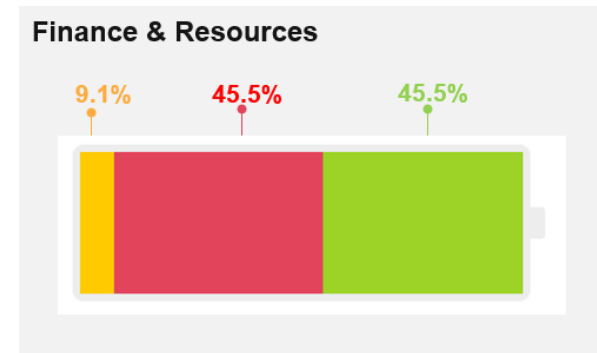
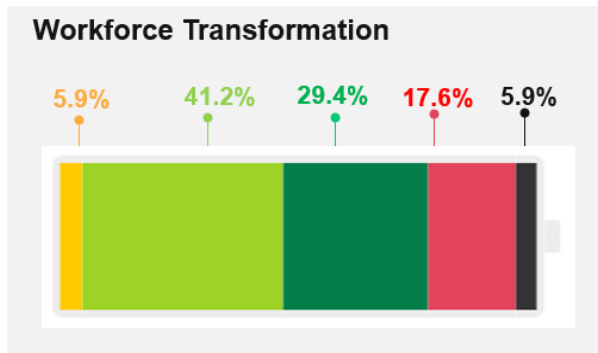
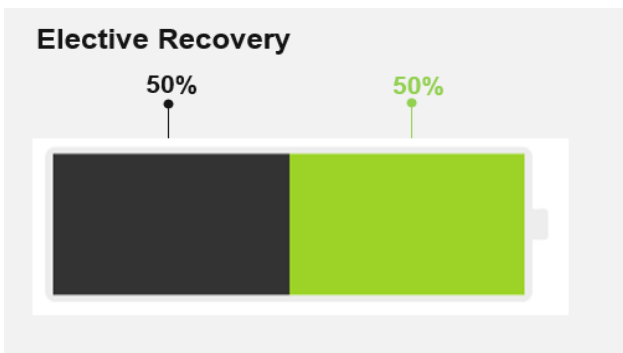
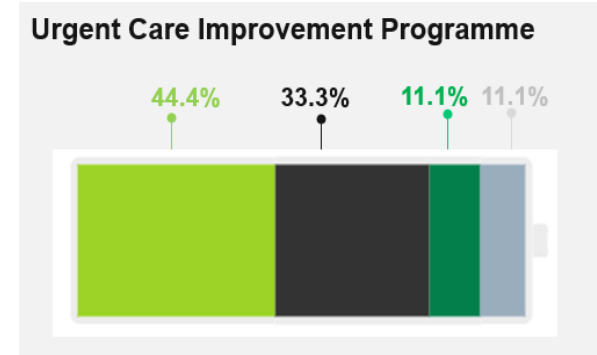
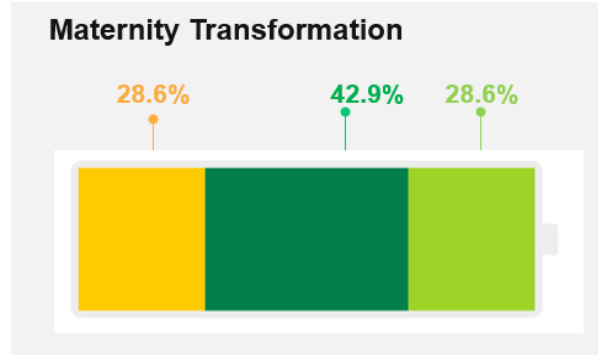
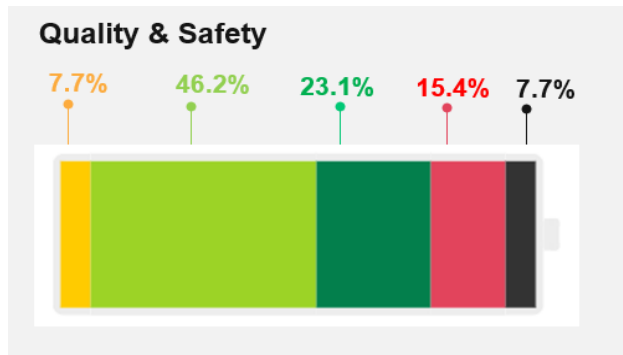
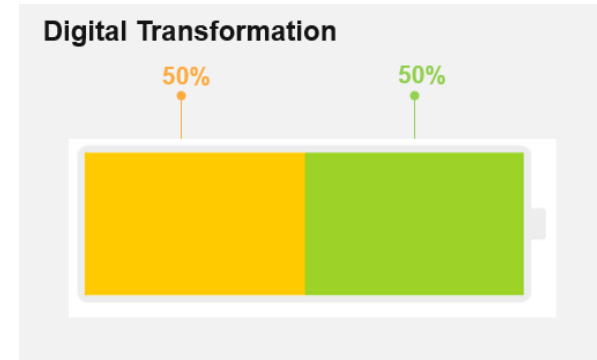
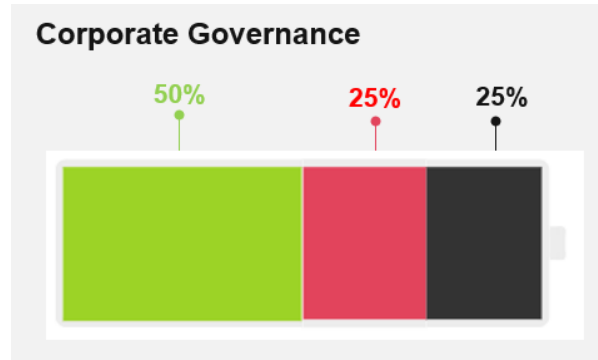
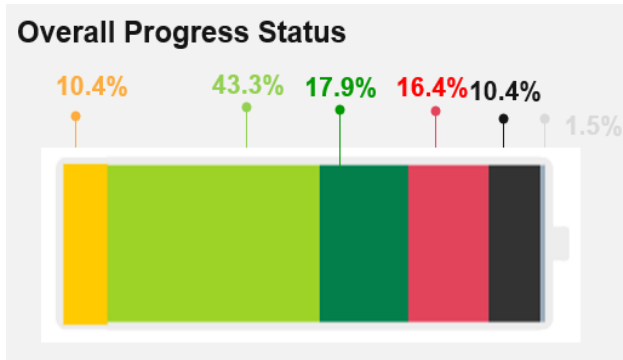


Appendix 1: Progress Status by Programme



● At Risk  
 ● On Track  
 ● Complete  
 ● Off Track  
 ● Closed  
 ● Not Started

## Appendix 2: Getting to Good Project Status Overview

### Progress Status

Complete

Off Track

At Risk

On Track

Programme	Name	Monthly Update	Previous Month	Current Month
Corporate Governance	Communications & Engagement	The next phase of the Communications Strategy will include sharing the draft Strategy with the Executives to obtain their views on the Strategy during November 2023. Further engagement activity is taking place during November with key audiences to sense check the communications principles. An initiative-taking positive media coverage continues to be sustained with local and regional media outlets. The Trust also continues to promote a strong social media approach recognising the improvements colleagues are making and information sharing.	At Risk	At Risk
Corporate Governance	Risk Management	Four modules of the Risk Management Process – Tools and Techniques training was piloted the PMO during October 2023. The revised terms of reference of the Risk Management Group (RMG) will be discussed once more at the 29th November 2023 RMG. The monthly risk management report and proposed KPIs continued to be reviewed and will formulate an annual report in July 2024.	On Track	On Track
Digital Transformation	Digital Infrastructure	As part of the first phase of our Electronic Patient Record (EPR) journey, the electronic observations system, Vitals, we will be upgraded on the 27th November 2023. This will deliver several benefits including additional Sepsis monitoring and a move from iPods to iPad minis whilst being a key enabler for the patient administration system (PAS) and Emergency Department (ED) system go live in April 2024. For the PAS and ED projects user acceptance testing (second phase) and training are underway and face to face and e-learning sessions are on offer for training to facilitate easier access with enhanced support where required. Attendance is improving for testing and training and there is a regular focus through the comms team to support awareness. Technical workshops have commenced with clinical divisions to review the	At Risk	At Risk

## Appendix 2: Getting to Good Project Status Overview

		<p>next phases of EPR due to commence in June 2024, following PAS and ED go live. This includes a replacement order communication and results reporting solution (OCRR), electronic prescribing and medicines administration (EPMA) and laboratory information management system (LIMS). The workshops will support the development of an options paper to determine the sequencing of the next phases of SaTH's digital programme and to identify funding gaps in the current programme. This options paper will be taken to the Trust's Senior Leadership Committee for discussion and agreement. The core network replacement continues to progress but with some delays due to the level of support being provided to the Hospital Transformation Programme (HTP) and sub-acute ward projects.</p>		
Elective Recovery	Cancer Performance	<p>Cancer Performance focus remains on reducing the backlog of patients waiting over 62 days for treatment and on Faster Diagnosis Standards (FDS). The 62+ day backlog as at the end of October 2023 was 368 against the recovery trajectory of 379. The unvalidated FDS position for October 2023 is currently at 71.7% which is above the trajectory of 69.6%. Urology, Colorectal and Gynaecology remain challenged tumour pathways, each have a detailed action plan in place for improvement. Support to the Integrated Care System (ICS) in the implementation of 80% compliance with Faecal Immunochemical Testing (FIT) in primary care continues. At the end of October 2023 77.5% of urgent suspected cancer colorectal referrals were received with a FIT test. A FIT Pathway education meeting took place in October 2023 with approximately 40 GPs in attendance.</p> <p>The weekly NHS Tier 1 meetings remain in place where long waiters, recruitment and funding is tracked in detail, along with actions from previous deep dive pathways event are also monitored. A deep dive has been arranged for Head and Neck mid-November 2023 to review possible pathway improvements and feedback on the findings will be provided to NHSE.</p>		
Elective Recovery	Diagnostics Recovery	<p>Radiology reporting delays remain a cause of concern but are continuing to improve. Magnetic Resonance Imaging (MRI) reporting turnaround times are 3 - 5 weeks for 2 week waits, 5 - 6 weeks for urgent, and 9 - 10 weeks for routine tests. Computed Tomography (CT) reporting times are 3 - 5 weeks for 2 week waits, 4 - 7 weeks for urgent and 8 - 9 weeks for routine tests.</p> <p>Clinical prioritisation is in place for all radiology appointments and reports and priority is given to urgent, cancer, and longest waiting patients on Referral to Treatment (RTT) pathways. At the end of October 2023 the unvalidated DM01 was as follows: Imaging - 80.4%, Non-obstetric ultrasound - 70%, CT scanning performance – 98.4%, MRI – 96.1%. Endoscopy - 61% and Echocardiology – 98.9%.</p>		

Appendix 2: Getting to Good Project Status Overview

		<p>Additional outsourced reporting continues to support CT and MRI. Enhanced payments and waiting list initiatives are encouraging additional in-house clinical and reporting sessions across all modalities to address outstanding backlogs.</p> <p>On-site independent sector mobile CT scanner and MRI scanners, along with US insourcing, continues to provide additional capacity that is essential to maintain current performance levels. Capacity issues within endoscopy remain a concern. Additional insourcing from '18 Weeks' to support endoscopy DM01 levels at weekends has been supported through the ERF.</p> <p>Long standing vacancies and long-term sickness in cross sectional modalities continue to restrict capacity, with reduced resilience during periods of sickness or annual leave. Recruitment drives have provided an additional 16 staff in Radiology, with inductions and training to support the new recruits is under way. A further three Radiologist posts have been advertised to help further strengthen the department.</p> <p>Phase 1 of the Community Diagnostic Centre (CDC) opened successfully to patients on Monday 2nd October 2023. Services include X-Ray, CT, Non-obstetric ultrasound, Phlebotomy and point of care testing. Phase 2 of the CDC is scheduled to take place by December 2023 and will introduce an MRI service, whilst phase 3, due in January 2024 will introduce Cardio-respiratory testing and Tele-dermatology services.</p>		
<p>Elective Recovery</p>	<p>Outpatient Transformation</p>	<p>The performance for PIFU in October 2023 was 3.6%, which was an increase on the previous month's performance of 3.3%. Virtual contacts for October 2023 accounted for 18.3% of outpatient contacts, this remains the same as the previous month.</p> <p>Weekly Outpatient Transformation Working Group meetings are in place with Centres to progress and monitor the PIFU and Virtual plans by specialty. To support improvement the following actions were delivered:</p> <ul style="list-style-type: none"> <li>• Audit of clinic rooms to understand if the rooms are equipped to undertake virtual consultations. Inventory of webcams and telephones has been added to the Bookwise system.</li> <li>• Development of an intranet page to host all the various documents and links to support Outpatients Transformation.</li> <li>• Development of a meeting template for the Outpatient Transformation Working Group to work alongside the PowerBI dashboard to allow for focused conversations with the Centres each week. The aim is to capture the current pathways in place to start understanding the scale of opportunity.</li> </ul>		

Appendix 2: Getting to Good Project Status Overview

<p>Elective Recovery</p>	<p>Theatre Productivity</p>	<p>Theatre utilisation for October 2023 was 75% (capped) and 79% (uncapped) at the Royal Shrewsbury Hospital (RSH) and 68% (capped) and 71% (uncapped) at the Princess Royal Hospital (PRH). 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. Support from the Regional Theatre Productivity Lead and National GIRFT Theatre Specialist Advisor has been asked to support the Trust to focus on the following areas: -</p> <ul style="list-style-type: none"> <li>• Pre-operative assessment capacity.</li> <li>• Booking and scheduling processes.</li> <li>• Revamped List Allocation and Scheduling Meetings with enhanced standard approach to include lookback / review of previous weeks' lists.</li> <li>• Introduction of standby patient to support improved utilisation of theatre time on lists where a risk of cancellation is identified.</li> <li>• Work with Urology clinical team to understand reasons for high number of on the day cancellations and agree plan to address the issue.</li> <li>• Deep dive into current and future theatre data requirements to correlate with Model Hospital.</li> <li>• Development of a trajectory to achieve 85% theatre utilisation.</li> </ul>		
<p>Maternity Transformation</p>	<p>Maternity Transformation</p>	<p>The delivery of the Ockenden milestones by March 2024 remain 'at risk'. The Maternity Transformation Programme is currently demonstrating positive progress and delivering above the projected completion targets; however this may be unsustainable in the coming months. Currently 81% of the actions are 'evidenced and assured' (167/210 total actions); with 19% outstanding (46/210 actions). Whilst the teams are delivering at pace, 8 actions are unlikely to be delivered by the March 2024 completion deadline, as they are dependent on funding. The Ockenden business case outlining the actions linked to funding is awaiting approval and without this funding in place the actions cannot be progressed. The business case has followed standard governance processes and will be presented to the Quality Operational Committee (QOC), Innovation &amp; Investment Committee (I&amp;IC) and the Performance Review Meeting (PRM).</p> <p>The Maternity Improvement Plan (MIP) milestones addressing the 30 'historical' reviews are 'on track'. To Date 9/30 (30%) action plans have been fully closed and 'evidenced and assured' with closure papers ratified via Divisional Committee; 19/30 (60%) 'delivered not yet evidenced', with action plans closed and closure papers in production; 1 action plan (3%) 'not yet delivered', though well underway. One action plan was descoped (3%) as owned by our system partners, LMNS. The project focus in October</p>		

## Appendix 2: Getting to Good Project Status Overview

		2023 has the development of a bespoke postmortem competency assessment and the development of a new framework to categorise the level of risk for women awaiting transfer to the labour ward.		
Quality & Safety	Levelling-up Clinical Standards	The audit questions for Acute Medical Unit (AMU) will be entered on Gather and the audit will be available for Junior Doctors to start using in November 2023. A meeting with the Medical Director, Deputy Medical Director, the Senior Responsible Officer (SRO) and the PMO is taking place in November 2023 to determine the project's future scope.		
Quality & Safety	Fundamentals in Care	A robust assurance process has been established during the project and this has now transitioned into business as usual activity, with any areas for improvement identified and managed via this assurance process. All of the current milestones this project have been delivered and a project review is planned for November 2023.		
Quality & Safety	Learning from Deaths	The Learning from Deaths Project has now successfully delivered all of its milestones and continues to exceed the national target of 15% of deaths receiving a Structured Judgement Review (SJR). Following the review of the evidence at the G2G Operational Delivery Group in November 2023, if approved the Learning from Deaths project will then commence the monitoring phase, in preparation for the project to transition into business as usual activity and project closure.		
Quality & Safety	Quality & Regulatory Compliance	<p>The CQC inspection took place over two days during w/c 9th October 2023, which included Medicine, Urgent and Emergency Care, Maternity, Children and Young People and Palliative and End of Life Care (PEoLC) core services. Initial feedback was provided at the time of the inspection identifying areas of improvement and highlighting a number of areas that required focus.</p> <p>During that week and the following week work was undertaken to address any findings in the feedback letter with evidence, assurance and actions that the Trust will take forward. Following the inspection the Trust received the Provider Information Request (PIR) which to date has seen around 380 individual requests for information and the collation of responses by the Quality Assurance team of around 1300 individual documents logged and submitted to the CQC.</p> <p>The process was supported by the divisions and core services and the quick responsiveness in providing the information over a very short timeframe had been enabled by the previous mock inspections and self-assessments which ensured a lot of information was readily available. The next steps will be to analyse where there were information gaps and where further information was needed to provide more robust</p>		

Appendix 2: Getting to Good Project Status Overview

		<p>assurance and evidence.</p> <p>The PIR will form the base for the new CQC action plan and meetings are to be set up with the divisions to agree interim actions prior to the CQC report being received to eliminate any delays in working on those areas still requiring further improvement. The Well Led element of the inspection is formally taking place on the 14th/15th November 2023; however a number of interviews are to take place prior to that date to ensure the CQC have opportunity to meet with as many staff and leadership groups as possible.</p>		
Quality & Safety	Quality Governance	<p>The Patient Safety Incident Response Framework (PSIRF) plan and policy were approved at Trust Board on the 12th October 2023 and a 1st December 2023 go live date has been.</p> <p>An Away Day is planned for the 17th November 2023 to focus on how the PSIRF systems and processes will work and links have also been made with the Mortality Triangulation group, Infection Control Team and Tissue Viability Team. Two Patient Safety Specialists Investigators have been appointed and will be part of a centralised Safety Investigation Team but will be linked to specific divisions and will focus largely on Patient Safety Incident Investigations.</p> <p>There is a risk around communications and the level of support which is needed for PSIRF and a banner is hoping to be introduced on the intranet soon to further promote the new way of working.</p>		
Quality & Safety	Delivery of the Quality Strategy	<p>Phase 1 of the Quality Dashboard is now delivered and live. An exception report will be submitted to the G2G Operational Delivery Group in November 2023 to request an extension of the delivery date for Phase 2 of the Quality Dashboard until April 2024, due to capacity within the Performance and BI Team. All of the remaining milestones for this project have been delivered and a project review is planned for November 2023.</p>		
Quality & Safety	Expansion of Medical Examiners Office	<p>All Medical Examiner Officers (MEO) have now been recruited and the 17 MEOs are completing 18 sessions a week across both sites. Engagement with Dawley Medical Practice as an early adopter is progressing well with a meeting taking place on the 6th November 2023 to discuss the commencement of a 4 week pilot, after which a go live date of a permanent agreement will be determined.</p> <p>The purchase of EMIS web viewer is still ongoing and currently going through the procurement process. Three milestones are reporting as off track this month, to further develop the ME service for expansion of paediatric and neonatal death ME reviews has been requested to be extended until February 2024 as the scale of the work required to develop this process and incorporate the ME service into the pathway is taking longer than first anticipated.</p> <p>Obtaining additional office space is still ongoing but work continues with Estates to look</p>		

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		<p>at options that have been suggested for potential moves. Finally, producing a SOP for the ME Service detailing organisational processes has been delayed as although the SOP is completed it still needs to go through the appropriate governance channels which should be finalised by February 2024.</p>		
<p>Urgent Care Improvement Programme</p>	<p>Flow Improvement Programme</p>	<p>In October 2023, an increased number of patients were discharged via pathway zero following an in-patient stay of one or more days and the core adult bed base per day was maintained (63 per day compared with 57 in October 2022). The number of complex No Criteria to Reside patients increased to 169 in October 2023 compared to 163 in October 2022. The Emergency Department (ED) 4-hour performance in October 2023 has increased to 61.2% (all types) compared to 60.8% in September 2023. The SaTH UEC Improvement Project, as part of a restructure of its aims and direction has changed its title to the Flow Improvement Programme. This more clearly distinguishes the programme from the Emergency Care Transformation Programme. The Flow Improvement Programme will have three clear workstreams: Escalation, In Hospital Flow and Integrated Discharge Planning. Within these there will be fifteen projects with task and finish groups each delivering the agreed action plans. The Therapy Transfer of Care (TOC) processes improvement work has completed the roll out across all wards, with high levels of staff engagement. The focus moving forward will be to review and monitor the impact of the project using supporting data. Current data demonstrates improvements on Wards 10, 11 and 27 in length of stay for simple and complex patients, 2-4 months after project implementation. Further to this Occupational Therapy and Physiotherapy response time at Royal Shrewsbury Hospital (RSH) has showed significant improvements early in the project which have been sustained and has led to patients being seen at an earlier period within their admission. Planning and scoping of the next phase of ward improvements work is underway, with surgical wards submitting their project briefs for areas of improvement including a decrease in average length of stay and an increase in pre 12pm discharges. A case study on Ward 32 has been undertaken and shows an increase in pre 12pm and pre 5pm discharges, with significant improvement on simple length of stay which has decreased from 16 days to 4.2 days. The ward achieved the improvements by the trauma nurse supporting the multi-disciplinary team (MDT) and attending MDT meetings, having efficient and open conversations with consultants and junior doctors and revisiting the discharge lounge criteria; with prioritisation of discharges with pharmacy and doctors to support earlier letters and medication.</p>		



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		<p>Medicine wards have also submitted their project briefs with Ward 18 focusing on improving pre 12pm and pre 5pm discharges. The ward will focus on daily huddles, a production board and the recirculation of the Discharge Lounge criteria. Wards 7 and 26 are focusing on pre 12pm discharges by completing earlier board rounds, utilising the Discharge Lounge and having daily huddles. Ward 6 are focusing on increasing number of discharges from Stoke hospital and weekend discharges, via daily huddles, a production board and Virtual Ward referrals. A full Plan, Do, Study, Act (PDSA) cycle of these wards will be undertaken to review the impact of the improvement projects within 30 days.</p>		
<p>Urgent Care Improvement Programme</p>	<p>Emergency Care Transformation</p>	<p>Initial Assessment times at Royal Shrewsbury Hospital (RSH) have continued to improve according to September 2023 SEDIT data, which shows that 54.2% of patients were assessed within the 15 minute target against the England mean of 51.9%. Princess Royal Hospital (PRH) did not show the same level of improvements with 24.4% of patients being assessed within the timeframe. The Initial Assessment Task and Finish group will be focussing on replicating as many of the same improvements as RSH to patient flow within the initial assessment process as possible within the limits of the PRH footprint during November 2023.</p> <p>A new information platform which signposts colleagues to psychological support services and information has been developed as part of the Emergency Care Transformation Programme (ECTP). The aim of the platform is to support colleagues following an adverse or traumatic event at work. This work has been completed by the Staff Culture, Resilience and Health and Well-being Workstream and will be launched in November 2023. Risk register training continues to be rolled out to colleagues to improve the management of risks within the Medicine and Emergency Care Division. Evidence of the training will be submitted to the Emergency Care Transformation Assurance Committee (ECTAC) in November 2023 with a proposal that the associated action moves to “Delivered, Not Yet Evidenced”.</p> <p>An internal audit of the decision to admit times in the Emergency Department (ED) for patients over 65 years old has found that a significant number of patients could have avoided an admission if alternative pathways were utilised. Seven recommendations have been made as a result and the new Criteria to Admit Task and Finish Group will commence work in November 2023 to tackle these and track improvements in this data. The Frailty Workstream have scoped a new pull model which will seek to ensure that patients over the age of 75 receive the right care in the right place at the right time. The model aims to actively pull patients to Wards 10 and 28 from ED to reduce risks</p>		

## Appendix 2: Getting to Good Project Status Overview

		<p>associated with long trolley waits. The model will undergo a monitored pilot phase and if successful will be implemented as business as usual.</p> <p>The ECTP has reached its first anniversary and planning is underway to celebrate its successes via Trust-wide communications. The overall action plan is under review to ensure that all actions remain relevant to the needs of ED, its patients and its staff.</p>		
Workforce Transformation	Leadership Development Framework	<p>Over 500 nominations were submitted for the Trust Celebratory Awards and following panel reviews, videos of the finalists were completed in readiness for the event on Thursday 16th of November 2023.</p> <p>The Annual Recognition Week commences on the 6th November featuring a number of events recognising and celebrating the fantastic contribution that colleagues, volunteers, and partners make. As of end of October 2023 the staff survey response rate was at 34%, below the national average of 39%. Bank staff survey response is at 16% which is just above the national average of 14%. The closing date of the staff survey is the 24th November 2023 and the People and Organisation Development team continue to encourage staff to complete the survey across the Trust. The team are working with HR Business Partners to devise targeted support plans to enhance engagement in the survey. Staff survey results will be used to feed into future action planning.</p>		
Workforce Transformation	Recruitment & Retention	<p>During October 2023, a further 27 nurses joined the Trust as part of the international nurse project for the 2022/23 business case. This brings the total number of international nurses recruited since April 2023 to 151 (73% of business case delivered to date). The business case is due to be concluded by early January 2024, with the Trust currently on target to achieve this. The Trust continues to see a reduction in Healthcare Assistant (HCA) vacancies. During October 2023, a total of 27.47 Whole Time Equivalent (WTE) HCAs joined the Trust, with a further 22.66 WTE currently going through recruitment checks. A further 14.15 WTE are due to commence employment during November and December 2023. A refresh of Trust branding for vacancy advertising campaigns continues, with several design concepts created by the Communications and are currently in the final stages of being reviewed for sign off. Retention continues to decrease, and this is currently at 12.2%, the target of 13% by December 2023 remains on track.</p>		

## Appendix 2: Getting to Good Project Status Overview

<p>Workforce Transformation</p>	<p>Culture and Behaviours</p>	<p>The promotion of the Staff Survey has continued to increase engagement which supports the Culture Dashboard measures and data. To continue the support of the Well Led agenda throughout the Trust, a number of key activities were supported including the Finance away day and two Patient Access Team away days. The Finance Away day was the fourth session facilitated and was well attended with engagement from all areas of the Finance Directorate with an Internal Awards to promote recognition of the successes achieved. The Patient Access Team away day sessions were supported with the Civility and Respect programme, Wellbeing and an engagement session so that the senior team could understand what the team were thinking and feeling to see how positive cultural change can be instigated based on their feedback. Foundation Year 1 Junior Doctors also participated in a Civility and Respect session and planning is progressing for a Civility and Respect session in December 2023 for Consultants, working with Dr Gordon Wood on to support and create a collective leadership approach. A new cohort commenced the SaTH 4 Leadership Programme and for the first time two Consultants will be in attendance, a positive development to have medical staff accessing this leadership resource. The milestone of 50% of staff to complete Civility and Respect training by March 2024 remains a risk due to industrial action, continued site pressures and critical incidents.</p>		
<p>Finance &amp; Resource</p>	<p>Performance &amp; BI</p>	<p>During October 2023, the main focus area for the Performance and BI project was the rebuilding of the internal reports as part of the EPR programme. This is to ensure that all statutory reporting externally is seamless in terms of the transition to the new data warehouses and has been used as an opportunity to review all national guidance and methodology to ensure we are still reporting the accurate position. The rebuilding of internal reports also incorporates rebuilding dashboards and reports that are used internally across SaTH. Operational planning is well underway and October has had a focus on working with Divisions to ensure their activity plans are based on agreed demand assumptions. These activity plans are now being modelled through to performance metrics and the associated trajectories for submission. Demand and Capacity models have been developed for all specialties and the Performance and BI team are in the process of meeting with each specialty to operationalise the models. Delivery of the Quality Dashboard has been delayed through 2023 due to significant capacity issues and other urgent priorities supporting the EPR programme and the Hospital Transformation Programme. Phase 1 is now delivered and live and an exception report will be submitted to ODG during November 2023 to request an extension of the delivery date for the delivery of Phase 2 dashboards till April 2024.</p>		

## Appendix 2: Getting to Good Project Status Overview

Workforce Transformation	Future Workforce Design	<p>The Hospital Transformation Programme (HTP) full business case is nearing completion with the medical and nursing rota templates now being returned by clinical teams. Rota templates have been used to calculate the total workforce required to support the reconfigured clinical services and model this through the overall workforce model. Recruitment and training plans for HTP continue to be developed which will be ready for December 2023 submission of the full business case.</p>		
Workforce Transformation	Training and Education	<p>Teams have moved into SaTH Education, Research, and Improvement Institute (SERII), the Education Support Unit service is in place and classes have commenced. The launch of SERII and the learning and development celebration are due to take place on the 8th November 2023.</p> <p>The Learning Made Simple (LMS) contract ends in April 2024 and a business case has been developed and funding streams are being investigated. During October 2023, the Trusts mandatory compliance was at 91.06% and for appraisals is 82.00%. Limited advisory support during September/October 2023 due to the SERII move may have led to a drop in compliance, advisory support will increase again in November 2023 following refreshed Pareto analysis.</p>		
Workforce Transformation	Equality, Diversity & Inclusion	<p>Workforce Race Equality Standard (WRES) &amp; Workforce Disability Equality Standard (WDES) reports were published in October 2023 and are available on the SaTH intranet. The Equality, Diversity and Inclusion (ED&amp;I) team delivered induction training for international nurses and the mandatory doctors training. The ED&amp;I team also supported the Wellbeing Walk with the Wellbeing Lead in October 2023 across both hospital sites. A range of constructive discussions have been held which included a Safe Ageing, No Discrimination meeting to review LGBTQIA+ commitments and report back on progress made. The ED&amp;I team have also engaged with the Severn Hospice Community Engagement Officer to discuss future events and planning on gaining engagement with the wider community. The SaTH Staff Network took place in October 2023, with good levels of engagement and the Trust Board shared their ED&amp;I objectives to those in attendance. Black History Month was celebrated in October 2023, with a stall on each hospital site to share resources, information, artefacts, food and books from the library.</p>		

Appendix 2: Getting to Good Project Status Overview

<p>Workforce Transformation</p>	<p>Medical Staffing</p>	<p>Medical People Services (MPS) have completed rota reviews in Anaesthetics, which have identified issues around minimum staffing requirements and the current staffing status. A review of General Medicine rotas across both RSH and PRH has identified issues relating to the capacity to achieve safe working hours, training exposure and maintaining healthy and balanced working lives. ENT (Ear, nose &amp; throat) rota reviews have identified issues around safe working and Urology rota reviews have raised concerns around work schedules. To mitigate Urology Tier 2 doctor breaches MPS has initiated a plan to monitor the non-resident on-call rota (to commence imminently). Trauma &amp; Orthopaedics (T&amp;O) rota review has led to a new full shift rota being agreed and this will go live on the 30th of October. Interviews have taken place within T&amp;O and posts have been conditionally offered, with the earliest start date the 16th October 2023. Doctors appointed are currently on track to start in December 2023</p>		
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### Appendix 3: Month on Month Status

G2G - Month on Month Progress Status		Oct-23											
Programme	Name	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Corporate Governance	Communications & Engagement	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Risk Management	Yellow	Yellow	Yellow	Green	Green	Green	Yellow	Yellow	Green	Green	Green	Green
Digital Transformation	Digital Infrastructure	Green	Green	Green	Green	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Elective Recovery	Cancer Performance	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Diagnostics Recovery	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
	Outpatient Transformation	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
	Theatre Productivity	Green	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
	Performance & BI	Green	Green	Green	Green	Yellow	Yellow	Red	Red	Red	Yellow	Yellow	Yellow
Maternity Transformation	Maternity Transformation	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow
Quality & Safety	Expansion of Medical Examiners Office	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Delivery of the Quality Strategy	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Red	Red	Red	Yellow	Yellow	Yellow
	Fundamentals in Care	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Learning from Deaths	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green
	Levelling-up Clinical Standards	Green	Green	Green	Green	Yellow	Red	Red	Red	Yellow	Yellow	Yellow	Yellow
	Quality & Regulatory Compliance	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
	Quality Governance	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Urgent Care Improvement Programme	Flow Improvement Programme	Yellow	Green	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Yellow	Yellow
	Emergency Care Transformation	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Workforce Transformation	Culture and Behaviours	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Equality, Diversity & Inclusion	Green	Green	Green	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Yellow
	Medical Staffing	Green	Green	Green	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red
	Future Workforce Design	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Leadership Development Framework	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Recruitment & Retention	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
	Training and Education	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green