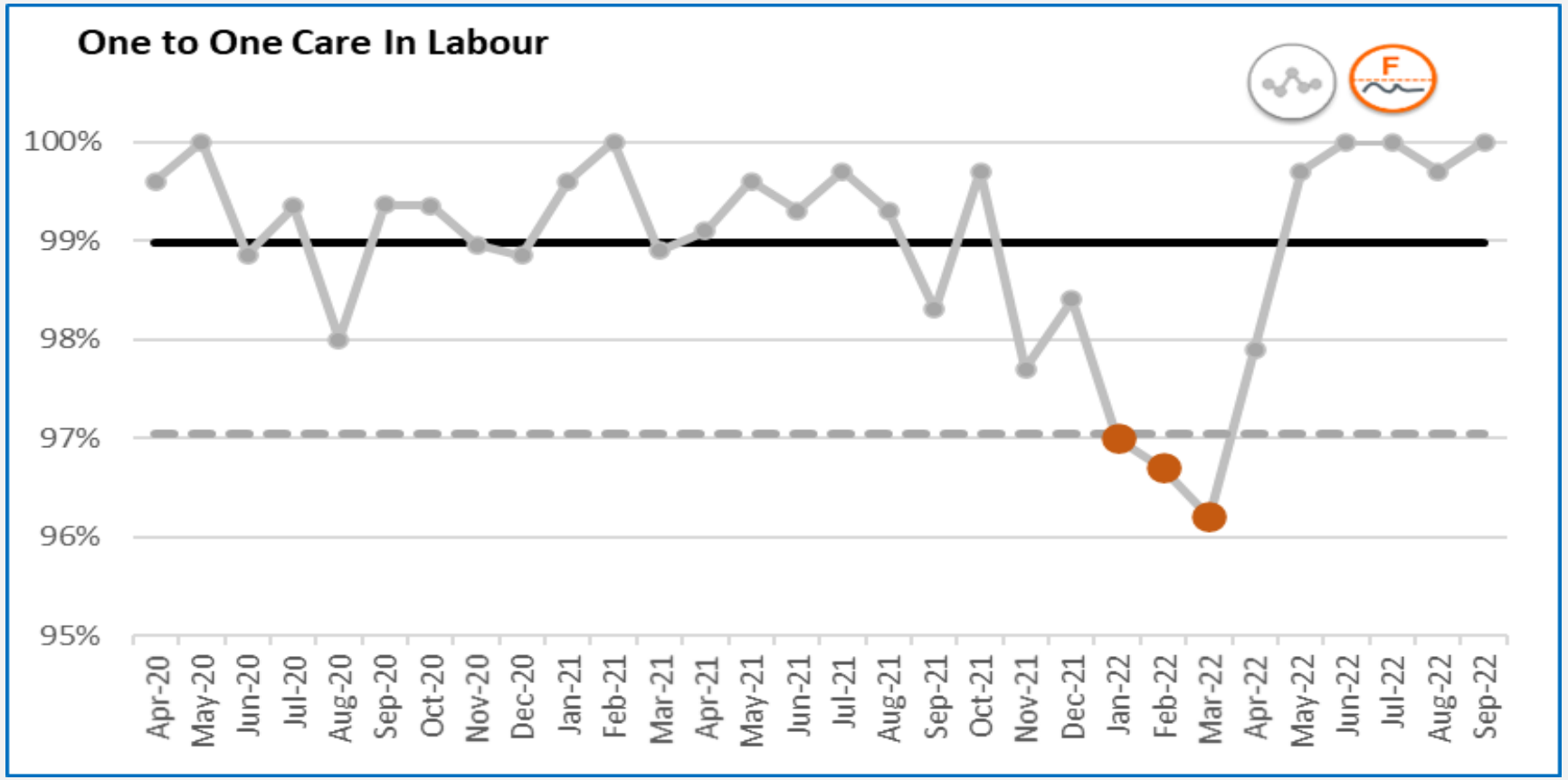
What does the data tell us?

The number of mixed sex breaches reduced in September 2022 but remains high.

What actions are being taken to improve?

- There is work to ensure that the assessment area at PRH is not used for escalation overnight for patients as this results in delays the following day with ambulatory medical patients returning to the assessment area and subsequently results in mixed sex accommodation breaches.
- 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 bed capacity earlier in the day for patients to be transferred to. An acute medical floor is also being developed, which will enable improved acute medical pathways. The decision to use the assessment area overnight for patients is made with discussion from the Executive on call.
- Curtains and screens are in place to maintain patient dignity if patients are cared for in the assessment area.

Maternity - One to One care in labour



What are the main risks impacting performance?

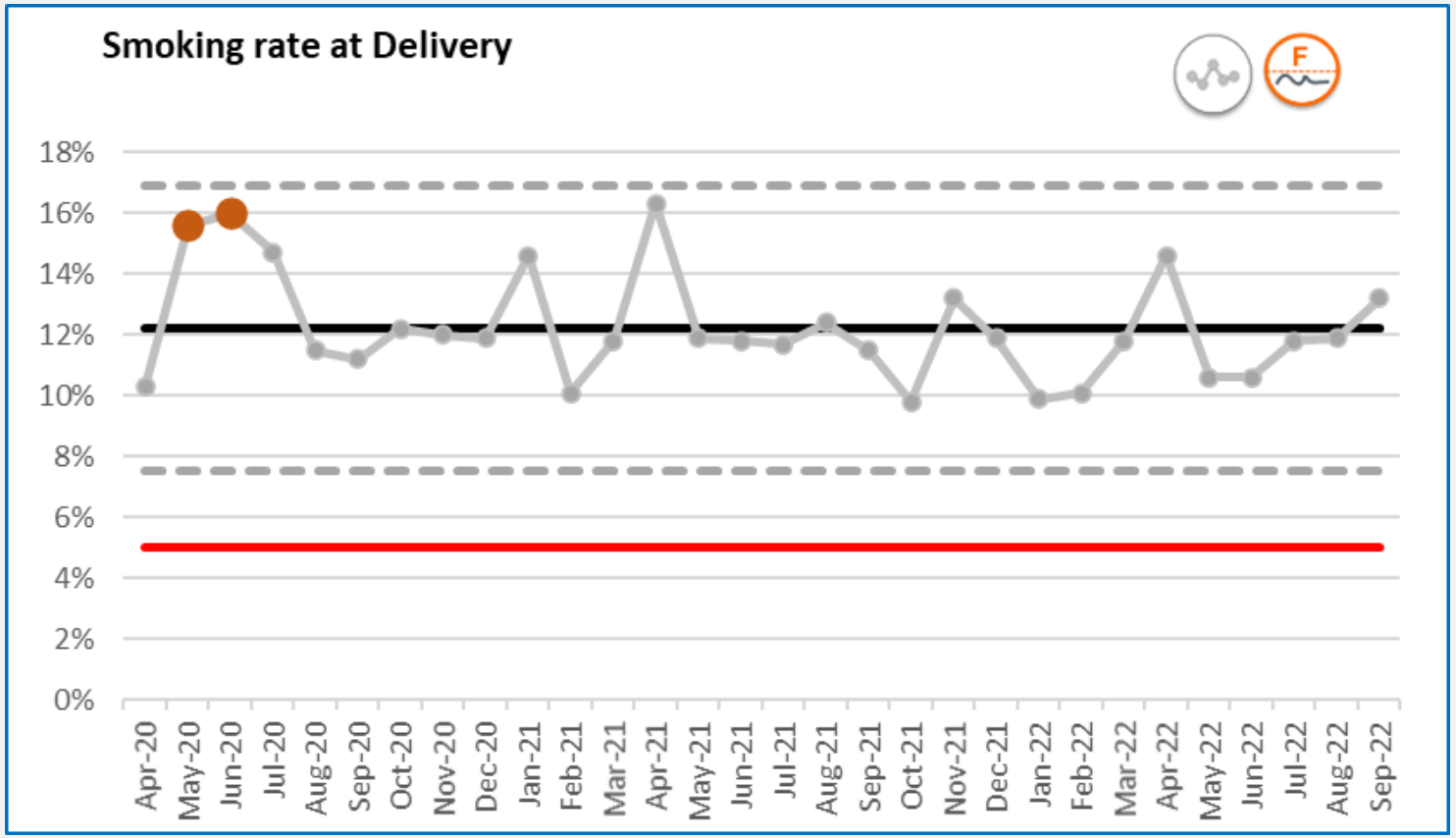
- The provision of 1:1 care in labour is a priority for the service and the actions and mitigations that have been put in place to date have been highly effective. This is evident by the 100% achievement seen this month.

What actions are being taken to improve?

- Escalation policy which contains detailed information aligned to the regional OPEL framework to support the provision of 1:1 care has now been ratified and is in use.
- Cohorting of PN women on the delivery suite for care by one midwife to enable efficient use of available staff.
- Excellent compliance with the use of the Birth Rate + tool to measure acuity.
- A 7 day manager rota is now in place to ensure oversight and action at weekends.

Maternity - Smoking rate at delivery

The Shrewsbury and Telford Hospital NHS Trust



What are the main risks impacting performance?

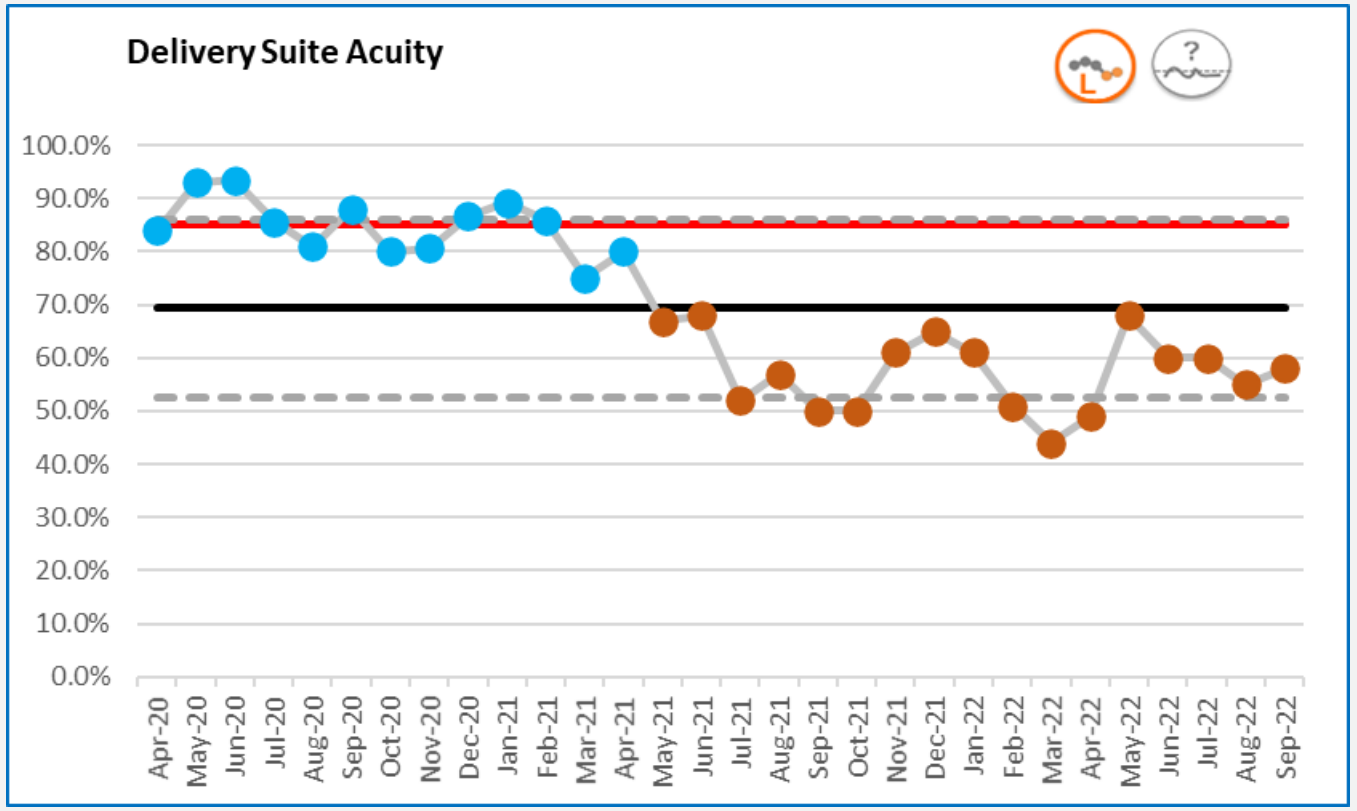
- Minimal fluctuation in figures.
- No anomalous results evident.
- A lower birth rate took place in September 2022 when compared to August 2022, therefore the percentage of smokers will appear increased in the birthed population.
- New government target is now 5% Smoking Status at Time of Delivery (SATOD). SaTH is higher than the national average (9.1%) despite a consistent reduction of SATOD figures over the last few years.

What actions are being taken to improve?

- Healthy Pregnancy Support Service (HPSS) was launched August 2022, which aims to address barriers accessing support from our service and reducing inequalities.
- Return to face-to-face home visits.
- Support and signposting offered to partners who smoke.

Despite our service launch and interventions, we may not be able to achieve the low government targets of 5% for our demographic, which is also the case across a majority of ICS's nationally where achievement of this Government target is proving challenging.

Maternity - Delivery suite acuity



What are the main risks impacting performance?

- There was a slight increase 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.

What actions are being taken to improve?

- 11 of the 22 band 5 preceptee midwives are now in post with the remaining commencing by the end of November 2022.
- Commitment to recruit up to 10 international midwives in 2023.
- Two WTE band 6 midwives have been recruited and commenced in post.
- Rolling advert for band 6 midwives.
- Birth-rate Plus reassessment has been completed and report awaited.
- Proactive management of staffing deficits embedded via weekly staffing meetings.
- Acuity tool consistently being completed, with a reassurance of data quality.
- 100% 1:1 care in labour is currently being achieved.

Quality Caring & Experience

The Shrewsbury and Telford Hospital NHS Trust

Executive Leads:

Director of Nursing

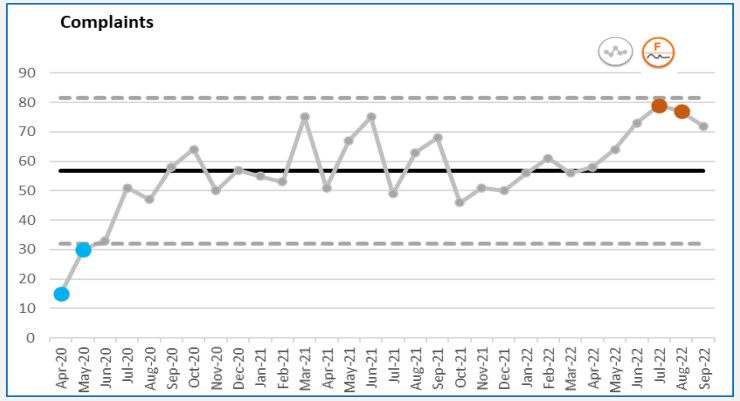
Hayley Flavell

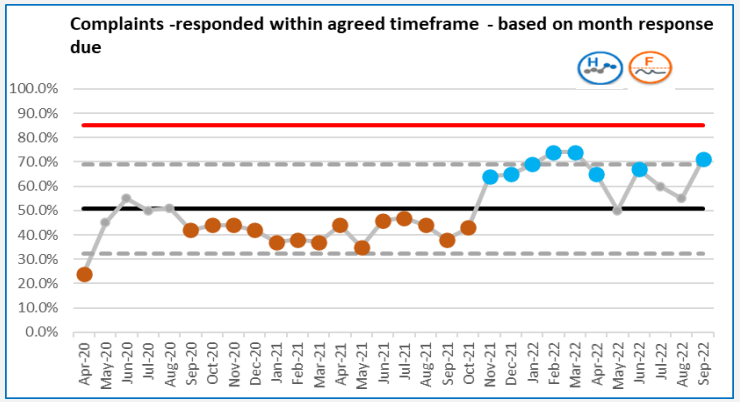
Acting Medical Director

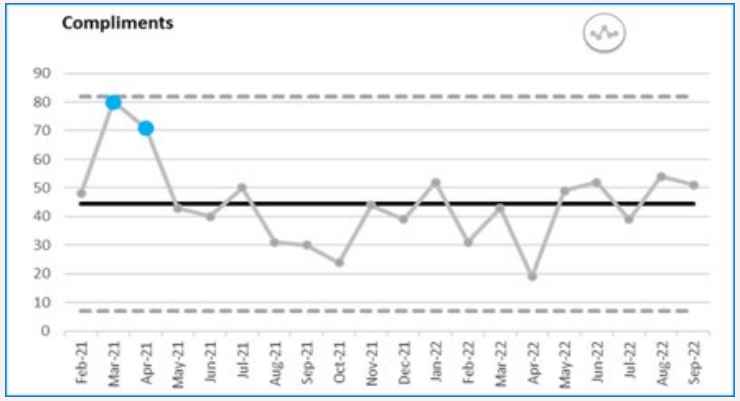
John Jones

Complaints and Compliments

The Shrewsbury and Telford Hospital NHS Trust







Overdue Complaints per Division	Number Reported
Medicine and Emergency Care	74
Surgical, Anaesthetics and Cancer	8
Other	3
Total	85

What are the main risks impacting performance?

- Numbers remain within the expected range.
- PRH ED continues to receive a higher numbers of complaints and this has been flagged with senior managers in the Emergency Centre.
- Improvements are being maintained responding to complaints in the agreed time, but further improvement is needed to reach the Trust target.
- The target of providing responses within three working days continues to be met, with 87% of complaints acknowledged within two working days, and 86% acknowledged within one working day.
- The number of compliments remains low and is thought to be due to the low recording of compliments received.

What actions are being taken to improve?

- Weekly meetings with divisions to review open complaint cases and provide support.
- Regular reviews of open complaint cases and updates provided to complainants.
- Remind staff to use the Datix system to record positive feedback.
- Regular updates to complainants.

Responsiveness

The Shrewsbury and Telford Hospital NHS Trust

Executive Lead:

Acting Chief Operating Officer

Sara Biffen

The Shrewsbury and Telford Hospital NHS Trust Integrated Performance Report

The Shrewsbury and Telford Hospital NHS Trust

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Trend
Responsiveness	ED - 4 Hour Performance (SaTH Type 1 & 3) %		95%	64%	57.9%	57.2%	58.3%	56.0%	56.0%	54.7%	58.3%	58.7%	54.6%	52.5%	53.5%	51.5%	49.6%	
	ED - 4 Hour Performance (All Types inc MIU) %		95%	-	64.6%	64.4%	65.0%	63.3%	63.6%	62.7%	65.3%	66.2%	63.0%	61.8%	62.7%	60.2%	58.3%	
	ED - 12 Hour Trolley Breaches	R	0	0	132	302	322	497	336	307	538	181	392	649	585	632	973	
	Ambulance Handover < 15 mins (%)	R	-	-	16%	13%	19%	16%	15%	13%	12%	14%	11%	9%	9%	8%	7%	
	Ambulance Handover > 15 - 30 mins (%)	R	-	-	29%	29%	36%	30%	32%	30%	29%	33%	25%	23%	26%	24%	20%	
	Ambulance Handover > 30 - 60 mins (%)	R	0%		23%	26%	19%	24%	26%	25%	24%	24%	27%	26%	26%	28%	25%	
	Ambulance Handover > 60 mins (%)	R	0%		32%	32%	26%	29%	27%	33%	36%	29%	37%	41%	38%	39%	48%	
	ED activity (total excluding planned returns)		-	12540	12887	11868	11183	11524	11061	12859	12340	13603	13280	13159	11972	12105	12869	
	ED activity (type 1 excluding planned returns)		-	10282	10861	10120	9383	9658	9314	10879	10251	11385	11115	10988	9947	10114	10639	
	Total Emergency Admissions from A&E		-	-	2939	2808	2785	2750	2672	3013	2863	3061	2957	2899	2782	2851	2842	
	% Patients seen within 15 minutes for initial assessment		-	-	30.6%	51.6%	47.1%	43.6%	36.4%	33.3%	32.7%	25.0%	24.0%	22.7%	29.4%	23.5%	20.2%	
	Average time to initial assessment (mins)				47	34	33	39	42	42	37	35	45	41	35	41	44	
	Average time to initial assessment (mins) Adult				34	26	23	24	27	33	47	47	62	56	38	44	49	
	Average time to initial assessment (mins) Children				49	36	35	43	46	45	31	33	38	39	19	32	27	
	Mean Time in ED Non Admitted (mins)		-	-	231.0	231.2	221.0	235.8	272.0	255.7	252.3	238.6	271.3	373.1	463.6	397.7	418.9	
	Mean Time in ED admitted (mins)		-	-	554.3	613.1	582.4	664.0	648.8	668.8	697.4	579.7	692.2	759.2	775.2	809.3	1026.3	
	No. Of Patients who spend more than 12 Hours in ED		-	-	1043	1200	1118	1375	1180	1502	1412	1146	1494	1787	1636	1842	2338	
	12 Hours in ED Performance %		-	-	8.1%	10.1%	10.0%	11.9%	10.7%	11.7%	11.4%	8.4%	11.3%	13.6%	13.7%	15.2%	18.2%	
	Bed Occupancy Rate		92%	-	86.8%	88.1%	86.8%	88.1%	87.1%	88.0%	88.9%	89.1%	89.8%	90.0%	90.5%	91.1%	92.2%	
	Diagnostic Activity Total			-	17833	18776	17497	17321	17243	19410	18151	19577	19208	19353	20098	19124	19426	
	Diagnostic 6 Week Wait Performance %		95%	-	64.4%	64.1%	58.7%	60.1%	63.1%	58.6%	58.7%	62.7%	60.7%	59.5%	53.0%	56.5%	58.0%	
	Diagnostic 6+ Week Breaches		0%	-	4436	4643	5158	5232	5149	6168	5994	5557	5936	6140	6846	6113	6119	
	Total Non Elective Activity		-	-	4931	5085	4831	4736	4718	5203	4869	5169	5030	4878	4717	4714	4785	
	Total elective IPDC activity		-	-	5291	5637	4918	4741	4792	5633	4670	5536	5305	5292	5448	5511	5571	
	Total outpatient attendances		-	-	43507	48215	40515	43663	43424	49931	41600	48976	46892	46031	46451	45495	45095	
	RTT Incomplete 18 Week Performance		92%	-	57.2%	59.0%	56.9%	57.6%	58.2%	58.1%	57.6%	58.7%	57.4%	55.7%	54.3%	52.9%	52.7%	
	RTT Waiting list -Total size	R	-	-	35033	35658	35008	34956	35772	36433	37936	38810	39545	41263	42487	42915	43179	
	RTT 52+ Week Breaches (All)	R	0	2375	2690	2486	2480	2446	2352	2595	2815	2910	3049	3189	3423	3618	3763	
	RTT 78+ Week Breaches (All)	R	0	223	805	537	438	367	343	396	436	393	315	315	324	344	351	
	RTT 104+ Week Breaches (All)	R	0	0	35	42	55	59	66	62	62	41	18	15	9	3	0	
	Cancer 2 Week Wait	R	93%	-	83.8%	73.6%	74.5%	68.8%	75.5%	74.5%	71.0%	76.6%	75.9%	77.3%	76.1%	67.5%	-	
	Cancer 31 Day First Treatment		96%	-	94.4%	96.6%	97.4%	80.8%	94.3%	92.1%	91.1%	90.1%	93.0%	93.2%	90.8%	86.7%	-	
	Cancer 62 Day Standard	R	85%	-	63.0%	62.5%	65.5%	43.8%	45.1%	63.9%	52.6%	50.0%	55.0%	55.5%	51.1%	45.9%	-	
	Cancer 28 Day Faster Diagnosis	R	75%	-	67.2%	59.8%	62.1%	48.2%	63.4%	56.3%	60.7%	63.7%	64.0%	65.0%	61.9%	56.0%	-	

Operational summary

The Shrewsbury and Telford Hospital NHS Trust

The emergency pathway has been under continued pressure through October with the Emergency Departments on both sites continuing to be impacted by limited flow out of the departments to the bed base. The acute floor estates work is progressing at RSH which will create a co-located Acute Medical Assessment area (AMA), Acute Medical Unit (AMU) and Short Stay Unit. Benefits expected once the building work is complete and the AMA is opened are reduced time in ED for admitted patients, reduced 12-hour breaches and reduced ambulance offload delays. The acute floor reconfiguration programme is due for completion early December 2022.

The Next Patient model has been introduced across both sites. This model is to support early patient flow, the increased use of the discharge lounge and earlier discharges in the day. Additional spaces have been identified on some wards to enable patients that are being discharged from the ward to move away from the bedspace whilst waiting for final processes to be completed for their discharge. This then enables the bedspace to be available for the next patient who is waiting to be admitted.

Work is underway to improve performance in the non-admitted pathway in several challenged specialties; there are very long waits up to 2025 for routine 1st appointments in our most challenged specialties e.g. urology. Others include T&O, cardiology, respiratory medicine and gynaecology. RTT elective waiting lists have increased in October due to persistent patient flow pressures and consistently high numbers of patients who are medically fit for discharge. To help address this, additional insourcing activity remains in place at weekends. SaTH remains on trajectory to deliver the zero target for 104 weeks in November.

Work has commenced on Phase 1 of the Elective Surgical Hub at PRH, which will become operational from June 2023. An Elective Hub Oversight Group is in place to ensure the programme is delivered as per plan and the programme is supported by the Programme Management Office (PMO).

Cancer two week wait performance remains below the national standard. There has been an increase in 2 week wait referrals and there is limited capacity to be seen within 2 weeks in gynaecology, haematology, and lung. There was an improvement in 2ww performance in breast bookings within 2 weeks at 31/10/22.

The number of patients waiting over 62 days for cancer diagnosis and treatment rose by 50 in October to 688 patients, of which 641 had no decision to treat. Radiology/ reporting, endoscopy and urology/uro-oncology consultant workforce remain significant causative factors. Prioritisation is given to cancer pathways but the turnaround of imaging reports has increased significantly with increased demand for more complex imaging. Additional outsourced reporting capacity will be available from 1st December and this is expected to reduce delays in treatment decisions being made. Mutual aid has been requested from NHS and independent sector partners.

CT scanning performance continues to improve and was >90% in October, however overall diagnostics performance remains below the national standard. Additional temporary mobile CT and MRI scanning was not supported as part of the CDC business case and therefore a STW solution will be required to deliver our diagnostic improvement trajectory in 2022/23, as this assumes additional MRI and CT capacity from November.

Operational - Emergency care

The Shrewsbury and Telford Hospital NHS Trust

What are the main risks impacting performance?

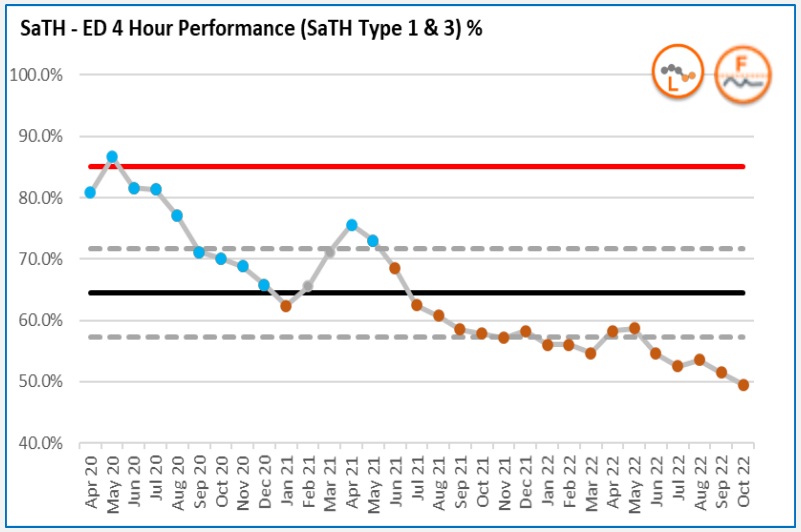
- Flow out of ED continues to be a significant issue with increased MFFD patients and a reduction in the number of complex discharges.
- Profile of discharges weighted later in the day creating significant pressure and ambulance offload delays in ED.
- Direct referrals referred to ED and the bedding down of AMA also impacts on flow.
- Staffing pressures due to recruitment challenges and sickness absence across deep bed base and ED.
- Workforce and physical capacity constraints (particularly at PRH) to meet the demand for both walk in and ambulance arrivals leads to bottlenecks in the department.
- Paediatric support to ED remains inconsistent due to staffing issues and capacity in PAU.

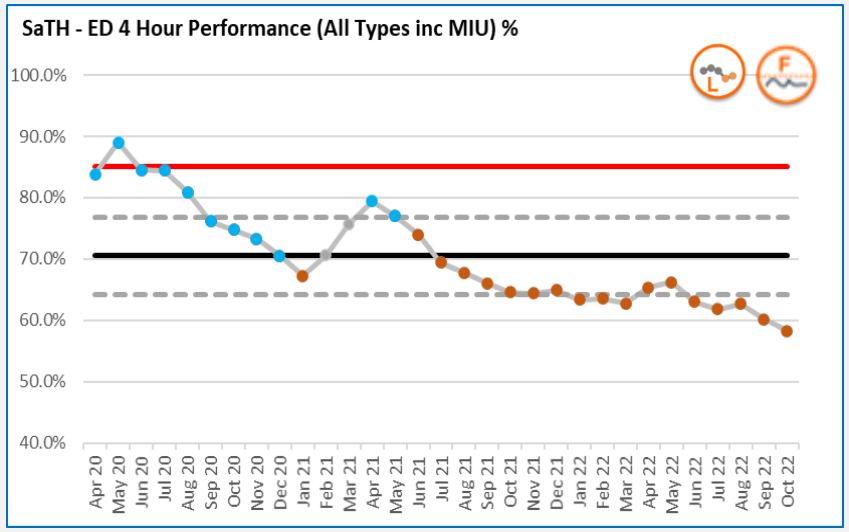
What actions are being taken to improve?

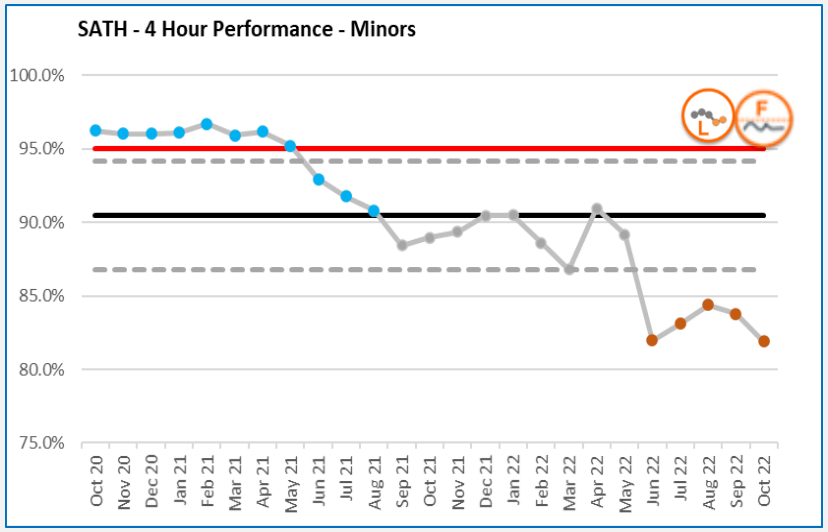
- Flow improvement programme is being led by the interim Deputy COO.
- Ambulance Receiving Area (ARA) at PRH and RSH have both developed in last month on an interim basis – RSH to commence substantively with seconded WMAS paramedics from 28/11/2022.
- The 'Next Patient' model is a significant focus to support early discharge and flow
- System led MFFD improvement programme.
- RSH ward reconfiguration commencing enabling works to create an acute floor and it is expected that this will become operational in early December 2022
- PRH SDEC reconfiguration awaiting a start and completion date for building works, which will see an increase in trollies available
- ICB ambulance handover action plan is in place and funding has been approved for key schemes with pre and post cohort plans
- Direct access for WAS and WMAS patients to SDEC with coloured phones to be introduced to support the assessment process.
- ED transformation programme launched September 2022.
- Embedding ownership of internal professional standards (IPS)
- Redirection tool being piloted in PRH ED from 31st October 2022

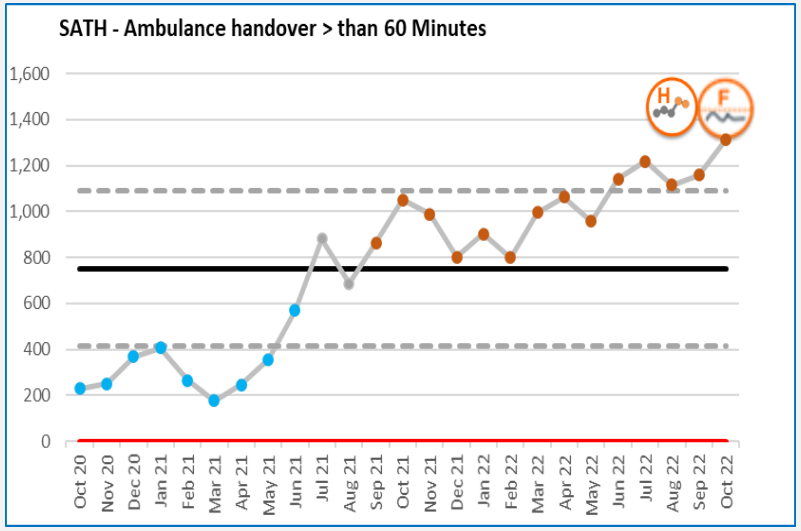
Operational - Emergency care

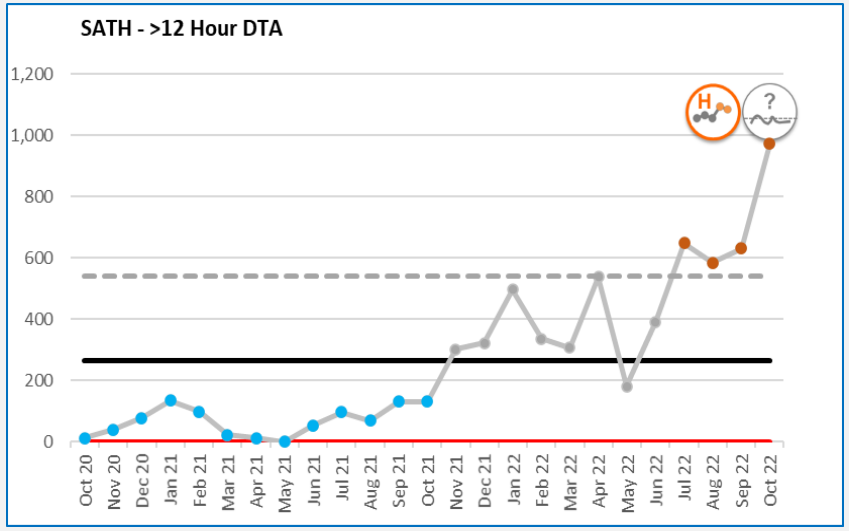
The Shrewsbury and Telford Hospital NHS Trust





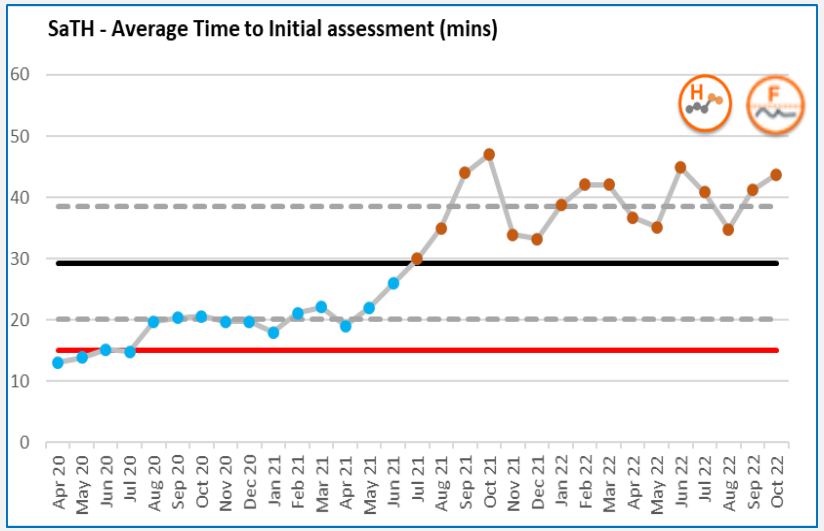


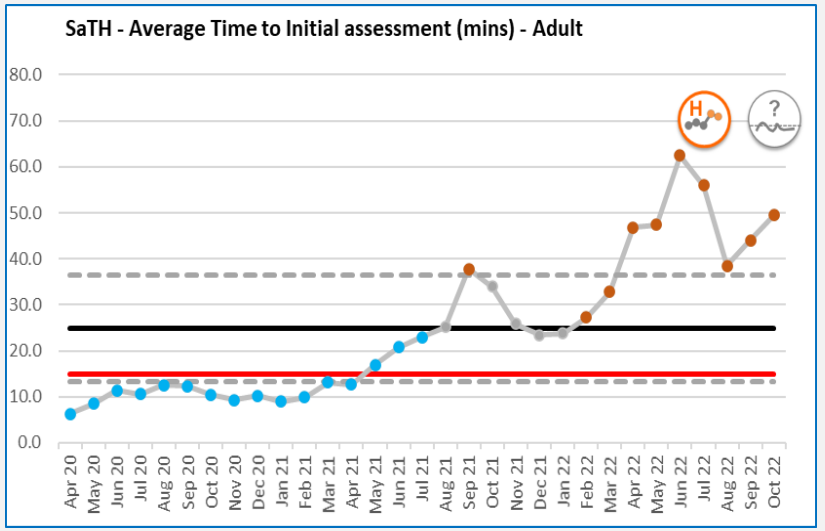


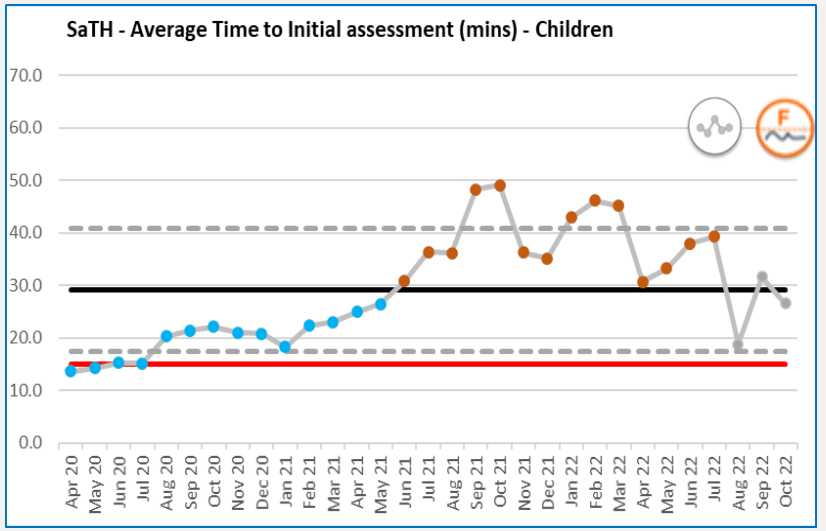


Operational - Emergency care

The Shrewsbury and Telford Hospital NHS Trust

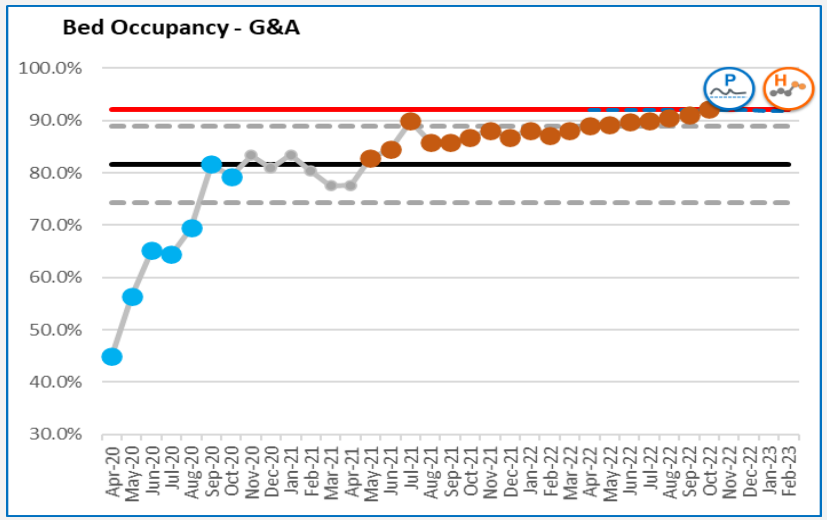


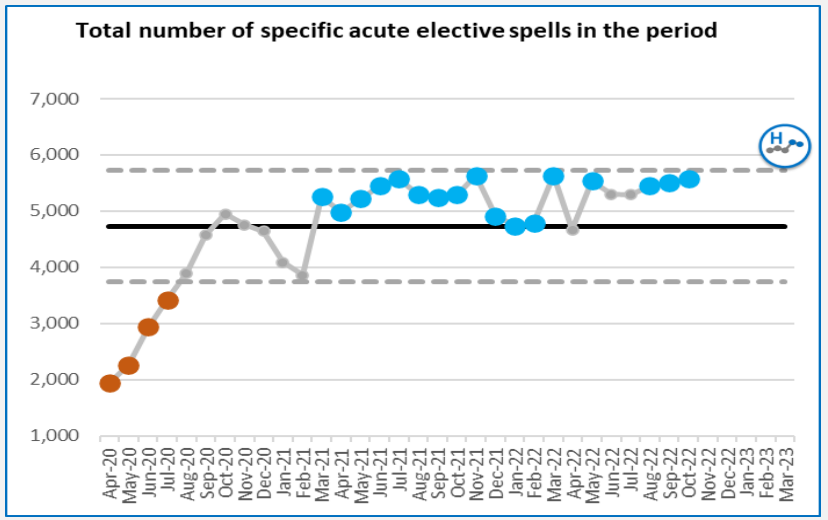


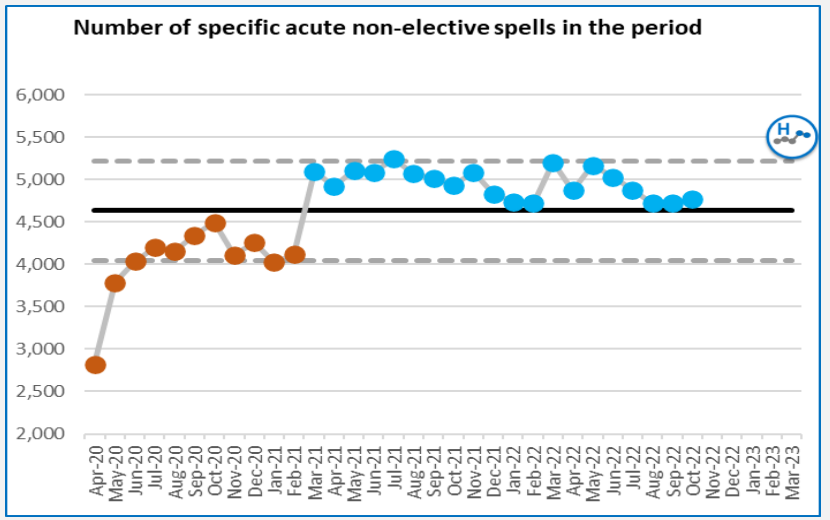


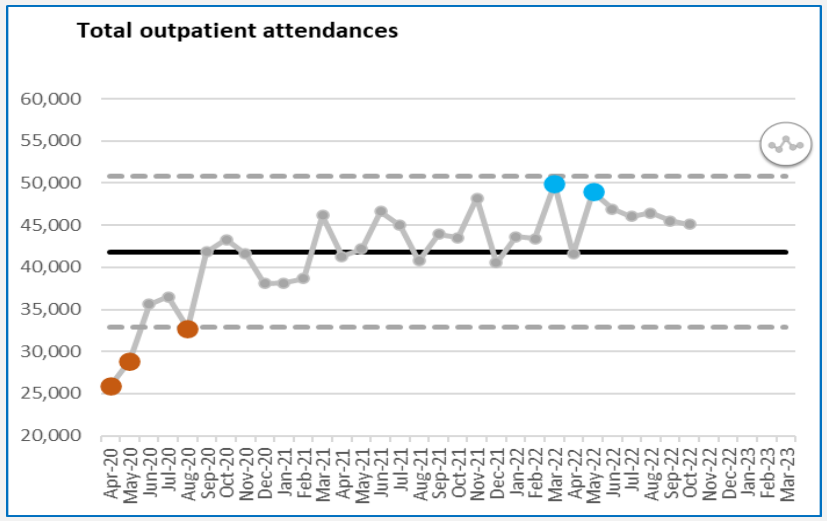
Operational – Activity and bed occupancy

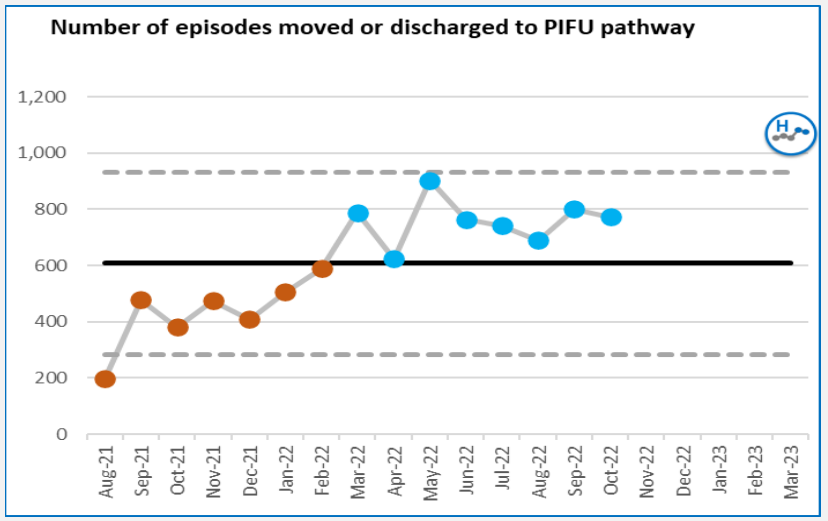
The Shrewsbury and Telford Hospital NHS Trust





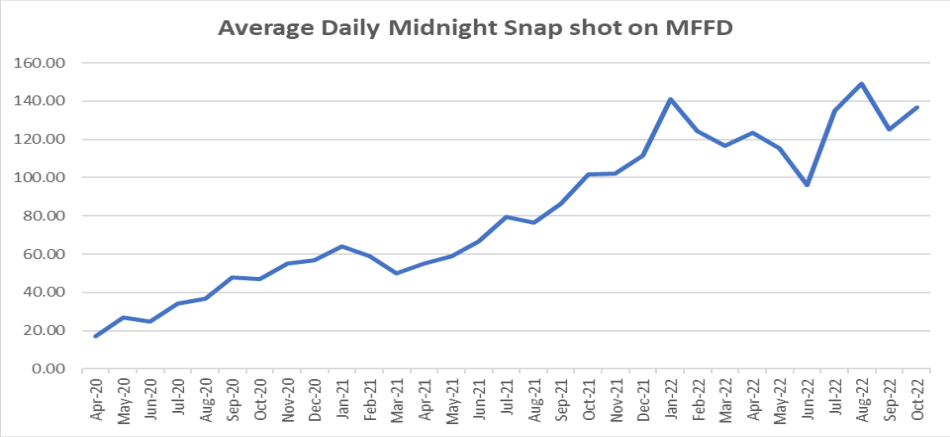


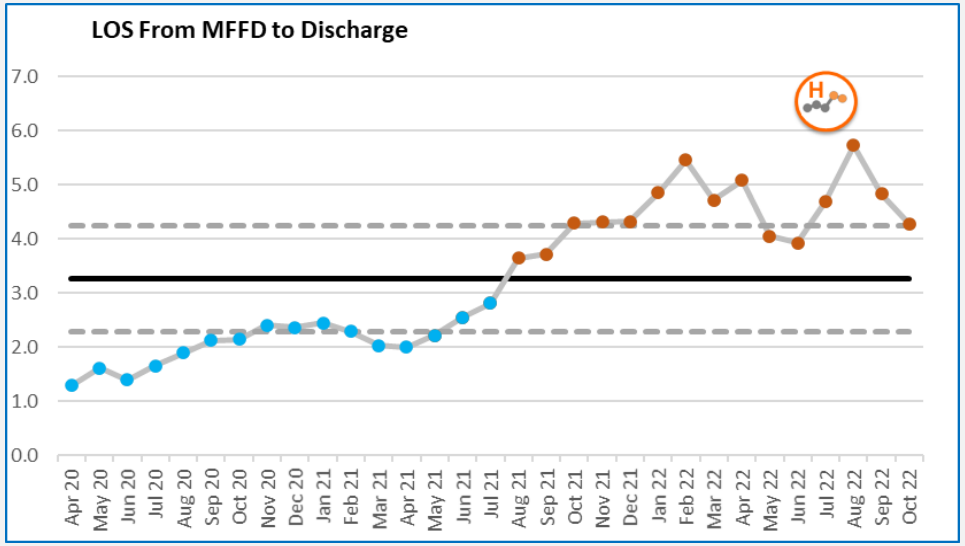




Operational – Patient flow

The Shrewsbury and Telford Hospital NHS Trust





What are the main risks impacting performance?

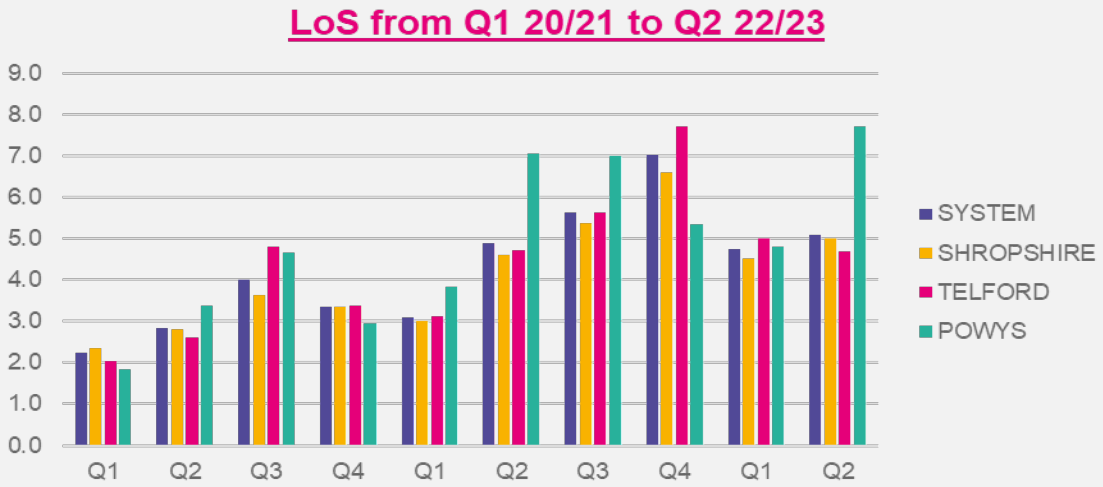
- Overcrowding in EDs due to reduced patient flow is resulting in long ambulance handover delays.
- Staff vacancies in nursing, medical, AHP and operational staff groups.
- Acuity of patients arriving in the EDs is increasing.
- Increased length of stay since COVID-19 lockdown in March 2020.
- Increasing number of patients who are medically fit for discharge - consistently > 120 per day since December 2021.
- Lack of domiciliary and care home provision in the community to receive and care for these patients.
- Poor staff morale.

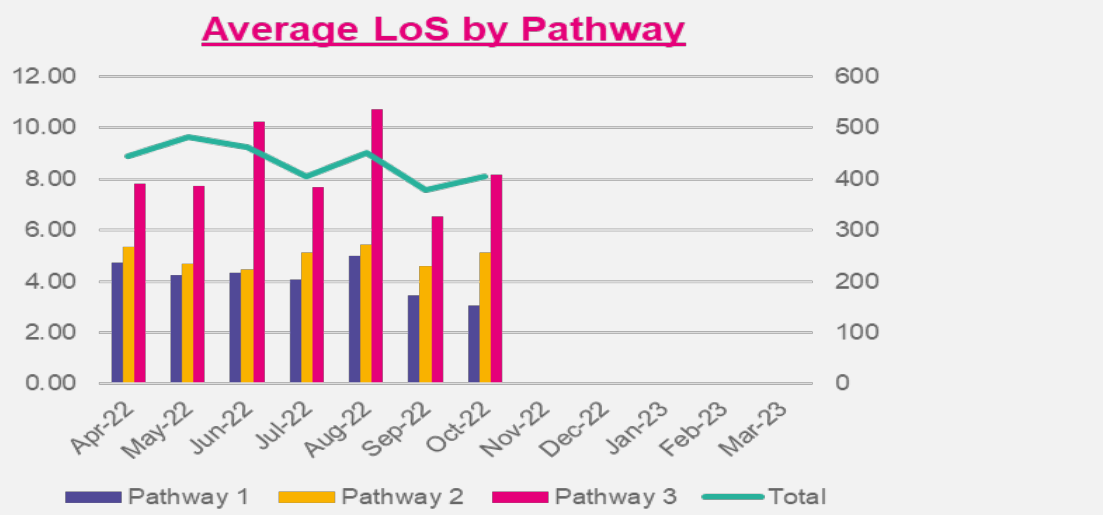
What actions are being taken to improve?

- Flow improvement programme led by Interim Deputy COO.
- Increased focus on internal SaTH systems and processes to ensure timely 'simple discharges'
- Introduction of 'Next Patient' initiative within SaTH to improve flow through ED and reduce ambulance handover delays.
- Strengthening of capacity team to include a flow matron at each site and increased support for patient flow from the operational teams.
- In reach specialist medical review in the EDs.
- Daily UEC operational calls with system partners including local authorities and care homes to agree and monitor actions on planned and potential discharges to the community.
- Working with system partners to expedite complex discharges.
- Increased senior oversight of new processes to ensure patient safety remains paramount including daily touchpoints to review progress and learning points.
- Introduction of virtual ward and pathway development to support step down from acute to community services

Operational – Complex Discharges

The Shrewsbury and Telford Hospital NHS Trust





The year-to-date Length of Stay for all pathways is as follows:-

4.2 days Pathway 1 (home with package of care)
5.0 days Pathway 2 (community rehabilitation bed)
8.6 days Pathway 3 (long term bedded placement)

What are the main risks impacting performance?

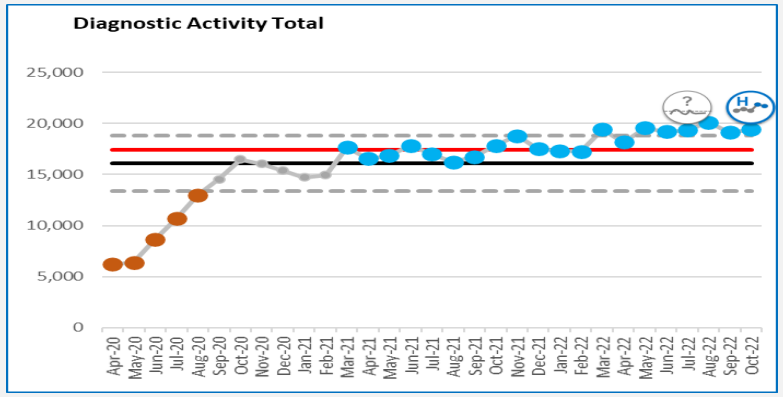
- Average length of stay from a patient becoming medically fit for discharge and discharge is an average of 5.1 days in quarter 2 of 2022/23, which is an increase compared to 4.8 days for quarter 2 in 2021/22.
- Powys length of stay has increased in quarter 2 of 2022/23 and this is impacting on bed days and flow.

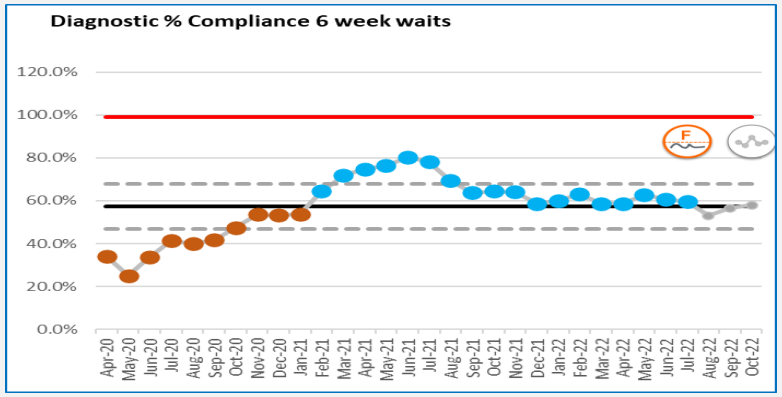
What actions are being taken to improve?

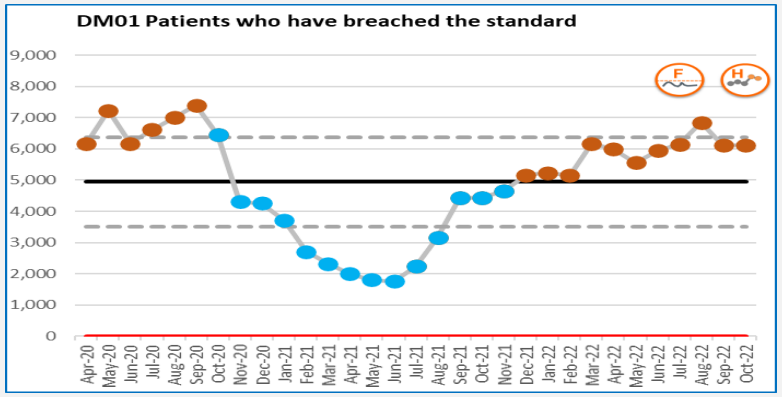
- Over 21-day reviews, which commenced in mid-October, are being undertaken on all wards on a weekly basis.
- Long stay escalation meeting has been reviewed and from mid-November will take place with each Local Authority in attendance to focus on over 21 day patients with specific external delays.

Operational - Diagnostic waiting times

The Shrewsbury and Telford Hospital NHS Trust







What are the main risks impacting performance?

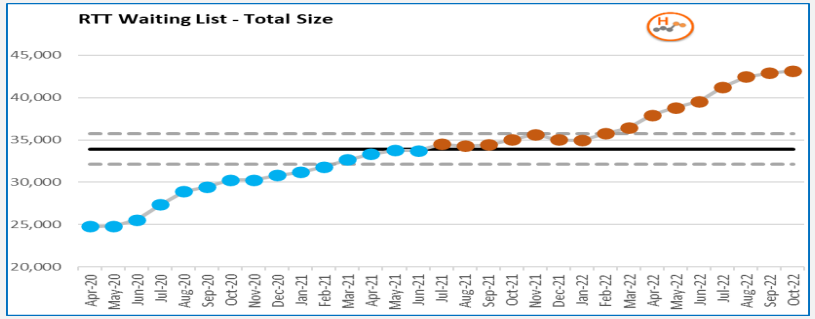
- Radiology reporting delays of up to 10-14 weeks for MRI and 8-10 weeks for CT has become a significant issue, with reports that patient care is being compromised.
- Long-standing vacancies in all modalities continue to restrict capacity with reduced resilience during periods of sickness or annual leave. CT scanner in POD open 2 days a week (Dec – Feb) to ensure MRI scanner is opened in POD 5 days per week.
- Clinical prioritisation of Radiology referrals and reporting for the most-urgent patients, however, this is delaying recovery of the routine backlog.
- Staff continue to be deployed to prioritise acute and cancer pathways, with a resultant impact on routine capacity.
- Ongoing uncertainty regarding availability of CT and MRI contrast media which may impact on activity is being closely monitored.
- Global shortage of Technetium is impacting on the Nuclear Medicine service, particularly breast and bone scans. A return to normal service is expected by December 2022.

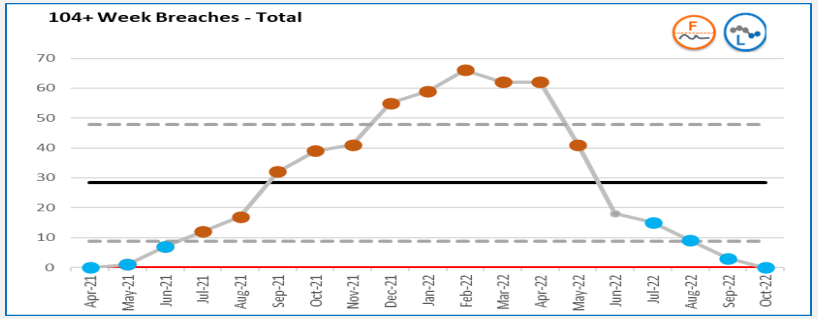
What actions are being taken to improve?

- Additional outsourced reporting will be available from 1/12/2022 providing additional capacity for 100 CT and 100 MRI reports per week. Plain X-ray insourced reporting to commence by beginning of December 2022.
- On-site independent sector mobile CT and MRI scanners, along with US insourcing. Non-urgent CT scanning performance is now >90%. Business cases for additional mobile scanning (and reporting) needed in this financial year have been submitted to support recovery from increased demand in non-admitted and cancer pathways.
- Ongoing recruitment for Radiologists and Radiographers. Second cohort of international Radiographers started arriving w/c 14/11/22 - (11 appointments in total).
- Use of agency and bank staff to cover workforce gaps and insourcing for US.
- Enhanced payments/WLIs are encouraging additional in-house reporting sessions and there has been a reduction in the plain film backlog and improvement in the MRI scanning backlog.
- Clinical prioritisation is in place for all radiology appointments and reports and priority is given to urgent and cancer patients..

Operational - Referral to treatment (RTT)

The Shrewsbury and Telford Hospital NHS Trust





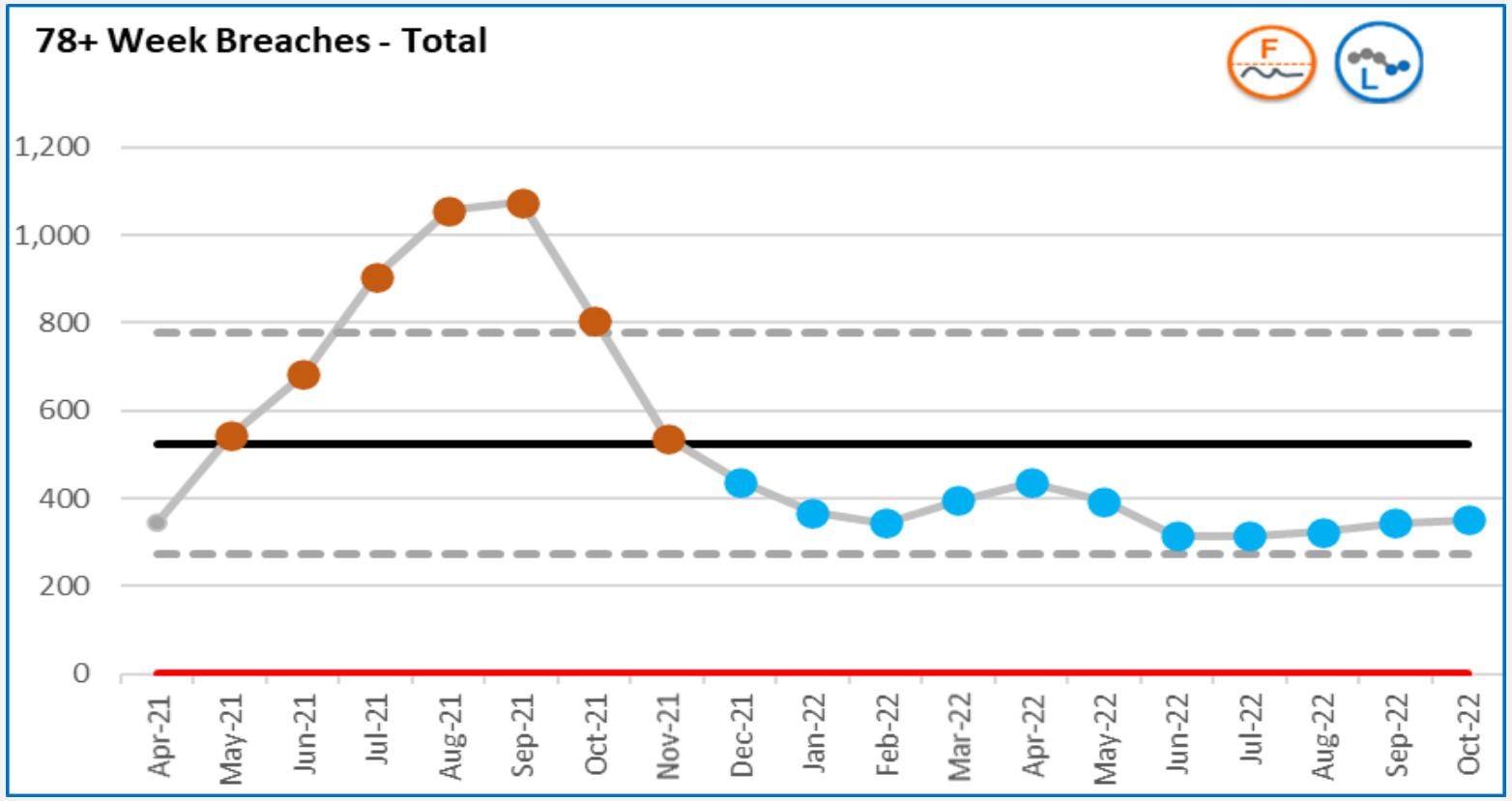
What are the main risks impacting performance?

- The total waiting list size remains high and continues to be larger than planned. This is due to persisting emergency pressures across both sites.
- Medical escalation of the DSU at PRH into two bays and side rooms is resulting in only eight elective DSU trollies being available.
- Increase in cancer referrals as these are prioritised over routine activity.
- Increased routine diagnostic waiting times.
- 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 the 31st March 2023.
- Limited theatre capacity results in the inability to open additional lists and a limited elective bed and DSU capacity on both sites.

What actions are being taken to improve?

- Theatre vacancies are being addressed through recruitment and overseas nursing and the recruitment trajectory is being monitored. Elective recovery is part of the Trust's Getting to Good programme and recovery plans have been developed as part of the 2022/23 integrated operational planning cycle and are being continuously monitored and reviewed. Weekly NHSE meetings are in place to challenge the number of patients waiting 104 and 78 weeks.
- Clinical priority of patients waiting 104+ weeks continues and lists are allocated on clinical need. Optimising of the Vanguard theatre is in place and continued use of '18 weeks' insourcing at weekends.
- Weekly recovery meetings are also in place and also an established weekly outpatient transformation meeting with centres to further develop and monitor the PIFU and virtual plans by specialty and with clinical engagement. There is insourcing taking place at weekends but internal staffing remains challenging.
- We are exploring mutual aid options for challenged specialties, along with exploring options for elective orthopaedics at PRH.
- Phase 1 of the Elective Hub is underway and will be operational from June 2023. Phase 2 will be operational from March 2024.
- Teams working with the BI team, are pulling together sub specialty 78 week improvement trajectories for challenged areas

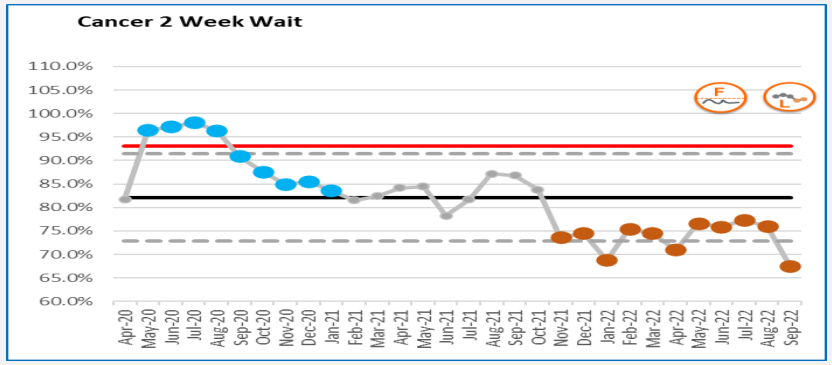
Operational - Referral to treatment (RTT)

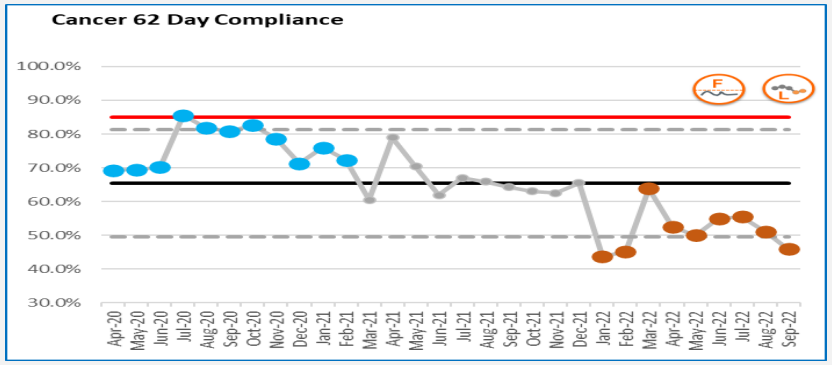


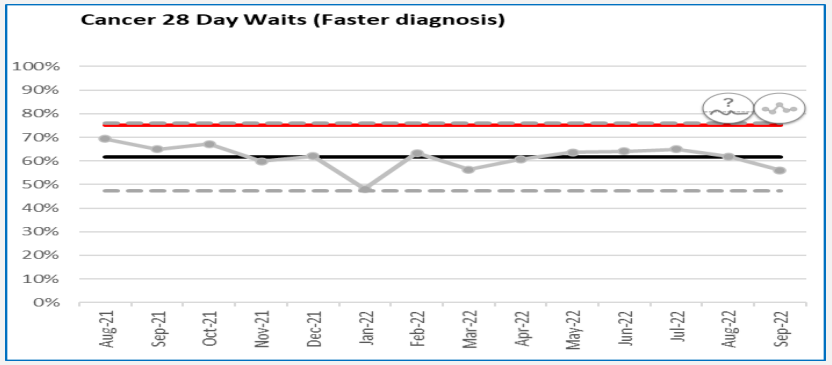
- National reporting of patients waiting 78 weeks and over records those patients who are currently waiting this length of time (or longer). This performance is represented in the total breaches chart and shows a month on month increase is taking place with 351 patients currently waiting 78 weeks or longer.
- Although the cohort position is reducing every month, we are some way off achieving our target of 211 patients waiting 78 weeks by the end of March 2023. We are working with each of the specialties to develop robust trajectories for improvement and factoring in a range of interventions that will further improve the position. There is a further cohort of patients who are currently likely to breach 78 week waits in the first months of 2023/24 so it is imperative that as much progress is made as possible on these trajectories.
- Subsequent IPRs will show delivery against the specialty level trajectories and progress against the overall cohort trajectory.

Operational - Cancer performance

The Shrewsbury and Telford Hospital NHS Trust







What are the main risks impacting performance?

- There has been a rise in cancer 2 week wait referrals which is impacting on delivery of the 2 week wait standard in Breast, Gynaecology, Skin, Head & Neck, Haematology, Urology, UGI and Lung. This is in part due to radiology capacity for the one stop clinics in breast and gynaecology and consultant capacity in lung and haematology but overall demand is exceeding pre-COVID levels.
- Diagnostics capacity does not meet demand and this was a significant issue prior to COVID-19. Total turnaround times for urgent CT & MRI have grown to 10-14 weeks.
- Surgical capacity has not returned to pre-COVID-19 levels. Capacity at Tertiary Centres for surgery is impacting on pathways resulting in additional delays for treatment.
- Several MDT sites are reliant on locum staff and/or a third party provider e.g. Urology, Oncology, Head & Neck & Skin

Operational - Cancer performance

The Shrewsbury and Telford Hospital NHS Trust

What actions are being taken to improve?

- 175 additional US slots for post-menopausal bleeding clinics will be available in November/December 2022 to support the gynaecology 2WW recovery and one-stop post menopausal bleeding clinics returning from December 2022.
- Additional actions have been put in place to mitigate against the impact of postal strikes.
- Telederm pilot is to commence in the Shrewsbury Primary Care Network in December 2022.
- Exploring triaging in colorectal referrals and GPs only referring in once FIT result is known.
- 2WW Head & Neck referral proforma has been revised and awaiting implementation, with an aim to improve the quality of referrals.
- Weekly review of PTL lists using Somerset Cancer Register are undertaken and escalated in line with the procedure. Best practice pathways are being reviewed and improvement trajectories for each tumour site continue to be developed. In addition, weekly NHSE Tier 2 monitoring is in place.
- Weekly internal cancer performance and assurance meetings are in place to monitor improvement actions for challenged sites.
- Second outsourced reporting provider for Imaging is being introduced from 28th November providing additional reporting capacity of 200 reports per week for CT & MRI
- WLIs are offered for Radiologists and Radiographer reporting. Plans are also being progressed for Fine Needle Aspiration (FNA) to be undertaken by Advanced Practice Radiographers.
- New Oncologist, Professor Gollins commenced to support Uro-Oncology as a locum.

Activity vs operational planning

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 following table.

Performance is below plan across all points of delivery, which is as a result of emergency pressures impacting on elective recovery. Recovery against the 2019/20 baseline is also seeing a similar picture however, first outpatient attendances continue to show lower activity levels.

There are very long waits for 1st outpatient appointments in some of our most challenged specialties e.g. the next available routine 1st appointment in urology for an adult is June 2025 and this has attracted recent media interest. Other specialties with similarly long waits are T&O, Cardiology, Respiratory and Gynaecology.

Work is underway to look beyond the aggregate position and to identify specific specialties or patient cohorts that are showing larger variances of recovery to ensure targeted improvement can take place.

Total first outpatient attendances	April	May	June	July	August	September	October	YTD
19/20 Baseline	14,420	15,850	14,859	16,673	14,419	15,057	16,640	107,918
22/23 Actual	14,487	18,102	16,814	16,518	16,525	17,285	16,731	116,462
22/23 Plan	16,116	17,120	18,056	20,165	17,768	18,663	20,367	128,255
22/23 vs Baseline	100.5%	114.2%	113.2%	99.1%	114.6%	114.8%	100.5%	107.9%
vs plan	-11%	6%	-8%	-22%	-9%	-9%	-22%	-11%
Actual vs plan	89.9%	105.7%	93.1%	81.9%	93.0%	92.6%	82.1%	90.8%

Total follow up outpatient attendances	April	May	June	July	August	September	October	YTD
19/20 Baseline	29,958	30,804	28,545	32,543	27,012	27,255	30,341	206,458
22/23 Actual	27,113	30,874	30,078	29,513	29,926	29,639	28,990	206,133
22/23 Plan	29,229	29,093	31,749	35,527	29,845	30,038	33,873	219,355
22/23 vs Baseline	90.5%	100.2%	105.4%	90.7%	110.8%	108.7%	95.5%	99.8%
vs plan	110.5%	99.8%	94.9%	110.3%	90.3%	92.0%	104.7%	-6%
Actual vs plan	92.8%	106.1%	94.7%	83.1%	100.3%	98.7%	85.6%	94.0%

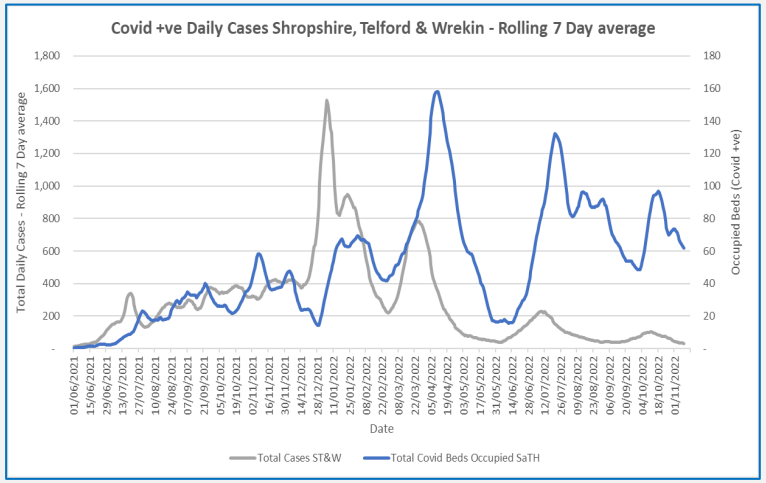
Total number of specific acute elective spells in the period	April	May	June	July	August	September	October	YTD
19/20 Baseline	329	385	426	488	408	384	438	2,858
22/23 Actual	193	296	281	285	268	269	312	1,904
22/23 Plan	163	279	487	553	471	449	492	2,895
22/23 vs Baseline	58.7%	76.9%	66.0%	58.4%	65.7%	70.1%	71.2%	66.6%
vs plan	170.5%	130.1%	151.6%	171.2%	152.2%	142.8%	140.4%	-35%
Actual vs plan	118.4%	106.0%	57.7%	51.5%	56.9%	59.9%	63.4%	65.8%

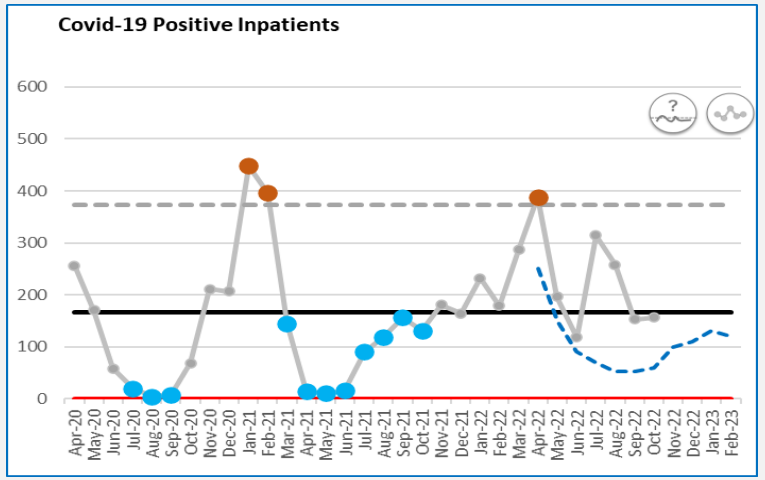
Total number of specific acute elective day case spells in the	April	May	June	July	August	September	October	YTD
19/20 Baseline	4,997	5,434	5,015	5,406	4,944	4,980	5,427	36,203
22/23 Actual	4,477	5,240	5,023	5,007	5,180	5,242	5,318	35,487
22/23 Plan	4,560	5,123	6,214	6,658	6,140	6,221	6,679	41,596
22/23 vs Baseline	89.6%	96.4%	100.2%	92.6%	104.8%	105.3%	98.0%	98.0%
vs plan	111.6%	103.7%	99.8%	108.0%	95.4%	95.0%	102.0%	-17%
Actual vs plan	98.2%	102.3%	80.8%	75.2%	84.4%	84.3%	79.6%	85.3%

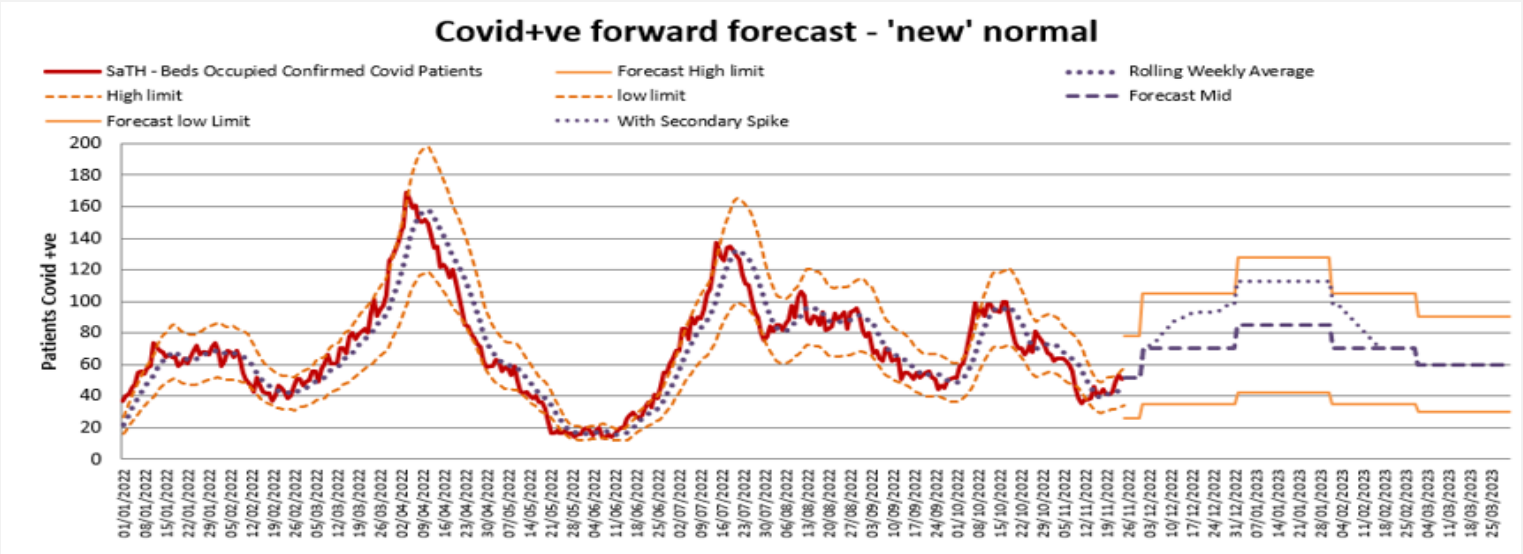
Number of specific acute non-elective spells in the period	April	May	June	July	August	September	October	YTD
19/20 Baseline	4,809	5,120	4,889	5,099	4,843	4,864	5,224	34,848
22/23 Actual	4,511	4,798	4,656	4,512	4,316	4,353	4,425	31,571
22/23 Plan	5,659	5,612	5,504	5,745	5,467	5,497	5,898	39,382
22/23 vs Baseline	93.8%	93.7%	95.2%	88.5%	89.1%	89.5%	84.7%	90.6%
vs plan	106.6%	106.7%	105.0%	113.0%	112.2%			-22%
Actual vs plan	79.7%	85.5%	84.6%	78.5%	78.9%	79.2%	75.0%	80.2%

Operational - COVID-19

The Shrewsbury and Telford Hospital NHS Trust







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 impact of the likely additional wave in the winter months.

Although System level predictions are applied with caution as the progression of Covid-19 and new variants over winter is still relatively unknown, initial modelling is anticipating an increase in Covid admissions throughout December, hitting its peak during January before a sharp decline in early February. We continue to monitor progression daily against this trajectory to ensure we are planning in the best way possible for any increases this winter.

Well Led

The Shrewsbury and Telford Hospital NHS Trust

Executive Leads:

Director of People and Organisational Development

Rhia Boyode

Director of Finance

Helen Troalen

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Trend
Well Led	WTE employed		-	6925	6008	6076	6067	6095	6123	6137	6104	6158	6166	6148	6157	6219	6270	
	Temporary/agency staffing		-	-	757	742	658	767	800	859	731	836	839	878	911	857	881	
	Staff turnover rate (excluding Junior Doctors)		0.8%	0.75%	1.2%	1.1%	1.4%	1.0%	1.0%	1.8%	1.0%	0.9%	1.1%	1.3%	1.2%	1.1%	1.2%	
	Vacancies - month end		10%	<10%	10.4%	9.0%	9.7%	9.4%	8.8%	8.2%	10.0%	9.3%	9.0%	9.3%	9.2%	9.2%	10.4%	
	Sickness Absence rate		4%	4%	5.4%	5.3%	5.6%	4.7%	4.2%	4.1%	5.0%	4.9%	5.7%	7.1%	6.0%	5.7%	6.1%	
	Trust - Appraisal compliance		90%	90%	84%	84%	82%	78%	80%	81%	80%	81%	81%	80%	82%	80%	81%	
	Trust Appraisal – medical staff		90%	90%	89%	88%	88%	90%	92%	93%	92%	93%	94%	92%	91%	91%	89%	
	Trust Statutory and mandatory training compliance		90%	90%	85%	85%	83%	83%	83%	82%	80%	80%	81%	83%	85%	86%	88%	
	Trust MCA – DOLS and MHA		90%	90%	77%	76%	77%	78%	79%	79%	73%	73%	77%	78%	78%	80%	81%	
	Safeguarding Children - Level 2		90%	90%	90%	89%	83%	88%	88%	84%	83%	83%	85%	87%	89%	89%	90%	
	Safeguarding Adult - Level 2		90%	90%	88%	87%	81%	86%	87%	87%	81%	84%	83%	85%	86%	87%	89%	
	Safeguarding Children - Level 3		90%	90%	83%	83%	85%	85%	87%	76%	75%	77%	78%	78%	78%	79%	82%	
	Safeguarding Adult - Level 3		90%	90%	54%	58%	62%	63%	65%	60%	56%	71%	57%	67%	71%	75%	80%	
	Monthly agency expenditure (£'000)			3177	2639	2770	2893	2585	2598	3376	2998	3297	3351	3498	3604	3553	3177	

Workforce Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

Considerable operational pressures continue to impact our workforce as we experience significant numbers of patients arriving at our emergency departments. We are focusing our efforts on supplying much needed workforce to help support what is going to be a difficult winter.

All effort is being made to recruit staff to help reduce gaps going into winter including recruitment events for Emergency Departments, Wards, and Critical Care. We are working collaboratively with the Job Centre to promote and hold a Facilities recruitment event in November to recruit to Domestics and Catering roles. Our recruitment teams attended a volunteer's event on 8 November to promote job opportunities and participated in the Refugee Recruitment event held 9 November.
Overall non- medical recruitment activity levels remain high with a total of 281 new starters and internal movers processed in October. We have on recruited 71 doctors that are due to start between November 2022–March 2023. A new recruitment approach has been undertaken to recruit overseas doctors which requires an English language assessment completed internally within the Trust. This is a new approach and will allow greater opportunity to recruit from a wider pool of potential candidates. 15 Emergency Doctors have already been offered roles and are now undertaking this assessment. We are also attending the Acute & Anaesthetics conference in London to showcase our vacancies and our local region.

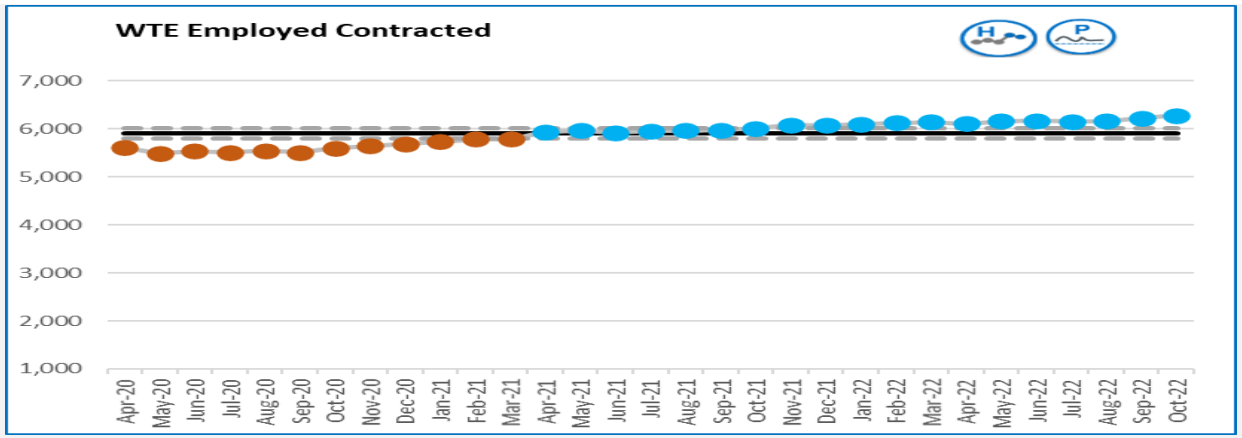
There has been an overall increase in our workforce of 50 substantive WTE from last month. Our rolling turnover rate is now at 14.7% which increased by 0.2% from previous month with an in month turnover figure of 1.19% (70 WTE). The vacancy position has increased to 655 WTE attributable to the inclusion of the Acute Floor and radiology workforce recruitment plans in the vacancy figures. Turnover is now at 14.7% which is 0.6% above target. The in-month turnover has reduced this month now at 1.19% and has been reducing since July which was 1.34%.

A new electronic exit questionnaire system has now been launched which will aid our understanding of why people leave our Trust and support our retention efforts. Over the last 24 months work-life balance as a reason for leaving has remained at a consistent level with an average mean of 14 leavers per. In response we have focused on updating our flexible working policy, launched a flexible working video, trialled team based rostering practices, implemented "buddy" training with existing Health Care Assistants with a view to them supporting new to the trust HCAs following academy induction. We have also introduced a ward transition programme for our internationally trained SaTH nurses which bridges the gap between OSCE preparation and the clinical area. We are currently looking at whether this model would work for all new starters to the Trust.

Appraisal rates have improved this month now at 81% and our medical appraisal rates are at 89% which is 1% away from our target of 90%. Mandatory training has been improving each month since May (79%) which is now at 88%, 3% away from our target of 90%. This is the highest level of compliance on the last 12 months. Similarly, IG training is at the highest level of the year at 84% against a target of 90%.

Workforce

The Shrewsbury and Telford Hospital NHS Trust

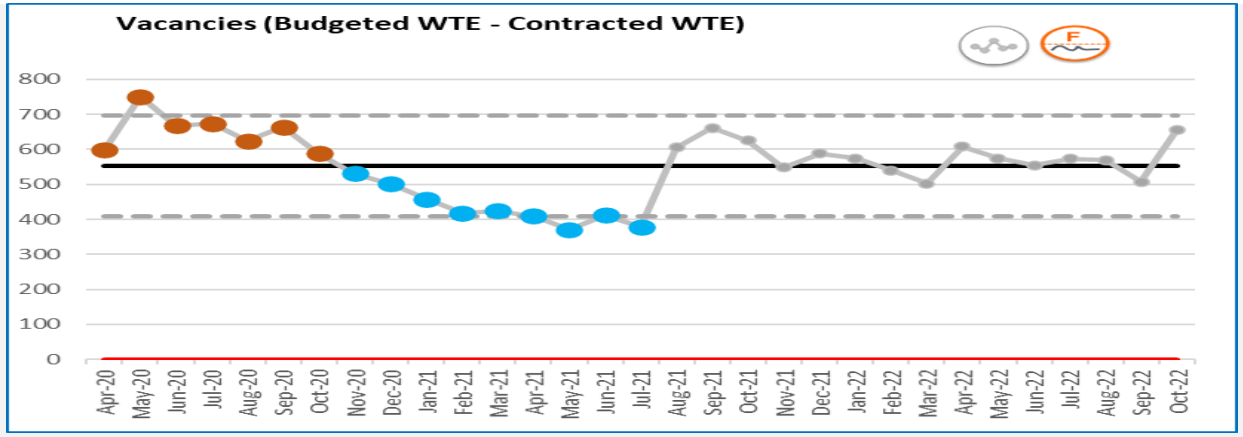


What are the main risks impacting performance?

Overall substantive WTE numbers have increased over the last 12 months despite a high turnover rate of 14.7%, with an increase of 50 WTE from last month. Staffing demands continue to present challenges with high patient activity levels along with higher overall levels of unavailability than planned.

What actions are being taken to improve?

Continued recruitment campaigns including an international recruitment programme (delivery of 100 additional nurses by December 2022). A focus on retention plans, including leadership development and support for our mangers (rollout of management skills framework), flexibility for our staff and initiatives agreed following feedback from Making a Difference discussions. Support for early careers is also in place and improved onboarding of new staff, along with the review of cases for legacy mentors (experienced staff able to support new recruits). Progression of internal transfer scheme to help retain existing staff.



What are the main risks impacting performance?

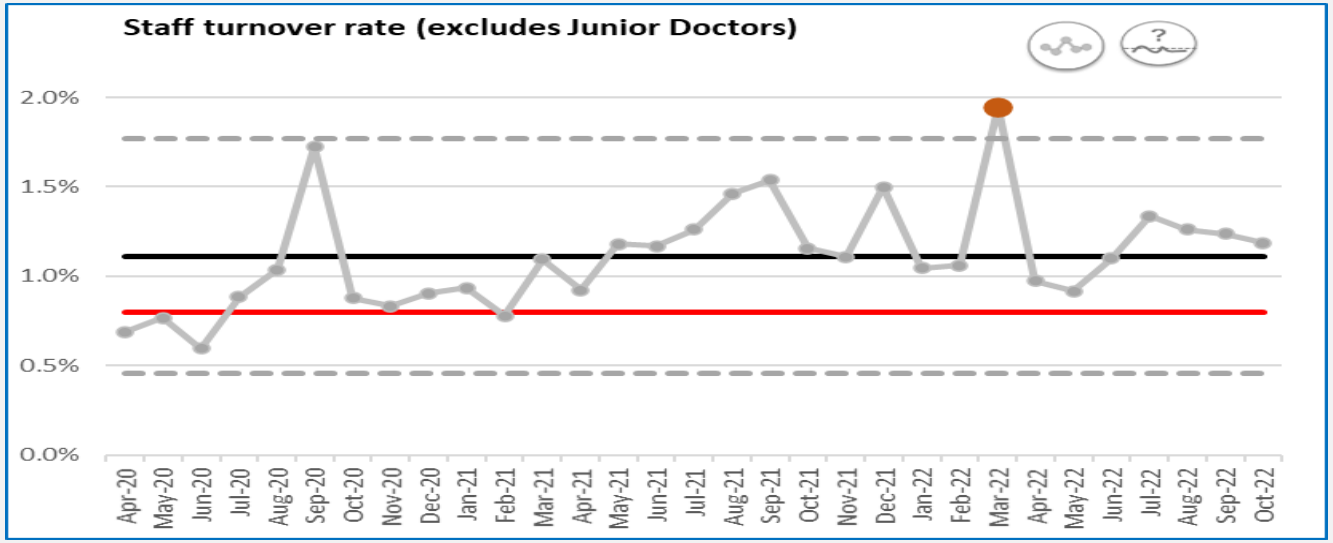
A competitive marketplace presents challenges in attracting candidates. Additional business cases now included in vacancy positions, including the Acute Floor and radiology workforce recruitment plans. High attrition levels result in vacancies occurring at a higher-than-expected rate.

What actions are being taken to improve?

An international recruitment pipeline for nursing to address vacancy gaps and 50 nurses have arrived so far. Embedding and recruiting to revised nursing templates. Focus on retention of staff via supporting early career support and staff at the end of their careers. Better utilisation of existing workforce through improved roster management. Increased use of social media; recruitment events and targeted recruitment campaigns for hard to recruit areas. Focused interventions to support recruitment in challenged areas including in the Emergency Department and key operational roles within Medicine.

Workforce

The Shrewsbury and Telford Hospital NHS Trust



What are the main risks impacting performance?

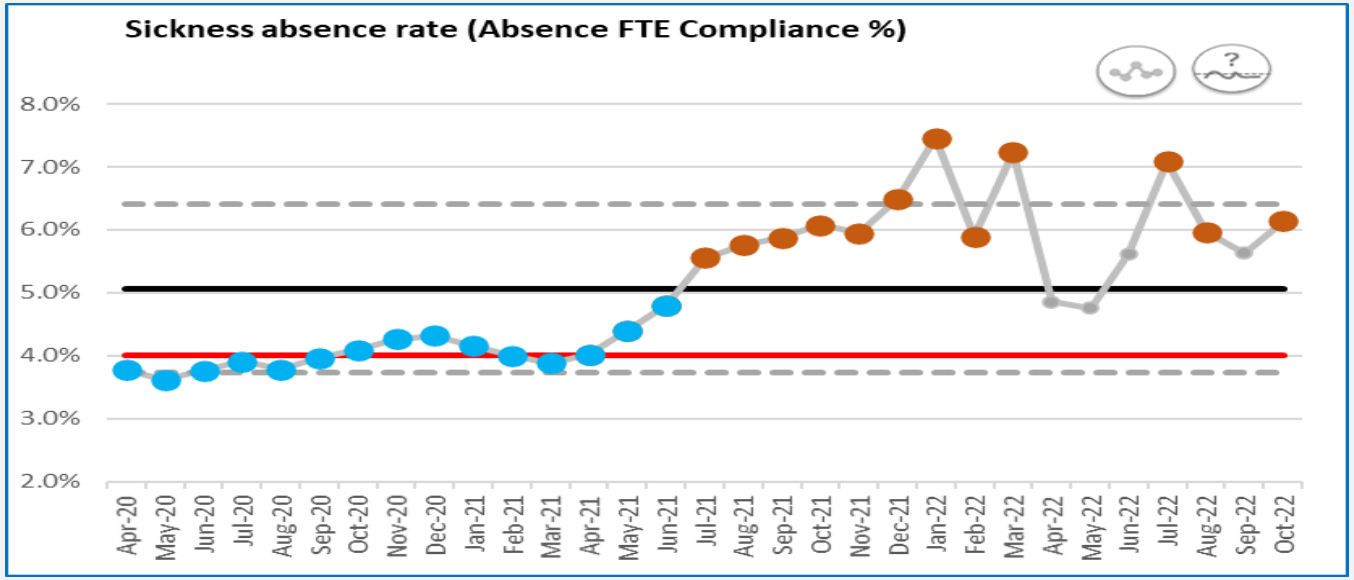
- Turnover rate continues to be high with a 14.7% turnover rate for the last 12 months equating to 852 WTE. An in month turnover rate of 1.19% equates to 70 FTE leavers in October 2022.
- There continues to be high numbers of staff leaving due to work life balance. Over the last 12 months 151 WTE have left the Trust for this reason with 34% (45 WTE) of these being from the nursing and midwifery staff group and 23% (31 WTE) from additional clinical services.
- 33% (59 WTE) of leavers who have less than 12 months service are from additional clinical services and 26% (47 WTE) are from admin and clerical.

What actions are being taken to improve?

- Several initiatives are underway focusing on flexible working and programmes to support retention of staff.
- A pilot of team-based rostering is underway, along with a revised approach in how flexible working requests are reviewed.
- A refreshed exit questionnaire has been launched via ESR employee self-service to gain greater insights into staff who are leaving.
- Launch of Strive Towards Excellence Programme to support management skills and develop leadership capability.
- An ICS recruitment and retention group has been established to support in retention interventions across the system.

Sickness absence

The Shrewsbury and Telford Hospital NHS Trust



What are the main risks impacting performance?

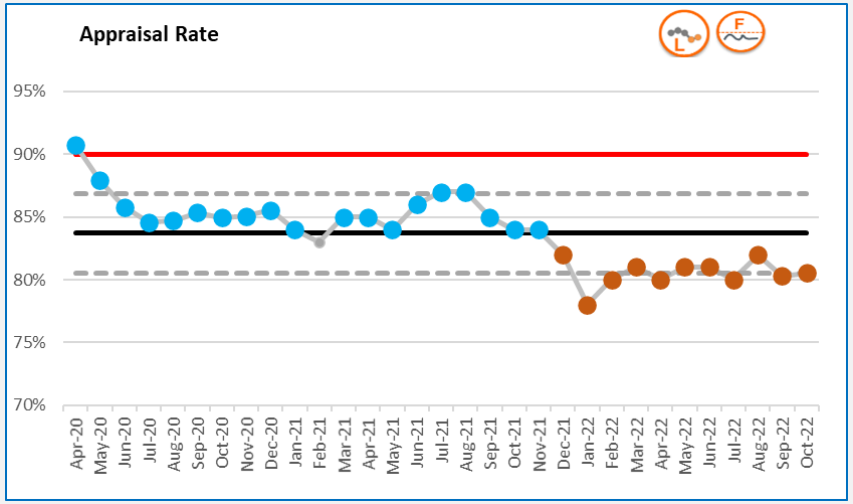
- From April 2022, sickness absence rates include employee sickness attributed to COVID-19.
- Current sickness rate of 6.1% (equating to 384 WTE), with the top 3 reasons for sickness accounting for 51% of calendar days lost.
- Main reasons for sickness in October 2022 are attributable to mental health, which accounts for 22% of calendar days lost (85 WTE), COVID-19 attributed to 19% of days lost (73 WTE) and other musculoskeletal 9% (35 WTE).
- Highest staff groups contributing to sickness are additional clinical services at 8.7% (105 WTE), estates and ancillary at 8.0% (42 WTE) and nursing and midwifery at 6.9% (125 WTE).

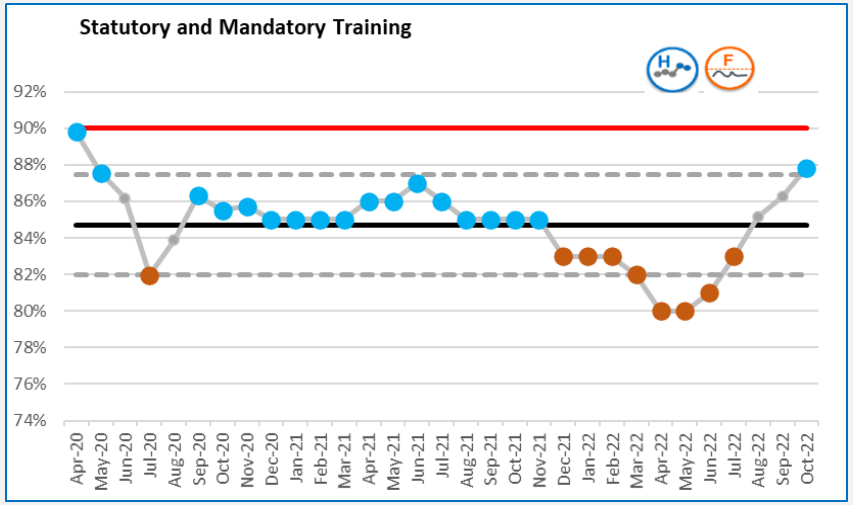
What actions are being taken to improve?

- Occupational health support to help fast track staff returning to work.
- Continue to embed new employee wellbeing and attendance management policy. Ensure all staff have access to a range of health and wellbeing initiatives and programmes. Promote initiatives such as well-being weeks.
- Continue to support appropriate PPE adherence and vaccination uptake.
- Leadership development programmes to help support compassionate and appropriate early intervention in managing staff absences and ongoing promotion of wellbeing support initiatives, including introduction of the psychological support hub. Schwartz rounds continue to be held to support engagement, listening and sharing of staff experiences.
- Continue to work with temporary staffing departments to ensure gaps can be filled with temporary workforce where necessary. Encourage bank uptake with escalated rates in challenged areas and review unavailability rates with Divisions to support targeted interventions.

Appraisal & Training compliance

The Shrewsbury and Telford Hospital NHS Trust





What are the main risks impacting performance?

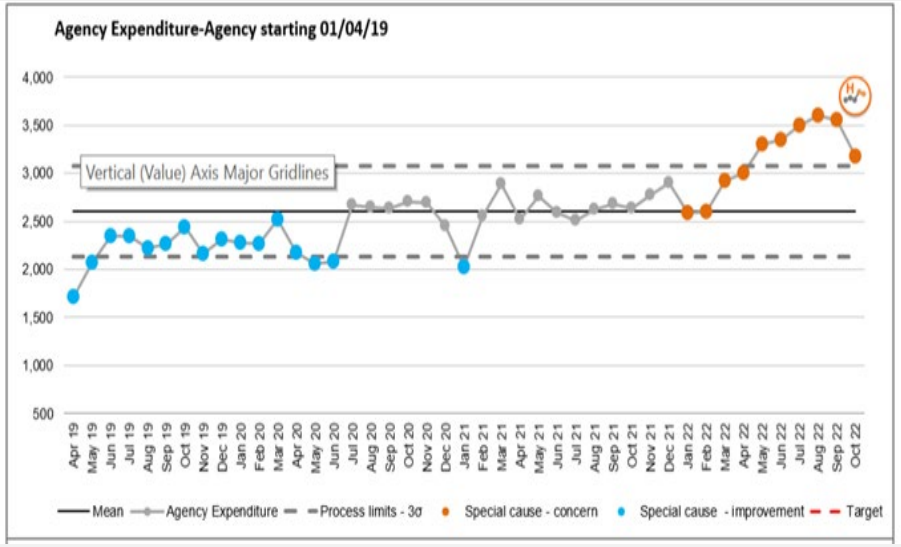
- The system is currently in a critical incident and staff sickness is running at high levels. COVID-19, staffing constraints, escalation levels and service improvement has reduced the ability of ward staff to have time to complete appraisals.

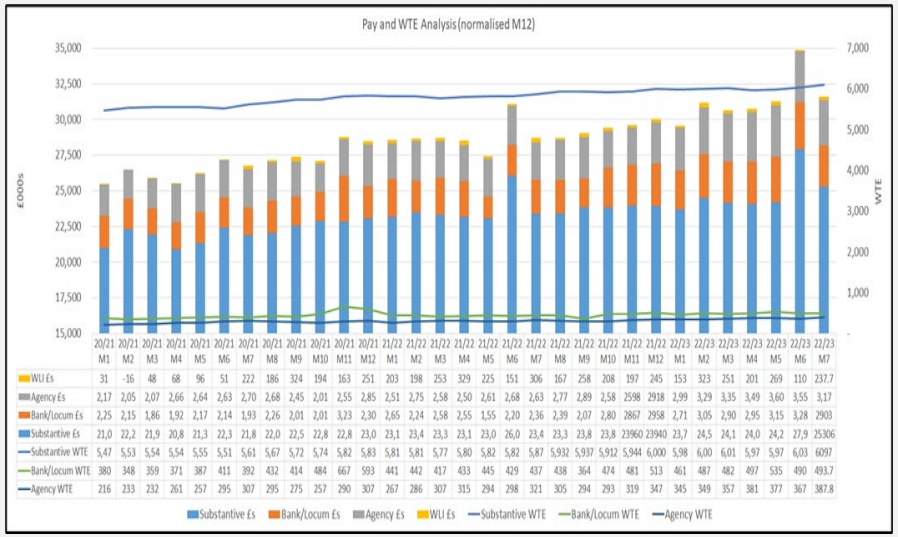
What actions are being taken to improve?

- Appraisals being linked to pay progression. Focused support is being provided to the managers of any ward that is below target. Linking in with HR Business Partners (HRBPs) with regards to any areas of concern. Reminder emails to be sent to those out of date.
- Pilot of new appraisal form for non-medical staff started September 2022 as the staff survey highlighted a need to change the current documentation.
- Ensure the Health and Wellbeing offer is advertised widely throughout the Trust. Internal audit of appraisal record accuracy.
- Learning Made Simple Training (LMS) platform has now been implemented across the trust with 87% of staff registered.
- Mandatory training reminder notifications are active and the 5 departments with the lowest compliance are being provided with targeted support. Medical performance team are proactively booking medical staff onto mandatory training updates, prioritising least compliant first. This has been received well.
- Divisional trajectories developed for HRBPs.
- Statutory and Mandatory training on track with trajectory to achieve target January 2023.

Agency Expenditure – monthly expenditure

The Shrewsbury and Telford Hospital NHS Trust





What are the main risks impacting performance?

- The Trusts 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 £23.698m year to date. In month costs are £0.179m higher than April and £0.376m lower than September.
- The increase since April is mainly due to further increases in off-framework agency within nursing and an increase in medical agency across both Medicine and Surgery divisions. Due to workforce fragility, the Trust is consistently reliant upon agency premium resource.
- There has been a significant increase in the use of off-framework agency in recent months within the medicine division. Operational and workforce pressures continue to force an increase in agency expenditure.

What actions are being taken to improve?

- Direct engagement groups now set up to focus on agency spend and approval hierarchy, including a monthly dashboard review across key nursing metrics.
- Overseas Registered Nursing recruitment continues and is expected to reduce the reliance on agency nurses once the supernumerary period is complete.
- System wide agency group implemented to review usage and support delivery of cost reduction, ensuring the system agency cap is not breached. Develop measurable metrics and action plans to understand where we can control agency expenditure. Increased focus on junior doctor rotas and recruitment to ensure effective use of medical locums.
- Delivery of recruitment and retention strategy.

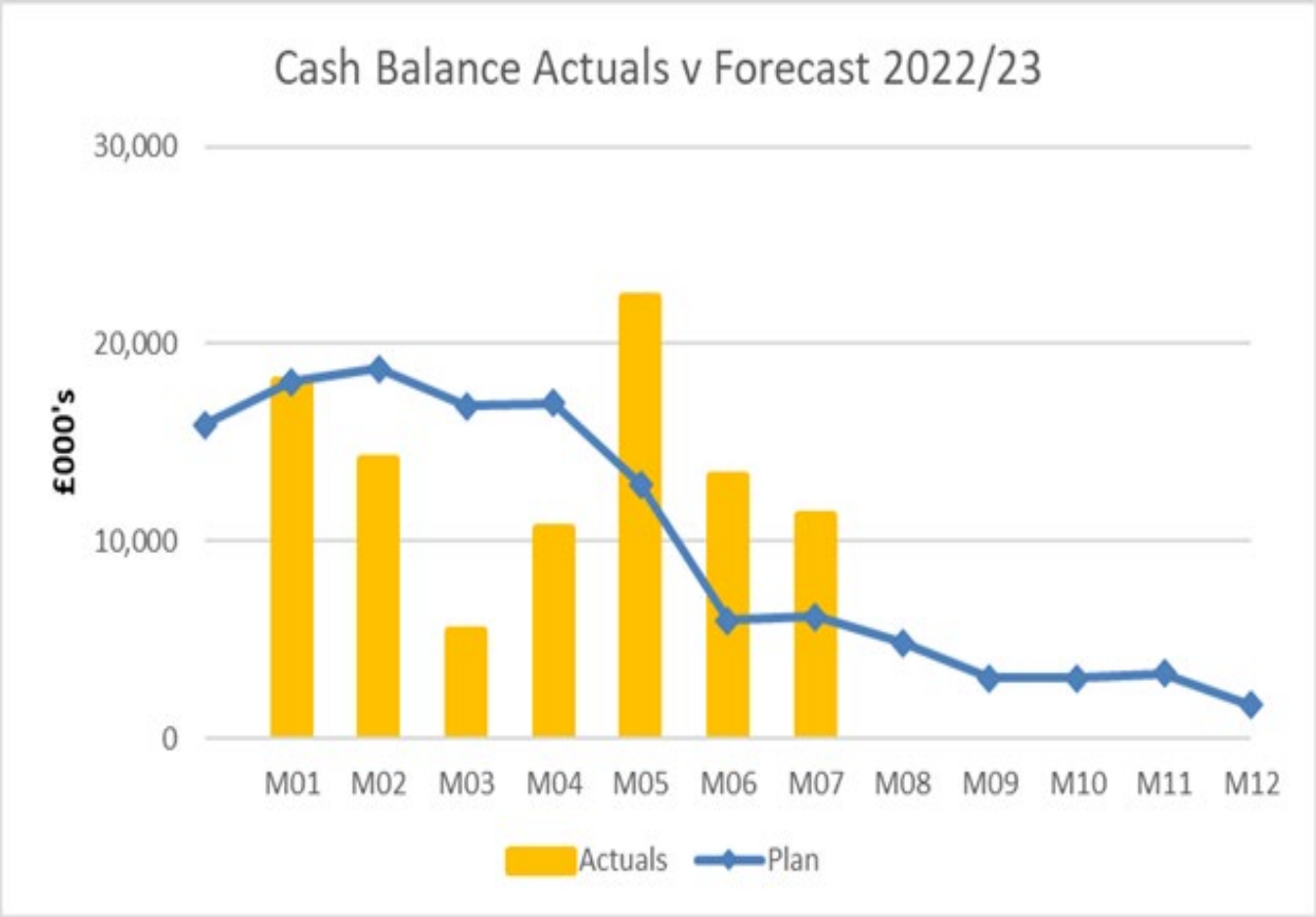
Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Trend
Finance	End of month cash balance £'000		-	11337	18182	15328	15320	26325	26833	15918	18083	14145	5412	10599	22404	13284	11337	
	In-month efficiency delivery £'000		-	919.0	570	438	681	756	623	1437	119	385	380	774	773	905	919	
	Year to date surplus/(deficit) £'000		-	(23174)	(7412)	(9816)	(7928.)	(8840)	(9308)	(10889)	(2726)	(5452)	(8352)	(11444)	(15968)	(18572)	(23174)	
	Year to date capital expenditure £'000			3417	3138	4894	6593	6989	8970	16048	85	315	11	844	1610	2540	3417	

Finance Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

- The Trust submitted a revised plan for a deficit of £19.135m for 2022/23 on the 20th June.
- At the end of October, against the revenue plan, the Trust has recorded a year-to-date deficit of £23.17m against a draft planned deficit of £12.80m, an adverse variance to plan of £10.35m.
- The year-to-date deficit is driven by:
  - Pay costs, excluding Covid and ERF are £18.28m adverse to plan. This is driven by the increased pay award (£4.92m), which is offset by additional funding, an increase in agency expenditure (£6.21m), especially off-framework bookings since April for nursing, opening of unfunded escalation areas (£2.20m) in order to mitigate ambulance delays and escalated bank rates (£2.05m) for nursing which are required to ensure cover due to sickness absence and vacancies.
  - Covid costs (in envelope) are £5.72m which is £3.65m adverse to the draft plan. There was an expectation that the majority of Covid costs will cease at the end of Q1 as Covid prevalence dropped within the community, however given the continued prevalence, costs have continued to be incurred.
  - Elective recovery costs are £6.66m which is £1.00m underspent against plan which is driven by decreased activity levels compared to plan.
  - Elective activity remains below plan resulting in a non-pay underspend of £3.27m which has partially mitigated the above adverse variances. It should, however, be noted that costs since August have increased compared to previous months as activity increases.
  - Income over recovery of £6.81m which relates to additional pay award funding, increased training income and excluded drugs funding.
- 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.
- £4.26m of efficiency savings has been delivered year-to-date against plan of £3.14m. There are two main schemes where over delivery has been seen year to date: procurement (£0.71m) and overseas nursing (£0.61m). Whilst it is expected that the annual target of £10.75m 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. The Trust has formally reported a £24.1m deficit at year end which is £5m adverse to the planned deficit. This has been calculated by taking the planned deficit and adding the year-to-date expenditure already incurred at month six relating to covid and escalation.
- For 2022/23 the Trust's system allocation for capital remains at £19.822m. Expenditure at month seven was £3.417m was incurred (net of sale proceeds) against a plan of £8.999m.
- The Trust held a cash bank balance at the end of October 2022 of £11.337m.

Cash



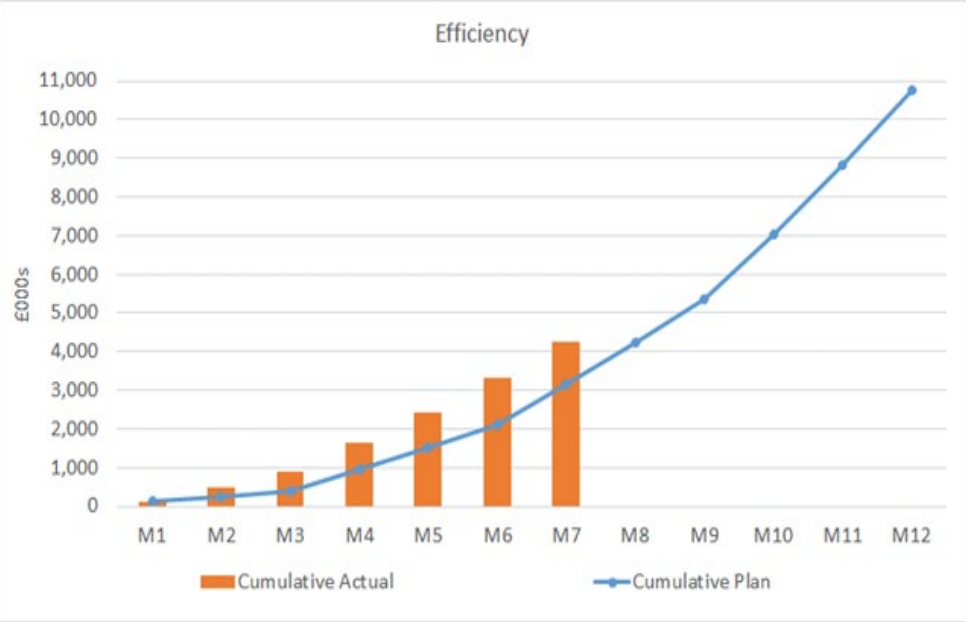
What are the main risks impacting performance?

- 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 £15.918m with a cash balance of £11.337m held at end of October 2022 (ledger balance of £11.195m due to reconciling items). The chart demonstrates that the cash position at end of October was greater than plan.

What actions are being taken to improve?

- The cash balance held at the end of October 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.

Efficiency



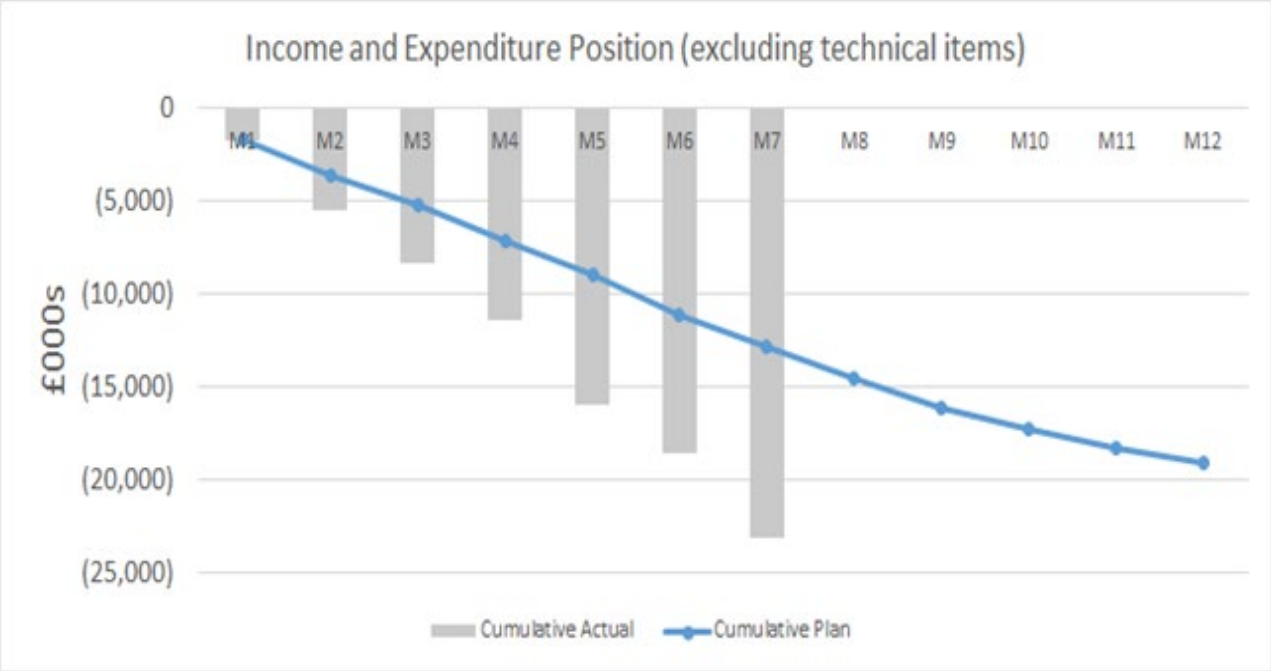
What are the main risks impacting performance?

- 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 £4.255m of efficiency savings year to date at the end of month seven which is £1.118m surplus to the phased plan. There are currently 7 workstreams which are delivering year to date including Overseas Nursing (£1.342m), Procurement (£1.062m), Divisional Schemes (£0.724m), Pharmacy (£0.349m) and Discretionary Spend (£0.254m). 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.

What actions are being taken to improve?

- 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 is devolved to the clinical 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 continue to be developed with an expectation that the Trust will deliver the 1.6% in full by year end.

Income and expenditure



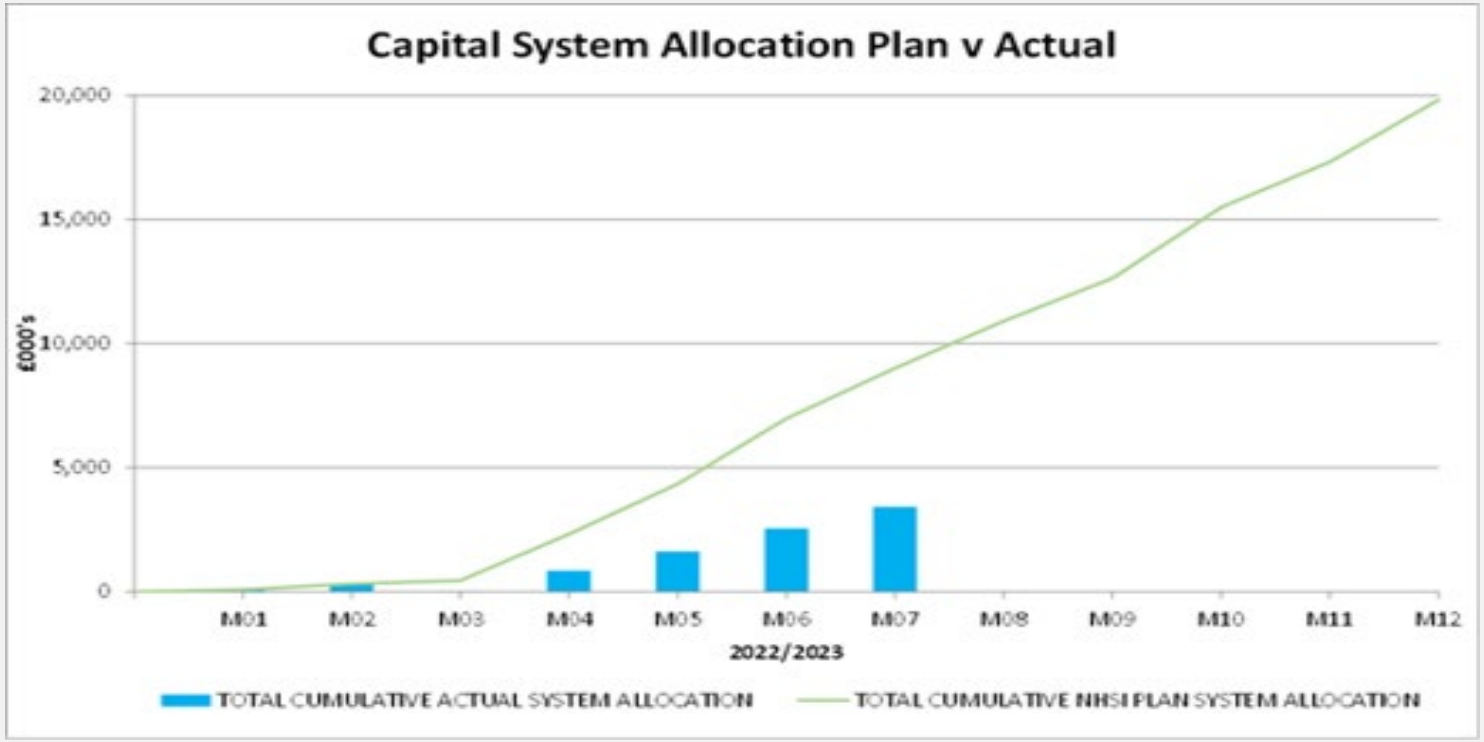
What are the main risks impacting performance?

- 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 £23.174m at month seven which is £10.354m 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 related costs.

What actions are being taken to improve?

- 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 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.

Capital



What are the main risks impacting performance?

- For 2022/23 the Trust's system allocation remains at £19.822m. Included within this is the continuation of the endoscopy reconfiguration of £0.925m, 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 £8.999m would have been incurred by October 2022 (including sale proceeds). The actual expenditure as at month 7 was £3.417m net after sale proceeds. However, it should be noted that over 50% of the capital planned expenditure has been committed but not expensed at this point of the year.

- The main drivers for the under delivery at month 7 are the renal offsite move (£1.981m) which has dependencies with the CDC scheme (£1.000m), estates backlog programme (£1.753m), IT Schemes (£0.213m) and MES Schemes (£0.343m).

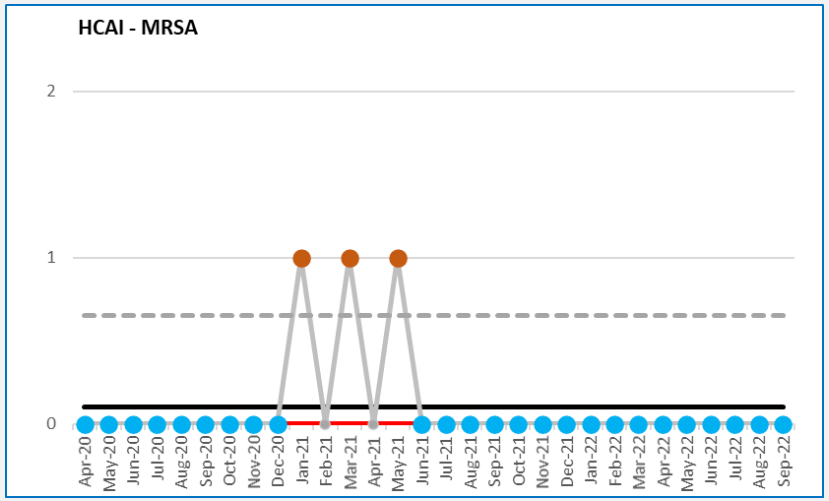
What actions are being taken to improve?

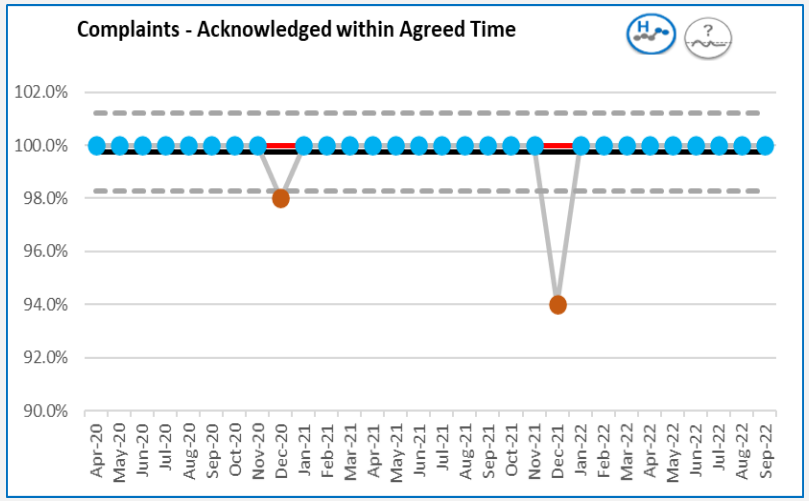
- The Trust is awaiting confirmation of approval of national PDC for the CDC scheme which has interdependencies with the scheme to move renal services to Hollinswood House. This has resulted in delays in committing expenditure and therefore an underspend to date against plan.
- Capital Planning Group reviewed the expected outturn at October meeting and will continue to monitor the expenditure.

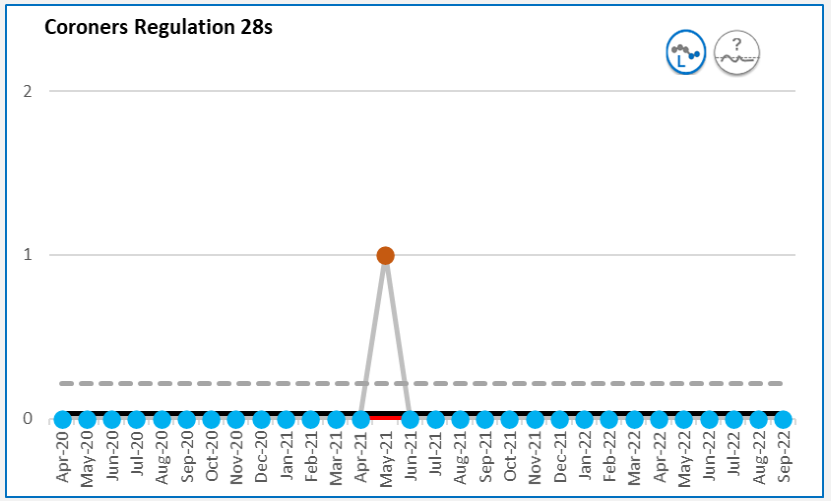
Appendices

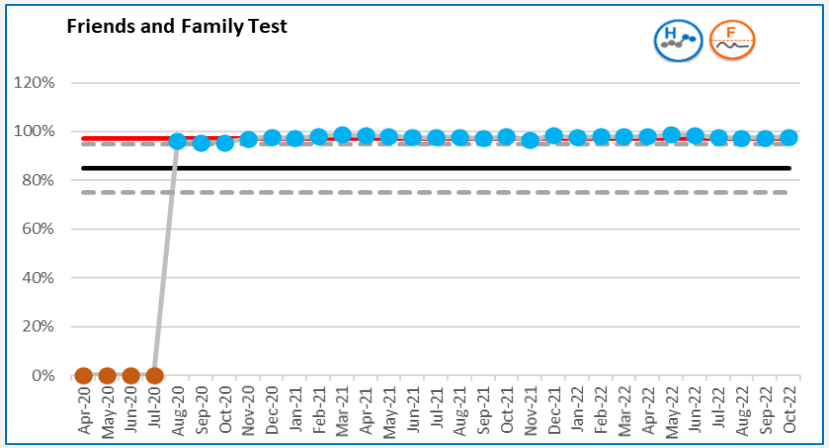
Appendix 1. Indicators performing in accordance with expected standards

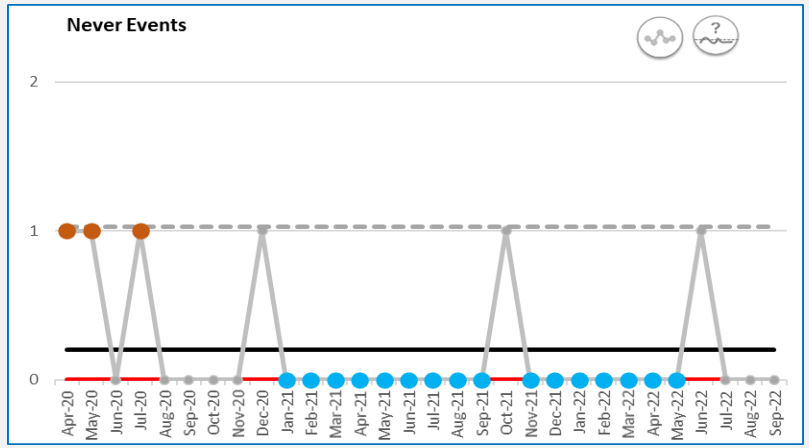
The Shrewsbury and Telford Hospital NHS Trust





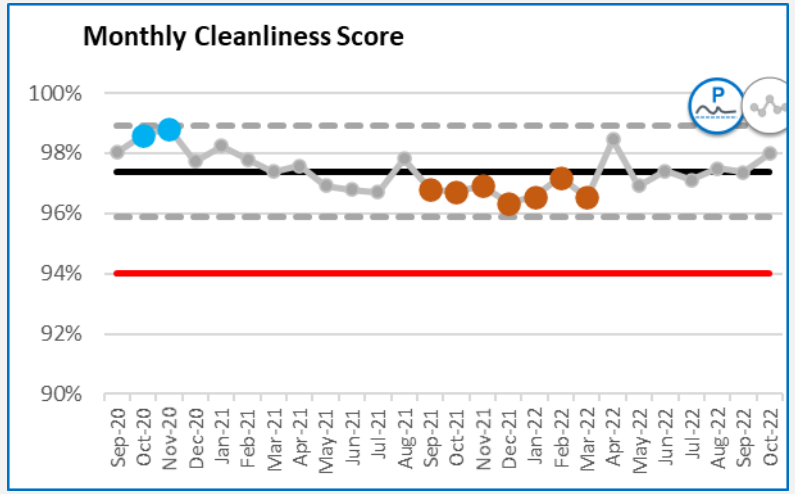


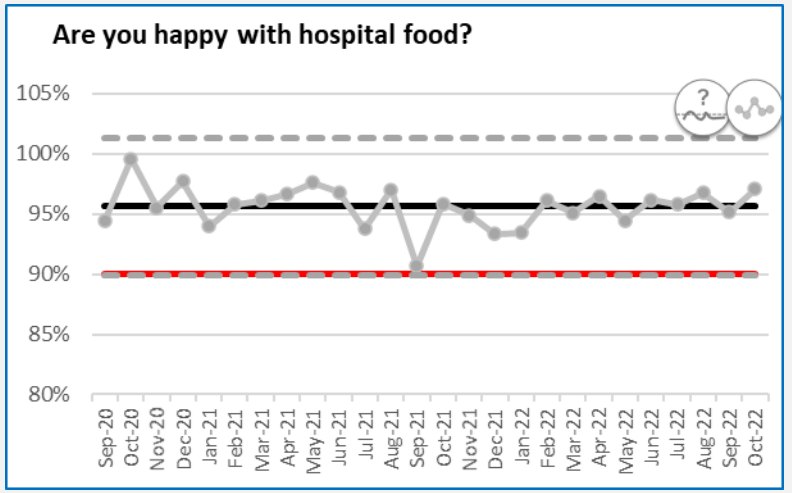


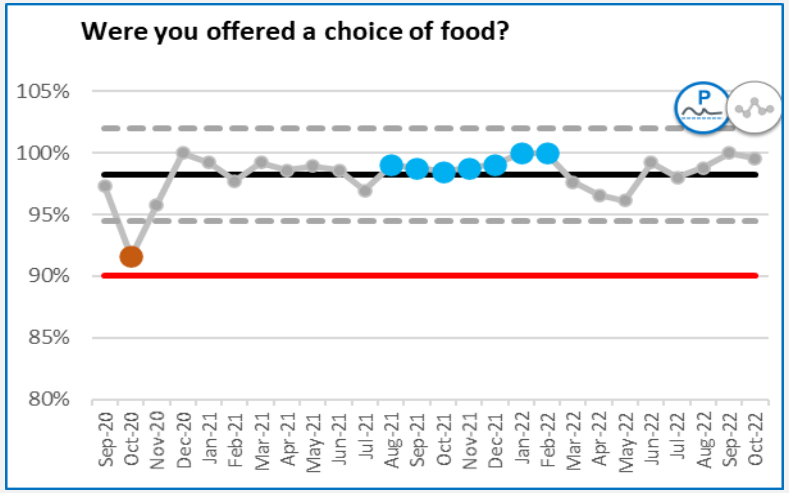


Appendix 1. Indicators performing in accordance with expected standards

The Shrewsbury and Telford Hospital NHS Trust

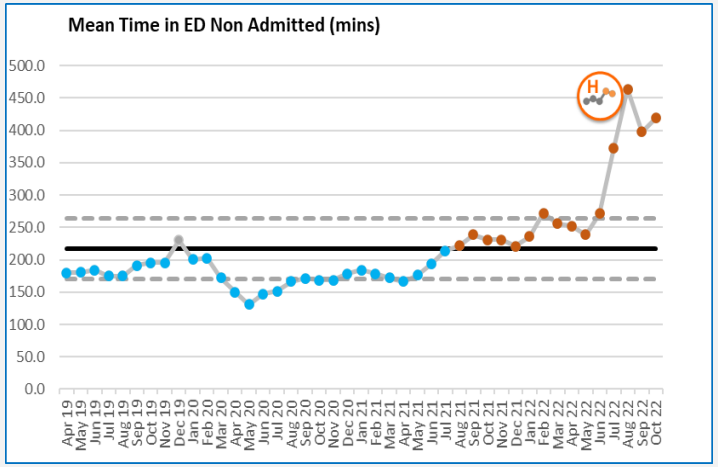


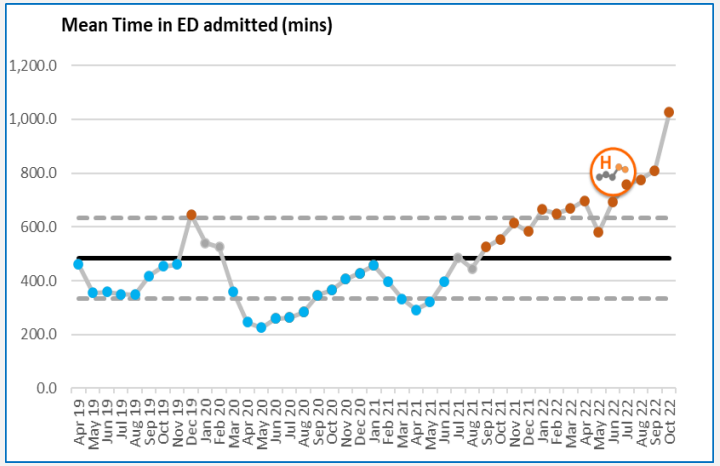


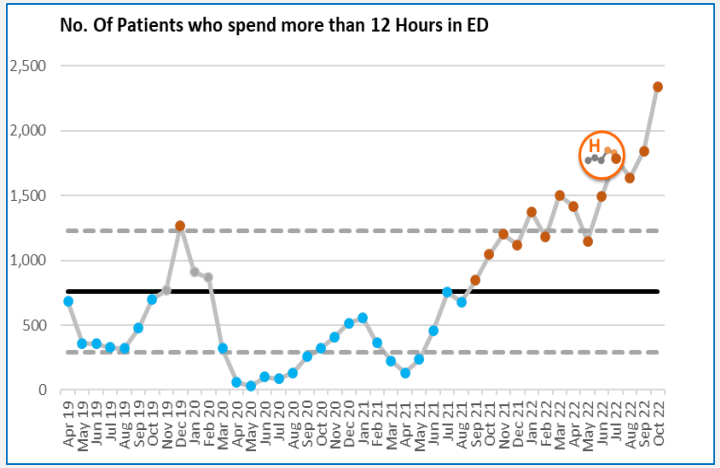


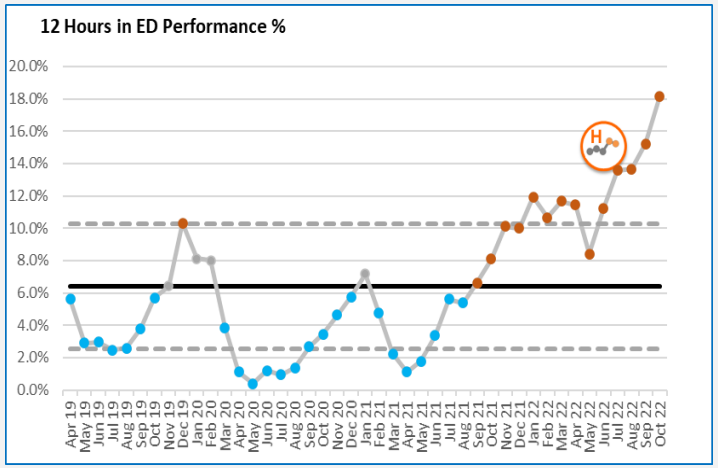
Appendices 2. – supporting detail on responsiveness

The Shrewsbury and Telford Hospital NHS Trust



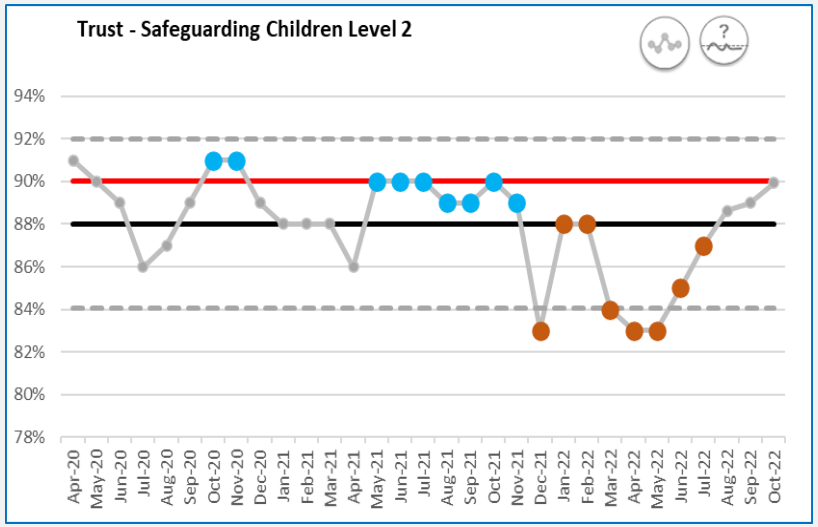


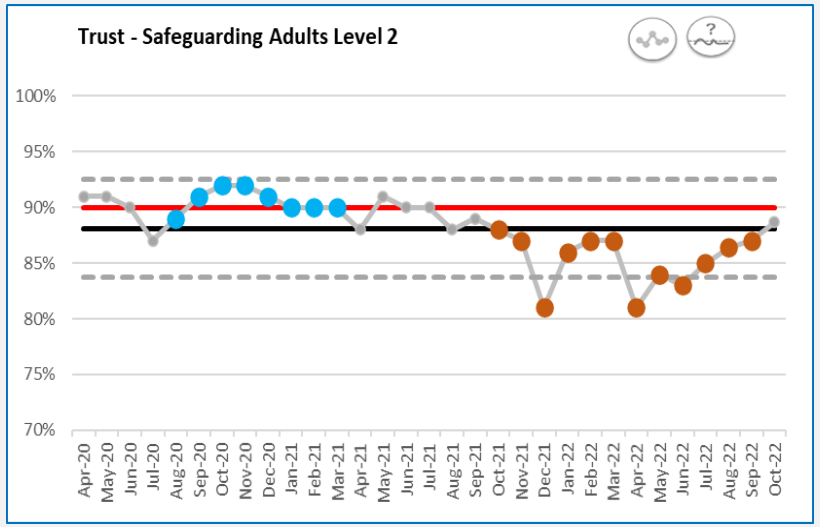


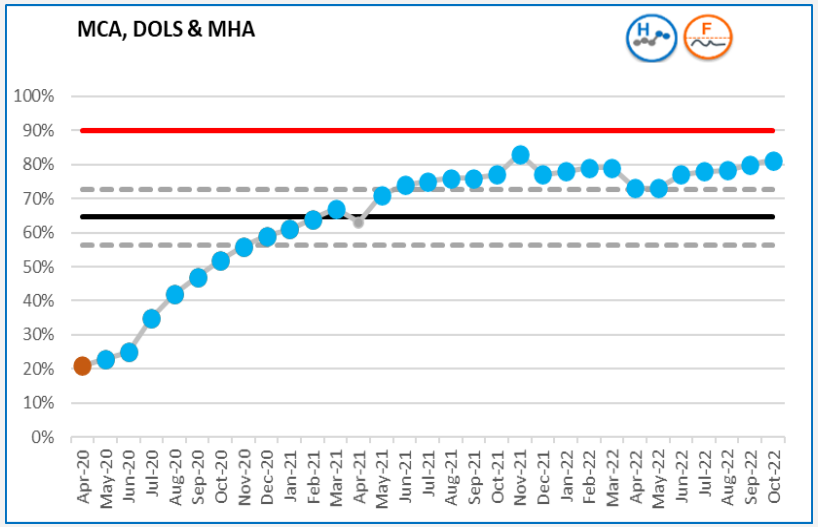


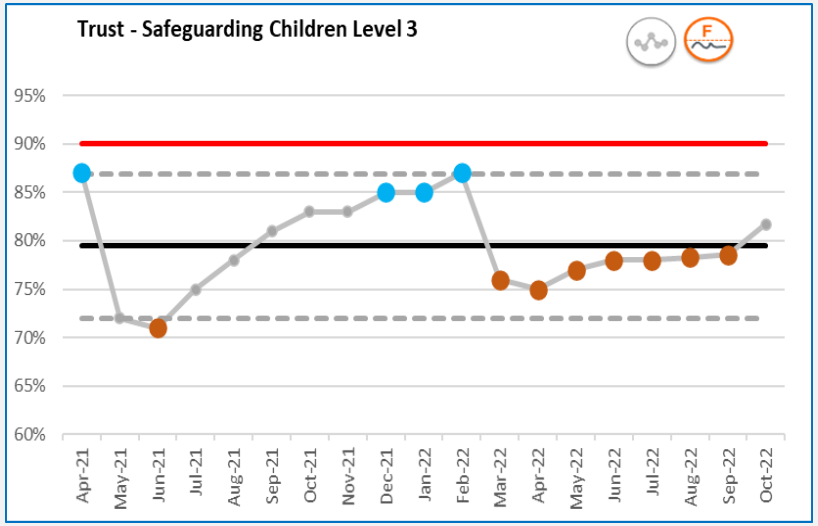
Appendices 3. – supporting detail on well led

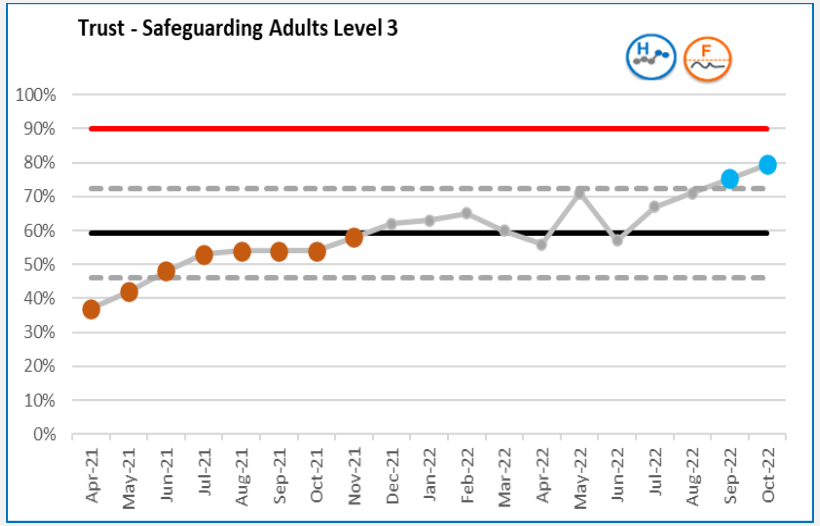
The Shrewsbury and Telford Hospital NHS Trust

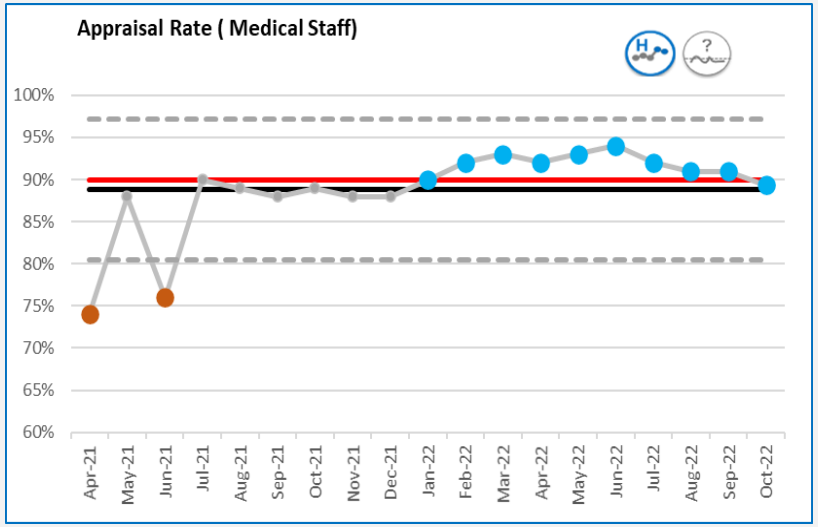








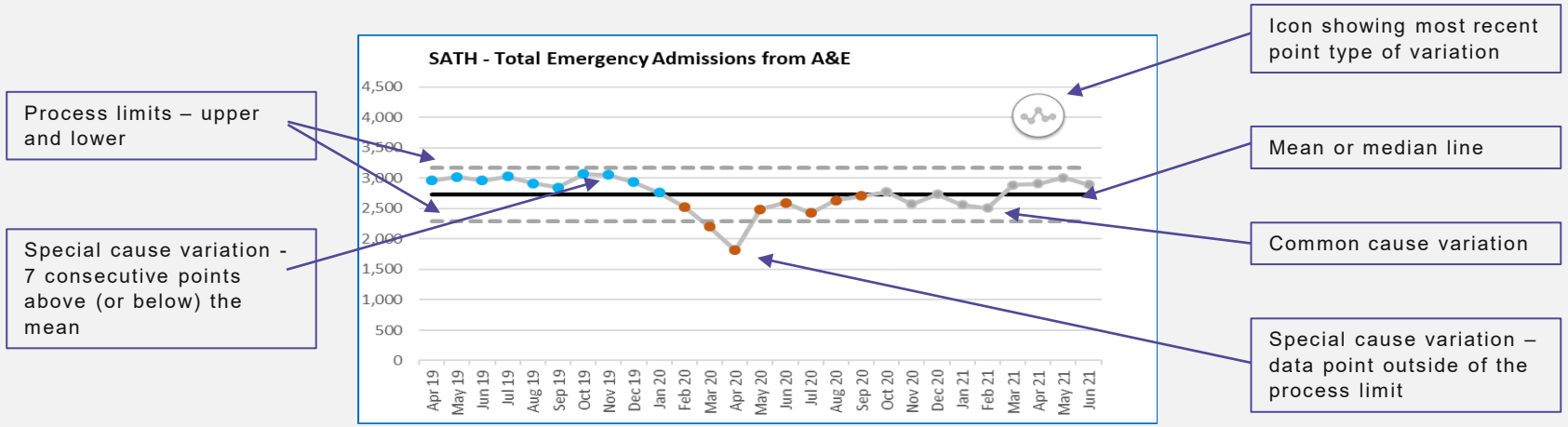




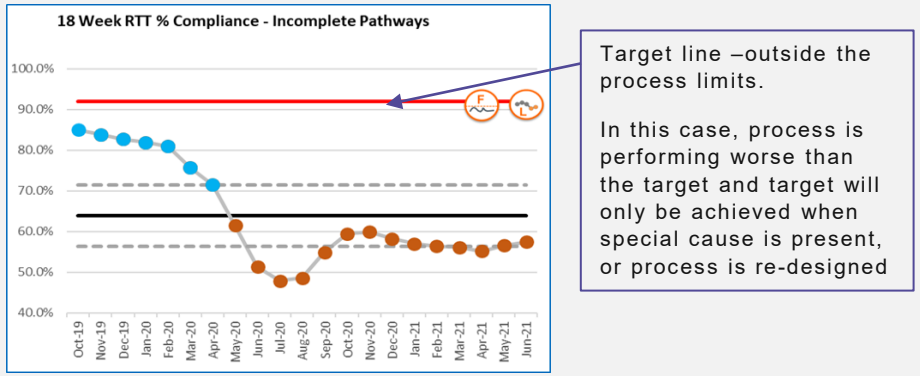
Appendix 5. Understanding Statistical control process charts in this report

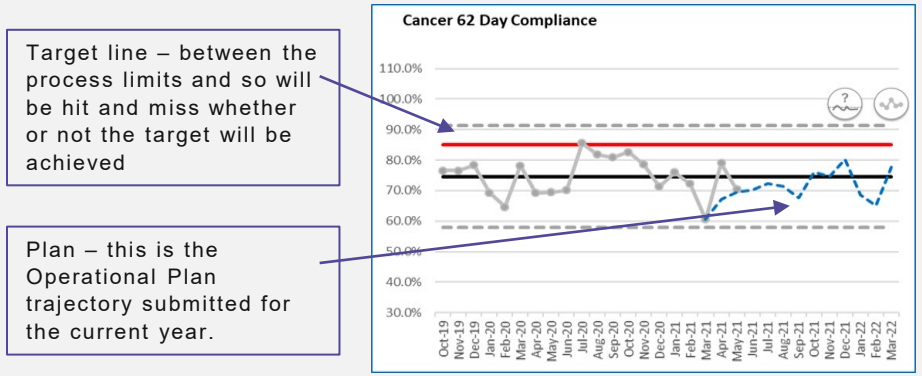
The Shrewsbury and Telford Hospital NHS Trust

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.



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





Appendix 6. 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
AMA	Acute Medical Assessment
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
CDC	Community Diagnostic Centre
CHKS	Healthcare intelligence and quality improvement service.
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
CYPU	Children and Young Person Unit
DIPC	Director of Infection Prevention and Control
DMO1	Diagnostics Waiting Times and Activity
DOLS	Deprivation Of Liberty Safeguards
DSU	Day Surgery Unit

Term	Definition
DTA	Decision to Admit
E. Coli	Escherichia Coli
Ed.	Education
ED	Emergency Department
EQIA	Equality Impact Assessments
EPS	Enhanced Patient Supervision
ERF	Elective Recovery Fund
Exec	Executive
F&P	Finance and Performance
FNA	Fine Needle Aspirate
FTE	Full Time Equivalent
FYE	Full Year Effect
G2G	Getting to Good
GI	Gastro-intestinal
GP	General Practitioner
H1	April 2022-September 2022 inclusive
H2	October 2022-March 2023 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
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	Infection Prevention Control

Appendix 6. Abbreviations used in this report

The Shrewsbury and Telford Hospital NHS Trust

Term	Definition
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
MEC	Managed Equipment Service
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

Term	Definition
OPD	Outpatient Department
OPOG	Organisational performance operational group
OSCE	Objective Structural Clinical Examination
PAU	Paediatric Assessment Unit
PDC	Public Dividend Capital
PID	Project Initiation Document
PIFU	Patient Initiated follow up
PMB	Post-Menopausal Bleeding
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
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 Time of Delivery

Appendix 6. Abbreviations used in this report

Term	Definition
SDEC	Same Day Emergency Care
SI	Serious Incidents
SMT	Senior Management Team
SOC	Strategic Outline Case
SRO	Senior Responsible Officer
STEP	Strive Towards Excellence Programme
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
WAS	Welsh Ambulance Service
W&C	Women and Children
WEB	Weekly Executive Briefing
WMAS	West Midlands Ambulance Service
WTE	Whole Time Equivalent
YTD	Year to Date