Board of Directors' Meeting
8 June 2023

Agenda item	069/23
Report Title	Integrated Performance Report
Executive Lead	Louise Barnett, Chief Executive Officer
Report Author	Inese Robotham, Assistant Chief Executive

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:**
Responsive	√	Our governance	√	All risks
Well Led	√	Our partners	√	

Consultation Communication	Quality Operational Committee, 2023.05.16 Quality & Safety Assurance Committee, 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 March/April 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 and take assurance from this report, that effective systems of control are in place. To receive and formally approve the recommendations highlighted in the report, or particular course of action. This report is provided for full publication.

The Shrewsbury and Telford Hospital NHS Trust

Integrated Performance Report

Board of Directors' Meeting 8th June 2023

(presenting March / April 2023 data)

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Executive summary

Whilst the performance against the UEC metrics has remained static during the last quarter of 2022/23 and into April 2023, there was a marked reduction in 12 hour trolley breaches in April compared to March. Multi Agency Discharge Events were successfully undertaken prior to Easter holidays and during the junior industrial action to aid with maintaining patient flow through our hospitals despite the additional challenges. Targeted work is ongoing in collaboration with Shropshire Community Health NHS Trust to maximise utilisation of available virtual ward capacity, particularly for step-down patients that do not require acute hospital care.

Pay costs remain the main driver for adverse variance to our planned monthly financial position linked to both continued strike action and the need to safely staff escalation spaces across both hospital sites. The Trust is working through a number of mitigations including accelerating recruitment processes, improving budget management and rostering processes and sustained reduction of the escalation capacity. The latter presents a mandated need for system wide solutions for out of hospital capacity and equally presents a significant risk to both financial position and quality agenda if such capacity increase is not identified and/or maintained.

There has been good progress in reducing the longest waits as part of our elective recovery programme. There were no patients waiting over 104 weeks and only 57 patients waiting over 78 weeks as at the end of April 2023. We are committed to eliminate over 78 week waits by the end of June 2023 and over 65 week waits by the end of March 2024.

In cancer our focus continues to be on reducing the backlog of patients waiting over 62 days for treatment and on Faster Diagnosis Standards (FDS). The backlog as on 25th of April 2023 was 443 and we have an improvement trajectory to reduce this to 212 by the end of March 2024. Each of the challenged tumour pathways have identified actions in place and we continue to support STW in the implementation of 80% compliance with FIT testing in primary care.

Performance against the diagnostic standard has improved slightly compared to March 2023, outsourcing of additional capacity is ongoing and an additional CT scanner will be on site from the beginning of May 2023.

The community Diagnostic Centre (CDC) will become open to patients in October 2023, following the contractor's handover mid September 2023. The standalone MRI unit at the site will come on line in November 2023 and cardio-respiratory testing and tele-dermatology services are expected to open in January 2024.

Quality Patient Safety and Effectiveness

Executive Leads:

Director of Nursing

Hayley Flavell

Medical Director

John Jones

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Trend
Quality Patient Safety & Effectiveness	Trust SHMI (HED)		100	100	92	94	100	111	99	106	100	103	-	-	-	-	-	
	Trust SHMI - Observed Deaths		-	-	192	184	203	197	162	169	185	179	-	-	-	-	-	
	Trust SHMI - Expected Deaths		-	-	177	174	204	219	161	180	185	184	-	-	-	-	-	
	HCAI - MRSA		0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	
	HCAI - MSSA		-	2	3	5	4	2	1	6	2	2	3	0	1	4	2	
	HCAI - C.Difficile	R	<4	3	6	5	5	1	5	10	2	5	5	1	4	13	4	
	HCAI - E-coli	R	<8	4	4	2	1	2	4	1	2	4	4	5	4	5	5	
	HCAI - Klebsiella		<2	1	1	1	3	0	1	0	2	2	1	2	3	4	0	
	HCAI - Pseudomonas Aeruginosa		<2	1	0	2	2	1	1	0	1	0	0	0	1	0	0	
	Pressure Ulcers - Category 2 and above		-	11	13	16	16	16	17	8	17	14	14	9	32	26	16	
	Pressure Ulcers - Category 2 and above per 1000 Bed Days		-	-	0.56	0.68	0.66	0.70	0.75	0.32	0.72	0.60	0.56	0.36	1.24	1.15	0.71	
	VTE Risk Assessment completion		95%	95%	91.4%	91.5%	92.8%	91.3%	93.0%	92.9%	92.3%	92.5%	92.4%	89.6%	91.3%	90.5%	-	
	Falls - per 1000 Bed Days		6.6	4.5	5.42	5.11	5.54	5.56	5.59	4.98	5.28	4.45	4.09	4.93	4.01	4.57	4.75	
	Falls - total		0	70	126	120	135	127	126	125	125	104	102	122	103	103	107	
	Falls - with Harm per 1000 Bed Days		0.19	0.17	0.04	0.04	0.16	0.09	0.04	0.16	0.13	0.09	0.16	0.04	0.08	0.04	0.09	
	Falls - Resulting in Harm Moderate or Severe		0	0	1	1	4	2	1	4	3	2	4	1	2	1	2	
	Never Events		0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	
	Coroner Regulation 28s		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents		-	-	8	8	3	9	10	9	15	8	7	7	9	11	11	
	Serious Incidents - Closed in Month		-	-	8	8	1	5	1	13	3	3	5	8	10	1	12	
	Serious Incidents - Total Open at Month End		-	-	35	35	33	35	44	42	51	52	44	43	46	50	47	
	Mixed Sex Accommodation - breaches		0	0	62	77	47	45	141	93	45	71	86	95	90	56	76	
	One to One Care in Labour		100%	100%	96.0%	97.9%	99.7%	100.0%	100.0%	100%	100.0%	100.0%	100%	100%	100%	100%	100%	
	Delivery Suite Acuity		85%	85%	44.0%	49.0%	68.0%	60.0%	60.0%	55.0%	58.0%	66.0%	79.0%	70.0%	86.0%	83.0%	82.0%	
	Smoking Rate at Delivery		5%	5%	11.8%	17.5%	10.6%	10.6%	11.8%	11.9%	13.2%	11.4%	11.2%	10.8%	10.9%	13.1%	8.8%	
Quality Caring & Experience	Complaints		-	-	56	58	64	73	79	77	72	69	82	42	73	45	75	
	Complaints -responded within agreed timeframe - based on month response due		85%	85%	74%	65%	50%	67%	60%	55%	71%	62%	59%	49%	50%	47%	47%	
	PALS - Count of concerns		-	-	334	285	257	225	314	368	286	306	301	210	279	240	330	
	Compliments		-	-	43	19	49	52	39	54	51	90	75	54	84	54	108	
	Friends and Family Test -SaTH		80%	80%	98%	98%	99%	99%	98%	97%	97%	98%	97%	98%	97%	97%	98%	
	Friends and Family Test - Inpatient		-	-	98%	98%	99%	99%	98%	99%	98%	98%	98%	99%	98%	98%	98%	
	Friends and Family Test - A&E		-	-	89%	98%	86%	89%	62%	59%	65%	71%	42%	43%	43%	55%	73%	
	Friends and Family Test - Maternity		-	-	98%	92%	99%	100%	98%	98%	99%	97%	100%	98%	100%	100%	99%	
	Friends and Family Test - Outpatients		-	-	99%	95%	99%	99%	99%	98%	99%	98%	98%	99%	98%	98%	98%	
	Friends and Family Test - SaTH Response rate %		-	-	5%	5%	6%	5%	6%	7%	7%	6%	8%	6%	7%	6%	8%	
	Friends and Family Test - Inpatient Response rate %		-	-	12%	13%	16%	14%	17%	18%	19%	17%	20%	18%	19%	14%	20%	
	Friends and Family Test - A&E Response rate %		-	-	1.0%	0.6%	0.2%	0.5%	0.3%	0.5%	0.9%	0.3%	0.5%	0.2%	0.3%	0.4%	0.3%	
	Friends and Family Test - Maternity (Birth) Response rate %		-	-	10%	6%	4%	5%	7%	6%	5%	6%	8%	7%	5%	6%	7%	

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Quality Executive Summary

The C. difficile target was breached at the end of 2022/23, with a total of 60 cases against the trajectory of 33 cases. All cases have been subject to an RCA and trends and learning have been identified from these. A full gap analysis and overarching action plan is in place and microbiology colleagues are reviewing the individual RCAs to ascertain if further changes are required to policy.

There were 2 MRSA bacteraemia in 2022/23 for which full RCAs were completed. Learning has been identified which has resulted in changes in policy. While HCAI targets for 23/24 are yet to be announced, we understand these will be released in June 2023.

Improvements in falls have been seen in quarter 4 and on-going actions to reduce the number of falls continue. The Enhanced Patient Supervision (EPS) team have commenced in April, who support our most vulnerable patients. We currently have 14 colleagues in post out of the 40 we have budgeted for and recruitment to this team is continuing. Initial feedback for this team is very positive.

With the implementation of PSIRF (Patient Safety Incident Response Framework) in September 2023 we are considering how falls with harm and the incidence of pressure ulcers will be investigated moving forward. There was an improvement in the number of falls at the end of quarter 4, but the number of falls resulting in fracture has increased in April. Falls therefore remain a key quality priority for 23/24.

Complaint performance remains below accepted levels, with the current focus on addressing the backlog. There is active engagement from the divisions and agreed trajectories to achieve this.

Mortality outcome data

Trust SHMI

Trust expected deaths Vs. observed deaths
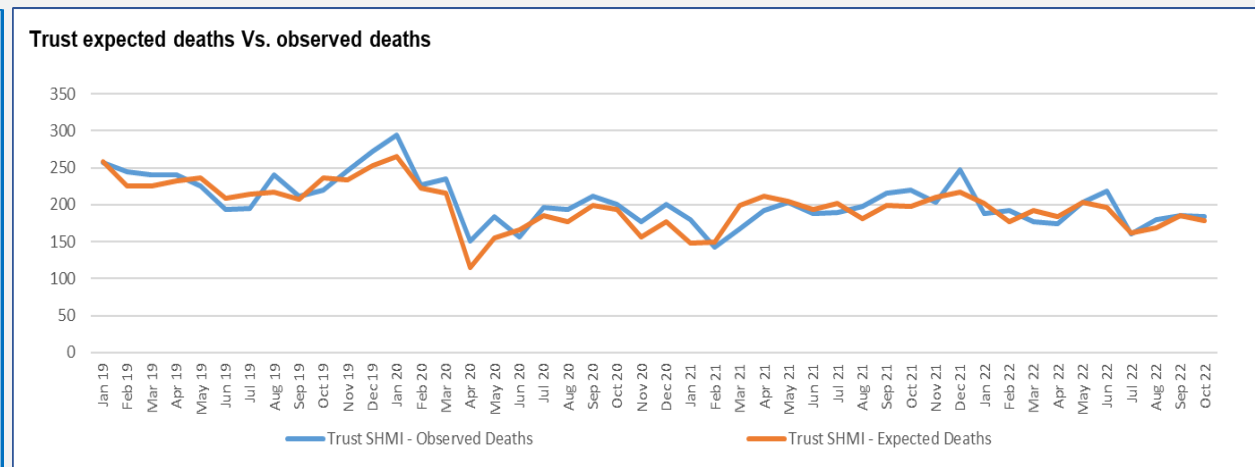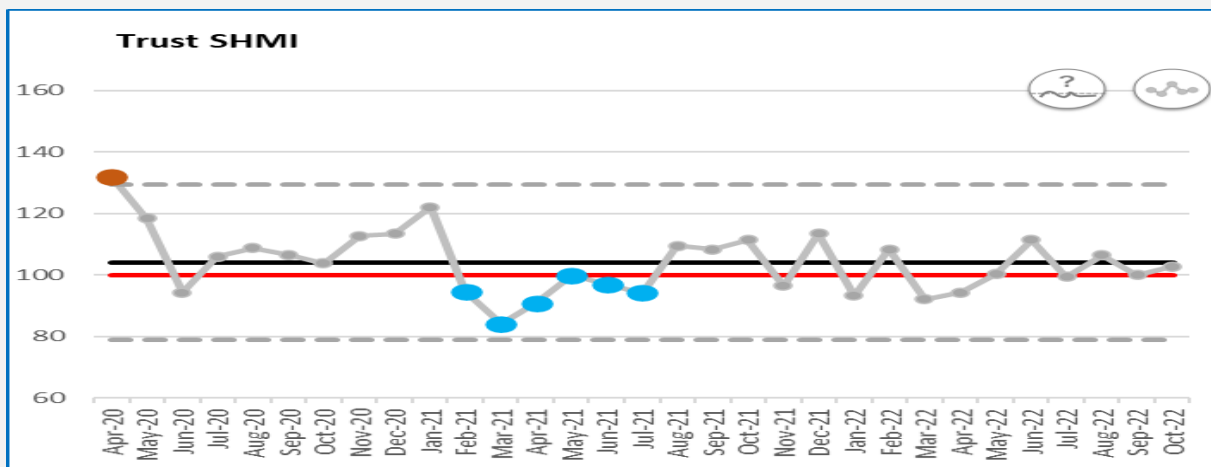
What does the data tell us?
The Trust SHMI, as provided by NHS Digital, is showing as 100 for January-October 2022. The RSH value is 99; the PRH value is 102. The 12-month rolling trend for observed over expected deaths (with close correlation) is shown above and is favourable with respect to a peer group of similar acute trusts.
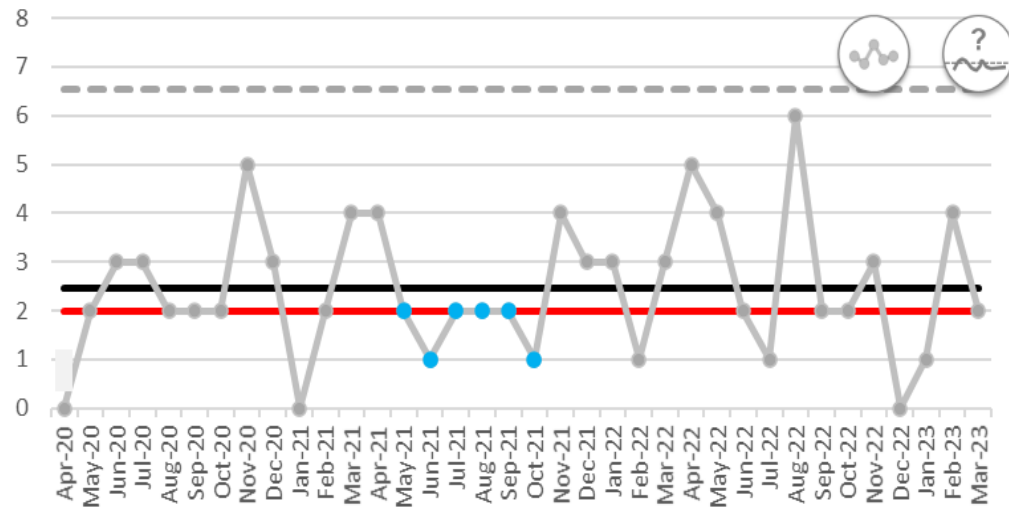
What actions are being taken to improve?

Further analysis from the CHKS report shows the SHMI conditions (on presentation) with the highest number of 'excess' deaths in SaTH, and actions taken are summarised below:
• Anaemia: A clinical review for the last quarter 2022-2-23 is currently underway, the findings will be presented to the Learning from Deaths in May 2023.
• Acute and unspecified renal failure: A review of deaths associated with AKI on admission has been undertaken by the renal physicians. AKI management at SaTH has been compared with that of neighbouring Trusts. As a result, the renal consultants have proposed the development of the role of an acute kidney injury nurse.
• Secondary malignancies: This condition has been highlighted in the May report. A focussed investigation through LfD will be carried out.
• Acute cerebrovascular disease: This is shown as excess deaths only at the RSH site. In most cases, these deaths follow an intracerebral haemorrhage and further investigations are underway with the Stroke Physicians.

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Infection Prevention and Control

HCAI - MSSA

What does the data tell us?

- There were two new cases of MSSA bacteraemia in March 2023.

- Whilst there is no national target for MSSA, the YTD position is showing that we are above our locally set target with 32 cases.

What actions are being taken to improve?

Ongoing actions across the trust include:

- Cannula care/VIPs with ward managers and ensuring daily checks are undertaken.
- Consistent use of catheter care plans and catheter insertion documentation.
- 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.

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Infection Prevention and Control
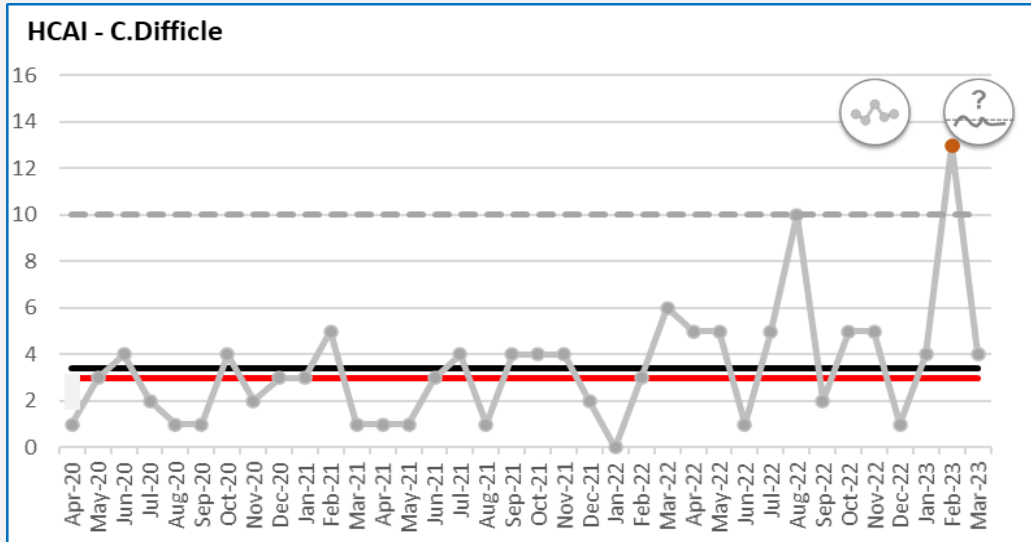
HCAI - C.Difficile

What does the data tell us?

- There were four new cases of C.Difficile in March 2023, which is a considerable drop to the levels seen in February 2023 and more in line with previous months.

- Overall there have been 60 cases of C.Difficile this year to date, 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, along with the following additional actions:

- Commode training.
- Quality ward walks are undertaken by the IPC team and senior divisional nursing staff 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 and actions are reported via divisional IPC reports and monitored via the IPCOG.

Infection Prevention and Control

HCAI - E.Coli
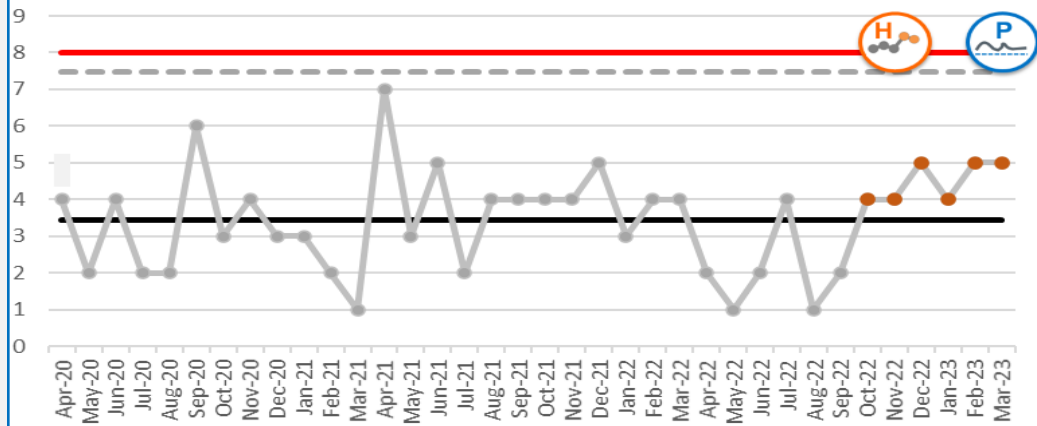
What is the data telling us?

- There were five cases of E.coli bacteremia in March 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.

- YTD there have been 39 cases, which is well below the national target of no more than 96 cases for 2022/23.

What actions are being taken to improve?

All HCAI actions continue to be implemented and monitored. These include:

- Use of catheter documentation for insertion and ongoing care.
- 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.
- Divisions report on progress of these actions through IPCOG in their monthly IPC reports.
- Catheter care and VIPs are also reported via the Ward Quality Dashboards and discussed at the monthly Nursing Metrics meetings when the ward managers/matrons discuss their exception reports.

Infection Prevention and Control
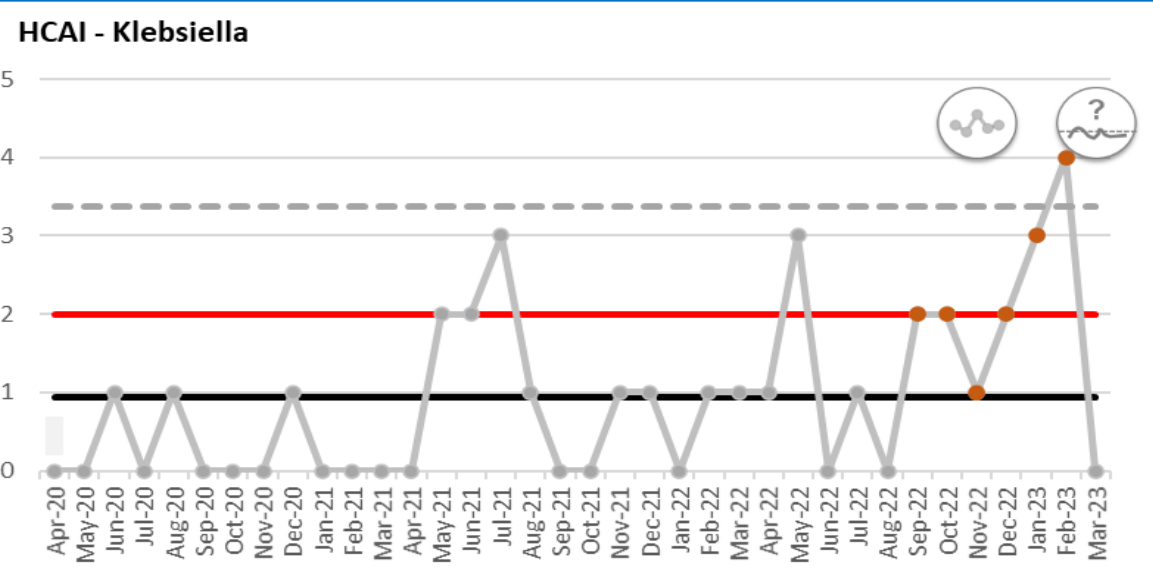
What does the data tell us?

There are no new cases of klebsiella bacteraemia in March 2023.

There have been 19 cases reported YTD against a target of no more than 23 for 2022/23.
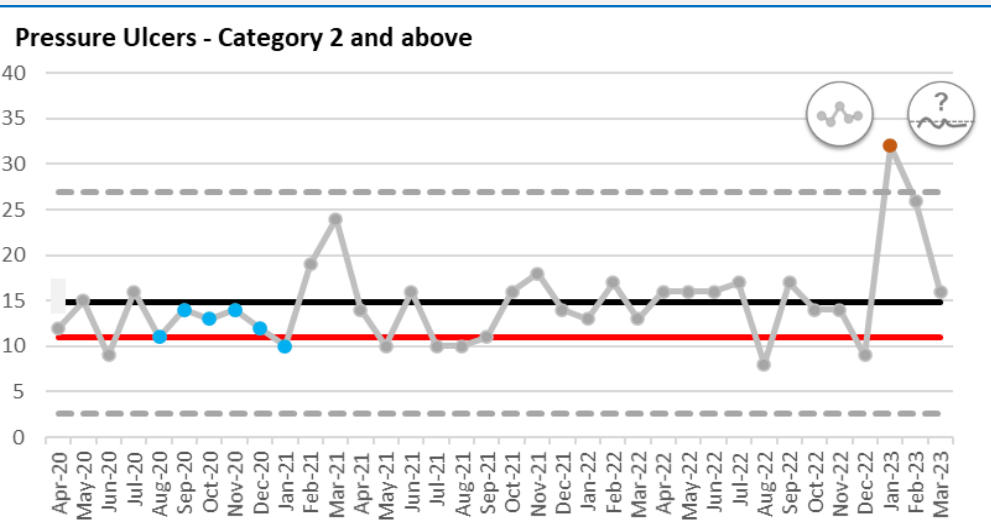
What does the data tell us?

There were no new cases of pseudomonas bacteraemia in March 2023.

There have been 8 cases reported this YTD against a national target of no more than 19 cases for 2022/23.

What actions are being taken to improve?

Ongoing improvement work in relation to HCAIs continues to ensure compliance with IPC standards and procedures. Performance is monitored at IPCOG and within the monthly metric meetings.

Patient harm - Pressure ulcers

Pressure Ulcers - Category 2 and above

Pressure Ulcers - Category 2 Per 1000 Bed Days
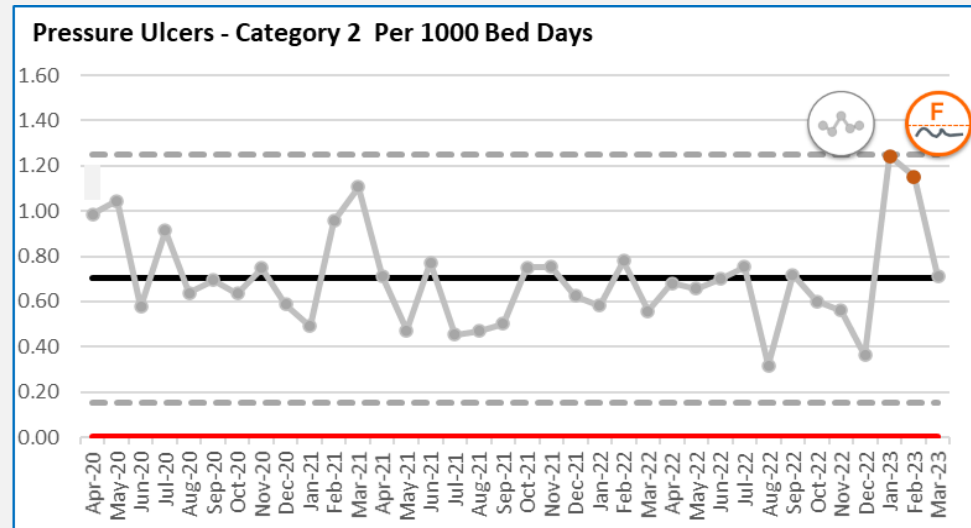
Pressure Ulcers – Total per Division	Number Reported
Medicine and Emergency Care	11
Surgery, Anaesthetics and Cancer	5

What does the data tell us?

- There were 16 pressure ulcers reported in March 2023, which is a significant reduction from the number of cases seen in the previous 2 months.

What actions are being taken to improve?

- There is an overarching pressure ulcer prevention plan which includes actions from previous RCA/SI investigations, and this continues to be implemented across all divisions.
- All RN staff are completing the mandatory tissue viability training and compliance with training is monitored via the monthly nursing quality metrics meetings.
- Spot checks by ward managers and matrons are undertaken to ensure Waterlow assessments are accurately completed and that the prevention actions implemented via care plans continue to be implemented.
- Targeted additional education and support is being provided by the tissue viability team for wards with increased numbers of pressure ulcers.

Patient Harm - VTE

VTE
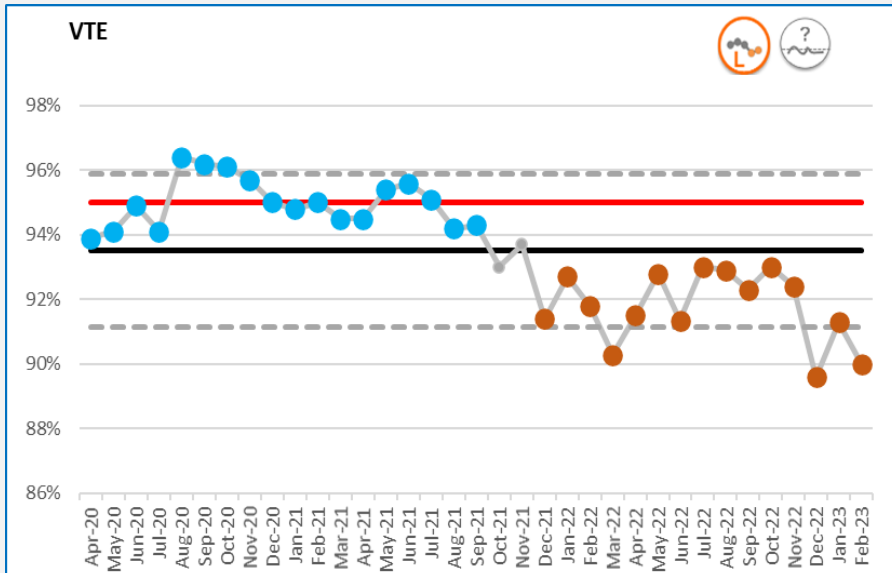
What does the data tell us?

- The level of VTE assessments carried out continues to fall below the national target line.

- Prolonged time of patients in ED is likely to be contributing as VTE alerts are not as visible.

What actions are being taken to improve?

- A pilot will be undertaken in AMU to use prompts on the patient's prescription charts to trigger 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
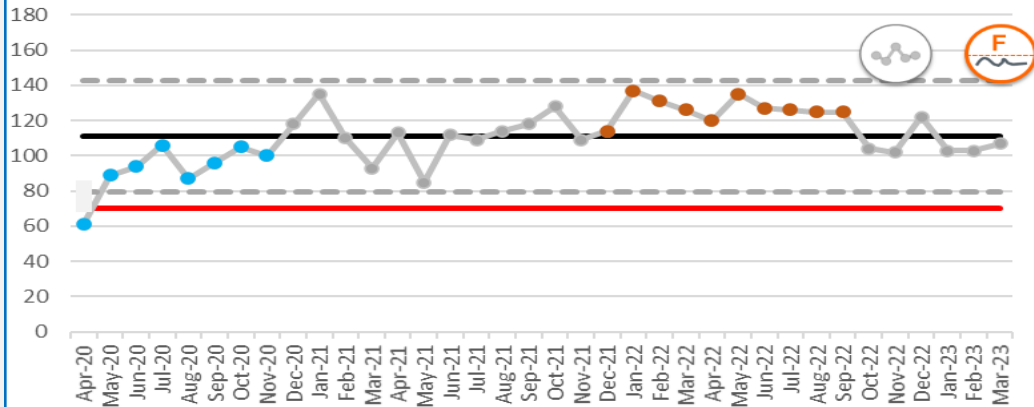
What does the data tell us?

- The number of falls and falls per 1,000 bed days remained consistent with the previous month, albeit with a slight increase.

- The falls with harm per 1000 bed days increased in March 2023. However, rates in this area remain lower than the averages seen since April 2020.

- The trust continues to see falls that result in moderate harm or above for patients although these have reduced in Q4 of 2023/24.
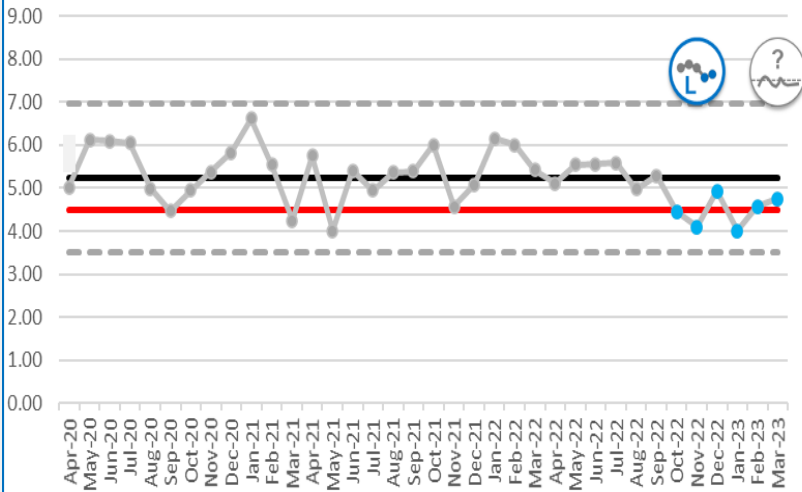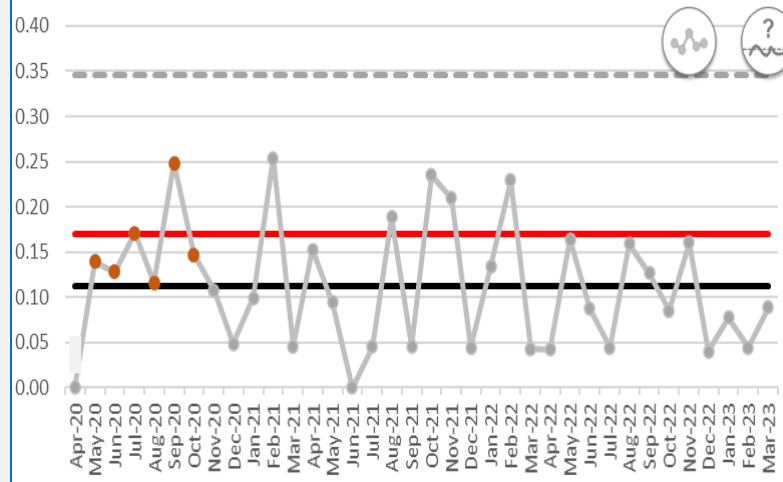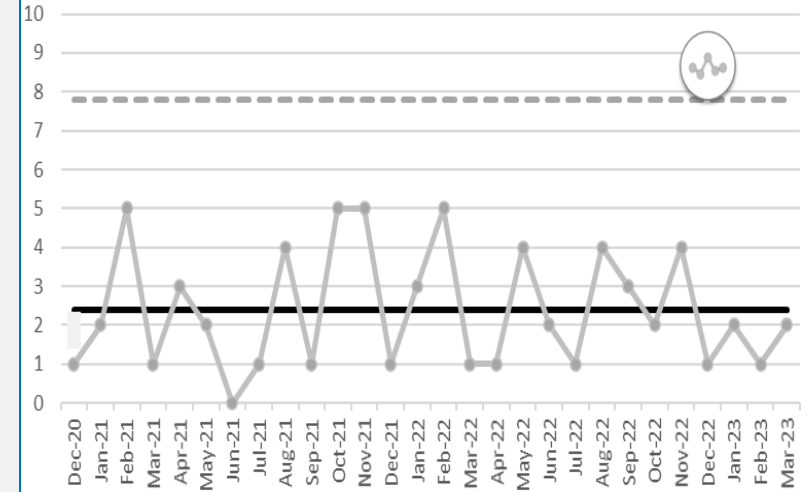
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Patient harm - Falls

What actions are being taken to improve?

- 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. This communication includes 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, with any actions/learning identified..
  - We continue to monitor the care delivered on each ward to ensure all patients have a falls risk assessment completed and care plans in place (compliance >90%).
  - New falls training is in place, which is also being completed by AHPs.

- There is ongoing recruitment taking place to the Enhanced Patient Supervision (EPS) team, who receive additional training to provide the care to our patients who require additional support/supervision in the clinical areas around cohorting and bay tagging.

- Members of this team are now supporting care in those wards which have a high number of vulnerable patients who are at very high risk of falls.
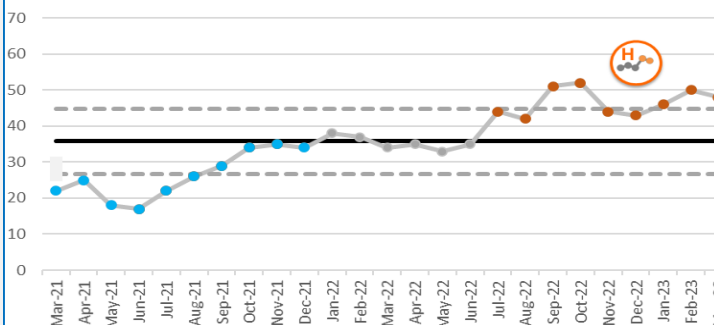
Falls – Total per Division	Number Reported
Medicine and Emergency Care	81
Surgery, Anaesthetics and Cancer	25
Women & Children's	1

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Patient harm - Serious incidents
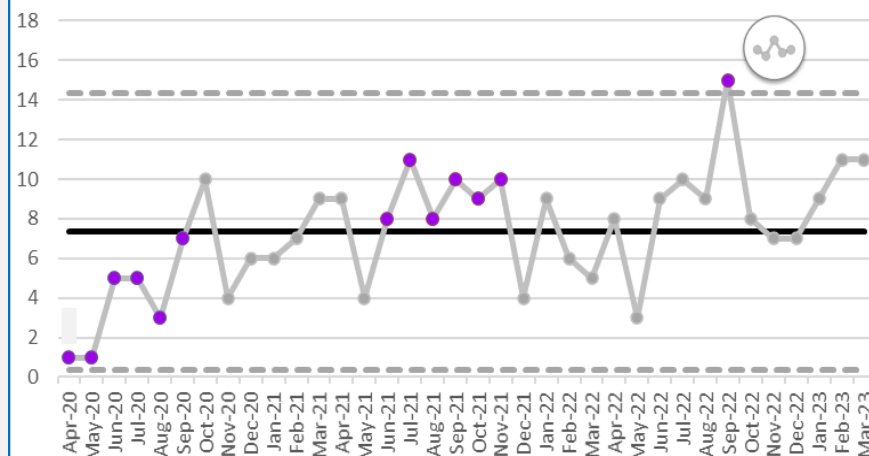
Serious Incidents

Serious Incidents - Total Open at Month End

Serious Incidents - Closed in Month

Serious Incidents theme	Number Reported
Fall - #Neck of Femur	2
Delayed diagnosis and treatment	6
Delayed diagnosis	2
Category 3 pressure ulcer	1
Total	11

Serious incidents - by division	Number reported
Surgery, Anaesthetics and Cancer	2
Women's & Children's	1
Medicine and Emergency care	8
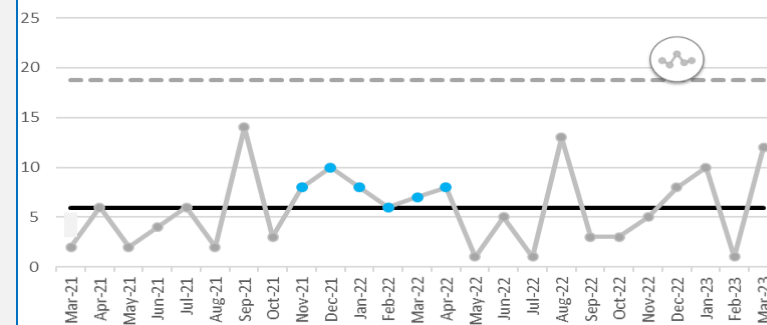
What does the data tell us?

- The number of SI's reported has reduced to being within the usual reporting limits. No obvious issues have been identified but monitoring continues to be in place for underpinning themes.

- There are 48 open SI's this month, which is increasing in trend and now showing special concern, reporting outside of the upper control limits.

- There were 12 SI's closed in March 2023 and this performance will continue be monitored for trends.
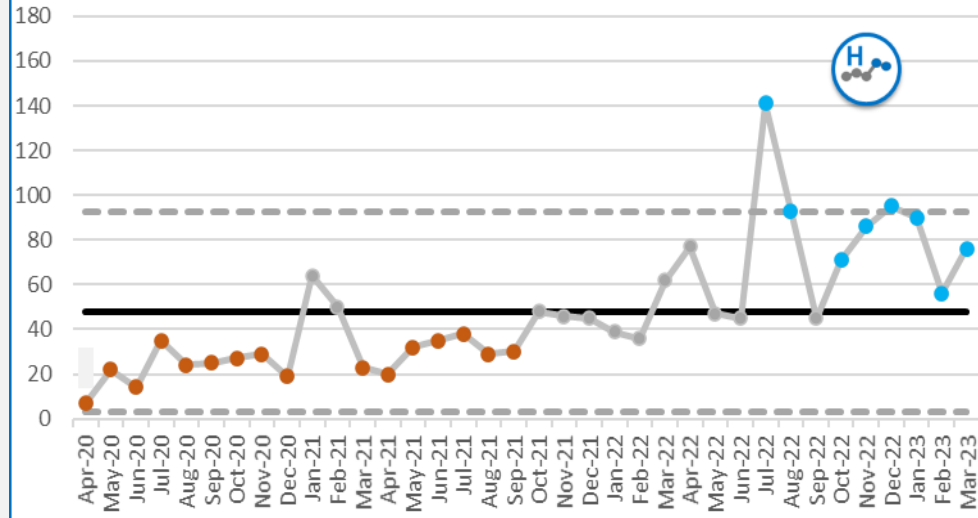
What actions are being taken to improve?

- 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

Mixed Sex Breaches

| Location	Number of breaches	Additional Information
AMU (PRH)	39 breaches	In AMA over 12 occasions.
ITU / HDU (PRH)	8 primary breaches	7 medical, 1 H&N.
ITU / HDU (RSH)	29 primary breaches	9 medical, 20 surgical

What does the data tell us?

- There remains a high number of mixed sex breaches reported monthly and despite a reduction seen in February, March has returned to seeing higher levels. This is causing our overall trend of breaches to continue to increase.

- Of the total breaches, the highest levels are being seen in the AMU of PRH and the ITU of RSH.

What actions are being taken to improve?

There is ongoing work to ensure:

- We avoid using the assessment area on the Acute Medical Unit at PRH where possible. This is used for escalation overnight for patients, which subsequently causes delays the following day with the ambulatory medical patients returning to the assessment area and results in mixed sex accommodation breaches.

- Continue with our aim to reduce delays in stepping down patients from ITU, which is still impacted by bed pressures across the Trust.

# Maternity - One to One care in labour
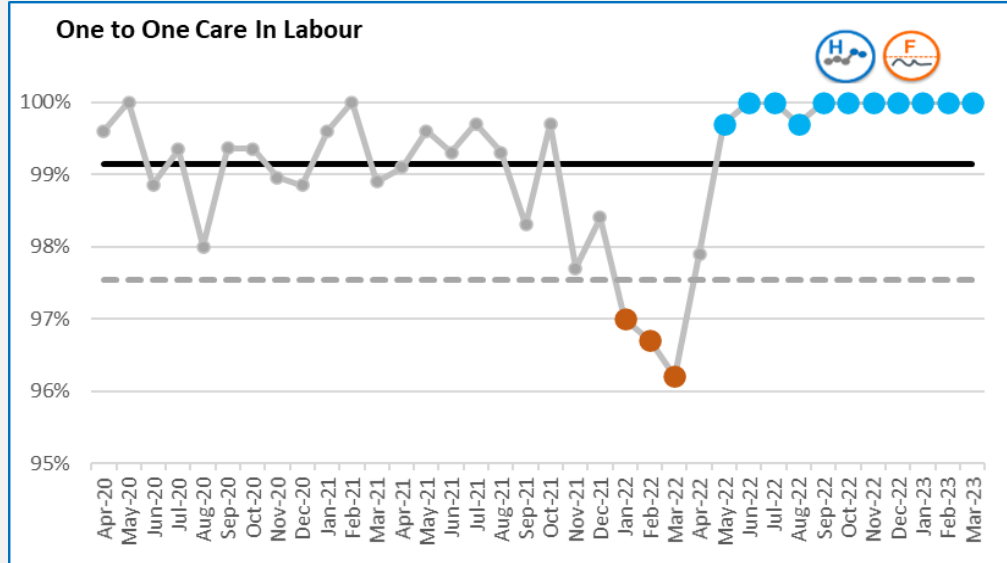
What does the data tell us?

- 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 continue to be effective.

- 100% 1:1 care has again been achieved this month, which is a consistent position since August 2022.

What actions are being taken to improve?

- The escalation policy has now been fully ratified and is in use. This policy contains detailed information aligned to the regional OPEL(Operational Pressures Escalation Levels) framework to support the provision of 1:1 care.

- Cohorting of post-natal women on the delivery suite for care by one midwife to enable efficient use of available staff.

- Excellent compliance with the use of the Birth Rate + tool to measure acuity.

- A 7-day manager rota remains in place to ensure oversight and action at weekends.

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Maternity - Delivery suite acuity
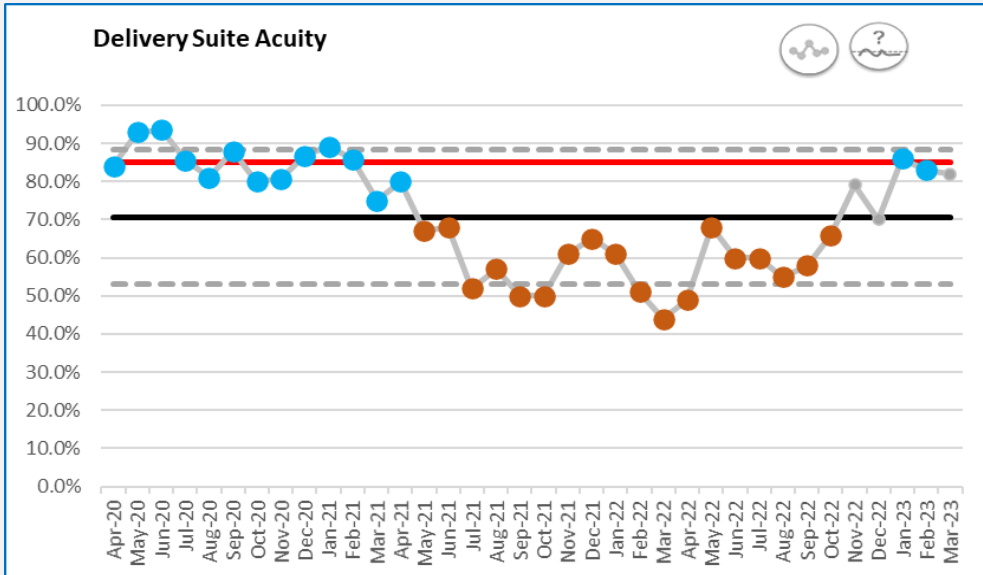
What does the data tell us?

- There was a slight decline in acuity this month.

- Staffing levels continue to often be below template on the delivery suite. This is due to high unavailability rates due to maternity leave and known vacancies in the midwifery workforce.

What actions are being taken to improve?

- 11 of the 22 band 5 preceptee midwives are now in post, with the rest commencing by the end of December 2023.

- There is a commitment to recruit up to 10 international midwives in 2023.

- 2 WTE band 6 midwives have been recruited and commenced in post.

- There remains a rolling advert for band 6 midwives.

- Birthrate Plus reassessment has been completed and the report awaited.

- Proactive management of staffing deficits are embedded via weekly staffing meetings.

- Acuity tool is consistently being completed, which is a reassurance of data quality.
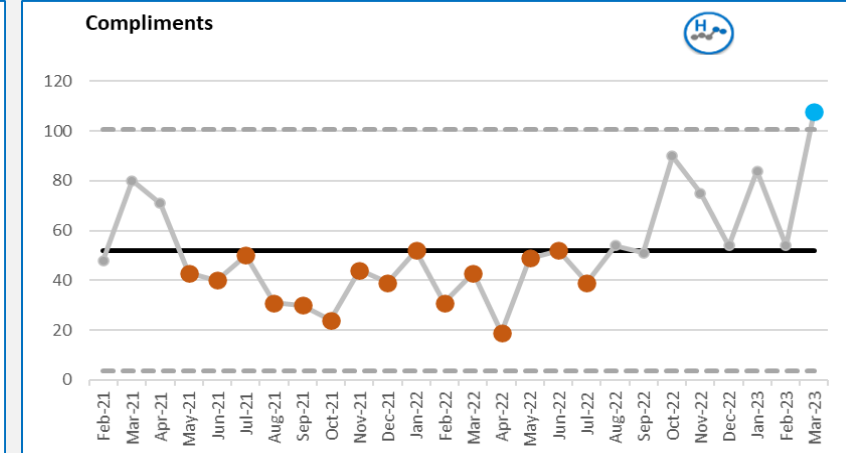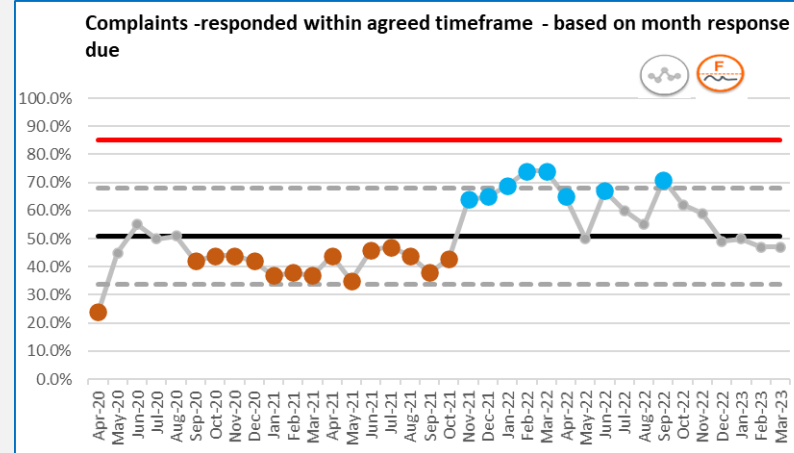
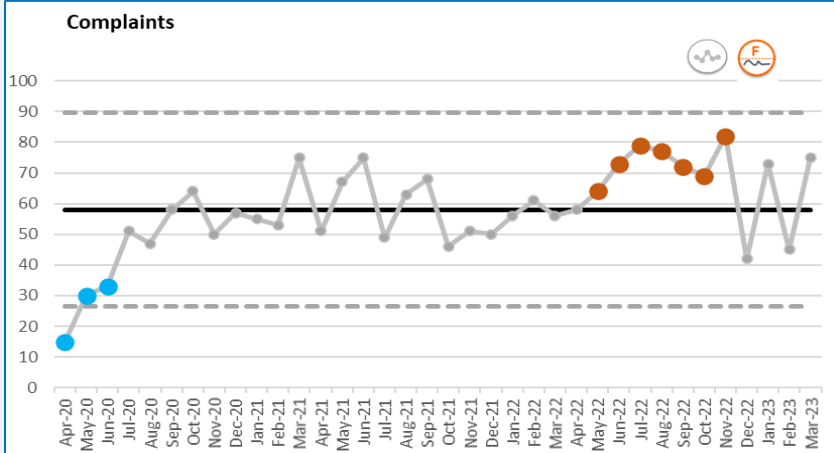- 100% 1:1 care in labour is being achieved.

Quality Caring & Experience

Executive Leads:

Director of Nursing

Hayley Flavell

Medical Director

John Jones

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Complaints

What does the data tell us?

- Although the number of complaints increased in March 2023, performance remains within standard variation. The EDs continue to receive the most complaints, with the main issue relating to waiting times.
- Response rates remain below target because of ongoing high levels of demand and clinical pressures.
- The target of providing written acknowledgement within three working days was met in 100% of cases, with 97% acknowledged within two days and 80% acknowledged within one working day.
- There was a significant increase in compliments being recorded by departments.

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 prioritisation of closing the oldest cases first.

Responsiveness

Executive Lead:

Acting Chief Operating Officer

Sara Biffen

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Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Trend
Responsiveness	ED - 4 Hour Performance (SaTH Type 1 & 3) %		76%	68.2%	58.3%	58.7%	54.6%	52.5%	53.5%	51.5%	49.7%	49.1%	45.0%	55.3%	53.4%	54.1%	54.1%	
	ED - 4 Hour Performance (All Types inc MIU) %		-	-	65.3%	66.2%	63.0%	61.8%	62.7%	60.2%	58.4%	57.8%	53.1%	64.0%	62.2%	63.2%	63.0%	
	ED - 12 Hour Trolley Breaches	R	0	0	538	176	392	649	585	632	972	1090	962	629	651	817	524	
	Ambulance Handover < 15 mins (%)	R	-	-	11.8%	14.0%	10.5%	9.5%	9.4%	8.3%	6.9%	7.5%	6.4%	16.3%	11.6%	8.9%	17.1%	
	Ambulance Handover > 15 - 30 mins (%)	R	-	-	28.5%	32.6%	25.2%	23.5%	26.3%	23.9%	20.1%	27.9%	21.7%	39.4%	29.6%	26.9%	39.9%	
	Ambulance Handover > 30 - 60 mins (%)	R	0%		23.7%	24.5%	27.4%	25.6%	26.2%	28.5%	25.0%	29.9%	25.9%	24.4%	27.9%	26.1%	25.2%	
	Ambulance Handover > 60 mins (%)	R	0%		36.5%	29.0%	36.7%	41.1%	38.0%	39.7%	48.1%	34.8%	46.3%	20.6%	31.0%	39.8%	18.2%	
	ED activity (total excluding planned returns)		-	12068	12340	13601	13280	13159	11972	12104	12868	12538	13481	11037	10776	12242	12244	
	ED activity (type 1 excluding planned returns)		-	10156	10251	11383	11115	10988	9947	10114	10639	10374	10763	9097	8762	10090	9903	
	Total Emergency Admissions from A&E		-	-	2863	3061	2957	2899	2782	2850	2837	2762	2837	2679	2424	2601	2587	
	% Patients seen within 15 minutes for initial assessment		-	-	32.7%	25.0%	24.0%	22.7%	29.4%	23.5%	20.2%	20.4%	18.1%	32.7%	27.2%	27.4%	35.7%	
	Average time to initial assessment (mins)				37	35	42	41	35	41	43	40	49	28	31	35	28	
	Average time to initial assessment (mins) Adults				39	37	44	43	38	44	48	43	49	31	34	39	30	
	Average time to initial assessment (mins) Children				28	29	33	35	19	32	27	31	49	18	22	21	19	
	Mean Time in ED Non Admitted (mins)		-	-	248	239	255	268	288	306	361	381	439	323	378	397	405	
	Mean Time in ED admitted (mins)		-	-	697	568	683	759	773	804	1135	1106	1366	1104	1206	1319	1079	
	No. Of Patients who spend more than 12 Hours in ED		-	-	1412	1145	1490	1784	1625	1836	2317	2295	2648	1888	1920	2063	1941	
	12 Hours in ED Performance %		-	-	11.4%	8.4%	11.2%	13.6%	13.6%	15.2%	18.0%	18.3%	19.6%	17.1%	17.8%	16.9%	15.9%	
	Bed Occupancy Rate		92%	-	88.9%	89.1%	89.8%	90.0%	90.5%	91.1%	92.2%	92.4%	91.9%	93.3%	91.5%	90.8%	89.9%	
	Diagnostic Activity Total			-	18151	19577	19208	19353	20098	19124	19426	20897	17586	20905	20254	22366	18472	
	Diagnostic 6 Week Wait Performance %		95%	-	58.7%	62.7%	60.7%	59.5%	53.0%	56.5%	58.0%	59.4%	55.3%	55.7%	63.6%	63.9%	64.9%	
	Diagnostic 6+ Week Breaches		0	-	5994	5557	5936	6140	6846	6113	6119	6081	6614	6445	5097	4968	4642	
	Total Non Elective Activity		-	-	4869	5169	5030	4878	4717	4714	4786	5051	5022	5167	4776	5163	4845	
	Total elective IPDC activity		-	-	4670	5536	5305	5292	5448	5511	5695	6049	5279	5791	5557	6223	5333	
	Total outpatient attendances		-	-	41600	48976	46892	46031	46451	46924	47407	51990	41392	50868	48210	52598	41381	
	RTT Incomplete 18 Week Performance		92%	-	57.6%	58.7%	57.4%	55.7%	54.3%	52.9%	52.7%	52.2%	50.4%	50.9%	52.1%	53.3%	54.1%	
	RTT Waiting list - Total size	R	-	-	37936	38810	39545	41263	42487	42915	43179	42853	43173	41227	40232	40069	40228	
	RTT Waiting list - English only			36322	33855	34655	35250	36834	37901	38406	38783	38591	38859	37075	36090	35841	36043	
	RTT 52+ Week Breaches (All)	R	0		2815	2910	3049	3189	3423	3618	3763	3845	4018	3553	3172	2965	2852	
	RTT 52+ Week Breaches - English only			2718	2480	2564	2673	2806	3015	3170	3304	3421	3587	3169	2842	2652	2592	
	RTT 65+ Week Breaches (All)				1149	1083	1093	1160	1331	1476	1529	1549	1757	1552	1246	785	726	
	RTT 65+ Week Breaches - English only			709	1024	957	939	1000	1163	1295	1343	1369	1560	1372	1109	705	652	
	RTT 78+ Week Breaches (All)	R	0	0	436	393	315	315	324	344	351	415	549	465	291	57	57	
	RTT 78+ Week Breaches - English only			0	393	354	271	276	277	301	313	372	481	401	252	43	50	
	RTT 104+ Week Breaches (All)	R	0	0	62	62	41	18	15	9	3	0	1	1	0	1	0	
	RTT 104+ Week Breaches - English only			0	61	60	40	17	13	6	1	0	1	1	0	1	0	
	Cancer 2 Week Wait	R	93%	-	71.0%	76.6%	75.9%	77.3%	76.1%	67.5%	70.8%	73.5%	67.4%	79.0%	86.7%	70.8%	-	
	Cancer 31 Day First Treatment		96%	-	91.1%	90.1%	93.0%	93.2%	90.8%	86.7%	93.5%	82.0%	82.3%	78.0%	84.9%	83.3%	-	
	Cancer 62 Day Standard	R	85%	-	52.6%	50.0%	55.0%	55.5%	51.1%	45.9%	50.4%	47.7%	48.5%	39.1%	38.2%	48.1%	-	
	Cancer 28 Day Faster Diagnosis	R	75%	-	60.7%	63.7%	64.0%	65.0%	61.9%	56.0%	59.5%	55.8%	56.8%	59.7%	64.6%	58.1%	-	

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Operational summary

The unscheduled care demand in April was at similar levels to what was seen in February, but slightly lower than in March. The 4-day bank holiday weekend followed by the 4-day junior doctor industrial action required significant planning. A multi-agency discharge event was held prior to Easter and throughout the junior doctor industrial action. From that, a new way of working was identified and is currently being tested over a 6-week period to the end of May. This reduces time spent in meetings for our staff and focusses their capacity at supporting discharge planning and tracking all patients so that delays are minimised, and length of stay is optimised.

A weekly performance meeting has been established to review key performance indicators linked to the improvement actions within the operational plan. This meeting reviews the over 14- and 21-day length of stay; weekend discharges; the number of patients who no longer have a criteria to reside, the length of stay between a person being medically fit to when they are discharged.

NHSE tier 1 monitoring continues due to our RTT and cancer performance.

Elective recovery improved this month. Daily RTT monitoring continues with the specialty teams to provide assurance and we are continuing to insource and explore options of mutual aid across challenged specialties. Improvement trajectories have been agreed at specialty level to eliminate 78w waits by June 2023 and 65w waits by March 2024.

In cancer, our focus is to improve performance in the 62 day and Faster Diagnosis standards (FDS). There were 443 patients waiting over 62 days for treatment on 25th April. Our new target is to reduce this to 212 by 31st March 2024 and we continue to work with NHSE through tier 1 weekly meetings on our most challenged specialties of urology, colorectal and gynaecology.

In urology, we are focussing on implementing early triage and improving turnaround in diagnostics in the prostate pathway (MRI and LATP biopsy). In the colorectal pathway, we have secured a clinical lead for a new non-specific-symptoms pathway (NSS) to commence in September and will continue to support STW in implementing 80% compliance FIT testing in primary care as it is expected that this will significantly reduce demand for endoscopy within 2 weeks of referral. In gynaecology, we will focus on early diagnostics by increasing capacity for colposcopy and hysteroscopy to improve compliance with the FDS standard. Underpinning performance across all tumour sites is the need to increase diagnostic capacity and the turnaround of reports, which is underway with additional CT scanning and MRI prostate reporting capacity from May.

The contractor's handover date for the CDC is expected to be 15th September after permission was granted to national grid by T&W Council to proceed with the power upgrade. Services are expected to open to patients in early October 2023. The standalone MRI unit at the site will become operational in November 2023. Cardio-respiratory testing and tele-dermatology services are expected to open in January 2024.

Operational - Emergency care

What are the main risks impacting performance?

- Corridor care is now exclusively being provided by SaTH ED staff.
- Profile of discharges is still weighted to later in the day, which is creating significant pressures and ambulance offload delays in ED.
- Staffing pressures remain due to recruitment challenges and sickness absence rates remain across the 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 completed the first phase of the flow improvement programme.
- Criteria led discharge commenced in respiratory at RSH with a roll out plan in place to progress across all medical and surgical wards.
- 30-day measures are showing improvement in bringing forward discharge profiles to earlier in the day and a reduction in 14 and 21-day LoS. Work is now required to sustain this and to extend this work into wards within the surgery and cancer care division.
- Ambulance Receiving Area (ARA) - RSH ARA is in place and staffed by SaTH & WMAS.
- A modular ARA at PRH opened at the end of March 2023, which is staffed by SaTH.
- 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.
- The ED transformation programme continues.
- ECIST review of the initial assessment process in ED, acute floor and the medical flow improvement programme has been undertaken and recommendations are being incorporated within workplans.
- The business case for CYPU at PRH has been completed and approval to progress to full business case was granted by II&C in March. The full business case is to be presented at MEC divisional committee in the coming months and is included in operational plan for 2023/24.
- A weekly meeting has been established to review performance against the key metrics that have been identified within the 2023/24 operational plan.
- A new way of working has released operational and clinical times from site meetings through the day to enable a more delivery focus on discharge.

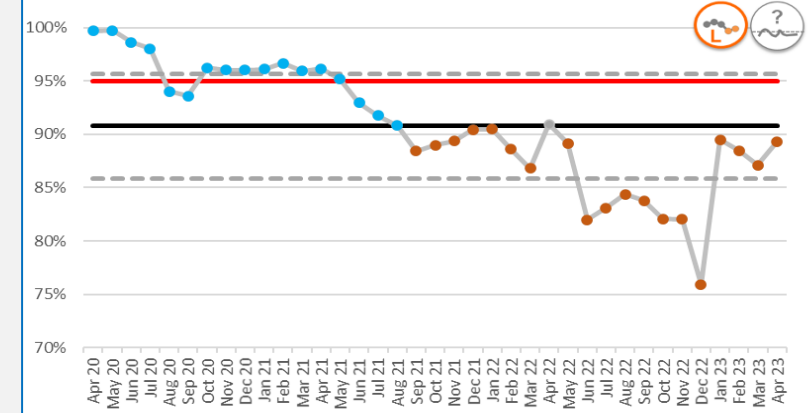# Operational - Emergency care

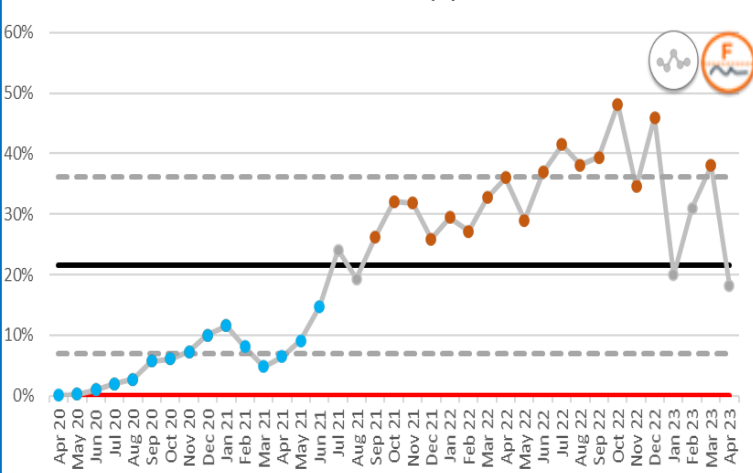SaTH - ED 4 Hour Performance (SaTH Type 1 & 3) %
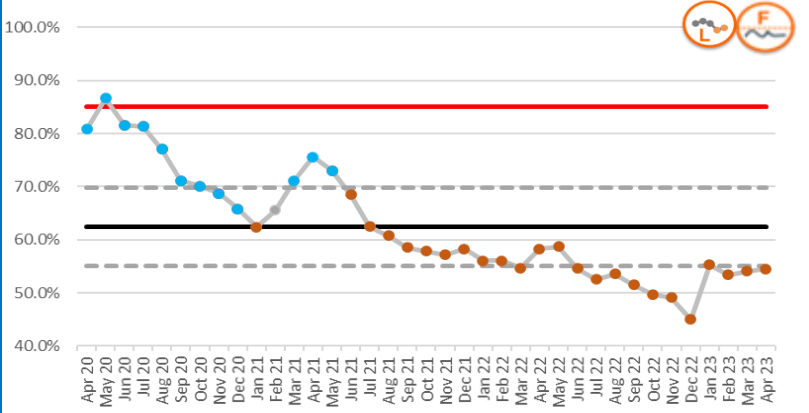
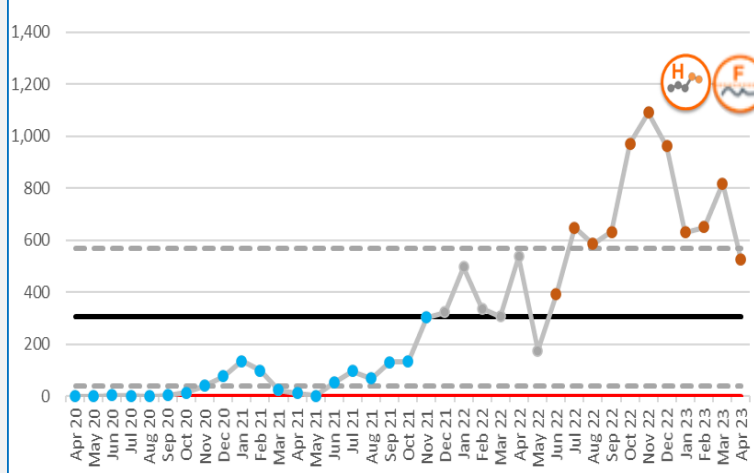SaTH - ED 4 Hour Performance (All Types inc MIU) %
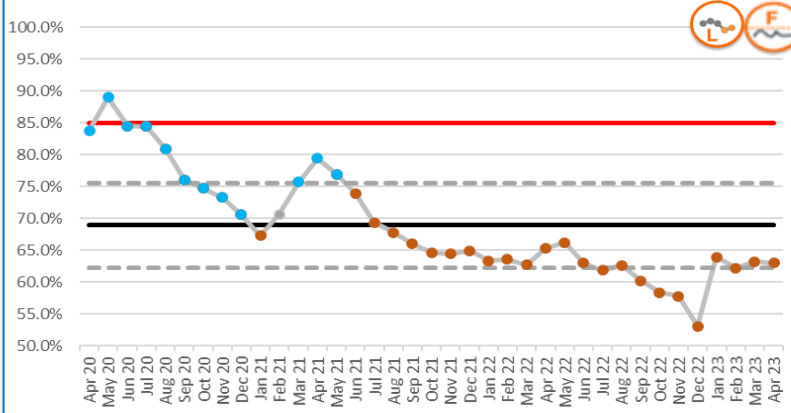
SaTH - ED 4 Hour Performance - Minors %

SaTH Ambulance handover > 60 minutes (%)

SaTH - >12 Hour DTA

- Following the significant improvement seen in January, ED performance is maintained a static position from February onwards. There has also been a reduction in ambulance handover delays of over 60 minutes. Patients waiting for admission for more than 12 hours in ED has also reduced in April, which is positive and at levels last seen in summer 2022.

- The acute floor continues to accept direct medical patients, and this is having a positive impact in reducing overall footfall through A and E.

- A trial of tracking of all patients to reduce delays in their stay is being tested through April and May to support a reduction in LOS and support capacity for patients who need an admission.
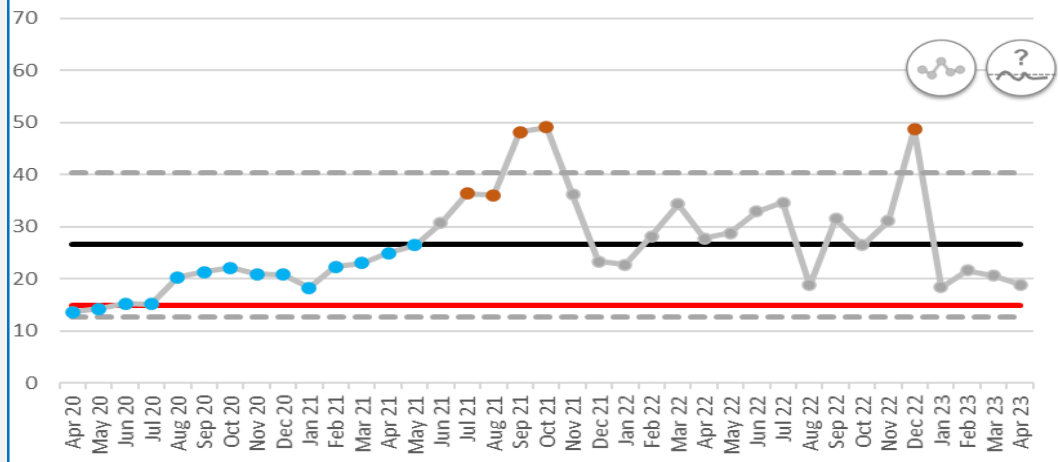
Operational - Emergency care

SaTH - Average Time to Initial assessment (mins)
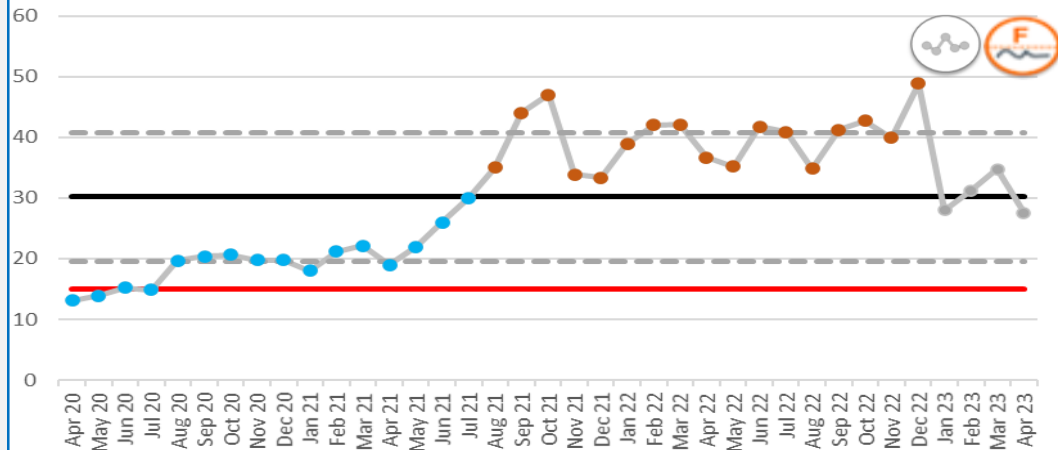
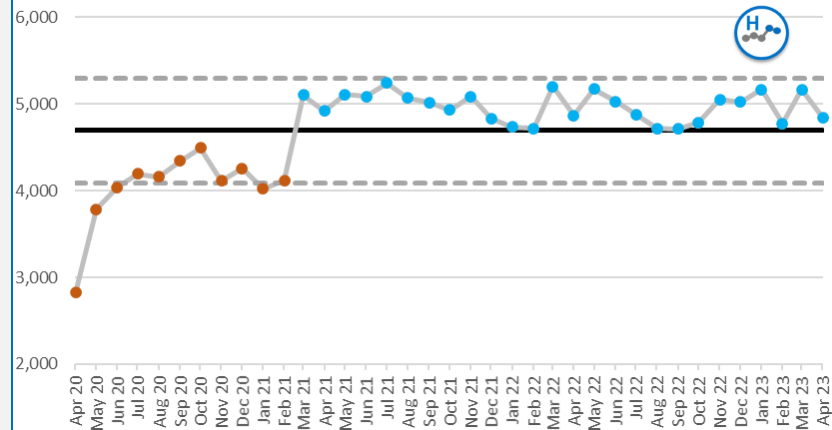SaTH - Average Time to Initial assessment (mins) - Adult
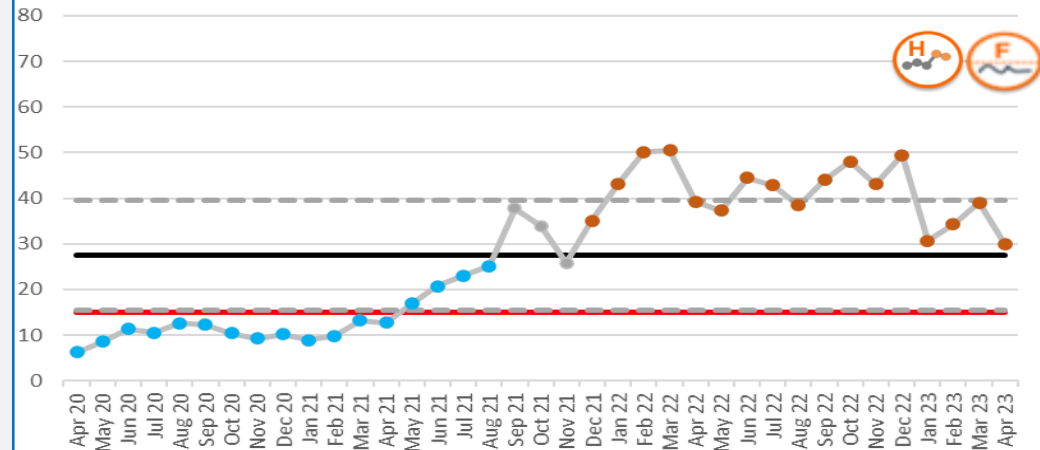
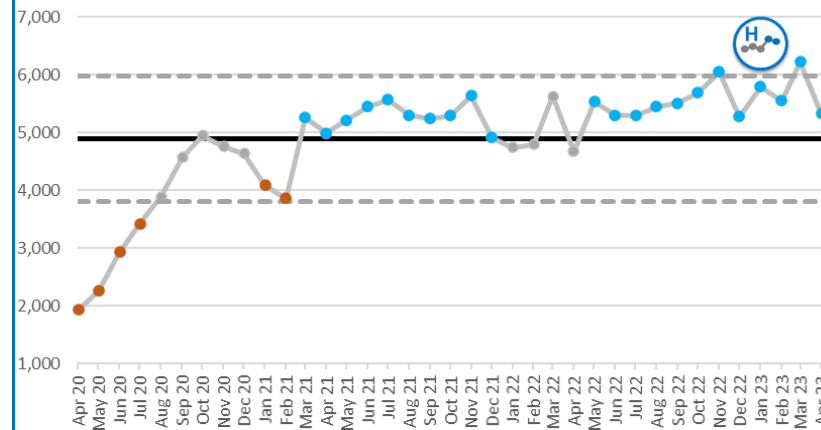SaTH - Average Time to Initial assessment (mins) - Children

- April has seen a reduction in time to initial assessment for adults and paediatrics.

- Improvement work for initial assessments continues via the Emergency Care Transformation Programme.

- Recommendations received following an on-site visit to PRH from NHSE experts are being incorporated in to this workstream.
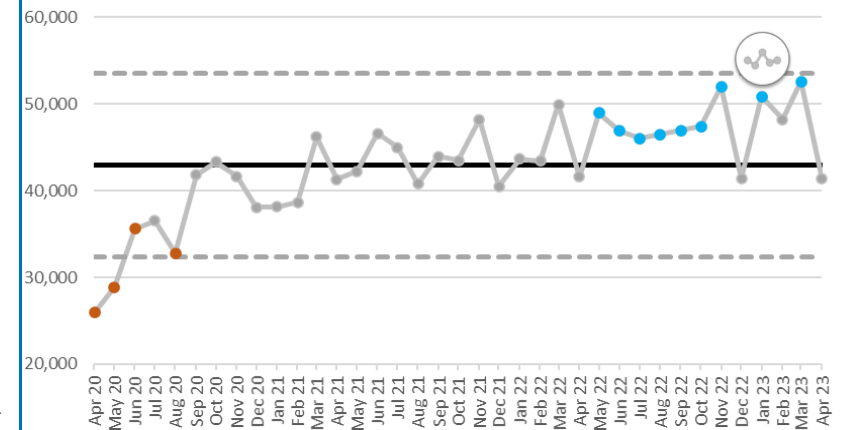
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Operational – Activity and bed occupancy
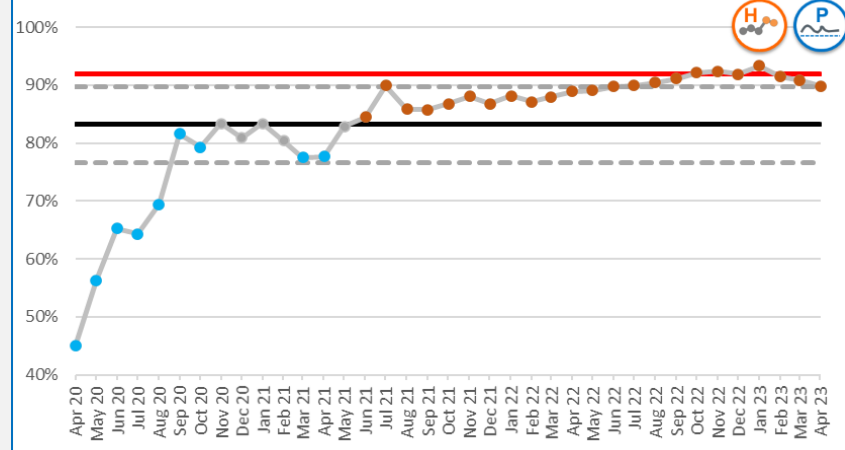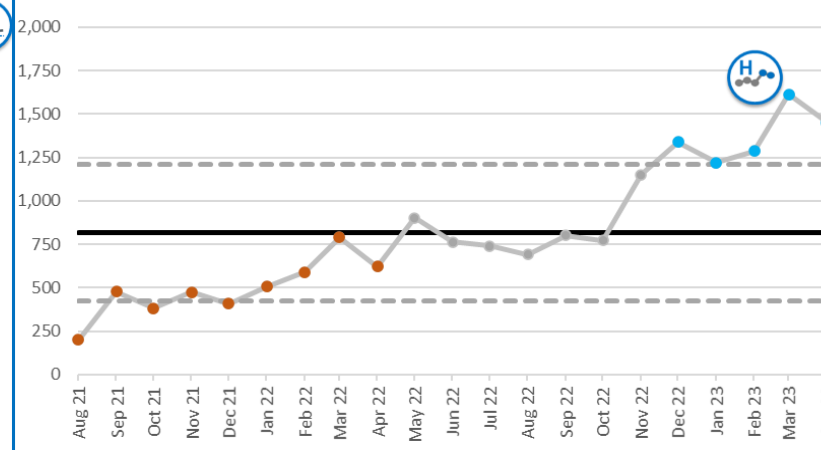
Operational – Patient flow

AVG Daily Midnight Snap Shot on MFFD

Average LOS From MFFD to Discharge
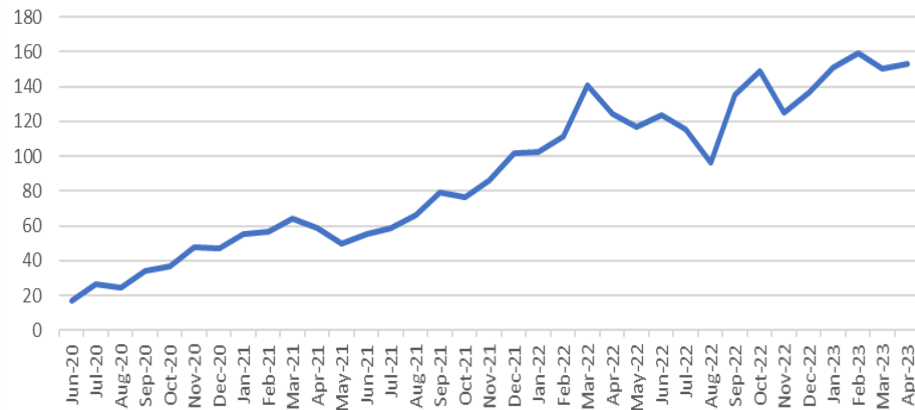
What are the main risks impacting performance?

- 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.
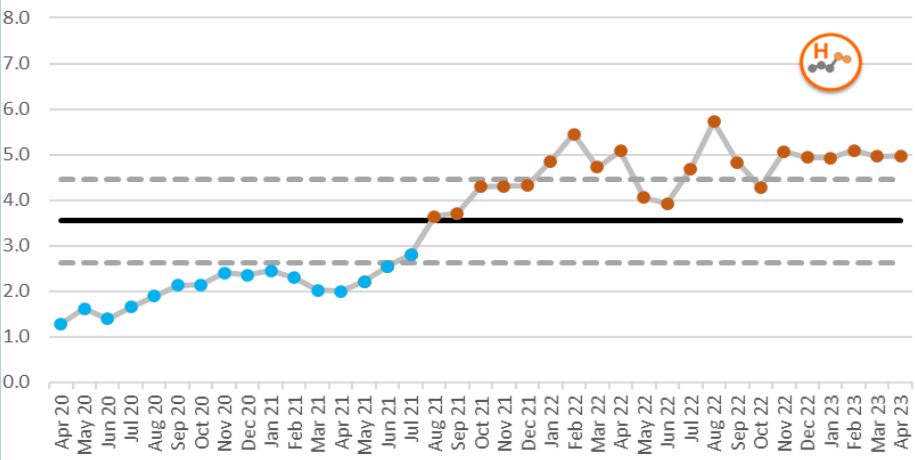- Acuity of patients arriving in the EDs is increasing.
- Increased length of stay remains since COVID-19 lockdown in March 2020.
- Increasing number of patients who are medically fit for discharge, which is consistently >100 per day since December 2021.
- Lack of domiciliary and care home provision, particularly EMI care home provision, in the community to receive and care for these patients.
- Low numbers of discharges on a Sunday and Monday means that ED and the site becomes overcrowded as flow is impacted.

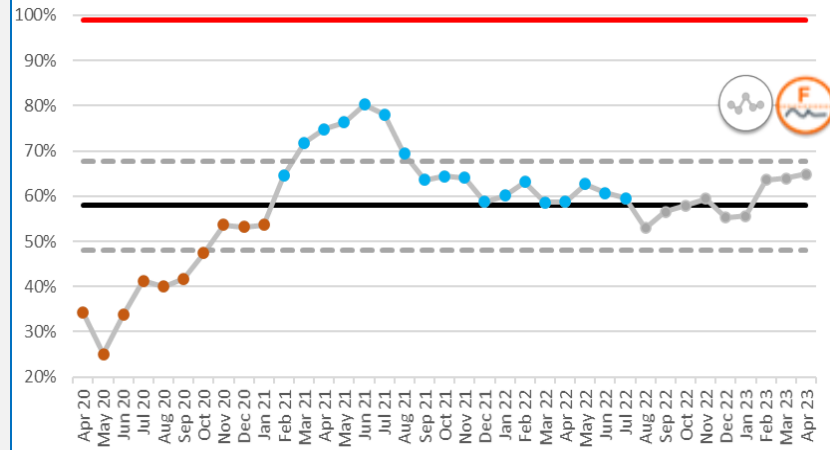**What actions are being taken to improve?**

- 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.
- A PDSA cycle has been set up in April to test a new rhythm of the day based on learning from the MaDE over the easter bank holiday.
- Increased senior oversight of new processes to ensure patient safety remains paramount including daily touchpoints to review progress and learning points.
- Implementation of the virtual ward pathways to support step down from acute to community services.
- Introduction of criteria led discharge within respiratory at RSH and a roll out plan is in place for all medical and surgical wards.
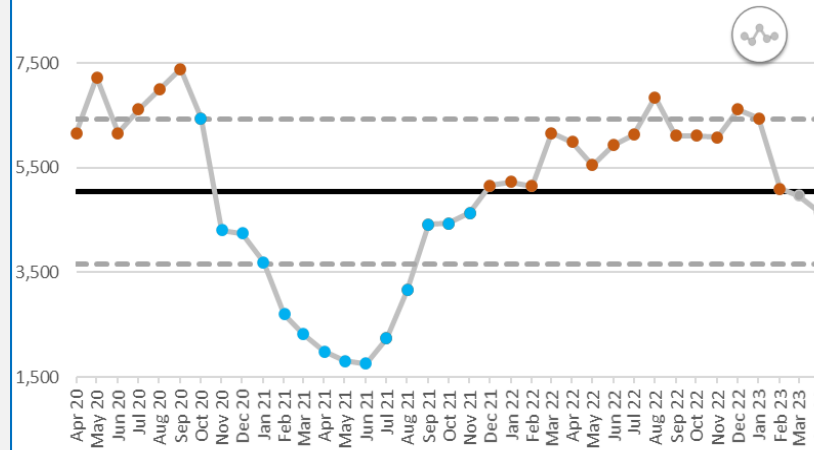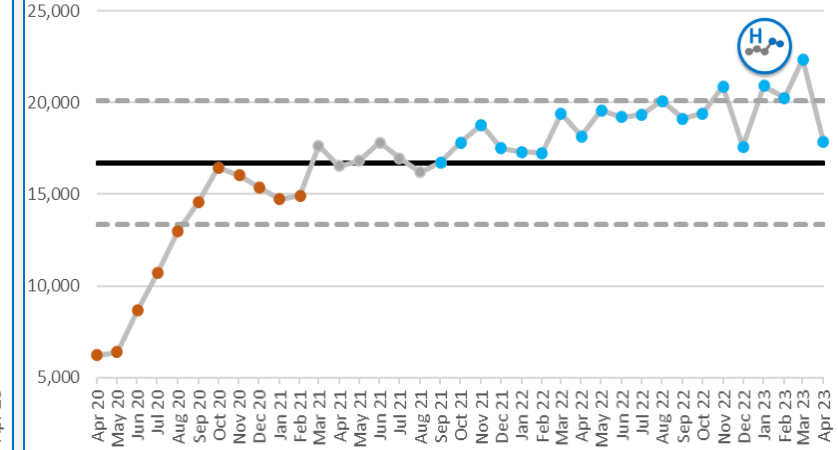
Operational - Diagnostic waiting times

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 outsourcing reporting provider, which is providing additional capacity along with additional inhouse reporting through WLI's.
- Long standing vacancies in all modalities continue to restrict capacity, with reduced resilience during periods of sickness or annual leave.
- Recruitment is ongoing and we are utilising new agency staff where possible.
- Focus is on further overseas recruitment, and this is currently underway.
- 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 on the 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.

- Enhanced payments and WLIs are encouraging additional in-house clinical and reporting sessions across all modalities to address outstanding backlogs.

- On-site independent sector mobile CT and MRI scanners, along with US insourcing, continues to provide additional capacity that is essential to maintain current performance levels.

- With effect from 1st May 2023 there will be an additional CT scanner on site and mobile scanners will also include reporting.

- Additional insourcing from '18 Weeks' to support endoscopy DM01 levels 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 and 2x band 6 radiographers are in post and undergoing induction. 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.

- Clinical prioritisation is in place for all radiology appointments and reports and priority is given to urgent, cancer patients and longest waiting patients on RTT pathways.

- Imaging DM01 performance is at 77%, with a continued increase in US, which is now at 65% because of the introduction of WLI's in January 2023. Non-urgent CT scanning performance is now at 92%.

- Additional endoscopy insourcing.

- Process for avoiding RTT breaches is in place, with daily calls attended by Radiology and the operational teams.

Operational - Referral to treatment (RTT)

52+ Week Breaches - English Only

65+ Week Breaches - English Only

78+ Week Breaches - English Only

RTT Waiting List - Total Size
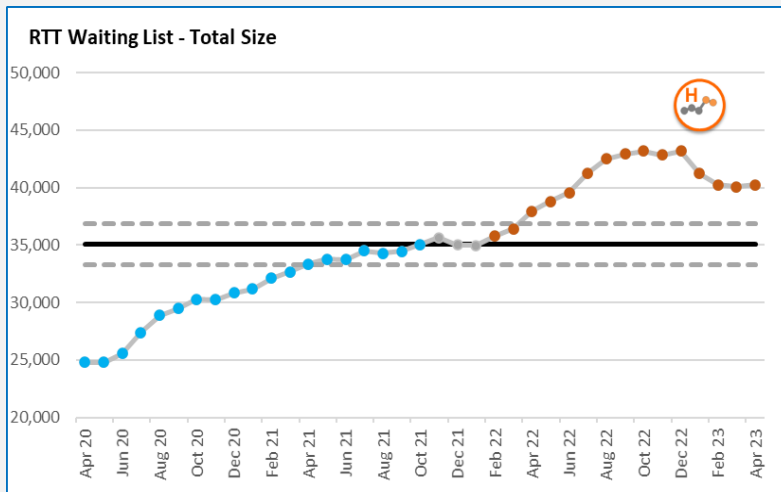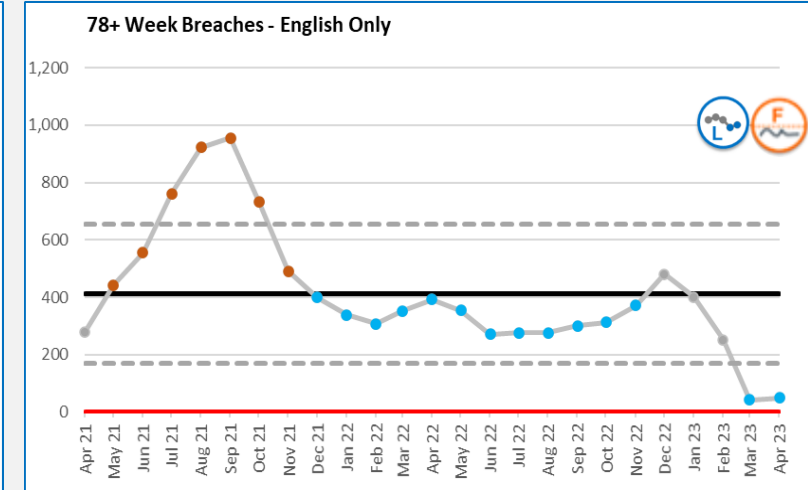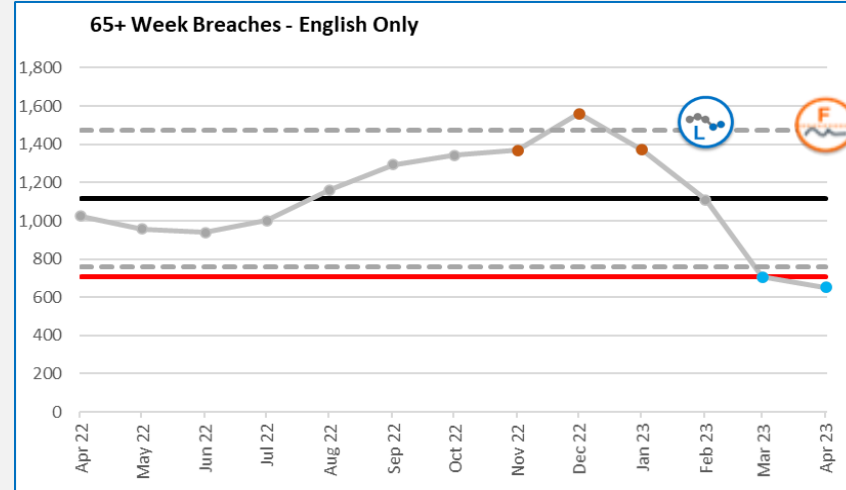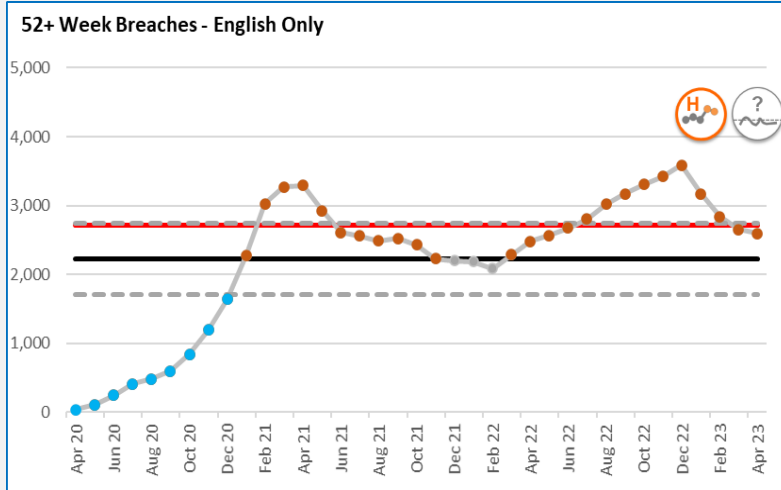
What are the main risks impacting performance?

- The total waiting list size remains high and larger than planned. However, continued reductions have been seen since October 2022.
- Faster recovery is constrained by persisting emergency flow pressures across both sites. Medical escalation of the DSU at PRH into two bays and side rooms is resulting in only eight elective DSU trolleys being available however, we are utilising space on ward 36.
- Increase in cancer referrals has been seen as these are prioritised over routine activity and long routine diagnostic waiting times.
- Limited theatre capacity results in the inability to open additional lists and there is limited elective bed base and DSU capacity on both sites. To mitigate this, we are scoping further theatre team insourcing.to open theatres 6 and 7 at PRH.

Operational - Referral to treatment (RTT)

What actions are being taken to improve?

- Elective recovery is part of the Trust's 'Getting too Good' programme. Recovery plans have been developed as part of the 2023/24 integrated operational planning cycle and are continuously monitored and reviewed.

- Theatre vacancies are being addressed through a restructure of the theatre teams to develop new roles and ways of working. In addition, recruitment campaigns are underway and options around overseas nursing. We have a recruitment trajectory which is being monitored however, we have had significant sickness and 11 members of staff due to or commenced maternity leave at PRH.

- Weekly NHSE Tier 1 meetings are in place to challenge the longest waiting patients at 104, 78 & 65 weeks. A daily performance meeting is in place for escalation and assurance and all specialties exceeded their trajectories.

- Clinical priority of the longest waiting patients 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 have actively explored options for mutual aid in the challenged specialty of gynaecology, via the DMAS (digital mutual aid system) although this has achieved limited success, and there are ongoing conversations with Walsall. We are also exploring additional insourcing options for cardiology and respiratory to support the target to achieve zero 65 weeks by March 2024. We are also in discussions with the Royal Orthopaedic Hospital to see how they can support our 65-week challenges.

- Weekly outpatient 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, Fridays and weekends but continuing internal staffing challenges requires daily mitigation. All specialties have provided revised PIFU/virtual plans which have been presented at the OP transformation meeting and the STW OP transformation board.

- We continue to work with NHSE weekly to explore mutual aid options for the challenged specialties. 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.

Operational – 78 plus Weeks Trajectory

The below shows delivery against the overall improvement trajectory and the specialty level breakdown of patients waiting more than 78 weeks, highlighting the most challenged areas.

	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

- We are committed to have no 78-week breaches by 30th June and this cohort of patients is being prioritised.

- The current position was achieved by teams to further improve the trajectory by utilising mutual aid and increased insourcing.

- We are working with each of the specialties to develop further improved trajectories to achieve the national target of no patients waiting 65 weeks by March 2024.

Operational - Cancer performance

Cancer 2 Week Wait
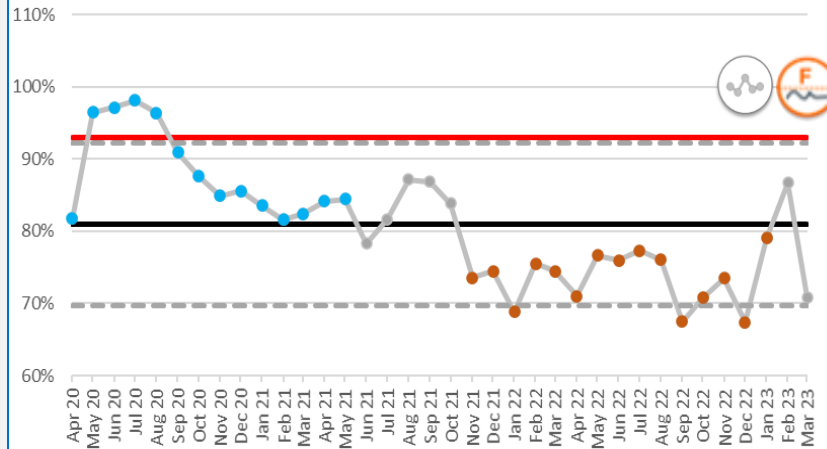
Cancer 62 Day Compliance

Cancer 28 Day Waits (Faster diagnosis) - Urgent suspected cancer
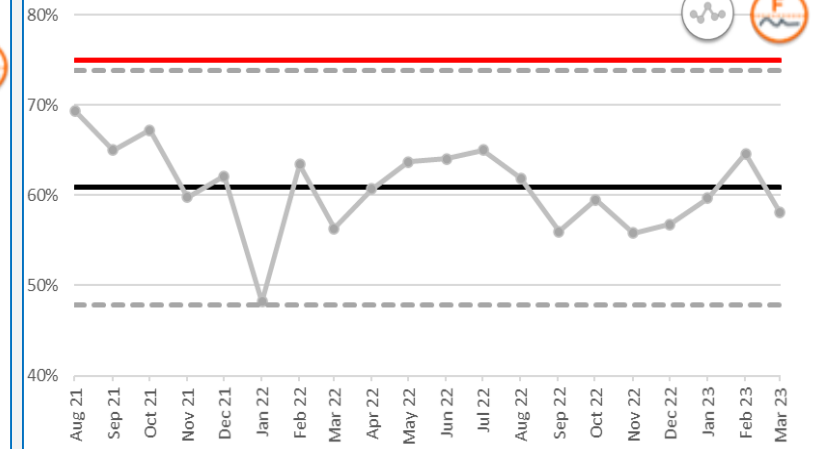
What are the main risks impacting performance?

- Diagnostic capacity does not meet demand, and this was already a significant issue prior to COVID-19.

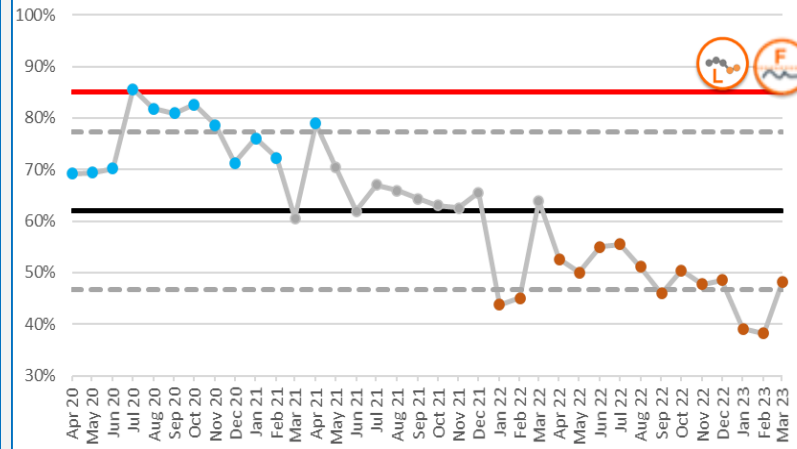- Surgical capacity has not returned to pre-COVID-19 levels. Capacity at tertiary centres for surgery is impacting on pathways resulting in additional delays for treatment.

- Tele-dermatology pilot commenced 31st January, but referrals continue lower than anticipated. A task and finish group is in place and being supported by NHSE and a roll out plan will be reviewed at the end of May 2023 following review of the pilot outcomes and data.

- At the end of April 2023, 40.5% of colorectal referrals were received with a FIT result. Although this has increased from 28%, 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 2023/24.

- Demand for local anaesthetic trans-perineal prostate biopsies remains high and is being supported by 40 additional procedures being insourced per month funded by the West Midlands Cancer Alliance.

Operational - Cancer performance

What actions are being taken to improve?

There are currently 443 patients that have waited over 62 days for treatment as of 25th April, which is an increase due to capacity lost over Easter and industrial action. At the end of March we achieved a position of 432, exceeding our trajectory of 550. Our new target for 23/24 is 212 by March 2024 and we continue to work with NHSE through tier 1 weekly meetings to implement the following interventions:

- Implementing FIT triage for patients referred on a 2WW colorectal pathway. Further STW intervention 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. This would ensure the streamlining of suitable patients 'straight to test' for the first appointment. GP practice level data is being fed back to the ICB to target non-compliance.

- A non-site-specific vague symptoms pathway is to be reinstated in September for GPs to refer patients into if a patient is FIT negative but has indicators suspicious for cancer. A clinical lead has been identified and is able to commence in August. Additional workforce to support delivery of the pathway is to be recruited into over the summer period. Funding for this pathway and service has been received from the WMCA for a 2-year period.

- 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. 40 insourced procedures a month have been funded until September via WMCA.

- NHSE support has commenced to redesign the prostate pathway in line with the Best Practice Timed Pathway (BPTP) and a GIRFT visit is pending in May.

- Tele-dermatology pilot to triage skin referrals commenced in January and continues to be monitored through a systemwide task & finish group (with NHSE colleagues supporting). Images are triaged within 72 hours and patients are either discharged, referred to a community provider for treatment if benign, given an urgent appointment or listed for a minor operative procedure.

- The Community Diagnostic Centre (CDC) will provide additional diagnostic capacity for STW and provide a hub and spoke model for tele-dermatology.

- Weekly review of PTL lists using Somerset cancer register is undertaken and escalated in line with the procedure.

- Best practice pathways, 62-day backlog reduction and faster diagnostic standard compliance is reviewed weekly through NHSE Tier 1 management processes. Improvement trajectories for each tumour sites have been 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 and our additional internal interventions. The formal tracking process for monitoring performance against the plan in 2023/24 has been agreed and the year-to-date performance can be seen in the following tables.

- With the exception of elective inpatients, performance is below plan across all points of delivery, which is due to emergency pressures impacting on elective recovery. There are 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 has commenced to look beyond the aggregate position and to identify specific specialties or patient cohorts that are showing larger variances of recovery to ensure targeted improvement can take place.

Total first outpatient attendances	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
19/20 Actual	15,720	17,369	16,173	18,251	15,708	16,429	18,098	15,043	14,299	17,344	15,637	12,705	15,720
22/23 Actual	14,487	18,102	16,814	16,518	16,525	17,285	17,314	18,723	14,670	18,397	16,847	18,095	14,487
23/24 Plan	18,246	18,373	18,615	18,191	16,620	17,372	18,444	17,331	15,774	17,716	16,844	16,457	18,246
23/24 Actual	15,127												15,127
Variance to 19/20	96%												96%
Variance to 23/24 plan	83%												83%

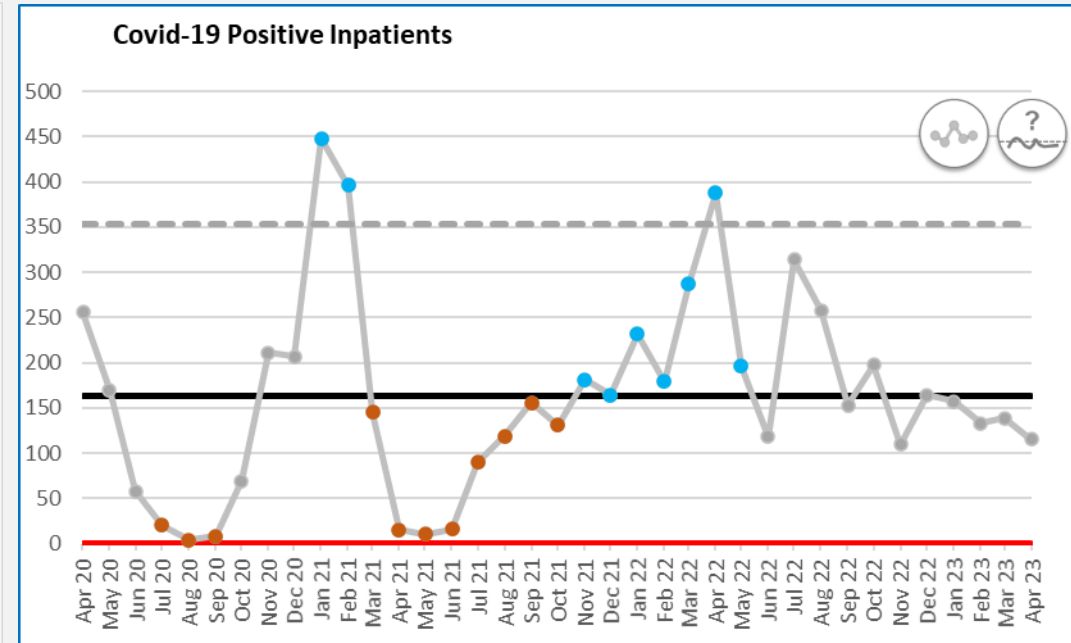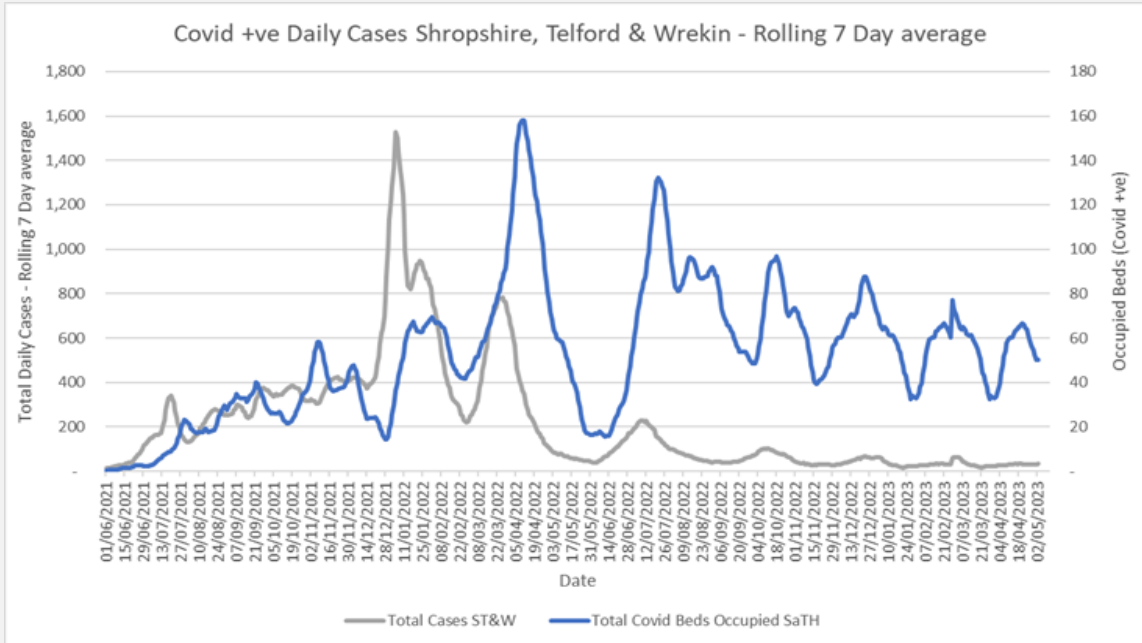| Total follow up outpatient attendances	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
19/20 Actual	32,471	33,257	30,696	34,995	29,521	29,639	33,027	30,512	27,254	32,764	28,195	26,618	32,471
22/23 Actual	27,113	30,874	30,078	29,513	29,926	29,639	30,093	33,267	26,722	32,471	29,732	32,189	27,113
23/24 Plan	29,532	30,947	30,322	31,851	28,538	28,317	30,204	30,405	26,780	30,405	28,270	28,778	29,532
23/24 Actual	26,254												26,254
Variance to 19/20	81%												81%
Variance to 23/24 plan	89%												89%

Activity vs operational planning

Total number of acute elective spells in the period	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
19/20 Actual	362	430	473	516	447	421	470	461	401	320	408	307	362
22/23 Actual	193	296	281	285	268	269	316	292	280	234	289	357	193
23/24 Plan	246	246	296	347	317	329	357	416	341	303	324	403	246
23/24 Actual	267												267
Variance to 19/20	74%												74%
Variance to 23/24 plan	109%												109%

Number of Total elective day case spells in the period	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
19/20 Actual	5,495	5,974	5,475	5,911	5,419	5,419	5,906	5,628	5,249	5,972	5,492	4,457	5,495
22/23 Actual	4,477	5,240	5,023	5,007	5,180	5,242	5,379	5,757	4,999	5,557	5,242	5,809	4,477
23/24 Plan	5,449	5,487	5,866	5,984	5,635	5,759	5,998	6,179	5,309	5,530	5,514	6,275	5,449
23/24 Actual	5,066												5,066
Variance to 19/20	92%												92%
Variance to 23/24 plan	93%												93%

Number of specific non-elective spells in the period	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
19/20 Actual	4,935	5,207	4,952	5,191	4,892	4,961	5,344	5,261	5,055	4,982	4,384	3,983	4,935
22/23 Actual	4,511	4,798	4,656	4,512	4,316	4,353	4,423	4,685	4,699	4,809	4,441	4,809	4,511
23/24 Plan	4,710	4,922	4,734	4,929	4,762	4,756	4,944	4,968	4,860	4,774	4,485	4,608	4,710
23/24 Actual	4,515												4,515
Variance to 19/20	91%												91%
Variance to 23/24 plan	96%												96%

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Operational - COVID-19

Covid +ve Daily Cases Shropshire, Telford & Wrekin - Rolling 7 Day average

Covid-19 Positive Inpatients

- 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 reduced slightly in April. 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

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Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Trend
WTE employed		-	6998	6165	6167	6175	6145	6163	6210	6296	6329	6326	6390	6468	6524	6545	
Temporary/agency staffing		-	-	806	836	839	878	911	857	881	954	920	1029	1031	1114	0	
Staff turnover rate (excluding Junior Doctors)		0.8%	0.75%	1.0%	0.9%	1.1%	1.4%	1.3%	1.3%	1.2%	1.1%	1.1%	1.0%	0.8%	1.11%	0.90%	
Vacancies - month end		10%	<10%	9.0%	8.5%	8.2%	8.5%	8.5%	7.5%	9.4%	9.1%	9.2%	8.5%	7.2%	6.8%	6.5%	
Sickness Absence rate		4%	4%	4.8%	4.8%	5.6%	7.1%	5.9%	5.5%	6.0%	5.8%	7.1%	5.8%	5.6%	5.8%	5.2%	
Trust - Appraisal compliance		90%	90%	80.0%	81.0%	81.0%	80.0%	82.0%	80.3%	80.5%	82.2%	80.9%	81.0%	81.3%	82.8%	83.2%	
Trust Appraisal – medical staff		90%	90%	92.0%	93.0%	94.0%	92.0%	91.0%	91.0%	89.3%	88.9%	89.3%	89.8%	91.7%	92.8%	92.2%	
Trust Statutory and mandatory training compliance		90%	90%	80.0%	80.0%	81.0%	83.0%	85.2%	86.3%	87.9%	88.7%	88.1%	90.2%	91.1%	91.5%	91.5%	
Trust MCA – DOLS and MHA		90%	90%	73.0%	73.0%	77.0%	78.0%	78.2%	79.7%	81.1%	83.1%	82.0%	82.5%	83.8%	84.0%	83.0%	
Safeguarding Children - Level 2		90%	90%	83.0%	83.0%	85.0%	87.0%	88.6%	89.2%	89.9%	90.5%	88.9%	90.6%	91.7%	92.5%	92.8%	
Safeguarding Adult - Level 2		90%	90%	81.0%	84.0%	83.0%	85.0%	86.4%	87.3%	88.6%	89.2%	87.7%	95.5%	93.8%	94.1%	94.8%	
Safeguarding Children - Level 3		90%	90%	75.0%	77.0%	78.0%	78.0%	78.3%	78.6%	82.0%	83.1%	80.6%	83.0%	83.1%	83.3%	75.6%	
Safeguarding Adult - Level 3		90%	90%	56.0%	71.0%	57.0%	67.0%	71.0%	75.3%	79.6%	83.8%	83.5%	85.6%	88.8%	89.6%	89.9%	
Monthly agency expenditure (£'000)			4,677	2,998	3,297	3,351	3,498	3,604	3,553	3,177	4,064	4,632	4,677	3,802	5,387	4,084	

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Workforce Executive Summary

Vacancies

The Trust vacancy percentage decreased from 6.8% in March to 6.5% in April with current vacancies at 453 WTE. Vacancy rates in our Consultant workforce have reduced by 11 WTE following successful recruitment in general medicine, ENT and cardiology. Support to the clinical staff group has reduced by 20 WTE since February, which is as a result of our recent recruitment event where we interviewed 53 HCA's. Our nursing vacancy position has also reduced marginally, and we had 21 overseas recruited nurses joining the Trust in April.

Turnover

Turnover has reduced marginally by 0.5% to 13.5% for the last 12 months, which is the lowest rate since October 2021. Our in month turnover rate of 0.9% equates to 55 WTE leavers in April 2023. There continues to be high numbers of staff leaving due to work life balance; 48% (15 WTE) of staff leaving clinical support roles over the last 12 months have returned to work at SaTH in a bank only capacity.

Wellbeing of our staff

Overall sickness has continued to reduce and is now at 5.2%, which is a reduction of 0.64% (equating to 338 WTE). In April, the average number of calendar days absence per sickness episode is 8 days. Sickness attributed to mental health makes up 24% of calendar days lost in April, equating to 101 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% (41 WTE); additional clinical services at 7.5% (100 WTE); and nursing and midwifery at 5.5% (100 WTE).

Agency and temporary staffing

Our overall agency usage reduced this month by 46 WTE, reducing by 2 WTE within our Consultant workforce, 6 WTE across nursing and 10 WTE reduction across our support to clinical staff. The decision to remove all off-framework agency (with the exception of paediatric nursing) has supported the reduction in off framework agency which went from 39 at the beginning of April down to 6 in the final week. The total bank usage, including nursing and medical workforce, reduced by 2% from March through to April. The introduction of the new bank incentive scheme in April will help support bank usage as we further promote this new scheme across the Trust.

Workforce
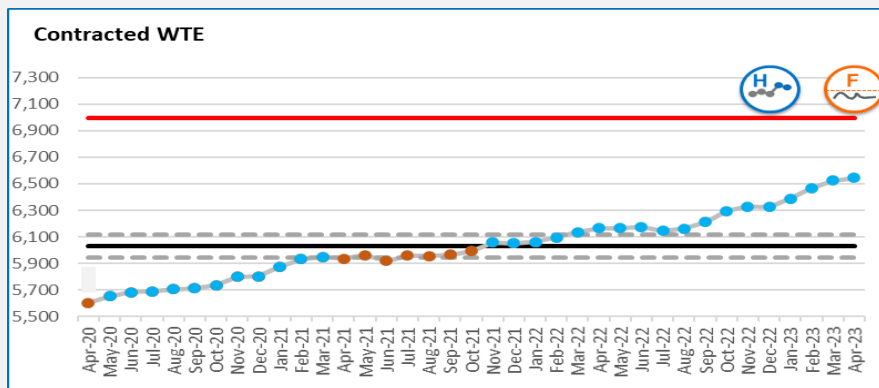
Contracted WTE

What is the data telling us?

- Contracted figure of 6,545 WTE in April 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 380 WTE, despite a turnover rate of 13.1%.

- 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?

- 26 WTE HCAs started during April with a further 38 WTE due to start in May/June. A further 45 WTE are currently going through recruitment checks. A rolling advert for HCAs is in place with 53 applicants being interviewed during May and a face-to-face HCA event is being held in June.

- 21 overseas nurses joined in April with arrangements made to go to India and Dubai in May for in-person interviews. We will be interviewing 120 applicants with an aim to make 100 offers.

- 9.6 WTE offers have been made from the therapies one stop shop event in April and candidates are currently undergoing recruitment checks.

- Plans are in place to support with an open day event for nurses for surgical nursing vacancies at RSH.

- There has been a focus on improving the speed at which we recruit. Our recruitment teams have been taking part in the NHS England Recruitment Overhauling Programme and have taken a range of actions to help improve throughput of recruitment activity, including the improved use of technology to automate the recruitment process, manager recruitment training, improved candidate packs and job adverts.

- 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.

Workforce

Vacancy
(Budgeted WTE - Contracted WTE) % (Target <10%)
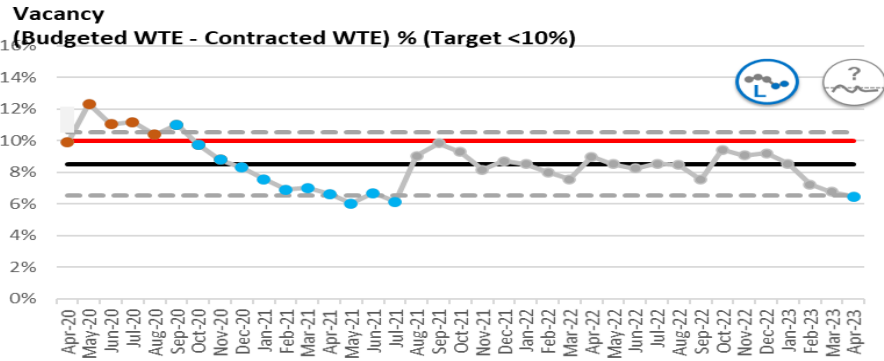
## What are the main risks impacting performance?

- Vacancy rates in April reduced by 21 WTE to 453 WTE* however escalation areas and staff in their supernumerary (training) period is resulting in using agency staff to fill gaps.
- 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.

* *Draft vacancy figures*

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.
- A new internal staff transfer scheme policy has been implemented to make it easier for internal staff to move to alternative departments without the need to go through a lengthy recruitment process.
- New recruitment pages on our intranet – this includes information on the recruitment process with guides/flow charts, contact numbers and a meet the team section.
- Work is continuing 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 wider audience.
- Pledging to step into health to continue our work encouraging veterans to apply to work at SaTH is in progress.
- The acute medicine open day took place in March, including promotion of the event through social media campaigns.
- Recruitment drive for catering assistants.
- 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.
- Workforce director writing a new people and recruitment strategy that will describe how we meet the workforce for HTP and recruitment campaigns from the summer will start to market the HTP as part of the attraction campaigns and branding.
- Also looking to develop more incentives to attract new recruits and internal employee rewards for supporting with recruitment (refer a friend scheme/employee referral).

Workforce

Staff Turnover Rate (FTE)
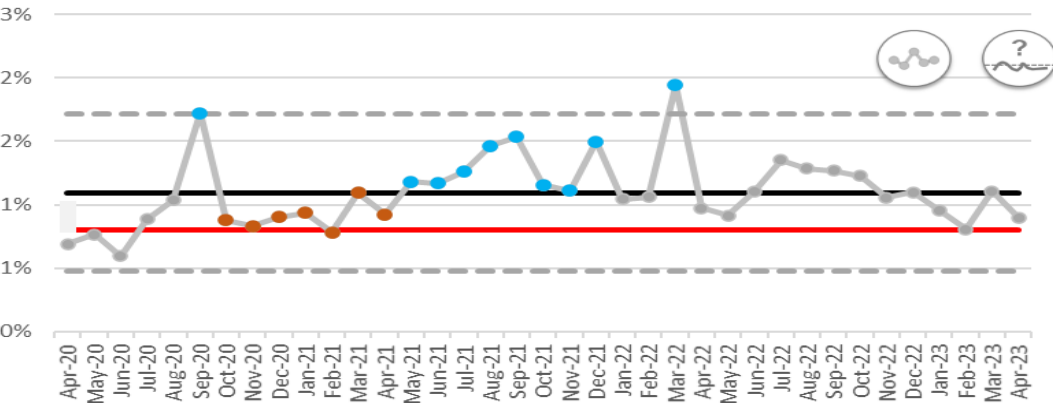
What is the data telling us?

- April saw a turnover rate of 13.1% for the last 12 months, equating to 776 WTE. This is in line with last month's turnover rate, which also stood at 13.1%.

- An in month turnover rate of 0.9% equates to 55 WTE leavers in April 2023.

- We are now looking at the support and development of new recruits and looking at the learnings from our international recruitment programme. The Trust has now been awarded the Pastoral Care Quality Award for our overseas recruitment for demonstrating best practice pastoral care for international nurses and midwives.

What actions are being taken to improve?

- 5 top themes have been collated from our online flexible conversations.
- Changes have been made to our 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 has been 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 the development of new educational programmes and influencing education commissions based on our future health and workforce needs.

Sickness absence

Sickness Absence FTE %
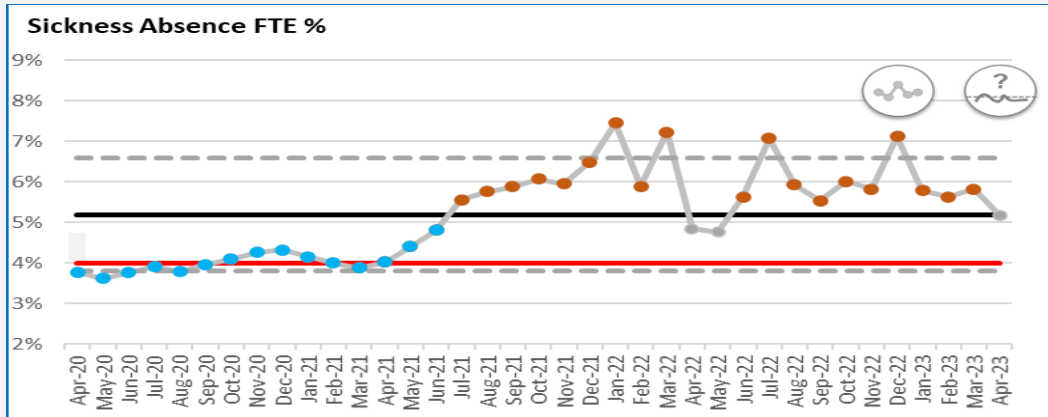
What is the data telling us?

- April is seeing current sickness rates of 5.2% (equating to 338 WTE), with the top 3 reasons for sickness accounting for 49% of calendar days lost.

- In April, the average number of calendar days absence per sickness episode is 8 days.

- Sickness attributed to mental health makes up 24% of calendar days lost in April, equating to 101 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% (41 WTE); additional clinical services at 7.5% (100 WTE); and nursing and midwifery at 5.5% (100 WTE).

What actions are being taken to improve?

- Completing the HWB diagnostic toolkit for SaTH 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 105 fingerless gloves and handwarmers given out to staff who are working from home; 4,750 views of the financial booklet which provides staff with financial wellbeing advice; 419 breakfast items have been given to staff; 276 school and shopping vouchers have been received and authorised and 350 healthy snacks and drinks handed out to staff to support Nutrition & Hydration Week.
- 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. Our Staff support hub will provide additional support to teams with high mental health absences.
- On going improvement work with occupational health to reduce our DNA's.
- We are building more health and wellbeing metrics into performance dashboards and will consider them with the same scrutiny as operational and financial performance.

Appraisal & Training compliance

Appraisal compliance

Statutory and mandatory training compliance
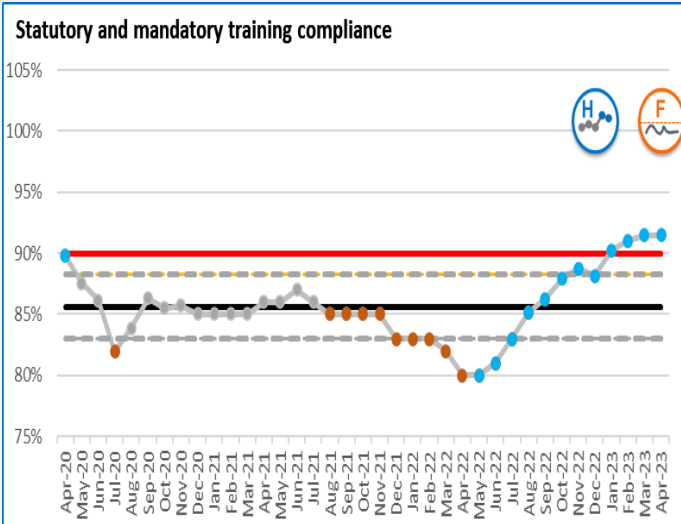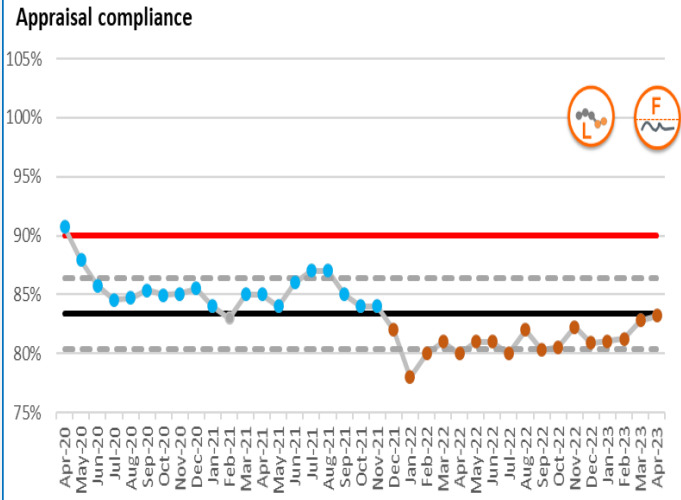
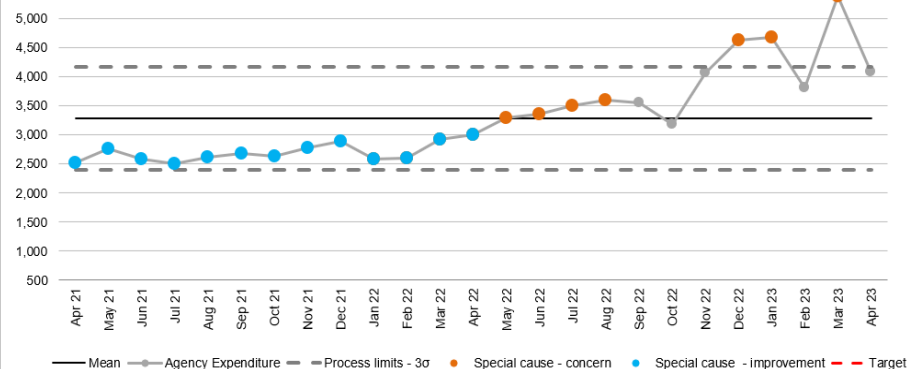## What are the main risks impacting performance?

- The Trust continues to have sustained periods under a critical incident and staff sickness is running at high levels. COVID-19, staffing constraints, escalation levels and service improvement has reduced the ability of ward staff to have time to complete appraisals.
- The statutory training compliance rate has risen to 91.5% in March 2023, and we have maintained our target of 90% since January. As a result of this performance, the risk has now been downgraded.
- The compliance level of safeguarding level 3 children has reduced due to the decision to change the training provision from 3 years to 1 year. As a result there will be a short-term reduction in compliance levels reported however it is expected that levels will improve, and the refresher training will be more robust as a result of this change.

What actions are being taken to improve?

- Harnessing the talents of all our people and goal setting. Develop professional development plans for our teams, optimising use of apprenticeship levy.
- Our new SaTH talent portal was launched in February 2023 providing access to a range of talent, career and personal development tools to support our people when having talent conversations, one to ones and career conversations. This aligns to our wider approach to talent at SaTH including our appraisal process which will be launched in Q1. Colleagues will also be able to use the portal to plan their own career and personal development, identify gaps, action planning and access development modules.
- People pulse has been launched in April and we will have our results in June.
- We continue to deliver our SaTH 1-4 leadership programmes and STEP. Leadership masterclass held on compassionate, effective and inclusive Leadership and we continue to run our Schwartz Rounds.
- Focused support is provided to the managers of any ward that is below the 90% target for appraisals and training.
- Our newly developed approach to talent conversations has been developed following feedback from managers and staff. Talent conversations replace the previous appraisal process and recognise that all our people have talents. The aim of the annual talent conversation is to review how an individual has performed over the previous 12 months and agree their key targets, objectives, and personal development needs for the next year. This will ensure greater focus is on improving appraisal conversations and it will help improve compliance over the coming year.

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Agency Expenditure – monthly expenditure

Agency Expenditure-Agency starting 01/04/21

Legend: Mean — Agency Expenditure — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Pay and WTE Analysis (normalised M12)

	21/22 M1	21/22 M2	21/22 M3	21/22 M4	21/22 M5	21/22 M6	21/22 M7	21/22 M8	21/22 M9	21/22 M10	21/22 M11	21/22 M12	22/23 M1	22/23 M2	22/23 M3	22/23 M4	22/23 M5	22/23 M6	22/23 M7	22/23 M8	22/23 M9	22/23 M10	22/23 M11	22/23 M12	23/24 M1
WLI £s	203	198	253	329	225	151	306	167	258	208	197	245	153	323	251	201	269	110	237.669	175.088	222.325	334.85	332.106	236.869	336.00
Agency £s	2,519	2,757	2,585	2,503	2,617	2,682	2,639	2,770	2,893	2,585	2598	2918	2,998	3,297	3,351	3,498	3,604	3,553	3,177	4063.86	4631.73	4,677	3802.15	5386.85	4,084
Bank/Locum £s	2,651	2,245	2,582	2,553	1,556	2,209	2,365	2,391	2,071	2,807	2867	2958	2,717	3,052	2,906	2,952	3,151	3,286	2903.11	3109.74	3147.99	3385.06	3684.56	3486.05	3,816
Substantive £s	23,185	23,480	23,315	23,147	23,049	26,050	23,400	23,389	23,808	23,818	23960	23940	23,708	24,505	24,162	24,085	24,228	27,923	25306.2	25244.4	24304.3	24626.8	24493.2	25349.2	26312.0
Substantive WTE	5,813	5,815	5,774	5,807	5,821	5,821	5,876	5,932	5,937	5,912	5,944	6,000	5,987	6,007	6,015	5,975	5,978	6,033	6097.24	6154.01	6150.59	6197.94	6268.47	6324.96	6507.54
Bank/Locum WTE	441	442	417	433	445	429	437	438	364	474	481	513	461	482	497	535	490	493.73	513.66	473.52	554.92	573.92	602.53	591.30	
Agency WTE	267	286	307	315	294	298	321	305	294	293	319	347	345	349	357	381	377	367	387.79	440.72	446.7	474.18	458.36	511.83	465.99

Legend: Substantive £s — Bank/Locum £s — Agency £s — WLI £s — Substantive WTE — Bank/Locum WTE — Agency WTE

What are the main risks impacting performance?

- Agency costs have increased over the past 2 years due mainly to safely staff the opening of escalation areas driven by delayed discharges causing poor flow in the hospital.
- 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.
- There is a strong focus on reducing agency spend across the Trust which is integral to the Trust's efficiency programme.
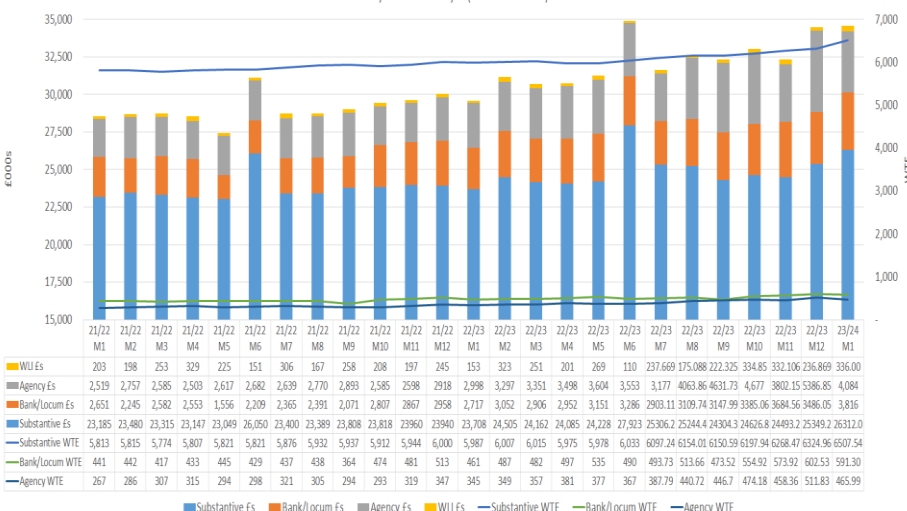
What actions are being taken to improve?

- 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 2023.
- 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.
- Direct engagement for non-nursing and non-medical staff went live in May 2023.
- Increased focus on junior doctor rota's and recruitment to ensure effective use of medical locums.

Well Led - Finance

Executive Lead:

Director of Finance

Helen Troalen

# The Shrewsbury and Telford Hospital NHS Trust Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Trend
Finance	Cash -end of month cash balance £'000's		-	13103	18.083	14.145	5.412	10.599	22.404	13.284	11.337	9.772	11.757	13.103	18.930	3.279	712	
	Efficiency - £000's - in-month delivery		-	783	145	420	401	764	700	820	686	552	381	783	1.168	1.363	242	
	Year to date surplus/(deficit) £'000		-	(38,560)	(2,726)	(5,453)	(8,353)	(11,445)	(15,968)	(18,572)	(23,174)	(29,123)	(33,610)	(38,560)	(43,105)	(47,206)	(8,538)	
	Year to date capital expenditure £'000			7,852	85	315	11	844	1,610	2,540	3,417	5,062	5,380	7,852	11,156	19,798	140	

Partnering · Ambitious
Caring · Trusted

Finance Executive Summary

- The Trust submitted a plan for a deficit of £45.452m for 2023/24 on the 4th May 2023. The Board will be notified when this plan is approved by NHS England, however, it should be noted that the deficit has tacit acceptance.

- At the end of April (month one), the Trust has recorded a deficit of £8.538m against a draft planned deficit of £7.113m, an adverse variance to plan of £1.425m.

- The in-month deficit is driven by:
  - Pay costs, excluding ERF, are £3.1m adverse to plan. This is predominantly driven by:
    - Additional staffing to support operational pressures - £0.7m
    - Posts covered by additional income - £0.5m
    - Unavailability above 24% - £0.4m
    - Increased usage of 1-2-1 care - £0.3m
    - Additional cost of covering junior doctor strike - £0.2m
    - Enhanced bank rates - £0.2m
  - Elective recovery costs are £1.1m which is £0.3m underspent against plan and is driven by decreased external capacity costs.
  - Non-pay, excluding ERF, is underspent by £1.0m in month and is predominantly driven by reduced elective activity and excluded drugs and devices costs, which are offset by a reduction in clinical income.
  - Income, excluding ERF, shows an over recovery of £0.3m which relates to additional funding of pay expenditure and is partially offset by a reduction in excluded drugs and devices costs.
- 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 though sickness absence.

- £0.2m of efficiency savings has been delivered in month against a plan of £0.2m. However, the plan for delivery increases significantly over future months in order to meet the full year target of £17.1m recurrent efficiency and £2.6m non-recurrent efficiency. In month delivery predominantly relates to procurement and efficiencies from the surgery division.

- For 2023/4 the Trust's system allocation capital programme has been set at £18.429m. Expenditure at month one was £0.14m – an overspend of £0.10m against a plan.

- The Trust held a cash balance at the end of April 2023 of £0.71m.

Cash

Cash Balance Actuals v Forecast 2023/24
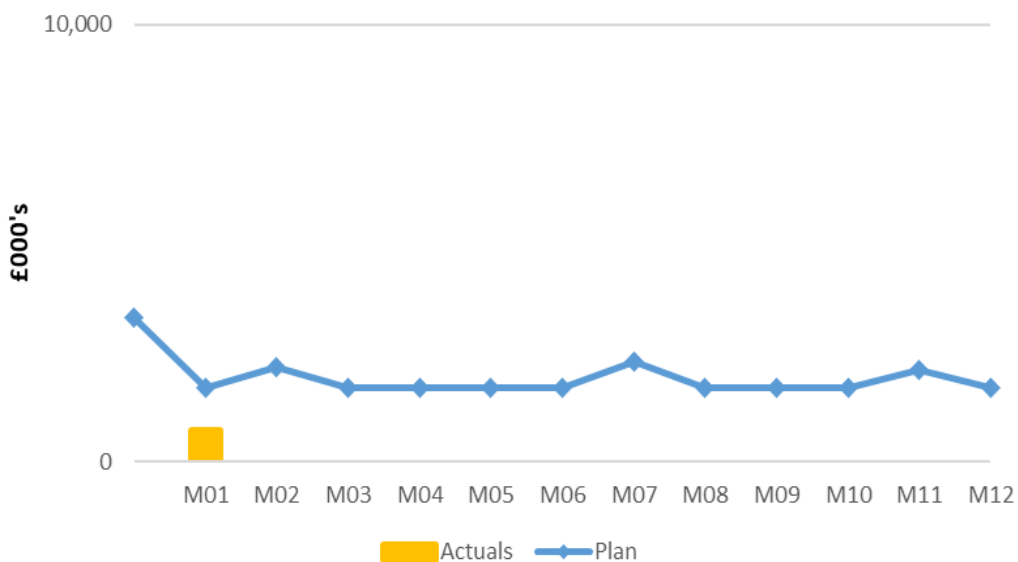
What are the main risks impacting performance?

- The Trust undertakes monthly cashflow forecasting.

- Due to the Trust's forecast planned deficit, it is forecast that there will be a requirement for revenue support of £63.9m during 2023/24.

- The cash balance brought forward in 2023/24 was £3.279m with a cash balance of £0.712m held at end of April 2023 (ledger balance of £0.736m due to reconciling items).

- The chart demonstrates that the cash position at end of April was less than plan.

What actions are being taken to improve?

- 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.

Our Vision: To provide excellent care for the communities we serve
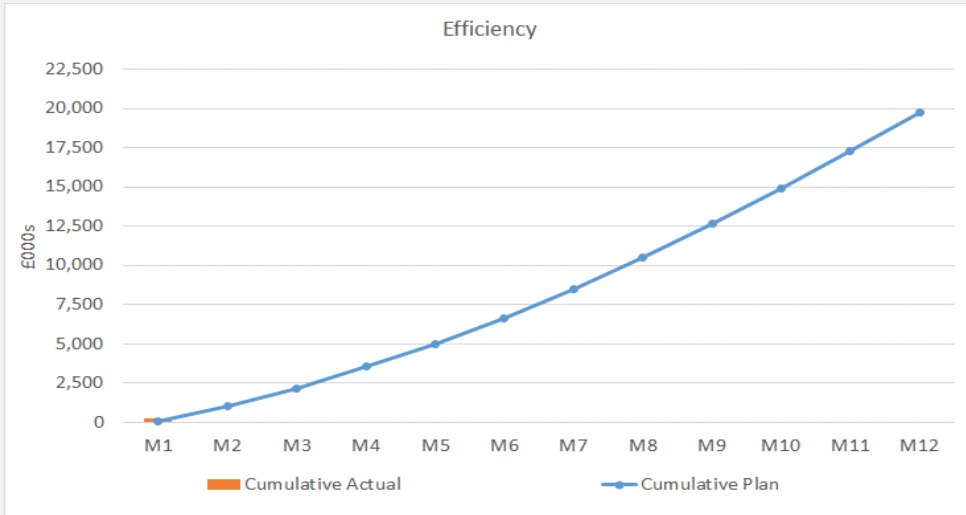
Efficiency

What are the main risks impacting performance?

- The Trust has an efficiency target for 2023/24 of £19.734m. This is comprised of; 2.2% business as usual efficiency (£11.979m), workforce big ticket item (£3.000m), bridging efficiency in corporate areas (£2.100m), non-recurrent (£1.055m), and a vacancy factor (£1.600m).

- In addition, there are schemes to deliver a reduction in cost of escalation capacity (£10.469m), and a share of the system stretch target that is sitting in the SaTH plan (£5.249m).

What actions are being taken to improve?

- A minimum of 2.2% in year recurrent savings are required to maintain financial stability across the STW system in addition to the system wide schemes knows as big-ticket items (BTIs).

- Escalation efficiency to be driven through a combination of system wide and internal interventions.

- KPI's linked to escalation are monitored on a weekly basis.

- Stretch efficiency of £5.249m yet to be identified across the system.

Income and expenditure

Income and Expenditure Position (excluding technical items)
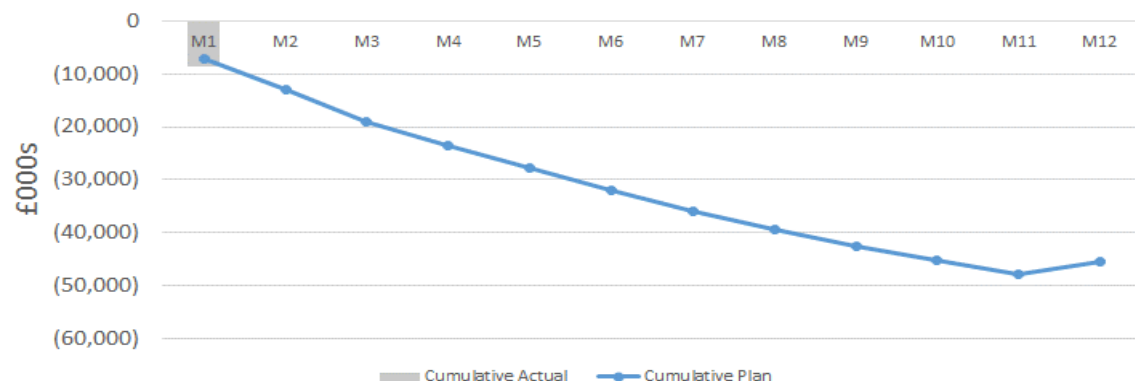
What are the main risks impacting performance?

- The Trust has submitted a revised financial plan for a deficit of £45.452m for 2023/24.

- The Trust recorded a month one deficit of £8.538m which is £1.425m adverse to the draft plan.

- The in-month deficit relates solely to pay expenditure which is driven by premium cost staffing amongst both medical staffing and nursing to mitigate sickness absence, additional staffing to support patient flow and ambulance handover delays, unavailability and a continuation of Covid related costs.

What actions are being taken to improve?

- Executive led finance governance group in place and meeting weekly.

- Regular review of nursing agency requests through a twice daily panel.

- Review of junior doctor rotas to ensure efficiency and compliance.

- Implementation of bank incentive scheme to reduce the cost of enhanced bank rates.

- On-going international recruitment will continue to reduce vacancies and the need for high-cost agency nurses.

Capital

Capital System Allocation Plan v Actual

TOTAL CUMULATIVE ACTUAL SYSTEM ALLOCATION
TOTAL CUMULATIVE NHSI PLAN SYSTEM ALLOCATION
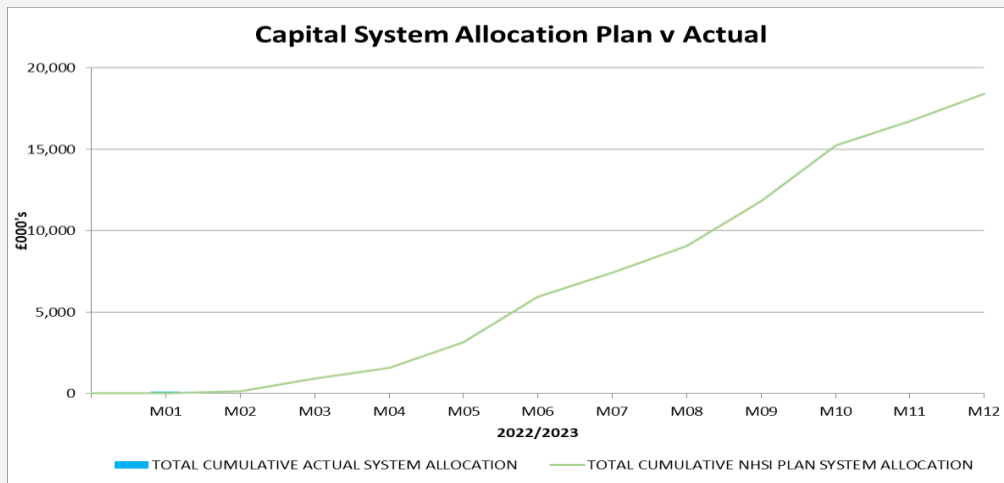
What are the main risks impacting performance?

- For 2023/24 the Trust has set a capital programme funded from system allocation of £19.393m, being an allowable 5% in excess of the Trust's system allocation of £18.429m. This is to allow slippage on agreed schemes.

- The Trust is committed to achieving the agreed allocation of £18.429m.

- Within the submitted plan it was projected that expenditure of only £0.038m would have been incurred in April 2023.

- The actual expenditure as at month 01 was £0.140m, mainly in respect of internal costs of delivery of brought forward schemes.

What actions are being taken to improve?

- A detailed capital programme was discussed and agreed at May Capital Planning Group meeting.

- The Group is committed to delivering the capital programme throughout the 4 quarters of the year.

- CPG will continue to monitor the expenditure against plan on a monthly basis.

Appendices

Our Vision: To provide excellent care for the communities we serve

Appendix 1. Indicators performing in accordance with expected standards

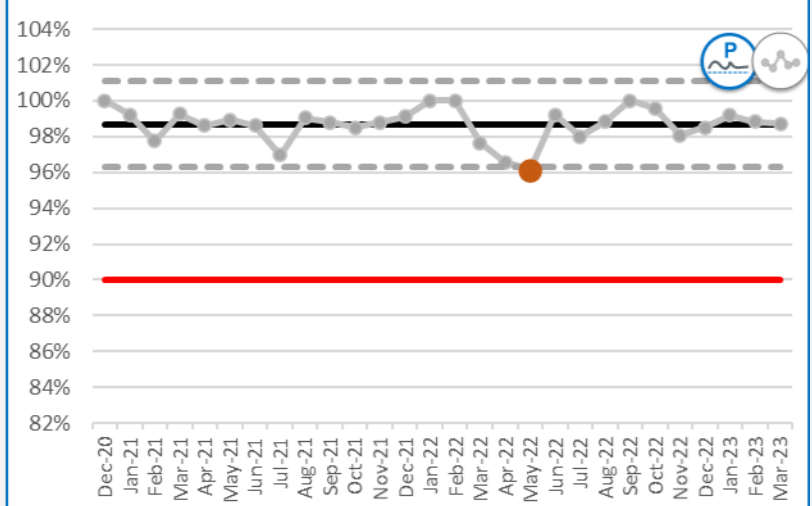# Appendix 1. – Indicators performing in accordance with expected standards
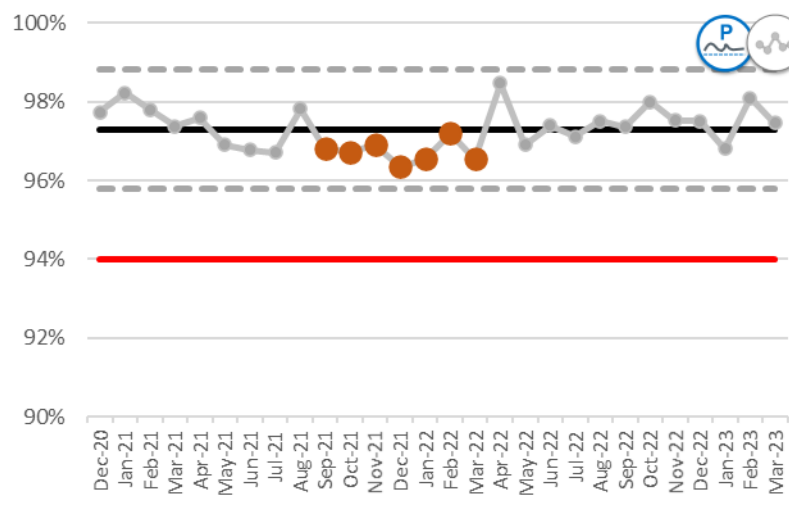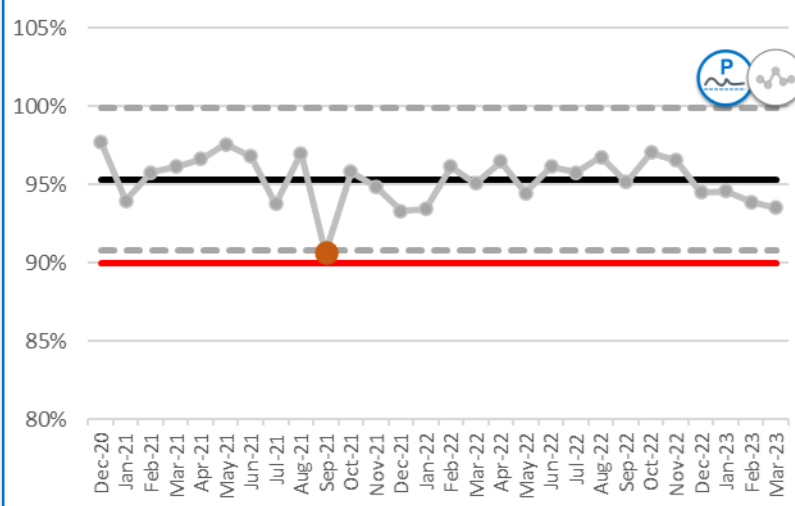
Appendices 2. – supporting detail on responsiveness
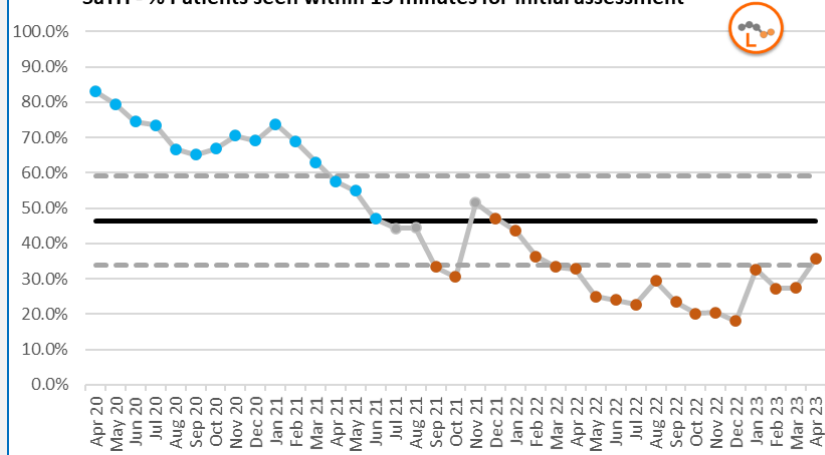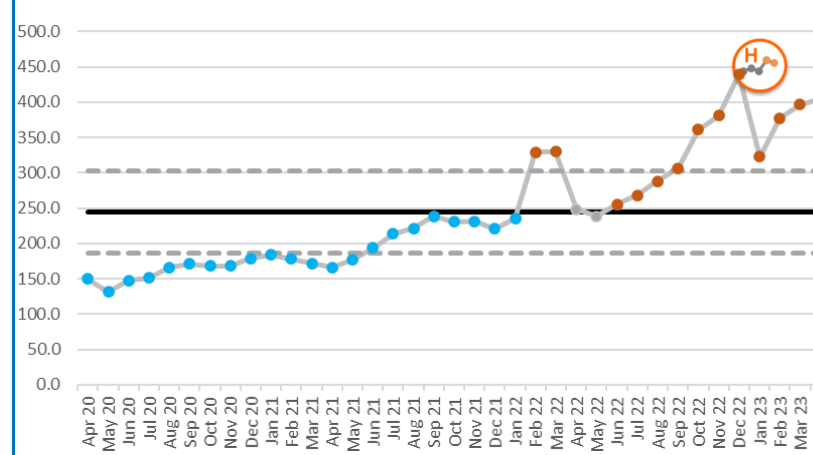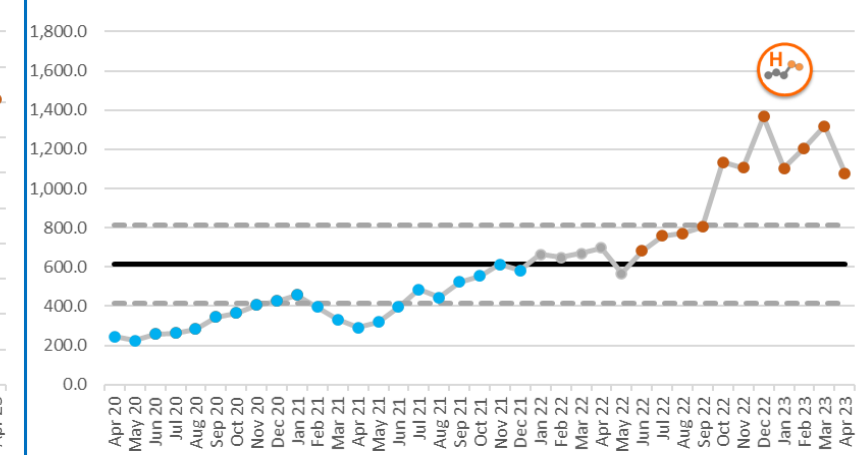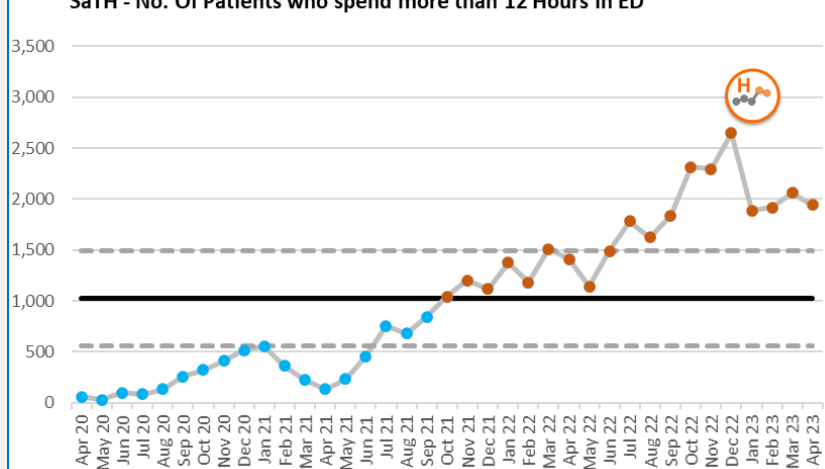
Our Vision: To provide excellent care for the communities we serve
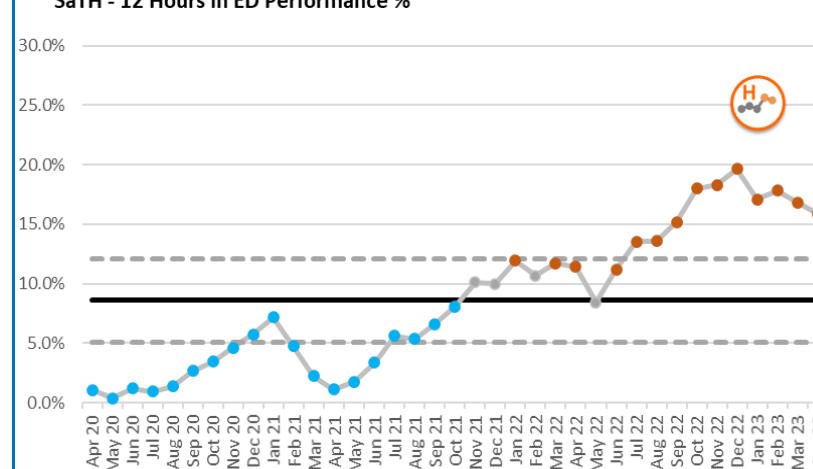
Appendices 3. – supporting detail on well led
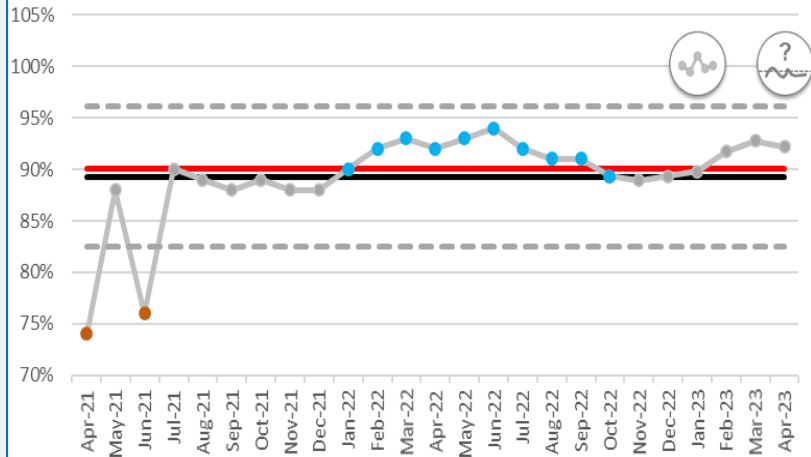
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The charts included in this paper are generally moving range charts (XmR) that plot the performance over time and calculate the mean of the difference between consecutive points. The process limits are calculated based on the calculated mean.

Process limits – upper and lower

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

Icon showing most recent point type of variation (common cause variation)

Mean or median line

Special cause variation – data point outside of the process limit

SATH - Total Emergency Admissions from A&E
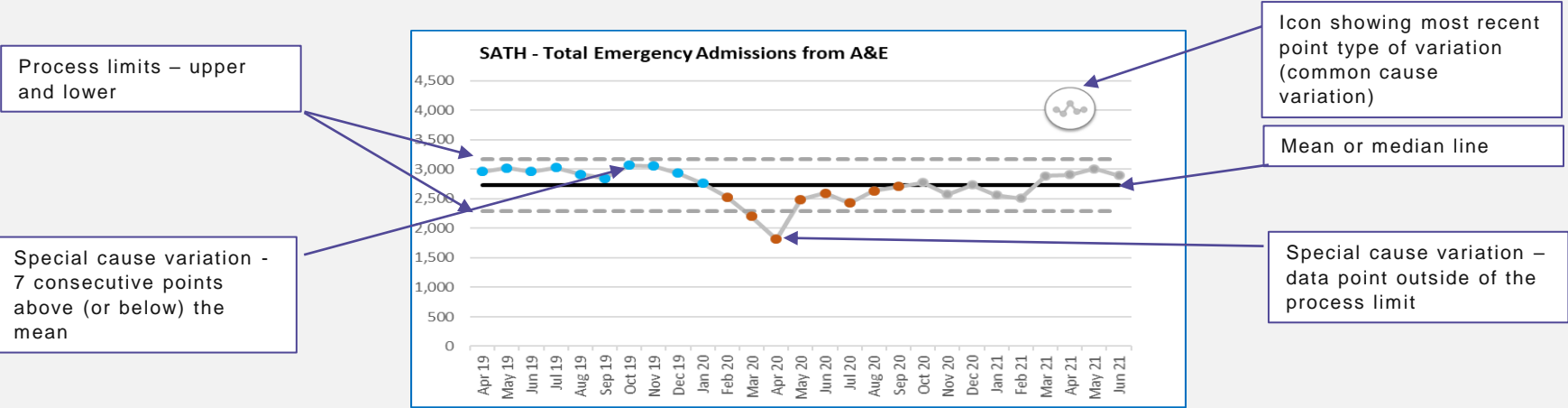
Where a target has been set the target line is superimposed on the SPC chart. It is not a function of the process.

18 Week RTT % Compliance - Incomplete Pathways
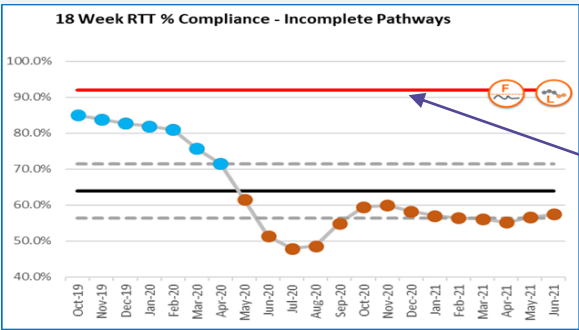
Target line –outside the process limits.

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

Variation

Assurance

Special Cause Concerning variation

Special Cause Improving variation

Special Cause neither improve or concern variation

Common Cause

Consistently hit target

Hit and miss target subject to random variation

Consistently fail target

Staff turnover rate (excluding Junior Doctors)
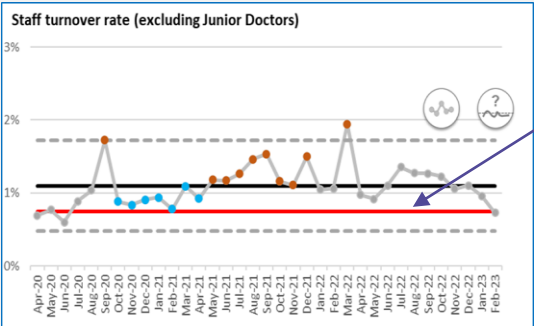
Target line – between the process limits and so will be hit and miss whether or not the target will be achieved

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
BPTP	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

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
PSIRF	Patient Safety Incident Response Framework
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

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