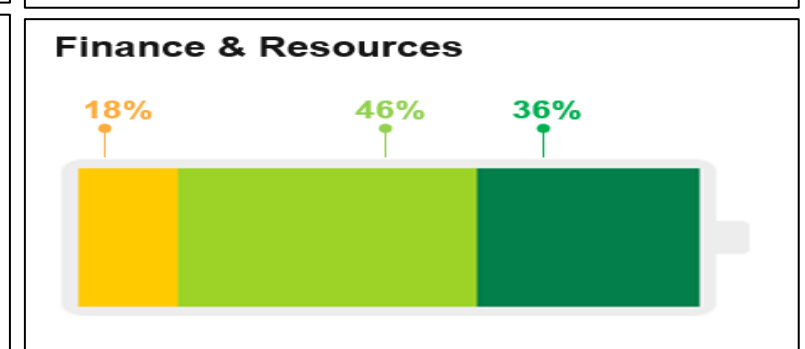
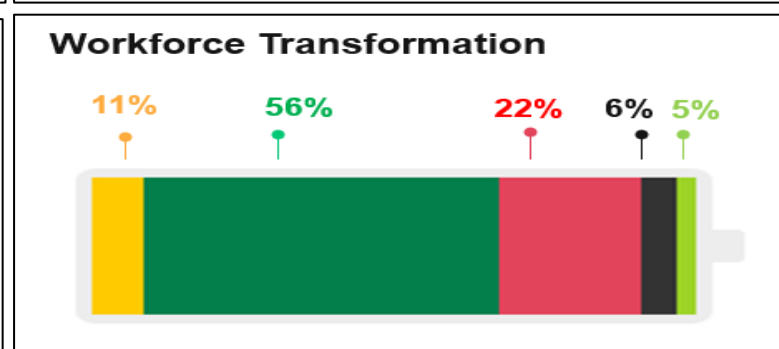
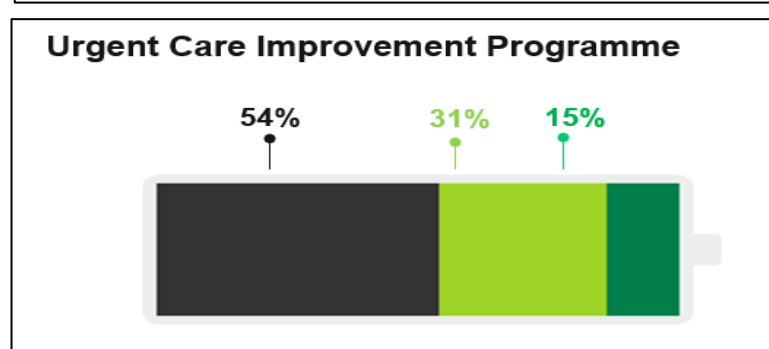
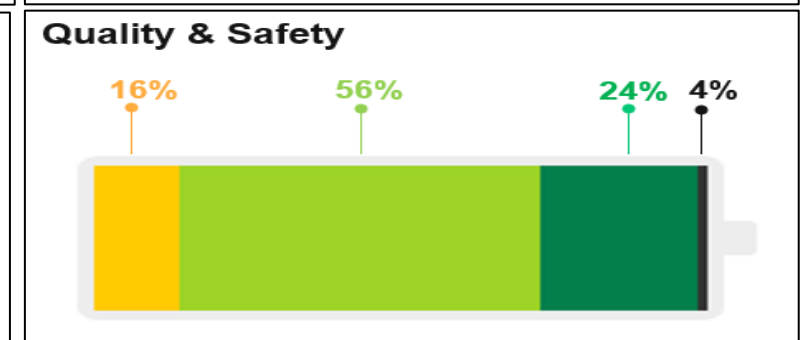
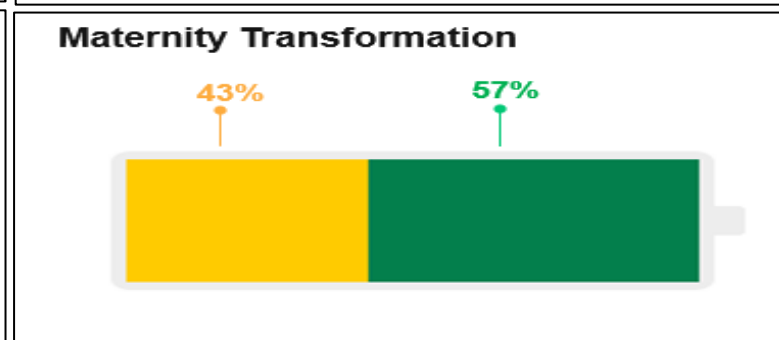
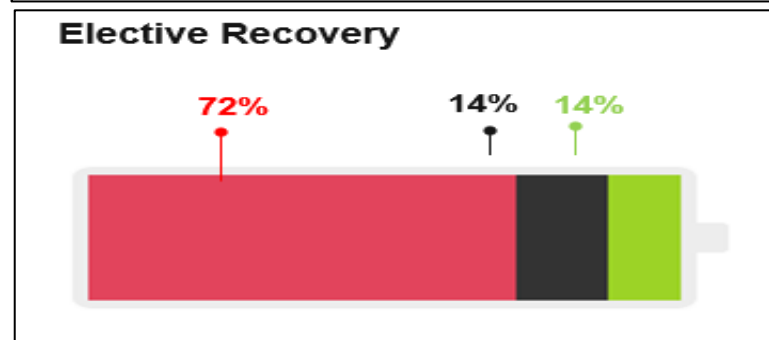
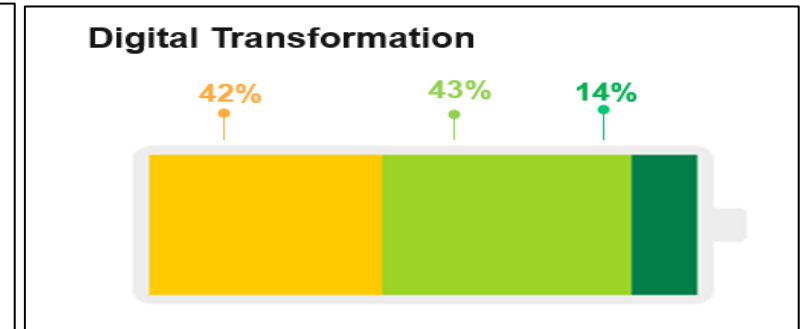
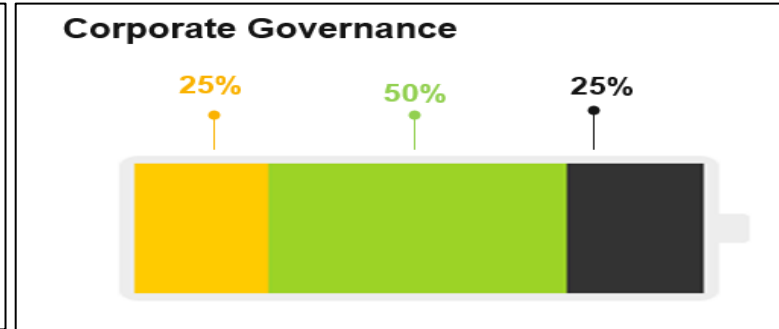
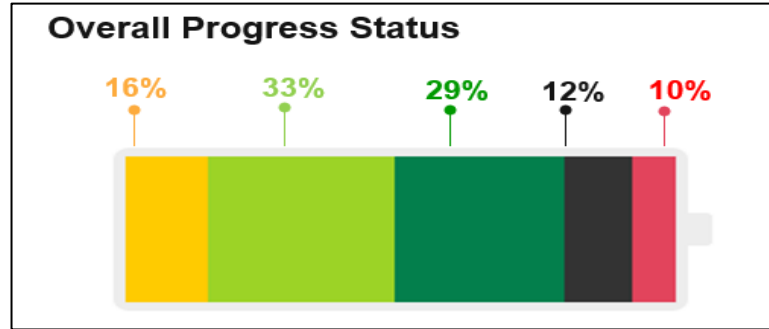


Getting to Good Progress Report Appendices

Appendix 1: Progress Status by Programme



Appendix 2: Month on Month Status

G2G Month on Month Progress Status		Reporting Month - January 2024											
		Off Track			At Risk			On Track			Complete		
Project	Programme	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Communications & Engagement	Corporate Governance	On Track	On Track	On Track	On Track	On Track	On Track	At Risk	On Track	On Track	On Track	On Track	On Track
Risk Management		On Track	On Track	On Track	At Risk	At Risk	On Track	On Track	On Track	On Track	On Track	On Track	On Track
Digital Infrastructure	Digital Transformation	On Track	On Track	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk
Cancer Performance	Elective Recovery	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track
Diagnostics Recovery		At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	On Track	On Track	On Track
Outpatient Transformation		Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track
Theatre Productivity		Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track
Performance & BI		On Track	At Risk	At Risk	Off Track	Off Track	Off Track	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk
Maternity Transformation	Maternity Transformation	On Track	On Track	On Track	On Track	On Track	On Track	On Track	At Risk	At Risk	At Risk	At Risk	At Risk
Expansion of Medical Examiners Office	Quality & Safety	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track
Delivery of the Quality Strategy		At Risk	At Risk	Off Track	Off Track	Off Track	Off Track	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk
Fundamentals in Care		On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track
Learning from Deaths		On Track	On Track	At Risk	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track
Levelling-up Clinical Standards		On Track	At Risk	Off Track	Off Track	Off Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track
Quality & Regulatory Compliance		At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk
Quality Governance		On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track
Flow Improvement Programme	Urgent Care Improvement Programme	At Risk	At Risk	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track
Emergency Care Transformation		On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track
Culture and Behaviours	Workforce Transformation	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	At Risk	At Risk	At Risk
Equality, Diversity & Inclusion		On Track	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	On Track	On Track
Medical Staffing		At Risk	At Risk	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track
Future Workforce Design		On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track
Leadership Development Framework		On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track
Recruitment & Retention		At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	Off Track
Training and Education		On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	Complete

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - January 2024
Communications & Engagement	Corporate Governance	At Risk	At Risk	Work is ongoing to finalise the draft Communications Strategy, following further feedback. It is planned to take the draft strategy to Trust Board during late spring/early summer 2024 for review, to allow for the findings of the CQC inspection report to be taken into consideration.
Risk Management	Corporate Governance	On Track	On Track	All four modules of the Risk Management E-Learning programme have been piloted and are now available for any staff member to complete via the LMS platform. Trend analysis on uptake and completion will be undertaken in June 2024. Over 20 onsite Risk Management training sessions have been rolled out through the LMS platform since December 2023, with positive responses evidenced through feedback forms. More sessions will be delivered throughout 2024 and virtual evening sessions will be explored for SaTH staff working late shifts. In addition, the Risk Management team have attained a BTEC in Training and Education to make the Risk Management training syllabus and delivery more robust. The monthly risk management report and proposed KPIs continue to be reviewed and will formulate an annual report in July 2024.
Digital Infrastructure	Digital Transformation	At Risk	At Risk	For Careflow PAS/ED, the plan for go-live over weekend 19-21 April 24 remains on track. The onboarding of Change Agents has commenced, with over 150 onboarded and the feedback received has been positive, further recruitment of Change Agents is ongoing. Phase 3 of User Acceptance Testing has been completed, with the majority of functionality tested. Whilst some gaps remain in technical readiness, System C will include this functionality in a March 2024 hotfix, followed by a mini test cycle. A concerted effort to increase EPR staff training numbers has seen an increase to 46% trained against an end of January 2024 target of 50%. Focus will remain on training until go-live, with a target set at 90% of staff trained by go-live. The DSS go-live readiness assessment will start in February 2024. The purpose of this focused independent and impartial peer-to-peer assessment is to provide the Trust with pre go-live assurance. In addition to EPR activity, Office 365 has now been deployed to 5,283 devices and 8,063 users across the organisation. This process will transition to business-as-usual onboarding and will be managed in line with the Trust starter / mover / leaver procedures.
Cancer Performance	Elective Recovery	On Track	On Track	Cancer Performance focus remains on reducing the backlog of patients waiting over 62 days for treatment and on FDS. The 62+ day backlog as at the end of January 2024 was 309 against the recovery trajectory of 242. The unvalidated FDS position for December 2023 is currently at 74.5% (with a data completeness of 89.7%) which is above the trajectory of 73.2%. Urology, Colorectal and Gynaecology remain challenged tumour pathways, each have a detailed action plan in place for improvement, including discussions with other organisations to provide mutual aid. The weekly NHS Tier 1 meetings remain in place where long waiters, recruitment and funding is tracked in detail, along with the actions from previous deep dive pathways events.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - January 2024
Diagnosics Recovery	Elective Recovery	On Track	On Track	The unvalidated position for the DM01 performance is 74.0%. Reviews are taking place to understand how best to improve the over thirteen week waits across all modalities. Clinical prioritisation is in place for all Radiology appointments and reports and priority is given to urgent, Cancer, and longest waiting patients on RTT pathways. The MRI scanning service followed in Phase 2 of the CDC with the first patient scanned on 5 January 2025. The CDC opening hours will be extending from April 2024 to allow for more patient appointments. Work is also underway at RSH for a new Nuclear Medicine Unit, which holds a state-of-the-art gamma camera which will provide better quality images used in the detection of cancer, this due in become operational in Summer 2024.
Outpatient Transformation	Elective Recovery	Off Track	Off Track	The unvalidated performance for PIFU in January 2024 was 3.5%, the number of patients moved to the PIFU pathway remained the same as the previous month. Virtual contacts for January 2024 accounted for 18.9% of outpatient contacts, an increase from the previous month of 17.8%. Weekly Outpatient Transformation Working Group meetings are in place with Centres to progress and monitor the PIFU and Virtual plans by specialty. A review is also taking place to look at the use of Attend Anywhere, with the aim to understand blockers to the use of the application. The validation of patients waiting (new and follow-up) also continues, in January 2024, 91.8% of 12-week waiters were subject to validation.
Theatre Productivity	Elective Recovery	Off Track	Off Track	Theatre utilisation for January 2024 was 79% (capped) and 82% (uncapped) at RSH and 74% (capped) and 77% (uncapped) at PRH. Although this does not meet the National Standard performance improvements have been sustained despite winter pressures. Uncapped Theatre Utilisation refers to the Touch Time being calculated on the total amount of time the surgical team were operating, irrespective of whether the session was unexpectedly extended. Capped Utilisation refers to the Touch Time being calculated on the total volume of time the surgical team were operating, within the planned session time only. This means any Touch time occurring within an unplanned session extension (after the planned session end time) is excluded from the calculation. In house training is to be provided those involved in pre-operative assessments to support telephone appointments that can be delivered off site. Urology has introduced a "Standby Patient" process for theatre lists where there is risk another listed procedure may not go ahead as planned, therefore reducing theatre time being wasted. Other specialties are now identifying possible pathways that could also benefit from this process.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - January 2024
Maternity Transformation	Maternity Transformation	At Risk	At Risk	Whilst in the current reporting period, the MTP is demonstrating positive progress and delivering above the projected completion targets, it is unlikely that this will be the case in upcoming months and the remaining Ockenden milestones remain 'At Risk'. The position remains the same as the previous reporting period, with 170/210 actions (83%) 'Evidenced and Assured'. Approximately a third of the outstanding actions lie outside of the scope of the MTP, due to external dependencies with system stakeholders; whilst a third are underway and on track. The remaining 12 actions are at risk and are unlikely to be delivered by the March 2024 deadline. 11 of these are linked to funding, which has been captured in the Ockenden Business Case; and the remaining action is linked to operational challenges to release ANNPs to another NICU for training enhancement. The structure and high-level governance of the MTAT has been developed and will be presented for approval at MTAC during February 2024.
Levelling-up Clinical Standards	Quality & Safety	At Risk	At Risk	The Audit questions measuring the clinical standards for Frailty and Acute Medicine have been agreed and the audits are now available in the Gather system, with a named clinician to carry out the audit for each specialty. As a result, these specialty areas will be undergoing clinical standard audits, with performance dashboards reviewed and discussed at specialty governance meetings. Further work to define the audits for the remaining specialties continues to progress.
Fundamentals in Care	Quality & Safety	On Track	On Track	All the current milestones within the Fundamentals in Care project have been delivered and a project review, with the new project SRO has taken place to identify the next steps required for this project, which will be concluded to coincide with the findings from the CQC Inspection Report, now due to be received in Spring 2024.
Learning from Deaths	Quality & Safety	On Track	On Track	The Learning from Deaths project has now commenced into the monitoring phase, with the milestone to allocate/recruit senior clinical staff to create a pool of SJR reviewers, to be reviewed at ODG Assurance meeting in February 2024, to request this milestone is rated as "evidenced and assured". Once the remaining two milestones are also evidenced and assured, the project will transition into business as usual activity and be recommended for project closure.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - January 2024
Quality & Regulatory Compliance	Quality & Safety	At Risk	At Risk	Actions and updates continue to be monitored in relation to the Trust's Section 31 conditions until the receipt of the latest CQC inspection report, anticipated to be now Spring 2024. SaTH continue to report monthly where required, against the conditions stipulated for ED (initial assessment and left before treated) and risk assessment and care planning. It remains unclear whether the CQC will automatically review the Trust's conditions as part of their report and rating process or whether an application to remove certain conditions will still be required. An update to the collated evidence and an application to remove certain condition relating to the completion of documentation and risk assessments will be completed as a minimum. Preparation for the draft inspection continues. A programme of mock inspections and a self-assessment tool based on the new CQC Single Assessment Framework is being established from May 2024, to allow for the implementation and monitoring of actions to address any potential Must and Should do's in the CQC findings prior to an assessment. An evidence portfolio alongside the elements required to complete provider information requests (based on the most recent inspection for each core service), will be maintained alongside the completion of a self-assessment by each core service. This is also being reviewed and aligned to the new CQC framework, making it easier to complete and maintain.
Quality Governance	Quality & Safety	On Track	On Track	The PSIRF new national framework launched in December 2023 supports a compassionate and flexible approach to incidents. Ongoing improvement programmes are now in development around adult deterioration, omitted doses of time-critical medication, falls, and missed radiology results and working with psychology colleagues around how colleagues involved in incidents are supported. Recruitment is underway for the Trust's first Family Liaison Officer role to support families involved in the most serious incidents, with interviews due to take place in February 2024. Also, that month, advertisement of the Patient Safety Partner roles will be live. Two new Patient Safety Specialist Investigators are also due to commence in post by March 2024.
Delivery of the Quality Strategy	Quality & Safety	At Risk	On Track	All current milestones in the Quality Strategy project have now successfully been delivered, following the operationalising of the Quality dashboard in January 2024. The next phase of the dashboard development will be decided once the guidance is released to identify the key areas for inclusion. The project continues to progress, with improvements made across all nine of the quality priorities. A review, with the new project SRO has taken place and the next steps required for this project are being identified, ahead of the refresh of the Quality Strategy, due to take place in 2024.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - January 2024
Expansion of Medical Examiners Office	Quality & Safety	At Risk	At Risk	The ME service SOP has been developed and due to be shared at the ME Service Meeting in February for sign off. The SOP for Paediatric and Neonatal Death ME Reviews has also been developed and taken through its respective governance meetings/structures. This is also on the agenda for discussion at February's ME service meeting so all MEs can be sighted on it and a start date can then be agreed to formalise the review of paediatric and neonatal deaths. There has been a delay with the additional office space at Royal Shrewsbury Hospital (RSH) becoming available in January 2024 due to essential works that are still needed to be carried out. Finance and Estates are aware of this, and the work will hopefully be completed by late February.2024. Interviews for the full time MEO vacancy are due to take place in the next two weeks with a part time maternity cover vacancy also to be considered.
Flow Improvement Programme	Urgent Care Improvement Programme	At Risk	At Risk	In January, the number of simple discharges per day for patients over 1 day LOS in an acute hospital bed increased to 68 compared to 63 in December 2023. The Virtual Ward caseload included 31 step down referrals per day, compared to 29 in the previous month. The ongoing Medicine ward improvement work has led to Wards 6, 15 and 16 reaching the 33% improvement target of pre 12pm discharge. The three programme workstreams (Escalation, In Hospital Flow, Integrated Discharge Planning) have been set up and are due to meet in February 2024, and the agreed milestones, metrics and timescales will be reviewed and will feed into the monthly Flow Improvement Group. The Choice Policy is being finalised and will be shared with system partners in February 2024 with an anticipated launch in Spring 2024. The policy supports patient and family communication and involvement in respect to discharge planning and the expected outcome of the policy is a reduction in patients refusing interim or placement options to support their ongoing care on discharge. The Ambulance Handover Escalation policy was launched in January 2024, which aims to reduce ambulance offload times by providing clear escalation processes in cases where ambulance offloads over 1 hour occurs. A review of the post launch data is planned in March 2024. Transfer of Care processes continue to be rolled out across all wards and is now embedded in eleven wards. Weekend cover for Transfer of care completion is being established and collaborative working for this is being explored with the Integrated Discharge Team. The Rehabilitation and Recovery wards have now opened across both sites in January 2024, which will help to support patient flow.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - January 2024
Emergency Care Transformation	Urgent Care Improvement Programme	On Track	On Track	January's ECTAC approved 8 actions as "Delivered, not yet Evidenced" and 7 actions as "Evidenced and Assured". Following the Neutral Evaluation report, 34 recommendations have been added to the programme plan impacting the percentage of delivery; 28 actions (16.7%) are now "Delivered, not yet Evidenced" and 51 actions (30.4%) are "Evidenced and Assured". The improvements to initial assessment have been sustained, with 63.3% performance in January 2024 against the 15 minute target, compared to the regional mean of 53.4%.. Plans are underway to launch a "Perfect Week" for paediatric initial assessment with a new streamlined process to be tested in addition to further education and awareness for nursing staff undertaking adult initial assessment. A workshop between SaTH and the UTC providers took place in January 2024 with a focus on process review and identifying opportunities for improvement. Agreements were reached around inclusion and exclusion criteria. The resulting outcomes and action plans will be monitored through the programme's Environment and Flow workstream with an overall aim to increase the number of patients being diverted from ED into the service. The Governance and Risk workstream has undertaken scoping work for the programme as a result of the implementation of PSIRF. The proposed actions include areas such as the awareness of Duty of Candour amongst colleagues and aim to ensure a successful transition to the new way of working.
Leadership Development Framework	Workforce Transformation	On Track	On Track	The Foundations of Supervision and Team Leadership (FOSATL) launched on the 31st of January 2024 with 20 delegates taking part. Current cohorts for SaTH 3 and SaTH 4 programmes were completed on the 17 and 25 of January 2024 respectively. A new cohort of STEP management skills programme has commenced, and the integration of new NHSE expectations of line managers framework was incorporated into the programme. The Galvanise programme continues with action learning sets, DiSC feedback, observation at board meetings, mentor catch ups, Courageous Conversations, Freedom to Speak up and EDI sessions. The SaTH talent platform has been accessed by over 1,900 colleagues who have completed several activities, saving the Trust in the region of £500,000 in comparison to providing this support face to face. The development of the internal facilitators has been fundamental in the success of the leadership development programmes, which has created the right environment in which colleagues can learn and apply reflective practice. Developing the internal capacity has also resulted in efficiencies, making significant savings when compared with the cost of commissioning external providers.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - January 2024
Recruitment & Retention	Workforce Transformation	At Risk	Off Track	During January 2024, a further 13 internationally educated nurses joined the Trust. Since April 2023 to date, this brings the total to 192 (93% of business case delivered to date). The remaining successfully recruited candidates will be joining the Trust during February 2024, which will conclude the business case. The vacancy rate for HCAs has increased to 42 WTE for February 2024, against the target of 20 WTE. During January, 8.9 WTE HCAs commenced in permanent posts and 4 HCAs commenced via the Temporary Staffing Bank. A further 24.63 WTE are progressing through recruitment checks and 6.3 WTE are due to commence in post during February 2024. To help to fill the outstanding HCA vacancies, a recruitment planner has been devised for 2024, detailing advertisement, shortlisting and interview dates, which the Recruitment team will be responsible for co-ordinating. This has been shared with the Heads of Nursing to cascade within their Divisions. Retention continues to decrease, currently at 11.5%. This exceeds the target of 13% by December 2023. A full review of the project is taking place in February 2024, with an emphasis on 2024/25 Improvement and Retention projects, focusing on key milestones and performance metrics to report on.
Culture and Behaviours	Workforce Transformation	At Risk	At Risk	January 2024 saw the completion of the current cohort of the SaTH Four Leadership programme, presentations were shown on subjects that will support the cultural transformation in the trust. The aim of the programme is to increase collaboration on the topic of the culture and behaviour within the trust. Work is still in progress with the Medical Education Team for a pilot session in March 2024 aimed at consultants to support the change in culture and addressing behaviours and interactions in their areas. Civility and Respect sessions were conducted with the FY2 Junior Doctors and Maternity Outpatients. Staff Survey data has been received, with the results currently under embargo. These are currently being reviewed and the Culture Dashboard has been collated and will be shared when the embargo has been lifted by NHSE.
Performance & BI	Finance & Resource	At Risk	At Risk	Delivery of the statutory and operational reports builds as part of the new EPR implementation continues to be the priority of the Performance and BI Team, to ensure the Trust is in the most stable position possible from a statutory reporting perspective. As a result of this prioritisation, some non-urgent activities have been paused until after the EPR go live. The Quality dashboard has now been successfully delivered, using PowerBI and is live for users across the Trust, and the evidence of this will be presented at the ODG Assurance Group in February 2024 for approval. The next phase of the Quality dashboard development will be decided once the guidance is released to identify the key areas for inclusion. Operational planning continues to be a key focus and the Performance and BI team are working with Divisions to ensure the activity plans are reflective of capacity that is in place and triangulates with finance and workforce plans. PowerBI dashboards for SDEC, A&E and Operational Planning have been developed and are now operational across the Trust. Work is underway to develop a landing page for the dashboards as they are built to increase visibility and ease of access for users.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - January 2024
Future Workforce Design	Workforce Transformation	On Track	On Track	The first submission of the 2024-25 operational plan was developed in January 2024 with a summary of the workforce plan presented to System Operational Planning Group and People Collaborative Committee. The plan now includes a Medical Recruitment trajectory (reducing agency by 25 WTE and 140 apprenticeship roles including expanding Nursing Associates (70), Advanced Clinical Practitioners (15) and Theatres apprentices (16). The review of the 2023/24 agency reduction plan has been completed. Summary actions included conclusion of business-as-usual agency costs, which fell month-on-month during 2023-24.
Training and Education	Workforce Transformation	On Track	Delivered	This project has been completed and was agreed to be closed at the ODG Assurance meeting in January 2024, following SRO and Executive lead approval. The closure documentation can be found in the G2G progress report.
Equality, Diversity & Inclusion	Workforce Transformation	On Track	On Track	During January 2024 the ED&I team delivered the ED&I International Nurses Training and presented at the second cohort of the Galvanise Programme outlining ED&I guidance and available support whilst issuing relevant resources to staff. The Gender Pay Gap Report 2022-23, and the Annual Equality Diversity Inclusion Report 2023 have now been completed and are awaiting approval by PODAC and Trust Board ahead of the national submission in March 2024. The EDS2 Report, which outlines the Equality Improvement Tool was submitted to Trust Board for approval. The report covers three key drivers including a review on Services, Workforce and Leadership, which are supported by data, evidence, engagement and insight.
Medical Staffing	Workforce Transformation	Off Track	Off Track	Junior Doctor rota reviews remain ongoing. Urology Tier 2 monitoring has been completed and the data is under review. Neonates Tier 1 rota review has been completed with a new rota on course to be implemented in September 2024. ED Tier 2 rota has been reviewed and amended in line with specialty specifications. Anaesthetic rota review discussions are still taking place to agree a consistent rota pattern across both hospital sites for Tier 1 and Tier 2 rotas. Minimum staffing requirements have been discussed and a draft rota has been devised and is with Clinical Directors for comment. An ITU Consultant commenced in January 2024 and a Consultant Radiologist, Consultant Urologist and a Consultant Gastroenterologist have been interviewed and posts have been offered. Further interviews are arranged for February 2024. The junior doctor recruitment trajectory has led to rotas reducing vacancy gaps. Training is on-going with some rota co-ordinators to ensure rosters are managed in line with best practise. Reduction in medical agency spend has become business as usual for Medical People Services (MPS) with less than 60 agency doctors currently covering shifts. The medical bank continues to grow and work is ongoing to market the bank extensively. The overall project plan and milestones are currently being reviewed to reflect the most up to date strategic priorities of MPS.

Appendix 4. Abbreviations used in this report

Term	Definition
ACP	Advanced Clinical Practitioner
A&E	Accident and Emergency
A&G	Advice and Guidance
AMA	Acute Medical Assessment
ANNPs	Advanced Neonatal Nurse Practitioners
BAF	Board Assurance Framework
BI	Business Intelligence
BTEC	Business and Technology Education
CCG	Clinical Commissioning Groups
CCU	Coronary Care Unit
CNST	Clinical Negligence Scheme for Trusts
CIP	Cost Improvement Programme
COO	Chief Operating Officer
CQC	Care Quality Commission
CRL	Capital Resource Limit
CRR	Corporate Risk Register
CSS	Clinical Support Services
CT	Computerised Tomography
CYPU	Children and Young Person Unit
DMO1	Diagnostics Waiting Times and Activity
DSS	Digital System Support
DSU	Day Surgery Unit
DTA	Decision to Admit
Ed.	Education
ED	Emergency Department
ED&I	Equality, Diversity, and Inclusion

Term	Definition
EDS2	Equality Delivery System
EQIA	Equality Impact Assessments
EPS	Enhanced Patient Supervision
ERF	Elective Recovery Fund
EPR	Electronic Patient Record
ETAC	Emergency Care Transfer Assurance Committee
Exec	Executive
F&P	Finance and Performance
FDS	Faster Diagnosis Standard
FOSATL	Foundation Of Supervision Team Leadership
FTE	Full Time Equivalent
FYE	Full year effect
G2G	Getting too Good
GP	General Practitioner
HCA	Health Care Assistant
HCAI	Health Care Associated Infections
HCSW	Health Care Support Worker
HDU	High Dependency Unit
HMT	Her Majesty's Treasury
HoNs	Head of Nursing
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
IP / DC	Inpatients and Day Cases

Appendix 4. Abbreviations used in this report

Term	Definition
IPR	Integrated Performance Review
ITU	Intensive Therapy Unit
KPI	Key performance indicator
LfD	Learning from Deaths
LMNS	Local Maternity and Neonatal System
LMS	Learning Made Simple
MADT	Making A Difference Together
MD	Medical Director
MEC	Medicine and Emergency Care
ME	Medical Examiner
MEO	Medical Examiner Officer
MFFD	Medically fit for discharge
MHA	Mental Health Act
MIP	Maternity Improvement Programme
MPS	Medical People Services
MRI	Magnetic Resonance Imaging
MSK	Musculo-Skeletal
MTAC	Maternity Transformation Assurance Committee
MTP	Maternity Transformation Programme
MTAP	Maternity Transformation Assurance Tool
MVP	Maternity Voices Partnership
NEL	Non-Elective
NHSE	NHS England and NHS Improvement
NICU	Neonatal Intensive Care Unit
NICE	National Institute for Clinical Excellence
NIQAM	Nurse Investigation Quality Assurance Meeting
OPD	Outpatient Department

Term	Definition
OPOG	Organisational Performance Operational Group
ORAC	Ockenden Report Assurance Committee
PAU	Paediatric Assessment Unit
PID	Project Initiation Document
PIFU	Patient Initiated follow up
PSIRF	Patient Safety Incident Response Framework
PMO	Programme Management Office
POD	Point of Delivery
PODAC	People Operation Delivery Assurance Committee
POP	Plan On a Page
PRH	Princess Royal Hospital
PTAC	Paediatrics Transformation Assurance Committee
PTL	Patient Targeted List
Q1, Q2, Q3, Q4	Quarters – one fourth of the year
Q&A	Question and Answer
QOC	Quality Operations Committee
QSAC	Quality and Safety Assurance Committee
R	Routine
RAG	Rating Indicators (Red – Amber-Green)
RJAH	Robert Jones and Agnes Hunt Hospital
RIU	Respiratory Isolation Unit
RSH	Royal Shrewsbury Hospital
RSP	Recovery Support Programme
RTT	Referral To Treatment
SAC	Surgery Anaesthetics and Cancer
SaTH	Shrewsbury and Telford Hospitals
SDEC	Same Day Emergency Care

Appendix 4. Abbreviations used in this report

Term	Definition
SMT	Senior Management Team
SOAG	Safety Oversight Assurance Group
SOC	Strategic Outline Case
SOP	Standard Operating Procedure
SRO	Senior Responsible Officer
STEP	Strive Towards Excellence Programme
T&O	Trauma and Orthopaedics
TOC	Transfers Of Care
TOR	Terms of Reference
TRAC	Online Recruitment System
UAT	User Acceptance Testing
UEC	Urgent and Emergency Care service
UTC	Urgent Treatment Centre
VTE	Venous Thromboembolism
VW	Virtual Ward
W&C	Women and Children
WEB	Weekly Executive Briefing
WMAS	West Midlands Ambulance Service
WTE	Whole Time Equivalent