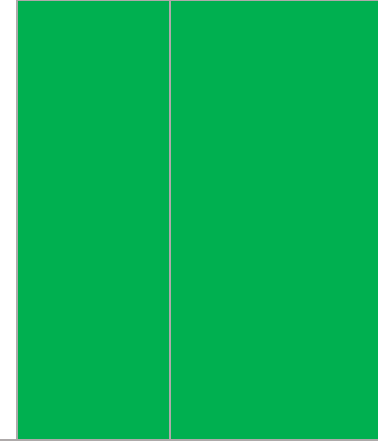


<b>BRAG</b>
DELIVERED
ON TRACK
REASONABLE - THERE MAY BE ISSUES THAT IMPACT DELIVERY, MITIGATION IN PLACE
OFF TRACK - ISSUES IMPACTING DELIVERY, NO MITIGATION IN PLACE
NOT STARTED

Programme	Project	Trend	Monthly Update	Previous Month	Current Month
				January	February
Corporate Governance	Communications & Engagement	Consistent	The Head of Communications has developed a Communications and Engagement plan and this is awaiting approval by the Executive Team. This will include a request to finalise the Communication Strategy by September 2023.	ON TRACK	ON TRACK
Corporate Governance	Risk Management	Improving	The substantive Risk Manager post has been appointed and will be in post in Spring 2023. Once they have commenced, the project will be reviewed.	ISSUES	ON TRACK
Digital Transformation	Digital Infrastructure	Consistent	<p>All standard devices in the organisation have been switched to Windows 10 with NHS Digital approved exceptions. Office 365 trust wide rollout is continuing to progress.</p> <p>Process mapping and sessions to confirm system configuration of both the Emergency Department Careflow and Careflow PAS (Patient Administration System) continues. Engagement with Trust teams continues and change agents with floorwalker teams were recruited to support understanding and awareness of Careflow implementation. Areas for consideration include engagement with third party suppliers with regard to transfer of information; encouraging Trust staff to get involved with the programme and by being part of User Acceptance Testing; and continuing support to staff with workshops focused on different areas affected by the implementation of Careflow.</p>	ON TRACK	ON TRACK

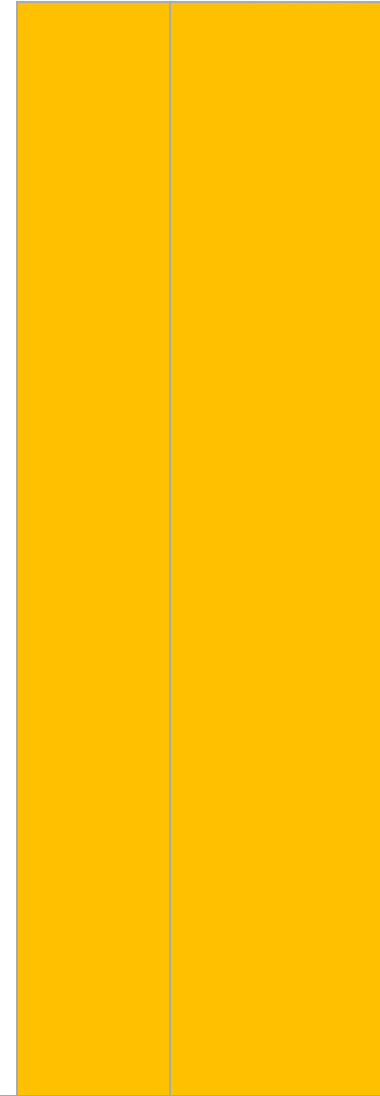
			Single Sign On roll out completion remains on track with Imprivata being deployed in clinical areas.		
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<p>Elective Recovery</p>	<p>Cancer Performance</p>	<p>Consistent</p>	<p>To date, there are 510 cancer patients who have been waiting longer than 62 days for treatment from their initial referral. The aim is to reduce this to below 420 patients by March 2023. Presently, 39.1% of patients have received their first treatment within 62 days following referral from their GP with an urgent suspected cancer, this is against the national target of 85%. Of all patients referred by their GP for suspected cancer, 59.7% 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 (the use of static digital images to triage, diagnose, monitor or assess skin conditions without the patient being physically present) commenced 23rd January 2023. Referrals are received via eRS and via the community hub. A Task and Finish group is in place to monitor the pilot and data over the next three month period. To date 34 patients have been referred via the pilot.</p> <p>Radiology reporting turnaround times for urgent MRI &amp; CT are reducing now an outsourcing provider is in place. Additional prostate biopsy capacity is being insourced for 4 months funded by the West Midlands Cancer Alliance. This is providing an additional 40 biopsies a month.</p> <p>Work is ongoing with STW ICB to increase the number of colorectal urgent suspected cancer referrals with a Faecal Immunochemical Testing (FIT) result. Currently only 18% referrals are received with a result against a national target of 80% by 1st April 2023. The ICS has written to all GPs and additional reminders are being sent from SaTH where appropriate. The new FIT provider from 1st April offers a faster turnaround time with electronic reporting of results. It is hoped this will help facilitate an improvement with this issue.</p> <p>STW ICS has moved into NHSE Tier 1 management due to concerns over the cancer and elective backlogs. Weekly meetings are in place with NHSE, including weekly CEO meetings. An Intensive Support Team (IST) visit for elective and cancer is taking place on 29th and 30th March to review current processes and identify any areas for improvement.</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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<p>Elective Recovery</p>	<p>Diagnostics Recovery</p>	<p>Consistent</p>	<p>Diagnostic performance improved in January 2023 to 69%, with MRI achieving 78%, CT decreasing to 90%, and Ultrasound increasing to 55% against targets of 99%. This decline in CT was mainly due to staff absence.</p> <p>Echo was reporting a performance of 58% in January 2023. Overall Endoscopy performance was at 31% in January 2023, which is also a slight reduction on December performance. Demand and Capacity trajectory has recently been updated to reflect this.</p> <p>Non-Obstetric Ultrasound (NOUS) Waiting List Initiatives (WLI) in January 2023 created 290 additional appointment slots to help in the reduction of backlog. We have already seen a 10% increase in performance and are expecting this to continue for February. January also saw improvements across all areas for CT in Turnaround Times (TAT).</p> <p>The commencement of new Radiologist in December 2022 is aiding with the recovery plan and improved turnaround times.</p> <p>Recruitment for the Community Diagnostic Centre in Telford is ongoing.</p> <p>The NHS England Diagnostic Deep Dive took place for MRI, CT, NOUS, Endoscopy and Cardio Echo first week of March and was very well received. The report is expected by the end of the month.</p> <p>Current risks include staffing availability due to sickness remains a risk, in particular in ultrasound and CT.</p> <p>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 currently end of August 2023. The static MRI scanner for the CDC will be operational later in the autumn. This milestone has been reviewed and a change of delivery date request is being made to the Executive Lead.</p> <p>The Mobile CT and MRI scanners contract are due to end March 2023. Business Cases have been developed and updated to address this</p>	<p>ISSUES</p>	<p>ISSUES</p>
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requesting additional funding to continue to deliver against Diagnostics Waiting Times and Activity (DM01) target. The business cases includes additional scanners for CT for 6 months and MRI for 12 months to deliver the zero tolerance for 13 weeks wait by June 2023.



<p>Elective Recovery</p>	<p>Outpatient Transformation</p>	<p>Consistent</p>	<p>The overall project status remains 'off track'. due to a slowdown in progress within specialties of patients who have gone beyond the recommended follow update (past max wait patients). This is due to the clinical teams having multiple demands to deliver targets aligned to 18 weeks, cancer, and flow. However, the Clinical Lead for Outpatient Transformation has attended the Ophthalmology Governance Meeting and had discussions with Cardiology Lead, and Upper GI Lead in February.</p> <p>There has been further improvement in the use of Patient Initiated Follow Up (PIFU) with 3.9% of patients placed on a PIFU pathway in February 2023 (excluding Welsh patients). In January 2023 for the national average number of patients moved to or discharged from PIFU was 2.2%. The current trajectory is to achieve 4% by March 2023 and not 5% as per the national objective, however 5% is forecast to be achieved in 2023-24. Key PIFU deliverables in February 2023 included:</p> <ul style="list-style-type: none"> <li>• Roll out of PIFU in Vascular.</li> <li>• Conversion of more Upper GI pathways to PIFU</li> <li>• Additional MSK pathways defaulted to PIFU where appropriate and agreed by the consultant.</li> </ul> <p>Key PIFU actions completed by the Outpatient Transformation Group in February 2023 include:</p> <ul style="list-style-type: none"> <li>• Individual communication with operational managers and clinical teams to identify “informal” PIFU and move to a more formal PIFU.</li> <li>• Ophthalmology support has led to an increased number of patients discharged to PIFU and further realisation of opportunities.</li> <li>• Reception staff retrained.</li> </ul> <p>Further planned actions include:</p> <ul style="list-style-type: none"> <li>• SEMA PAS updates (awaiting confirmation with IT/Digital transformation)</li> <li>• PIFU coding in the new PAS, (PIFU, Review before discharge, Stratified cancer pathway review).</li> <li>• We are currently reviewing all COFs marked as PIFU against Sema</li> <li>• Review of opportunities in Cardiology; Respiratory and Parkinson’s Disease.</li> </ul>	<p>OFF TRACK</p>	<p>OFF TRACK</p>
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Non-face-to-face virtual contacts for February 2023 accounted for 17% of outpatient contacts, which was a reduction from the previous month and based on the current trend, the national objective of 25% by March 2023 is unlikely to be achieved.

Following the review of virtual clinics, recommended actions are being taken forward by the Outpatient Transformation Working Group include:

- Provision of virtual clinic only rooms within the outpatient department
- Further training on Attend Anywhere.
- NHS STW patient questionnaire review to provide insight into patients' requirements and views to provide further support.

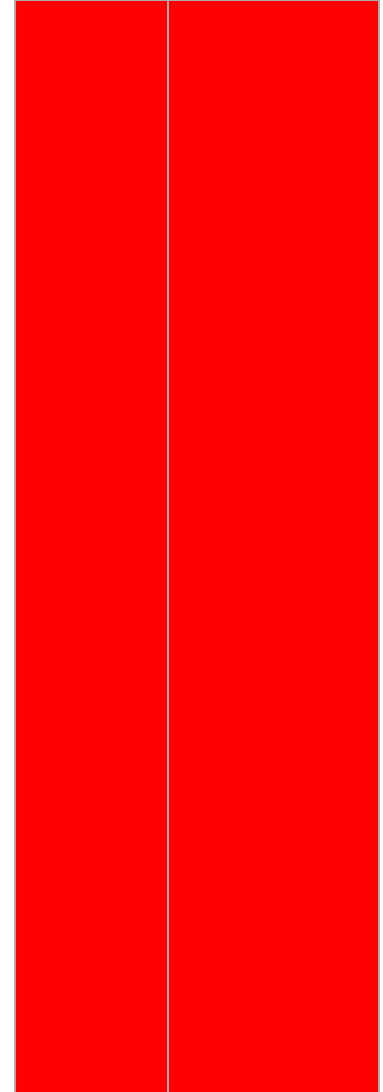
Further discussions with key stakeholders have identified a series of issues that are contributing towards the lack of progress 25% target. The limited ability to capture patient centred information that would inform patient/career needs for consultation was identified and in response a series of meetings with a wide range of patients and careers (focusing on SEND users) took place to understand how they can navigate SaTH outpatient services. These identified three themes: Communication; Mobility and Vulnerabilities. Further discussion with Primary care is ongoing on how to data capture identified patient need at point of referral and processes to meet those needs.

Actions undertaken by the Outpatient Transformation Group in February 2023 included:

- Outcomes of the Virtual consultation document shared with operational managers and clinical leads.
- Impact review of WLI activity and increased initial face to face consultations as elective recovery moves toward OPD backlog.
- Impact review of increase in PIFU on virtual opportunities

Conversations and education regarding Advice and Guidance (A&G) across Primary Care through the GP leads continues. The NHS Digital lead for e-Rs has supported Shropshire Primary Care colleagues with regards to requesting A&G directly through SEMA bypassing RAS, and the feedback has been very positive so far. All specialties continue to develop specific A&G pathways and have been advised that support is available from NHS

Digital to support the management of patients within e-Rs. The pilot in Urology for pathway driven A&G now has a confirmed start date of 1st April 2023





<p>Elective Recovery</p>	<p>Theatre Productivity</p>	<p>Consistent</p>	<p>The project remains 'off track' due to the inability to increase available theatre capacity and, although improvements in reducing vacancy levels have been made, vacancy levels remain higher than plan. All milestones currently 'off-track' and do not reflect the current position and therefore it is proposed to update the project plan following the visit from the Midlands Regional Theatre Productivity Lead. The revised plan will still include recruitment, supernumerary staff and workforce related actions to support the restoration of additional theatres.</p> <p>Theatre utilisation for February 2023 was measured as 75% uncapped and 71% capped at Royal Shrewsbury Hospital (RSH) with 78% uncapped and 71% capped at Princess Royal Hospital (PRH), this is against the national target of 85%. 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. Education and engagement sessions will commence in April 2023 with surgical, anaesthetic and theatre colleagues to reinforce theatre utilisation requirements in accordance with the patient journey through theatres.</p> <p>Uncapped utilisation is the total clinical time (including any early starts, overruns / unplanned session extensions) that occurred during a theatre session.</p> <p>Capped utilisation is the clinical time utilised within the planned theatre session duration and the clock for this automatically stops once the planned duration has been used up, regardless of whether clinical activity has actually finished.</p> <p>The Midlands Regional Theatre Productivity Lead &amp; National Get It Right First Time (GIRFT) Theatre Specialist Advisor has confirmed a site visit on 3rd and 4th April 2023 to review theatre start times, along with booking and scheduling to maximise opportunities.</p> <p>Actions undertaken in February 2023 include:</p> <ul style="list-style-type: none"> <li>• Walk in service for Preoperative assessment reinstated at RSH</li> <li>• Support and monitoring of the Elective Hub operational workstreams continued via the Elective Hub Project Steering Group. Terms of Reference were finalised and associated workstreams have been implemented with appropriate leads.</li> <li>• Review of current staffing proposal in line with Business Case</li> </ul> <p>Access to day case beds remains a risk at the PRH. However, in order to</p>	<p>OFF TRACK</p>	<p>OFF TRACK</p>
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mitigate more focus is being placed on bed planning in advance of TCI. In March 2023 the fortnightly Theatre Improvement Task and Finish Group will recommence focusing on areas including:

- First patient of the day (Diamond patient)
- Pre-Operative Assessment
- Vanguard Suitability
- Booking and scheduling 6-4-2 process review and new Terms of Reference
- Bed planning
- Quality Assurance checks (Sema v Bluespier)
- Restoration of Elective Orthopaedics
- Bay B (PRH) returned on certain days to support elective activity
- Recruitment to support a media social recruitment campaign

<p>Maternity Transformation</p>	<p>Maternity Transformation</p>	<p>Consistent</p>	<p>The Key Milestones for the Maternity Transformation Programme (MTP) continue to progress well. It is important to note that the deadline for delivery of the First Ockenden report G2G milestone has been extended from February 2023 to June 2023, due to external dependencies linked to several actions (IEA 1.4 – Buddying up LMNS agreement timeframe of Jun-23). This has been captured in the Feb-23 MTAC AAAA report.</p> <p>From the first Ockenden report (52 actions), 89% have been delivered (47/52 actions); with 81% fully ‘evidenced and assured’. From the remaining 10% ‘not yet delivered’ (five actions); three lie outside the Trust’s control; and work is underway with the remaining two actions. At the February 2023, one action was moved to amber ‘delivered, not yet evidenced’ relating to the updating of the anaesthetics escalation to the on-call consultant SOP. Another action was accepted as ‘de-scoped’ following an exception report, linked to CQC inspections, as the work to deliver this action directly sits with the CQC, lying outside SaTH’s scope of work. All of these updates were presented at the February 2023 Ockenden Report Assurance Committee.</p> <p>From the final Ockenden report (158 actions in total), 73% of actions have been delivered (115/158 actions), with 56% (88/158 actions) fully ‘evidenced and assured’. From the not yet delivered actions (43/158 actions), most of these relate to governance and workforce. Twelve of these are externally-led and lie outside the Trust’s control. In the February 2023 MTAC, multiple actions linked to complex antenatal care, anaesthetics workforce, governance, mental health and training progressed to either amber or green. In addition, nine actions were agreed as ‘de-scoped’ following the reverse RAG methodology as the actions lied outside the scope of work of the programme. All of these updates were presented at the February 2023 Ockenden Report Assurance Committee.</p> <p>Work is underway to improve Care Quality Commission (CQC) rating at the next inspection which is anticipated to take place in the summer of 2023. The delivery of the CQC plan is on trajectory for delivery for May 2023 with 68% of the 19 actions rated as ‘evidenced and assured’, and 5% ‘delivered not yet evidenced’. An update was provided to the G2G group in February 2023 deep dive.</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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Mock inspections are being scheduled, in preparation for this and the divisional self assessment is underway.

The delivery of Phase 2 of the MIP is now complete (175 actions in total). These actions link to governance quality. The six action plans for Deloitte review of CNST, MBRRACE 2021 Learning from COVID report, MBRRACE 2021 Saving lives and improving mothers' care, Twins Trust, Kirkup report and the RCOG report have now been closed.

3000 copies of the new version of the Birth Preferences Cards have been printed and will shortly be rolled out to service users. This new version includes SaTH copyright.

Work continues at pace to continue to implement the MIP action plans as part of the MTP scope of work.

Key activities for March 2023 include preparations for CQC mock inspections and for the next NHSE insights visit.

The key risk to the delivery of the project is the uncertainty around MTP funding for the next financial year.

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. Next steps require support from 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. Progression of this has been paused to allow the team to focus on the further development of the quality dashboard. Further refinement of the nursing metrics are included within the next development phase of the quality dashboard, with clinical standards to follow once this has been completed.</p> <p>In the interim, a draft clinical standards dashboard for two specialties is being developed to be trailed as a proof of concept.</p>	ON TRACK	ON TRACK
Quality & Safety	Critical Care Improvements	Consistent	<p>Five of six University Hospitals Birmingham (UHB) recommendations requiring immediate action have been completed, with the remaining action paused following the options appraisal review process. The remaining recommendations from the Care Quality Commission (CQC) and Kendall Bluck reviews continue to be delivered via the four workstreams and are on track for delivery as planned in July 2023.</p> <p>A new Outreach Manager has been successfully recruited and will commence in March 2023. Three Locum General Anaesthetic Consultants have recently commenced at the Trust, two ST3 locally employed Doctors have been recruited to Obstetric Anaesthesia and a Consultant Anaesthetist with Obstetric special interests was also appointed during January 2023. These posts will commence over the coming months.</p> <p>The Noradrenaline launch began in February 2023 and will conclude in early March 2023.</p> <p>Business Continuity Plan reviews have been completed, in collaboration with the wider Trust review programme and were signed off at divisional level during February 2023. These will be reviewed at the major incident planning session and then tested via a tabletop exercise led by the Band 6 Nursing Team. The results of this exercise will be shared at ODG during March 2023.</p>	ON TRACK	ON TRACK

			<p>Patients Diaries have been successfully implemented in ITU following the design from the Critical Care Therapy team. The diary helps patients to attain a better understanding of the chronological events of their illness and fills the inevitable gaps in their memory. The diary can help with orientating patients who have struggled with ITU-acquired delirium and is also an invaluable tool for setting realistic rehabilitation goals for recovery. Patient feedback on the diaries has been very positive following their time in ITU.</p>		
<p>Quality &amp; 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>Exception reports are reviewed at the monthly Nursing Quality Metrics Assurance meeting, attended by the Ward Manager, the Matron and chaired by the Chief Nurse/Deputy Chief Nurse. The Quality Matrons are also</p>	<p>ON TRACK</p>	<p>ON TRACK</p>

			supporting ward based improvement in areas of concern. During March 2023, SaTH PMO will be meeting with key stakeholders to discuss further support to improving compliance with these key measures including fluid balance and ensuring all records are time and date stamped.		
Quality & Safety	Learning from Deaths	Consistent	<p>The 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 successfully recruited and is now in post. This important role will be the lead on education and training in the Structured Judgement Review (SJR) methodology and will positively contribute towards the increase in SJRs completed each month.</p> <p>There remains a significant shortfall in the number of SJRs being completed by the Trust and a significant increase in the number of active SJR reviewers is required in order to obtain the Trust target of 15% SJR of inpatient deaths. Support from the divisional Medical Directors has been sought to encourage higher participation from medical colleagues.</p>	ON TRACK	ON TRACK
Quality & Safety	Quality & Regulatory Compliance	Consistent	<p>The Care Quality Commission (CQC) action plan continues to be delivered and is progressing, with 90% of the actions now complete. There are currently seven actions off track, five relating to UEC and two relating to Medicine. Included in these off track actions is Left Before Treated and the oversight and recording of this process needs to be reviewed and the Standard Operating Procedure (SOP) amended. Initial meetings have taken place but clinician approval is needed before an agreement on the way to proceed can be signed off. Swipe card access to wards remains off track until a plan to implement it has been produced with a phased approach prioritising ED/Theatres being considered. QSAC will be updated next month with cost and priorities. The implementation of the InPhase CQC Self-Assessment module continues to progress well, with initial training from InPhase being delivered and testing of the module completed. A testing feedback workshop is scheduled for the 20th March 2023 with any revisions to be applied, with a go live date planned for the 23rd March for Maternity Services.</p>	ISSUES	ISSUES

Quality & Safety	Quality Governance	Consistent	<p>The introduction of the Patient Safety Incident Response Framework (PSIRF) is progressing as the Trust moves towards implementation in September 2023. PSIRF will focus on understanding how incidents happen rather than apportioning blame and provide a more compassionate response for patients, families and colleagues, as well as offering patients and their families opportunity to be more actively involved. The PSIRF Steering Group is now in place and a number of workshops and training events will be facilitated over the coming months.</p> <p>Due to capacity restrictions, GATHER is being used to develop an interim quality governance dashboard until the Trust quality dashboard can be 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>Further development of the quality dashboard is required to ensure all identified metrics are included and accurately recorded to operationalise the dashboard effectively.</p>	ISSUES	ISSUES



<p>Urgent Care Improvement Programme</p>	<p>SaTH UEC Improvement</p>	<p>Consistent</p>	<p>There has been positive progression to aid the arrivals of patients to the discharge lounge at an earlier time in the day, with patients now being transferred from 7:30am which will in turn aid flow throughout the hospital.</p> <p>The work on improving ward processes to support discharge is continuing through the medical wards and has been rolled out through a further six wards in February 2023. The work has delivered further reductions in patient length of stay and increases in timely discharges. There has been high engagement from our partners at E-Zec, who are delivering the transport training to the wards involved in the improvement work.</p> <p>Work on the assessment areas and associated pathways for Oncology and Trauma and Orthopaedics continues with positive progress. The estates work for the Oncology assessment area has been completed and the area is scheduled to open in March 2023. The Trauma and Orthopaedic team are trialling their assessment area but are experiencing issues with operating at full capacity following staff shortages due to ongoing recruitment issues and long term sickness.</p> <p>A Multi Agency Discharge Event (MADE) occurred in February 2023, in collaboration with Shropshire Community Health Trust, reviewing patients on the virtual wards. A reflection and lessons learnt session will be held in March 2023 ahead of the next MADE in April 2023.</p> <p>Work is ongoing across Medicine, Acute Medicine and Emergency Care to review existing escalation guidelines in order to produce a more clear and efficient overall policy for use during times of critical incident.</p>	<p>ISSUES</p>	<p>ISSUES</p>
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<p>Workforce Transformation</p>	<p>Leadership Development Framework</p>	<p>Consistent</p>	<p>The Integrating documentation has been introduced into a talent/career platform and guidance for this will be available early March 2023</p> <p>The staff survey results have been received and staff briefing sessions will commence week of the 6th of March 2023.</p> <p>The Strive Towards Excellence Programme (STEP) involves the Management Skills Framework pilot that has been completed and a review will be taking place during February and March prior to delivery in April 2023. The re-launch of SATH Leadership Programmes has commenced for 2023. A pilot programme was completed on 10th February with individual presentations and signposting to further development. Training budget modules have been set up to support all budget holders in conjunction with the Finance Team.</p> <p>Talent conversations guidance is to be communicated and fed into training and work is taking place with the Equality, Diversity and Inclusion (EDI) team on integrating neurodiversity. Feedback to the Integrated Care System on the High Potential Scheme applicants is being provided.</p> <p>The team are exploring other external awards that the Trust can submit to and further research of what other trusts are doing to further and enhance the recognition plans.</p> <p>The monthly Schwartz rounds have been launched with the next round is set to take place 28th March 2023. The team continues to link in with ICS Health and Wellbeing plans and are working with Shropshire Mental Health service on TRIM (Trauma and Risk Management).</p> <p>The culture group are now meeting monthly and will be providing interventions for the top ten priority areas.</p> <p>The evaluation programme is in place with supporting modules and will feed into future reporting. Compassionate Leadership Masterclasses continue to take place as part of our Masterclass suite. This supports introduction of</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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			<p>blended learning approach and further support materials and will be available on the talent platform.</p>		
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Workforce Transformation	Recruitment & Retention	Consistent	<p>To date 73 Overseas Nurses have joined the Trust as part of the business case. Due to candidates not being ready to arrive in February 2023, plans have been amended to have two cohorts during March 2023 (arrival dates of 2nd and 30th March). As a result of candidates either withdrawing from the process or who have been withdrawn due to failure to complete pre-employment checks, further interviews were held during January 2023, with 20 conditional offers being made.</p> <p>For candidates who are unable to join prior to the end of March 2023, their start dates will be rolled over into the next financial year, to deliver on the business case.</p> <p>To help support with reducing Health Care Assistant (HCA) vacancies at RSH, a recruitment open day was held on 2nd February 2023, with interviews held during mid-February 2023. As a result 43 offers were made for permanent roles and three to join the temporary staffing bank. A rolling advert for HCAs for each hospital site has now gone live.</p>	ISSUES	ISSUES
Workforce Transformation	Culture and Behaviours	Consistent	<p>The Culture and Behaviours programme continues to be rolled out across the Trust and in February 2023 sessions were completed for Phlebotomy and the Women &amp; Children's division. The culture group meeting and report were also completed for the quarter. The culture dashboard has been updated to include new Staff Survey data, awaiting publication when the embargo on the results has been lifted. A Courageous Conversations masterclass was facilitated which further supports the Civility &amp; Respect (C&amp;R) programme by providing people with additional tools and resources to address incivility.</p>	ON TRACK	ON TRACK

<p>Finance &amp; Resources</p>	<p>Performance &amp; BI</p>	<p>Consistent</p>	<p>Operational planning continued to be a priority deliverable throughout February 2023 and this is likely to be the case into March and April. Initial activity plans and trajectories for key performance areas were submitted and discussions with Integrated Care System (ICS) colleagues are ongoing to further refine the plans. 2023/24 tracking of the operational plans at a specialty level will be essential in fully being able to understand performance and tracking templates are currently in development, along with plans for how the Performance and BI function will work with specialties to ensure robust narrative is in place to monitor performance.</p> <p>Capacity and demand (C&amp;D) is another key focus area over the coming months and it has been agreed that the NHSE IST tool will be used as the main C&amp;D model within SaTH, which enables tracking to take place at sub-specialty level aggregated up to specialty level and then aggregated to a full SaTH view. For elements that the national tool does not provide, for example impact on waiting lists or DM01s, local bolt-ons to the national model will be developed by the BI team to ensure the Trust has a full view of all elements of C&amp;D. Although the NHSE tool will be used as the operational model, this will be further supported by the Hospital Transformation Programme (HTP) C&amp;D model, which provides the longer term view of demand assumptions.</p> <p>Phase 2 of the Quality dashboard development has been impacted by sickness within the team. The original deadline for this was completion by the end of April 2023, with a view to progressing onto phase 3 however, it is anticipated that phase 2 will now be delayed until May 2023.</p> <p>Work is progressing with the reporting workstream moving into the BI function and development has commenced on the priority reports for the organisation. The current plan is to replicate these to ensure there is no downtime for users. Once these are in place, work will commence on refining these reports and redeveloping where necessary to meet the needs of the users. As part of this workstream, work is also progressing on the development of PowerBI apps and key urgent care apps will be live in the coming weeks.</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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			<p>A refined programme of milestones for our G2G priority areas is underway, with an aim to receive executive sign off during March 2023.</p>		
<p>Finance &amp; Resources</p>	<p>Productivity &amp; Efficiency</p>	<p>Consistent</p>	<p>The delivery of efficiencies against the 1.6% in tariff has continued throughout February 2023. At month 11, year to date delivery of £5.3m against plan of £5.4m, 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 focus on reduction of Off-Framework Agency.</p>	<p>ON TRACK</p>	<p>ON TRACK</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. In the February ESG the Divisions were asked to identify schemes for 2023/24. Divisions are currently working through plans and a further update will be presented at ESG 15th March 2023.		
Finance & Resources	Financial Literacy	Consistent	<p>The project continues to progress with the level 2 Future Focused Finance (FFF) assessment taking place on the 27th February 2023. 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 of the application identified a number of actions prior to final submission in March 2023, and these have now been completed and a revised application shared with the partner organisation. A further peer review session took place on the 27th February 2023 with the finance team from Sussex Community NHS Foundation Trust which is required as part of the assessment.</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 being arranged with the clinical directors. In order to widen the finance knowledge of the organisation we are working with the Healthcare Financial Management Association (HFMA) to add the HFMA Bitesize modules to the LMS which will enable staff of all levels to learn about finance in the NHS at a high level. Following a review meeting, budget holder training recommenced in February 2023, and specific business case training is being scoped which will be linked to the business case process.</p>	ON TRACK	ON TRACK
Finance & Resources	Financial Reporting & Planning	Consistent	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 and this project has been delivered. This project will be closed subject to approval at ODG.	ON TRACK	DELIVERED
Workforce Transformation	Future Workforce Design	Consistent	A working group has been set up to develop a Trust strategy on how to expand the numbers of Advanced Care Practitioners (ACPs) and to ensure a sustainable supply. The business case for 2023/24 for the intake of Nursing Associate (NA) top up programme is in development and will be completed by end of March 2023. The project is on track to deliver 114	ON TRACK	ON TRACK

			<p>apprentices as part of the 2022/23 operational plan which remains on track for delivery against the submission deadline of 31st March 2023. This plan outlines all areas of expected growth, service developments and cost pressure including targets for workforce efficiency (3% reduction in attrition).</p>		
Workforce Transformation	Training and Education	Consistent	<p>The team have provided additional support to the Medical Performance team to achieve medical training compliance. The team have now doubled the training days available.</p> <p>LMS (Learning Made Simple) capability has been provided for CPD activities.</p> <p>A project plan is in place to utilise the apprenticeship levy. The Education prospectus for 2022/23 has been refreshed earlier than anticipated and plans are to be reviewed in June 2023. The SaTH Education Conference is currently on hold and discussions are taking place and awaiting Trust sign off.</p> <p>A business case has been compiled for the use of Faculty of Health, this is currently going through the approval process (planned work is aiming to commence in August/September).</p>	ON TRACK	ON TRACK

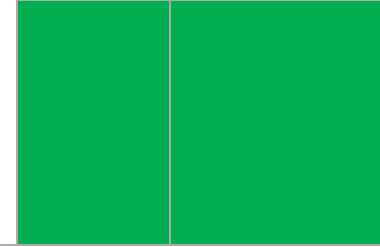


<p>Urgent Care Improvement Programme</p>	<p>Emergency Care Transformation</p>	<p>Consistent</p>	<p>The Emergency Care Transformation Programme Action Plan has been approved by Trust senior management. The Emergency Care Transformation Assurance Committee (ECTAC) met in February, where 15 actions were proposed as “Delivered, not yet Evidenced” and one action proposed as “Evidenced and Assured”. ECTAC approved all “Delivered, not yet Evidenced” actions and requested further time to review the “Evidenced and Assured” action concerning the production of a report into Serious Incident themes and trends. The committee will update on their decision at the next meeting in March 2023.</p> <p>Work has continued to progress leading up to the launch of the Improvewell application in Emergency Care. Communications assets have been drafted, training scheduled for nominated leads and the tool is on schedule to launch in March 2023.</p> <p>Work on the efficient discharge of patients from the Emergency Care system has continued. Process mapping and observations have taken place in the department focussing on this area and a report produced detailing potential areas for improvement. These key areas have been the focus for this project. Training around the coding of patients on the Emergency Care system is being rolled out. Sessions have been delivered to medical clinicians and efforts are being made to roll out this training to Mental Health and Stroke colleagues as well as nursing staff who undertake initial assessment. This training should deal with the issues encountered when a patient is discharged from the department having been referred to a speciality team.</p> <p>A recruitment event took place in February 2023 in response to vacancies in Paediatric Emergency Care. The vacancies advertised were rotational through different departments in the Trust and an open day took place to further promote this recruitment drive.</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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Workforce Transformation	Equality, Diversity & Inclusion	Consistent	<p>The Equality, Diversity and Inclusion (EDI) annual report was submitted and is awaiting approval. The Gender Pay Gap report has now been completed for submission.</p> <p>A calendar of events has been identified for Board level Masterclasses in EDI, where Executive and Senior Leadership support required can be requested.</p> <p>The EDI team are meeting regularly with the Head of Culture to resolve any potential issues and are also working with Freedom to Speak Up guardians. As a result the 30 Voices project and the International Nurses project and surveys will be linked and have been added to the work of the staff retention group to progress.</p> <p>Workforce has introduced a process for involving cultural ambassadors in employee relations activities but have experienced difficulty engaging the ambassadors once trained, therefore another cohort of training is being considered. The views of the Royal College of Nurses (RCN) has been sought.</p> <p>Following the staff retention group meeting in February 2023, Inclusive Recruitment Panels and Practice has now been included as an improvement project, to be led by Medical People Services. Each project lead is required to complete a high-level project plan by early March 2023.</p>	ON TRACK	ON TRACK
Workforce Transformation	Medical Staffing	Worsening	<p>The new medical rostering system (Medic on Duty) has been recruited to and will support improved rostering across all specialities. The Rota Coordinator has been recruited but is not yet in post.</p> <p>There currently is no dedicated team member to support resourcing in Medical People Services and is being supported within the existing staffing structure which has been deemed as unsustainable.</p>	ON TRACK	ISSUES

<p>Quality &amp; Safety</p>	<p>Expansion of Medical Examiners Office</p>	<p>Consistent</p>	<p>Data Protection Impact Assessments (DPIAs) have now been agreed with the Robert Jones and Agnes Hunt NHS Trust, Shropshire Community Health Trust and the Severn Hospice and are now included on the information sharing gateway. A DPIA has also been signed by Stirchley Medical Practice and this is waiting to be added to the IG sharing gateway. A further exercise is currently being explored with regard to DPIAs for the Primary Care Network.</p> <p>Clinical engagement sessions have been held with Shropshire Community Health Trust and The Severn Hospice and further engagement sessions with the ICB are planned, with SaTH attendance at LMC on Tuesday 7th March. Process explained and supported by the ICB. A meeting is also scheduled in early March 2023 with Hope House Children’s Hospice for initial engagement and to understand their current practice for death certification.</p> <p>Further engagement sessions are scheduled with The Redwood Centre and Midland Partnership Foundation Trust in late March 2023. Engagement with the Coroner and Registration Services has also been achieved, with a presentation to them to update them on the proposed changes.</p> <p>Stirchley Medical Practice has been confirmed as the pilot GP Practice for the implementation of Medical Examiner reviews and the commencement date will be confirmed once the signed DPIA has been added to the information sharing gateway.</p> <p>A performance dashboard has been developed with the making data count team and a meeting is planned in Early March 2023 to discuss the transition of this over to SaTH’s Performance and Business Intelligence Team.</p> <p>Office space at RSH continues to be an issue and this has now been added to the risk register. This was due to be discussed at the Accommodation Task and Finish Group, however this was cancelled due to site pressures. A paper offering a proposal has been circulated, though no feedback has been received. Recruitment will continue into March 2023 for the four vacant PA’s for Medical Examiners and the link to the advert has been shared with</p>	<p>ON TRACK</p>	<p>ON TRACK</p>
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		<p>all community stakeholders (Robert Jones and Agnes Hunt NHS Trust, Shropshire Community Health Trust, Severn Hospice and Shropshire, Telford and Wrekin Integrated Care Board). If the recruitment is unsuccessful, the additional sessions will be offered to the existing Medical Examiners. The service is currently advertising for an additional MEO which will take us the Trust to its allocated establishment.</p>	
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**NHS CONFIDENTIAL**  
Appendix 2: Month on Month Status with Trend

G2G - Month on Month Status and Trend											Feb-23			
Programme	Project	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Trend
	Communications & Engagement	●	●	●	●	●	●	●	●	●	●	●	●	➡
	Risk Management	●	●	●	●	●	●	●	●	●	●	●	●	⬆️
Digital Transformation	Digital Infrastructure	●	●	●	●	●	●	●	●	●	●	●	●	➡
Elective Recovery	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	●	●	●	●	●	●	●	●	●	●	●	●	➡
Urgent Care Improvement Programme	SaTH UEC Improvement	●	●	●	●	●	●	●	●	●	●	●	●	➡
	Emergency Care Transformation	●	●	●	●	●	●	●	●	●	●	●	●	➡
Workforce Transformation	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	Substantively recruit Chief Communications Officer					
		Rebranding G2G – showcasing improvement/CQC					
		Delivering HTP comms and engagement strategy Phase 1 SOC					
		People and OD internal comms strategy					
		Internal comms strategy for delivering strategic objectives					
	Risk Management	Successful recruitment of substantive experienced risk manager					
Digital Transformation	Digital Infrastructure	Bluesprier Theatres deployment					
Elective Recovery	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				
	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)					
		Outputs from past max wait review					
		Virtual clinics transformation review					
		Secondary and Primary Care A&G process and pathway agreement					
Theatre Productivity	Develop business case for new Theatre structure plan						
	Theatre Data sheet changes and safer surgery checklist – Implementation of Bluesprier Theatre						
	Following recruitment events, completion of ODP apprenticeships and utilising international Nurses reduce theatre vacancies from 35 to 10						
Finance & Resources	Financial Literacy	Deliver TNA and learning programme, use Ext resources					
		Launch introduction to finance for new managers - STEP					
		Relaunching budget holder training					
	Financial Reporting & Planning	Implement Oracle 12.2					
		Improvement of daily reporting / command centre reporting - standard metrics					
	Performance & BI	Gap Analysis - Decide on future of InPhase and development of Power BI					
		Implementation of a fully-staffed substantive BI function (8a, 3x B7, apprentice)					
		Collaborative system work group established - working for sharing PHM data as a system view					
		Development of data quality reporting within the Trust and obtain buy-in for the improvement of outlier areas - via Data Quality Work Group					
		Development of inter-trust benchmarking e.g. GIRFT/Model Hospital / HED					
Business Intelligence horizon scanning to support decision-making - Division TBC							
Data transferred to new Data Warehouse (old Warehouse closes 31/3/23) quality checked and assured prior to transfer							
Building of reporting infrastructure to support performance reporting							
Deliver the quality strategy dashboard phase 1							
Deliver a robust Demand & Capacity Model for HTP purpose							
Go live with UEC divisional dashboard							
Maternity Transformation	Maternity Transformation	Phase 1: Clinical Quality					
		Evidenced Delivery of all Clinical Quality Actions					
Urgent Care Improvement Programme	Emergency Care Transformation	Increment 0: Pre-Programme					
		Improved usage of the Discharge Lounge across both sites					
	SaTH UEC Improvement	Operational Acute Floor area					
		Creation of Oncology assessment area					
		Creation of Trauma assessment area					
		Direct Admission pathways for Oncology and T&O operational					
Delivery of ward improvement work linked to flow and discharge							
Critical Care Improvements	Critical Care Improvements	Comms Plan for Getting to Good					
		Exec CC Steering Group Decisions on external review recommendations					
		Deliver the 6 'immediate' UHB recommendations					
		Consider estates options scoping for colocation of services (Decision to GPICS v2.1)					
		Individual ACC Job Plans completed					
Planning and preparation for temp/ transitional service redesign							



