

Appendix 1: Getting to Good Project Status Overview

Delivered
Off Track
Reasonable
On Track

Previous Month	Current Month
May	June

Programme	Project	Trend	Monthly Update	May	June
Corporate Governance	Communications & Engagement	Consistent	The Head of Communications has developed a Communications and Engagement Plan and is meeting with key groups to inform and draft strategy by September 2023.	On Track	On Track
Corporate Governance	Risk Management	Consistent	The new Head of Risk commenced in post at the end of May 2023 and has met with numerous clinical colleagues, and others including the Deputy Director of Education & Improvement, Head of Education, and the Head of PMO. The content of the Risk Management E- learning package has now been sent to the Corporate Education Managers and a meeting will take place with them in July 2023 and the Getting to Good Programme Director to progress the training materials and review the current project plan and milestone dates.	Reasonable	Reasonable
Digital Transformation	Digital Infrastructure	Consistent	The replacement of SemaHelix, our Patient Admin System (PAS), with CareFlow PAS is one of the major projects within Phase 1 of the Electronic Patient Record (EPR) programme. Due to delays across multiple workstreams, EPR Phase 1 has exceed timescale tolerances, and the go-live of the new PAS is at significant risk of delay. Process sign-off within some clinical areas, outpatients and referral management remains the biggest challenge. Insufficient resource capacity is available to catch-up on the delayed tasks and work is underway to identify options available to the Trust (reduce scope, change go-live date, increase capacity). A 4 week planning exercise commenced in June 2023 to identify feasible go-live dates. Procurement of a third party EPR training service commenced in June 2023, with	Reasonable	Reasonable

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			<p>a contract start date expected in July 2023 subject to award sign off. Continued delays to processes sign-off and SOP development are delaying training course development, and therefore the Training workstream remains at risk until these items are complete.</p>		
Elective Recovery	Cancer Performance	Consistent	<p>Several issues impacted Cancer performance including diagnostic capacity which was already a significant issue prior to COVID-19. Surgical capacity has not returned to pre-COVID-19 levels, whilst capacity at tertiary centres for surgery is impacting on pathways resulting in additional delays for treatment.</p> <p>At the end of March 2023, 432 patients were waiting over 62 days for treatment, exceeding the planned trajectory of 550. The new target for 2023/24 is 212 by March 2024 and weekly monitoring of improvement continues through Tier 1 NHSE meetings to implement the necessary improvements. The latest figures indicated an improvement of 385 patients waiting as at the 9th July 2023 against an internal target of 465.</p> <p>Although the percentage of colorectal two week wait referrals received with a Faecal Immunochemical Test (FIT) result has increased to 60.2%, additional improvement in FIT triage for patients is needed to achieve the 80% requirement as per 2023/2024 priorities and operational planning guidance. Further ICB intervention is required to implement FIT in the Primary Care setting to enable decision making prior to referrals on a two week wait pathway, to ensure this in line with the operational planning guidance, which states streamlining suitable patients 'straight to test' for the first appointment. The GP practice level data is being fed back to the ICB to target any non-compliance.</p> <p>There are workforce constraints within Haematology, Dermatology, Oncology & Urology specialties, impacted by the inability to recruit locums to support. Endoscopy capacity constraints continue to impact on delivering optimal pathways.</p> <p>Along with improvement trajectories for each tumour sites, weekly internal cancer performance and assurance meetings are in place to monitor improvement actions for challenged sites. The project plan is also being refreshed weekly to reflect the outcome of Tier 1 discussions.</p>		

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<p>Elective Recovery</p>	<p>Diagnostics Recovery</p>	<p>Consistent</p>	<p>Overall activity for diagnostics has seen an improvement, in terms of performance for imaging in June 2023 it achieved 66.8%, with Magnetic Resonance Imaging (MRI) achieving 93%, Computed Tomography (CT) achieving 97%, and non-obstetric ultrasound increasing to 68% against targets of 99%. Reporting delays remain a cause of concern but are continuing to improve, with enhanced payment and waiting list initiatives to support additional in-house clinical and reporting sessions across all modalities to address the outstanding backlogs.</p> <p>Clinical prioritisation is in place for all radiology appointments and reports and priority is given to urgent, cancer patients and longest waiting patients on Referral to Treatment (RTT) pathways. As part of the process for avoiding RTT breaches, daily calls are attended by Radiology and the operational teams, which is impacting on the recovery of the routine backlog.</p> <p>The DM01 performance for Echocardiology continues to improve with the June 2023 performance reaching 99%, compared to a performance of 54% in January 2023. The Echo service has now returned to business as usual with services being provided on both main sites.</p> <p>Overall Endoscopy performance was at 41.7% in May 2023, an improvement of 4% compared to May 2023. The Demand and Capacity trajectory has been updated to reflect this. Clinically urgent and cancer pathways continue to be prioritised.</p> <p>Long standing vacancies and long-term sickness in all modalities continue to restrict capacity, with reduced resilience during periods of sickness or annual leave. Recruitment is ongoing and new agency staff being utilised where possible.</p>	
<p>Elective Recovery</p>	<p>Outpatient Transformation</p>	<p>Consistent</p>	<p>The overall project status remains off track, and work continues to engage with the clinical teams. Some of the delays can be attributed to the competing clinical demands of delivering Referral to Treatment (RTT) 104 and 78 week waits and Cancer trajectories along with the impact of the recent industrial action.</p> <p>Past Max Wait Reviews: There is ongoing encouragement for operational teams to engage with Past Max Waits (PMW) deliverables to reduce risks and numbers of patients waiting. Past Max reviews are ongoing in Gastro focusing on the IBD pathway, ENT, Maxillofacial, Urology and Gynaecology. Cardiology is collaborating with independent sector provider 'Consultant Connect' to triage the new patient backlog. The initial pilot has been successful with 21% of patients being managed with Advice and Guidance, 32% of patients requiring a diagnostic test as a way point for patients requiring tests before outpatient patient appointment (OPA), 38% of the 32% were referred back to their GP without</p>	

further action, 36% require first OPA, 2% of patients being upgraded.

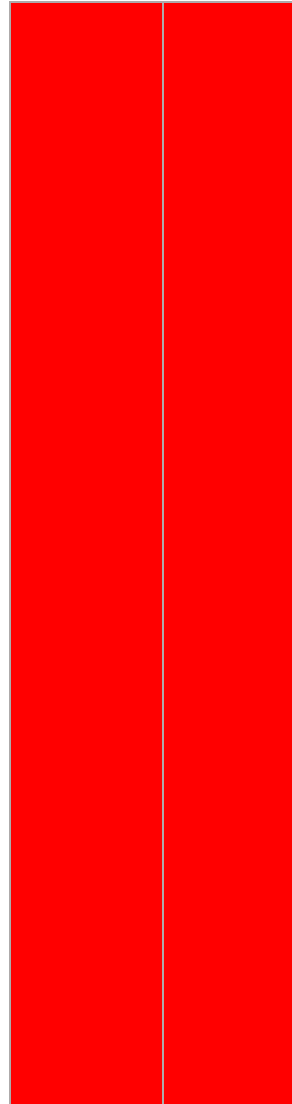
PIFU: During the month of June 2023 Patient Initiated Follow-up (PIFU) achieved was 3.3%, with a decline within the surgical specialties. There is an understanding of the impact and the improvements required to achieve progress, and an improvement is starting to be seen across Medicine specialties. Accurate reporting of post-treatment PIFU pathways is not supported within SemaHelix system and has been deferred until the implementation of Careflow, the Trust's new Patient Administration System.

Virtual OP Clinics: There has been a decline in the performance of % of patients transferred to virtual clinics which demonstrates there is a need for change. The outcomes of the Virtual consultation document have been shared with Operational Managers and Clinical Leads. The recommendations will be explored over the coming weeks to understand the steps that will drive improved performance, which include addressing IT concerns, Information Governance and Communications.

The virtual contacts for June 2023 accounted for 17.3% of outpatient contacts, which was a decrease from the previous month. The national objective of 25% by March 2023 was not achieved.

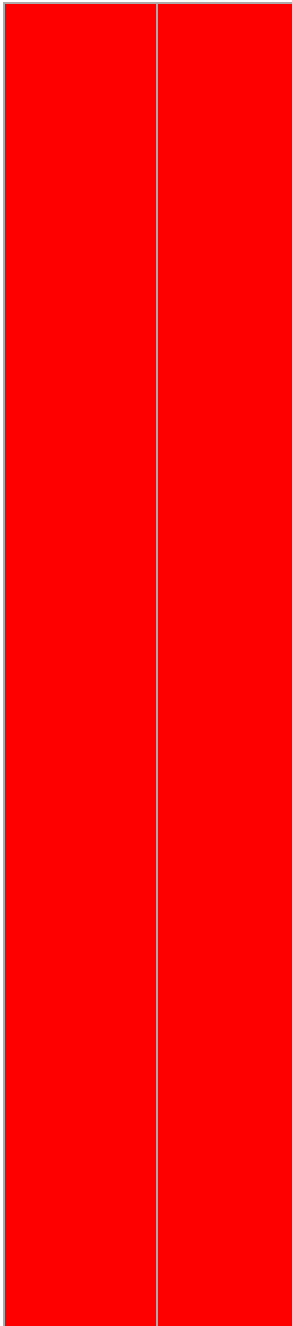
Advice and Guidance: Although the Trust demonstrates enthusiasm to use Advice and Guidance, the Urology pilot has flagged several issues, including the continued work needed to uncouple the ICB referral management system (RAS and TRAQS). The presence of two systems means that the data can be difficult to interpret, therefore leading to loss of opportunity and duplication of work within Primary Care. The education exercise to support Advice and Guidance that Primary Care is delivering to GP Leads and individual practices continues. None of the issues highlighted are within the direct control of the Trust as it is a ICB led programme of work.

The Business Intelligence team are developing information on patients that did not attend (DNAs) to include deprivation and ethnicity to enable an accurate review to identify areas for improvement.



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<p>Elective Recovery</p>	<p>Theatre Productivity</p>	<p>Consistent</p>	<p>Theatre 7 at Princess Royal Hospital (PRH) remained open in June 2023 to provide further capacity from Monday to Friday. At Royal Shrewsbury Hospital (RSH) the robotic theatre is operational and has treated 14 patients in June realising utilisation of 82% for this theatre. The training of consultants is ongoing. The focus remains on list and bed planning in advance of To Come In (TCI). The monthly meeting of Theatres, Bookings, Anaesthetics and Pre-Op took place to review the Theatre Utilisation action plan that has been implemented following discussions on areas where improvement is required to increase theatre utilisation.</p> <p>To support the improvements the following actions are being undertaken:</p> <ul style="list-style-type: none"> • Working with Business Intelligence team to improve reporting and explore automation of reports. • Continued dialogue with NHSE Theatre Lead. • Reinstating “Diamond patient” (PRH only). • Theatre benchmarking. • Follow up visit from NHSE Theatre Lead Planned to observe PRH site in July 2023. • Continue with internal Theatre, scheduling and pre op meetings. • Review of theatre planner. • Improving communication with 18 Weeks to ensure that theatre standards are met. • Introduction of telephone preoperative assessments to patients aged 18 to 40. • List of High Volume Low Complexity (HVLC) procedures to be sent to Clinical Directors to sign off to enable theatre plan for the elective hub to commence. • Recruitment event to be held in June 2023 (PRH site). <p>Theatre utilisation for June 2023 was 72% (capped) and 75% (uncapped) at RSH with 68% (capped) and 72% (uncapped) at PRH. The decline in utilisation at PRH is associated with 18-week lists and therefore the team is undertaking a root cause analysis to inform discussions. The national target for theatre utilisation is 85% and needs to be achieved by April 2024. Weekly theatre utilisation information has been provided to surgeons, anaesthetists, and operational teams. More work is required to increase pre-operative assessment capacity to support early assessment and booking of patients which will allow the lockdown of operating lists sooner.”</p>
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<p>Maternity Transformation</p>	<p>Maternity Transformation</p>	<p>Consistent</p>	<p>91% of the 52 actions from the first Ockenden report are delivered (47), with the remaining 5 actions underway; four of which have external dependencies and sit with NHSE, Local Maternity and Neonatal System (LMNS) and the CQC. The Trust continues to work alongside system stakeholder partners to progress the remaining actions.</p> <p>82% of the 158 actions from the final Ockenden Report have been delivered (129). This includes the coordinator development programme for Band 7 midwives (e.g., labour ward coordinators) including roles and responsibilities, and behaviours and values training. Another example of completed improvement is the 360 degree leadership assessments undertaken by the labour ward coordinators, with personalised action plans produced based on the feedback received, to assist with their development as leaders.</p> <p>Positive feedback has been received from both external and internal colleagues linked to the 'neonatal care' engagement piece at the Ockenden Report Assurance Committee (ORAC) held in May 2023. The PERIPrem project was highlighted which included the life start trolleys and probiotics for babies.</p> <p>The delivery of the maternity CQC plan remains on track and the delivery of the Maternity Improvement Plan, phase 4 is now underway. Actions linked to this phase relate specifically to corporate governance.</p>		
<p>Quality & Safety</p>	<p>Levelling-up Clinical Standards</p>	<p>Consistent</p>	<p>The Senior Responsible Officer (SRO) has supported a number of specialties to develop clinical standards including the Ear, Nose and Throat Team (ENT), Diabetes and Endocrinology, Neurology, Frailty, Acute Medicine and the Emergency Department.</p> <p>Development of the Clinical Standards dashboard has been delayed due to the capacity of the Performance and Business Intelligence Team and this project is now rated as off track. A new Head of Performance has been appointed and will join the Trust in August 2023 and will support moving this forward.</p> <p>Support from Trust Deputy Medical Director has been obtained to include the audit requirements in the Junior Doctor inductions, ahead of rotation in August 2023.</p> <p>The Quality Matron is now supporting the project, with the use of the GATHER tool currently used to collect nursing audits and this will continue to progress into</p>		

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			July 2023. The project plan on a page has been updated to reflect this and is awaiting formal sign off.		
Quality & Safety	Critical Care Improvements	Consistent	The Critical Care Improvement project has now delivered the key milestones planned for the intensive delivery phase. The project team are now collating the evidence and the improvement metrics for presentation at ODG during July 2023 to request that the project be formally closed. A number of actions will then transition into either business as usual activity or be delivered via alternative established projects within the Getting to Good programme and this is currently under discussion.		
Quality & Safety	Fundamentals in Care	Consistent	<p>The initial key actions of the Fundamentals in Care project have now been delivered and have transitioned into the monitoring phase.</p> <p>All acute inpatient wards complete a minimum of 10 audits per month with a peer review included to ensure consistency in marking and oversight. Areas of low compliance are supported to identify improvements and these interventions have shown an improvement in the compliance metrics, with many areas now consistently achieving the 90% target.</p> <p>Monthly exception reports continue to be written by Matrons for the ward areas, with actions identified for all areas not achieving the target including workforce and quality standards. Exception reports are reviewed in monthly Confirm and Challenge meetings chaired by Director/Deputy Director of Nursing, Quality Matrons, Divisional Directors of Nursing, Matrons and Ward Managers to agree actions and support with challenges, identify support and recognise improvement and share good practise.</p> <p>Junior management structures on a number of wards and attrition rates continue to be an issue, impacting training compliance and quality.</p>		
Quality & Safety	Learning from Deaths	Consistent	<p>During June 2023, the Learning from Deaths team continued the significant increase in the number of Structures Judgement Reviews (SJRs) completed following successful recruitment for substantive and interim colleagues to support this. The team are assured that these combined efforts will enable to Trust to achieve the national target of 15% of deaths receiving an SJR, in the coming months.</p> <p>The Learning from Deaths team continue to be a key stakeholder in the PSIRF implementation planned for October 2023.</p> <p>Recruitment to the final vacant post within the new structure is planned for July 2023.</p>		

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<p>Quality & Safety</p>	<p>Quality & Regulatory Compliance</p>	<p>Consistent</p>	<p>The improvement reported in May 2023 for the Section 31 condition relating to the Initial Assessment process during the Junior Doctor strikes in April 2023 has not been maintained. Work to remove unnecessary investigations and processes from the triage/initial assessment nurses continues with Fit to Sit being protected and better utilised. The Left Before Treated standard operating procedure (SoP) is currently being trialled with increased oversight in place. Once complete the reporting process for assurance will be reviewed to ensure the Trust can evidence compliance with the SoP.</p> <p>An initial draft has been completed to apply to remove the condition relating to care planning and assessment and this is planned for review during July 2023 with a decision to be made on whether to submit the request to the CQC prior to any potential inspection later this year.</p> <p>Mock inspections are planned for Medicine and UEC on 19th July (PRH) and 24th July (RSH), using the CQC Inspection Framework and cross referenced to the CQC action plan that include Section 31s, Must Do and Should Do actions. A report and tabletop review is planned shortly afterwards.</p>	
<p>Quality & Safety</p>	<p>Quality Governance</p>	<p>Consistent</p>	<p>The Quality Governance project has now delivered all their current milestones and a review of the project is scheduled for July 2023 to determine sustainability and future milestones. The focus will remain on the implementation of Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE) which will replace NRLS (National Reporting and Learning System) and STEIS (Strategic Executive Information System).</p> <p>A PSIRF away day was held in June 2023 with external and internal stakeholders which was used to further develop the initial view on our Patient Safety Incident Response Plan (PSIRP) and Policy and supported further detailed development of PSIRF to collate an initial draft plan due to be completed by mid-July 2023.</p> <p>Work is ongoing in relation to an integrated quality governance dashboard to include data on open or overdue incidents, complaints, Structured Judgement Reviews (SJRs) and open and overdue actions following investigations and complaints. This data is currently available on Gather however this will require the support of the Performance and BI team to progress.</p>	

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<p>Quality & Safety</p>	<p>Delivery of the Quality Strategy</p>	<p>Consistent</p>	<p>The initial key actions of the Quality Strategy project have now been delivered and have transitioned into the monitoring phase. Further development of the quality dashboard is required to ensure all identified metrics are included and accurately recorded to operationalise the dashboard effectively.</p> <p>Progression with phase two of the quality dashboard continues to be impacted by capacity issues within the Performance and BI team. This work has now been paused until the newly appointed Head of Business Intelligence is in post in August 2023, who will then drive this forward. As a result, this the project is now rated as off track. The initial metrics identified in phase 1 are due to go live in the coming weeks, once the dashboards are available, it will highlight opportunities for further improvement.</p>		
<p>Urgent Care Improvement Programme</p>	<p>SaTH UEC Improvement</p>	<p>Consistent</p>	<p>There have been ongoing improvements to the early flow of patients at both Royal Shrewsbury Hospital (RSH) and Princess Royal Hospital (PRH) with the aid of the 'Home from Hospital' project, which incorporates the patient daily tracker and a label applied on the patient's bed which identifies those patients who are ready for discharge. The embedding and sustainability of this project at RSH is underway and the focus is now to replicate this at PRH, ensuring that both sites work consistently.</p> <p>Scoping and planning for the new 'Direct Access Pathways' workstreams is now underway with project briefs and workstream meetings established. Workstream plans include pathways and ringfenced bed spaces for patients requiring cardiology care and non-invasive ventilation.</p> <p>Within the Therapies workstream, the schedule of the 'Transfer of Care Processes' project has been confirmed and has rolled out onto four wards, with a high level of engagement from staff. The workstream is currently trying to work collaboratively with the Integrated Discharge Team (IDT) to provide support and align to the project.</p> <p>The 'Improving Discharge Flow' workstream has focused on the collation of several data sources on virtual wards and aborted transport journeys within the Emergency Department. This data will be evaluated to support and improve these areas within discharge to aid patient flow throughout both hospital sites. Training has been provided for the IDT to support them in using the discharge management tracker and they are expected to start working with the tool in early</p>		

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			<p>July 2023.</p> <p>Work has commenced on creating a 'Frailty Assessment area', with a provisional area identified within RSH and staffing currently being scoped. Patient experience data is being sought and team members are compiling a short questionnaire for patients who would fit the criteria for this area to be conducted whilst they are in the Emergency Department.</p>		
Workforce Transformation	Leadership Development Framework	Consistent	<p>Talent conversation briefings have been delivered and the scope for growth has been integrated into the STEP programme. Plans are underway to run a third cohort of the STEP programme in Autumn 2023. The Talent Portal has been launched and will continue to be supported as and when required. Existing programmes and talent conversation guidance documents have been updated and available on the intranet and Talent Portal. Wellbeing roadshows took place 25th – 30th June.</p> <p>Delivery of the Leadership framework including SaTH 1-4 continues, alongside integration with senior leadership and coaching programme and links with the ICS High Potential Scheme</p> <p>Celebration of Values week during 5th – 9th June was well received and the feedback will be used to improve future events.</p> <p>The Senior Responsible Officer has drafted a plan for the next phase which is currently being reviewed by the Executive Sponsor and the Programme Management Office (PMO).</p>		
Workforce Transformation	Recruitment & Retention	Consistent	<p>During June 2023, 18 new international nurses joined the Trust, bringing the total of nurses recruited from the 2022/23 business case to 41. During June a Trust delegation travelled to India and Dubai to recruit nurses as part of this programme, with approx.150 offers being made.</p> <p>Work continued to reduce Health Care Assistant (HCA) vacancies across the Trust. During June 2023, a total of 25.62 Whole Time Equivalent (WTE) HCAs joined the trust, with a further 68.11 WTE going through recruitment checks and 18.47 WTE due to commence employment during July and August 2023. The Trust will continue to use a blended approach to reducing the vacancies,</p>		

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			<p>incorporating joint advertising with the ICS and in-house recruitment events and local advertising.</p> <p>Several meetings have been held with system partners, to organise a joint face to face Health Care Support Worker recruitment event, which is likely to take place in August or September 2023 due to venue availability in Shrewsbury.</p> <p>A refresh of Trust branding for vacancy advertising campaigns, both internal and external is underway, including defining the activity and budget for the next 12 months. A number of designs and themes are currently in the process of being scoped, due for completion in July 2023 subject to Executive approval.</p>		
Workforce Transformation	Culture and Behaviours	Consistent	<p>Values Week was celebrated in June 2023 with activities including Courageous Conversations; Compassionate, Inclusive and Effective Leadership Masterclasses; and Civility and Respect Sessions, all linking back to the delivery of the Trust PACT values. A Culture Group Meeting took place in June 2023, with updates on the positive work being carried out across the Trust.</p> <p>Civility and Respect sessions were held for Inpatient Therapies and Surgery Medical Secretaries departments, and a Courageous Conversations workshop was facilitated for Clinical Directors to support them in addressing negative behaviours.</p> <p>Cultural transformation work has continued with team development sessions for the Organisational Development Team and day three of the SaTH Four Leadership Programme.</p>		
Finance & Resources	Performance & BI	Consistent	<p>A Head of Business Intelligence has been successfully recruited and will commence in post in August 2023. This crucial post will support the accelerated delivery of a number of key priorities, including the quality dashboard which had initially been planned for delivery in June 2023 and is now rated as off track, for the team over the coming months.</p> <p>During June 2023, the team has successfully rebuilt 45 priority reports in order to be compliant with Careflow Patient Administration System (PAS), due for implementation in late 2023. This will ensure the Trust can comply with all statutory reporting requirements once the new system goes live and the team will progress all remaining priority reports by September 2023. A Data Quality</p>		

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			<p>Working Group is due to be established in July 2023.</p> <p>The initial Health Inequalities report has been prepared by the team and this will support the Trust and the ICB to identify potential areas for improvement.</p>		
Workforce Transformation	Future Workforce Design	Consistent	<p>There are now over 100 new apprentices which will support SaTH in filling our workforce gaps. A number of apprentices that have started this year are new apprenticeships to the Trust, including some particular to corporate support functions such as procurement, workforce and finance whilst others will help expand critical clinical roles in the future such the new midwifery apprenticeship</p> <p>Immediate and Long term planning for the development of roles is an essential element of our plans for our current workforce requirements and for the Hospital Transformation programme. Plans in development for Advanced Clinical Practitioners and developing key strategies in support of Advanced practice and Allied Health Professionals across the Trust. The NHS long term workforce plan will be reviewed to consider the potential impact on our local plans for the system and within SaTH.”</p>		
Workforce Transformation	Training and Education	Consistent	<p>The SaTH Education week took place in June 2023 during which over 250 staff members took part in the various activities. The week culminated in a showcase event which was attended by 120 people and the lessons learnt are under review ahead of the Education awards day in October 2023.</p> <p>The business case has been submitted for the development of the Faculty of Health; and has been approved by the Innovation and Investment Committee. Development of the IT infrastructure for the Faculty is underway, in partnership with Keele University, Staffordshire University and SaTH IT.</p>		
Urgent Care Improvement Programme	Emergency Care Transformation	Consistent	<p>A neutral evaluation process took place for colleagues in both Emergency Departments (ED) in June 2023 which involved inviting all colleagues working in the department to speak with external practitioners about their experiences at work and their thoughts and feelings about the culture and environment of ED. The discussions involved a number of session formats spanning several days and a report will be sent to the Divisional Senior Management Team with recommendations for change. These recommendations are expected to help inform the Emergency Care Transformation Programme moving forwards.</p>		

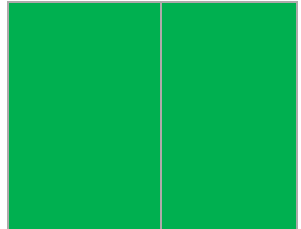
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			<p>A new process for the coding of patients following discharge from ED has been rolled out successfully at the Princess Royal Hospital (PRH) with some minor adjustments underway at the Royal Shrewsbury Hospital (RSH). A Standard Operating Procedure has been drafted and is awaiting approval by the Senior Management Team.</p> <p>The new Emergency Care Transformation newsletter has been created and will be published both on paper and digitally in early July 2023. The newsletter will be published bi-monthly and will share information about the programme and its progress with an emphasis on the impact of the programme on both patients and staff.</p> <p>A trial has taken place involving a streaming app to assist Initial Assessment nurses in determining whether a patient is suitable for Same Day Emergency Care (SDEC). Finalised data to determine the success of this trial is awaited. Additionally, there are plans underway to review SDEC pathways and improve consistency in referrals to the service and therefore help reduce overcrowding in ED.</p> <p>The Emergency Care Transformation Assurance Committee (ECTAC) met in June 2023 and approved a further nine submitted actions. Of these nine actions, three were approved as 'Evidenced and Assured', including the action 'To develop a brand identity for the Emergency Care Transformation Programme (ECTP) to increase awareness of its work and clearly identify its related communications'. This action is key to aid programme delivery to ensure that a high level of awareness of the ECTP is raised for colleagues across the trust. In total across the programme 32.8% of actions are now "Delivered, not yet Evidenced" and 9.7% are "Evidenced and Assured".</p>		
Workforce Transformation	Equality, Diversity & Inclusion	Consistent	<p>Workforce Race Equality Standard (WRES) & Workforce Disability Equality Standard (WDES) data has been submitted nationally and planning is ongoing for the two reports that will feed into this. The team are currently exploring options for the cultural ambassador training to be held internally. Pride month was celebrated through the organisation with events organised and delivered by the EDI Team; over 150 staff pledged support and positive engagement was received. These events helped to show continued commitment as an organisation to</p>		

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			<p>becoming a more inclusive and safe working environment. The milestones for 2023/24 have been developed and sent for approval and are awaiting sign off.</p>		
Workforce Transformation	Medical Staffing	Consistent	<p>The roll out of the new rostering system is on track in line with our project plan with all specialties to be live on the system by August 2023, with the exception of Medicine and Paediatrics, which will follow once rotas are agreed and ready for upload into the system. During implementation of this system, steps have also been taken to develop a new dashboard which will collate junior doctor working hours and highlight levels of compliance. The dashboard is progressing and so far, 7 rosters out of 52 have been set up including Trauma & Orthopaedics and Surgery.</p> <p>To date 27 rota reviews have been completed, 13 are in business case stage and 12 are outstanding pending review. Medical People Services and Finance are conducting a trust wide review of the medical establishment comparing junior doctor budgets, rota posts and reported vacancies. The rota reviews that have been completed are currently being aligned by Finance against budgets.</p>		
Quality & Safety	Expansion of Medical Examiners Office	Consistent	<p>The Medical Examiner recruitment drive has seen the appointment of two further Medical Examiners, taking the team of MEs from 14 to 16. An expression of interest advert is to be circulated internally to attract any existing staff from within the service to support the remaining two vacant sessions. An additional full time MEO has commenced in post and the Senior MEO vacancy was advertised in June 2023. As the team expands, the requirement for additional office space remains a challenge and the milestone for achieving this continues to report this as off track.</p> <p>The Stirchley Medical Practice pilot was successfully delivered and is now functioning as business as usual. Engagement with South East Telford Primary Care Network (PCN) practices has commenced and meetings with Court Street Medical Practice and Woodside Medical Practice are to be held in the coming weeks.</p> <p>Referrals from The Robert Jones and Agnes Hunt Orthopaedic Hospital have started to be accepted and the new process is fully established. An overarching DPAC is due to be signed by the Trust's Senior Information Risk Owner (SIRO) and will then be shared with each GP practice as they come on board so they can add this to their Information Governance gateway.</p>		

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		<p>The Integrated Care Board (ICB) has confirmed its support to fund EMIS Viewer, which will amend how records are accessed at the practices and how individual practices share patient data with the Trust. This will allow for more efficient and streamlined working and reduce risk. Training for the Medical Examiner's Officers (MEO) will be arranged following which a superuser will be identified who will then be responsible for training the Medical Examiners (ME) on the system.</p>	
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Appendix 1: Month on Month Status with Trend

G2G - Month on Month Status and Trend		Jun-23												
Programme	Project	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Trend
Corporate Governance	Communications & Engagement	●	●	●	●	●	●	●	●	●	●	●	●	➔
	Risk Management	●	●	●	●	●	●	●	●	●	●	●	●	➔
Digital Transformation	Digital Infrastructure	●	●	●	●	●	●	●	●	●	●	●	●	➔
Elective Recovery	Cancer Performance	●	●	●	●	●	●	●	●	●	●	●	●	➔
	Diagnostics Recovery	●	●	●	●	●	●	●	●	●	●	●	●	➔
	Outpatient Transformation	●	●	●	●	●	●	●	●	●	●	●	●	➔
	Theatre Productivity	●	●	●	●	●	●	●	●	●	●	●	●	➔
Maternity Transformation	Performance & BI	●	●	●	●	●	●	●	●	●	●	●	●	➔
	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	●	●	●	●	●	●	●	●	●	●	●	●	➔
Urgent Care Improvement Programme	Quality Governance	●	●	●	●	●	●	●	●	●	●	●	●	➔
	SaTH UEC Improvement	●	●	●	●	●	●	●	●	●	●	●	●	➔
Workforce Transformation	Emergency Care Transformation	●	●	●	●	●	●	●	●	●	●	●	●	➔
	Culture and Behaviours	●	●	●	●	●	●	●	●	●	●	●	●	➔
	Equality, Diversity & Inclusion	●	●	●	●	●	●	●	●	●	●	●	●	➔
	Medical Staffing	●	●	●	●	●	●	●	●	●	●	●	●	➔
	Future Workforce Design	●	●	●	●	●	●	●	●	●	●	●	●	➔
	Leadership Development Framework	●	●	●	●	●	●	●	●	●	●	●	●	➔
	Recruitment & Retention	●	●	●	●	●	●	●	●	●	●	●	●	➔
Training and Education	●	●	●	●	●	●	●	●	●	●	●	●	➔	