

NHS CONFIDENTIAL
Appendix 1: Getting to Good Project Status Overview

BRAG
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	Monthly Update	Previous Month	Current Month
				November	December
Corporate Governance	Anti Fraud, Bribery and Corruption	Consistent	The key actions for the Anti-Fraud, Bribery and Corruption project have now been delivered. The project closure form and supporting evidence will be presented at ODG during January 2023, in order to complete and close the project.	ON TRACK	ON TRACK
Corporate Governance	Board Assurance Framework (BAF)	Consistent	The key actions for the Board Assurance Framework (BAF) project have now been delivered. The project closure form and supporting evidence will be presented at ODG during January 2023, in order to complete and close the project.	ON TRACK	ON TRACK
Corporate Governance	Board Governance	Consistent	The key actions for the original Board Governance project have now been delivered. The project closure form and supporting evidence will be presented at ODG during January 2023, in order to complete and close the project.	ON TRACK	ON TRACK
Corporate Governance	Communications & Engagement	Consistent	The newly appointed Head of Communications priority is to develop the Trust Communications Strategy in early 2023. Following this, the draft internal communications strategy is planned to be completed by March 2023, for review and comment ahead of Executive approval in late summer. The Head of Communications is reviewing the current establishment of the Communications Team to identify if any additional capacity is required based on the increasing demands on the team.	ON TRACK	ON TRACK

Corporate Governance	Risk Management	Worsening	<p>The Risk Officer role has been successfully recruited to and the candidate will commence with the Trust in early 2023.</p> <p>The substantive Risk Manager post was advertised during December 2022 and interviews are scheduled to take place in January 2023. This milestone is now rated as off track as it was due to be delivered by December 2022.</p> <p>The interim Risk Manager will be leaving the Trust in January 2023.</p> <p>The Getting to Good Plan on a Page refresh was completed and approved by the Executive lead during December 2022. The focus of the next phase of this project will be to develop an E Learning package, to undertake a risk cleansing exercise on the Datix system and to facilitate the Trust to develop a refreshed risk appetite statement.</p>	ON TRACK	ISSUES
Digital Transformation	Digital Infrastructure	Consistent	<p>All standard devices in the organisation have now been replaced to Windows 10 with NHS Digital approved exceptions. Office 365 trust wide rollout is continuing to progress. Process mapping and sessions to confirm system configuration in respect to ED Careflow and Careflow PAS is underway. Data migration work in respect to Careflow was successfully completed in November 2022 and work is ongoing to understand the impact the system will have on letter production. Single Sign On roll out completion remains on track with Imprivata being deployed in the organisations clinical areas.</p>	ON TRACK	ON TRACK

<p>Elective</p>	<p>Cancer Performance</p>	<p>Consistent</p>	<p>To date, there are 613 cancer patients who have been waiting longer than 62 days for treatment from their initial referral. The aim is to reduce this to below 420 patients by March 2023. Presently, 47.7% of patients have received their first treatment within 62 days following referral from their GP with an urgent suspected cancer, this against the national target of 85%. Of all patients referred by their GP for suspected cancer, 55.8% of patients have been diagnosed or had cancer ruled out within 28 days of being referred (currently there is no benchmarking standard for this indicator).</p> <p>The Tele-dermatology pilot will now commence 23rd January 2023. This has been delayed from the original 6th December date due to Information Technology issues within Primary Care, however, straight to test for the specialty of Colorectal has now commenced.</p> <p>The outcome of the tendering application to deliver inhouse Faecal Immunochemical Testing (FIT) is still pending and will be known in January 2023. This is not expected to impact on the delivery of this milestone, which remains on track.</p> <p>Current risks include a lack of capacity in Radiology to meet clinical demands including reporting capacity, workforce constraints across a range of areas and a reduction in operating theatre capacity. However, mitigation is provided through the individual areas staffing and recruitment models which are expected to deliver in January 2023. There is also increased sickness in the workforce due to Flu and COVID-19, along with operational pressures affecting performance.</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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<p>Elective</p>	<p>Diagnostics Recovery</p>	<p>Consistent</p>	<p>Diagnostic performance improved during November 2022 to 65%, a positive increase of 5 % with MRI achieving 76%, CT 97%, and Ultrasound 49% against targets of 99%. An insourcing provider is also now in place for Plain Film reporting, and a second outsourcing provider is also now in place. During the month of December, COVID sickness significantly affected the activity in CT. A temporary relocation of Cardio Echo Outpatient Services will commence on the 16th January 2023, with an aim to reinstate the full service by April 2023, it is perceived that this will have some negative impacts on the service. The Diagnostic Demand and Capacity trajectory has been updated to reflect this. Echo was reporting a performance of 75.46% at November 2023. Revised Endoscopy workforce plans were presented to Surgery, Anaesthetics and Cancer Divisional Committee in November 2023. Endoscopy Performance was at 35.4% In November 2023, again, the Demand and Capacity trajectory has been recently updated to reflect this.</p> <p>Three whole time equivalent (WTE) Mammographers have commenced working in the Trust and a further three have been appointed. An Advanced Practice Radiographer (Fluoroscopy) has now commenced training.</p> <p>Insourcing for Ultrasound and Breast screening continues to be in place. Demand and Capacity Modelling is reviewed monthly to factor in any new updates and initiatives including the insourcing support for Plain Film and the outsourcing support for reporting. There will be a review of key milestones to factor in these new interventions.</p> <p>The Imaging Pod is now open five days per week for MRI, this has been in place as of December 2022. Unfortunately, the Pod is still only open two days per week for CT due to resignation of skilled staff. The planned recovery date for this is February 2023.</p> <p>Staffing availability due to sickness remains a risk, in particular in ultrasound. Waiting List Initiative and Insourcing is in place to increase activity and also to uplift the use of rooms to seven days per week. A deep dive into the current demand and activity took place at the end of December 2022 and the outcome of this is being reviewed by the Deputy Radiology Centre Manager.</p>	<p>ISSUES</p>	<p>ISSUES</p>
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The Mobile CT and MRI scanners contract is due to end March 2023, business cases developed to address this requesting additional funding to continue to deliver against Diagnostics Waiting Times and Activity (DM01) target.

The supply of contrast agent for CT and Technetium Generators for Nuclear Medicine continues to remain fragile with regular reviews in place in Radiology and Pharmacy.

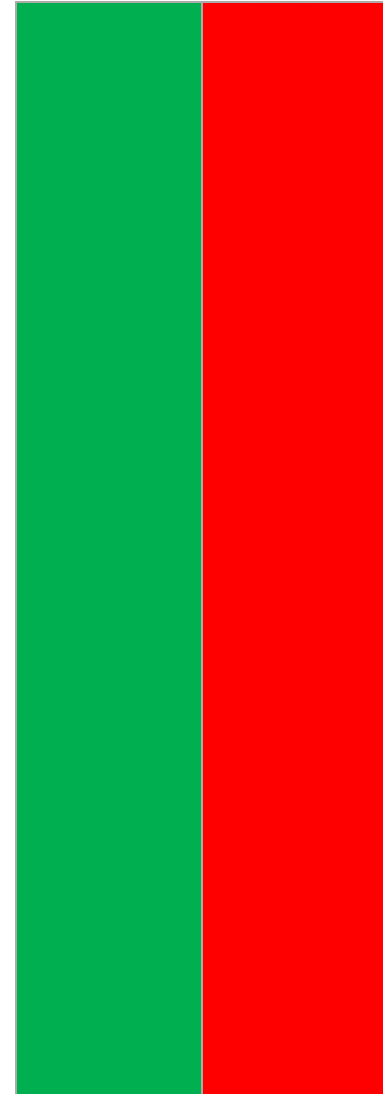
The operational date for the Community Diagnostic Centre (CDC) in Telford has slipped due to legal delays in securing the lease agreement. The revised operational date is to be confirmed.

<p>Elective</p>	<p>Outpatient Transformation</p>	<p>Consistent</p>	<p>There has been good improvement in the use of Patient Initiated Follow Up (PIFU) with 3.1% of patients placed on a PIFU pathway in December 2022 (excluding Welsh patients). Further progress is still required to achieve the national objective of 5% by March 2023.</p> <p>Non-face-to-face virtual contacts have also improved in December 2022 accounting for 20.4% of outpatient contacts. The national objective is to achieve 25% by March 2023.</p> <p>Work continues to ensure that all stratified follow-ups are captured and included in the Patient Initiated Follow Up (PIFU) activity and reviews of past maximum wait patients continue across all specialties.</p> <p>As part of the Elective Recovery Actions Shrewsbury and Telford Hospital Trust are still in the process of validating non-admitted waiting lists. 4,514 patients have been contacted by telephone or via letters. 3,845 patients have responded. The Patient Access Team continues to contact those patients who have not yet responded.</p> <p>Key activities for January 2023 include updates from specialities on work commenced, support required and outcomes achieved. There will also be a focus on Virtual Consultations, using a report from Channel 3 Consulting, looking to remove potential barriers to achieve required outcomes.</p> <p>A counting and coding risk has been identified; The Project Team is working with Clinical Centres and Information Team to ensure that all current reporting is correct to mitigate this risk.</p>	<p>ISSUES</p>	<p>ISSUES</p>
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<p>Elective</p>	<p>Theatre Productivity</p>	<p>Worsening</p>	<p>Increases in theatre activity continue to be impacted by emergency escalation, this is most pronounced at Princess Royal Hospital (PRH) where Bay C in the Day Case Unit is being utilised for medical escalation, this has been further exacerbated by the Emergency Department utilising the Day Theatre corridor to cohort ambulance patients and, on occasion, the Day Surgery Theatres in times of significant ambulance surge.</p> <p>Increase in capacity is also currently impacted by insufficient numbers of trained staff and increases in supernumerary staff. This reduces the ability to provide suitable skill mixes to cover all available operating theatres. To help mitigate this and the potential loss of staff through attrition, a theatre specific Educational Lead has been employed to provide focused training to new staff members and a new theatre structure business case has been submitted with the aim of providing structured progression opportunities for existing and new staff.</p> <p>Theatre utilisation for December 2022 was measured as 75% uncapped and 70% capped at Royal Shrewsbury Hospital (RSH) with 72% uncapped and 68% capped at Princess Royal Hospital (PRH). This is a reduction from the November 2022 utilisation figures with difficulty in backfilling lists in the last two weeks in December 2022 and bed capacity having an effect.</p> <p>With the introduction of Bluespier Theatre Management System, daily theatre utilisation figures have been provided to surgeons and anaesthetists. These figures provide a focused detail on late starts, early finishes, and turnaround times by list.</p> <p>The Preoperative Assessment Department are planning to reintroduce a “walk-in” service at RSH in January 2023. The walk-in service should realise a reduction in the number of patients requiring face to face appointment.</p> <p>Further attrition has resulted in the loss of experienced staff members which will impact on the ability to roll out further theatres. Current advertising has not been successful, however, due to previous successes from recruitment events, more events have been planned. Working with the recruitment team, an open day is planned for February 2023 and will focus on attracting</p>	<div style="background-color: green; color: white; text-align: center; padding: 20px;">ON TRACK</div> <div style="background-color: red; color: white; text-align: center; padding: 20px;">OFF TRACK</div>
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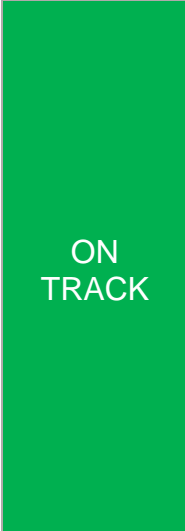
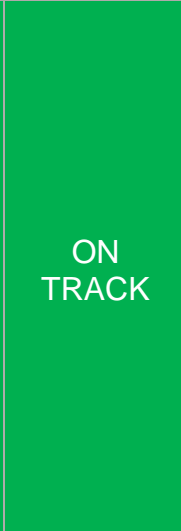
Band 4 Nursing Associates who can be trained as scrub practitioners. This will be supported by ongoing recruitment adverts for qualified staff across all specialties.

No new risks have been identified in the reporting period, however, the risk of not being able to increase capacity due to staffing levels, previously identified, has now become an issue. There has been further attrition of experienced staff and this, combined with high levels of new supernumerary staff, has moved milestones from being on track to an off-track status impacting on the overall status of the project. Currently there are 17 vacancies across both departments with a further 6 staff at PRH expected to go on maternity leave between January 2023 and April 2023.



<p>Maternity Transformation</p>	<p>Maternity Transformation</p>	<p>Consistent</p>	<p>From the final Ockenden report, 60% of actions have already been delivered (94/158). Further actions will be proposed for status change at Maternity Transformation Assurance Committee (MTAC) in January 2023. From the first report, 89% are delivered (46/52). Of the remaining 11% (6 actions) that are 'not yet delivered', 4 lie outside Shrewsbury and Telford Hospital Trusts (SaTH) control, and work is underway for the remaining 2 which are within SaTH's control.</p> <p>The CQC plan is 'on track' and is expected to be delivered in 2023 inline with the revised milestone delivery date.</p> <p>The delivery of Phase 1 of the Maternity Improvement Plan (MIP) has been delivered, with 100% completion of Phase 1. Phase 2 has commenced with an expected delivery date of March 2024.</p> <p>There has been positive feedback from an external independent observer regarding governance systems who noted: 'It has been a pleasure to have observed the check and challenge of the SaTH Maternity Transformation Programme which I believe is a great example to many.'</p> <p>Key activities for January 2023 include a visit from University Hospitals Birmingham NHS Foundation Trust to learn about MTP journey and governance/assurance processes; plus, start off of Phase 2 of the MIP plan.</p> <p>There are no new risks associated to delivery of the project.</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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Quality & Safety	Applied Digital Healthcare	Consistent	<p>The Shropshire, Telford and Wrekin (STW) Virtual Ward Programme was relaunched at the end of March 2022, managed by Shropshire Community Health NHS Trust as a workstream within the STW Local Care Transformation Programme.</p> <p>Further scoping is scheduled to take place by STW to understand digital healthcare opportunities across the system, within both the Hospital Transformation Programme(HTP) and the Local Care Transformation Programme (LCTP). As a result, this project is now closed and will no longer be part of the SaTH Getting to Good programme, pending sign off at ODG.</p>	ISSUES	ISSUES
Quality & Safety	Levelling-up Clinical Standards	Consistent	<p>The SRO continues to support the specialties to develop clinical standards and to refresh internal professional standards and a number of these have been drafted including the Ear, Nose and Throat Team (ENT), Frailty and the Emergency Department. Ongoing discussions continue with the Performance and Business Intelligence Team to progress the collection of data to include the clinical standards within InPhase, to ensure performance against the standards can be measured and monitored and this is a key next step in the project delivery.</p> <p>Appointment of additional support staff to the learning from deaths team will also provide support to this programme.</p>	ON TRACK	ON TRACK
Quality & Safety	Critical Care Improvements	Consistent	<p>The options appraisals relating to service redesign has been reviewed and the preferred option has been approved by Trust Board during November 2022 and further plans will now be enacted. Business Continuity Plans are also being reviewed and strengthened.</p> <p>The six University Hospitals Birmingham (UHB) recommendations have been completed and the evidence collection is underway to support this ahead of a confirm and challenge round during January 2023.</p> <p>Adult critical care job planning is now underway, with plans under discussion and awaiting manager agreement, in line with the Trust wide job planning review.</p> <p>A review and rebranding of Anaesthetics job advertisement has taken place to attract a wider audience.</p>	ON TRACK	ON TRACK

<p>Quality & Safety</p>	<p>Fundamentals in Care</p>	<p>Consistent</p>	<p>The initial key actions of the Fundamentals in Care project have now been delivered and have transitioned into the monitoring phase. This monitoring is through the monthly Nursing Quality Metrics Assurance meetings chaired by the Chief Nurse/Deputy Chief Nurse and attended by the Divisional Directors of Nursing, Matrons and Ward Managers. 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.</p> <p>Further action plans are in place and improvement work particularly in relation to nutritional assessments and care planning, fluid balance charts and catheter care.</p>		
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<p>Quality & Safety</p>	<p>Learning from Deaths</p>	<p>Consistent</p>	<p>In early December 2022 an onsite assurance review was undertaken, looking at 30 cases where the patient has died in the Trust and a Structured Judgement Review (SJR) was completed. This review was completed by the Better Tomorrow Programme Leads from the NHSE Intensive Support Team, as part of the exit strategy from SOF 4. Formal feedback will be provided in January 2023 and recommendations will be incorporated into the wider Learning from Deaths Getting to Good Improvement Plan as required. The informal feedback received was positive.</p> <p>The SJR Tool was previously hosted on the ORIS platform with migration to the NHS Apps platform completed in December 2022. Every existing user is in the process of being issued with a new login and will require training, which will be available during regular sessions facilitated by NHSE between December 2022 and early 2023. This may delay the plan to have rolled out the SJR training by March 2023. Until the new system went live no new users could be added to ORIS and this had a negative impact on the ability to increase the pool of SJR Reviewers.</p> <p>The non-medical recruitment for the new Learning from Deaths structure is now complete, with the final post holder due to commence in post early March 2023.</p> <p>The Clinical Lead post has been readvertised and a number of suitable candidates have expressed their interest. This important role will be the lead on education and training in the SJR methodology.</p> <p>The Learning from Deaths dashboard now live and further work is underway to operationalise and ensure appropriate performance reporting. The migration to the new platform may produce issues with data collection that may delay this.</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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<p>Quality & Safety</p>	<p>Quality & Regulatory Compliance</p>	<p>Consistent</p> <p>The Care Quality Commission (CQC) Action plan continues to be delivered and is progressing, with 92% of the actions now complete. A number of actions are now off track including the business cases for 7 day Therapies support and the dedicated Paediatric Emergency Department at PRH and the installation of swipe card access to all wards due to delays in funding approvals.</p> <p>Surgery and the Intensive Therapy Unit (ITU) have completed their CQC self-assessment and a 2 day mock CQC inspection took place across both hospital sites in October 2022. The specialty teams engaged well with these activities and the outcomes are now being collated by the Trust CQC Lead, ahead of the Executive table top review in January 2023.</p> <p>The initial aim of the Trust and this project was to lift all Section 31s and provide evidence of 80% consistent compliance with embedded changes by March 2023. Whilst a number of conditions have been successfully reviewed and lifted, the Trust remains challenged in achieving triage times of 15 minutes of a patient arriving in the Emergency Department. It is also expected that the CQC will want to visit the Trust again to ensure that the improvements in care planning can be consistently evidenced, as per the current regulatory condition. As a result, the expected timeframe to achieve this milestone is now estimated to be March 2024 and the extension has been approved by the Director of Nursing.</p> <p>Several meetings have taken place to continue to progress the implementation on the InPhase CQC Self Assessment module. These include meeting with the InPhase technical team to define the requirements, planning meetings between the Corporate Nursing Team and the PMO, and a demonstration from The Wirral Community Trust, who implemented the system in 2020. A hierarchy has now been agreed and will allow the implementation to progress as delays in this had previously resulted in the pause in implementation.</p> <p>Further configuration and development will continue into Early 2023, with stakeholders for a task and finish group identified. The team are working towards implementation prior to the next planned self assessments in March 2023 for Maternity services.</p>	<p>ISSUES</p> <p>ISSUES</p>
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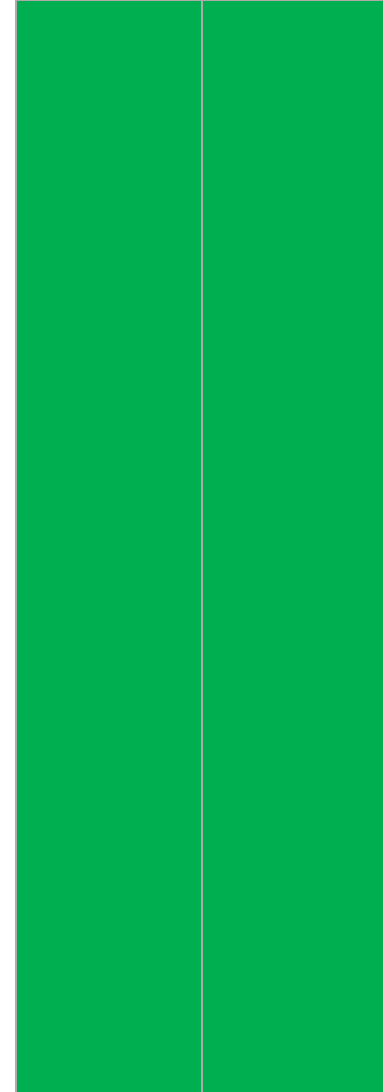
Quality & Safety	Quality Governance	Consistent	<p>The initial steering group for the Patient Safety Incident Response Framework (PSIRF) implementation took place in December 2022 and included key stakeholders as the Trust moves towards implementing this new national framework.</p> <p>The Executive Review process remains outstanding, awaiting feedback regarding requirements from the Executive Team before the action can be progressed.</p> <p>Due to capacity restrictions, GATHER is being used to develop an interim Quality Governance Dashboard until it can be supported and delivered by the Performance and Business Intelligence Team.</p>	ON TRACK	ON TRACK
Quality & Safety	Delivery of the Quality Strategy	Consistent	<p>The initial key actions of the Quality Strategy project have now been delivered and have transitioned into the monitoring phase. Ongoing work in relation to the quality priorities included in the Quality Strategy continues through the various steering groups i.e. Safeguarding Operational and Assurance Meetings, Deteriorating Patient Group, Palliative and End of Life Care (PEOLC) Steering Group, Falls Steering Group and reported and monitored at divisional and corporate level quarterly.</p> <p>A Quality dashboard was agreed to be developed and in place by March 2022, initial work did not progress but this has now been recommenced by the Performance and Business Intelligence Team, with further work required to ensure all identified metrics are included and accurately recorded to operationalise the dashboard effectively. A draft proposal of the quality dashboard was presented to the Executive Team during November 2022 for review and comment and it was agreed that the next steps would be to further develop the draft dashboard for review by the Executive team in early 2023.</p>	ISSUES	ISSUES

<p>Non-Elective</p>	<p>SaTH UEC Improvement Programme</p>	<p>Improving</p>	<p>The Acute Floor was opened in December assisting flow through Emergency Department and for patients being directly admitted to the Royal Shrewsbury Hospital by their GP. Further pathways are to be delivered to support this piece of work including Oncology, Haematology and Trauma and Orthopaedics. The Trauma and Orthopaedic Assessment Area estates work is now complete, and the admission criteria has been signed off via the governance process. The building work required to provide an assessment area for Oncology and Haematology has been delayed due to a requirement to meet fire regulations. The Oncology team are continuing to link in with colleagues at University Hospitals of North Midlands to review their processes and pathways in this speciality, however due to the delays encountered in the completion of the estates work, these pathways are unlikely to become operational in January 2023 as previously anticipated. A revised completion date for this awaited.</p> <p>The programme of work aiming to improve the discharge processes and practices on the wards at both sites launched in December, with a support package lasting three weeks on Wards 6 and 7 at the Princess Royal Hospital. The work included board rounds, efficient transportation planning and booking and therapies input. The work was well received by ward colleagues and will continue on other ward areas in January with a full plan scoped to last until March 2023.</p> <p>A Multi-Agency Discharge Event was held in December under the theme "Home for Christmas". The aim of the event was to discharge patients in time for Christmas in order for them to spend this time with their families and create capacity and assist patient flow in both hospitals over the period between Christmas and New Year. A debrief will be held in January where the discharges and lessons learned from the processes employed will be reviewed.</p>	<p>ISSUES</p>	<p>ON TRACK</p>
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<p>Workforce Transformation</p>	<p>Leadership Development Framework</p>	<p>Consistent</p>	<p>The Strive Towards Excellence Programme (STEP) involves the Management Skills Framework moving from basic supervisory and management competence to leadership competencies and behaviours. Day 3 of the STEP Programme was held on the 9th December with day 4 planned to take place on the 13th January. The SaTH 1 - 3 Leadership Programmes Train the Trainer sessions will commence on the 12th January, with a relaunch of the Leadership programme planned from February 2023. Day 4 of the Senior Leadership & Coaching Programme for cohort 1 was held on the 5th December with Day 5 to take place on the 23rd January. Day 3 for cohort 2 was held on the 13th December with Day 4 to take place on the 31st January.</p> <p>Galvanise, the Trust's Black, Asian and Minority ethnic (BAME) Leadership Programme continues, all participants have an internal senior mentor and an external mentor, action learning sets have commenced in December. Further interview coaching and career coaching sessions are being arranged, with participants also attending Trust Board.</p> <p>The Shropshire Telford and Wrekin Integrated Care System high potential scheme is underway in partnership with Staffordshire, including two delegates from SaTH. Feedback is currently being provided to the applicants regarding their application and assessment.</p> <p>A Schwartz round session titled "When My Best Isn't Good Enough" took place on the 6th December at RSH, with the next session arranged on the 15th February at PRH titled "Here We Go Again". The winter wellbeing package will continue to be available to all staff throughout the winter period.</p> <p>Work is ongoing with Abintegro regarding the launch of the career development portal for all staff, providing access to talent management, career conversations, CV writing, interview preparation, career planning, self-assessment tools and online learning modules. The launch is being planned for week commencing 13th February 2023.</p> <p>The review of the appraisal process and documentation is being adapted</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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following feedback to focus on the talent conversation. New paperwork has been developed with the talent conversation paper to go to the Operational People Group in January 2023.

Winter organisation pressures are likely to impact progress with this project with training / development sessions being potentially stood down or increased Do Not Attend (DNA) rates.

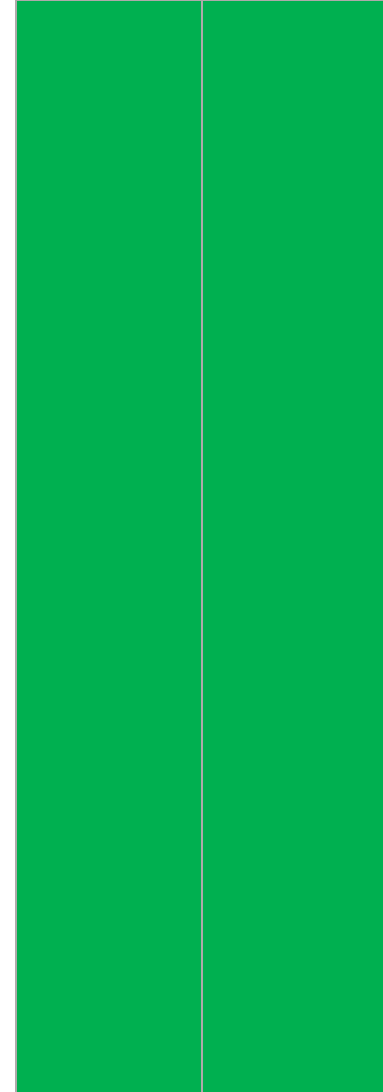


<p>Workforce Transformation</p>	<p>Recruitment & Retention</p>	<p>Worsening</p>	<p>As part of the 2022-2023 International nursing recruitment programme 116 offers have now made to new recruits following a series of interviews. To date 63 overseas nurses have commenced within the Trust. Nine nurses are scheduled to arrive in January 2023, with further cohorts in February 2023 and March 2023. There have been some delays in the process with a higher-than-expected dropout rate noting numerous withdrawals and delays in pre-recruitment checks so further interviews are to take place in mid-January with the aim to reach the target of 110.</p> <p>In December 2022, there was a decrease in the rate of starters, however this is on trend with previous years and an increase is expected to be seen in January 2023. The retention rate remains a risk to progress.</p> <p>A number of steps to increase retention of existing staff have been implemented including an updated flexible working policy with a video to promote flexible working options, trialling of team-based rostering and the launch of a new electronic exit questionnaire via ESR Employee Self Service to accurately capture the reasons behind staff leaving.</p> <p>The Workforce Team are working with the Improvement Hub to revisit the improvement work previously undertaken in reducing the number of days between a vacancy being identified and the new recruit commencing in post. A process mapping session took place in December 2022 to identify areas of opportunity. A number of actions were taken away to be implemented prior to a further session in February 2023.</p> <p>The Trust has been successful in the bid to be a part of the SPRINT Programme with NHS Employers looking at the recruitment process from attraction to onboarding. This will run from the week commencing the 16th January 2023 to week commencing 20th February 2023 working with 10 other Trusts reviewing the pre-employment checks process and identifying improvements. This will form part of a toolkit for other Trusts to access and compliment the improvement work ongoing within the Trust.</p>	<div style="background-color: green; color: white; text-align: center; padding: 20px; font-weight: bold;">ON TRACK</div> <div style="background-color: yellow; color: black; text-align: center; padding: 20px; font-weight: bold;">ISSUES</div>
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<p>Workforce Transformation</p>	<p>Culture and Behaviours</p>	<p>Consistent</p>	<p>As of December 2022, 20 sessions have been facilitated for the Civility & Respect Programme with 400 attendees. Feedback from the sessions has been positive. The feedback will be mapped against the Compassion Theme in the Culture Dashboard.</p> <p>In December 2022, the culture team supported the facilitation of Team development sessions and Civility & Respect and Recognition sessions with the People & OD team and the Finance Directorate.</p> <p>The December session of the Culture Group was held with positive progress updates presented against the Top 10 departments as identified by the Culture Dashboard.</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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<p>Finance & Resources</p>	<p>Performance & BI</p>	<p>Consistent</p>	<p>As of December 2022, progress has been made on most milestones for the reporting period, although pressures remain around operational planning that continue to require significant investments in time. Phase 1 of the Quality dashboard has been drafted. Supporting the Hospital Transformation Programme (HTP) continues to be a key priority and will continue as the capacity and demand model develops. Initial view of the capacity and demand model is due to be available on the 13th January 2023.</p> <p>Good precursor steps have been taken around setting up divisional dashboards and more automated reporting, including building sample reports and establishing infrastructure to move away from standalone data repositories.</p> <p>In December 2022, work is progressing well on the HTP capacity and demand project and initial findings are indicating this will be a useful tool to adopt within our internal SaTH Capacity & Demand modelling going forward. Work continues with the Clinical Support Services division to integrate and improve on reporting, particularly for pharmacy and pathology. A PowerBI app is also in development to record pharmacy and pathology activity and reporting. Person specifications for remaining team vacancies have been completed and posts aim to be advertised week commencing the 16th January 2023. Significant work has been undertaken on urgent care reporting to improve tracking of key near real time measures to support front door pressures. This will be a key focus of PowerBI reporting to ensure data is available when and where needed.</p> <p>In January 2023, there will be a continued focus on HTP capacity and demand modelling working collaboratively with PA Consulting to finalise. The transition between some existing Access database reporting mechanisms within the Performance team over to the data warehouse will commence. Work will continue on developing PowerBI reporting to facilitate divisional dashboards and more automated, timely and data driven reporting.</p> <p>There are a few risks to delivery with operational planning work being a</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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major focus over in January this will impact on the deliverables across milestones. Capacity issues within the team to support all milestones with heightened sickness and annual leave remain with recruitment ongoing through January 2023 to mitigate. With frequent changes in priorities resulting in certain deliverables being delayed as well.



<p>Finance & Resources</p>	<p>Productivity & Efficiency</p>	<p>Consistent</p>	<p>Delivery of efficiencies against the 1.6% in tariff has continued throughout December 2022. At month 9, year to date delivery of £4.5m against plan of £3.9m, with £2.6m delivered recurrently. It is expected that non-recurrent delivery will support the full delivery of the in-year efficiency ask, however it will be met recurrently through the full year effects of recurrent schemes.</p> <p>Further increases in delivery expected, especially in relation to the Workforce Big Ticket Item (BTI) scheme, with a reduction of Off-Framework Agency which commenced in mid-November 2022.</p> <p>The process and governance structure laid out in the initial project plan has now been embedded with a formal launch of the 2023/24 Efficiency Programme. Unfortunately, this did not take place at the Efficiency & Sustainability Group (ESG) on the 16th December owing to winter pressures and annual leave, this has now been rescheduled for the 18th January ESG meeting.</p> <p>There Delivery of efficiencies against the 1.6% in tariff has continued throughout December 2022. At month 9, year to date delivery of £4.5m against plan of £3.9m, with £2.6m delivered recurrently. It is expected that non-recurrent delivery will support the full delivery of the in-year efficiency ask, however it will be met recurrently through the full year effects of recurrent schemes.</p> <p>Further increases in delivery expected, especially in relation to the Workforce Big Ticket Item (BTI) scheme, with a reduction of Off-Framework Agency which commenced in mid-November 2022.</p> <p>The process and governance structure laid out in the initial project plan has now been embedded with a formal launch of the 2023/24 Efficiency Programme. Unfortunately, this did not take place at the Efficiency & Sustainability Group (ESG) on the 16th December owing to winter pressures and annual leave, this has now been rescheduled for the 18th January ESG meeting.</p> <p>There are concerns around future month delivery due to the current</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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			<p>operational pressures and phasing of the plan for the second half of the year.</p>		
<p>Finance & Resources</p>	<p>Financial Literacy</p>	<p>Consistent</p>	<p>The project continues to progress with the level 2 Future Focused Finance (FFF) assessment booked and the completion of the Training Needs Assessment (TNA). An internal finance MS Teams channel has been set up to share training opportunities and developments which has received positive feedback. The deadline for the application for the Level 2 FFF soft submission was completed in December and the application was peer reviewed by a partner organisation. The peer review was supportive of the application with a number of actions identified prior to final submission in March 23. A further peer review session has been booked in with the finance team from Sussex Community NHS Foundation Trust which is required as part of the assessment. This is on track to be delivered.</p> <p>Finance training has recommenced and has been delivered to consultants, new managers, ward managers and clinical directors. With a further in-depth session to be arranged with the clinical directors. This continues to be included on the new manager training to give a high-level overview where attendees are directed towards the budget holder training – Introduction to NHS finance module is still on track to go live from January 2023. Following a review meeting, budget holder training will recommence in January 2023, and specific business case training is being scoped which will be linked to the business case process.</p>	<p>ON TRACK</p>	<p>ON TRACK</p>

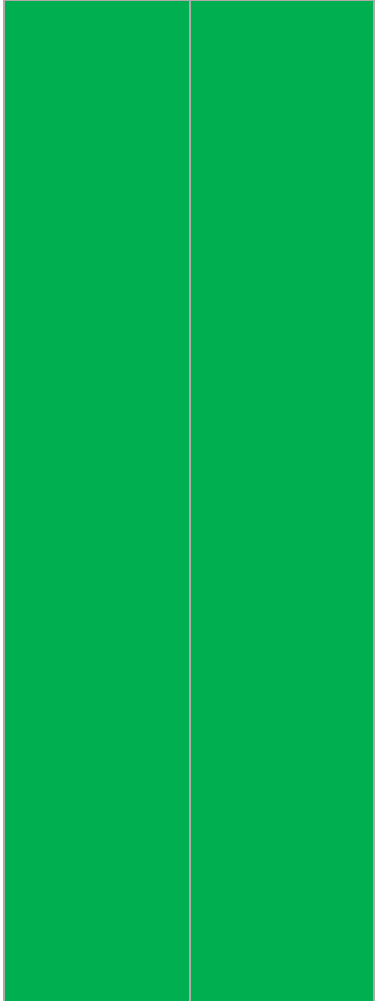
Finance & Resources	Financial Reporting & Planning	Consistent	<p>The initial key actions for the Financial Reporting & Planning project have now been delivered with Oracle 12.2, the finance procurement system, upgrade being implemented and embedded in October 2022 and is now live.</p> <p>In November 2022, the Deputy Director - Intensive Support (NHSE) commenced in the Trust to support the Financial Recovery Programme. The second internal customer survey was completed, and outcomes were discussed at the Finance Directorate Department away day on the 15th December. The plan on a page was refreshed in December 2022 for the next phase of the project and is awaiting Executive Director sign off.</p>	ON TRACK	ON TRACK
Workforce Transformation	Future Workforce Design	Consistent	<p>There are a number of long-term workforce plans in place including the following: Healthcare Support Worker Academy, Trainee Nursing Associate Programme, Physician Associates, Advanced Care Practitioners, Therapy Apprenticeships and the International Nurse Recruitment Programme with the aim to improve the agency usage and reduce costs of expensive high tier nursing agency, create improved use of medical workforce through implementing more effective rosters, better use of the temporary and bank workforce and improved recruitment practices. This month it has been agreed to implement a new mechanism for booking agency staff which will help improve governance arrangements and provide better control of agency.</p> <p>During December 2022, a draft workforce plan has been outlined for 2023/24 which will support the operational planning for next year. This will be finalised throughout January 2023 and the first submission will be in February 2023.</p> <p>A proposal to replace the current escalated bank shift rate with an incentive scheme is still awaiting approval, which will reward bank staff financially based on the number of shifts they book in an agreed time period.</p> <p>The Hospital Transformation plans are progressing well with the development of the workforce model nearing completion for the Outline Business Case. This will be completed by February 2023.</p>	ON TRACK	ON TRACK

<p>Workforce Transformation</p>	<p>Training and Education</p>	<p>Worsening</p>	<p>90% of staff are now registered on Learning Made Simple (LMS) and since its launch the statutory training compliance rate had risen from 80% to 88.73%, however there has been a decrease of 0.6% in December with current compliance at 88.13% which is likely to affect trajectory to reach the 90% target by January 2023. The decrease is due to non-attendance on training due to site pressures.</p> <p>The Making a Difference Together Conversation took place, feedback was collated and is currently being reviewed. Plans and actions are to be communicated via cascade over the next 6 months started on the 6th December. Projects have commenced to review the corporate welcome and increase the apprenticeship levy spend. The refreshed plan on a page is currently being reviewed and progressed to sign off.</p> <p>The main risk to delivery of this project remains the below target statutory training compliance. However, mandatory training reminder notifications have been phased in, with departments with the lowest compliance receiving targeted support. The medical performance team are proactively booking medical staff on mandatory training, prioritising least compliant first. Work is underway with Subject Matter Experts to increase training capacity by providing more sessions. Staff survey data is being utilised to review areas of concern with the aim to reach the 90% target by January 2023.</p>	<p>ON TRACK</p>	<p>ISSUES</p>
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<p>Non-Elective</p>	<p>Emergency Care Transformation Programme</p>	<p>Consistent</p>	<p>The Emergency Care Transformation Assurance Committee met in December to provide governance over the programme’s action delivery.</p> <p>In December, the programme deliverables have included an assessment into current PGD practices, the promotion of positive communication via posters raising awareness of microaggressions, revisitation and progression of a standards of behaviour document for the department and a full assessment of existing mechanisms of investigation and learning from Serious Incidents.</p> <p>Progress has been made with the delivery of the Improvewell application to the department which will enable staff to raise ideas for improvement to the service the department provides to patients. This platform will be available for staff members to use on their mobile phone and provide feedback on the department which will assist in the delivery of the overall programme and help demonstrate progress.</p> <p>The role of Organisational Development Practitioner has been advertised to directly support the programme with interviews anticipated in January 2023.</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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<p>Workforce Transformation</p>	<p>Equality, Diversity & Inclusion</p>	<p>Consistent</p> <p>SaTH continued to celebrate Disability History Month into December 2022. With regards to the Complete National Submission of Gender Pay Gap Data & Equality Annual Report data gathering took place in December 2022 this is due to be handed over to Equality, Diversity & Inclusion (EDI) team with the aim to go to board by the end of January 2023.</p> <p>Various surveys have been undertaken and feedback received was that staff would like to see more visible senior leadership support during EDI events. A board master class in EDI has been scheduled to take place in February 2023.</p> <p>The EDI Team continue to plan and deliver bi-monthly EDI staff networking meetings and work closely with The Freedom To Speak Up Guardians on the Anti-racism plan. An initial meeting took place with the patient advocacy group in November 2022 and a request for further capacity within the EDI Team to support this was raised at the SaTH EDI meeting in December 2022.</p> <p>A lead has been established on the culture programme and this is being supported by Freedom To Speak Up (F2SU). A survey is being carried out with the international nurses to further develop the programme to ensure they are appropriately supported by the Trust and highlight any areas of concern that need addressing. The survey has highlighted that 41% of staff reported as not happy. This has raised serious concerns and further work is going to be undertaken to understand the root cause of issues raised.</p> <p>A lead has been established to support leading on cultural ambassadors and scoping is underway to cost the refresher course to ensure the organisation can see fair representation on recruitment panels and increase representation across band 7 roles and above.</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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<p>Workforce Transformation</p>	<p>Medical Staffing</p>	<p>Consistent</p>	<p>The Medical People Services team structure and roles & responsibilities have been confirmed with permanent posts recruited. The 24-hour access portal / platform (Agile) for booking medical staff has been launched to reduce agency spend and grow internal bank. An action plan now needs to be developed to address areas of improvement.</p> <p>The Medical People Services establishment document has been embedded. Rotas and work schedules have been reviewed, and accurate / reflective job descriptions have been developed which align to service needs with robust person specification providing clarity on rota requirements and skill mix. Recruitment and rostering consistency review group meetings have been set up within each Division.</p> <p>26 Junior Doctors rotas have been reviewed and are in line with best practice, trust wide trends have been highlighted through this work. Bi-weekly meetings are now being held with all Divisions to address concerns, issues, gaps, key actions and next steps. Weekly drop-in sessions are being held between the Divisions and Agile Managed Bank. Standardisation of bank rates have been confirmed and locum induction packs have been ratified. Rota coordinators are now in place in ED and Medicine.</p> <p>In December 2022, a generic job description for the Surgery rota coordinators has been developed and launched with 5 now shortlisted. Medicine and AMU were provided with a new service model to meet minimum staffing requirement. This now requires consultation. The first draft of the Critical Care consultant rotas for cross site working have been developed and are currently awaiting feedback. Focus has been on the front end management of the medical establishment has continued with more savings identified than the financial control of medical establishment document. Team mandatory training and appraisal compliance has been improved but further work is required to meet 100% target.</p> <p>There are significant recruitment drives active in ED, Critical Care, Acute Medicine and against hard to fill specialities with 88 new starters, however retention needs to be addressed with different ways of working being reviewed and historical issues being identified.</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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			<p>The plan on a page for this project is to be further developed with the PMO team in early January 2023 to ensure this captures the full scope of the project and the teams ongoing work.</p>	

<p>Quality & Safety</p>	<p>Expansion of Medical Examiners Office</p>	<p>Consistent</p>	<p>The Expansion of the Medical Examiners Office Project is progressing well, with 14 of the required Medical Examiner sessions now successfully filled and recruitment to the additional four sessions underway, with interviews scheduled for early January 2023.</p> <p>A data sharing agreement has been prepared, following the undertaking of the Data Protection Impact Assessment's (DPIA) and shared with The Shropshire, Telford and Wrekin Integrated Care Board, Shropshire Community Health Trust, The Robert Jones and Agnes Hunt Orthopaedic Hospital and Severn Hospice Information Governance leads. Once these are signed off and returned, they will be added to the information governance sharing gateway by the Trust lead. This is required as SaTH access to the Integrated Care Record could not be progressed due to licensing access issues.</p> <p>Clinical engagement sessions are due to commence with each provider in January 2023 and will be clinically led with support from the Medical Examiner Office Manager.</p> <p>Office space at RSH continues to be an issue and this will escalate once the additional posts currently under recruitment commence. This is being discussed at the Accommodation Task and Finish Group and a paper offering a proposal was developed during November 2022. The team is still awaiting feedback from this meeting.</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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Appendix 2: Month on Month Status with Trend

Programme	Project	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Trend
Corporate Governance	Anti Fraud, Bribery and Corruption	●	●	●	●	●	●	●	●	●	●	●	●	→
	Board Assurance Framework (BAF)	●	●	●	●	●	●	●	●	●	●	●	●	→
	Board Governance	●	●	●	●	●	●	●	●	●	●	●	●	→
	Communications & Engagement	●	●	●	●	●	●	●	●	●	●	●	●	→
	Risk Management	●	●	●	●	●	●	●	●	●	●	●	●	↓
Digital Transformation	Digital Infrastructure	●	●	●	●	●	●	●	●	●	●	●	●	→
Elective	Cancer Performance	●	●	●	●	●	●	●	●	●	●	●	●	→
	Diagnostics Recovery	●	●	●	●	●	●	●	●	●	●	●	●	→
	Outpatient Transformation	●	●	●	●	●	●	●	●	●	●	●	●	→
	Theatre Productivity	●	●	●	●	●	●	●	●	●	●	●	●	↓
Finance & Resources	Financial Literacy	●	●	●	●	●	●	●	●	●	●	●	●	→
	Financial Reporting & Planning	●	●	●	●	●	●	●	●	●	●	●	●	→
	Performance & BI	●	●	●	●	●	●	●	●	●	●	●	●	→
	Productivity & Efficiency	●	●	●	●	●	●	●	●	●	●	●	●	→
Maternity Transformation	Maternity Transformation	●	●	●	●	●	●	●	●	●	●	●	●	→
Quality & Safety	Critical Care Improvements	●	●	●	●	●	●	●	●	●	●	●	●	→
	Expansion of Medical Examiners Office	●	●	●	●	●	●	●	●	●	●	●	●	→
	Delivery of the Quality Strategy	●	●	●	●	●	●	●	●	●	●	●	●	→
	Fundamentals in Care	●	●	●	●	●	●	●	●	●	●	●	●	→
	Learning from Deaths	●	●	●	●	●	●	●	●	●	●	●	●	→
	Levelling-up Clinical Standards	●	●	●	●	●	●	●	●	●	●	●	●	→
	Quality & Regulatory Compliance	●	●	●	●	●	●	●	●	●	●	●	●	→
	Quality Governance	●	●	●	●	●	●	●	●	●	●	●	●	→
	Applied Digital Healthcare	●	●	●	●	●	●	●	●	●	●	●	●	→
	Non-Elective	SaTH UEC Improvement Programme	●	●	●	●	●	●	●	●	●	●	●	●
Workforce Transformation	Emergency Care Transformation Programme	●	●	●	●	●	●	●	●	●	●	●	●	→
	Culture and Behaviours	●	●	●	●	●	●	●	●	●	●	●	●	→
	Equality, Diversity & Inclusion	●	●	●	●	●	●	●	●	●	●	●	●	→
	Medical Staffing	●	●	●	●	●	●	●	●	●	●	●	●	→
	Future Workforce Design	●	●	●	●	●	●	●	●	●	●	●	●	→
	Leadership Development Framework	●	●	●	●	●	●	●	●	●	●	●	●	→
	Recruitment & Retention	●	●	●	●	●	●	●	●	●	●	●	●	↓
Training and Education	●	●	●	●	●	●	●	●	●	●	●	●	↓	

Programme	Project	Milestone	22/23	22/23	22/23	22/23
			Q1	Q2	Q3	Q4
Corporate Governance	Communications & Engagement	Delivering HTP comms and engagement strategy Phase 1 SOC				
		Develop the comms strategy				
		Fully recruited to structure to deliver the comms strategy				
		Increasing positive media coverage				
		Internal comms strategy for delivering strategic objectives				
		People and OD internal comms strategy				
		Rebranding G2G – showcasing improvement/CQC				
		Substantively recruit Chief Communications Officer				
	Risk Management	Successful recruitment of substantive experienced risk manager				
Digital Transformation	Digital Infrastructure	Bluespier Theatres deployment				
		ED Careflow role out completion				
Elective	Cancer Performance	Development of Teledermatology service to triage skin cancer referrals.				
		Community based breast pain clinic (2nd year)				
		Establish remote monitoring for Urology, Gynaecology and Haematology.				
		Straight to test – Colorectal specific				
	Diagnostics Recovery	Review diagnostic performance				
		Cross sectional training of staff to help and improve the performance in Radiology				
		POD opening 3 days a week, will increase the capacity				
		Recruitment Events to address vacancies in Radiology July, August & November 2022				
		CDC Opening				
	Outpatient Transformation	Identify key stakeholders for the project group				
		Twelve month retrospective review of implemented changes mapped against activity to establish learning for future opportunities				
		Agree and record identified opportunities with specialities through specialty specific PoP's.				
		Creation of Outpatient PIFU, Virtual, A&G tracker (including stratified patients in the PIFU activity)				

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.

	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	Week 1	Week 2	Week 3	Week 4
SaTH Internal Assurance								
Workstream review meetings:	Frequency and timings determined by programme							
<ul style="list-style-type: none"> Led by programme leads Reporting and admin support provided by workstream lead Action owners to attend and provide updates 	→							
Operational Delivery Meeting:								
<ul style="list-style-type: none"> 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								■

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Appendix 6: Local Governance Arrangements

Getting to Good Programme - Local Governance Arrangements						
Programme	Project	Executive Lead	SRO	BAU Governance Route	Tier	
DIGITAL TRANSFORMATION	Digital 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 project whilst the assurance arrangements are being reviewed	Tier 2	
	Performance & BI		Ria Powell	The ODG is supporting oversight of this project 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	
	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 (Interim)	Tier 3				
Anti Fraud, Bribery and Corruption	Anna Milanec	Tier 3				
MATERNITY TRANSFORMATION	Maternity Transformation Programme	Hayley Flavell	Martyn Underwood	Maternity Transformation Assurance Committee (MTAC) and the Ockenden Report Assurance Committee (ORAC).	Tier 1	
NON-ELECTIVE	SaTH UEC Improvement Programme	Sara Biffen	Karen Evans	Flow & Site Management Operational Committee, Medicine and ED CQC Confirm and Challenge	Tier 3	
ELECTIVE	Theatre Productivity	Sara Biffen	Lisa Challinor	RTT Restore and Recovery	Tier 3	
	Outpatient Transformation		Anna Martin	RTT Restore and Recovery	Tier 3	
	Diagnostic Recovery		Anna Martin	RTT Restore and Recovery	Tier 1	
QUALITY & SAFETY	Levelling-up Clinical Standards	John Jones / Hayley Flavell / Richard Steyn	Ian Tanswell	The ODG is supporting oversight of this project 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
	Applied Digital Healthcare			TBC	TBC	Tier 2
	Quality Governance			Kath Preece / Kara Blackwell	Weekly Quality Governance Steering Group	Tier 2
WORKFORCE TRANSFORMATION	Culture and Behaviours	Rhia Boyode		James Owen	People & OD Senior Leadership Mtg, Education Group, Operational People Group, Finance Resource Committee.	Tier 1
	Leadership Development Framework		Emma Wilkins	People & OD Senior Leadership Mtg, Education Group, Operational People Group, Finance Resource Committee.	Tier 1	
	Future Workforce Design		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	