

Appendix 1: Getting to Good Project Status Overview

Progress Status

Complete

Off Track

At Risk

On Track

Programme	Project	Trend	Monthly Update	Previous Month	Current Month
				July	August
Corporate Governance	Communications & Engagement	Worsening	The Chief Communications Officer has completed meetings with key groups to inform the Trust Communication Strategy, which is being drafted by the end of September 2023.	On Track	At Risk
Corporate Governance	Risk Management	Consistent	<p>The Risk Management Process – Tools and Techniques face-to-face and virtual training will be piloted on 20 September 2023. Separate Risk Management ‘E-learning’ training is being designed in conjunction with the Learning Management System (LMS) Team with view to ‘Go Live’ late September / early October 2023. The Risk Management Team are now part of the ‘Strive Towards Excellence Programme’ (STEP) where Risk Management is covered as part of the syllabus.</p> <p>The Risk Management Committee has been renamed the Risk Management Group (RMG), and the Terms of Reference were reviewed and discussed at the August 2023 meeting. At that meeting the Risk Management Policy (and Process document) were reviewed, as was the Risk Management strategy and Risk Assessment Tool. Any changes are subject to approval at Audit Risk and Assurance Committee (ARAC) in October 2023. The monthly risk management report and proposed KPIs continued to be reviewed and will formulate an annual report in July 2024 when risk management activity can be tracked on a monthly, quarterly and ultimately annual basis.</p> <p>The Patient Safety Team have been approached so that incidents, risk, clinical audit findings and PALs feedback can be linked. This is especially important in preparation</p>	On Track	On Track

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			<p>for PSIRF.</p> <p>The Freedom to Speak Up Team have been approached so that the 'Texas Safety Questionnaire' can be rolled out Trust-wide in November 2023. This is to determine how SaTH staff feel about teamwork climate, safety climate, job satisfaction, perceptions of management, working conditions, and stress recognition.</p>		
Digital Transformation	Digital Infrastructure	Consistent	<p>The Patient Administrative System (PAS) and ED projects have seen some operational, process and technical issues which have delayed the initial go-live date. The Trust has reviewed options for go live in early 2024, and the expected date is early April 2024.</p> <p>All standard devices in the organisation have now been replaced to Windows 10 with NHS England approved exceptions. Windows 11 deployment in the planning stages – progress tracker to be reported from November 2023.</p> <p>Core network replacement continues. Office 365 trust wide rollout is continuing to progress. Single Sign On roll out completion remains on track with Imprivata being deployed in the organisation's clinical areas.</p>		
Elective Recovery	Cancer Performance	Consistent	<p>In cancer our focus continues to be on reducing the backlog of patients waiting over 62 days for treatment and on Faster Diagnosis Standards (FDS).</p> <p>The 62+ day backlog as at the end of August 2023 was 330 against the recovery trajectory of 424, This is a reduction of 98 patients below trajectory. The validated FDS position for July 2023 is currently at 66.5% against the trajectory of 67.3%. The unvalidated FDS position for August 2023 is currently at 64.6% against the trajectory of 68.5% (73.8% data completeness). Each of the challenged tumour pathways (urology, colorectal and gynaecology) have identified actions in place.</p> <p>SaTH continues to support STW in the implementation of 80% compliance with Faecal Immunochemical Testing (FIT) in primary care. The Primary Care team will contact each GP surgery, highlight the missing FIT result, and remind them of the correct process. At the end of August 79.3% of Urgent Suspected Cancer Colorectal referrals were received with a FIT result which is a 12.1% increase from the monthly starting point.</p> <p>NHSE support has commenced to redesign the prostate pathway in line with the Best Practice Timed Pathway (BPTP) and a GIRFT visit took place in May and the</p>		

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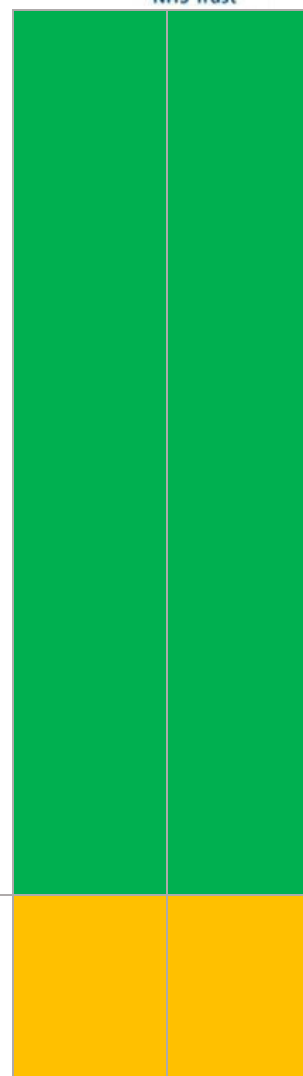
			<p>recommendations are being worked through. Two Project Managers remain in post to support the delivery of the BPTP in Urology, Colorectal, Breast & UGI. A Deep Dive pathway event took place on 24th August in Gynaecology and the findings have been presented to NHSE. An improvement action plan is in place and is being worked through. A further Deep Dive is planned for Colorectal to take place on 15th September 2023. In addition, a Deep Dive will be arranged for Urology. These will follow the same format as the successful Gynae Deep Dive.</p>	
<p>Elective Recovery</p>	<p>Diagnostics Recovery</p>	<p>Consistent</p>	<p>The unvalidated performance for August demonstrates improvements have been made with an initial performance of 69.54%. The number of breaches also continue to decrease, from 3815 to 3321. Initial Performance for Imaging is 75%, with Magnetic Resonance Imaging (MRI) achieving 93.8%, Computed Tomography (CT) achieving 98.8%, and non-obstetric ultrasound increasing to 64.6% against targets of 99%.</p> <p>There is ongoing recruitment for radiologists, radiographers, and sonographers. Offers have been made to 10 additional overseas Radiographers, with the first of these joining the Trust in September 2023.</p> <p>On-site independent sector mobile CT and MRI scanners, along with US insourcing, continues to provide additional capacity that is essential to maintain current performance levels and outsourced reporting with '4Ways' continues to provide an additional 100 CT and 100 MRI reports per week.</p> <p>Echocardiology performance is maintaining its performance at 98.2%. The overall Endoscopy initial performance is 56.7% which is an improvement from July's performance of 49.3%. Additional insourcing from '18 Weeks' to support endoscopy DM01 levels at weekends has been supported through the ERF.</p> <p>The plans for the Community Diagnostic Centre remain on track for contractor's handover in mid-September 2023 and subsequent opening to patients in October 2023.</p>	

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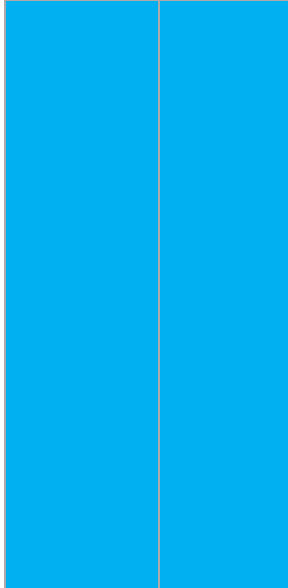
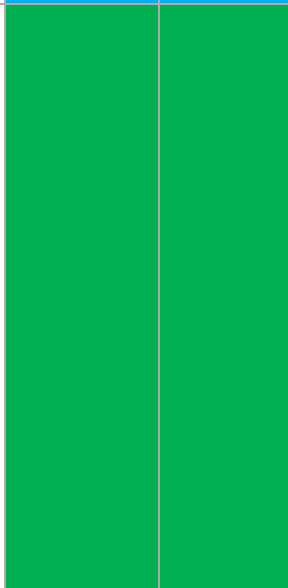
<p>Elective Recovery</p>	<p>Outpatient Transformation</p>	<p>Consistent</p>	<p>The overall project status remains off track, and work continues to engage with the clinical teams. Some of the delays can be attributed to the competing clinical demands of delivering Referral to Treatment (RTT) 78 and 65 week waits and Cancer trajectories along with the impact of the recent industrial action.</p> <p>The year-to-date performance for PIFU in August was 3.7%. The virtual contacts for August 2023 accounted for 18.7% of outpatient contacts, which was an increase from the previous month by 1.2%. The national objective of 25% by March 2023 was not achieved. The Midlands regional average for Jun-23 stands at 19.5%. Weekly outpatient transformation meetings are in place with centres to further develop and monitor the PIFU and virtual plans by specialty and with clinical engagement. Post treatment PIFU pathways are currently not supported by SemaHelix system and has been deferred until the implementation of Careflow, the Trusts new Patient Administration System. The opportunity within surgical specialities for post procedure PIFU is significant.</p>	
<p>Elective Recovery</p>	<p>Theatre Productivity</p>	<p>Consistent</p>	<p>The utilisation for August 2023 was 73% (capped) and 77% (uncapped) at RSH and 70%. For PRH the utilisation was 74% (capped) and 70% (uncapped). The 18 Week outsourcing lists at PRH have proved difficult to plan due to the tighter exclusion criteria and challenges with the skill mix of the theatre teams being provided to SaTH. To support improvement the ongoing actions are taking place:</p> <ul style="list-style-type: none"> • Clinical priority of the longest waiting patients continues, and lists are allocated in line with clinical need. • Clinical lead identified to support with optimising theatre utilisation with 85% target. • Ongoing work to explore an increase in pre-operative assessment capacity to support early assessment and booking of patients which will allow the lockdown of routine operating lists at two weeks which will be part of the steering group. We are also looking at increasing our telephone assessment cohort to release capacity for patients who do need face to face appointment. • The 'Golden Patient' review paper to go to SACC committee in September. • Continued use of insourcing on weekdays and weekends. • Theatre vacancies are being addressed through a restructure of the theatre teams to develop new roles and ways of working. • In addition, recruitment campaigns are underway with options being explored in recruitment of overseas nursing. We have a recruitment trajectory in place, and we have 21 new starters at PRH but only one has theatre experience. 	

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<p>Maternity Transformation</p>	<p>Maternity Transformation</p>	<p>Consistent</p>	<p>Further progress has been made with the actions from the First Ockenden report, with 93% now delivered (48 actions). The remaining 4 actions are underway; three of which have external dependencies and sit with NHSE, the 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>88% of the 158 actions from the Final Ockenden Report have now been delivered. An example of work undertaken has been ensuring that there is a core team of midwives who are trained in providing high dependency maternity care (HDU) and that a HDU trained midwife is available on every shift. This improvement has been demonstrated via shift rotas.</p> <p>The delivery of the CQC action plan remains 'on track', with 89% of the actions delivered and work is underway to deliver the remaining two actions relating to staffing levels and rotation.</p> <p>The Maternity Improvement Plan (MIP) contains 30 'historical' reviews; 27% of these action plans have been fully closed and 'evidenced and assured' with closure papers ratified via Divisional Committee. 63% are 'delivered not yet evidenced', with action plans closed and closure papers in production and 7% are 'not yet delivered', though well underway. 1 action plan has been descoped as sits with the LMNS.</p> <p>The maternity service has been selected to present the birth preferences card at the National Baby Lifeline conference in September 2023.</p>
<p>Quality & Safety</p>	<p>Levelling-up Clinical Standards</p>	<p>Consistent</p>	<p>The PMO are continued to support the Corporate Nursing team during August 2023 to progress the building of the Clinical Standards Dashboard in Gather. A key action during September 2023 will be to agree the audit questions for one specialty (to be agreed) after which the dashboard will be implemented. Training requirements for medical staff to conduct the audit are also to be defined.</p>

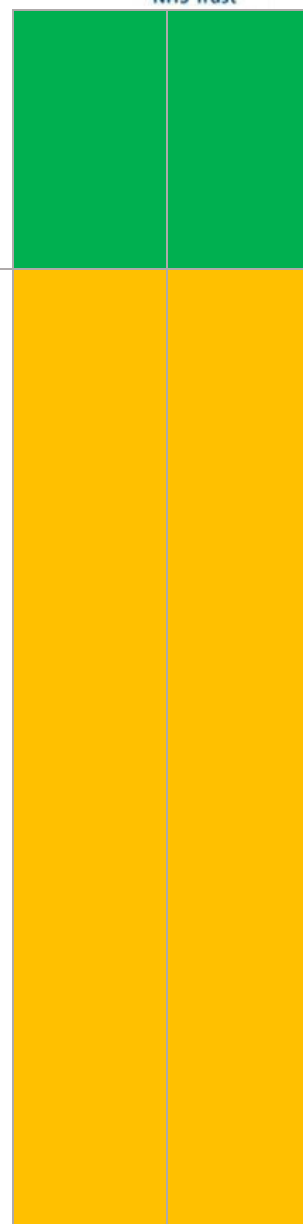


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<p>Quality & Safety</p>	<p>Critical Care Improvements</p>	<p>Consistent</p>	<p>The Critical Care Improvement project was agreed to be formally closed at the Getting to Good Operational Delivery Group during July 2023, following a review of the delivery evidence.</p> <p>During the project, a number of milestones were delivered including preparing of the options appraisal for temporary service redesign, Job planning for Anaesthetic and Critical Care and the delivery of the Critical Care Improvement Plan. This action plan included an improvement in the system for reviewing and updating clinical guidelines and standard operating procedures (SOPs), standardisation of paperwork across both critical care units for patient notes, handovers and discharge packs.</p> <p>One of the key considerations in the options appraisal was the ability to have consultant cover 24/7 at both hospital sites. Locum consultant contracts have been agreed to provide daytime weekend cover at Princess Royal Hospital (PRH) and the Certificate of Eligibility of Specialist Registration (CeSR) programme has been expanded.</p>	
<p>Quality & Safety</p>	<p>Fundamentals in Care</p>	<p>Consistent</p>	<p>The initial key actions of the Fundamentals in Care project have now been delivered and have transitioned into the monitoring phase.</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>The Acute Medical Unit (AMU) at Princess Royal Hospital (PRH) has recently achieved a formal Silver Accreditation score within the Trust Exemplar Programme, after consistently achieving level 2 baseline outcomes within the time criteria. Cleanliness standards were above the Trust target and a 5* rating was achieved, alongside good hand hygiene practices. The team were also recognised for a high standard of documentation and good knowledge of specialist areas such as tissue viability, Sepsis, safeguarding and falls prevention. All patients were complimentary about the staff working within this area and provided positive feedback.</p>	

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Quality & Safety	Learning from Deaths	Consistent	<p>Improvement in the increase in the number of Structures Judgement Reviews (SJRs) completed continues, with 60 SJRs completed within August 2023 against a minimum target of 30 to achieve the national target of 15% of deaths receiving an SJR. An improvement in the timeliness of the SJR has also taken place, with significant increase in the number of SJRs completed within 8 weeks of a death. Recruitment to the Learning from Deaths Support Officer post has commenced during August 2023, with the interviews being held in early September 2023.</p>
Quality & Safety	Quality & Regulatory Compliance	Consistent	<p>Reports and recommendations from the CQC Mock inspections in Medicine and Urgent and Emergency Care in July 2023 have now distributed to the relevant teams. The planned table top meeting is to be rescheduled due to a visit by NHSE but work is underway to address the key areas identified at the debrief and in the reports.</p> <p>Preparations continue for an anticipated CQC inspection. The Trust's CQC Compliance Manager has attended divisional committee meetings to go through key areas and FAQs to use with conversations with their staff to clarify the process during an inspection. The focus groups held during the mock inspections have given staff the opportunity to reflect on improvements made since the last inspection. The CQC Compliance Manager has also presented to the weekly Nursing and Midwifery Forum (NMF) / Allied Health Professionals (AHP) meeting and will be attending again early September.</p> <p>Action cards have been delivered to key areas (including Clinical Site Managers) where the CQC may arrive and the Standard Operating Procedure (SoP) outlining the inspection process, how to deal with information requests and points of contact have also been re-distributed.</p> <p>Site walkabouts are planned with Estates and Facilities; Corporate Nursing; Infection Prevention and Control and the Communications Team to look at common areas in a more joined-up approach in relation to the hospital's environment. The walkabout at Royal Shrewsbury Hospital has taken place and areas to prioritise in terms of cleaning, decoration and repair have been agreed. A "Clean the Clutter" 5S event will take place over the next couple of weeks to encourage all areas to be tidied and to facilitate the removal of rubbish and surplus equipment.</p>



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Quality & Safety	Quality Governance	Consistent	<p>A review of the Quality Governance project took place during August 2023 with future milestones and risks agreed pending executive lead approval. The new milestones focus heavily on the implementation of Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE). The framework for PSIRF is scheduled to be reviewed by the Trust Board in October 2023.</p> <p>A new Patient Safety Specialist Investigator role has been approved and recruitment will commence in the coming weeks with a view to appointing to the role in January 2024. This position will support the Trust's withdrawal from reporting to the Strategic Executive Information System (STEIS) and National Reporting and Learning System (NRLS) to commence reporting to LFPSE. DATIX awareness training is also being planned to support the launch of a new DATIX form.</p> <p>Phase 1 Quality Dashboard has now been made available by the Performance and BI Team and is a significant milestone for the project as this will now allow monitoring of the first set of quality metrics.</p>		
Quality & Safety	Delivery of the Quality Strategy	Improving	<p>Phase 1 Quality Dashboard has now been made available by the Performance and BI Team and is a significant milestone for the project as this will now allow monitoring of the first set of quality metrics. This will identify the focus areas requiring improvement support and this will inform the next steps for the project.</p>		
Urgent Care Improvement Programme	SaTH UEC Improvement	Worsening	<p>In August 2023, an increased number of simple discharges per day was maintained (68 compared to 60 in August 2022) as was a reduction in the number of complex No Criteria to Reside patients (141 compared to 177 in August 2022). There was a decline in the number of virtual ward step down referrals from 3.7 per day in July 2023 to 1.7 per day in August 2023. The Emergency Department (ED) 4 hour performance in August 2023 reduced again to 61.4% (all types).</p> <p>During August 2023, 21.3% of discharges were completed before noon (target 30%) and 61% of discharges were completed before 5pm (target 80%). Work is continuing across medical and surgical wards to improve these metrics as part of the ward improvements workstream.</p> <p>The rollout of a new Transfer of Care (TOC) process will be completed by September 2023, led by the Therapy team, which will reduce delays for patients who are likely to require additional support on their discharge.</p> <p>Virtual Ward champions are in place on all medical wards to promote referrals and</p>		

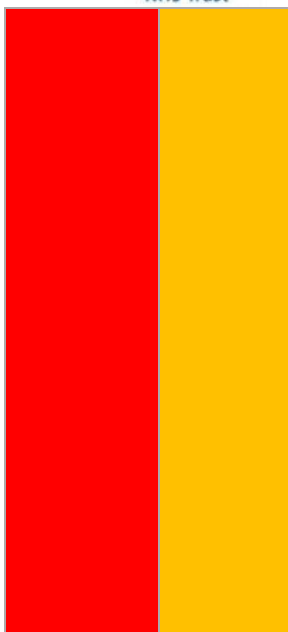
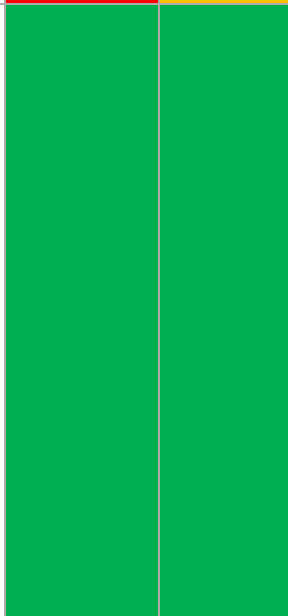
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			<p>increase awareness of the service and its criteria. Action learning sets have been set up for September 2023 to discuss what additional support and information is required to increase the confidence of the clinical team to refer patients to the Virtual ward. Testing of a new critical incident policy has been undertaken by divisions to ensure the policy is fit for purpose and will be launched in October 2023.</p> <p>A new collaborative Outpatient Parenteral Antimicrobial Therapy (OPAT) service with Shropshire Community Health NHS Trust is being planned which will allow for earlier discharge of medically stable patients who remain in hospital only due to the continued requirement for intravenous antibiotics. The model is to be presented to the Integrated Care Board (ICB) commissioning group in September 2023, with plans underway to commence the service before the start of winter.</p> <p>A review of the Acute floor is underway, led by the Medicine and Emergency Care division and supported by the Service Improvement team. The findings of this review will inform actions to further improve patient flow within the area.</p>		
Workforce Transformation	Leadership Development Framework	Consistent	<p>Nominations for the Trust Awards closed on the 31st of August 2023 with over 500 nominations, the highest number of nominations to date. Shortlisting panels are currently being arranged.</p> <p>Training of internal facilitators has increased capacity to deliver the SaTH 1 – 4 leadership programmes. Similarly, there has been development of internal coaches and facilitators to deliver the Institute of Leadership and Management, Affina Team Coaching, Schwartz and DISC (Dominance, Influence, Steadiness, and Compliance) leadership programmes. The development of a roll out plan for the Affina Team Coaching Journey is a key upcoming task.</p> <p>The new Articulate software has enabled the creation of online learning packages and blended learning solutions. The talent portal now has over 1300 users offering online learning and career modules and self-assessment tools.</p>		
Workforce Transformation	Recruitment & Retention	Consistent	<p>In August 2023 a further 28 nurses joined the Trust as part of the 2022/23 international nurse business case. This brings the total number of international nurses recruited since April 2023 to 97. The business case is due to be concluded by early January 2024, with the Trust currently on track to achieve its recruitment target.</p>		

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			<p>Further reduction in Healthcare Assistant (HCA) vacancies occurred in August 2023, with 18.43 Whole Time Equivalent (WTE) HCAs joining the Trust, and a further 58.27 WTE undergoing recruitment checks. A further 30.51 WTE are due to commence employment during September and October 2023. As a result of this and low HCA vacancy rates across the local region, a decision has been made to pause a joint Integrated Care System (ICS) recruitment event, due to be held in September 2023.</p> <p>A refresh of Trust branding for vacancy advertising campaigns continues, with several design concepts created by the Communications team under review.</p>		
Workforce Transformation	Culture and Behaviours	Consistent	<p>Bespoke work is being conducted across various Trust teams which include cultural reviews and Civility and Respect workshops. Cultural improvement will continue to be integrated into the STEP management skills programme.</p> <p>The 'Making a Difference Together' on-line conversational platform provides the opportunity for staff members to put forward ideas and suggestions and build on the success of recent conversations including values and behaviours, medical strategy, education, flexible working, and leadership. The Trust has been recognised nationally in relation to staff engagement and the implementation of the People Pulse surveys, with the "Making a Difference Together" platform enabling an increase from 179 to over 1300 people completing the survey.</p>		
Finance & Resources	Performance & BI	Improving	<p>Phase 1 Quality Dashboard has now been made available by the Performance and BI Team provides performance reporting for all metrics which are currently available within the Trust.</p> <p>Phase 2 of Quality Dashboard has commenced, which will see its expansion to include additional metrics sourced from data that is not currently available, providing a fully holistic dashboard to track all pertinent quality and safety metrics.</p> <p>Health inequalities reporting is currently in development, with the aim to provide a quarterly report for the Trust by September 2023. This report will then form the basis for the internal action plan in reducing health inequalities and will also be incorporated into the Integrated Care System (ICS) health inequalities action plan.</p> <p>The EPR milestone of all priority 1 and 2 reports built by the end of August 2023 was successfully delivered and work is now underway with the operational teams to test these reports. Next steps of the EPR implementation milestones for the Performance</p>		

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			<p>and BI team is to rebuild all internal and statutory reporting and this work is underway, with a deadline of these rebuilds to be completed and tested by the end of November 2023.</p> <p>A review of all purchased performance and business intelligence related systems is underway to identify what these were originally purchased for, whether they are still meeting those needs and whether there is any duplication or superseded arrangements that mean they are no longer required. This will likely result in the Trust serving notice on some systems when evidence suggests this is the best approach and contingency plans are in place for any lost areas of information. Whilst this review takes place, the milestone to serve notice to Inphase will remain off track.</p> <p>Recruitment for the Performance and BI function is now in its final stages, with both the Head of Business Intelligence and the Head of Performance now in post. Interviews are taking place for the Deputy Head of Performance and BI in September 2023. This is the final post in the restructure to be filled which will provide a more stable team and performance and business intelligence function for the Trust.</p>	
Workforce Transformation	Future Workforce Design	Consistent	<p>Workforce planning workshops with both the Women and Children’s and Surgery, Anaesthetics and Cancer divisions commenced in August 2023. The Hospitals Transformation Project (HTP) workforce plan has been agreed with timescales for development of a full business case set for November 2023. A pipeline for all nursing roles has been confirmed for this year including an expansion of the nursing associate conversion course to Registered Nurse which will now be advertised in September 2023, together with submission of placement/education funding.</p> <p>Workforce efficiency programme continues to progress with actions focusing on junior doctor workforce, Nursing and HCA agency reduction. SaTH partnered with Doctors Direct (part of NHS Professionals) to take part in the Gateway EU Programme which allows doctors who have graduated from a European university to gain experience as a junior doctor in the NHS, working in clinical roles, equivalent to Foundation Year (FY) 1 or 2. Between May 2023 and August 2023 via this programme Medical People Services successfully appointed 22 junior doctors at FY1 level and 1 junior doctor at FY2 level, thus reducing the current agency position.</p>	

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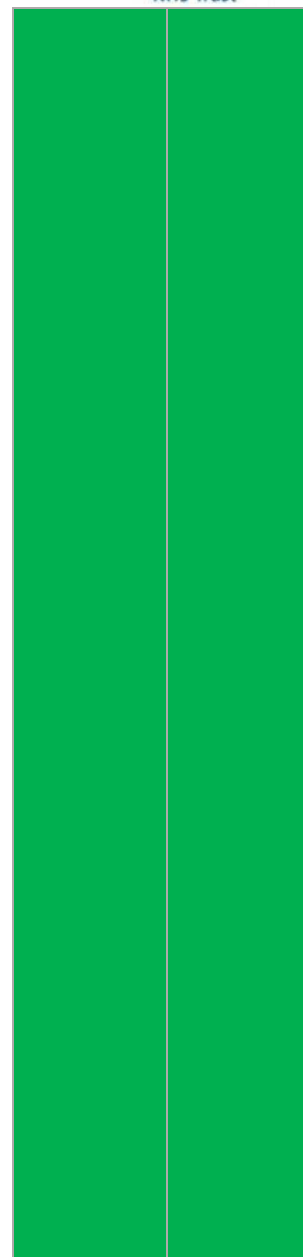
Workforce Transformation	Training and Education	Consistent	<p>Estates and IT infrastructure works will commence in September 2023 for the new SaTH Education, Research, and Improvement Institute (SERII) and teams are planning site moves into the new space in October 2023. The opening ceremony of SERII is scheduled for November 2023 in conjunction with the Trust's Recognition Week 2023.</p> <p>Trust mandatory compliance is currently at 92.2% and for appraisals is 83.6%</p>		
Urgent Care Improvement Programme	Emergency Care Transformation	Consistent	<p>The Emergency Care Transformation Assurance Committee (ECTAC) met in August 2023 and approved 5 actions as "Delivered, Not Yet Evidenced" and 11 actions as "Evidenced and Assured". This means that as of August 2023, of the 134 actions within the ECTP plan, 53% are "Not Yet Delivered", 29.1% are "Delivered, Not Yet Evidenced" and 17.9% are "Evidenced and Assured".</p> <p>A new process for signing off clinical incident forms has been embedded in the Emergency Department (ED) which aims to prevent any future backlog of outstanding forms. The backlog of clinical incident forms awaiting sign off has reduced consistently since February 2023 from approximately 1400 to approximately 500. Work is continuing to further reduce this backlog, and this will be subject to on-going monitoring. By addressing the backlog of incident forms in the department, trends in clinical incidents are tracked and learning from these incidents is cascaded to avoid repeat occurrences.</p> <p>A review of patients with extended decision to admit times looked at the specialities and presenting complaints of patients over a six-month period to identify speciality pathways that could improve flow out of ED and improve patient experience. It was concluded that pathways into Same Day Emergency Care (SDEC), Urgent Treatment Centre (UTC), Paediatrics, Ear Nose and Throat (ENT) and Gynaecology will be explored by the Environment, Pathways and Flow workstream moving forwards. A training needs analysis has been completed for staff members who are required to maintain the divisional risk register. The colleagues identified are scheduled to undertake training sessions in September 2023.</p> <p>Themes from the recent Mock CQC Inspection have been incorporated into the Emergency Care Transformation Programme including infection control, risk awareness and documentation.</p>		

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			<p>During September 2023, further work on the discharge of patients from the ED whiteboard will be undertaken, training for colleagues on the divisional risk register maintenance will be rolled out and the programme in its entirety will be reviewed in order to determine the short to medium term priorities for delivery.</p>		
Workforce Transformation	Equality, Diversity & Inclusion	Consistent	<p>The Equality, Diversity and Inclusion (ED&I) team continue to work with the Human Resources team to explore options for the delivery of the refresher cultural ambassador training, including highlighting any staff who may require additional training needs. Further to this both teams are also working alongside the existing cultural ambassadors on ensuring existing processes are followed appropriately with regard to grievance and disciplinary cases. The retention group has focused on the international staff survey and the 30 voices Freedom to Speak Up survey, with a subgroup created to discuss next steps.</p> <p>Planning has commenced for the joint diversity day working alongside Shropshire, Telford and Wrekin Integrated Care System to celebrate diversity within the community, including a SaTH stall to promote equality work undertaken within the Trust alongside promotion of ED&I staff networks. The South Asian Heritage Month 2023 has concluded with one awareness and celebration day at Princess Royal Hospital. Mandatory ED&I training was delivered to doctors and planning is underway for the midwives training due to be delivered in September 2023. Scoping and interviews have taken place to support the Galvanise Programme on leadership for ethnic minorities. Preparations are underway for the Staff Network Event in October 2023 supported by the Chief Executive, Black History Month in October 2023 and Inclusion and Belonging Day Celebrations in November 2023.</p>		
Workforce Transformation	Medical Staffing	Consistent	<p>A Deputy Medical People Services Rota Manager commenced with the Trust on the 24th August 2023 and trajectory is being devised for completing the remaining 12 rota reviews. The Trauma & Orthopaedics business case has been approved and discussions are currently ongoing with the present Tier 2 incumbents to approve roster templates with an imminent commencement date.</p> <p>Consultant rota reviews will not commence at the earliest before April 2024 and will require a robust plan put in place to deliver this piece of work.</p>		

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<p>Quality & Safety</p>	<p>Expansion of Medical Examiners Office</p>	<p>Consistent</p>	<p>The Medical Examiner (ME) recruitment drive continues with an expression of interest advert providing candidates for interviews scheduled for September 2023. Interviews for a Senior Medical Examiner Officer (MEO) are also scheduled for September 2023. Progress with this recruitment will support the expansion of the Medical Examiner service to non-acute providers and increasing demand from community partners, with could not be supported with these additional posts.</p> <p>As the ME team expands, the requirement for additional office space remains a challenge and the milestone for achieving this continues to be reported as off track. A potential office area has been identified and is awaiting feedback from the Interim Director of Estates.</p> <p>A business case to develop the bereavement services function has been written and submitted for approval at the Innovation and Investment Committee. Job descriptions for a Band 4 Bereavement Officer and Band 5 Senior Bereavement Officer have been prepared and submitted to Trac for approval.</p> <p>Further engagement with South East Telford Primary Care Network (PCN) practices has commenced and meetings with Court Street Medical Practice & Woodside Medical Practice are hoped to be held in the coming weeks. A meeting with Dawley Medical Practice is scheduled for the mid-September 2023. The Stirchley Medical Practice continues to function as business as usual, although less deaths have been received from this practice in August 2023.</p> <p>The referral process for The Robert Jones and Agnes Hunt Orthopaedic Hospital remains in place, although it is recognised the demand for this service is low. The Digital Service Department are working to resolve an issue regarding access to SystemOne, the EPR for the Severn Hospice. Once this issue is resolved the ME service will be able to accept referrals.</p> <p>A purchase order for EMIS Viewer is in progress and the ME team are awaiting confirmation on when this will be available and when the training involved can be provided. The performance dashboard is now live will be used to help prepare the Trusts reports for Q2 and the Q2 NHSE & National ME submissions.</p>
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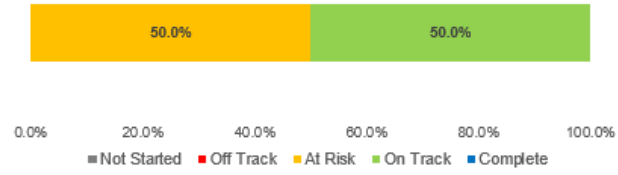


Appendix 1: Month on Month Status with Trend

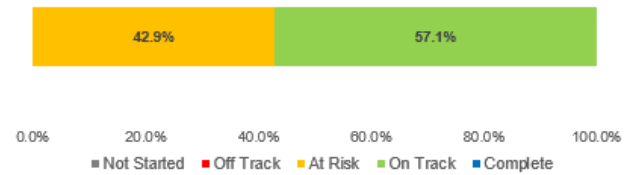
G2G - Month on Month Status and Trend		Aug-23													
Programme	Project	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trend	
Corporate Governance	Communications & Engagement	●	●	●	●	●	●	●	●	●	●	●	●	↓	
	Risk Management	●	●	●	●	●	●	●	●	●	●	●	●	→	
Digital Transformation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

Appendix 1: Progress Status by Programme

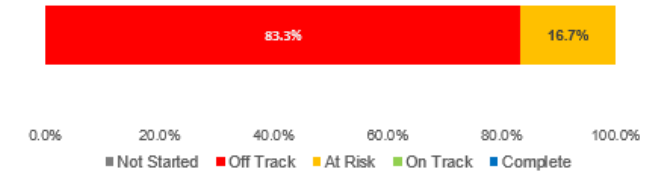
Corporate Governance Progress Status



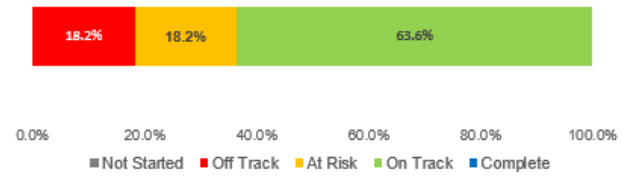
Digital Transformation Progress Status



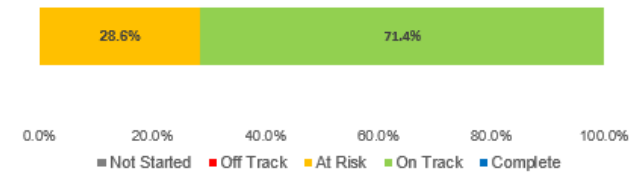
Elective Recovery Progress Status



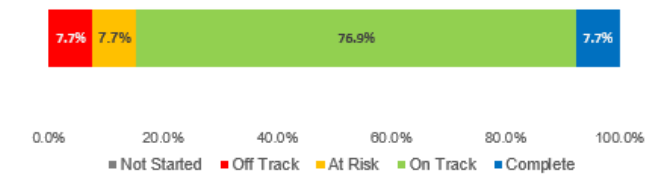
Finance & Resources Progress Status



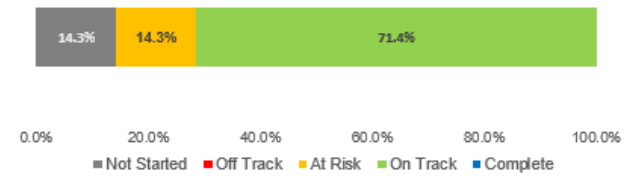
Maternity Transformation Progress Status



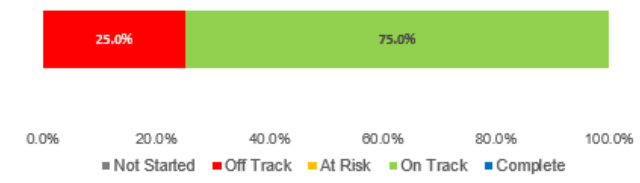
Quality & Safety Progress Status



Urgent Care Improvement Programme Progress Status



Workforce Transformation Progress Status



Delivery Status

RAG Colour	Status	Description
	Not yet Delivered	Action is not yet in place, there are outstanding tasks to deliver.
	Delivered, not yet Evidenced	Action is in place with all tasks completed but has not yet been assured/evidenced as delivering the required improvements.
	Evidenced and Assured	Action is in place; with assurance/evidence that the action has been/continued to be addressed.

Progress Status

RAG Colour	Status	Description
	Not Started	The work to deliver this action has not yet started.
	Off Track	The action has not been delivered within the agreed deadline or no deadlines have been agreed. An exception report must be created to explain why, along with mitigating actions, where possible.
	At Risk	There is a risk that the action may miss the scheduled deadline or quality tolerances. An exception report must nonetheless be created to explain why exception may occur, along with mitigating actions where possible.
	On Track	Work to deliver this action is underway and expected to meet deadlines and quality tolerances.
	Complete	The work to deliver this action has been completed and there is assurance / evidence that the action is being delivered and sustained.