

Board of Directors' Meeting: 13 April 2023

Agenda item		035/23		
Report Title		Integrated Performance Report		
Executive Lead		Louise Barnett, Chief Executive Officer		
Report Author		Helen Troalen, Director of Finance		
CQC Domain:		Link to Strategic Goal:		Link to BAF / risk:
Safe	√	Our patients and community	√	BAF 1, 2, 3, 4, 5, 8, 9, 10, 11, 12
Effective	√	Our people	√	
Caring	√	Our service delivery	√	Trust Risk Register id: All risks
Responsive	√	Our governance	√	
Well Led	√	Our partners	√	
Consultation Communication		Quality Operational Committee, 2023.03.21 Quality & Safety Assurance Committee, 2023.03.29 Senior Leadership Committee – Operational		
Executive summary:		1. The Board’s attention is drawn to sections: safety and effectiveness, responsive and well led, which incorporates finance. 2. The risk to the organisation is not achieving the key strategic goals. 3. This report provides 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 January/February 2023, with a brief forward look using data analysed over a period, 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.		
Recommendations for the Board:		The Board is asked to note the information provided within the IPR.		
Appendices:		Appendix 1: Integrated Performance Report		

The Shrewsbury and Telford Hospital NHS Trust Integrated Performance Report

Board of Directors' Meeting 13 April 2023
(presenting January/February 2023 data)



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Executive summary

In February there was improved performance of the UEC metrics, with greater flow through the Emergency Departments and from wards. The flow improvement programme has been rolled out to all medical wards and there has been an improvement in pre 12pm discharges. A new Ambulance Receiving Area will be in place at the beginning of April 2023 at PRH, which will free up space for elective recovery.

As a result of the continued strike action, the Trust were very conscious of trying to ensure the site was safe and that there were sufficient staff to cover the escalation spaces that were required to be open. This has resulted in another month with a material pay overspend driven by the volume and unit price of agency staff. The Trust has quantified the cost of escalation and can demonstrate that this is the main driver of the adverse financial variance. It is incumbent on the Trust to work with the STW system to find a cost-effective way to ensure there is flow out of the hospital into community care which would ease pressures in the emergency department.

The Trust continues to reduce the number of patients waiting over 78 weeks and the position at 27.3.2023 was that 102 patients will be waiting at the end of March. Additional activity is being undertaken within the divisional teams to reduce this to '0' by the end of April.

Cancer backlog is reducing and the latest position as of 26.3.2023 is an improvement to 432. We have been able to secure further diagnostic capacity for urology, and the tele-dermatology pilot is underway for 3 months.

Performance against the diagnostic standard is improving and the additional outsourcing of reporting is improving the turnaround time from referral to reporting in each of the modalities

The community Diagnostic Centre (CDC) will become operational in September 2023, delayed from July due to unresolved issues relating to upgrading the power supply.

Quality Patient Safety and Effectiveness

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

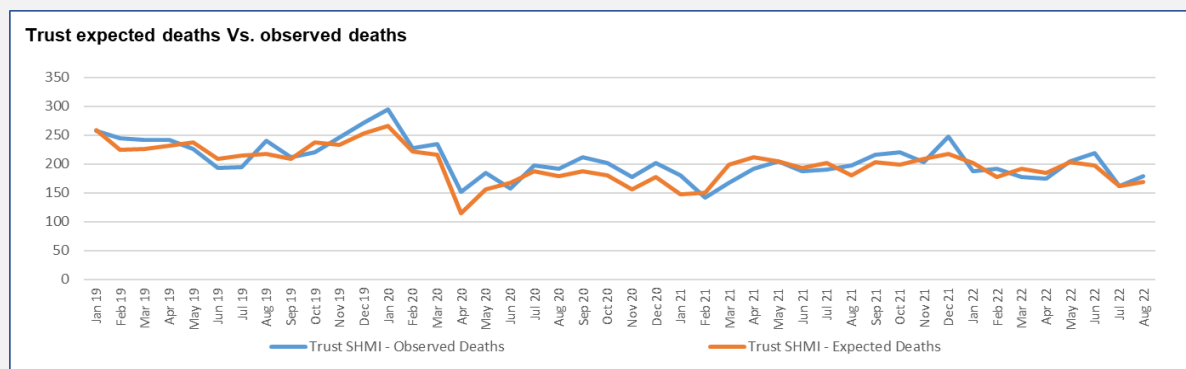
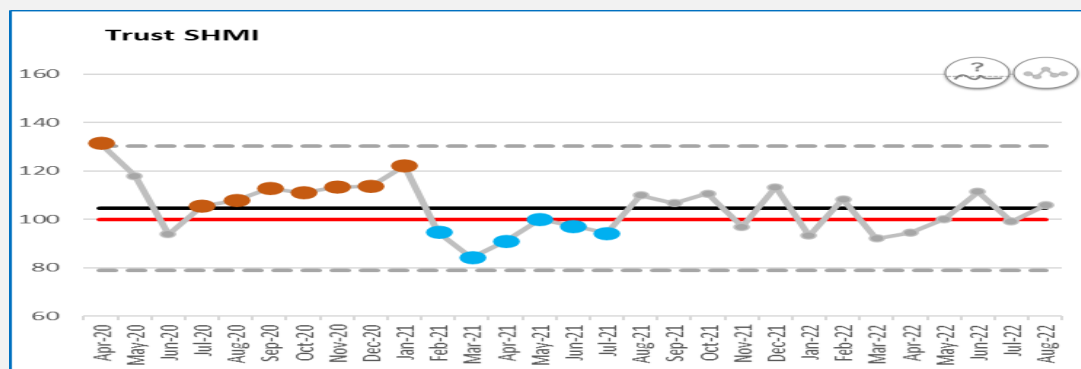
Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Trend
Quality Patient Safety & Effectiveness	Trust SHMI (HED)		100	100	93	108	92	94	100	111	99	106	-	-	-	-	-	
	Trust SHMI - Observed Deaths		-	-	201	177	192	184	204	197	162	169	-	-	-	-	-	
	Trust SHMI - Expected Deaths		-	-	188	192	177	174	204	219	161	179	-	-	-	-	-	
	HCAI - MRSA		0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
	HCAI - MSSA		-	2	3	1	3	5	4	2	1	6	2	2	3	0	1	
	HCAI - C.Difficile	R	<4	3	0	3	6	5	5	1	5	10	2	5	5	1	4	
	HCAI - E-coli	R	<8	4	3	4	4	2	1	2	4	1	2	4	4	5	4	
	HCAI - Klebsiella		<2	1	0	1	1	1	3	0	1	0	2	2	1	2	3	
	HCAI - Pseudomonas Aeruginosa		<2	1	0	0	0	2	2	1	1	0	1	0	0	0	1	
	Pressure Ulcers - Category 2 and above		-	11	13	17	13	16	16	16	17	8	17	14	14	9	32	
	Pressure Ulcers - Category 2 and above per 1000 Bed Days		-	-	0.58	0.78	0.56	0.68	0.66	0.70	0.75	0.32	0.72	0.60	0.56	0.37	1.25	
	VTE Risk Assessment completion		95%	95%	93%	92%	91%	92%	93%	91%	93%	93%	92%	93%	92%	90%	91%	
	Falls - per 1000 Bed Days		6.6	4.5	6.15	6.01	5.45	5.11	5.54	5.56	5.59	4.98	5.28	4.45	4.09	4.98	4.03	
	Falls - total		0	70	137	131	126	120	135	127	126	125	125	104	102	122	103	
	Falls - with Harm per 1000 Bed Days		0.19	0.17	0.13	0.23	0.04	0.04	0.16	0.09	0.04	0.16	0.13	0.09	0.16	0.04	0.08	
	Falls - Resulting in Harm Moderate or Severe		0	0	3	5	1	1	4	2	1	4	3	2	4	1	2	
	Never Events		0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	
	Coroner Regulation 28s		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents		-	-	6	5	8	8	3	9	10	9	15	8	7	7	9	
	Serious Incidents - Closed in Month		-	-	8	6	8	8	1	5	1	13	3	3	5	8	10	
	Serious Incidents - Total Open at Month End		-	-	38	37	35	35	33	35	44	42	51	52	44	43	46	
	Mixed Sex Accommodation - breaches		0	0	39	36	62	77	47	45	141	93	45	71	86	95	90	
	One to One Care in Labour		100%	100%	97.0%	96.7%	96.0%	97.9%	99.7%	100.0%	100%	100%	100.0%	100%	100%	100%	100%	
	Delivery Suite Acuity				61.0%	51.0%	44.0%	49.0%	68.0%	60.0%	60.0%	55.0%	58.0%	66.0%	79.0%	70%	86%	
	Smoking Rate at Delivery				10.2%	13.9%	11.8%	17.5%	10.6%	10.6%	11.8%	11.9%	13.2%	11.4%	11.2%	10.8%	10.9%	
Quality Caring & Experience	Complaints		-	-	56	61	56	58	64	73	79	77	72	69	82	42	73	
	Complaints -responded within agreed timeframe - based on month response due		85%	85%	69%	74%	74%	65%	50%	67%	60%	55%	71%	62%	59%	49%	50%	
	PALS - Count of concerns		-	-	280	292	334	285	257	225	314	368	286	306	301	210	279	
	Compliments				52	31	43	19	49	52	39	54	51	90	75	54	84	
	Friends and Family Test -SaTH		80%	80%	98%	98%	98%	98%	99%	99%	98%	97%	97%	98%	97%	98%	97%	
	Friends and Family Test - Inpatient		-	-	99%	99%	98%	98%	99%	99%	98%	99%	98%	98%	98%	99%	98%	
	Friends and Family Test - A&E		-	-	74%	86%	89%	98%	86%	89%	62%	59%	65%	71%	42%	43%	43%	
	Friends and Family Test - Maternity		-	-	99%	99%	98%	92%	99%	100%	98%	98%	99%	97%	100%	98%	100%	
	Friends and Family Test - Outpatients		-	-	99%	99%	99%	95%	99%	99%	99%	98%	99%	98%	98%	99%	98%	
	Friends and Family Test - SaTH Response rate %		-	-	6%	5%	5%	5%	6%	5%	6%	7%	7%	6%	8%	6%	7%	
	Friends and Family Test - Inpatient Response rate %		-	-	13%	12%	12%	13%	16%	14%	17%	18%	19%	17%	20%	18%	19%	
	Friends and Family Test - A&E Response rate %		-	-	2%	1%	1%	1%	0%	1%	0%	1%	1%	0%	1%	0%	0%	
	Friends and Family Test - Maternity (Birth) Response rate %		-	-	8%	11%	10%	6%	4%	5%	7%	6%	5%	6%	8%	7%	5%	

Quality Executive Summary

Work is ongoing to improve underperformance and the key areas for highlighting and remedial actions for recovery are:

- VTE performance continues to deteriorate and a pilot within AMU is planned for May 2023.
- We are seeing increased levels of pressure ulcers across the organisation, which may be as a result of increased ED stays taking place. A deep dive has taken place into this performance and an action plan is in place with specific wards for a targeted approach to recovery.
- C.Difficile has breached this month, which is in line with the national picture. We have an overarching action plan in place and this is tracked via the IPC operational group. A robust PCA tool is also in place with strict timeframes. Overall themes relating to the reduction in performance this month are a lack of isolation facilitation and timeline sampling and we are exploring additional smaller HPV machines that can be used in bathrooms.
- We have seen an improvement throughout 2022/23 in terms of falls with harm and work continues to continue this positive performance. An ECS (Enhanced care supervision) team is being rolled out across divisions to further support this area of improvement.
- 1 never event took place this month, which is currently going through due process.
- We are continuing to see increased mixed sex breaches due to demand and capacity of UEC and the inability step down patients who no longer require ITU.
- Complaints remain a challenge and increased complaints have been seen from ED at RSH where waiting times are identified as the main theme. There is ongoing work with the complaints team and divisions for timely responses.

Mortality outcome data



What does the data tell us?

The Trust SHMI up to August 2022 remains within an acceptable range. The rolling trend for observed deaths compared to expected deaths (with close correlation) is shown above and is monitored through the Learning from Deaths dashboard.

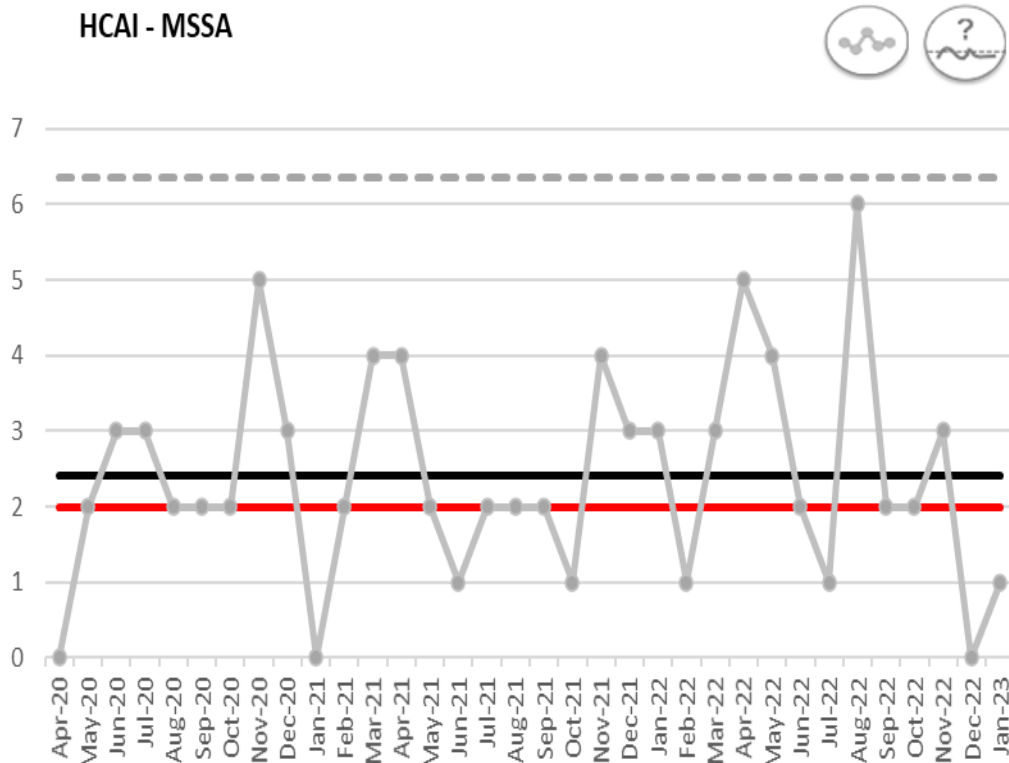
What actions are being taken to improve?

Further analysis shows the SHMI conditions (on presentation) with the highest number of 'excess' deaths in SaTH, and actions taken are summarised below:

- Anaemia: a small cohort of patients.
 - A clinical review was undertaken in 2022, no specific concerns were raised.
 - The clinical coding team are undertaking a further audit and a notes review is underway by Learning from Deaths.
- Leukaemia: a small cohort of patients.
 - The haematology lead has undertaken a notes review.
 - This has been presented to Learning from Deaths and has not raised any concerns over patient management.
- Acute and unspecified renal failure: A review of deaths associated with AKI on admission is being undertaken by the renal physicians.
 - Work is underway to compare AKI management with that of neighbouring Trusts.

Infection Prevention and Control

HCAI - MSSA



What are the main risks impacting performance?

- There was one new case of MSSA bacteraemia in January 2023.
- Whilst there is no national target for MSSA, YTD we are above our locally set target with 26 cases YTD.

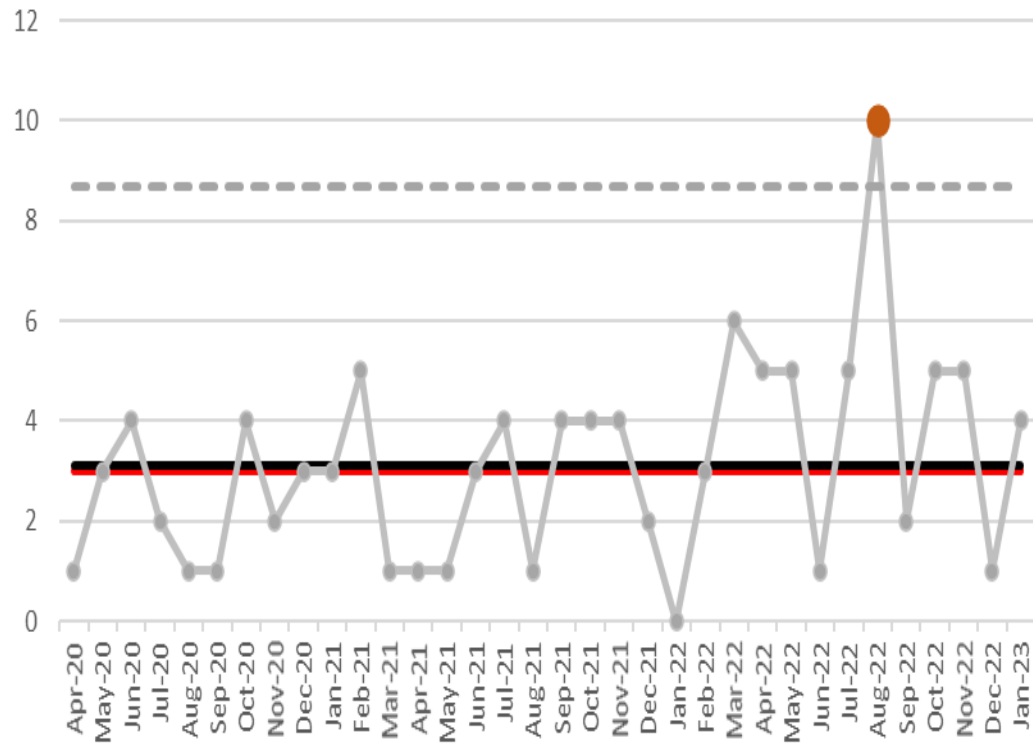
What actions are being taken to improve?

Ongoing actions across the trust include:

- Cannula care/VIPs, with ward managers ensuring daily checks are undertaken.
- Consistent use of catheter care plans and catheter insertion documentation.
- Timely completion of RCAs and actions for device related MSSA bacteraemia, these are presented as part of divisional updates monthly at IPCOG.
- Ongoing aseptic technique training.
- Catheter documentation and cannula care is audited through the monthly matrons' quality audits and reviewed at the monthly nursing quality metrics meetings.

Infection Prevention and Control

HCAI - C.Difficile



What are the main risks impacting performance?

- There were four new cases of C.Difficile in January 2023.
- Overall there have been 43 cases of C.Difficile YTD against a target of no more than 33 cases for the year 2022/23.
- Common themes from RCAs include timely stool samples, prompt isolation, use of stool charts and antimicrobial prescribing.

What actions are being taken to improve

The C.Difficile action/recovery plan continues to be implemented across the divisions.

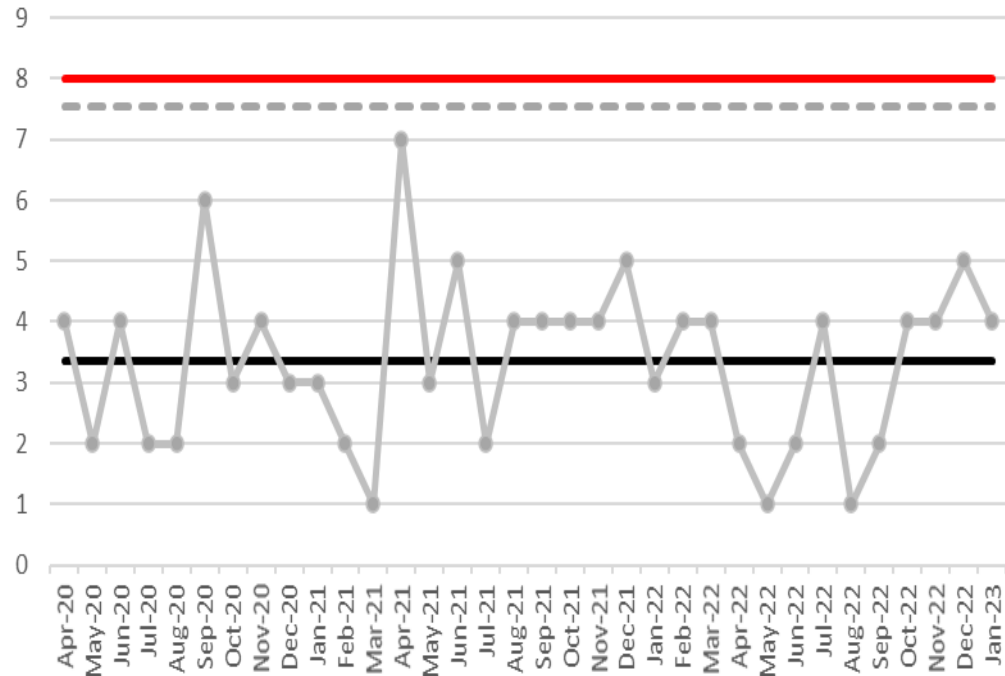
Other actions in place include:

- Commode training for all ward staff.
- Quality ward walks with real-time education.
- IPC training.
- Daily monitoring of IPC practices by ward matrons/managers.
- Ensuring compliance with nursing aspects of ward cleanliness.

An IPC update is provided at the weekly DON meeting with the senior nurses (band 7, matrons). Actions are reported via divisional IPC reports and monitored via the IPCOG.

Infection Prevention and Control

HCAI - E.Coli



What are the main risks impacting performance?

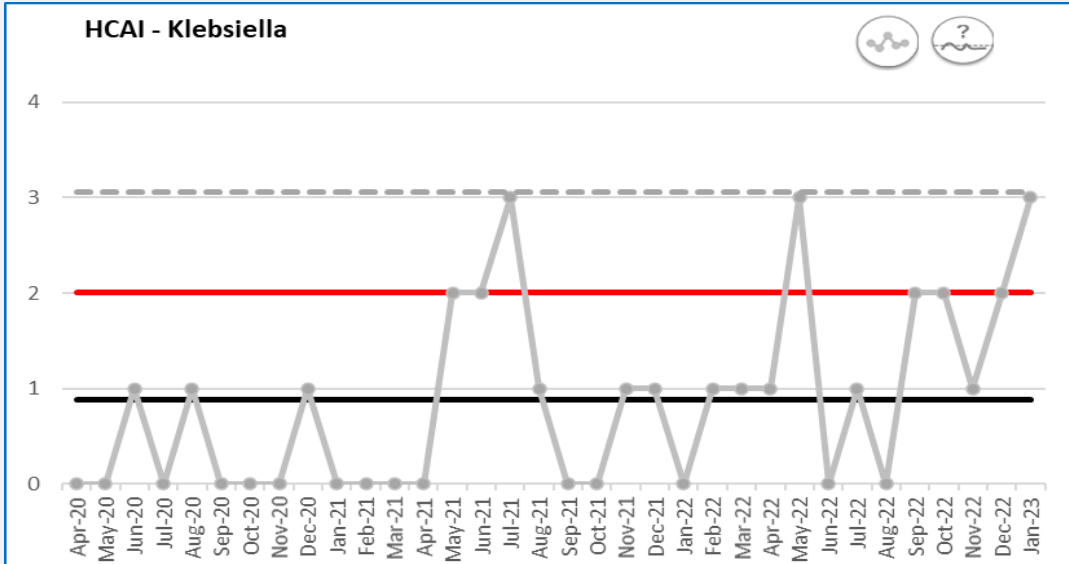
- There were four cases of E.Coli bacteremia in January 2023 that were taken post 48 hours of admission.
- This is below the monthly target for 2022/23 which has been set at no more than 8 cases a month, and no more than 96 cases in the financial year.
- YTD there have been 29 cases compared against a national target of no more than 96 cases for 2022/23.

What actions are being taken to improve?

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

- Consistent use of catheter insertion documentation and care plans.
- Aseptic technique training.
- Daily reporting of cannula VIPs and earliest possible removal of devices when no longer required, this is monitored daily by the matrons and ward managers.

Infection Prevention and Control



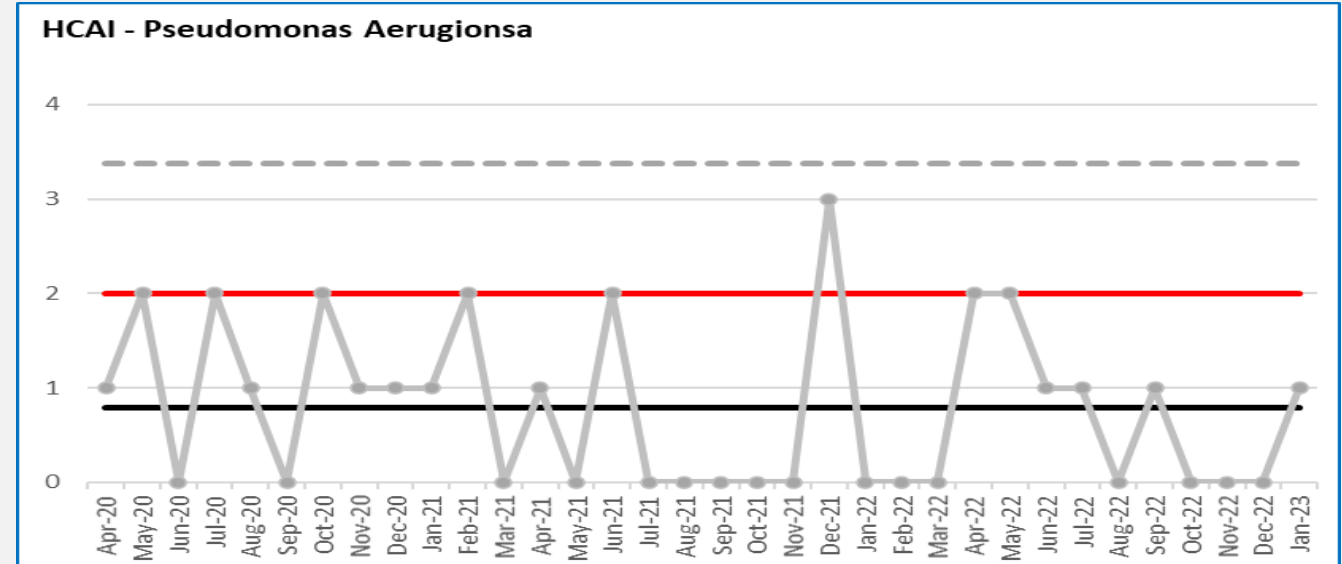
What does the data tell us?

There are three new cases of Klebsiella bacteraemia in January 2023.

There have been 15 cases reported YTD against a target of no more than 23 for 2022/23.

What actions are being taken to improve?

There is ongoing improvement work in relation to HCAs and compliance with IPC standards and procedures. This improvement work is monitored at IPCOG and monthly metric meetings.



What does the data tell us?

There was one new case of pseudomonas bacteraemia in January 2023. There have been 8 cases reported YTD against a national target of no more than 19 cases for 2022/23.

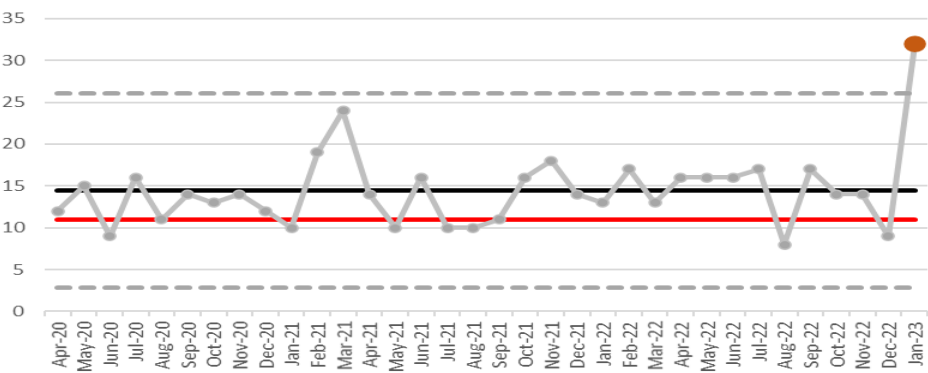
What actions are being taken to improve?

There is ongoing improvement work in relation to HCAs as reported in the other sections of the IPR report for the HCAs.

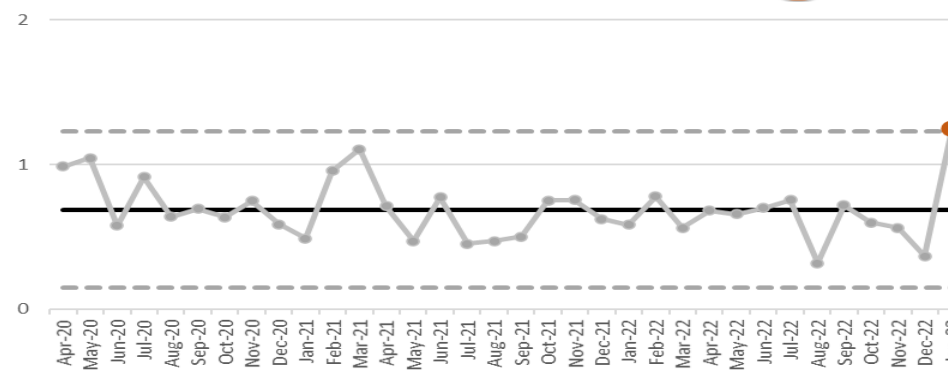
These are reported and monitored via the IPCOG which reports monthly to the DIPC via the IPC assurance committee.

Patient harm- Pressure ulcers

Pressure Ulcers - Category 2 and above



Pressure Ulcers - Category 2 Per 1000 Bed Days



Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	18
Surgery, Anaesthetics and Cancer	13
Women and Children's	1

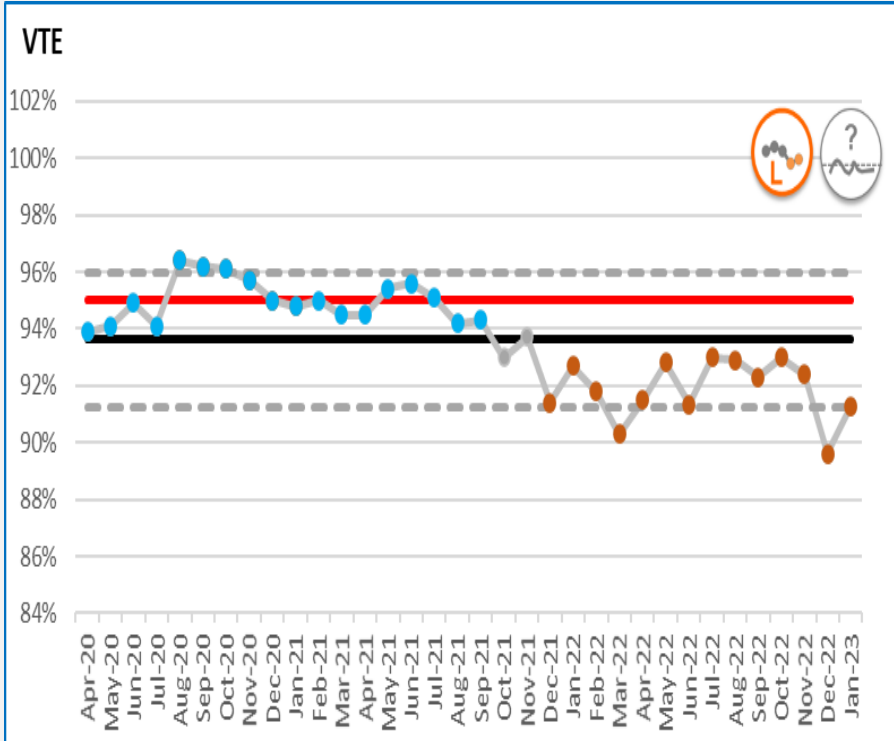
What does the data tell us?

- There was a significant increase in January 2023 with 27 category 2 and 5 category 3 pressure ulcers reported on wards 4, 9, 24, 25, and 27.

What actions are being taken to improve?

- Review of the RCA investigations for these cases to date has not shown any new issues from the ones previously identified in relation to risk assessments, care plans and re-positioning charts. However, the increasing numbers and the assurance required in relation to our processes and care on the wards in relation to TV has been reiterated at the confirm and challenge meetings with ward managers, matrons and divisional DoNs in February and at the pressure ulcer panel meetings.
- Overarching pressure ulcer improvement plan is in place following a thematic review of RCA/SI reports being implemented across the Trust.
- Ongoing work continues to ensure all patients have a waterlow and MUST assessment completed on admission, weekly thereafter or when their condition changes.
- All RN staff are completing the mandatory tissue viability training, with a target set for all staff to have completed this training by end of March 2023.
- Spot checks by ward managers and matrons to ensure waterlow assessments are accurately completed and prevention actions implemented via care plans continues.

Patient Harm - VTE



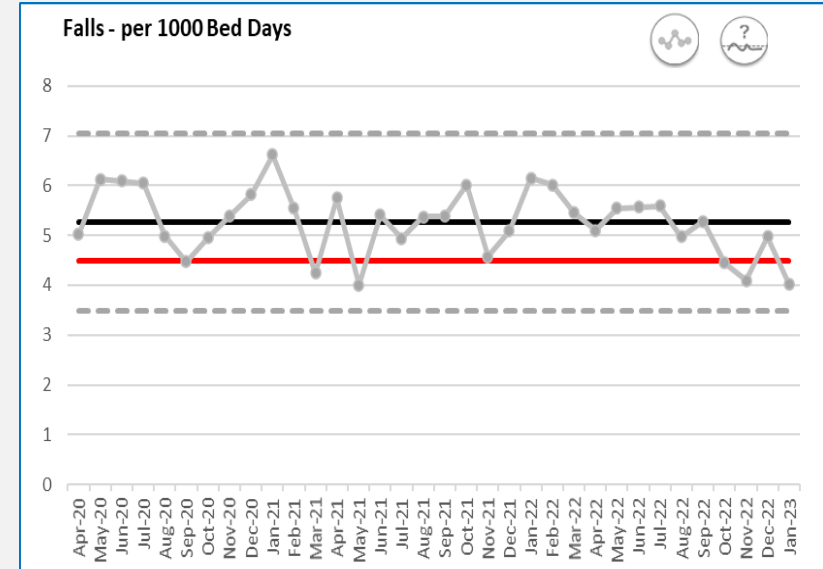
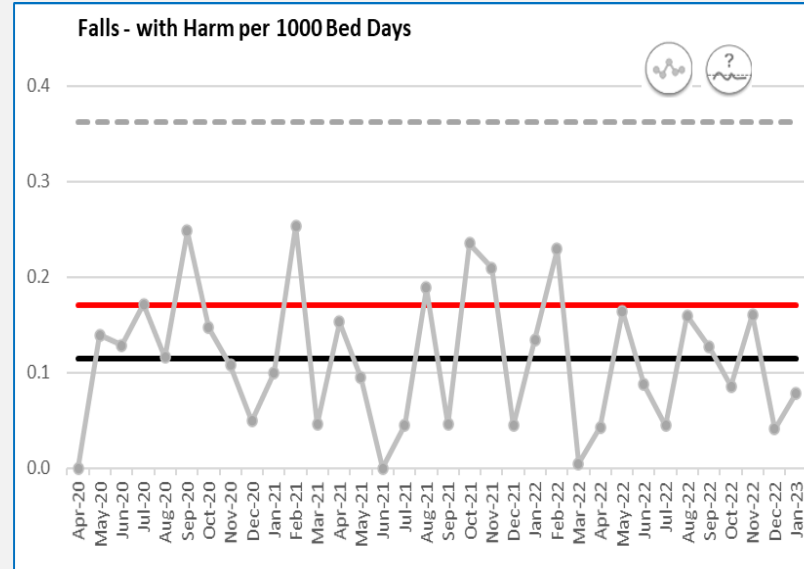
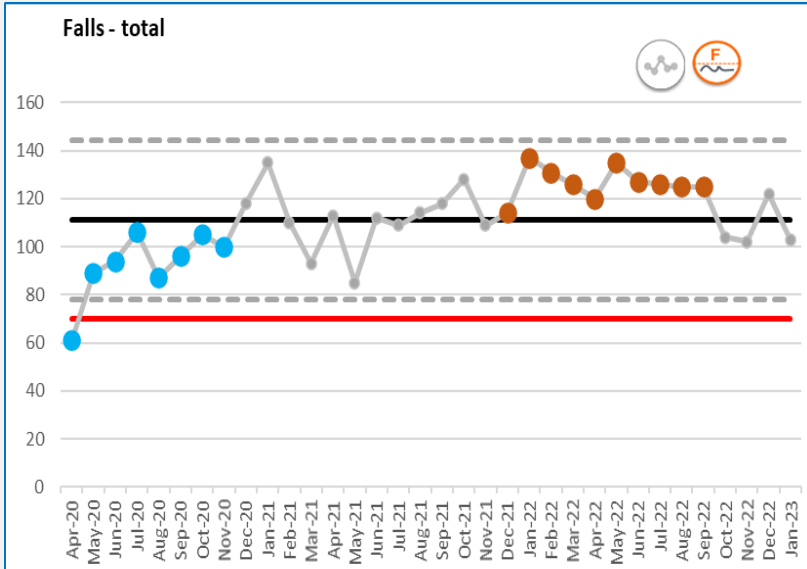
What are the main risks impacting performance?

- VTE assessment continues to fall below the National target line.
- Performance is declining consecutively month on month, with performance in December 2022 showing levels outside the process limits. January 2023 is showing a slight improvement towards the target.
- Special cause concern requires further investigation and remedial action to be taken.

What actions are being taken to improve?

- An investigation has been undertaken and a paper was taken to QoC in February 2023 with an options appraisal for next steps. The outcome of this discussion is that a pilot will be undertaken in AMU to use prompts on the patients case notes to encourage the completion of VTE assessments.
- Communication continues with divisional medical directors, clinical directors, consultants, matrons, and ward managers to identify any outstanding VTE assessments and to ensure completion in a timely manner.
- Monitoring will continue with notifications sent to consultants.

Patient harm- Falls



What does the data tell us?

- There has been a reduction in falls reported in January 2023 when compared to the previous month.
- The trust continues to see falls that result in moderate harm or above for patients. The falls with harm per 1,000 bed days increased in January 2023 however, remains at a rate that is lower than the averages seen since reporting commenced in April 2020.
- There was one fall which resulted in the patient sustaining a fractured neck of femur in January 2023.
- Overall falls per 1,000 bed days has seen a reduction in January 2023 and despite a peak seen in December 2022, is continuing to see a downward trend taking place

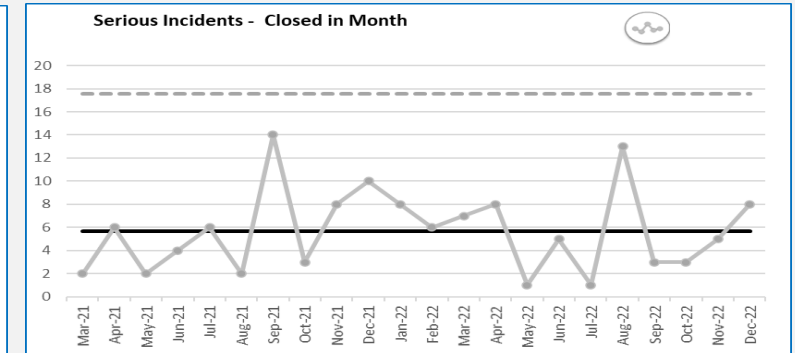
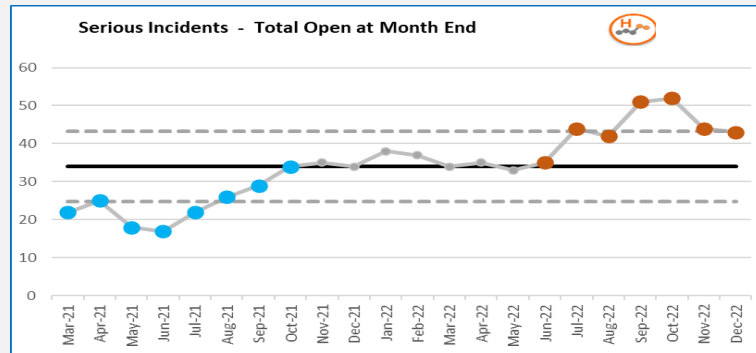
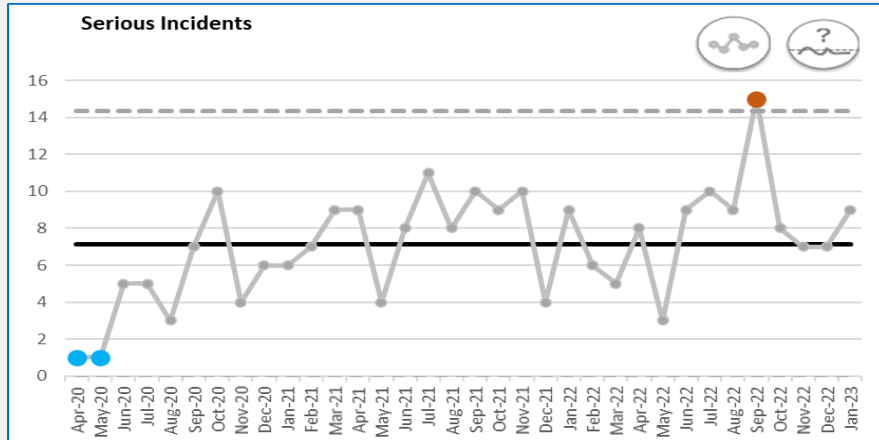
Patient harm- Falls

What actions are being taken to improve?

- Continue to ensure that all patients have falls risk assessments completed and care plans in place.
- Monitoring of falls assessments and care via ward huddles, ward manager spot checks and monthly matron quality audits.
- There is ongoing recruitment taking place to the Enhanced Patient Supervision (EPS) team, who will receive additional training to provide the care to our patients who require additional support/supervision in the clinical areas around cohorting and bay tagging.
- All falls continue to be
 - Reviewed daily by the quality matron and team with feedback provided at the time of review and in a letter to the nurse caring for the patient at the time of the fall to include areas of good practice and aspects of care requiring improvement.
 - There is a weekly falls review meeting attended by the quality team and divisions where all falls that week are reviewed and any actions/learning identified.
- The quality team continue to implement the national initiative “the re-conditioning games” which encourages patients and the staff caring for them to get involved in games/activities which help maintain and improve independence whilst in hospital.

Falls – Total per Division	Number Reported
Medicine and Emergency Care	77
Surgery, Anaesthetics and Cancer	24
Women and Children's	2

Patient harm- Serious incidents



SI theme	Number Reported
Fall - #Neck of Femur	1
Never event (retained product)	1
Delayed diagnosis (lost to follow up)	1
Maternity affecting baby (HSIB)	1
Maternity (infection control)	1
Maternity affecting baby (HSIB)	1
Sub-optimal Care (deteriorating patient)	1
Category 3 pressure ulcer	1
Maternity affecting baby (HSIB)	1
Total	9

SI - by division	Number reported
Surgery, Anaesthetics and Cancer	3
Women's & Children's	4
Emergency and acute medicine	2

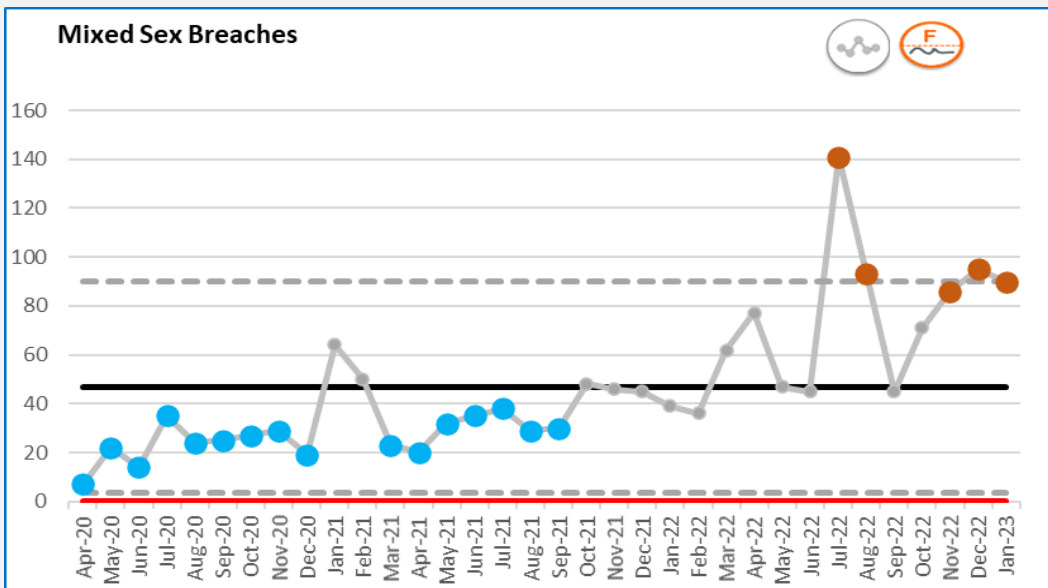
What does the data tell us?

- The number of SIs reported has reduced within usual reporting limits. There have been no obvious issues identified, but monitoring is in place for underpinning themes.
- Number of SI's remaining open this month is 46, which is slightly increasing and now showing special concern.
- There were 10 SI's closed in January 2023 and this position 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



Location	Number of breaches	Additional information
AMU (PRH)	44 breaches	In AMA
ITU / HDU (PRH)	18 primary breaches	9 medical, 6 head & neck, 1 gynaecology, 1 paediatric, 1 T&O
Ward 24 R (RSH)	6 breaches	One occasion
ITU / HDU (RSH)	22 primary breaches	11 medical, 10 surgical, 1 orthopaedic

What are the main risks impacting performance?

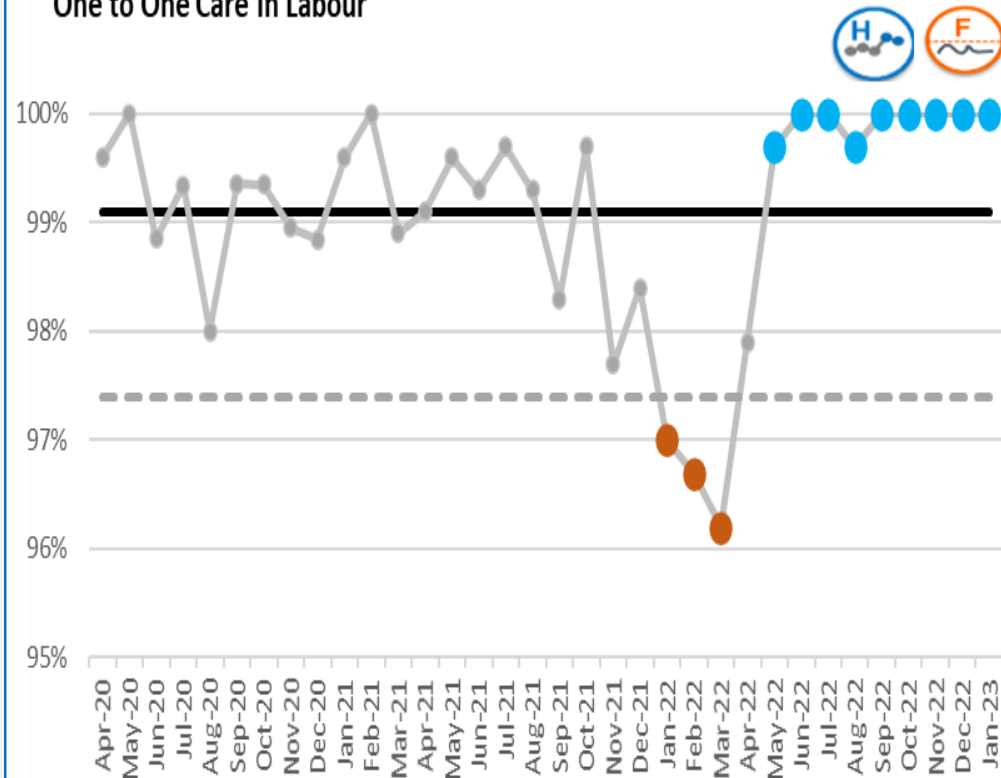
- The number of mixed sex breaches decreased slightly from 95 seen in December 2022 to 90 in January 2023.

What actions are being taken to improve?

- There is ongoing work to ensure that we avoid using the assessment area on the AMU at PRH for escalation overnight for patients, as this results in delays the following day with the ambulatory medical patients returning to the assessment area and also results in mixed sex accommodation breaches.
- Improve delays in step down patients from ITU in a timely manner to reduce the bed pressures across the Trust.
- Curtains and screens in place to maintain patient dignity if patients are cared for in the assessment area.

Maternity - One to One care in labour

One to One Care In Labour



What are the main risks impacting performance?

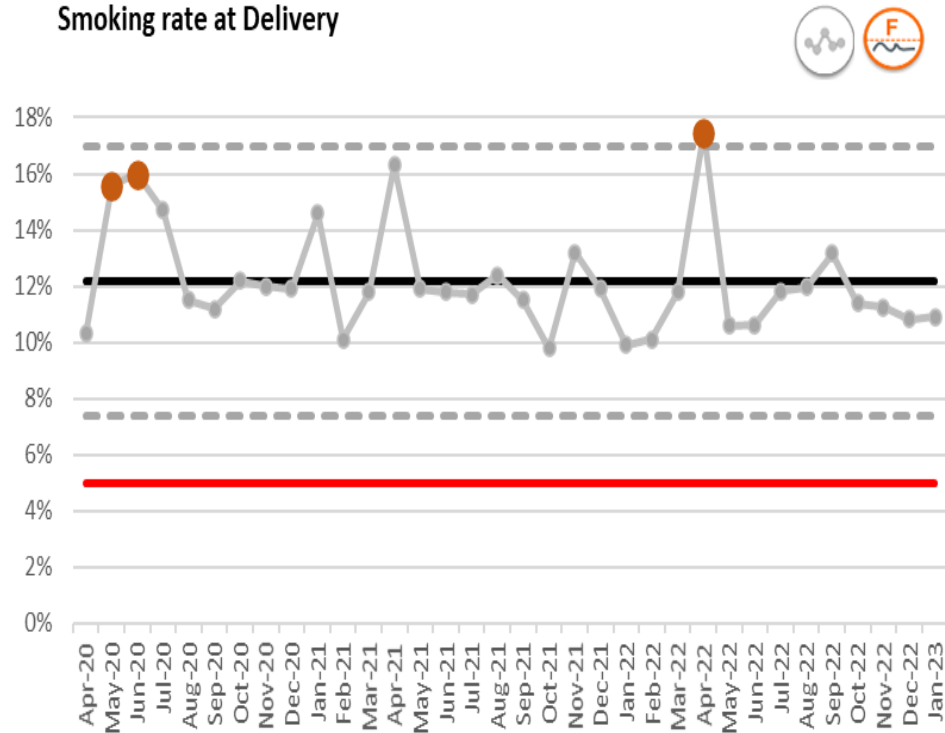
- The provision of 1:1 care in labour is a priority for the service and the result is reassuring that the actions and mitigations in place are effective.
- 100% 1:1 care has once again been achieved this month, which has been a consistent performance level since September 2022.

What actions are being taken to improve?

- Escalation policy is in place which contains detailed information aligned to the regional OPEL (Operational Pressures Escalation Levels) framework to support the provision of 1:1 care in use.
- Staffing template is reviewed and altered to support peaks in acuity.
- Cohorting of postnatal women on the delivery suite for care by one midwife to enable efficient use of available staff at times of high acuity.
- 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

Smoking rate at Delivery



What are the main risks impacting performance?

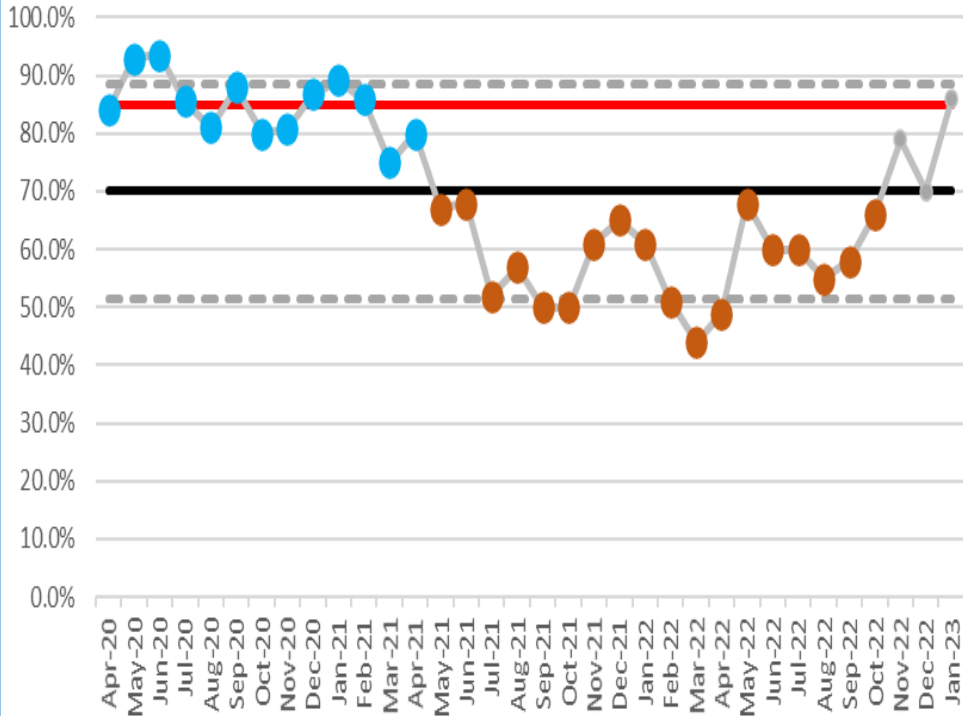
- Reduction in SATOD figures for January 2023.
- No anomalous results evident.
- New government target has been set for 5% SATOD. SaTH is higher than the national average (9.1%) despite a consistent reduction of SATOD figures over the last few years.

What actions are being taken to improve?

- Healthy Pregnancy Support Service (HPSS) launched August 2022. The service addresses barriers to accessing healthcare support and reduce inequalities.
- Returned to face-to-face home visits.
- Support and signposting offered to partners who smoke.
- Despite service launch and interventions, may not be able to reach low government targets of 5% for our demographic and this is consistent with other regions also not reaching this challenging target.

Maternity - Delivery suite acuity

Delivery Suite Acuity



What are the main risks impacting performance?

- There was a significant increase in acuity this month, achieving the highest figure since January 2021.
- Short term unavailability continues to be a factor.

What actions are being taken to improve?

- At establishment with no vacancies.
- Workforce plan for 10 international midwives in 2023.
- Midwifery apprentice programme commencing September 2023 – 3 apprentices per year until 2026.
- Conversion of long-term unavailability to substantive positions.
- 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 being achieved.

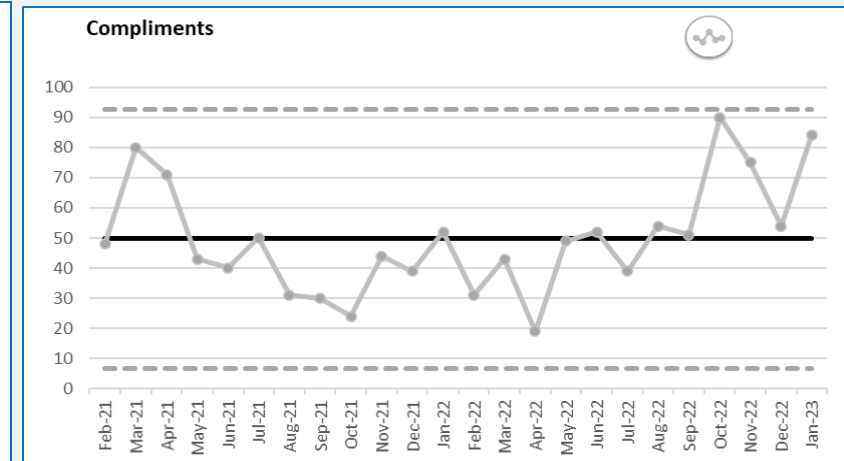
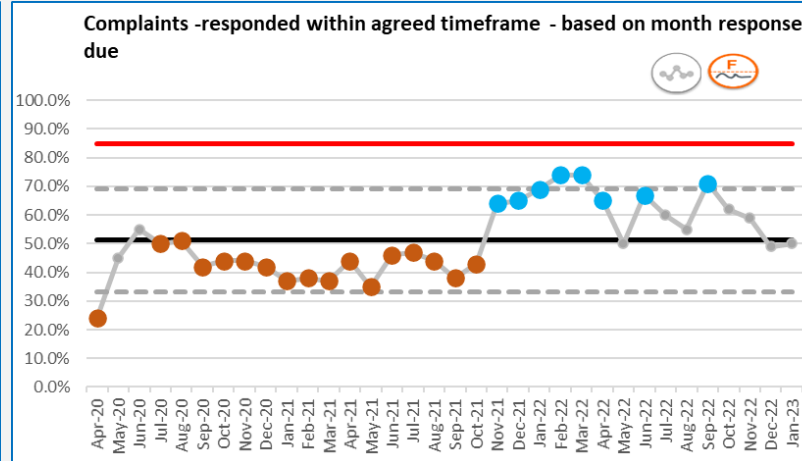
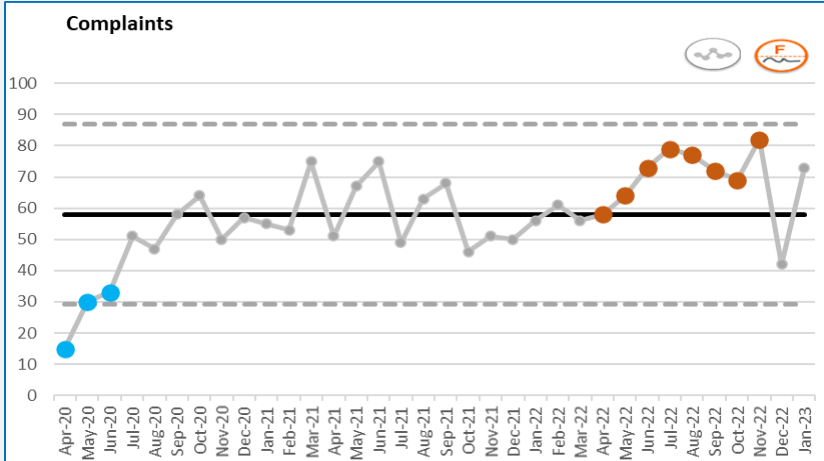
Quality Caring & Experience

Executive Leads:

Director of Nursing
Hayley Flavell

Acting Medical Director
John Jones

Complaints



What are the main risks impacting performance?

- The number of complaints has increased to expected levels, after a drop during the Christmas period.
- Response rates remain below target as a result of ongoing high levels of demand and clinical pressures.
- The target of providing written acknowledgement within three working days was met in 97% of cases, with two cases acknowledged on day four. In both cases, the complainants had received a verbal acknowledgement within the three day target.
- 96% of complaints were responded to within two working days and 75% acknowledged within one working day.

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.
- Focus on backlog cases, and closing the oldest cases.
- Regular updates to complainants.
- New system is in place for facilitating a quicker response to simpler cases.

Responsiveness

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)	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Trend
Responsiveness	ED - 4 Hour Performance (SaTH Type 1 & 3) %		95%	64%	56.0%	54.7%	58.3%	58.7%	54.6%	52.5%	53.5%	51.5%	49.7%	49.1%	45.0%	55.3%	53.3%	
	ED - 4 Hour Performance (All Types inc MIU) %		95%	-	63.6%	62.7%	65.3%	66.2%	63.0%	61.8%	62.7%	60.2%	58.4%	57.8%	53.1%	64.0%	62.2%	
	ED - 12 Hour Trolley Breaches	R	0	0	336	307	538	176	392	649	585	632	972	1090	962	629	651	
	Ambulance Handover < 15 mins (%)	R	-	-	15.3%	12.7%	11.8%	14.0%	10.5%	9.5%	9.4%	8.3%	6.9%	7.5%	6.4%	16.3%	18.4%	
	Ambulance Handover > 15 - 30 mins (%)	R	-	-	31.8%	29.5%	28.5%	32.6%	25.2%	23.5%	26.3%	23.9%	20.1%	27.9%	21.7%	39.4%	44.5%	
	Ambulance Handover > 30 - 60 mins (%)	R	0%		26%	25%	24%	24%	27%	26%	26%	28%	25%	30%	26%	24%	28%	
	Ambulance Handover > 60 mins (%)	R	0%		27%	33%	36%	29%	37%	41%	38%	39%	48%	35%	46%	20%	31%	
	ED activity (total excluding planned returns)		-	12540	11061	12859	12340	13601	13280	13159	11972	12104	12868	12538	13481	11037	10776	
	ED activity (type 1 excluding planned returns)		-	10282	9311	10878	10251	11383	11115	10988	9947	10114	10639	10374	10763	9097	8762	
	Total Emergency Admissions from A&E		-	-	2671	3013	2863	3061	2957	2899	2782	2850	2837	2763	2839	2684	2429	
	% Patients seen within 15 minutes for initial assessment		-	-	36.4%	33.3%	32.7%	25.0%	24.0%	22.7%	29.4%	23.5%	20.2%	20.4%	18.1%	32.7%	27.2%	
	Average time to initial assessment (mins)				42	42	37	35	42	41	35	41	43	40	49	28	31	
	Average time to initial assessment (mins) Adults				50	50	39	37	44	43	38	44	48	43	49	31	34	
	Average time to initial assessment (mins) Children				28	34	28	29	33	35	19	32	27	31	49	18	22	
	Mean Time in ED Non Admitted (mins)		-	-	329	330	248	239	255	268	288	306	361	371	416	313	371	
	Mean Time in ED admitted (mins)		-	-	649	669	697	568	683	759	773	804	1135	1106	1366	1078	1220	
	No. Of Patients who spend more than 12 Hours in ED		-	-	1183	1508	1412	1145	1490	1784	1625	1836	2317	2295	2648	1888	1926	
	12 Hours in ED Performance %		-	-	10.7%	11.7%	11.4%	8.4%	11.2%	13.6%	13.6%	15.2%	18.0%	18.3%	19.6%	17.1%	17.9%	
	Bed Occupancy Rate		92%	-	87.1%	88.0%	88.9%	89.1%	89.8%	90.0%	90.5%	91.1%	92.2%	92.4%	91.9%	93.3%	91.5%	
	Diagnostic Activity Total		-	-	17243	19410	18151	19577	19208	19353	20098	19124	19426	20897	17586	20905	20254	
	Diagnostic 6 Week Wait Performance %		95%	-	63.1%	58.6%	58.7%	62.7%	60.7%	59.5%	53.0%	56.5%	58.0%	59.4%	55.3%	55.7%	63.6%	
	Diagnostic 6+ Week Breaches		0	-	5149	6168	5994	5557	5936	6140	6846	6113	6119	6081	6614	6445	5097	
	Total Non Elective Activity		-	-	4718	5203	4869	5169	5030	4878	4717	4714	4786	5051	5022	5176	4785	
	Total elective IPDC activity		-	-	4792	5633	4670	5536	5305	5292	5448	5511	5695	6049	5279	5789	5497	
	Total outpatient attendances		-	-	43424	49931	41600	48976	46892	46031	46451	46924	47407	51990	41392	49569	44955	
	RTT Incomplete 18 Week Performance		92%	-	58.2%	58.1%	57.6%	58.7%	57.4%	55.7%	54.3%	52.9%	52.7%	52.2%	50.4%	50.9%	52.1%	
	RTT Waiting list - Total size	R	-	-	35772	36433	37936	38810	39545	41263	42487	42915	43179	42853	43173	41227	40232	
	RTT 52+ Week Breaches (All)	R	0		2352	2595	2815	2910	3049	3189	3423	3618	3763	3845	4018	3553	3172	
	RTT 52+ Week Breaches - English only				2085	2282	2480	2564	2673	2806	3015	3170	3304	3421	3587	3169	2842	
	RTT 78+ Week Breaches (All)	R	0	137	343	396	436	393	315	315	324	344	351	415	549	465	291	
	RTT 78+ Week Breaches - English only				308	352	393	354	271	276	277	301	313	372	481	401	252	
	RTT 104+ Week Breaches (All)	R	0		66	62	62	41	18	15	9	3	0	1	1	0	1	
	RTT 104+ Week Breaches - English only			0	64	61	60	40	17	13	6	1	0	1	1	0	1	
	Cancer 2 Week Wait	R	93%	-	75.5%	74.5%	71.0%	76.6%	75.9%	77.3%	76.1%	67.5%	70.8%	73.5%	67.4%	79.0%	-	
	Cancer 31 Day First Treatment		96%	-	94.3%	92.1%	91.1%	90.1%	93.0%	93.2%	90.8%	86.7%	93.5%	82.0%	82.3%	78.0%	-	
	Cancer 62 Day Standard	R	85%	-	45.1%	63.9%	52.6%	50.0%	55.0%	55.5%	51.1%	45.9%	50.4%	47.7%	48.5%	39.1%	-	
	Cancer 28 Day Faster Diagnosis	R	75%	-	63.4%	56.3%	60.7%	63.7%	64.0%	65.0%	61.9%	56.0%	59.5%	55.8%	56.8%	59.7%	-	

Operational summary

The emergency pathway continues to be under pressure through February 2023. The ward processes work continues and has been rolled out to all medical wards with evidence from the 30-day review process that PRH wards are seeing some impact in terms of length of stay, use of discharge lounge and patients that stay over 14 and 21 days. The improvement programme is being reviewed and will focus on embedding the ward processes work, developing criteria led discharge and implementing the pathways for virtual ward once these have been agreed and signed off in March by the clinical teams.

In the RTT non-admitted and admitted pathways, work continues to improve performance across the most challenged specialties including urology, colorectal and gynaecology. RTT elective waiting lists remain high due to persisting patient flow pressures and consistently high numbers of patients who are medically fit for discharge. To help address this, additional insourcing and outsourcing activity is in place. The Trust remains in Tier 1 monitoring due to its 78 weeks RTT and cancer performance. There are plans in place to deliver a year end position of no more than 102 patients waiting 78 weeks, well below the original operating plan of 211. Significant investment is required to achieve this which exceeds the (ERF) funding available in this financial year. We are working with system partners and NHSE to address these challenges and mutual aid is being provided by several NHS and independent sector partners in ENT, gynaecology and orthopaedics.

Cancer two week wait performance remains below the national standard and there has been a sustained increase in 2 week wait referrals, exceeding pre-COVID-19 levels. Although there has been some improvement, we are predicting that we will not meet the target at year end. This is due to insufficient Imaging capacity within 1 week of the referral and also non-compliance with FIT testing in Primary Care, with only 30% of referrals received with a FIT test by the end of February (target 80% by April 1st).

The number of patients waiting over 62 days for cancer diagnosis and treatment has reduced from 532 in February to 432 at 26/03/23 with colorectal, gynaecology and urology remaining under intensive review. Radiology turnaround times, endoscopy capacity, urological diagnostic and treatment capacity and overall theatre capacity remain significant causative factors for the backlogs and delays in pathways. Additional local anaesthetic trans perineal prostate biopsy capacity, funded by WMCA, is underway and revealing over 50% conversion to treatment required. Within Dermatology, the 3-month pilot using tele-dermatology images for triage is underway.

The date for the CDC to become operational has slipped from July to September 2023 as a result of ongoing delays in obtaining permission for enabling works to upgrade the power supply to Hollinswood House. The programme has been redesigned to mitigate the impact of this as far as possible. MRI at the CDC will become operational in November.

Operational - Emergency care

What are the main risks impacting performance?

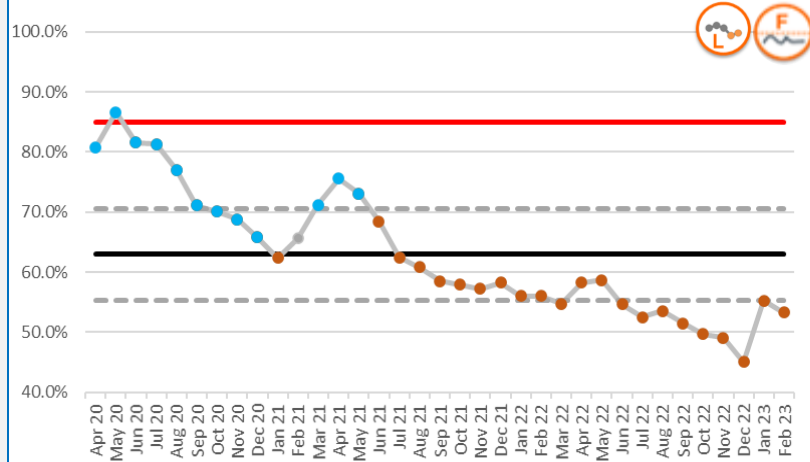
- A decision by WMAS to cease cohorting of patients in ED's has been received. Corridor care is now exclusively being provided by SaTH ED staff.
- Following an increase in complex discharges in mid January, the rate of discharges has returned to an average through February of 14.7%, which is comparable with levels seen in the previous month.
- Profile of discharges still weighted later in the day, which is creating significant pressures and ambulance offload delays in ED.
- Reduction in the bedding of patients in AMA at PRH has supported flow on this site.
- Staffing pressures due to recruitment challenges and sickness absence across deep bed base and ED.
- Workforce and physical capacity constraints (particularly at PRH) continue to cause issues in meeting the demand for both walk in and ambulance arrivals, which leads to bottlenecks in the department.

What actions are being taken to improve?

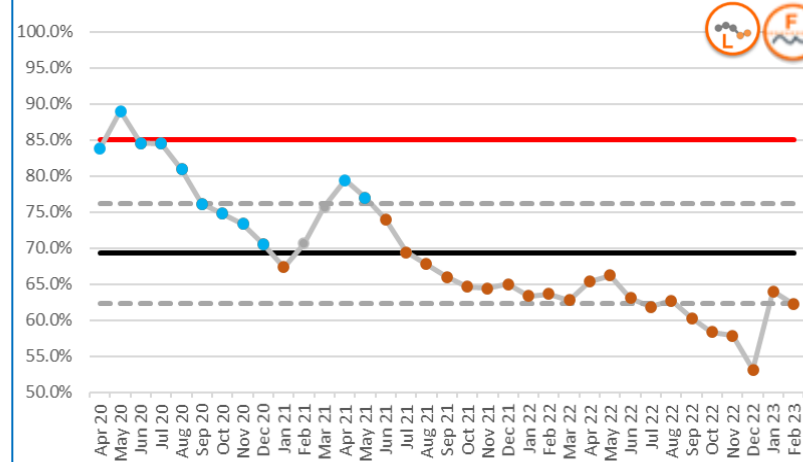
- All medical wards at PRH and RSH have commenced the flow improvement programme. 30 day measures show improvement in bringing forward discharge profiles to earlier in the day and a reduction in 14 and 21 day LoS.
- Ambulance Receiving Area (ARA) - RSH ARA is in place and staffed by SaTH & WMAS
- A modular ARA at PRH is currently being built and will be ready for handover at the end of March 2023. Staffing for ARA will remain SaTH staff and is currently unfunded.
- All GP direct patients are directly attending the Acute Medical Assessment Area (AMA) rather than ED which is reducing the demand in ED.
- PRH SDEC reconfiguration is due for completion in July 2023 which will see an increase in trollies available.
- ED transformation programme launched in September 2022 continues.
- Redirection tool is being re-piloted in PRH ED from mid February 2023.
- Business case for CYPU at PRH has been completed. Approval to progress to full business case granted by II&C in March. The full business case is to be presented at the April MEC Divisional Committee and is included in operational plan for 2023/24.
- MaDE events continue to be planned throughout the year.

Operational - Emergency care

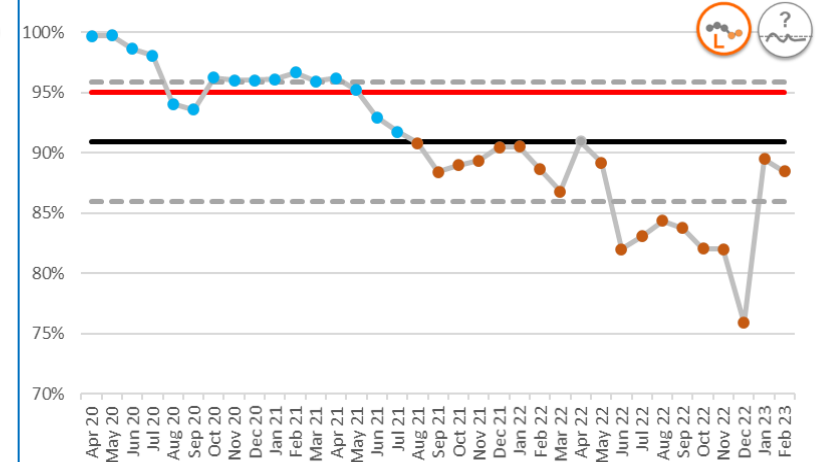
SaTH - ED 4 Hour Performance (SaTH Type 1 & 3) %



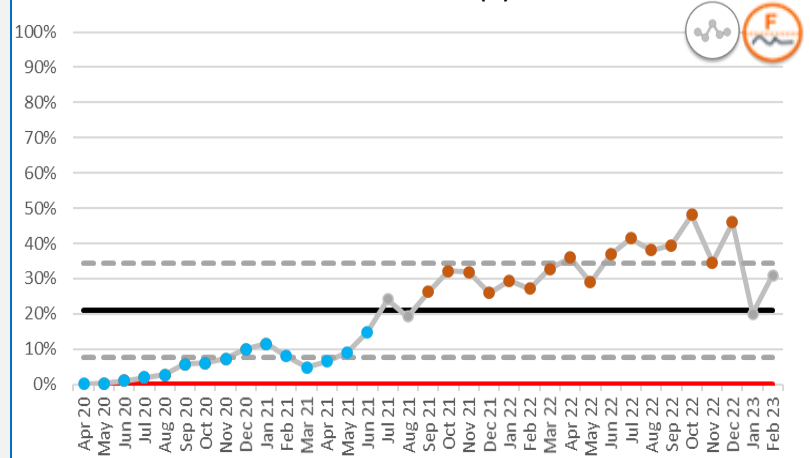
SaTH - ED 4 Hour Performance (All Types inc MIU) %



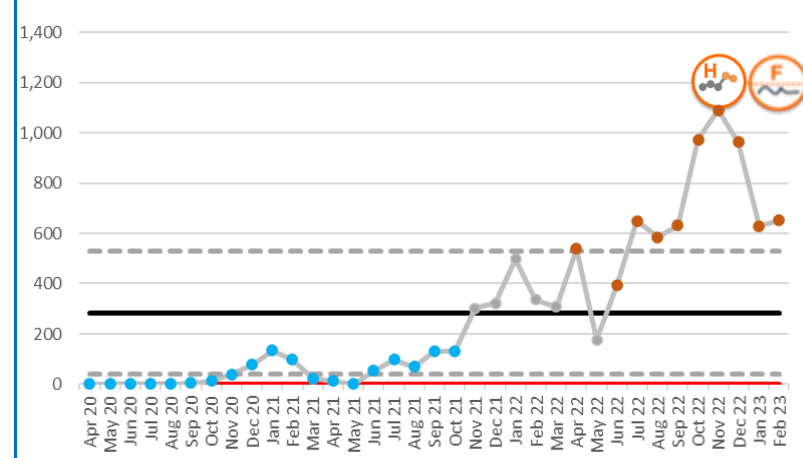
SaTH - ED 4 Hour Performance - Minors %



SaTH Ambulance handover > 60 minutes (%)



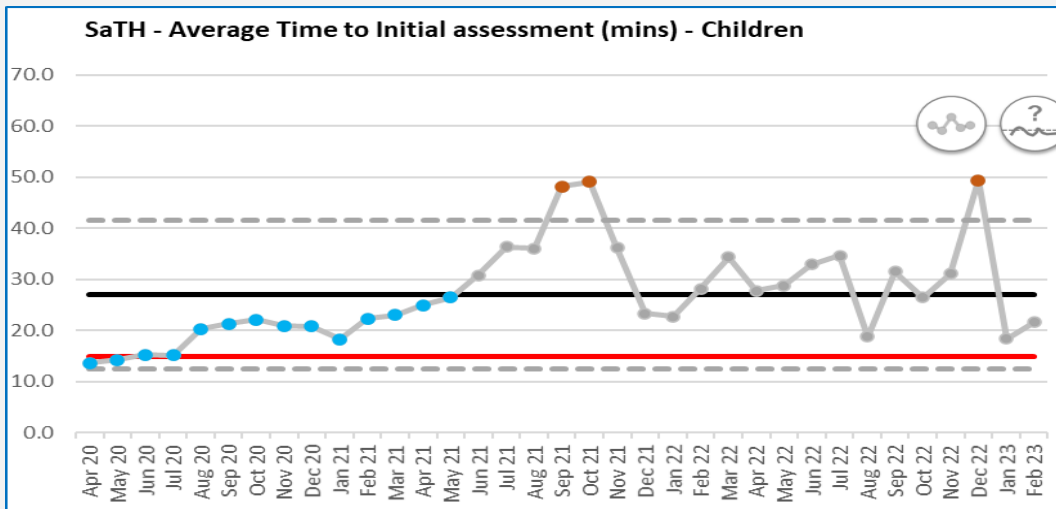
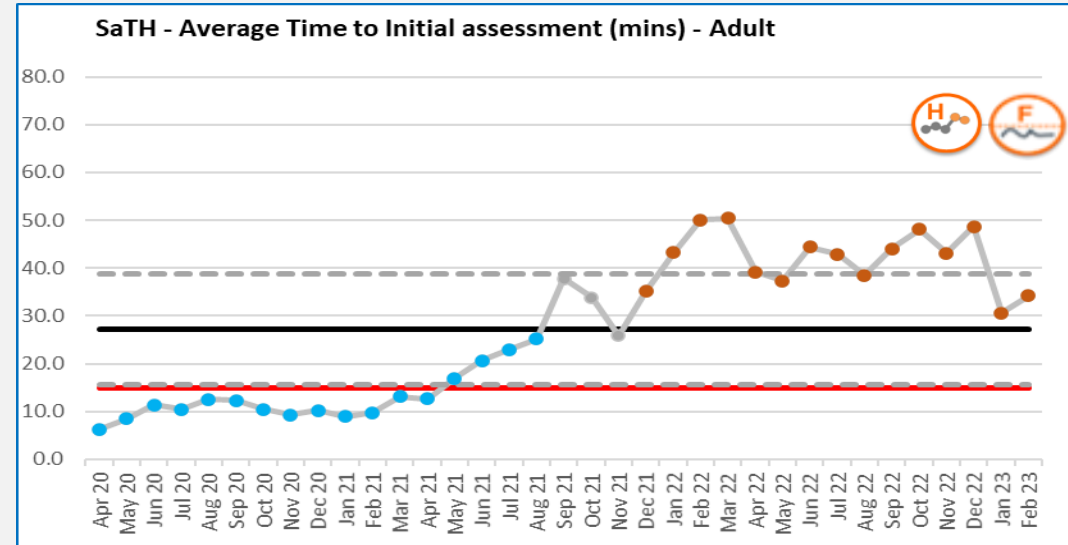
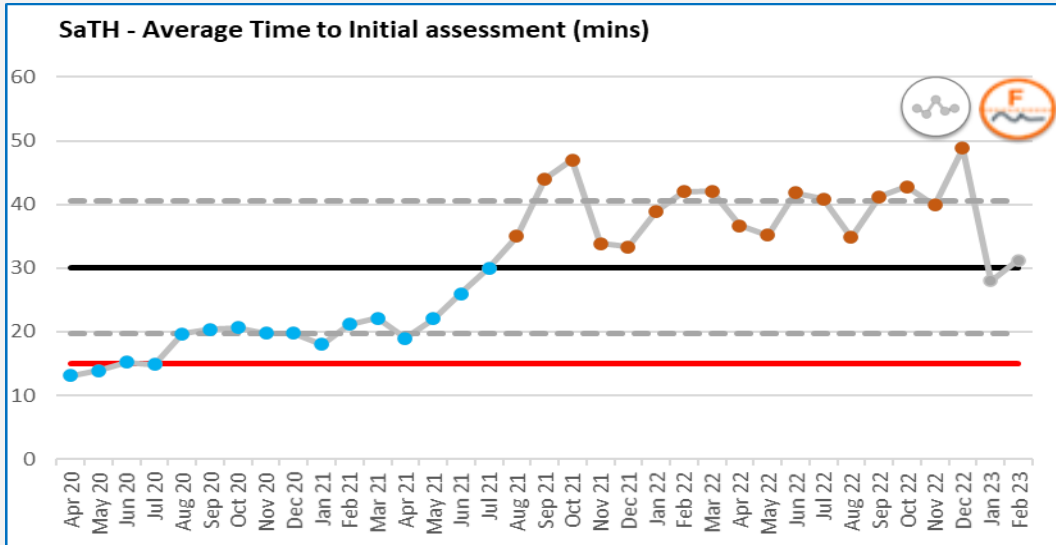
SaTH - >12 Hour DTA



Following the significant improvement seen in January, ED performance across the core metrics maintained an improved position in February, albeit seeing a marginal reduction.

The acute floor continues to accept direct medical patients and this is having a positive impact on performance levels.

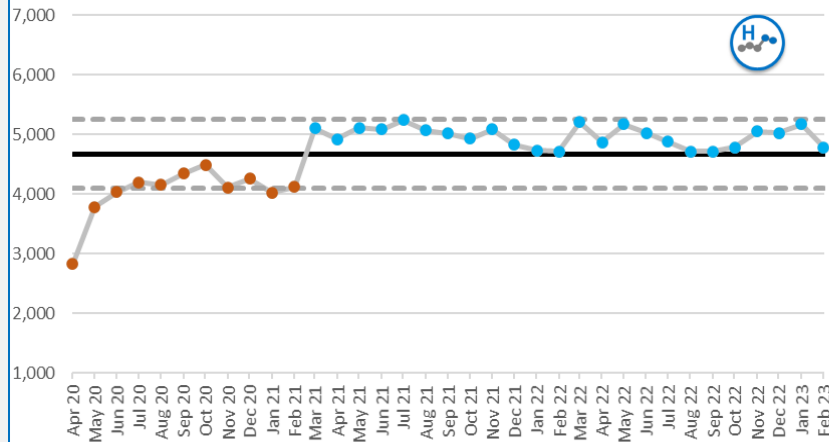
Operational - Emergency care



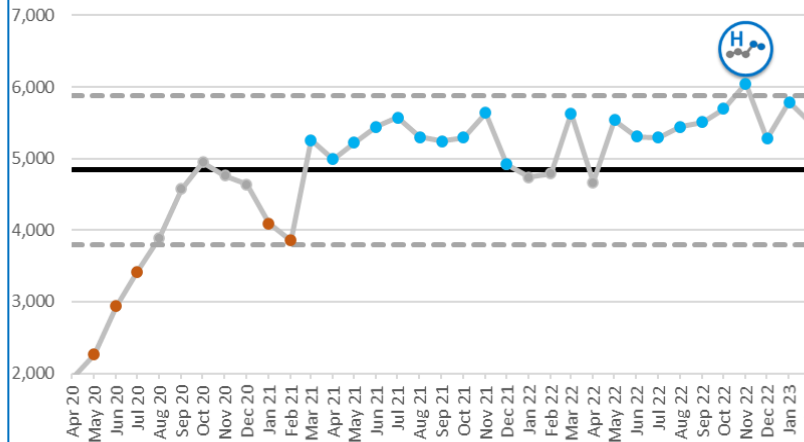
An observation exercise has been undertaken on the initial assessment process, which has been fed back to the teams. An on site visit to PRH from NHSE experts has been scheduled for 23rd March 2023 to look at further detail within the processes and explore the opportunities for improvement.

Operational – Activity and bed occupancy

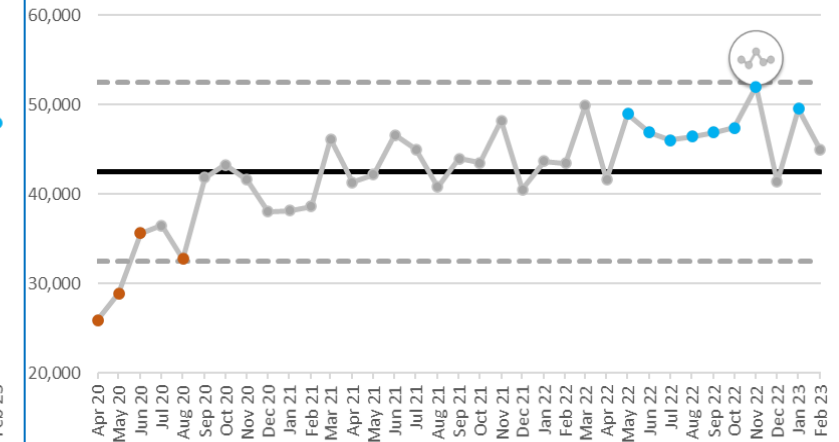
Total Non Elective Activity



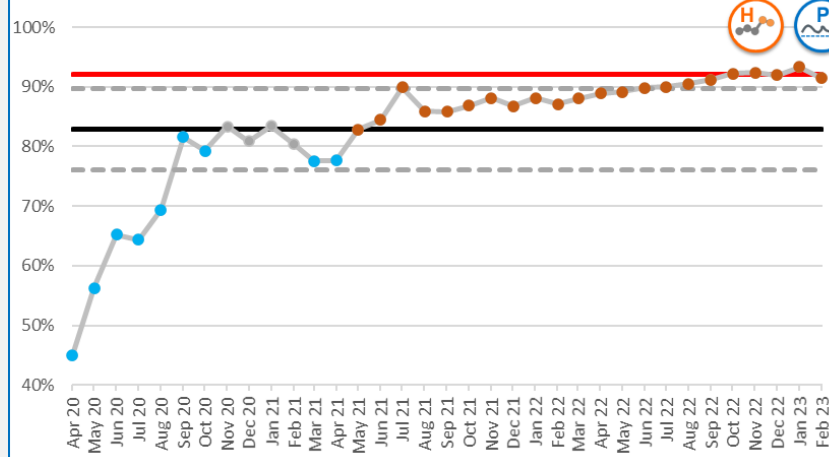
Total Elective IP & DC Activity



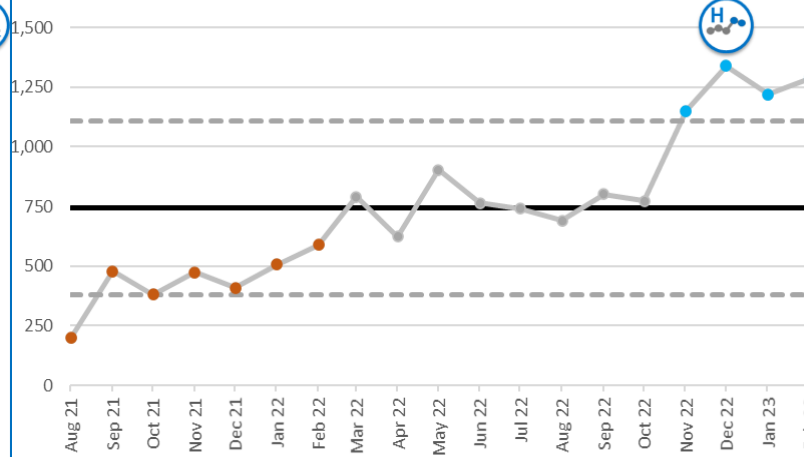
Total Outpatients Attendances



Bed Occupancy - G&A

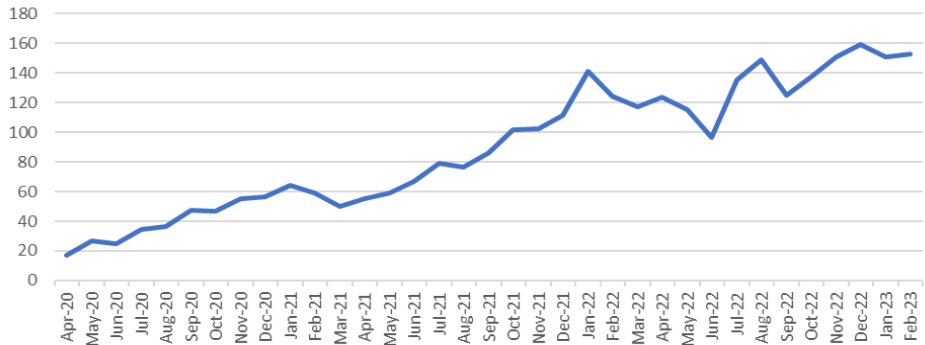


Number of episodes moved or discharged to PIFU pathway



Operational – Patient flow

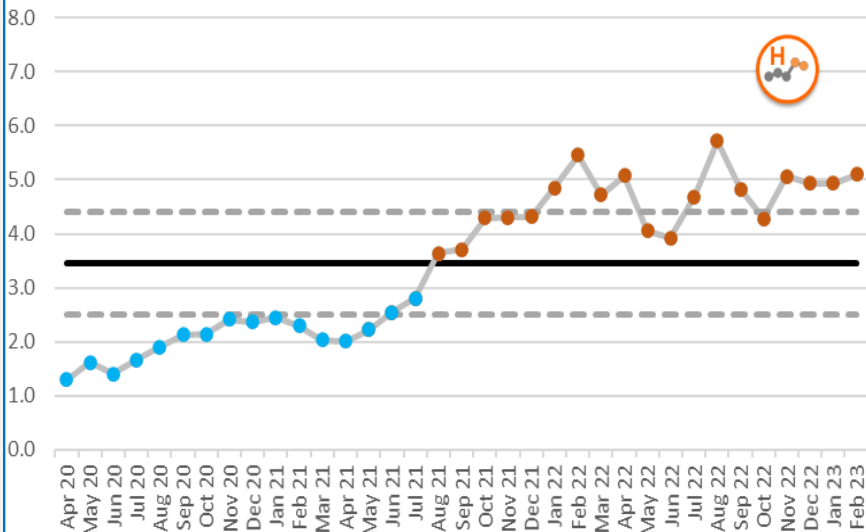
AVG Daily Midnight Snap Shot on MFFD



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 remains since COVID-19 lockdown in March 2020.
- Increasing number of patients who are medically fit for discharge, which is consistently >100 per day since December 2021.
- Lack of domiciliary and care home provision, particularly EMI care home provision, in the community to receive and care for these patients.

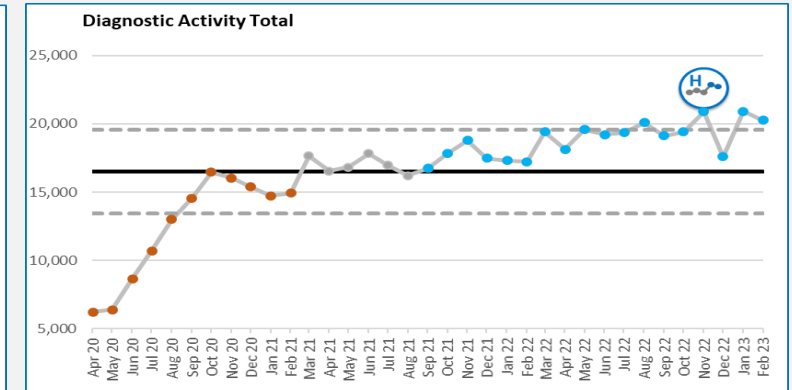
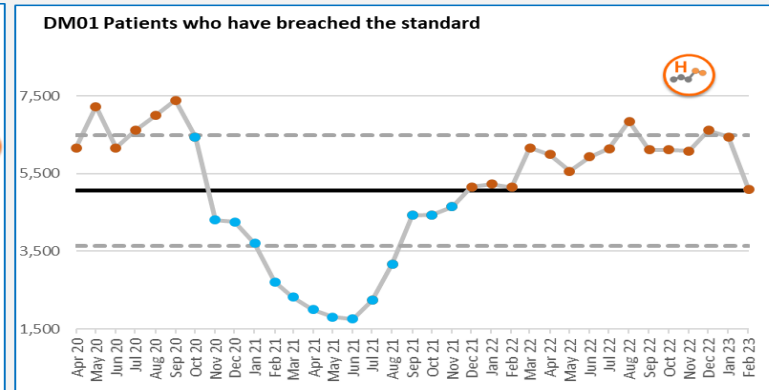
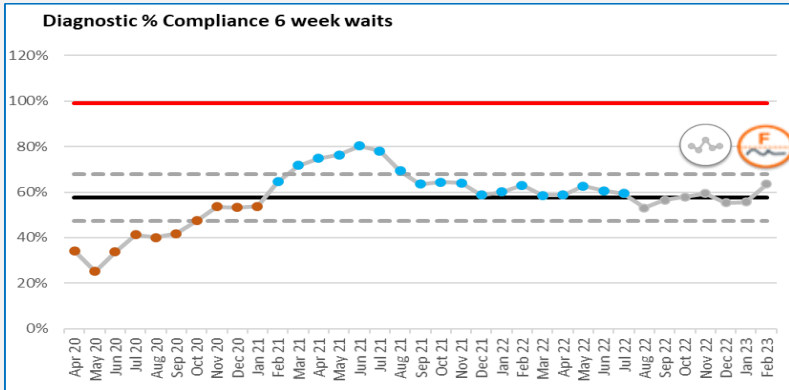
Average LOS From MFFD to Discharge



What actions are being taken to improve?

- Increased focus on internal SaTH systems and processes to ensure timely 'simple discharges'
- Increase in the use of the discharge lounge on both sites.
- 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 - Diagnostic waiting times



What are the main risks impacting performance?

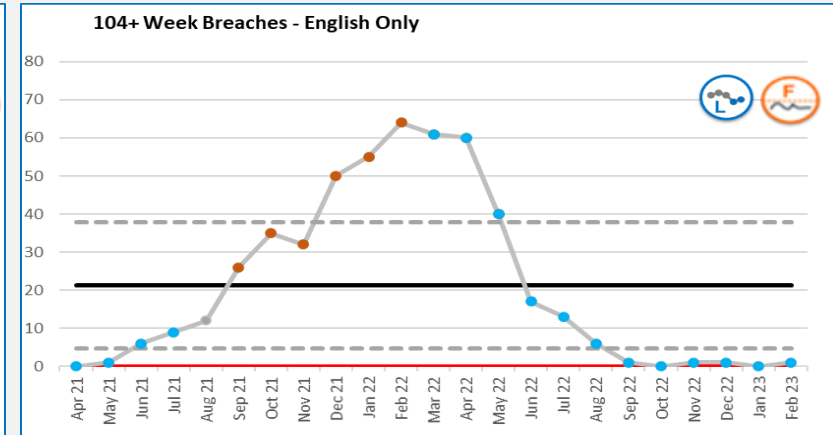
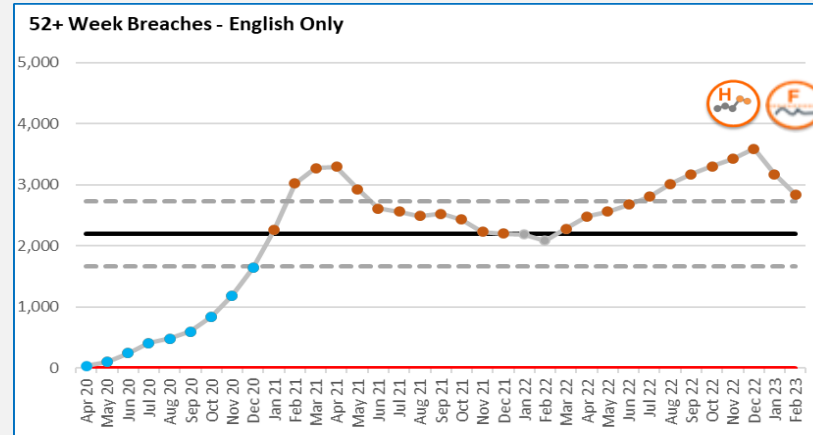
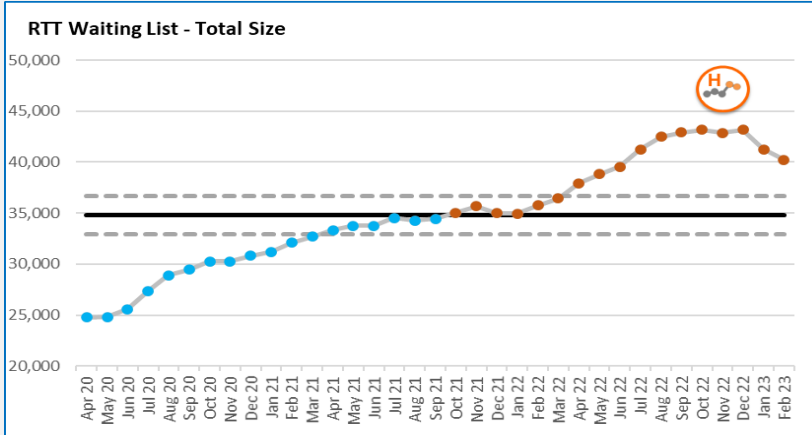
- Radiology reporting delays remain a cause of concern but are continuing to improve.
- MRI turnaround has improved across all urgencies; 2WW and urgent are now at 2/4 weeks, with routine tests at 4/6 weeks. CT reporting times have also improved across all urgencies; 2WW and urgent now at 4/5 weeks and routine at 6-8 weeks. These reductions were expected following the implementation of the second IS reporting provider, which is providing additional capacity.
- Long standing vacancies in all modalities continue to restrict capacity, with reduced resilience during periods of sickness or annual leave. CT scanner is currently open for WLI cardiac CT lists when staffing allows. MRI scanner in the OP imaging suite (imaging pod) has reduced from 5 to 3 days per week from January due to staff attrition and unexpected absence.
- Recruitment is ongoing and we are utilising new agency staff where possible.
- Clinical prioritisation of radiology referrals and reporting for the most urgent patients is being targeted alongside elective recovery of 78+ week waits. This is impacting recovery of the routine backlog.
- Staff continue to be deployed to prioritise acute and cancer pathways with a resultant impact on routine capacity.

Operational - Diagnostic waiting times

What actions are being taken to improve?

- Additional outsourced reporting with '4Ways' continues to provide an additional 100 CT and 100 MRI reports per week.
- On-site independent sector mobile CT and MRI scanners, along with US insourcing, continues to provide additional capacity essential to maintain current performance levels.
- Business cases for continuation of mobile scanning, including reporting, needed in this financial year have been agreed to support recovery from increased demand in non-admitted and cancer pathways.
- Additional insourcing from '18 Weeks' to support endoscopy DM01 at weekends has been supported through the ERF.
- There is ongoing recruitment for radiologists, radiographers and sonographers. The second cohort of 10x band 5 international radiographers have arrived, with 2x band 6 radiographers arriving in January and May. Offers have been accepted for 2 x additional sonographers and these are currently undergoing recruitment checks.
- Use of agency and bank staff to cover workforce gaps and insourcing for US.
- Enhanced payments and WLIs are encouraging additional in-house clinical and reporting sessions across all modalities to address outstanding backlogs.
- Clinical prioritisation is in place for all radiology appointments and reports and priority is given to urgent and cancer patients.
- DM01 imaging performance has increased overall to 78%. The greatest increase of 10% has taken place within US, which is now at 63% as a result of the introduction of WLI's in January 2023. Non-urgent CT scanning performance is now at 90%.
- Process for addressing RTT breaches is in development in liaison with the operational teams.

Operational - Referral to treatment (RTT)



What are the main risks impacting performance?

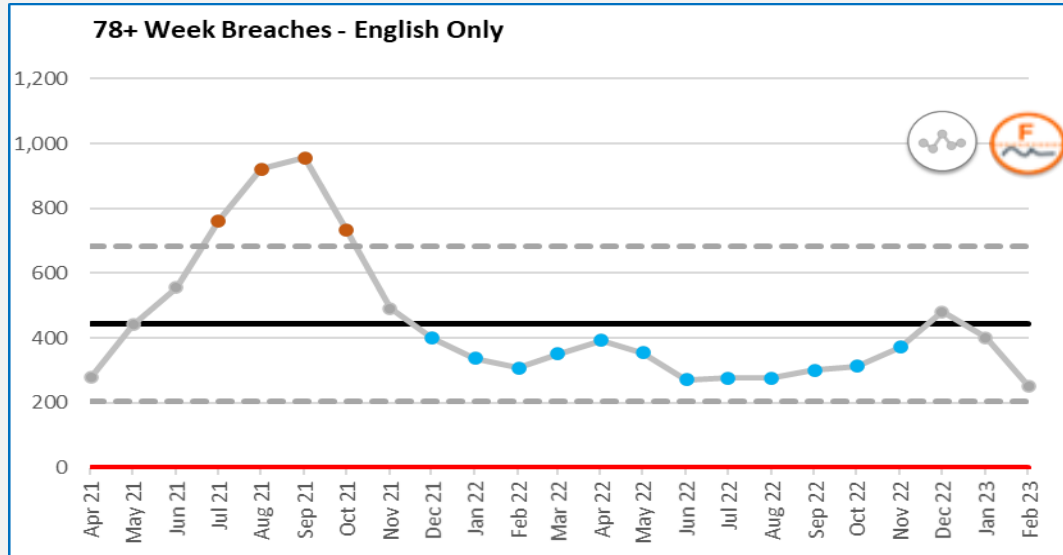
- The total waiting list size remains high and continues to be larger than planned, however, recent months have seen a positive change and there has been a further reduction in waiting list sizes this month.
- Faster recovery is constrained by persisting emergency pressures across both sites. Medical 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 and long 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 to reduce this back to our revised trajectory of 137 by the 31st March 2023.
- Limited theatre capacity results in the inability to open additional lists and there is limited elective bed base and DSU capacity on both sites.

Operational - Referral to treatment (RTT)

What actions are being taken to improve?

- Theatre vacancies are being addressed through recruitment and overseas nursing and the recruitment trajectory is being monitored however, we have had significant sickness and 5+ members of staff due to go on maternity leave.
- Elective recovery is part of the Trust's 'Getting to Good' programme. Recovery plans have been developed as part of the 2022/23 integrated operational planning cycle and are continuously monitored and reviewed.
- Weekly NHSE meetings are in place to challenge the number of patients waiting 104 and 78 weeks. We have established a daily performance meeting to review 78+wk and cancer backlog across all specialties for escalation and assurance. Specialties are on track to deliver their trajectories.
- Clinical priority of patients waiting 78+ weeks continues and lists are allocated in line with clinical need. Optimising of the Vanguard theatre is in place and continued use of insourcing on some weekdays and weekends. We are actively exploring options for mutual aid in challenged specialties of urology, ENT and gynaecology, with UHNM offering support with 6, and 5 patients at Walsall (both gynaecology) before end of March.
- Weekly OP transformation meetings are in place with centres to further develop and monitor the PIFU and virtual plans by specialty and with clinical engagement. There is increased insourcing taking place on Mondays and Fridays and weekends, but we do have some internal staffing challenges requiring daily mitigation. All specialties have pulled together revised PIFU/virtual plans which have been presented at the OP transformation meeting and the STW OP Transformation Board.
- We are continuing to work with NHSE to explore mutual aid options for the challenged specialties and this is discussed weekly at the tier 1 meeting. We have transferred 49 patients to SWLEOC, 40 to Balborough Hospital and had mutual aid for 43 patients from RJA to support with delivery of T&O 78+week backlog. The plan to open ward 36 at PRH from week commencing 13th March is off track due to non-elective pressures but there is a plan to reinstate elective orthopaedics now from 20th March. This is still heavily reliant on the reduction of our MFFD list to reduce medical escalation. We are also scoping other options to further support elective activity at PRH.
- Phase 1 of the elective hub is underway and remains on track to become operational from June 2023. Phase 2 will be operational from January 2024.
- Teams working with the Performance and BI team, and have an improved trajectory of 137 but further work is still ongoing to get closer to the national target of 0.

Operational - Referral to treatment (RTT)



- National reporting of patients waiting 78 weeks and over records patients currently on our waiting list.
- Our performance against our operational plan target of a maximum of 211 patients waiting 78 weeks or more by the end of March 2023 has improved and we now have a revised trajectory of 102.
- We are scoping additional mutual aid opportunities and have increased insourcing to Mondays and Fridays as well as weekends.
- The specialties are continuing to work on further reductions in our trajectory to get us closer to the national target of 0.
- The next slide shows delivery against the overall improvement trajectory and specialty level breakdown of patients waiting more than 78 weeks, highlighting the most challenged areas.

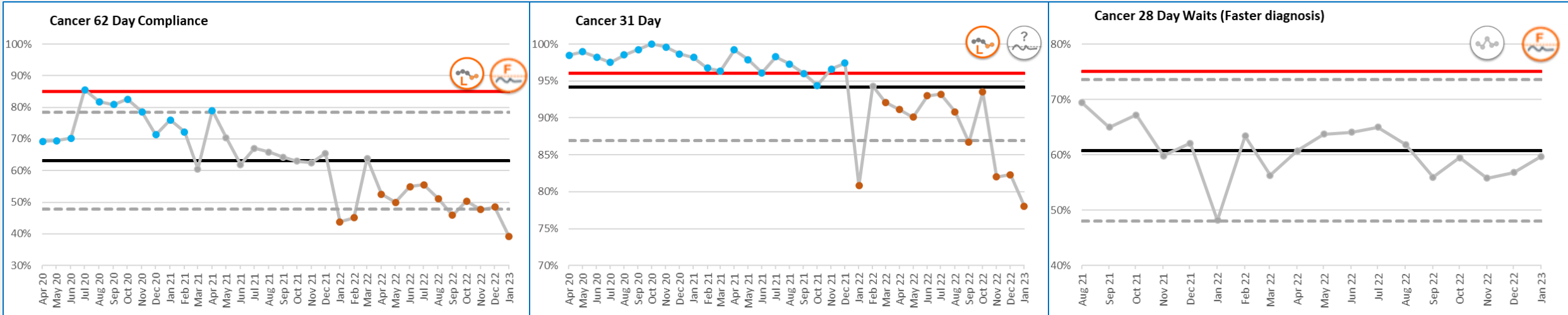
Operational – 78 plus Weeks Trajectory



	Original	Revised trajectory 1	Revised trajectory 2	Revised trajectory 3	Current trajectory
Urology	559	207	207	207	8
Gynaecology	252	202	202	202	50
Respiratory	56	31	0	0	4
Cardiology	27	2	0	0	1
TAO	104	104	104	0	6
Paeds	5	0	0	0	0
Upper GI	39	0	0	0	0
Ophthalmology	0	0	0	0	4
ENT	0	0	0	0	10
Vascular	48	21	0	0	0
Colorectal	62	34	0	0	0
Oral Surgery	5	5	0	0	19
Gastroenterology	33	24	0	0	0
Endocrinology	0	0	0	0	0
Other	0	0	0	0	0
	1190	630	513	409	102

- The revised trajectory of 409 has improved to 102 against the Trust target of 211 patients waiting 78 weeks or more by the end of March 2023.
- This follows further work by teams to improve the trajectory with mutual aid and increased insourcing.
- We are working with each of the specialties to develop further improved trajectories, factoring in a range of interventions to achieve the best possible outcome.

Operational - Cancer performance



What are the main risks impacting performance?

- The number of cancer 2 week wait referrals continues to exceed pre-pandemic levels which is impacting on delivery of the 2 week wait standard in all specialities.
- Diagnostic capacity does not meet demand and this was already a significant issue prior to COVID-19. However, total turnaround times for an urgent MRI contrast and CT scans have now reduced slightly to 4-7 weeks (non-contrast MRI), 6-8 weeks (MRI with contrast) and 5-7 weeks (CT) as of end of February 2023.
- 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.
- Tele-dermatology pilot commenced 31st January but referrals are lower than anticipated. A task and finish group is in place and being supported by NHSE and a roll out plan has been agreed to commence following the initial 3-month pilot.
- At end of February, 31% of colorectal referrals were received with a FIT result. Although this has increased from 15%, it is significantly below the 80% requirement as per 2023/2024 priorities and operational planning guidance. Work is ongoing within the system to increase this for primary care to be compliant by end of Q1.

Operational - Cancer performance

What actions are being taken to improve?

There are currently 432 patients that have waited over 62 days as at 26th March (previously this was 532 on 20th February). The 2023/24 plan is to reduce this to 212 (formerly 257) at the end of March 2023. We continue to work with NHSE through tier 1 weekly meetings and interventions:

- Implementing FIT triage for patients referred on a 2WW colorectal pathway. STW support is required to implement FIT in Primary Care to enable decision making prior to referral on a 2ww pathway in line with operational planning guidance 2023/24, thereby streamlining suitable patients 'straight to test' for the first appointment.
- A non-site specific Vague Symptoms pathway needs to be reinstated for GPs to refer patients into if they are FIT negative but have indicators suspicious for cancer. A clinical lead from UHNM has been identified and a service level agreement needs to be put in place to secure this.
- Increasing capacity for Local Anaesthetic Trans-perineal Prostate biopsies (LATP) through insourcing via SAH diagnostics whilst also increasing our own local capacity for this procedure. Also looking to seek additional surgical capacity through mutual aid.
- Working with the improvement team to redesign the prostate pathway in line with the Best Practice Timed Pathway (BPTP).
- Additional clinic capacity is also being created via middle grades (under consultant supervision) in addition to training them to deliver cancer activity.
- The introduction of tele-dermatology to triage skin referrals. Images will be triaged within 72 hours and patients either discharged, referred to a community provider for benign treatment, given an urgent appointment or listed for a minor operative procedure.
- Continuation of one-stop clinics in Gynaecology, due to additional capacity in Radiology, to provide faster diagnosis.
- An increase in breast surgical capacity via an agreement with the independent sector, if capacity is identified.
- The introduction of robotic surgery at SaTH is expected to attract greater interest in consultant posts advertised at SaTH.
- The Community Diagnostic Centre (CDC) will provide additional diagnostic capacity for STW.
- Weekly review of PTL lists using Somerset Cancer Register is 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.
- Weekly internal cancer performance and assurance meetings are in place to monitor improvement actions for challenged sites

Activity vs operational planning

- The operational activity plan includes activity provided by our core services, our additional internal interventions and the 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 tables.
- Performance is below plan across all points of delivery, which is due to emergency pressures impacting on elective recovery. There are very long waits for 1st outpatient appointments in some of our most challenged specialties but this is being supported by administrative and some clinical validation along with additional outpatient insourcing particularly in urology, gynaecology, cardiology and respiratory.
- 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 as we go into the 2023/24 operational planning reporting cycle.

Total first outpatient attendances	April	May	June	July	August	September	October	November	December	January	February	YTD
19/20 Baseline	14,420	15,850	14,859	16,673	14,419	15,057	16,640	13,834	13,169	15,999	14,379	134,921
22/23 Actual	14,487	18,102	16,814	16,518	16,525	17,285	17,314	18,723	14,670	17,931	16,155	150,438
22/23 Plan	16,116	17,120	18,056	20,165	17,768	18,663	20,367	17,244	16,193	19,730	17,748	161,692
22/23 vs Baseline	100.5%	114.2%	113.2%	99.1%	114.6%	114.8%	104.1%	135.3%	111.4%	112.1%	112.4%	111.5%
Actual vs plan	89.9%	105.7%	93.1%	81.9%	93.0%	92.6%	85.0%	108.6%	90.6%	90.9%	91.0%	93.0%

Total follow up outpatient attendances`	April	May	June	July	August	September	October	November	December	January	February	YTD
19/20 Baseline	29,958	30,804	28,545	32,543	27,012	27,255	30,341	28,244	25,388	30,401	26,141	260,090
22/23 Actual	27,113	30,874	30,078	29,513	29,926	29,639	30,093	33,267	26,722	31,638	28,800	267,225
22/23 Plan	29,229	29,093	31,749	35,527	29,845	30,038	33,873	31,310	27,943	33,605	28,986	278,608
22/23 vs Baseline	90.5%	100.2%	105.4%	90.7%	110.8%	108.7%	99.2%	117.8%	105.3%	104.1%	110.2%	102.7%
Actual vs plan	92.8%	106.1%	94.7%	83.1%	100.3%	98.7%	88.8%	106.3%	95.6%	94.1%	99.4%	95.9%

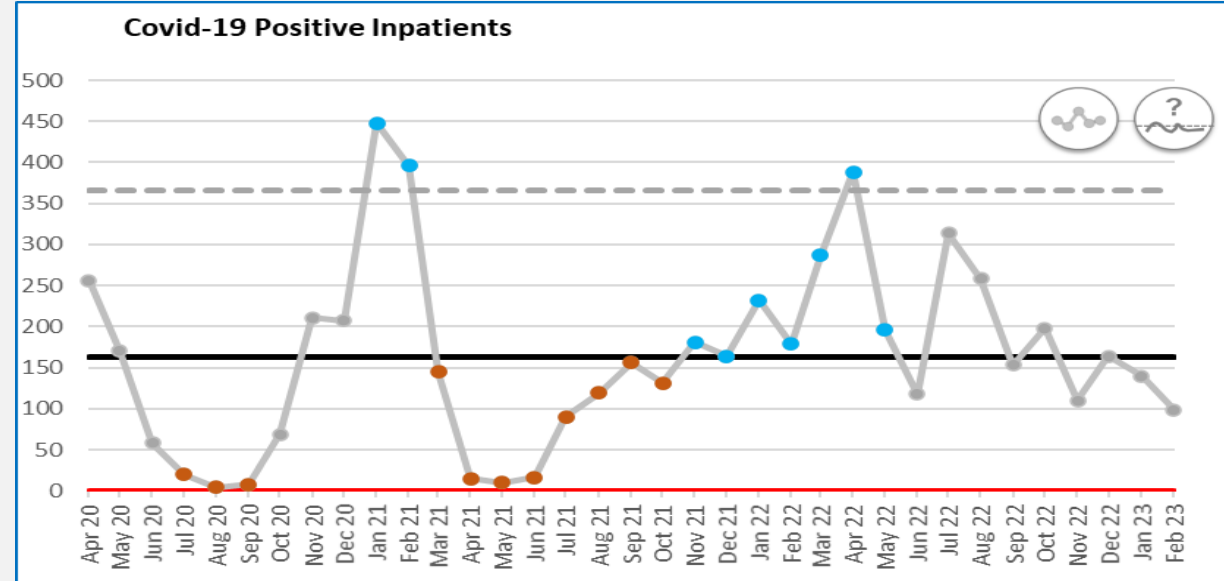
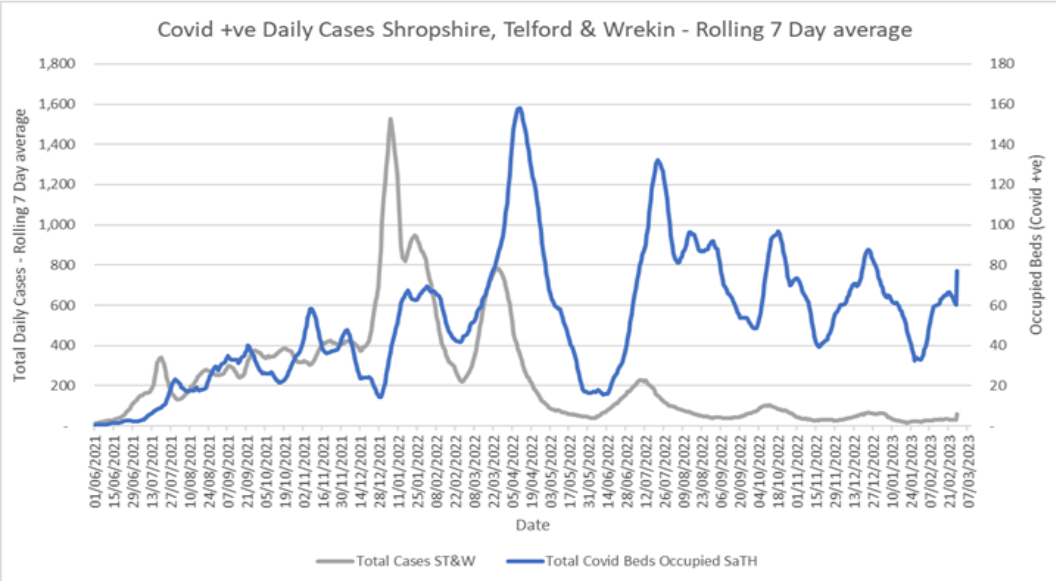
Activity vs operational planning

Total number of specific acute elective spells in the period	April	May	June	July	August	September	October	November	December	January	February	YTD
19/20 Baseline	329	385	426	488	408	384	438	417	371	295	369	3,646
22/23 Actual	193	296	281	285	268	269	316	292	280	234	275	2,480
22/23 Plan	163	279	487	553	471	449	492	480	437	371	461	3,812
22/23 vs Baseline	58.7%	76.9%	66.0%	58.4%	65.7%	70.1%	72.1%	70.0%	75.5%	79.3%	74.5%	68.0%
Actual vs plan	118.4%	106.0%	57.7%	51.5%	56.9%	59.9%	64.2%	60.8%	64.1%	63.1%	59.7%	65.1%

Total number of specific acute elective day case spells in the period	April	May	June	July	August	September	October	November	December	January	February	YTD
19/20 Baseline	4,997	5,434	5,015	5,406	4,944	4,980	5,427	5,159	4,792	5,440	5,025	46,154
22/23 Actual	4,477	5,240	5,023	5,007	5,180	5,242	5,379	5,757	4,999	5,555	5,221	46,304
22/23 Plan	4,560	5,123	6,214	6,658	6,140	6,221	6,679	6,564	6,145	6,546	6,142	54,304
22/23 vs Baseline	89.6%	96.4%	100.2%	92.6%	104.8%	105.3%	99.1%	111.6%	104.3%	102.1%	103.9%	100.3%
Actual vs plan	98.2%	102.3%	80.8%	75.2%	84.4%	84.3%	80.5%	87.7%	81.3%	84.9%	85.0%	85.3%

Number of specific acute non-elective spells in the period	April	May	June	July	August	September	October	November	December	January	February	YTD
19/20 Baseline	4,809	5,120	4,889	5,099	4,843	4,864	5,224	5,175	4,963	4,924	4,333	44,986
22/23 Actual	4,511	4,798	4,656	4,512	4,316	4,353	4,423	4,685	4,699	4,810	4,444	40,953
22/23 Plan	5,659	5,612	5,504	5,745	5,467	5,497	5,898	5,846	5,588	5,549	4,885	50,816
22/23 vs Baseline	93.8%	93.7%	95.2%	88.5%	89.1%	89.5%	84.7%	90.5%	94.7%	97.7%	102.6%	91.0%
Actual vs plan	79.7%	85.5%	84.6%	78.5%	78.9%	79.2%	75.0%	80.1%	84.1%	86.7%	91.0%	80.6%

Operational - COVID-19



- While we work through the recovery of elective services and manage the demand for urgent and emergency care, we continue to be mindful of the prevalence of COVID-19 in the community.
- Overall trends of Covid-19 levels are continuing to see a reduction and overall occupancy is remaining at static levels however, this will continue to be monitored for any changes that will impact on the Trust.

Well Led

Executive Lead:

Director of People and Organisational Development
Rhia Boyode

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)	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Trend
Well Led	WTE employed		-	6971	6095	6137	6104	6158	6166	6148	6157	6219	6270	6321	6318	6390	6468	
	Temporary/agency staffing		-	-	800	859	806	836	839	878	911	857	881	954.46	920	1029	1031	
	Staff turnover rate (excluding Junior Doctors)		0.8%	0.75%	1.1%	1.9%	1.0%	0.9%	1.1%	1.4%	1.3%	1.3%	1.2%	1.1%	1.1%	1.0%	0.73%	
	Vacancies - month end		10%	<10%	8.0%	7.6%	9.1%	8.5%	8.2%	8.5%	8.5%	7.5%	9.5%	9.1%	9.2%	8.5%	7.2%	
	Sickness Absence rate		4%	4%	5.9%	7.2%	4.8%	4.8%	5.6%	7.1%	5.9%	5.5%	6.0%	5.8%	7.1%	5.8%	5.6%	
	Trust - Appraisal compliance		90%	90%	80%	81%	80%	81%	81%	80%	82%	80%	81%	82%	81%	81%	81%	
	Trust Appraisal – medical staff		90%	90%	92%	93%	92%	93%	94%	92%	91%	91%	89.3%	88.9%	89.3%	89.8%	91.7%	
	Trust Statutory and mandatory training compliance		90%	90%	83.0%	82.0%	80.0%	80.0%	81.0%	83.0%	85.2%	86.3%	87.9%	88.7%	88.1%	90.2%	91.1%	
	Trust MCA – DOLS and MHA		90%	90%	79%	79%	73%	73%	77%	78%	78%	80%	81%	83%	82%	83%	84%	
	Safeguarding Children - Level 2		90%	90%	88%	84%	83%	83%	85%	87%	88.6%	89.2%	89.9%	90.5%	89%	90.6%	92%	
	Safeguarding Adult - Level 2		90%	90%	87%	87%	81%	84%	83%	85%	86.4%	87.3%	88.6%	89.2%	87.7%	95.5%	94%	
	Safeguarding Children - Level 3		90%	90%	87%	76%	75%	77%	78%	78%	78%	79%	82%	83%	81%	83%	83%	
	Safeguarding Adult - Level 3		90%	90%	65%	60%	56%	71%	57%	67%	71%	75.3%	79.6%	83.8%	83.5%	85.6%	88.8%	
	Monthly agency expenditure (£'000)			3802	2598	3376	2998	3297	3351	3498	3604	3553	3177	4064	4632	4677	3802	

Workforce Executive Summary

Bank and Agency

February agency spend has reduced from the January position by £875,000, with the main decrease in Medicine and Surgery divisions. The key difference is the Nursing agency spend which has reduced following the introduction of a new tier of agency workers onto our temporary workforce structure. The average usage for off framework agencies was 67 WTE in December (this has been high due to the level of escalation areas being staffed across the Trust), which has reduced to 36 WTE through February. The Trust has a number of workforce efficiency schemes, the Health Care Assistant (HCA) scheme aims to remove HCA agency and recruit and retain permanently. 43 substantive HCAs were recruited to Medicine wards across RSH and PRH. If we are able to retain this vital workforce we will no longer require agency HCA's of which realised savings are forecasted to be £1.05m which could be achieved by October.

Vacancies

Vacancies have reduced this month as a result of successful recruitment across our nursing medicine inpatient wards. Overall Consultant workforce reduced by 3 WTE supported by successful recruitment in General Surgery, AHP' by 5 WTE and Support to clinical staff by 32 WTE following a HCA recruitment event where 65 candidates attended. A HCA Open Day for Medicine at RSH took place in month.

Turnover

Turnover has reduced by 0.3% to 13.88% and in month turnover has continued to decrease since January. There continues to be high numbers of staff leaving due to work life balance. One of our retention improvement projects is to further explore our processes connecting Health and Wellbeing, unavailability and recruitment/temporary staffing.

Sickness

Short term sickness remains the same this month, but long-term sickness is at 0.4% which has reduced overall sickness to 5.6%. Medical sickness has also reduced by 0.2% to 2% this month. Across the NHS the overall sickness absence rate for England was 5.0% at the end of last year.

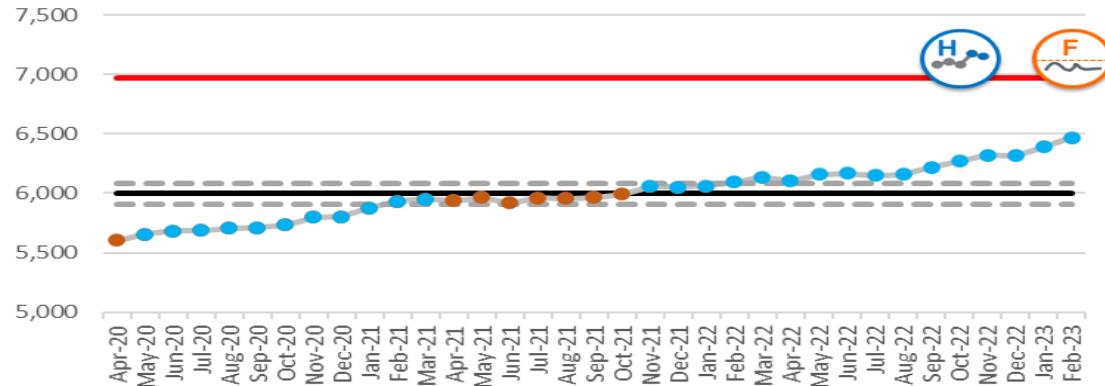
Appraisal

Overall appraisal compliance remains at 81% with medical appraisals now reaching a target of 92%.

Mandatory Training

Mandatory training has continued to increase and now stands at 91%, which has been over our Trust target for the last two months.

WTE employed



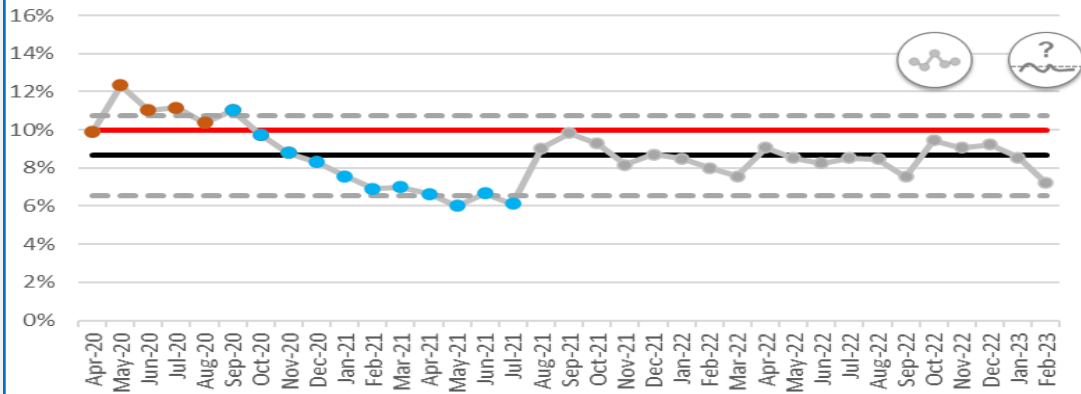
What is the data telling us?

- Contracted figure of 6,468 WTE in February 2023. There are several factors that impact our ability to meet our establishment including vacancies, employee absence, and retention.
- Overall substantive WTE numbers have increased over the last 12 months by 373 WTE, despite a turnover rate of 13.9%.
- The use of agency workers and bank staff are used to mitigate the risk however, there is a risk of reliance on a temporary workforce which increases costs. The workforce efficiency programme is delivering key actions to help reduce agency in 2023/24.

What actions are being taken to improve?

- 43 WTE HCAs appointed to medicine wards following a HCA open day in February and a further 54 candidates are due to be interviewed in March. We have set a retention target of 1% improvement to help deliver our CIP.
- 12 Nurses have been appointed from the paediatrics open day that took place in February, which will help reduce our vacancies that currently stand at 15 WTE.
- 93 WTE commenced in January across all staff groups, including rotational doctors, against 49 WTE leavers. This presents a net gain of 78 WTE.
- We currently have 53 pre-registration nurses working in the trust who will transition to band 5 nurses once their super-nummary training period (3 months) ends.
- Utilisation of staffing dashboards to monitor agency usage and spend with twice daily review panels in place to review agency escalation requests.
- Safe care is a tool used to manage safe staffing levels which allows visibility of staffing levels across the sites. We are focusing on ensuring this system is fully functional and being used effectively and an engagement programme has commenced. This programme has been identified as a key project for 2023/24 and we are launching a pilot in Medicine and Surgery from 3rd April.
- Our Medic on duty rostering system for medical staff will help manage our medical workforce and is being rolled out for junior doctor specialities by August 2023.

Vacancies - month end



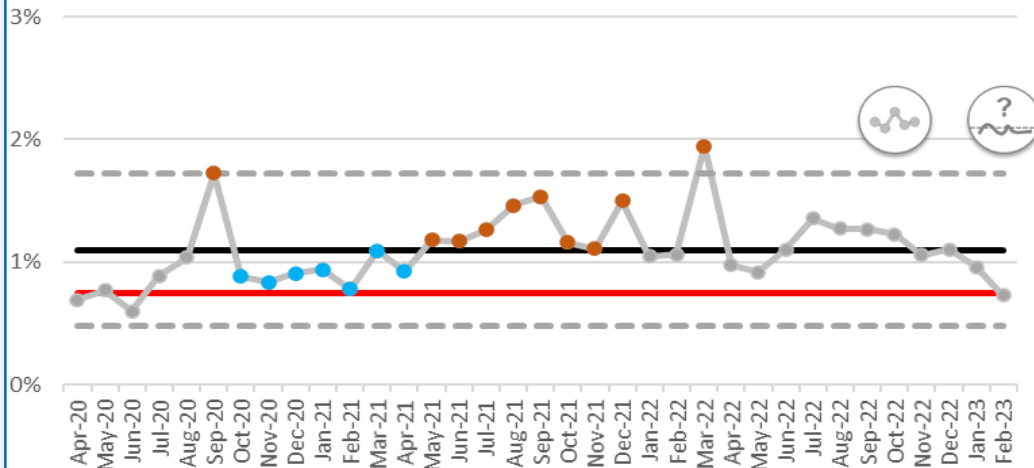
What are the main risks impacting performance?

- Vacancy rates have reduced by 93 WTE to 504 WTE however escalation areas and staff in their supernumerary (training) period is resulting in using agency staff to fill gaps.
- Recruitment teams capacity is a risk to performance but additional support has been recruited with new members recently joining the team.
- High vacancies in roles that support clinical teams impacted by elevated attrition rates within this staff group, particularly those leaving within 12 months of starting.

What actions are being taken to improve?

- Continued use of social media channels to promote upcoming events and hard to fill roles. We have recently expanded our social media presence onto Instagram and LinkedIn, sharing relevant jobs and information to ensure we are targeting a mixed audience.
- Student nurse information day to be held on 30th March 2023 where we are looking at ways to encourage student nurses into applying to SaTH whilst they are studying and when they qualify. Recent advertising to become a bank HCA was successful with 56 appointed.
- Work is continuing on guides to Shrewsbury and the surrounding area, to encourage relocation to the area. A short video/reel is to be created for use on social media.
- Planned, supported and attended 7 events this month, both internal and external to SaTH, to continue to promote SaTH as an employer of choice to a wide audience.
- Pledging to step into health to continue our work encouraging veterans to apply to work at SaTH is in progress.
- Pharmacy one-stop-shop event in February has resulted in appointing 2 rotational pharmacists.
- Acute medicine open day is scheduled to take place in March, including promotion of the event through social media campaigns.
- Recruitment drive for catering assistants with interviews scheduled to take place in March.
- Rolling adverts for key posts including nursing and HCAs to ensure pipeline of candidates; banners to be created for outside both hospital sites.
- Ongoing work to promote return to practice for nurses within MEC.

Staff turnover rate (excluding Junior Doctors)



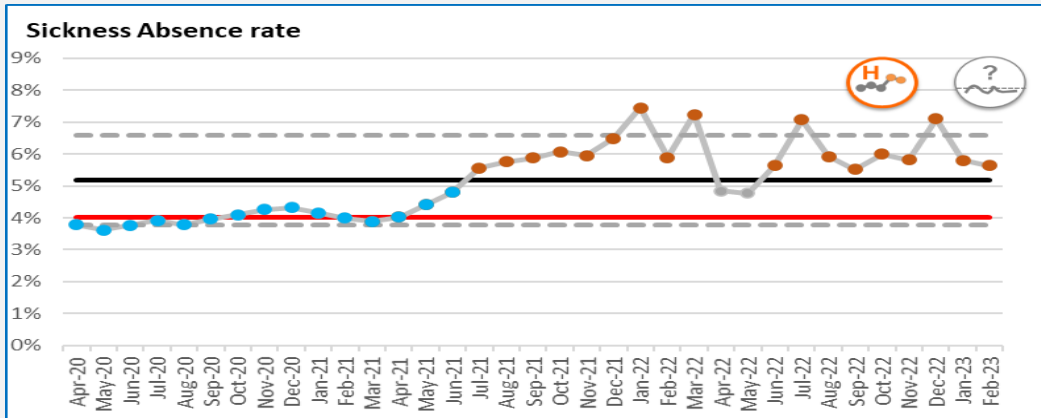
What are the main risks impacting performance?

- Turnover rate of 13.9% for the last 12 months equating to 817 WTE; this is the lowest rate since November 2021.
- An in month turnover rate of 0.7% equates to 44 WTE leavers in February 2023; this is the lowest in-month figure since June 2020.
- There continues to be high numbers of staff leaving due to work life balance. Over the last 12 months, 130 WTE have left the Trust for this reason with 37% (48 WTE) of these being from the nursing and midwifery staff group and 22% (29 WTE) from additional clinical services. The issue regarding cost of living is well documented.
- High number of leavers in the additional clinical services staff group; 60% (65 WTE) of HCAs who have left over the last 12 months have less than 1 years' service creating challenges in reducing the overall number of HCA vacancies.
- Across all staff groups 39% (17WTE) of leavers in February had less than 1 years' service.

What actions are being taken to improve?

- 5 top themes have been collated from our online flexible conversations.
- Changes have been made to flexible working policy.
- A prompt has been added for recruiting managers to consider flexible working (including home and hybrid working) in their job adverts.
- Flexible working video and staff story developed to support with our approach to flexible working.
- Our retention group has a number of improvement projects which are all aligned to our NHS people promise; these include inclusive recruitment panels, stay conversations and exit questionnaires, on-boarding support for new recruits and improvements to rostering capabilities.
- Flagship projects from the retention group includes: flexible working contracts; civility, respect and inclusion; our approach to talent including talent conversations.
- We continue to support divisions to review operational and workforce plans thinking about the future delivery of services and workforce needs. We are also continuing to work in partnership with TCAT to support development of new educational programmes and influencing education commissions based on our future health and workforce needs.

Sickness absence



What are the main risks impacting performance?

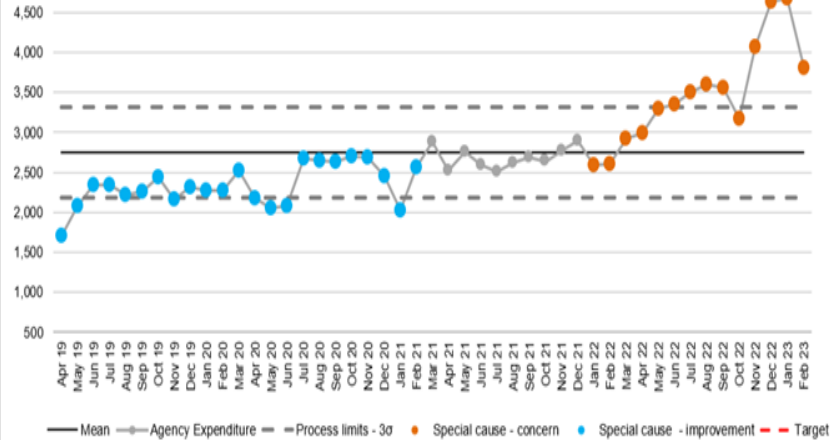
- Current sickness rate of 5.6% (equating to 364 WTE), with the top 3 reasons for sickness accounting for 47% of calendar days lost.
- The average number of calendar days absence per sickness episode is 7 days.
- Sickness attributed to mental health makes up 23% of calendar days lost in February equating to 81 WTE with an average of 17 calendar days of absence per episode.
- Staff groups particularly impacted by sickness are estates and ancillary at 7.6%; additional clinical services at 7.3% (109 WTE); and nursing and midwifery at 5.4% (118 WTE).

What actions are being taken to improve?

- Completing the HWB diagnostic toolkit for SaTH as a whole as well to be part of the planning for the system wide offer for 2023/24.
- Launch of ICS-wide menopause task force so that we can join forces to make an exceptional menopause offer for women working in Shropshire, Telford and Wrekin.
- Support to the psychology hub in place by recruiting: lead psychologist post; consultant applied psychologist; 2 x senior applied psychologist; 2 x principal applied psychologist; lead counsellor; business support officer.
- The hardship group are looking at ways to support staff during the spring months, including other food items such as salads, jacket potatoes, and further financial support for parents.
- Wellbeing and hardship support continues with 97 fingerless gloves and handwarmers given out to staff who are working from home; 4,700 views of the financial booklet which provides staff with financial wellbeing advice; 30 members of staff attended the mental health session in February; 85 members of staff have joined slimming world since January; 419 breakfast items have been given to staff; 196 school and shopping vouchers have been received and authorised.
- Continued close working between occupational health and line managers with a greater focus on return to work with a focus on long term and frequent absence. Additional HR support to assist with caseload and unavailability to support targeted interventions continues. We have seen higher sickness absence in paediatrics, which has been impacted by the high vacancy gap. However, the successful recruitment event has lifted morale and we hope to see an improved position.
- Hub launch in March 2023.
- We are building more health and wellbeing metrics into performance dashboards and will consider them with the same scrutiny as operational and financial performance.

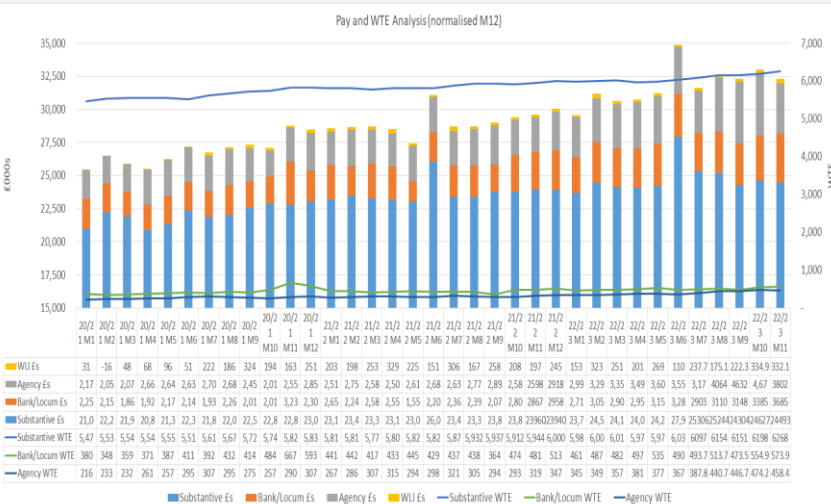
Agency Expenditure – monthly expenditure

Agency Expenditure-Agency starting 01/04/19



What are the main risks impacting performance?

- Agency spend has increased throughout the year as a result of vacancies, escalation and sickness absence. A range of actions initially focused on reducing the most expensive nursing agency has been delivered since January. As a result, we have seen a reduction of overall agency costs from January to February of £875,000.
- There is continued focus to eliminate further nursing agency despite March being a challenging period and our focus is now also turning to addressing medical agency usage.
- Key risks are the level of escalation spaces being used across the Trust which are being staffed with agency workers, levels of unavailability of staff such as sickness and annual leave and vacancies across nursing, healthcare assistants and doctors.
- One of the key strategies to tackle this was to introduce a new tier of agency workers onto our agency structure which were via framework agencies at a reduced cost to off-framework but sufficient to attract new agency workers to the Trust.



What actions are being taken to improve?

- Reduce off framework through increased lower-tier agency and bank usage.
- Twice-daily reviews of trust wide off framework agency requests
- Review of rosters pre-final approval on annual leave metric of 15% and 6-week roster approvals
- International recruitment (193 WTE in 2023/24)
- Nursing Associates converting to RNs (9 WTE in September 2023)
- Bank Incentive Scheme to be launched on 20 April
- Strengthen offering around sickness absence management (B5 nursing at 7.4%). 1% reduction to Trust and an average of 6.4% equates to 8 WTE
- Rollout of safe care. Enabling scheme to support intelligent staffing decisions

Well Led - Finance

Executive Lead:

**Director of Finance
Helen Troalen**

The Shrewsbury and Telford Hospital NHS Trust Integrated Performance Report



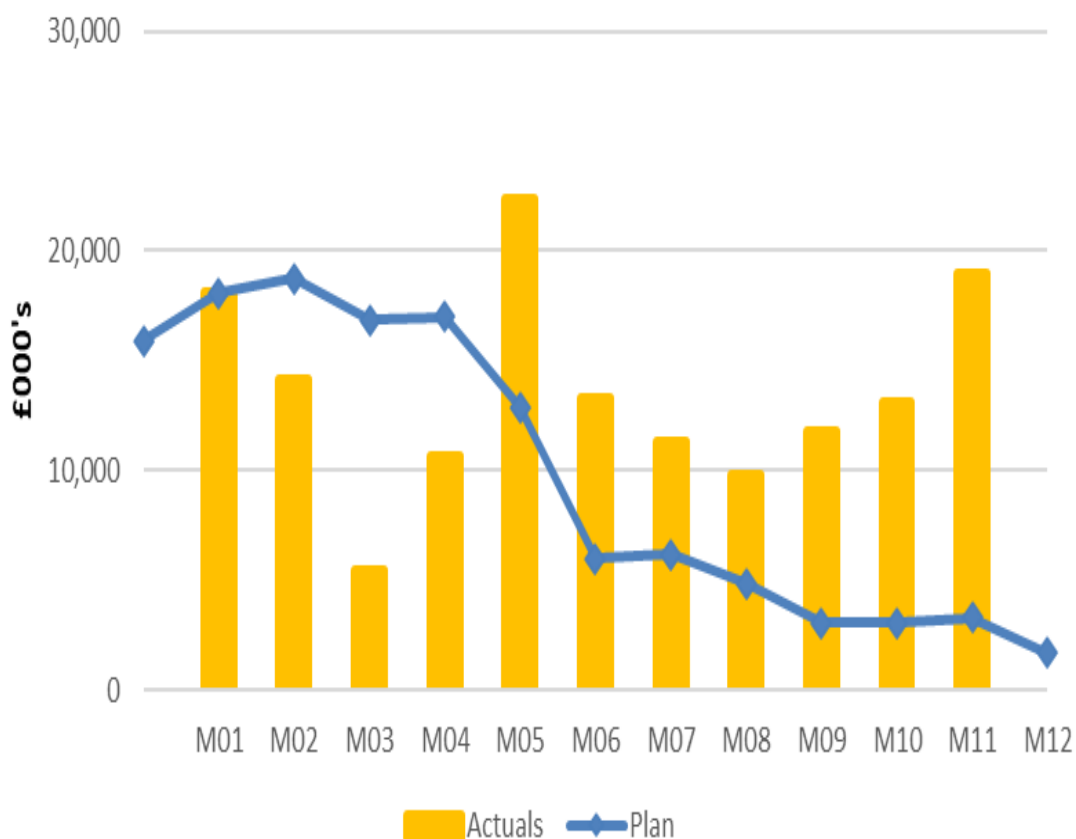
The Shrewsbury and
Telford Hospital
NHS Trust

Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Trend
End of month cash balance £'000		-	13103	26833	15918	18083	14145	5412	10599	22404	13284	11337	9772	11757	13103	18930	
In-month efficiency delivery £'000		-	783.2	623	1437	119	385	380	774	773	905	919	528	381	783	1168	
Year to date surplus/(deficit) £'000		-	(38,560)	(9,308)	(10,889)	(2,726)	(5,452)	(8,352)	(11,444)	(15,968)	(18,572)	(23,174)	(33,610)	(33,610)	(38,560)	(43,105)	
Year to date capital expenditure £'000			7852	8970	16048	85	315	11	844	1610	2540	3417	5062	5380	7852	11156	

Finance Executive Summary

- The trust submitted a revised plan for a deficit of £19.135m for 2022/23 on the 20th June.
- At the end of February (month eleven), the trust has recorded a year-to-date deficit of £43.11m against a draft planned deficit of £18.25m, an adverse variance to plan of £24.86m.
- The year-to-date deficit is driven by:
 - Pay costs, excluding COVID-19 and ERF are £34.40m adverse to plan. This is predominantly driven by the increased pay award (£7.74m), which is offset by additional funding, opening of unfunded escalation areas (£16.16m) in order to mitigate ambulance delays, medical staffing premium (£3.45m), enhanced bank rates (£2.79m) for nursing which are required to ensure cover due to sickness absence and vacancies and supernumerary periods for TNA's and overseas nurses (£1.94m).
 - COVID-19 costs (in envelope) are £7.43m which is £5.12m adverse to the draft plan. There was an expectation that the majority of COVID-19 costs will cease at the end of Q1 as COVID-19 prevalence dropped within the community, however given the continued prevalence, costs have continued to be incurred.
 - Elective recovery costs are £11.38m which is £0.85m underspent against plan and is driven by decreased activity levels compared to plan. Plans are in place to incur the full costs by the end of March.
 - Income, excluding COVID-19 and ERF shows an over recovery of £14.12m which relates to additional pay award funding, winter capacity funding, increased training income and excluded drugs funding.
- The executive group set up to oversee the financial position is focussing on a range of programmes of work including more cost-effective ways to fill gaps in nursing and medical rotas that are arising through sickness absence.
- £6.82m of efficiency savings has been delivered year-to-date against plan of £8.82m, with the slippage being against the workforce BTI of £1.80m. Of the delivery against the 1.6% internal target there are three main schemes where over delivery has been seen year to date; pharmacy (£0.47m), procurement (£0.36m) and discretionary spend (£0.32m). Whilst it is expected that the annual internal target of £7.66m 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 has agreed a revised forecast outturn deficit of £47.21m with colleagues from STW ICB and NHSE which reflects the increased costs of escalation seen throughout the year. Discussions are ongoing as to how this can be managed going in to 2023/24.
- For 2022/23 the trust's system allocation for capital remains at £19.82m. Expenditure at month eleven was £11.16m (net of sale proceeds) against a plan of £17.32m.
- The trust held a cash balance at the end of February 2023 of £18.93m.

Cash Balance Actuals v Forecast 2022/23

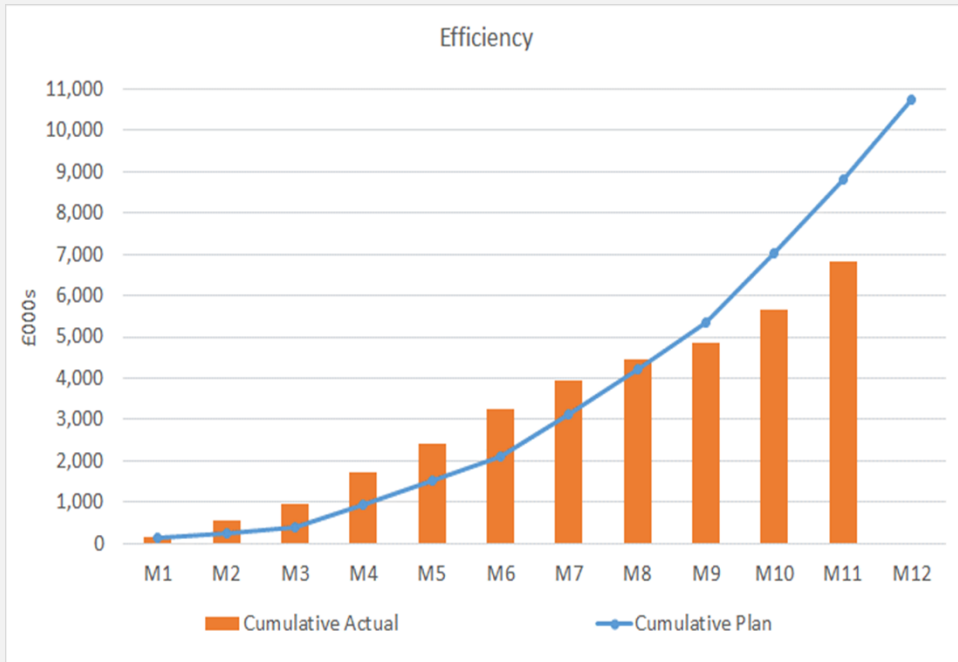


What are the main risks impacting performance?

- 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 £18.930m held at end of February 2023 (ledger balance of £18.801m due to reconciling items).
- The chart demonstrates that the cash position at end of February was greater than plan.

What actions are being taken to improve?

- The cash balance held at the end of February 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.



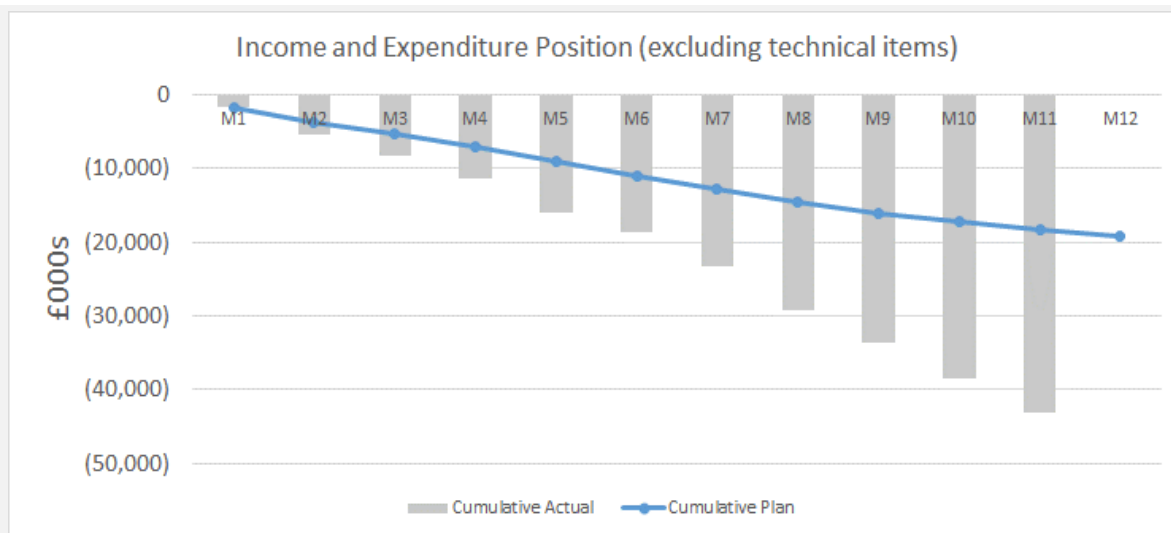
What are the main risks impacting performance?

- 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 has delivered £6.820m of efficiency savings year to date at the end of month eleven which is £2.000m deficit to the phased plan. There are currently 7 workstreams which are delivering year to date including overseas nursing (£2.050m), divisional schemes (£1.600m), procurement (£1.230m), pharmacy (£0.684m) and discretionary spend (£0.752m). Whilst these schemes are delivering, and some are expected to over deliver such as procurement there is concern around delivery in some areas such as medical staffing and estates and facilities.
- The current slippage relates to delivery of the workforce BTI. Schemes are being worked up and are expected to deliver during Q4, however the delivery is likely to be under plan in-year but will deliver on a recurrent basis.

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



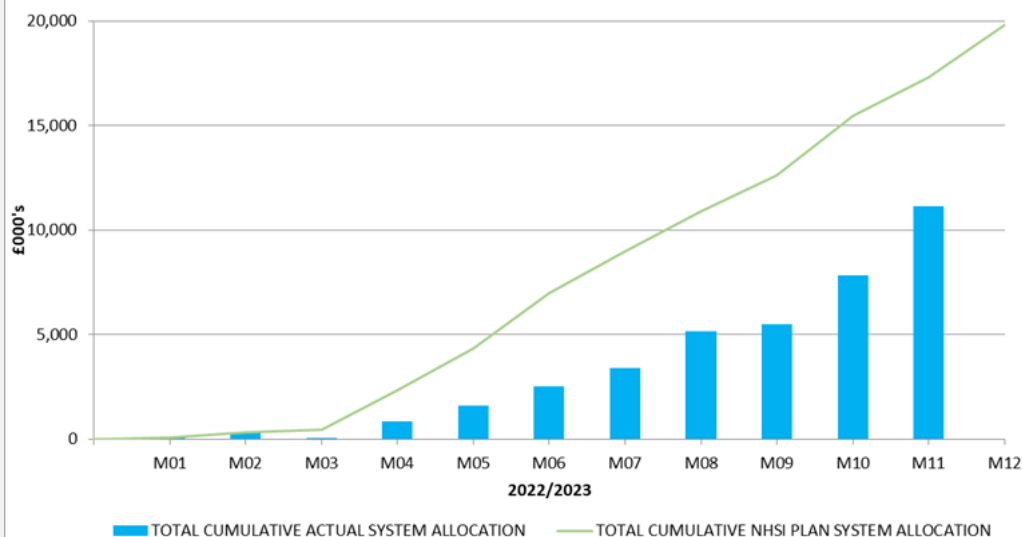
What are the main risks impacting performance?

- The trust has submitted a revised financial plan for a deficit of £19.135m for 2022/23.
- The trust recorded a year-to-date deficit of £43.110m at month eleven which is £24.860m adverse to the draft plan.
- The year-to-date deficit is predominantly related to pay expenditure which is driven by premium cost staffing amongst both medical staffing and nursing to mitigate sickness absence, opening of escalation areas to support increasing non-elective pressures and a continuation of COVID-19 related costs.

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.
- Introduction of new “critical” tier of agency nurse to reduce reliance on off-framework agency.
- Within medical staffing a review of rotas and job planning of consultants is underway.

Capital System Allocation Plan v Actual



What are the main risks impacting performance?

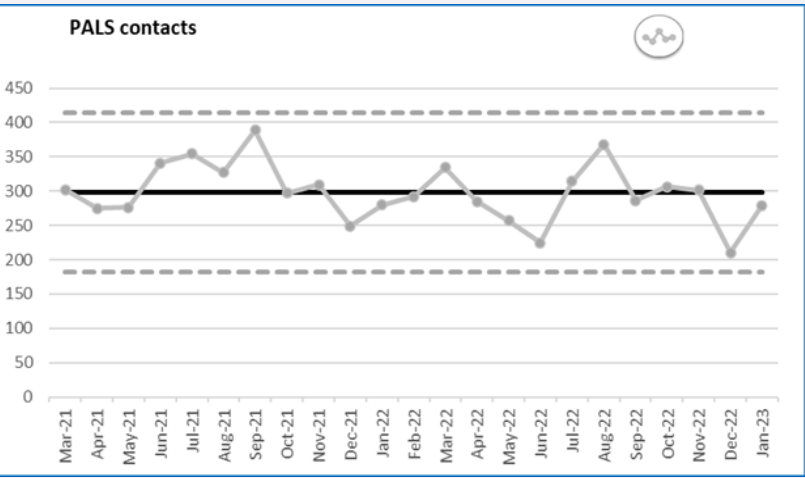
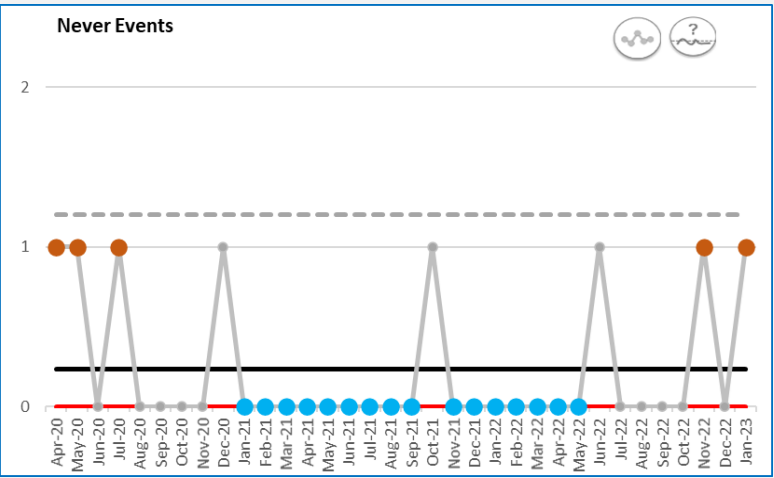
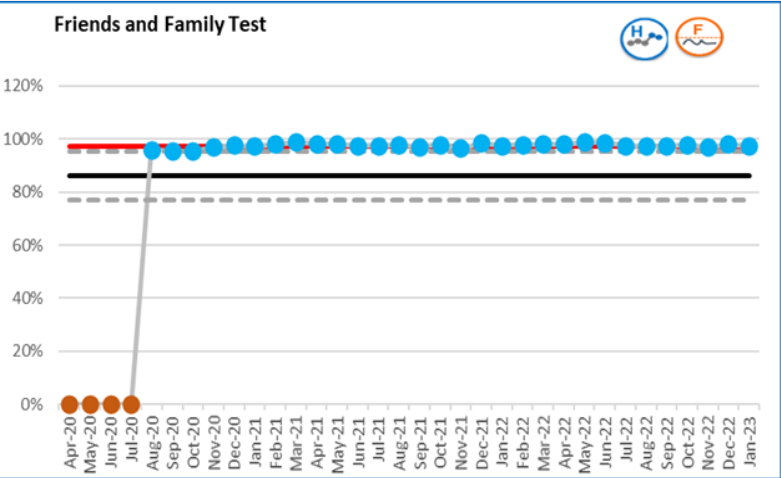
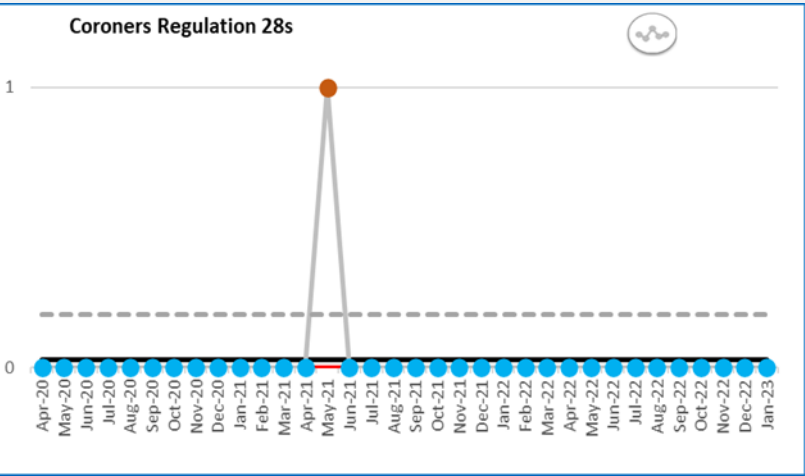
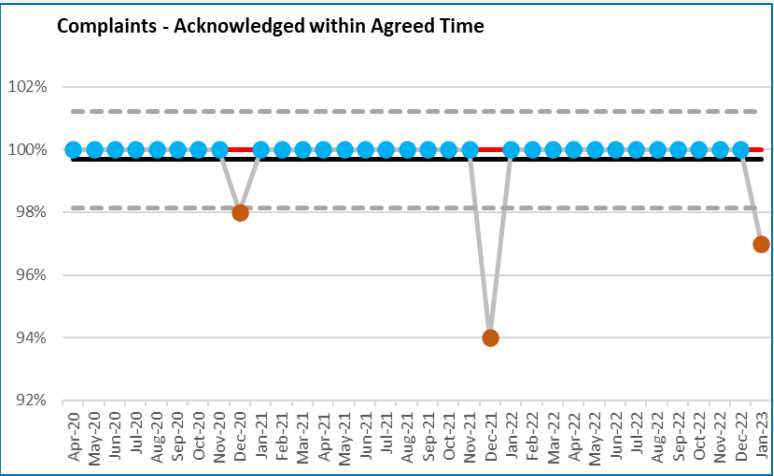
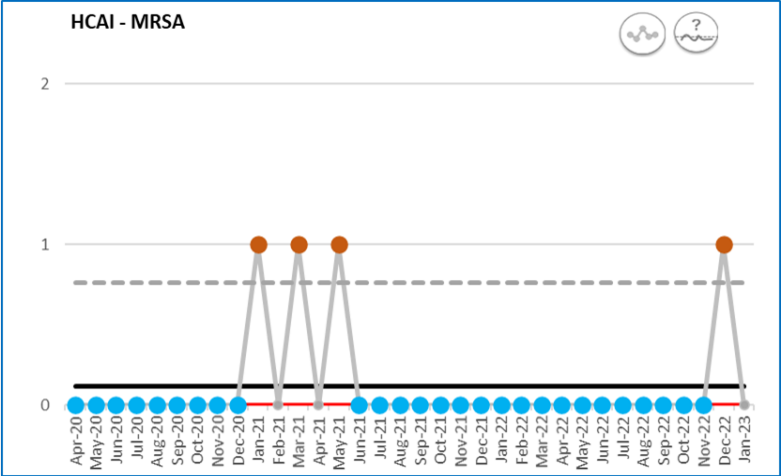
- For 2022/23 the trust's system allocation remains at £19.822m. Included within this is the continuation of the endoscopy reconfiguration of £0.925m, with sales proceeds to match this expenditure.
- The capital programme was reforecast in the June plan submission.
- Within the submitted plan it was projected that expenditure of £17.320m would have been incurred by February 2023 (including sale proceeds).
- The actual expenditure as at month 11 was £11.156m net after sale proceeds.

What actions are being taken to improve?

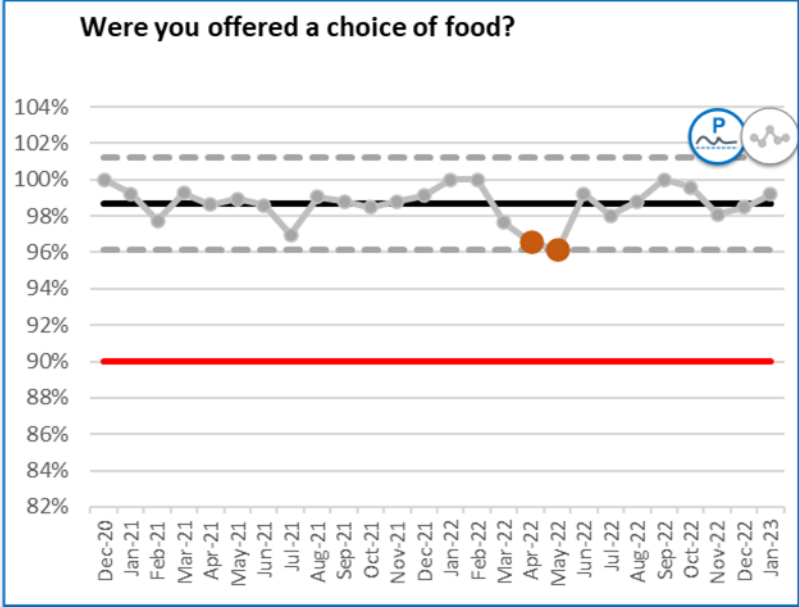
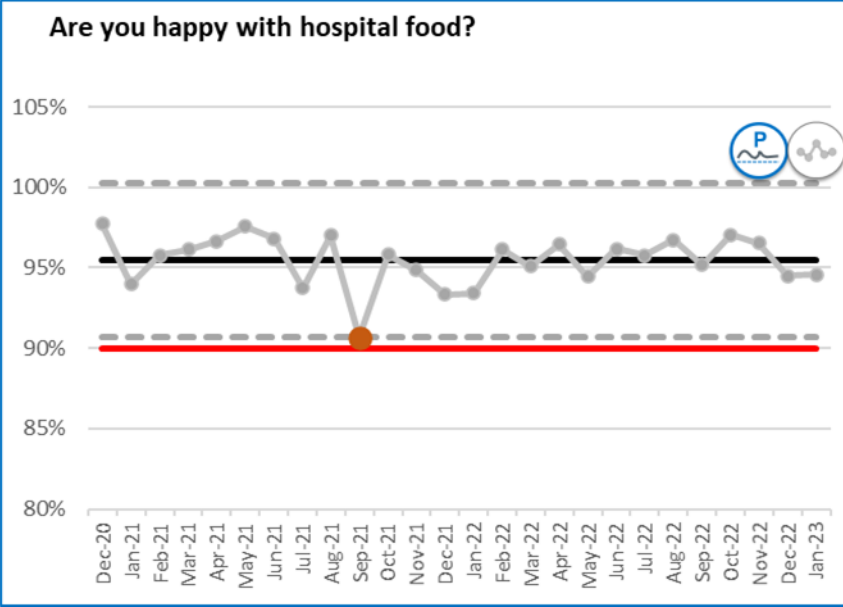
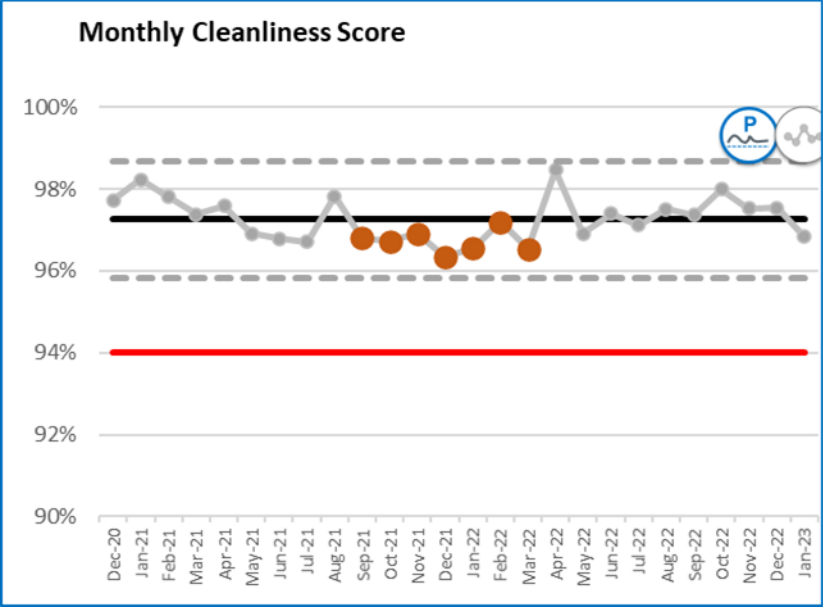
- The trust is awaiting confirmation of approval of national PDC for the CDC scheme which has interdependencies with the scheme to move renal services to Hollinswood house. This has resulted in delays in committing expenditure and therefore an underspend to date against plan.
- Capital planning group continue to monitor the expected outturn and this was discussed at January meeting. CPG will continue to monitor the expenditure on a monthly basis.
- There are currently no concerns about committing the full capital programme.

Appendices

Appendix 1. Indicators performing in accordance with expected standards

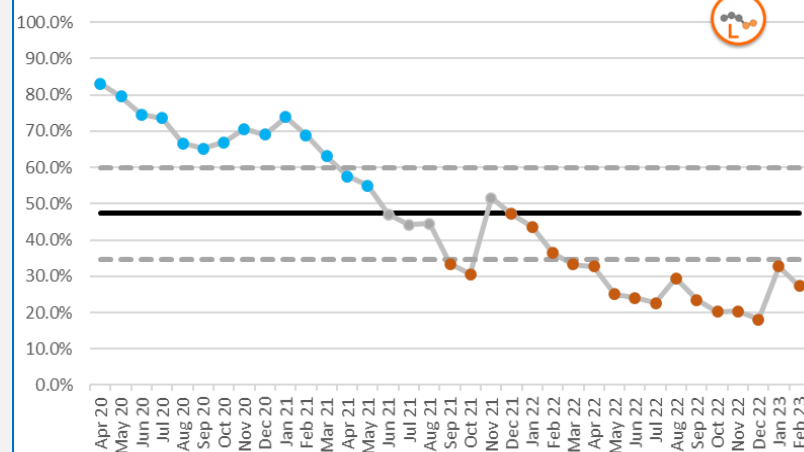


Appendix 1. – Indicators performing in accordance with expected standards

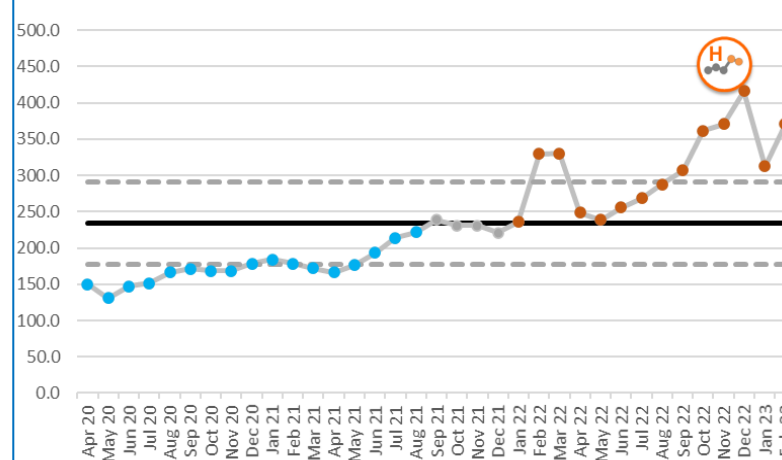


Appendices 2. – supporting detail on responsiveness

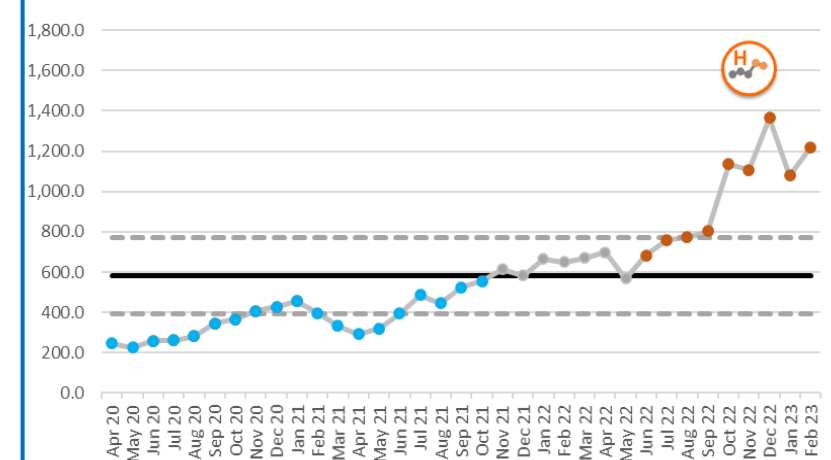
SaTH - % Patients seen within 15 minutes for initial assessment



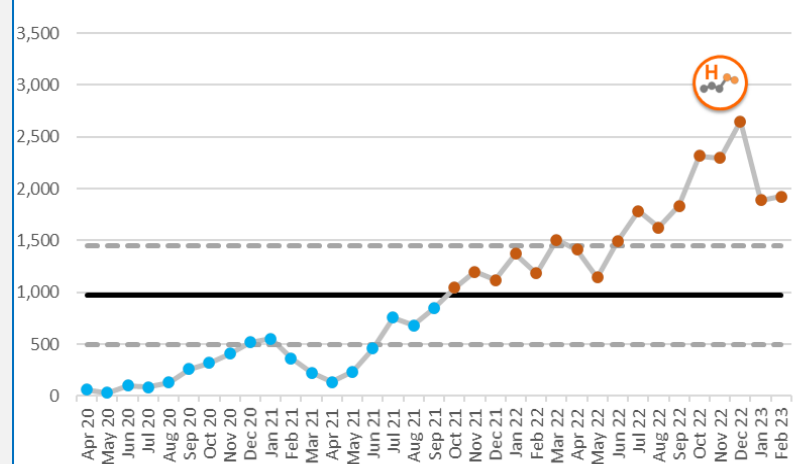
SaTH - Mean Time in ED Non Admitted (mins)



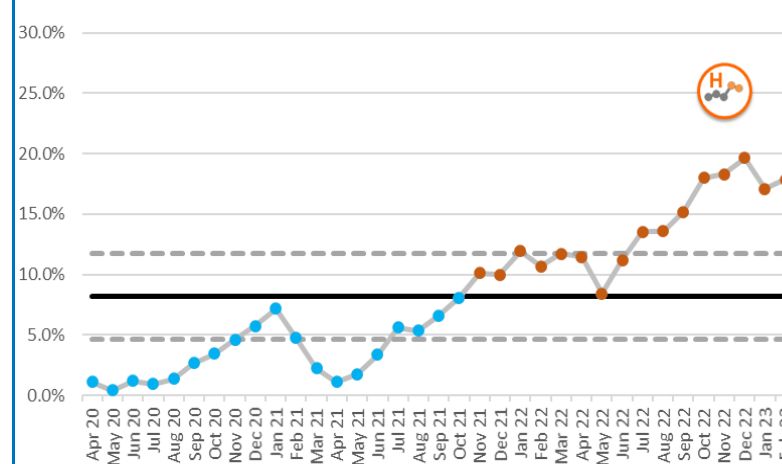
SaTH - Mean Time in ED admitted (mins)



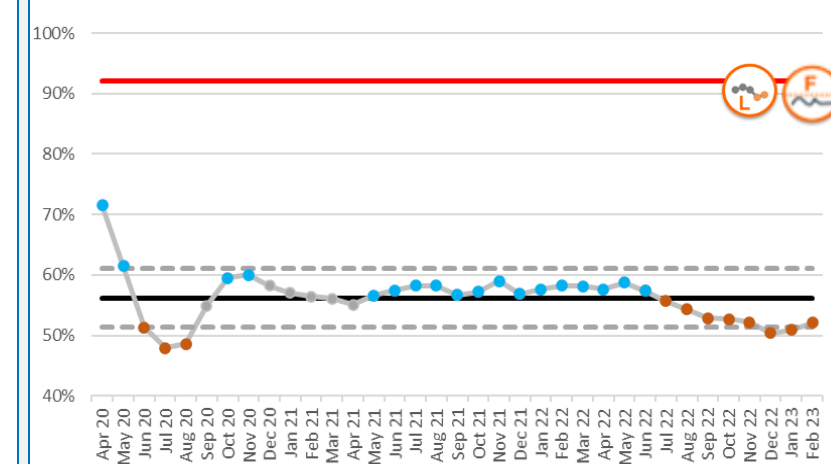
SaTH - No. Of Patients who spend more than 12 Hours in ED



SaTH - 12 Hours in ED Performance %

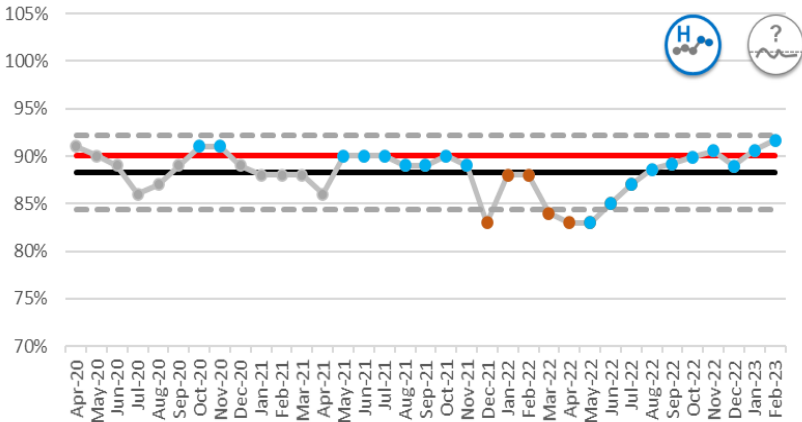


18 Week RTT % Compliance - Incomplete Pathways

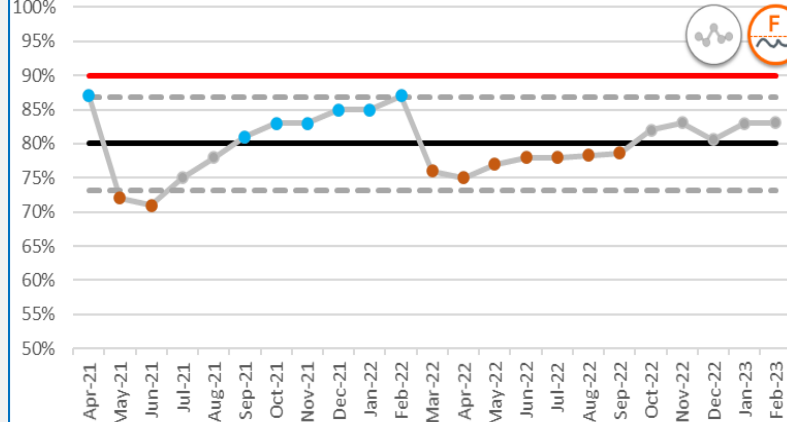


Appendices 3. – supporting detail on well led

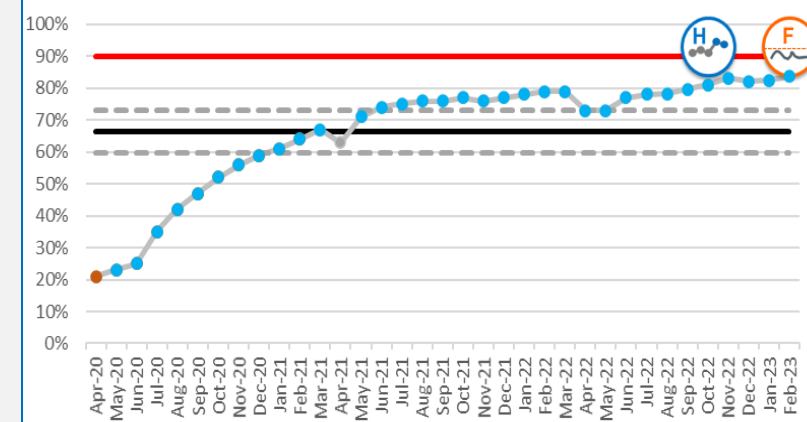
Safeguarding Children Level 2



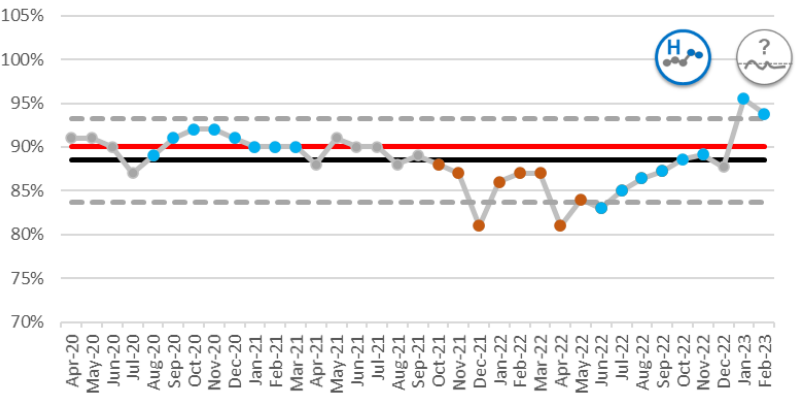
Safeguarding Children Level 3



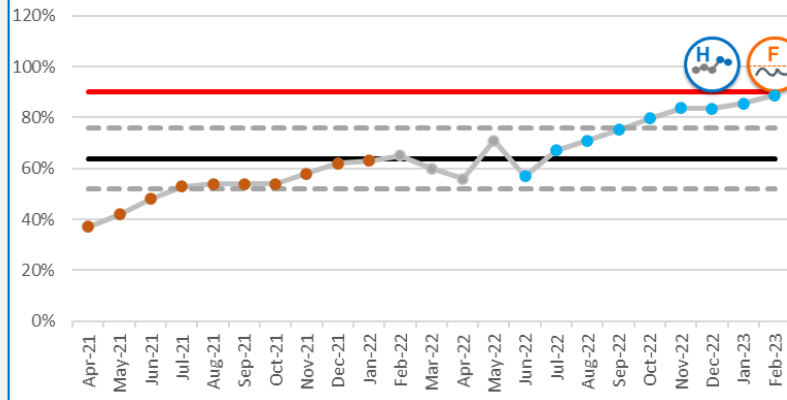
MCA – DOLS and MHA



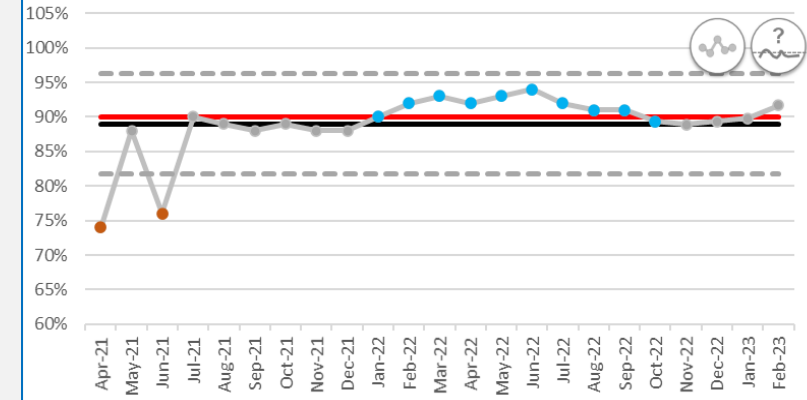
Safeguarding Adults Level 2



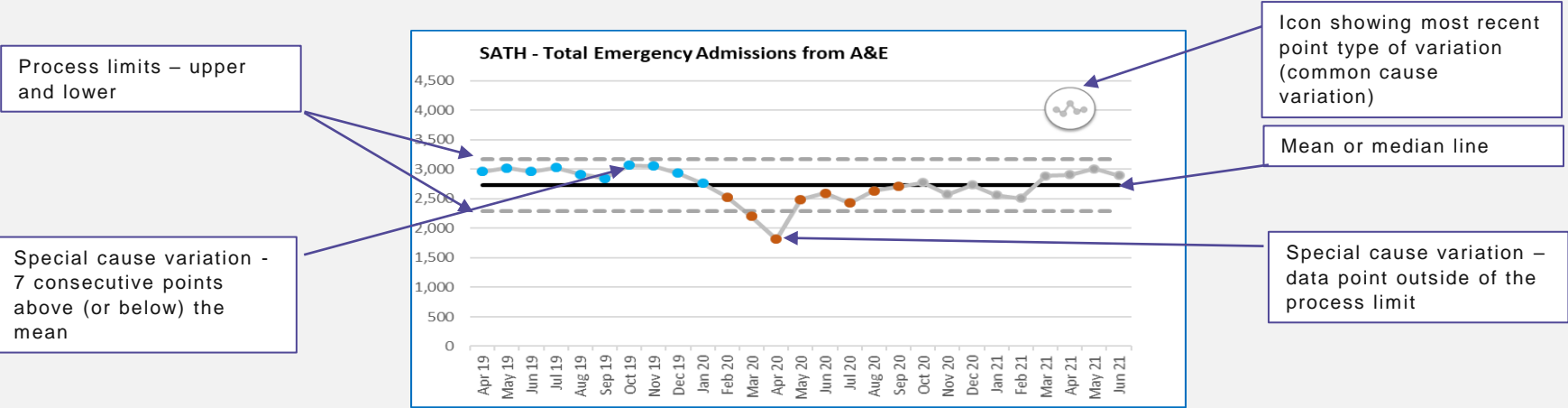
Safeguarding Adults Level 3



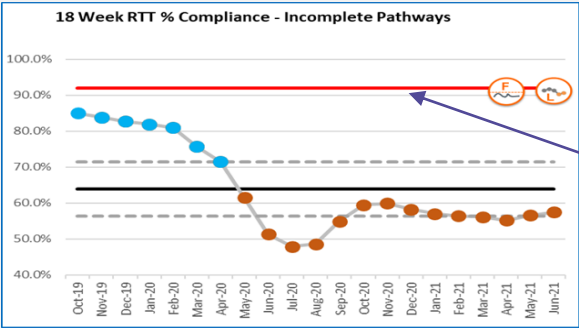
Appraisal – medical staff



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.

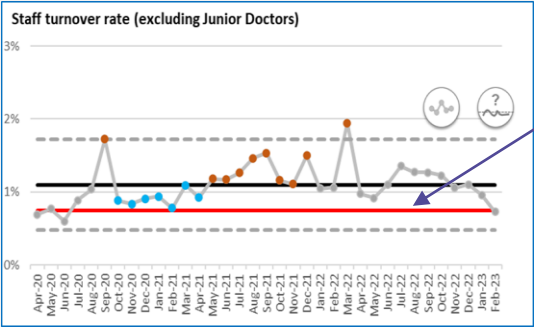
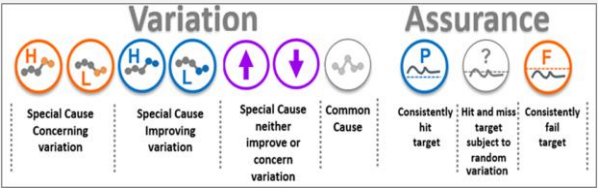


Where a target has been set the target line is superimposed on the SPC chart. It is not a function of the process.



Target line –outside the process limits.

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



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

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
BTPP	Best Practise Timed Pathway
CAMHS	Child and Adolescence Mental Health Service
CCG	Clinical Commissioning Groups
CCU	Coronary Care Unit
C.Diff	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

Term	Definition
DMO1	Diagnostics Waiting Times and Activity
DOLS	Deprivation Of Liberty Safeguards
DoN	Director of Nursing
DSU	Day Surgery Unit
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
FIT	Faecal Immunochemical Testing
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

Appendix 6. Abbreviations used in this report

Term	Definition
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
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

Term	Definition
MSK	Musculo-Skeletal
MSSA	Methicillin- Sensitive Staphylococcus Aureus
MTAC	Medical Technologies Advisory Committee
MVP	Maternity Voices Partnership
MUST	Malnutrition Universal Screening Tool
NEL	Non-Elective
NHSE	NHS England and NHS Improvement
NICE	National Institute for Clinical Excellence
NIQAM	Nurse Investigation Quality Assurance Meeting
OPD	Outpatient Department
OPOG	Organisational performance operational group
OSCE	Objective Structural Clinical Examination
PAU	Paediatric Assessment Unit
QWW	Quality Ward Walk
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

Appendix 6. Abbreviations used in this report

Term	Definition
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
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
Q1	Quarter 1
Q2	Quarter 2
QOC	Quality Operations Committee
QSAC	Quality and Safety Assurance Committee
R	Routine

Term	Definition
WAS	Welsh Ambulance Service
W&C	Women and Children
WEB	Weekly Executive Briefing
WMAS	West Midlands Ambulance Service
WTE	Whole Time Equivalent