Board of Directors' Meeting
14 July 2022

| Agenda item	125/22			
Report	Getting to Good Progress Report			
Executive Lead	Louise Barnett, Chief Executive Officer			
	Link to strategic pillar:		**Link to CQC domain:**	
	Our patients and community	✓	Safe	✓
	Our people	✓	Effective	✓
	Our service delivery	✓	Caring	✓
	Our partners	✓	Responsive	✓
	Our governance	✓	Well Led	✓
	Report recommendations:		**Link to BAF / risk:**	
	For assurance		1,2,3,4,5,7,8,9	
	For decision / approval		**Link to risk register:**	
	For review / discussion			
	For noting	✓		
	For information			
	For consent			
Presented to:				
Dependent upon	n/a			
Executive summary:	The purpose of this paper is to inform on the progress made in May 2022, on the delivery of the nine programmes and 26 projects within Getting to Good Phase 2. Three of the nine programmes are reporting all projects as being on track this period; Maternity Transformation; Culture; and Workforce. Three programmes are reporting as reasonable; Quality and Safety; Finance and Resources; and Digital Transformation; Corporate Governance and Leadership. One programme is reporting as having off track projects; Operational Effectiveness. The off track projects in this reporting period are; Restoration and Recovery and Theatre Productivity.			
Appendices:	Appendix A: Project Status Overview Appendix B: Month on Month Status with Trend Appendix C: Milestone Delivery Status Appendix D: Tiers of Support Appendix E: Oversight, Assurance and Accountability Appendix F: Local Governance Arrangements			
Lead Executive:				

1.0 Introduction

The purpose of this paper is to provide assurance on the progress of the delivery of the nine programmes and 26 projects within the Getting to Good programme.

The aim and focus of Getting to Good Phase 2, is to embed the improvement projects which are within the Executive Director portfolios in order to deliver sustainable change that supports the organisation in achieving an overall Care Quality Commission (CQC) rating of 'Good' by 2023.

'Getting to Good' incorporates nine programmes, each of which are led by an Executive Director. The accountability for improvement and effectively embedding the change remains with the Executive Director and progress is overseen through their own governance arrangements, this is detailed in *Appendix E*. Oversight is provided through the weekly Getting to Good Operational Delivery Group (ODG) to track and monitor progress to achieving this and is chaired by the SaTH Improvement Director. Furthermore, support is provided by colleagues from the Programme Management Office, Service Improvement Team, Communications, Performance and Reporting Team and NHS England/Improvement (NHSE/I).

Progress Summary by Programme
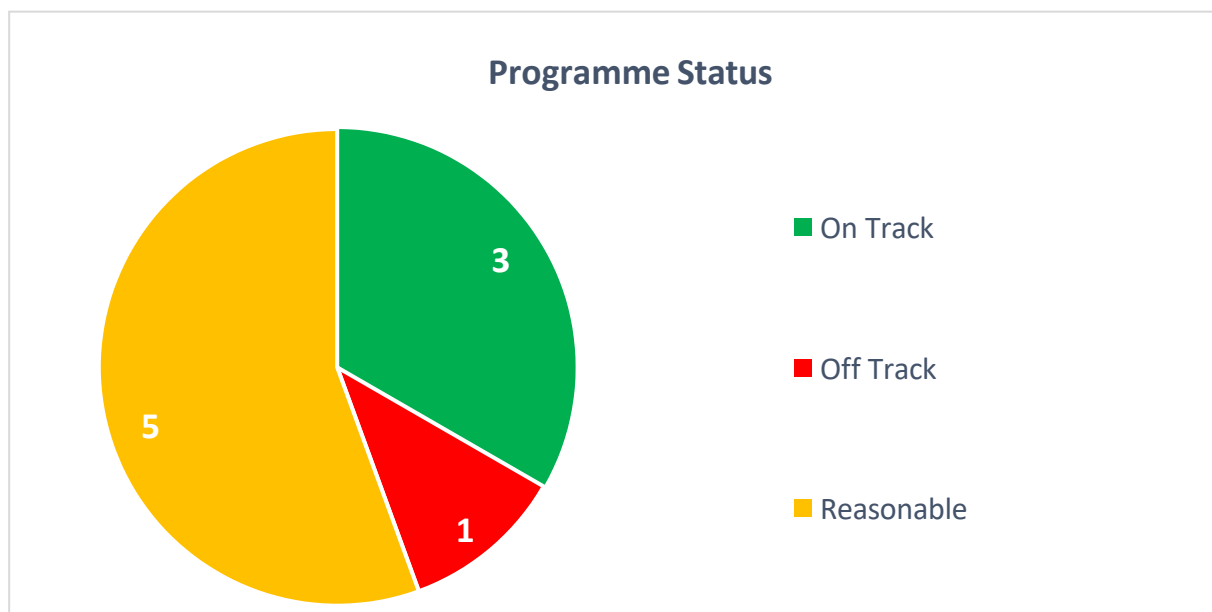
Three of the nine programmes are progressing well with the following programmes reporting their projects as being **on track** this period.

- Culture and Behaviours
- Workforce
- Quality and Safety

Five of the nine programmes are rated as **reasonable** due to slippage in delivery timescales.
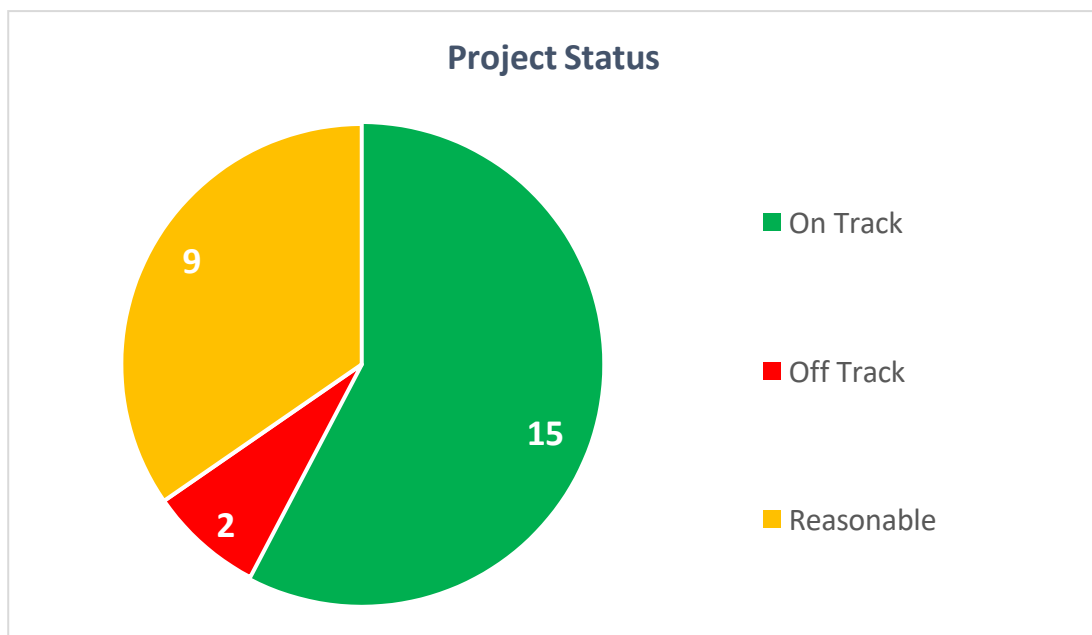
- Maternity Transformation

- Corporate Governance
- Digital Transformation
- Finance and Resources
- Leadership

One of the nine programmes is rated as **off track** due to non-delivery of key milestones within two of its projects.

- Operational Effectiveness

2.0   Progress Summary by Individual Project

Project Status

- On Track: 15
- Off Track: 2
- Reasonable: 9

Off Track Projects

- Operational Effectiveness - Restoration and Recovery

    This project is currently off track due to not achieving the 21/22 national recovery targets. The national guidance for 22/23 is now available and the Trust continues to work towards achieving this. The non-elective pressures, together with staffing shortages continue to impact the Trust's ability to achieve these targets, however emergency surgery, cancer patients and our longest waiting patients continue to be prioritised. A recruitment plan is in place to reduce the theatre staffing gap and extra acute capacity is being made available at the Royal Shrewsbury Hospital (RSH) site, which should reduce the need for escalation into the Day Surgery Unit (DSU).

- Operational Effectiveness - Theatre Productivity

    This project is currently off track due to non-delivery of the milestone to increase theatre productivity to 85%. During May, utilisation was at 69% at the Princess Royal Hospital (PRH) site and 71% at RSH. Theatre capacity continues to be limited due to staffing and loss of elective bed base due to non-elective pressures the trust continues to face. The Trust has continued to reduce the

number of patients waiting over 104 weeks for routine operations to 16.

Further details regarding the status of all the projects can be found in Appendix A.

2.1 Consistency and Trend
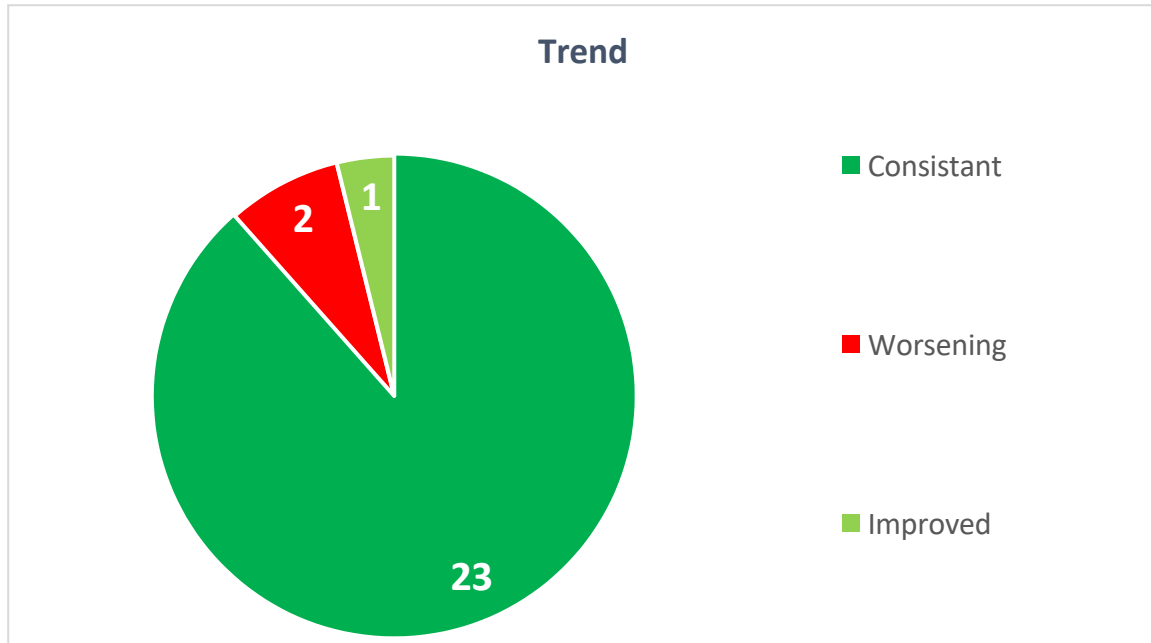
23 projects retained a consistent delivery trend, one project has shown an improved position and the two remaining projects have seen a worsening position in the reporting period.

The Communications and Engagement project has moved from **off track** to **reasonable** due to a revised deliver timescale of the Trust's communications strategy. The communications strategy is dependent on the approval of the overall Trust strategy, which has been delayed.

The Maternity Transformation project has moved from **on track** to **reasonable** following a review of the project scope, milestones and a proposed shift to a more risk stratified approach. The refreshed project plan is scheduled for discussion and approval at the Maternity Transformation Assurance Committee (MTAC) in June 2022.

The Digital Infrastructure project has moved from **on track** to **reasonable** following a review of the remaining milestones. A delay in the delivery of Office 365 has been identified due to the complexity of the Microsoft licensing model and an ongoing technical issue at NHS Digital level which is delaying the rollout across SaTH.

The team continue to rollout Office 365 where devices are not affected by the technical issue.

2.2 Project Milestones Due for Delivery

Five milestones were due for completion during May 2022 across five projects, one of which was successfully delivered.

The milestone to establish terms of reference and agree reporting structure for Mortality Operational and Triangulation Group as part of the Learning from Deaths Project was successfully delivered during May 2022.

The milestone of evidenced delivery of all Royal College of Obstetricians and Gynaecologists (RCOG) actions was not delivered and is rated as **off track.** As the Maternity Transformation Programme moves to a risk stratified approach, the actions will be delivered and evidenced in a thematic way, rather than at RCOG level and this change in approach is awaiting approval during June 2022, as detailed in section 2.1 above.

The milestone to successfully recruit a substantive experienced Risk Manager as part of the Risk Management Project has had the deadline extended to December 2022 and will remain rated as **reasonable** until it is delivered. The interim Risk Manager remains in place as mitigation.
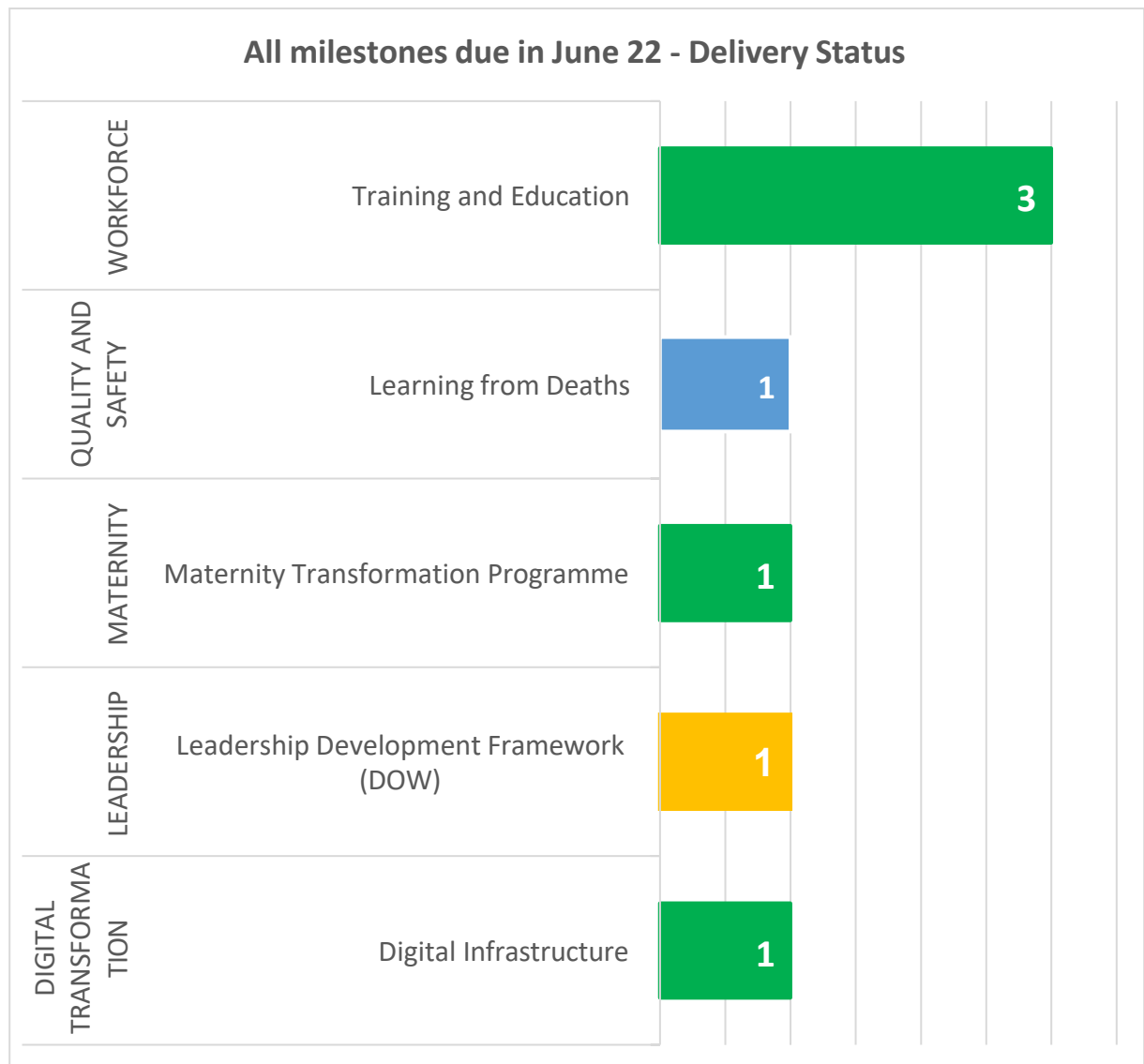
The milestone to ensure all key processes are documented and peer reviewed as part of the Financial Literacy Project has had the deadline extended to June 2022 due to sickness absences and workload pressures and will remain rated as **reasonable** until it is delivered.

The milestone to complete self-assessments for core services not assessed by the Care Quality Commission (CQC) in July 2021 including Children and Young People Services, Outpatients and Palliative and End of Life Care (PEoLC) as part of the Quality and Regulatory Compliance Project has had the deadline extended to June 2022 to allow for executive sign off and will remain rated as **reasonable** until it is delivered.

Details on all milestones is visualised in the Gantt chart in Appendix C

Milestones Due Next Month

Excluding those that are awaiting change request approval, there are seven milestones due for delivery in June 2022 across five programmes and five projects:

All milestones due in June 22 - Delivery Status

Category	Programme	Count
WORKFORCE	Training and Education	3
QUALITY AND SAFETY	Learning from Deaths	1
MATERNITY	Maternity Transformation Programme	1
LEADERSHIP	Leadership Development Framework (DOW)	1
DIGITAL TRANSFORMATION	Digital Infrastructure	1

3.0   Forward Look

The Operational Delivery Group (ODG) will continue to support the consistent application of improvements in the programme milestones. To achieve this, throughout June, focus will be on the continuation of the rolling schedule of deep dives into each project which includes:

- Workforce (Medical Staffing)
- Productivity & Efficiency
- Theatre Productivity
- Digital Infrastructure
- Restoration & Recovery (Diagnostics)
- Comms and Engagement
- Financial Reporting
- Financial Literacy
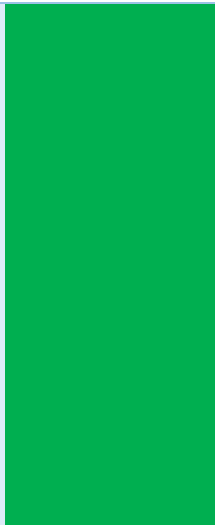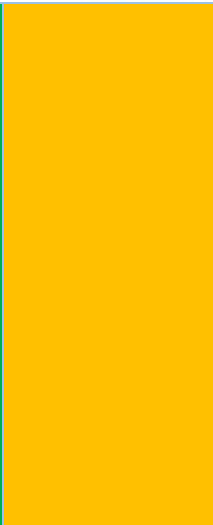
4.0   Recommendations

The Board of Directors are asked to review and acknowledge progress made during May 2022 on the delivery of the Getting to Good programmes of work.
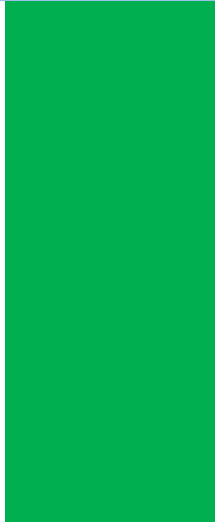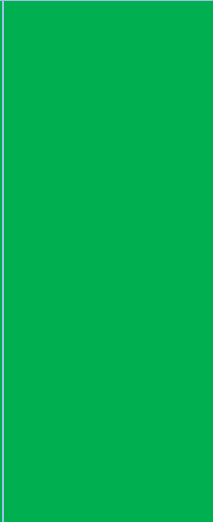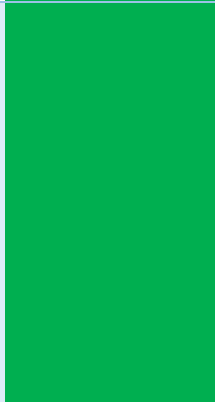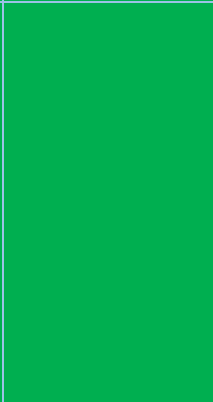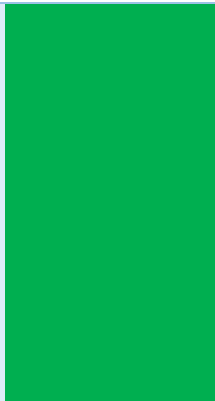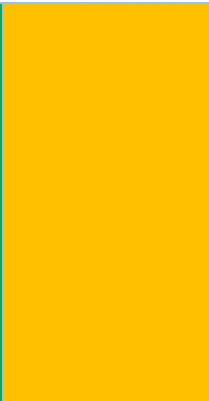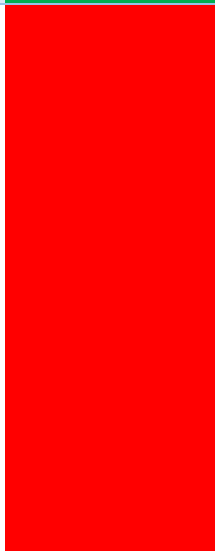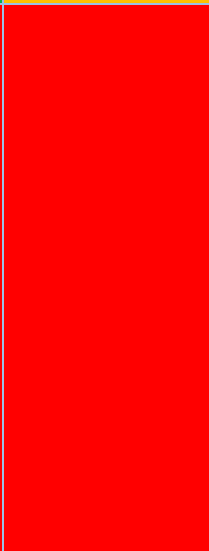
BRAG Ratings Key

DELIVERED
ON TRACK
REASONABLE - THERE MAY BE ISSUES THAT IMPACT DELIVERY, MITIGATION IN PLACE
OFF TRACK - ISSUES IMPACTING DELIVERY, NO MITIGATION IN PLACE
NOT STARTED
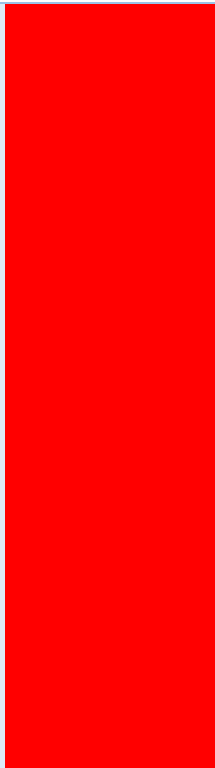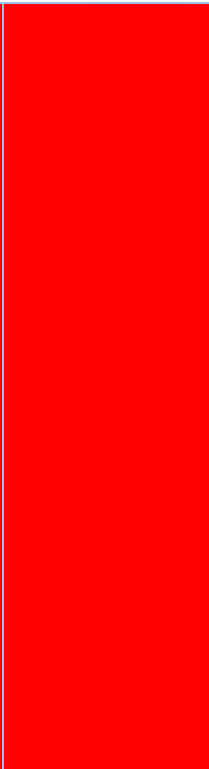
Programme	Project	Trend	Project Update	Previous Month	Current Month
				April	May
CORPORATE GOVERNANCE	Anti Fraud, Bribery and Corruption	Consistent	The key actions for the Anti-Fraud, Bribery and Corruption project have now been delivered.		
CORPORATE GOVERNANCE	Board Assurance Framework (BAF)	Consistent	The Trust's Q3 2021/22 BAF was presented to the April board committees but not discussed due to insufficient time on the meeting agendas. However, it was agreed that both Quarter 3 and Quarter 4 be presented to the May board committees, with both the Quarter 3 2021/22 BAF and Quarter 4 2021/22 BAF being discussed with the intention of being presented at the June meeting of the Audit and Risk Assurance Committee.		
CORPORATE GOVERNANCE	Board Governance	Consistent	A review of Standing Orders, Matters Reserved and Scheme of Delegation is currently under way, however completion of this piece of work is dependent on the publication of the Trust strategy, pending approval in June 2022, and completion of the required governance processes for the documents to be approved; it is intended that this piece of work will then form a larger piece of work.		
CORPORATE GOVERNANCE	Communications & Engagement	Improving	The recruitment process for the substantive Head of Communications is underway, with interviews scheduled to take place on 14 June 2022. Unfortunately, due to external reasons, the interviews could not take place and are being rescheduled for late June.

Once in post, the new substantive Head of Communications will then look at developing the Communications Strategy. | | |

CORPORATE GOVERNANCE	Risk Management	Consistent	Risks have been transferred to DATIX during May 2022. Staff will continue to update risks on 4Risk up until 21st June 2022, with the switchover to DATIX planned for the following day. The Head of Risk is currently verifying that the risks transferred to DATIX mirror the information on 4Risk, and Divisions have been asked to quality check that the data on DATIX mirrors that of 4Risk. The DATIX Risk Management Training Programme has now been launched with sessions planned throughout July 2022 which will incorporate not only how to use DATIX but will also bring in elements Risk Management theory and tools to support the management of risks. Engagement has been very high with 90% of sessions currently booked. A dedicated risk management section has now been embedded within the Trust Intranet, holding a number of learning materials, risk management policy, process guides, DATIX risk management tool kit, Risk Management Bow Tie template as well as several bite sized DATIX 'how to' sessions supporting colleagues with all stages of the risk management process.	🟩	🟩
CULTURE	Culture and Behaviours	Consistent	The Making a Difference Together' platform has progressed during May 2022 with The Flexible Working Platform conversation launched, facilitated and completed. The data is being collated and the team are working with People Advisory Team to review and respond. The Change Team is now established and the May meeting focused on Bullying and Harassments discussion to feed into actions and next steps. Cultural sessions have taken place to support Maternity Services support during May 22 with a focused session for the antenatal team being facilitated. The Civility and Respect Programme has progressed, with a Bullying and Harassment session facilitated. The strategy and plan is now in progress for SLT presentation to gain commitment to make change in the organisation. RECAP training to support the anti-racism strategy continues across the Trust. During The SaTH Improvement Conference, The Culture presentation was delivered, including Behaviours and Civility and Respect.	🟩	🟩
DIGITAL TRANSFORMATION	Applied Digital Healthcare	Consistent	The Shropshire, Telford and Wrekin (STW) Virtual Ward Programme was relaunched at the end of March 2022, managed by Shropshire Community Health NHS Trust. Digital Technology is firmly within scope of this programme and the STW Local Care Transformation Programme. The programme will have a 'digital technology enabling workstream' within the virtual ward (VW) Operational Group governance structure who will work closely with the 'VW Clinical Reference Group' (both yet to be established) to agree the digital requirements. Decisions on digital solutions will also be informed by population needs and wants of people and communities with lived experience.	🟧	🟧

DIGITAL TRANSFORMATION	Digital Infrastructure	Worsening	The first Electronic Patient Record (EPR) steering group has taken place, the EPR Programme Board membership has been amended and there is a bi-weekly operational group established, with attendance essential to ensure this programme remains on target. The ED Careflow system is due to commence in July 2022 and the stakeholder engagement and process mapping is already underway, with sessions planned to confirm the system configuration requirements. The Windows 10 deployment has been completed with NHS Digital approved exceptions. The Office 365 project delivery has been reviewed due to the complexity of the Microsoft licensing model with a secondary challenge of an ongoing technical issue at NHS Digital level which is delaying the rollout across SaTH. The team continue to rollout O365 whereby devices are not affected by the technical issue.	🟩	🟧
FINANCES AND RESOURCES	Financial Literacy	Consistent	The three remaining objectives are rated as reasonable and are on track to deliver within the amended timeframe, agreed by the Executive Lead. The actions to deliver the training needs analysis and learning programme, and the achievement of Future Focused Finance (FFF) Level 2 accreditation, have been approved to be moved to October 2022 in line with the national accreditation submission process. The remaining action is to document and peer review financial processes. The processes in scope have been defined and documented and await sign off and peer review which will now be concluded by the end of June 2022. This was originally due for delivery in March 2022, however this has been delayed due mainly to capacity issues linked to workload pressures including the financial year end and the financial planning process.	🟧	🟧
FINANCES AND RESOURCES	Financial Reporting and Planning	Consistent	The Oracle upgrade project is currently in a holding period due to year-end until 3rd June 2022. The testing phase was completed in March 2022. The project will enter in to the dry-run testing phase on 6th June 2022 with the end date of 16th June 2022, the project go-live date is 17th July 2022 which will be followed by the hypercare phase until 29th July 2022.	🟩	🟩

FINANCES AND RESOURCES	Performance & BI	Consistent	The provision of the data to support the Learning from Deaths dashboard is now nearing completing and a meeting is scheduled mid June to review the draft dashboard and to agree the next steps. A meeting has taken place to progress the Quality dashboard within InPhase. The scope of the dashboard has increased from what was originally anticipated to ensure the provision of clinical standards and so a timeline for delivery of each project phase is to be agreed. Work is progressing to facilitate the provision of live A&E data onto screens across both RSH and PRH sites. The data is available via the warehouse and next steps will be to work with IT to arrange how this data can be linked to the screens and the internet updates to advise patients of the current waiting times. Recruitment is underway to establish fully staffed Business Intelligence function, with a deputy head of BI now in post and 2 analysts have been recruited and are due to commence the roles at the end of July.		
FINANCES AND RESOURCES	Productivity & Efficiency	Consistent	The Trust committed to deliver a minimum of 1.6% efficiencies in 2022/23 which equates to £7.66m. The target is to be delivered between Trustwide and Divisional schemes, which are currently being developed. There is an expectation that the £7.66m will be delivered on a recurrent basis. A further £3m of workforce savings are due to be delivered as part of the ICS BTI Programme tackling the inefficient use of agency staff. The Efficiency and Sustainability group is scheduled to recommence from June 2022. This group will manage both the planning and delivery of the efficiency schemes for 2022/23, ensuring that the target is met and support the identification of any mitigations or scheme slippage.		
LEADERSHIP	Leadership Development Framework	Consistent	Leadership Programmes for supervisors and first line managers (SaTH 1 and 2) cohort 1 has completed, SaTH 4 senior programme cohort 2 has completed with final presentations, cohort 3 has commenced with 18 delegates. Scope for Growth Train the Trainer sessions have commenced so that we are ready to deliver career conversation training. 50 people attended our Leadership Masterclasses on compassionate leadership and supply and demand. 1,135 people participated in our on-line 'Making a Difference Together' conversation on flexible working. Management technical competence development is being taken to JNCC week commencing 13th June. The Appraisal Scheme is currently being reviewed and updated. A New BAME Leadership development programme is being planned ready to launch in the Autumn 2022.		
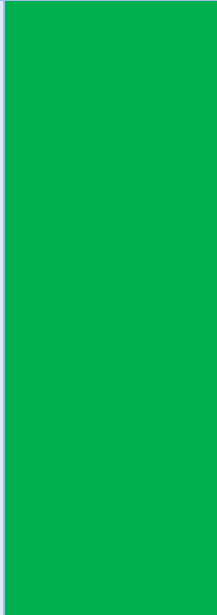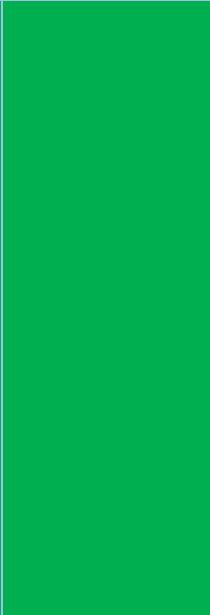
MATERNITY	Maternity Transformation Programme	Worsening	The Maternity Transformation Programme (MTP) team have revisited the project scope and reviewed the milestones reported to G2G, concluding that these are no longer representative of the programme, as the scope has changed significantly over the year with several initiatives transitioning to Divisional business as usual. The first and final Ockenden reports constitute the bulk of the programme. However, there are multiple action plans that needed to be implemented. These have been included within MTP workstream 6 - Maternity Improvement Plan. The Division has worked to consolidate all actions into a single plan on the project management platform to ensure effectiveness. This is because common themes have been identified across the multiple plans. As a result, a prioritisation of actions exercise has been conducted to ensure efficiency. This way duplicative or similar actions will be addressed concurrently, rather than recurrently, utilising Agile project management methodology.	GREEN	AMBER
OPERATIONAL EFFECTIVENESS	Restoration & Recovery	Consistent	Non-Face to Face Appointments - Andy Elves is now working as the outpatient transformation clinical lead and working with all clinical leads across all the specialties on non-face to face targets including Patient Initiated Follow Up (PIFU) and Advice & Guidance. A fortnightly meeting is in place to obtain updates and work continues with the specialties to build trajectories to improve performance. The Non-face to face appointments data for May has not yet been received. Elective Recovery Fund - There are ongoing challenges with Restoration & Recovery due to the limited day case and inpatient bed base and theatre staffing reducing available theatre lists. The data for May has not yet been received. 104 week wait - 60 104ww was achieved for March 22, this was below the local target of 74. The current trajectory for June is 13 against a target of 30. Patient Initiated Follow Up - PIFU is now live in 5 major outpatient specialities, including MSK, ENT, Gynae, Ophthalmology & Cardiology and there is ongoing work for all specialties to have a PIFU pathway in place where clinically appropriate. Overall data for May has not yet been received, this update will be amended to reflect the data at the earliest opportunity.	RED	RED

OPERATIONAL EFFECTIVENESS	Theatre Productivity	Consistent	The revised 642 theatre meeting is now fully established along with a weekly TCI planning meeting. This continues to help ensure the available theatre capacity is fully utilised and the limited elective bed base at both sites is used efficiently. Revised Infection Prevention Control guidelines are now in place that allows for backfilling of short notice patient cancellations. Theatre utilisation remains below target with 69% (PRH) and 71% (RSH) utilisation being realised for the month of May 2022, this was primarily due to a lack of elective bed capacity and the cancellation of 50 routine operations to aid the continued prioritisation of cancer and urgent patients. Utilising weekly operating list planning meetings, theatre lists continue to be scheduled to have a utilisation between 85% and 100%. This continues to be difficult to achieve due to the planned cancellation of non-urgent procedures. Due to current escalation level at both sites, it is unlikely that the trust will achieve the set target of 85% utilisation in June 2022, unless the day surgery wards on both sites can provide protected elective capacity. The impact of current staffing levels is also limiting the number of theatre lists that can staffed. However, the number of patients waiting over 104 weeks for routine operations has been reduced to 16 during the period. Bluespier theatre management software will be operational in September 2022 which will remove the need for separate data collection sheet, and a new theatre dashboard has been created by the informatics team which is currently being tested.	RED	RED
OPERATIONAL EFFECTIVENESS	Non-Elective Pathways Programme	Consistent	A new Senior Responsible Officer (SRO) for the Non-Elective Pathways Programme is now in place, and a revised project Plan on a Page will be finalised in June 2022, in collaboration with the System UEC improvement plan. This will be supported by the recently appointed Interim Deputy Chief Operating Officer. The revised programme will focus on bed reconfiguration, including acute medicine, Flow and Process, with the delivery of the priority actions scheduled ahead of Winter 2022. The initial business case for the bed reconfiguration project has been approved at Investment and Innovation Committee (IIC) and the final business case will be submitted by the end of June 2022 for final approval. During May 2022, additional resource has been allocated to support delivery of the Flow and Process Project for a six month period and this is now in place.	AMBER	AMBER

QUALITY AND SAFETY	Delivery of the Quality Strategy	Consistent	The initial key actions of the Delivery of the Quality Strategy project have now been delivered and have transitioned into the monitoring phase. In collaboration with the Performance and Reporting team, a quality and safety dashboard is being created, and further work is required to ensure all identified metrics are included and accurately recorded, in order to operationalise the dashboard effectively. The Performance Team have committed to supporting this as a priority.		
QUALITY AND SAFETY	Fundamentals in Care	Consistent	The initial key actions of the Fundamentals in Care project have now been delivered and have transitioned into the monitoring phase. This assurance is provided via quarterly reports to the Quality Operational Committee (QOC) which include the nursing quality metrics dashboard, audit results from Gather and the status of exemplar ward audits to demonstrate the current position for Fundamentals of Care. Further action plans are in place and improvement work continues with those wards still flagged as red, despite some improvements having been made. Actions include supporting the leadership, Ward Managers, Matrons, and Divisional Directors of Nursing, to improve the fundamental standards of care in these areas and this will continue to be measured through the exemplar ward audits. One of the Medicine Matrons will present the dashboard and exception report to the operational delivery group during June 2022.		
QUALITY AND SAFETY	Learning from Deaths	Consistent	During May 2022, a business case to increase the capacity of the Learning from Deaths team was approved and the posts are now out to advert. This additional resource will support the existing team to deliver the new Learning from Deaths agenda. As part of the NICHE2 recommendations, the availability for 30-day discharge data was delayed due to capacity issues within the Performance and Reporting team. This will be available in June 2022, as part of the Mortality dashboard. The recommendation for direct access pathway specifically relating to Oncology patients is in progress as part of the ward reconfiguration currently underway and there are plans to include an assessment bay within the specialty to avoid this vulnerable patient group presenting to the Emergency Department. Once the details of this are submitted to the CCG, including the mitigation for the interim, the milestone relating to delivering the NICHE2 audit recommendations will change from the current off track status, to delivered.		

QUALITY AND SAFETY	Levelling-up Clinical Standards	Consistent	During May 2022, the SRO has presented a deep dive to The Operational Delivery Group to advise of progress to date. A number of Medical Specialties now have their Clinical Standards identified and further work is required to determine where the data is already available. It has also been acknowledged that there is an opportunity to now have Clinical Standards Champions within the medical workforce for each specialty to work in conjunction with the Quality Matrons to support the capture of further information to enable the monitoring of identified standards, where the data is currently unavailable. The Performance and Reporting team are currently scoping available metrics for Acute, Emergency and General (Internal) Medicine for inclusion into the InPhase system and a trajectory for expanding that to include Neurology, Cardiology and Stroke is required. It is acknowledged that this will require a significant input from The Performance and Reporting team and capacity availability is being evaluated. Once these measures are available, they will be reviewed in line with the newly established Quality Governance Framework. Focus will be placed on developing a joint Clinical Standards and Audit Policy that will set out the principles and framework for the implementation and monitoring of local and national standards and clinical audit throughout the Trust. This will then be expanded to include all Surgical specialties as part of the next phase.		
QUALITY AND SAFETY	Quality and Regulatory Compliance	Consistent	The Care Quality Commission (CQC) Action plan delivery is underway and a deep dive of progress was presented at ODG during May 2022. All actions are progressing, with 83% of the 266 identified actions now complete. The completion of self-assessments for CQC Core Services not assessed by CQC in July 2021 is underway. Self-assessment of Children's and Young People's services is now complete, with feedback to the Executive Team scheduled to take place during June 2022. The Outpatient Departments have completed their self-assessments and a table top review is taking place during June 2022. Palliative and End of Life Care (PEoLC) has been prioritised for self-assessment ahead of Surgery and the Intensive Therapy Unit (ITU) and this is underway and a mock inspection is scheduled for 24th June 2022.		

QUALITY AND SAFETY	Quality Governance	Consistent	A review and refresh of the Quality Governance project has taken place, with all high-level milestones identified in Phase 2 delivered, with monitoring of the metrics ongoing. Further key actions have been identified, including embedding the Learning from Deaths agenda and aligning the complaints process to the Quality Governance Framework. The focus going forward will be the delivery of these in conjunction with the continued embedding of the new Divisional Quality Governance Teams and the supporting processes.		
WORKFORCE	Future Workforce Design	Consistent	Progress has been made with the nursing 5-year plan with development of a nurse long-term model that captures demand (including approved and non-approved business cases). Expected levels of attrition and long-term supply initiatives is on track for completion in July. The Medical Improvement plan is developed and approved with rota reviews completed across Emergency Medicine specialities. The International nursing recruitment programme business case has been approved and implementation of the 2022/23 programme now underway. Several working groups are now set up including a group focused on agency reduction and retention which have developed key actions to support our workforce transformation programme. There will be a delay in recruiting to a workforce planner as we are reviewing requirements as part of a system approach where we are developing a workforce planning hub business case for the ICS. This is expected to be completed by end of June.		
WORKFORCE	Recruitment and Retention	Consistent	A retention group meeting has taken place during June 2022 in collaboration with representatives from the Integrated Care System (ICS), to discuss and agree key priorities, this will also feed into the Trust's Recruitment and Retention Strategy. We continue to focus on recruiting to clinical roles and to further support this, the Trust has been working in collaboration with the ICS and Indeed to recruit circa 80 WTE Healthcare Support Worker (HCSW's). The recent campaign has resulted in 36 offers (32.42WTE) being made, with an in-person information and interview event due to take place during July to fill the remaining vacancies. The Trust is now progressing with the International business case for 100 overseas nurses; to date, 31 offers have been made, with all nurses to be in post by December 2022. Progress is being made towards embedding the vacancy dashboard and ensuring strong operational links to the Recruitment Team		

WORKFORCE	Training and Education	Consistent	The Evaluation of the education reviews has been completed and the resulting proposals are being implemented including the recruitment of a Head of Non-Medical Education, the education annual report has been completed and is currently with the Director of Workforce for the upcoming education update. The project for education prospectus has started and is being implemented as a result of the proposal. The Introduction of an Educational Business Support Unit to support the organisation for statutory and mandatory training is on track, the 'Learning Made Simple' portal has been launched and historical data has been uploaded. 76 skills have also been built into the system and the June report for compliance has been built. The programme to deliver a Trust-wide Quality Improvement Methodology is complete, the programme is built and available via e-learning and classroom learning. The implementation of the Learning Management system is on track for delivery, 57% of staff have now registered on the system and there have been 7000 accesses to e-learning via LMS.		

NHS
The Shrewsbury and
Telford Hospital
NHS Trust

Programme	Project	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Trend
CORPORATE GOVERNANCE	Anti Fraud, Bribery and Corruption	⚫	⚫	⚫	🟡	🟢	🟡	🟢	🟢	🟢	🟢	🟢	→
	Board Assurance Framework (BAF)	⚫	⚫	⚫	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	→
	Board Governance	⚫	⚫	⚫	🟡	🟢	🟢	🟢	🟡	🟢	🟡	🟡	→
	Communications & Engagement	⚫	⚫	⚫	🟡	🔴	🟡	🟢	🟡	🔴	🔴	🟡	⬆
	Risk Management	⚫	⚫	⚫	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	→
CULTURE	Culture and Behaviours	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	→
DIGITAL TRANSFORMATION	Applied Digital Healthcare	🟢	🟢	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡	→
	Digital Infrastructure	🟢	🟢	🟡	🟡	🟡	🟡	🟢	🟢	🟢	🟢	🟢	⬇
FINANCES AND RESOURCES	Financial Literacy	🟢	🟢	🟢	🟢	🟢	🟡	🟡	🟡	🟡	🟡	🟡	→
	Financial Reporting and Planning	⚫	🟡	🟡	🟢	🟡	🟡	🟢	🟢	🟢	🟢	🟢	→
	Performance & BI	🟡	🟡	🟢	🔴	🟢	🔴	🟢	🟢	🟢	🟢	🟢	→
	Productivity & Efficiency	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	→
LEADERSHIP	Leadership Development Framework	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟡	→
MATERNITY	Maternity Transformation Programme	🟡	🟡	🟡	🟢	🟢	🟢	🟡	🟢	🟢	🟢	🟡	⬇
OPERATIONAL EFFECTIVENESS	Restoration & Recovery	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🔴	🔴	🔴	→
	Theatre Productivity	⚫	⚫	⚫	🟢	🟡	🟡	🟡	🟡	🔴	🔴	🔴	→
	Urgent and Emergency Care (UEC)	🟢	🟢	🟡	🟡	🟡	🟡	🟢	🟢	🟢	🟡	🟡	→
QUALITY AND SAFETY	Delivery of the Quality Strategy	🟡	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	→
	Fundamentals in Care	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	→
	Learning from Deaths	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟡	🟡	→
	Levelling-up Clinical Standards	🟢	🟢	🟢	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢	→
	Quality and Regulatory Compliance	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	→
	Quality Governance	⚫	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	→
WORKFORCE	Future Workforce Design	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	→
	Recruitment and Retention	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	→
	Training and Education	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	→

NHS — The Shrewsbury and Telford Hospital NHS Trust

Priority / Area	PLAN / PROJECT	Milestone	2021/2022 Q2	Q3	Q4	2022/2023 Q1	Q2	Q3	Q4
CORPORATE GOVERNANCE	Anti Fraud, Bribery and Corruption	Updated Bribery Act Statement to be published on website		Blue	Blue				
		Review risk register to ensure appropriate risks are included		Blue	Blue				
		Refreshed Board approved Anti Fraud, Bribery and Corruption Policy (ARAC December)		Blue					
		Anti Bribery Awareness Training for board members (then to extend into the organisation during 22/23)		Blue					
	Board Assurance Framework (BAF)	Refresher BAF training with NEDs, agreement to new format	Blue						
		Review / training of new format and content with Execs		Blue					
		New format Q1 and Q2 content to Board Committees in Nov, then ARAC in December, then business as usual re timings		Blue					
		Review BAF following approval of new Trust strategy (Dec 21) and update accordingly		Blue					
		Review BAF as part of new ICS legislative regime as necessary, and then, business as usual				Orange	Orange		
	Board Governance	Review and improve timings of monthly cycle of board business and 're-set' for Jan 2022 onwards	Blue						
		Outcome of Board Skills Audit to be considered, pertaining to any skill gaps on the Board. Arising actions to be determined.		Blue					
		Document the revised (board) induction process for board directors		Blue					
		Following outcome of Board Committee Review, Committees to have refreshed ToR's, workplans, etc. aligned with revised Trust stra				Orange	Orange		
		Outcome of Board Committee Review to be considered by ARAC in December				Blue			
		Outcome of Board Committee Review to be considered by ARAC in December, with proposed action plan, in collaboration with the C	Orange				Orange		
		Review of Standing Orders / Matters Reserved / Scheme of Delegation				Orange	Orange		
	Communications & Engagement	Following approval of Trust Strategy, publication of Comms Strategy (internal and external), for period 2022/3 onwards				Orange		Orange	
		Recruitment of remaining Comms team members (ongoing)		Blue					
		Embed agreed internal comms channels to communicate key strategic and operational priorities and issues		Blue					
		Media training for senior key colleagues		Blue		Blue			
		Recruitment of substantive Chief Communications Officer	Orange			Orange			
	Risk Management	Improved risk management reporting processes to be developed		Blue					
		Risk Management training programme for staff to be devised, and implemented (to be embedded 2022/23)		Blue					
		Implementation of operational risk overview group		Blue					
		4Risk system update (due Spring 2022) - consideration as to whether the Trust moves to DATIX for risk management				Blue			
		Successful recruitment of an interim experienced risk manager		Blue					
		Successful recruitment of substantive experienced risk manager				Orange		Orange	
CULTURE	Culture and Behaviours	Develop and implement the Cultural Dashboard (reporting tool)	Blue						
		Develop and implement a cultural improvement programme from staff survey and "Making A Difference Together" (MADT); utilise OD		Blue					
		Compassion: Implement Just and Learning culture through our supportive approach to people management and patient care		Blue					
		Implement Vision, Values and Behaviour framework. Communication to re-energise vision, values and behavioural framework to ens		Blue					
		Embed Vision, Values and Behaviour framework. Communication to re-energise vision, values and behavioural framework to ensure						Green	
DIGITAL TRANSFORMATION	Digital Infrastructure	Vital upgrade including Sepsis deployment	Blue	Blue					
		BadgerNet Maternity Deployment		Blue					
		Windows 10 deployment		Blue					
		System Integrated Care Record live – A6		Blue					
		Network Replacement commencement			Blue				
		Windows 10 role out completion			Blue				
		Trust wide Single Sign On implementation			Blue				
		BadgerNet Maternity role out Completion				Blue			
		N365 rollout				Orange			
		Trust wide Single Sign On role out completion					Orange		
		ED Careflow role out completion							Orange
		ED Careflow deployment commences		Green			Green		
FINANCES AND RESOURCES	Financial Literacy	All key processes documented and peer reviewed				Orange			
		Deliver live business case register, guidance and toolkits	Blue	Blue					
		Deliver Divisional / consolidated financial risk registers		Blue					
		Deliver TNA and learning programme, use Ext resources				Orange		Orange	
		Achieve level 2 FFF (inc. engagement with Divisions)				Orange		Orange	
	Financial Reporting and Planning	Prepare accurate activity cost and trend data		Blue					
		Undertake two surveys a year to measure effectiveness of finance team - use staff survey to gauge the internal view and a stakehold		Blue	Blue				
		Ensure that annual planning has a clear triangulation between activity, workforce and finance.		Blue					
		Implement Oracle 12.2, Windows 10/N365 and PowerBI				Orange	Orange		
	Performance & BI	Deliver High Level IPR Dashboard within InPhase	Blue						
		Develop Performance Team structure and role within the Organisation	Blue						
		Develop Performance Strategy	Blue						
		Development of system wide dashboard framework	Blue						
		Deliver IPR Dashboard with Drill Down to Ward Level	Blue	Blue					
		Develop UEC Dashboard		Blue					
		Develop Maternity Dashboard		Blue					
		Develop Elective Care system dashboards - 3 monthly development phases starting Aug 21		Blue					

Category	Subcategory	Task
		PART to build a Quality & Safety overview Dashboard within InPhase
		PART to build a Quality & Safety overview Dashboard within InPhase with Drill Down to Ward Level including defined data and metri
	Productivity & Efficiency	Implement standardised documentation and reporting
		Establish governance structures and processes
		Prioritise schemes for delivery in 2021/22 and develop a pipeline with divisional teams
		Develop clear communication plan regarding the approach and commitment to the efficiency programme
		Develop and agree H2 approach to the productivity and efficiency programme
		Engage stakeholders in 2022/23 pipeline development
		Providing appropriate and timely support for ICS big ticket schemes
		Benchmarking and GIRFT data is used routinely to determine whether clinical services and corporate functions are delivered both eff
LEADERSHIP	Leadership Development Framework (DO	Programme for Management Skills Development (technical and systems)
		Review Leadership Programme and Masterclasses across the Trust.
		Review and enhance Trust Health and Wellbeing Plans and incorporate into mandatory training
		Implement and Review Board Development Programme
		Deliver and evaluate the Leadership & Development Strategy and Programme for compassionate, inclusive and effective leadership.
		Develop Local Scope for Growth and Talent Management Pathway
MATERNITY	Maternity Transformation Programme	Evidenced delivery of all RCOG actions
		Development and delivery of communications and engagement plan for patients, families and key stakeholders
		Evidenced delivery of six Year 3 CNST safety actions, with action plans for remaining four safety actions submitted to NHS-R.
		Evidenced delivery of CQC action plans.
		Implement and embed all 52 Ockenden Report actions.
OPERATIONAL EFFECTIVENESS	Restoration & Recovery	Non face to face appointments targets met
		ERF activity thresholds met (70% / 75% / 80% / 85% / 95% / 89%)
		Zero 104 week breaches for RTT
		No elective patients over 78 weeks - MILESTONE NO LONGER RELEVANT.
		PIFU in use within at least 5 major outpatient specialities (1.5% by December 21, 2% by March 22)
	Theatre Productivity	Increase theatre productivity to 85%
		Communication and engagement with surgeons and centre teams re late starts and early finishes
		Launch of new combined 642 and List Planning Meeting. Site specific
		Theatre data sheet changes
		Increase theatre productivity to 75% (milestone no longer applicable , replaced by 85% milestone)
	UEC	Appointment of substantive workforce at all levels
		Implementation of vitals 4.2
		Establish ability to systematically capture and report on activity and quality metrics within medical SDEC and SAU
		Development and approval of Paediatric Emergency Care plan on RSH site
		Delivery of ward improvement work linked to flow and discharge
		Completion of Implementation of ED Careflow (starts July 22)
		To lift all Section 31s and provide evidence of 80% consistent compliance with embedded changes
		Workforce growth to support SDEC in line with business case
QUALITY AND SAFETY	Delivery of the Quality Strategy	Introductory meetings with Workstreams to introduce the Programme of Work
		PMO to work with Workstream leads to develop delivery plans as needed
		Review metrics and outcome measures identified in Quality Strategy to ascertain if they are available within the Trust
		Trust Wide Cascade Launch of the Quality Strategy
		Workstreams to work with Performance Team to develop metrics and outcome measures.
		Quality Strategy Workstream Leads to identify metrics (meeting data standards) to the PART Team to support delivery of the Q&S D
		Governance of strategy at QOC and QSAC and G2G quarterly - reviewing dashboard and exceptions
		Communications - Launch of a dedicated Intranet Page
		Establish monthly quality strategy delivery meeting with divisions in line with divisional governance
	Fundamentals in Care	Exemplar baseline reviews and accreditation
		Quarterly reports to QOC illustrating the nursing dashboard and exemplar audits
		Matrons Monthly Quality Assurance Audits in place
		Monthly nursing assurance meetings
		Exception reporting and action plans to address CQC areas of concern
	Learning from Deaths	Ensure recommendations of the Niche Phase 2 independent review of deaths report is reviewed by the trust and action plans are dev
		Develop a detailed Learning from Deaths Policy
		Establish terms of reference and agree reporting structure for Mortality Operational and Triangulation Group
		Develop a learning from deaths dashboard in conjunction with NHSIE
		Covid 19 deaths steering group to oversee the implementation of NHSE guidance for reporting and responding to Covid 19 hospital o
		Covid 19 deaths steering group to establish a strategic plan to investigate the nosocomial Covid 19 deaths that have occurred at Sa
		Identify and develop the operational process to support use of the new screening tool to identify cases requiring a mortality review (S
		Develop a screening tool to identify cases requiring a mortality review (SJR)
		Withdrawal the CESDI form
		Develop a Learning from Deaths intranet page
		Deliver the communication plan in relation to the new Learning from Deaths process
		Roll out of NHSE/I SJR Plus training programme.
		Establish a consistent Trust Governance process to support the Learning from Deaths agenda.
		Develop the high level Learning from Deaths policy

Category	Subcategory	Task	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10
		Establish an operational group for Mortality Operational and Triangulation			🟦							
		Define appropriate divisional and corporate roles and responsibilities to deliver the Learning from Deaths agenda.			🟦							
		Define appropriate medical roles and responsibilities to deliver the Learning from Deaths agenda.				🟦						
	Levelling-up Clinical Standards	Define an additional set of specialty specific clinical standards for Phase 1 areas		🟦	🟦							
		Define an assurance and governance process for clinical standards		🟦								
		Embed a clinical standards performance framework that is embedded within each specialties CG meeting to foster clinical improvem										🟩
		SRO to attend CD's governance meeting for all specialties to communicate the programme		🟦	🟦							
		Define a standard set of clinical standards for all specialties		🟦	🟦							
		Define an additional set of specialty specific clinical standards for Phase 2 areas								🟩		
		Define an additional set of specialty specific clinical standards for Phase 3 areas										🟩
	Quality and Regulatory Compliance	Completion of self assessments for core services in phase one all services not assessed by CQC in July 2021 including Children and			🟧	🟧						
		Implementation of process to monitor and evidence SaTH improvement plan including CQC areas of concern, validate status of actio	🟦									
		Embed improvement themes into steering group, sub-committee and governance structures in the Trust		🟦								
		To lift all Section 31s and provide evidence of 80% consistent compliance with embedded changes										🟩
		Create and implement process for carrying out, review and Exec Sign Off for Self Assessment (Ward to Board)			🟦							
		Review all Section 31s and 29as to ensure embedded and ensure all "in progress" and "outstanding" actions are prioritised by appro			🟦							
		Completion of self assessments for core services phase two including ITU and Surgery, Medicine and UEC								🟩		
		Undertake CQC self assessments via the InPhase CQC self assessment model										
	Quality Governance	Implement Quality Governance Framework			🟦							
		Develop and embed robust Executive RCA Process			🟦							
		Provide consistent approach to Quality Governance across all divisions			🟦							
WORKFORCE	Future Workforce Design	Future Workforce Design and Approach to Workforce Planning (related to strategy; Hospital Transformation Programme; and digital			🟦							
		Develop a workforce planning approach to meet demands including new roles, international recruitment .			🟦							
		Identify workforce opportunities and benefits, with partners across the system, to address long-term workforce solutions.			🟦							
		Approval and Implementation of New Roles Development Programme within the Trust Integrated Plan – Workforce section.										
	Recruitment & Retention	Develop and embed a rota strategy and SOP with escalation process for operational workforce including rota sign off and manageme	🟦									
		Deliver a Trust Wide refreshed marketing and branding approach to recruitment.			🟧		🟧					
		Deliver the retention strategy to improve staff retention for 21/22			🟦							
		Deliver 21/22 of the international nursing recruitment programme including mitigation.			🟦							
		Review, audit and streamline recruitment processes to ensure end user satisfaction; Develop strategy for effective on boarding, depl			🟦							
		Develop and deliver SaTH's agency strategy to ensure cost efficiency and effective use of temporary staff.			🟦							
	Training and Education	Develop skills and competencies framework for all Trust and regular agency staff to give assurance of staff compliance. Educational		🟦		🟦						
		Implement Integrated Education Proposal following evaluation of Education Reviews.				🟩						
		Introduction of Educational Business Support Unit to support the organisation to deliver clarity and compliance with Mandatory and S				🟩						
		Plan and deliver programme to embed Quality Improvement Methodology trust-wide				🟦						
		Utilise apprentice levy in line with workforce needs and talent management and ensure compliance.										🟩
		Implement Learning Management System										🟩

Getting to Good Report: Appendices May 2022

BRAG Ratings Key

DELIVERED	🟦
ON TRACK	🟩
REASONABLE	THERE MAY BE ISSUES THAT IMPACT DELIVERY, MITIGATION IN PLACE 🟧
OFF TRACK	ISSUES IMPACTING DELIVERY, NO MITIGATION IN PLACE 🟥
NOT STARTED	⬜

Tier	Description of Support	PMO Support Offer	Programme Lead Commitment
Tier 3 Full Support	This is applicable to projects in which actions have not shown a significant, measurable improvement and multidisciplinary support is required.	The PMO/service improvement team will work intensively with Divisional teams to establish a governance structure, project plans and accelerate delivery.	The SRO will attend the weekly ODG to provide updates on the progress of milestones and supporting metrics, bringing to the fore any issues, risks or barriers to delivery and to seek support from ODG members.
Tier 2 Light Touch	The project will have identified its purpose and milestones and named the SRO and delivery leads. However, the Division may have limited capacity to allocate resource to the project. Measurable Improvements have been limited or are not embedded.	PMO and service improvement expertise will support the management and coordination of resources to enact the change. The PMO and service improvement team will use their expertise in programme governance and improvement to support programme teams.	The SRO will attend the weekly ODG to provide updates on the progress of milestones and supporting metrics, bringing to the fore any issues, risks or barriers to delivery that ODG members can assist with.
Tier 1 Assurance Only	Projects that are managed within the executive portfolio with established project team and existing governance structure that allows it to sustain delivery. Year 1 objectives have been fully or mostly met with business as usual assurance. This assurance should include exception reporting and risk management. Phase 2 milestones continue the embedding of change.	The PMO give programme oversight and technical expertise to support senior responsible officers.	The SRO will be responsible for providing assurance on delivery and impact, including supporting metrics to demonstrate continued programme delivery and impact to their executive leads and the Operational Delivery Group ODG) by exception.

NHS The Shrewsbury and Telford Hospital NHS Trust

G2G Operational Delivery Group & Executive Team meeting (Weekly) › Senior Leadership Committee- Operations (Monthly) › Quality & Safety Assurance Committee (Monthly) › Trust Board (Monthly)

	Week 1	Week 2	Week 3	Week 4
SaTH Internal Assurance				
Workstream review meetings: • Led by programme leads • Reporting and admin support provided by workstream lead • Action owners to attend and provide updates	Frequency and timings determined by programme leads →			
Operational Delivery Meeting: • Chaired by the Improvement Director or Programme Director • Programme Leads and core action owners to attend and provide updates • Attended by PMO, SI, informatics, NHSEI Improvement Leads Programme Director	▮	▮	▮	▮
Executive Team Meeting (ETM) CEO to extend an ETM to include Getting to Good Updates and Programme "Deep Dives" ahead of Board, with G2G PD (and/ or ID) in attendance	▯	▯	▮	▯
G2G metrics for previous month, locked down	▮			
QIP report & and full appendices (previous CiC report inc. the metrics and progress tracking) for: SLC-O, QSAC, and Trust Board to be presented by Director of Finance		Draft	Final	
Senor Leadership Committee – Operations			▮	
Quality and Safety Assurance Committee				▮
Trust Board	▮			
NHSE/I External Assurance				
Strategic Oversight Assurance Group				▮

PACT Partnering · Ambitious · Caring · Trusted

Getting to Good Report Appendices

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

Programme	Project	Executive Lead	SRO	BAU Governance Route	Tier
Getting to Good Programme - Local Governance Arrangements					
CULTURE	Culture and Behaviours	Rhia Boyode	James Owen	People & OD Senior Leadership Mtg, Education Group, Operational People Group, Finance Resource Committee.	Tier 1
DIGITAL TRANSFORMATION	Applied Digital Healthcare	Richard Steyn	TBC		Tier 2
	Infrastructure		Rebecca Gallimore	Digital Programme Board	Tier 1
FINANCE & RESOURCES	Financial Reporting and Planning	Helen Troalen	Clair Young	The ODG is supporting oversight of this programme whilst the assurance arrangements are being reviewed	Tier 2
	Performance & BI		Ria Powell	The ODG is supporting oversight of this programme whilst the assurance arrangements are being reviewed	Tier 3
	Productivity & Efficiency		Adam Winstanley	Efficiency and Sustainability Group	Tier 2
	Financial Literacy		Adam Winstanley	Finance Project Steering Group	Tier 2
GOVERNANCE	Board Assurance Framework (BAF)	Anna Milanec	Anna Milanec	The ODG is supporting oversight of this programme whilst the assurance arrangements are being reviewed	Tier 3
	Communications & Engagement		Claire Dunn (Interim)		Tier 3
	Board Governance		Anna Milanec		Tier 3
	Risk Management		Lisa Beresford		Tier 3
	Anti Fraud, Bribery and Corruption		Anna Milanec		Tier 3
LEADERSHIP	Leadership Development Framework	Rhia Boyode	Emma Wilkins		Tier 1
MATERNITY	Maternity Transformation Programme	Hayley Flavell	Martyn Underwood	Maternity Transformation Assurance Committee (MTAC) and the Ockenden Report Assurance Committee (ORAC).	Tier 1
OPERATIONAL EFFECTIVENESS	Non Elective Pathways	Sara Biffen	Laura Graham	SDEC Project Board, Flow & Site Management Operational Committee, Medicine and ED CQC Confirm and Challenge	Tier 3
	Theatre Productivity		Lisa Challinor	RTT Restore and Recovery	Tier 3
	Restoration & Recovery		Lisa Challinor	RTT Restore and Recovery	Tier 3
QUALITY & SAFETY	Levelling-up Clinical Standards	John Jones / Hayley Flavell / Richard Steyn	Ian Tanswell	The ODG is supporting oversight of this programme whilst the assurance arrangements are being reviewed	Tier 3
	Delivery of the Quality Strategy		Kara Blackwell	Quality Operational Committee (QOC) and Review and Learning from Incidents Group (RALIG) forums.	Tier 3
	Fundamentals in Care			Confirm & Challenge Meetings	Tier 3
	Quality and Regulatory Compliance			Quality Operational Committee (QOC) and Review and Learning from Incidents Group (RALIG) forums.	Tier 2
	Learning from Deaths		Roger Slater	Learning from Deaths Steering Group	Tier 3
	Quality Governance		Kath Preece / Kara Blackwell	Weekly Quality Governance Steering Group	Tier 2
WORKFORCE	Future Workforce Design	Rhia Boyode	Simon Balderstone	People & OD Senior Leadership Mtg, Education Group, Operational People Group, Finance Resource Committee.	Tier 1
	Recruitment & Retention		Laura Carlyon	People & OD Senior Leadership Mtg, Education Group, Operational People Group, Finance Resource Committee.	Tier 1
	Training and Education		James Owen	People & OD Senior Leadership Mtg, Education Group, Operational People Group, Finance Resource Committee.	Tier 1