

Appendix 3: Milestone Delivery Status - All Programmes and Projects - 2022/23

Programme	-	••••	22/23	22/23		
	Project	Milstone Substantively recruit Chief Communications Officer	Q1	Q2	Q3	Q4
		Rebranding G2G – showcasing improvement/CQC				
		Delivering HTP comms and engagement strategy Phase 1 SOC				
	Communications &	People and OD internal comms strategy				
	Engagement	Develop the comms strategy				
		Fully recruited to structure to deliver the comms strategy				
Corporate		Increasing positive media coverage				
Governance		Internal comms strategy for delivering strategic objectives				
		Successful recruitment of substantive experienced risk manager				
		Risk cleansing exercise to be undertaken for all risks held on DATIX in collaboration with required stakeholders				
	Risk Management	To facilitate with development of the Organisations refreshed risk appetite statement/agreed tolerance levels with				
		support from an external provider				
		Develop the Risk Management Process E learning package				
Digital Transformation	Digital Infrastructura	Bluespier Theatres deployment				
Digital Transformation	Digital Infrastructure	ED Careflow role out completion				
		Development of Teledermatology service to triage skin cancer referrals.				
	0	Community based breast pain clinic (2nd year)				
	Cancer Performance	Establish remote monitoring for Urology, Gynaecology and Haematology.				
		Straight to test – Colorectal specific				
		Review diagnostic performance				
		Cross sectional training of staff to help and improve the performance in Radiology				
	Diagnostics Recovery	POD opening 3 days a week, will increase the capacity				
		Recruitment Events to address vacancies in Radiology July, August & November 2022				
		CDC Opening				
		Identify key stakeholders for the project group				
		Twelve month retrospective review of implemented changes mapped against activity to establish learning for future				
=: =		opportunities				
Elective Recovery	Outpatient	Agree and record identified opportunities with specialities through specialty specific PoP's.				
	Transformation	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				
		Develop business case for new Theatre structure plan				
		Theatre Data sheet changes and safer surgery checklist – Implementation of Bluespier Theatre Management system.				
	Theatre Productivity	Thousand Bala distribution of the said state of				
		Following recruitment events, completion of ODP apprenticeships and utilising international Nurses reduce theatre				
	1	vacancies from 35 to 10				
		Provide 5.5 operational elective theatres at PRH				
		Provide 7 operational elective theatres at RSH				
		Deliver TNA and learning programme, use Ext resources				
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	- · · · · ·	Launch introduction to finance for new managers - STEP				
	Financial Literacy					
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		Planning and preparation for temp/ transitional service redesign			
		Prepare business continuity plans, including estates options			
		Ensure appropriate Information Governance procedures are followed, implemented and signed off through relevant SaTH and ICS governance structures			
		Obtain access to shared care records by having access to non-acute health records			
		Obtain SmartCards for all members of Medical Examiners Office			
	Expansion of Medical	Explore and obtain access to an appropriate form of health records to enable non-acute medical examiner reviews to be			
		undertaken			
	Examiners Office	Establish an internal intranet page for Medical Examiners Office			
		Establish robust performance monitoring for the ME service			
		Further develop the ME service for expansion of paediatric and neonatal death ME reviews			
		Increase consultant establishment for Medical Examiners Office utilising NHSE/I funding to 18PAs Obtain additional office space to accommodate team members and health records		\vdash	
Quality & Safety		Pilot one GP practice for the implementation of ME reviews prior to full roll out.			
		Operationalise the learning from deaths dashboard including performance monitoring, reporting and governance.			
	Learning from Deaths	Establish a consistent Trust Governance process to support the Learning from Deaths agenda.			
		Roll out of NHSE/I SJR Plus training programme.			
		Recruit to medical posts to support the Learning from Deaths agenda.			
		Allocate/recruit senior clinical staff to create a pool of SJR reviewers. Define an additional set of specialty specific clinical standards for Phase 2 areas		 	
		Capture performance against agreed standards within Inphase			
		Define an additional set of specialty specific clinical standards for Phase 3 areas			
	Levelling-up Clinical Standards	Embed a clinical standards performance framework that is embedded within each specialties CG meeting to foster			
	Standards	clinical improvement.			
		Embed a culture of achieving clinical standards as defined			
		Refresh Internal professional standards for all specialties			
		Completion of self assessments for core services phase two including ITU and Surgery			
	Quality & Regulatory Compliance	Completion of self assessments for core services phase three including Maternity Completion of self assessments for core services phase four including Medicine and Emergency Medicine			
	Compliance	To lift all Section 31s and provide evidence of 80% consistent compliance with embedded changes			
		Develop Quality Governance section of quality dashboard			
	Quality Governance	Develop toolkit/methodology for sharing learning			
		Review Staff Survey data and identify priority area for interventions			
		Design Civility and Respect Programme (2 year programme)			
	Culture and Behaviours	Making a Difference Platform – Campaign about flexible working and finances			
		Embed Vision, Values and Behaviour framework. Communication to re-energise vision, values and behavioural			
		framework to ensure awareness and awards. Complete national submission of WRES and WDES Data on Non-Corporate BAME Staff at band 7 and above			
		EDI element embedded as part of the corporate induction			
		Embrace networking and wider collaborations with ICS EDI team et al including events and EDI awareness.		\vdash	
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		IRelating and emped Statt Networks to increase statt voice and membership		l i	
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	Equality, Diversity & Inclusion	·			
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	All junior doctor rotas reviewed and amended where appropriate		
Recruitment & Retention	Establish a more collaborative approach between HRBP's, Recruitment, and Workforce planning to have visibility on all vacancies (linked to Simon Balderstone)		
	Refreshed Marketing Approach for attracting new staff		T
	Delivery of 100 International Nurse Recruitment Programme for 22/23		T
	Reduce HCA vacancies by 80% via the Healthcare Support Worker Programme, working in conjunction with the ICS		T
	Complete implementation of Integrated Education Proposal following evaluation of Education Reviews.		t
	Refresh ToR's for the Education Group		T
	Provide ongoing targeted support to lowest 10 areas for mandatory training compliance		T
	Education team to complete SaTH fundamentals		
	Statutory and Mandatory training compliance achieved (90%)		
	SaTH Education estate plan		
	Head of Medical Education position advertised and appointed		
Training and Education	Provide capability for LMS to capture CPD activities		Г
	Provide increased capacity for medical statutory training		Г
	Deliver 5 bespoke e learning modules		Г
	Corporate welcome review and relaunch		Г
	Utilise apprentice levy in line with workforce needs and talent management and ensure compliance.		
	Refresh Education prospectus for 22/23		Г
	Education annual report refresh to include clinical education		Τ
	Provided measured and evidenced for culture dashboard top 10		Τ

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