

Board of Directors' Meeting: 12 September 2024

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|---------------------------------------|---|----------------------------|---|
| Agenda item | 132/24 | | |
| Report Title | Getting to Good Progress Report | | |
| Executive Lead | Louise Barnett, Chief Executive | | |
| Report Author | Matt Mellors, Head of Programme Management Office (PMO) | | |
| | | | |
| CQC Domain: | Link to Strategic Goal: | | Link to BAF / risk: |
| Safe | √ | Our patients and community | BAF1, BAF3, BAF4, BAF7b, BAF8, BAF9, BAF10 |
| Effective | √ | Our people | |
| Caring | √ | Our service delivery | Trust Risk Register id: |
| Responsive | √ | Our governance | |
| Well Led | √ | Our partners | |
| Consultation Communication | Senior Leadership Committee – Operational – 2024.09.05 | | |
| | | | |
| Executive summary: | <p>1. This report provides the Board of Directors with information and assurance on the position in relation to the progress of the delivery of the Getting to Good (G2G) programme as at the end of July 2024.</p> <p>2. The key risk projects in the programme are Cancer Performance, Levelling up Clinical Standards and Emergency Care Transformation. The progress status of the Learning from Deaths, Expansion of the Medical Examiners Office and Digital Transformation project are 'On Track' Green and will be recommended for project closure, subject to approval at OGD Assurance in September 2024.</p> | | |
| Recommendations for the Board: | The Board is asked to note the report, particularly with regard to the progress made in month. | | |
| Appendices: | Appendix 1: Progress Status by Programme Appendix 2: Month on Month Status Appendix 3: Project Status Overview Appendix 4. Abbreviations used in this report | | |



Getting to GOOD July 2024 Reported Progress

Trust Board
Meeting 12th September 2024
Matt Mellors - Head of PMO



Introduction

Getting to Good is the Trust's improvement programme which aims to help us achieve our overarching vision to provide excellent care for the communities we serve.

This report provides information and assurance on the position in relation to the progress of the delivery of the Getting to Good (G2G) programme as at the end of **July 2024**.

G2G incorporates eight programmes, each of which are led by an Executive Director. Oversight is provided through the weekly G2G Operational Delivery Group (ODG) to track and monitor progress to achieving this and is chaired by the Head of PMO. A monthly ODG Assurance meeting to review evidence and exceptions is chaired by the G2G Programme Director.



Programme Highlights

Key highlights during the reporting period include:

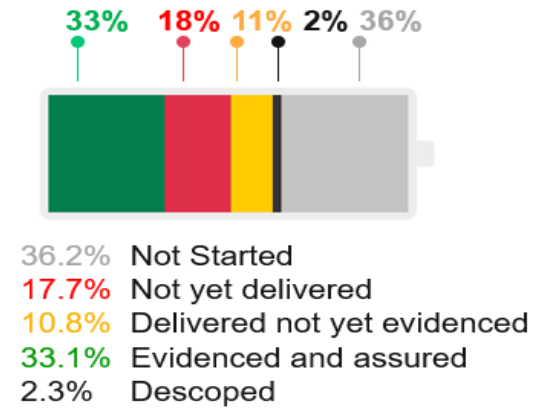
- During July 2024, improvements to Paediatric initial assessment were sustained and the 4-hour performance within Paediatric ED improved to 82.1% for Type 1 patients, attributed to dedicated clinicians working within the CYP area of the department.
- The SHOP model roll out continued across Medicine wards. The rollout is to be underpinned by a peer support programme in August 2024 which will involve senior clinicians observing the SHOP model process taking place on the wards and promote shared learning and engagement.
- As part of Phase Two of the MTP, three workshops for Maternity, Neonatal and Joint Cultural improvements were held in July 2024. Two Insights visits provided assurance to the ICB that appropriate processes were in place to engage with families and that supporting women and their families in their choices relating to Birth was a priority for the Service.
- All current milestones in the Quality Strategy project have now successfully been delivered. The project continues to progress, with improvements made across all nine of the Quality priorities.
- The application to remove three of the five Section 31 conditions is currently being completed. It has provisionally been agreed to apply to remove the two CYP mental health conditions and the condition relating to care and risk assessments.

Overall Delivery and Progress Status

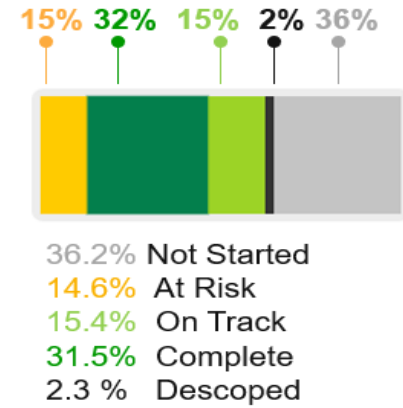
G2G has now fully adopted the revised RAG rating and assurance processes in line with Maternity and Emergency Care Transformation. The delivery and progress status of the remaining 130 milestones within the overall G2G programme can be found below.

The Progress status of each G2G programme can be found in **Appendix 1**

Overall Delivery Status



Overall Progress Status



The progress status for the Learning from Deaths and Expansion of the Medical Examiner's Office projects are both 'On Track' **Green**. The projects will now transition into business-as-usual activity and will be recommended for project closure at the ODG Assurance committee in September 2024. The Digital Transformation programme is also reporting 'On Track' **Green**, the project closure report will be presented to the EPR Steering committee for approval in August 2024 and presented to the G2G Assurance meeting in September 2024.

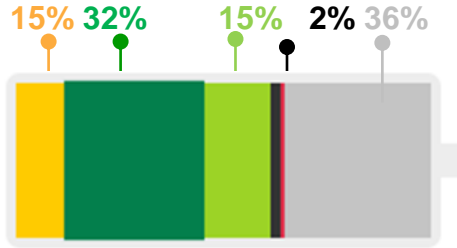
In total eleven projects are RAG rated **Green** – "On Track" for overall progress, and nine projects are RAG rated **Amber** – "At Risk". In addition to Cancer Performance, both the Levelling Up Clinical Standards and Emergency Care Transformation programme are rated **Red** "Off Track".

Detailed progress updates on each project can be found in **Appendix 2** and the performance trend in **Appendix 3**.

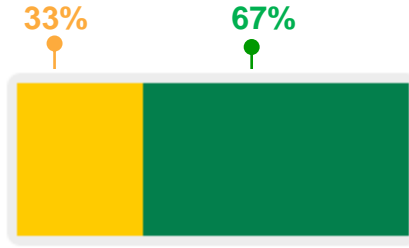
Appendices

Appendix 1: Progress Status by Programme

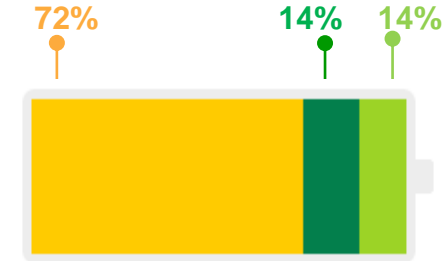
Overall Progress Status



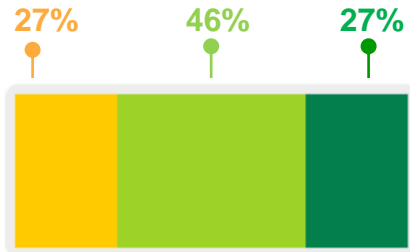
Corporate Governance



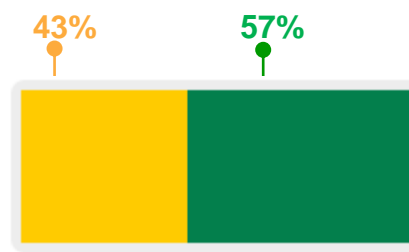
Digital Transformation



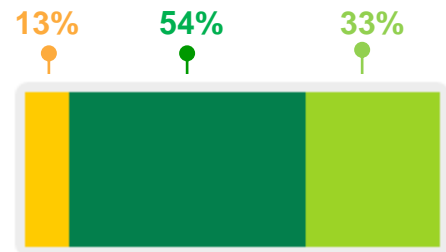
Elective Recovery



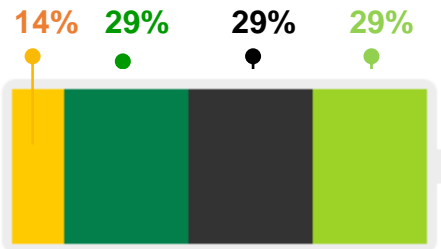
Maternity Transformation



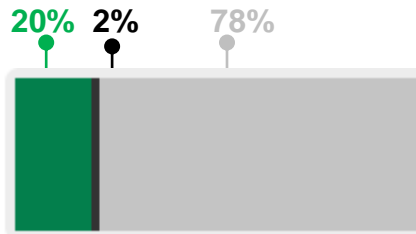
Quality & Safety



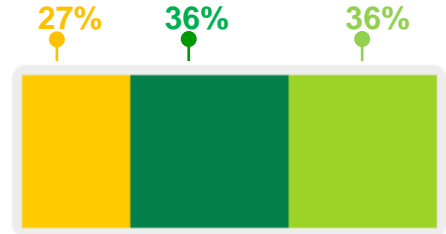
Urgent Care Improvement Programme



Workforce Transformation



Finance & Resources



● At Risk ● Complete ● On Track ● Descoped ● Off Track

Appendix 3: Project Status Overview

| Project | Programme | Previous Month | Current Month | Update - July 2024 |
|-----------------------------|------------------------|----------------|---------------|---|
| Communications & Engagement | Corporate Governance | At Risk | At Risk | A further draft of the Trust Communications Strategy, following the CQC report, is being reviewed by the Executive Team prior to presentation at Trust Board for approval in September 2024. |
| Digital Infrastructure | Digital Transformation | On Track | On Track | Following Careflow PAS and Careflow ED system implementation across both hospital sites the Bookings Team remain one of the areas still adjusting to the new system, further complicated by significant vacancies. An Outpatients Task & Finish Team has been established, supported by Digital, to confirm the issues and develop an action plan. Reporting remains a closely monitored area, and a number of post go-live issues have been and continue to be worked through. |
| Cancer Performance | Elective Recovery | Off Track | Off Track | The focus for Cancer performance remains on reducing the backlog of patients waiting over 62 days for treatment and FDS. The unvalidated 62+ day backlogs as at the end of July was 419 against the recovery trajectory of 172. The backlog for 104+ days is 67 against a trajectory of 58. The unvalidated position for July 2024 FDS is currently at 70.9%, against the trajectory 79.9%. Unexpected absence during Summer has impacted on Colorectal performance and there are workforce constraints within Haematology, Oncology and Urology. Although the Trust has looked towards Locum resource, it has been unable to obtain a full complement of support. Daily PTL reviews have been introduced in skin, lung, gynae and colorectal. The frequency of PTL reviews has also increased in the other tumour sites. Pathway deep dives have taken place in all cancer sites and recovery trajectories have been calculated to meet required standards by March 2025. NHSE support for developing demand and capacity tools and operational management of cancer pathways has also been provided. An intensive support team visit was scheduled for the beginning of August 2024, with aim to review the Cancer Service and provide demand and capacity modelling support for three challenged tumour sites. |

Appendix 3: Project Status Overview

| Project | Programme | Previous Month | Current Month | Update – July 2024 |
|---------------------------|-------------------|----------------|---------------|--|
| Diagnostics Recovery | Elective Recovery | On Track | At Risk | The July DM01 performance was 63.4%. Clinical prioritisation remains in place for appointments and priority is given to urgent, Cancer, and longest waiters on RTT pathways. Daily calls are in place attended by Radiology and the operational teams to ensure available capacity is utilised to its fullest. Outsourcing to support turnaround times for plain film, CT and MRI are in place to support Cancer performance. Additional 18 Weeks Insourcing has commenced to support Endoscopy, whilst work continues to support the steps toward sustainable resource as part of the 3-year programme. |
| Outpatient Transformation | Elective Recovery | At Risk | At Risk | The Outpatient transformation working group continues its weekly efforts to support centres and address the challenges. Clinical input, particular in reviewing further faster handbooks has been valuable. Efforts are underway to increase clinical representation across specialties. The unvalidated performance for PIFU for July 2024 was 4.9% and the virtual contacts for July 2024 were 13.6%. Remote appointment usage remains low compared to peers. Strategies to increase usage include clinical team engagement, attend anywhere demonstrations, and a potential elimination of hybrid clinics in favor of fully face to face or virtual appointments. Paediatrics is exploring the use of attend anywhere within clinics. The Trust has seen an overall increase in DNA rates, a few factors including Careflow problems, and Netcall reminder service issues have contributed to this. A task and finish group has been established to review the Careflow implementation issues and a detailed plan has been created to monitor progress. |
| Theatre Productivity | Elective Recovery | At Risk | At Risk | Theatre utilisation for July 2024 was 78% capped and 82% uncapped at RSH and 77% capped and 82% uncapped at PRH, against a National Standard of 85% performance. Regular weekly lookback meetings continue to be held to discuss current performance challenges and identify potential risks. Monthly progress monitoring meetings are ongoing to track the detailed theatre action plan across all areas. A pre-operative task and finish group is to be arranged to explore opportunities to increase capacity, allow earlier booking and to reduce late cancellations. The pre-operative team are now working from home on a rotational basis, and this is working well. |

Appendix 3: Project Status Overview

| Project | Programme | Previous Month | Current Month | Update - July 2024 |
|---------------------------------|--------------------------|----------------|---------------|---|
| Maternity Transformation | Maternity Transformation | At Risk | At Risk | The Ockenden milestones remain 'At Risk'. Three actions were approved for a status change at MTAC in July 2024 bringing the Ockenden position to: 181 actions 'Evidenced and Assured', 14 'Delivered not yet Evidenced' and 15 'Not yet Delivered'. All 'At Risk' actions have been accepted as 'On Track' again following the approval of the Ockenden Business case. Two actions will be presented for a status change at MTAC in August 2024 along with one exception report to bring an action back into scope. All closure reports, except for one, have now been drafted, ready to be finalised before they go through Divisional Committee for ratification. MTP Phase Two has commenced with six plans allocated with evidence requirements and action sizes. Three workshops for Maternity, Neonatal and Joint Cultural improvements were held in July 2024. Two Insights visits were organised in June and July 2024 and the ICB left assured that appropriate processes were in place to engage with families and that supporting women and their families in their choices relating to Birth was a priority for the Service. A gap analysis of the 2023 CQC Survey results (quantitative and qualitative) was coproduced with the MNVP and actions integrated into Phase Two of the programme. DExtER (Data Extraction for Epidemiological Research) was launched and introduced to the Senior Leadership team who identified reports where the tool could be used to streamline the data collection process. Other key actions for August 2024 will include a validation exercise being organised with the LMNS to review the evidence allocated to the Equity and Equality plan and to the three-year delivery plan. Planning will also continue for the next Maternity open day to be held on September 28 th . |
| Levelling-up Clinical Standards | Quality & Safety | Off Track | Off Track | The project remains off track and a meeting was held with the Executive lead to discuss next steps; to progress the project a further discussion is required to include the Clinical lead. This will take place in September 2024. |
| Fundamentals in Care | Quality & Safety | On Track | On Track | The Fundamentals in Care project is now being rescoped, following the receipt of the latest CQC report and will focus on delivery of the Must and Should do actions relating to fundamentals in care, via the established Nursing Assurance meetings and Steering groups. The findings identified by the CQC, and the associated improvement actions will be included in existing action plans for these areas and will be monitored and assured via this governance route. |

Appendix 3: Project Status Overview

| Project | Programme | Previous Month | Current Month | Update - July 2024 |
|---------------------------------|------------------|----------------|---------------|---|
| Learning from Deaths | Quality & Safety | On Track | On Track | The Learning from Deaths project is now in the monitoring phase, with the remaining two milestones undergoing evidence approval ahead of formal sign off at the ODG Assurance meeting in September 2024. Once this is complete, the project will transition into business-as-usual activity and will be recommended for project closure. |
| Quality & Regulatory Compliance | Quality & Safety | At Risk | At Risk | Following receipt of the latest CQC report, divisions and PMO leads have been working on establishing either new actions to address or cross-reference existing actions within established transformation programme workstreams. These are now being finalised to create the master overarching CQC action plan with oversight via the various transformation assurance committees and steering groups. Monthly meetings with the core service leads are being re-introduced as a level of assurance and challenge in addition to the transformation committees, to enable discussion, challenge and support and align to the continuing requirement to report to the CQC on Section 31 conditions. Corporate Nursing representation will now be present on each programme committee, with the requirement of a quarterly update on the CQC actions and progress with associated evidence. Terms of reference and agendas have been updated to reflect the CQC oversight requirement. The application to remove three of the five Section 31 conditions is currently being completed. It has provisionally been agreed to apply to remove the two CYP mental health conditions and the condition relating to care and risk assessments. The required criteria for the remaining two Emergency Department conditions have been identified, which will need to be achieved before an application is submitted against them. A programme of mock inspections and a self-assessment tool based on the new CQC single assessment framework is recommencing in September 2024, beginning with PEO LC. This programme is also being reviewed and aligned to the new CQC framework, making it easier to complete and maintain with potential for deep dives into core areas for additional assurance. The CYP mock inspection originally planned for June 2024 has been moved to October 2024 to allow the teams to concentrate on the implementation of Vitals in Paediatrics. The Paediatric transformation actions and CQC findings will be the basis of the review. |

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| Project | Programme | Previous Month | Current Month | Update - July 2024 |
|---------------------------------------|-----------------------------------|----------------|---------------|--|
| Quality Governance | Quality & Safety | On Track | On Track | Patient Safety Partner recruitment which has been delayed is now progressing. The draft Patient Safety Strategy has been shared with the Executive team and is currently under review before presentation to QOC/QSAC in September 2024. Reporting through QOC/QSAC and Trust Board is in place and continually under PDSA. |
| Delivery of the Quality Strategy | Quality & Safety | On Track | On Track | All current milestones in the Quality Strategy project have now successfully been delivered. The project continues to progress, with improvements made across all nine of the quality priorities. A project 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 Trust's Quality Strategy, due to take place later this year. |
| Expansion of Medical Examiners Office | Quality & Safety | On Track | On Track | The Expansion of Medical Examiners Office project is now in the monitoring phase, with all the milestones now "Evidenced and Assured. The project will now transition into business-as-usual activity and will be recommended for project closure at the ODG Assurance committee in September 2024. |
| Flow Improvement Programme | Urgent Care Improvement Programme | At Risk | At Risk | The number of patients discharged before 5pm rose slightly in July 2024 to 64.8%. The number of simple discharges per day increased to 67 with simple length of stay reducing slightly in Medicine to 4.5 days. Work in underway to improve weekend discharge processes, identifying patients ready for discharge at the weekend at an earlier point, with the aid of Careflow. The SHOP model roll out continues across Medicine wards. A poster and board round checklist have been developed to assist colleagues in supporting patient needs as well as efficient discharges. The rollout is to be underpinned by a peer support programme in August 2024 which will involve senior clinicians observing the SHOP model process taking place on the wards and promote shared learning and engagement. The improvement project on deconditioning will be rolled out to Ward 37 in August 2024 and will be led by Therapies focusing on goals for patients empowering both patients and staff. |

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| Project | Programme | Previous Month | Current Month | Update - July 2024 |
|-------------------------------|-----------------------------------|----------------|---------------|--|
| Emergency Care Transformation | Urgent Care Improvement Programme | Off Track | Off Track | During July 2024, improvements to Paediatric initial assessment were sustained and the 4-hour performance within Paediatric ED improved to 82.1% for Type 1 patients, attributed to dedicated clinicians working within the CYP area of the department. Work is ongoing to improve the overall performance against the 4-hour standard, including ringfencing cubicle space in Minor Injuries to ensure there is available capacity to examine patients. This provision has been added to the Hospital Full Policy. UECTAC met in July 2024 and approved 10 actions as “Delivered, Not Yet Evidenced” and 10 actions as “Evidenced and Assured”, including daily validation of 4-hour performance data and the implementation of Duty of Candour in ED. At the time of the committee meeting, there were 227 actions within the ECTP plan with 15.4% “Delivered, Not Yet Evidenced” and 30.8% “Evidenced and Assured”. Following the meeting, a workshop was held to determine whether all actions were still appropriate for the departments and any which were not or were deemed to be “Business As Usual” were removed. |
| Performance & BI | Finance & Resource | At Risk | At Risk | In July 2024, the Performance and BI team continued to support operational teams with Tier 1 requests and addressing data quality issues as part of Careflow, these are likely to be key focus areas for the team over the next few months. The team are continuing to develop the benchmarking agenda, incorporating it into a range of outputs and a performance app is nearing completion, which will provide additional context around where the Trust are potential outliers. A range of other apps have been developed, which will be launched in a dedicated session for users in September 2024 and will also be an opportunity for discussing additions/changes/new requests for intelligence. Competing demands for information are creating capacity issues for the team, this is especially the case with the volume of requests from the ICB. There have been attempts to postpone some of these requests but in most cases, this has not been possible. There continues to be data quality issues, which has resulted in the internal data warehouse pausing submissions until resolved. The team are supporting the Digital team as much as possible with this programme but is causing additional work or delays in deliverables as alternative work arounds are currently being sought. This is a short-term issue, and the Digital team are working to resolution dates. |

Appendix 3: Project Status Overview

| Project | Programme | Previous Month | Current Month | Update - July 2024 |
|--|--------------------------|----------------|---------------|--|
| Medical Workforce Efficiency Programme | Workforce Transformation | At Risk | At Risk | The West Midlands Cluster Programme is currently off track due to SLAs from 20 Trusts awaiting signatures. SaTH's SLAs have all been signed and returned. It is anticipated that the programme will go live at the end of July 2024. The current focus is for August 2024 changeover, and this remains on track despite a national increase of post graduate doctors in training not securing a training post resulting in SaTH having 21 additional FY1 doctors. Collaborative working with Medical Education and MPS has allowed majority of doctors to be placed with only a few remaining and awaiting confirmation. Rotas have not been amended and posts have been doubled up in some areas. It is anticipated that with effective Rota management there will be a reduction in bank and agency spend at this level contributing to the Trust's financial objectives. All work schedules have been reviewed by the divisions and approved prior to distributing. 350 work schedules have been sent out to doctors in line with the NHSE 8 weeks standard. 257 were for postgraduate doctors in training. Rota templates have been created by MPS and forwarded to rota coordinators to circulate six weeks prior to changeover. |
| NHS Impact 1- Building a shared purpose and vision | Workforce Transformation | On Track | On Track | Work continues to progress with a focus on governance, SOP and strategy reviews. Actions completed include overall Trust strategy alignment, as well as the training and educational modules, within the operational plan. Discussions with the ICS continue regarding the alignment of systemwide strategies. Initial mapping has taken place for alignment of all improvement activity, with SOPs to be developed and linkages with other providers regarding governance processes are being undertaken. Background work is underway to ascertain a greater understanding of the current/planned priorities for improvement / programmes of work from both an internal and external perspective. The outcome of this will determine the project scope and appropriate operational lead for this piece of work moving forwards. Initial mapping of the project has been undertaken, with plans for an initial project scoping meeting to be held following the EDI workshop in July 2024 and scoping meetings are to take place to avoid duplication and ascertain the most appropriate operational lead for the engagement, co-design, collaboration of staff, patients and communities to ensure lived experiences are driving improvements. Meeting with public participation team has been undertaken and further scoping planned for next month. |

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|--|--------------------------|----------------|---------------|---|
| NHS Impact 2 - Investing in People and Culture | Workforce Transformation | On Track | On Track | Further Civility and Respect sessions have taken place in Ophthalmology are to be held with the Estates teams in September 2024. An Improvement plan in W&C Medical secretaries' team is to be implemented, with a series of workshops and activities planned for 2024 and beyond. Phase Two of Maternity Transformation Programme will include a People and Culture Workstream. A draft People Plan has been developed in SACC division for further discussion. A session is to be rescheduled for Ward 37, Ward 25, SAU and Medical secretaries to agree a holistic approach with Cultural group support. Stay conversations are ongoing for HCA retention hotspot areas within SACC division and conversations ongoing for hot spot areas in CSS division to support with areas experiencing high turnover. Facilitated conversation training has taken place in Pathology in July 2024. Steady progress is being made on the Schwartz rounds and a handover plan is progressing. A draft EDI Timeline in final stages to be shared and approved. EDS2022 has commenced for all three Domains, with the final domain to take place in the autumn. |
| NHS Impact 3 - Building improvement capability & Capacity | Workforce Transformation | On Track | On Track | The Monthly Improvement Fundamentals course was planned with 25 attendees booked, taking the total to 116 attendees for 2024. Session six of Cohort 8 and session three of Cohort 9 have been completed, with cohort 10 commencing in September 2024. The Director of Education and Improvement attended the Operational Plan launch and shared opportunities for Improvement training using the “dosing” document. Members of the team met with Midlands Acute Improvement Group to share potential Board Development materials. Next steps are being taken for recognition of SaTH improvement activity into Journal articles/professional magazines, with Q community magazines being reviewed, and an article has been submitted to the OT magazine, which is currently awaiting approval. The team continue to support Improvement into system education through supporting Shropcomm colleagues to attend SaTH Improvement training: 10 Shropcomm delegates attending August Fundamentals course. Two members of I-Hub team will attend all GIRFT meetings for a month to determine how best to support this programme. Colleagues in I-Hub, as part of Practitioner course, are looking at how to improve increasing attendance at monthly sharing huddle. Annual review of training courses has taken place, with the focus on the Practitioner course. This remains on track to deliver changes before Practitioner Cohort 10 commences in early September 2024. |

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| Project | Programme | Previous Month | Current Month | Update - July 2024 |
|---|--------------------------|----------------|---------------|--|
| NHS Impact 4 - Developing leadership behaviours | Workforce Transformation | On Track | On Track | Attendance Management courses were held in July 2024 for the Facilities management team, with further sessions planned for September 2024 for Facilities supervisory staff and Clinical Coding. Bespoke HR Sessions have been developed for W&C divisional managers to target areas where issues arise (e.g., Fact Find, Return to Work Interviews, Leave, Managing Absence). Communities of Good Practice has been rolled out with experienced Ward Managers supporting/mentoring hotspot and earlier career managers. EDI training to take place in the Stroke team and within ED, dates to be confirmed. Health and Well-being training for Operational managers to support medical sickness management within SACC division has taken place. The promotion of flexible working masterclasses for managers continues. The teams continue to engage with the Health & Wellbeing Commitments for hotspot areas within CSS division. Collaborative working with ShropComm on the Galvanise programme has commenced, with an initial 4 places on the programme offered to ShropComm. Mentor briefing to take place on 11th September 2024 with mentors invited to take part from previous cohorts, to build an existing pool of mentors at SaTH and identifying mentors at ShropComm. Four members of People Advisory and Leadership and OD teams now trained in Wellbeing Conversations, with the training offered to managers under review. |
| NHS Impact 5 - Embedding a quality management system | Workforce Transformation | On Track | On Track | As part of the Risk Management Framework, the Risk Management Strategy and Risk Management Policy have been reviewed post-MIAA external audit recommendations and the literature submitted to Director of Governance for review. The literature will then go to ARAC in September 2024 for approval and then to Trust Board for final approval. For the Risk Management Governance Process the MIAA external audit recommendations were discussed with Director of Governance. The Divisional risk position continues to be presented to weekly Operational Delivery Group (ODG) meetings. As part of the reinstating Policy Approval Group (PAG), checklist for documents have been developed and an agenda has been devised. The first monthly Policy Approval Group meeting has now been scheduled for 14 August 2024. |

Appendix 4. Abbreviations

| Term | Definition |
|-------|--|
| ARAC | Audit and Risk Assurance Committee |
| BI | Business Intelligence |
| CDC | Community Diagnostics Centre |
| CQC | Care Quality Commission |
| CT | Computerised Tomography |
| CYP | Children and Young People |
| CSS | Clinical Support Services |
| DEtER | Data Extraction for Epidemiological Research |
| DNA | Did Not Attend |
| ECTAC | Emergency Care Transformation Assurance Committee |
| ECTP | Emergency Care Transformation Programme |
| ED | Emergency Department |
| EDI | Equality, Diversity and Inclusion |
| FDS | Faster Diagnosis Standard |
| FTE | Full Time Equivalent |
| FY1 | First Year |
| G2G | Getting To Good |
| GIRFT | Getting It Right First Time |
| HCA | Health Care Assistant |
| HIA | Health Impact Assessments |
| ICB | Integrated Care Board |
| ICS | Integrated Care System |
| MIAA | Management Internal Audit, Assurance and Counter Fraud |
| MRI | Magnetic Resonance Imaging |
| MPS | Medical People Services |

| Term | Definition |
|--------|--|
| MNVP | Maternity and Neonatal Voices Partnership |
| MTP | Maternity Transformation Programme |
| NHSE | National Health Service England |
| ODG | Operational Delivery Group |
| QOC | Quality Operational Committee |
| QSAC | Quality & Safety Assurance Committee |
| PAG | Policy Approval Group |
| PAS | Patient Administration System |
| PDSA | Plan, Do, Study, Act |
| PEoLC | Palliative, End of Life Care |
| PIFU | Patient Initiated Follow Up |
| PMO | Programme Management Office |
| PRH | Princess Royal Hospital |
| PTL | Patient Tracking List (RTT) |
| RAG | Rating Indicators (Red – Amber - Green) |
| RSH | Royal Shrewsbury Hospital |
| RTT | Referral To Treatment |
| SACC | Surgical, Anaesthetics, Cancer Care - Division |
| SaTH | Shrewsbury and Telford Hospitals |
| SHOP | Sick, Home, Other, Plan |
| SOP | Standard Operating Procedure |
| SRO | Senior Responsible Officer |
| TBC | To Be Confirmed |
| ToR | Terms of Reference |
| UECTAC | Urgent and Emergency Care Assurance Committee |
| W&C | Women's and Children's |