

Board of Directors' Meeting: 9 May 2024

Agenda item		073/24			
Report Title		Getting to Good Progress Report			
Executive Lead		Louise Barnett, Chief Executive			
Report Author		Matt Mellors, Head of Programme Management Office (PMO)			
CQC Domain:		Link to Strategic Goal:		Link to BAF / risk:	
Safe	√	Our patients and community	√	BAF1, BAF3, BAF4, BAF7b, BAF8, BAF9, BAF10	
Effective	√	Our people	√		
Caring	√	Our service delivery	√	Trust Risk Register id:	
Responsive	√	Our governance	√		
Well Led	√	Our partners	√		
Consultation Communication		G2G Operational Delivery Group Assurance Meeting – 2024.03.27 Senior Leadership Committee – Operational – 2024.04.18 G2G Operational Delivery Group Assurance Meeting – 2024.04.24			
Executive summary:		<p>1. This report provides the Board of Directors with information and assurance on the position in relation to the progress of the delivery of the Getting to Good (G2G) programme as at the end of March 2024.</p> <p>2. The key risk project in the programme is Medical Staffing. A new project plan has now been approved, aligned to the current objectives of Medical People Services and this is anticipated to move to Amber next month. Progress status of the Recruitment and Retention project has moved from Red to Amber, new plans on a page have now been agreed and will be monitored through "Getting to Good". Progress with the Cultures and Behaviours project has moved from Amber to Green, assurance has been provided for the delivery of the programme by the end of the year.</p>			
Recommendations for the Board:		The Board is asked to note the report, particularly with regard to the progress made in month and the new developments in project management and assurance.			
Appendices: (in Information Pack)		Appendix 1: Progress Status by Programme Appendix 2: Month on Month Status Appendix 3: Project Status Overview Appendix 4. Abbreviations used in this report			



Getting to GOOD **March 2024 Reported Progress**

Trust Board
Meeting 9th May 2024
Matt Mellors - Head of PMO

Introduction

Getting to Good is the Trust's improvement programme which aims to help us achieve our overarching vision to provide excellent care for the communities we serve.

This report provides information and assurance on the position in relation to the progress of the delivery of the Getting to Good (G2G) programme as at the end of **March 2024**.

G2G incorporates eight programmes, each of which are led by an Executive Director. Oversight is provided through the weekly G2G Operational Delivery Group (ODG) to track and monitor progress to achieving this and is chaired by the Head of PMO. A monthly ODG Assurance meeting to review evidence and exceptions is chaired by the G2G Programme Director.



Programme Highlights

Key highlights during the reporting period include:

Digital Infrastructure

Careflow training compliance at 81.2%, with some divisions getting very close to the 86% target at the end of March 2024.

Maternity Transformation

The Maternity Services Open Day took place on the 23rd of March and saw over 160 visitors come through the doors to meet staff, external colleagues and tour the unit. The feedback received was overwhelmingly positive.

Flow Improvement

A nurse led improvement project to reduce deconditioning of patients on Ward 26 saw a reduction in PW3's and LOS of 6.6 days compared to 10 days in February 2024.

Expansion of MEO

Information sharing events took place across three dates in March 2024 for GP practices not yet actively engaged with the ME Service. Attendance was positive with representatives attending multiple sessions.

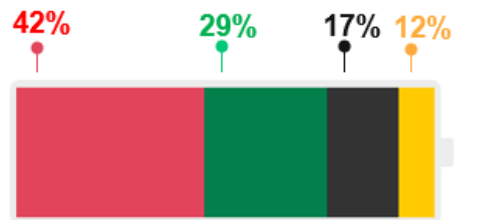
Culture and Behaviours

The Neurodiversity Celebration Week took place in March 2024 with several events taking place to engage staff and raise awareness of neurodivergence, showcasing the support available.

Overall Delivery and Progress Status

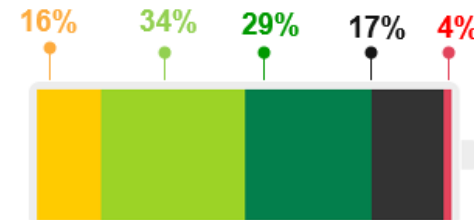
The delivery and progress status of the remaining 102 milestones within the overall G2G programme can be found below. The Progress status of each G2G programme can be found in **Appendix 1**

Overall Delivery Status



42.2% Not yet delivered
11.8% Delivered not yet evidenced
29.4% Evidenced and assured
16.7% Descoped

Overall Progress Status



3.9% Off Track
15.7% At Risk
34.3% On Track
29.4% Complete
16.7% Descoped

Progress status for Medical Staffing project remains off track and RAG rated **Red** in the period. A new project plan has now been approved, aligned to the current objectives of Medical People Services and this is anticipated to move to **Amber** the following month. Progress status of the Recruitment and Retention project has moved from **Red** to **Amber**, new plans on a page have now been agreed and will be monitored through “Getting to Good”. Progress with the Cultures and Behaviours project has moved from **Amber** to **Green**, assurance has been provided for the delivery of the programme by the end of the year.

Nine projects are RAG rated **Green** – On Track for overall progress and the remaining eleven projects are all RAG rated **Amber** – At Risk. One project remains Red ‘Off Track. At year end 2023/24 we have successfully **Delivered and closed** four projects. Detailed progress updates on each project can be found in **Appendix 2** and the performance trend in **Appendix 3**.

Milestone Evidence & Assurance - March 2024

The delivery status and supporting evidence of the following milestone was approved to move to **Green** “Evidenced and Assured” at the ODG Assurance meeting on the 27th March 2024, chaired by the G2G Programme Director.

Project	Milestone	Submitted Evidence
Expansion of Medical Examiners Office	Obtain additional office space to accommodate team members and health records	<ul style="list-style-type: none"> Photographic evidence of the office space

The Exception report for the following milestone was reviewed at the ODG Assurance meeting on the 27th March 2024.

Project	Milestone	Exception	Recommendation	Outcome
Urgent Care Transformation	Creation and implementation of a plan to improve initial assessment metrics for paediatrics.	To improve paediatric initial assessment, double triage needs to be provided. The environment at PRH does not lend itself to this due to lack of available cubicle space (some space currently being used by UTC). UTC is to be relocated providing the space needed for an additional triage facility at PRH.	Proposed change of original date March 2024 to complete in August 2024.	Approved

Milestone Evidence & Assurance - April 2024

The delivery status and supporting evidence of the following milestone was approved to move to **Green** “Evidenced and Assured” at the ODG Assurance meeting on the 24th April 2024, chaired by the G2G Programme Director.

Project	Milestone	Submitted Evidence
Medical Staffing	All Junior doctors' rotas reviewed and amended where appropriate.	<ul style="list-style-type: none"> Junior doctor rota review summary Email confirmation reviews have been completed
Learning From Deaths	Allocate/recruit senior clinical staff to create a pool of SJR reviewers.	<ul style="list-style-type: none"> Job descriptions SJR's completed in month for August 2023 SJR's completed in month SJR Reviewer pool Learning from Deaths Operational process
Levelling up- Clinical standards	Explore the use of Gather to perform audits on clinical standards	<ul style="list-style-type: none"> Gather screen shot of AMU audit
Expansion of the Medical Examiner's Office	Further develop the ME service for expansion of paediatric and neonatal death ME reviews	<ul style="list-style-type: none"> Child Death Process SOP Learning from Deaths Group minutes where SOP ratified Paediatric Governance meeting minutes where SOP ratified
Performance & BI	Completion of phase 2 of the Quality dashboard to ensure all reporting is taking place on data held within the Trust	<ul style="list-style-type: none"> Power BI dashboard

Milestone Exception Reports – April 2024

The Exception reports for the following 8 milestone was reviewed at the ODG Assurance meeting on the 24th April 2024, chaired by the G2G Programme Director..

Project	Milestone	Exception	Recommendation	Outcome
Medical Staffing	All senior doctor (Consultants) rotas reviewed and amended where appropriate.	Descoped Milestone.	To close milestone. Medical Staffing Plan on Page (PoP) will have a total refresh and are planned for a future phase.	The revised Medical Staffing project plan on a page was reviewed and approved at the meeting and therefore it was agreed to descope the milestones.
Medical Staffing	Roll out of Medic on Duty for Junior Doctors.	Descoped Milestone. The implementation of this system will be a prolonged project and will need appropriate time and resource. It's changing a huge amount of operational delivery and is underpinned by other projects, e.g. job planning.	To close milestone. Medical Staffing Plan on Page (PoP) will have a total refresh and will include the pertinent aspects of this milestone to further develop MPS.	
Medical Staffing	Audit of historical compliance (6 NHS Employment standards).	Descoped milestone.	To close milestone. Medical Staffing Plan on Page (PoP) will have a total refresh and are planned for a future phase.	
Future Workforce	Full review of Medical Staffing Rotas at all grades to ensure they are in line with best practise and provide a safe and efficient service.	Descoped milestone. The junior doctor's rotas need to be completed initially to support Consultant rota reviews. Demand and capacity modelling per specialties needs to be undertaken in the first instance.	To close milestone. Medical Staffing Plan on Page (PoP) will have a total refresh and will include the pertinent aspects of this milestone to develop MPS further.	

Milestone Exception Reports – April 2024

Project	Milestone	Exception	Recommendation	Outcome
Maternity Transformation	Delivery of all First report Ockenden actions	Whilst work has been conducted to deliver all the actions within the initial timeline to March 2024, some staffing related issues have delayed the delivery of 3 actions from the initial Ockenden Report: IEA 2.1 and 2.2: The ISA in post resigned, resetting those actions. Recruitment is underway again. Those actions are expected to be 'Evidenced and Assured' in Dec-24. LAFL 4.100: Staffing pressures within the Neonatal Unit have yet to allow the service to release ANNPs for rotations within other units. Whilst plans are in place for the rotations to begin this year, this action is projected to be 'Evidenced and Assured' in Mar-25.	For this milestone to be adjusted with a delivery date of March 2025.	Approved
Maternity Transformation	Delivery of all Ockenden actions (First and Final report).	As of March 2024, a total of 32 actions remain to be delivered across both reports. 10 of those have been descoped, and 12 actions have been identified as 'At Risk' while funding is secured for their delivery. Until that funding has been identified, no delivery dates have been assigned to those actions. The remaining 10 actions are 'On Track' to be 'Evidenced and Assured', with timelines agreed by MTAC reaching March 2025 at the latest.	For this milestone to be adjusted with a delivery date of March 2025.	Approved
Maternity Transformation	Phase 6: Finalisation and Closure of the MIP Evidenced Delivery of any other recommendations set out in the MIP action plans.	The finalisation and closure of the MIP requires Closure Reports to be written for each report review. Those reports require ratification through Divisional Committee. As of March 2024, 12 reports have been approved through Divisional Committee. The remaining 17 are estimated to have gone through Divisional Committee by September 2024.	For this milestone to be adjusted with a new delivery date of September 2024.	Approved

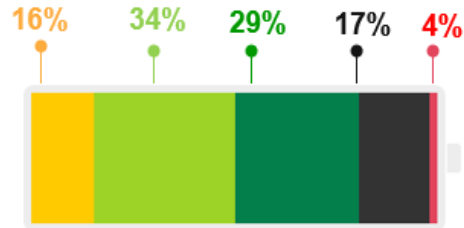
Milestone Exception Reports – April 2024

Project	Milestone	Exception	Recommendation	Outcome
Quality & Regulatory Compliance	To lift all Section 31s and provide evidence of 80% consistent compliance with embedded change.	Whilst there have been improvement in some of the areas, Paediatric Initial Assessment and Children who leave without being treated has not consistently achieved the target.	The milestone is extended till March 2025 to allow for sustained improvement to be delivered and embed.	Approved

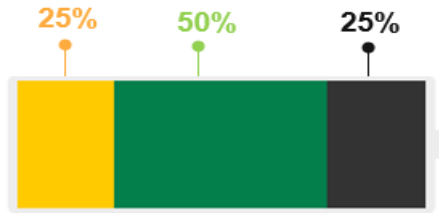
Appendices

Appendix 1: Progress Status by Programme

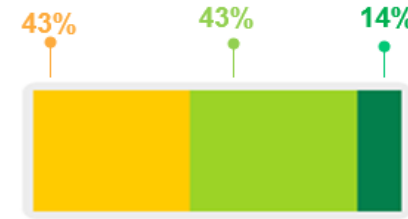
Overall Progress Status



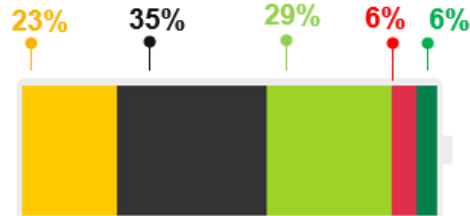
Corporate Governance



Digital Transformation



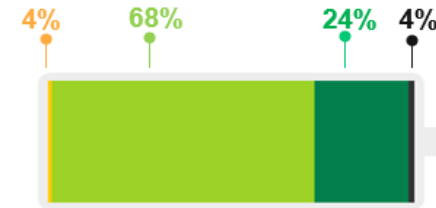
Elective Recovery



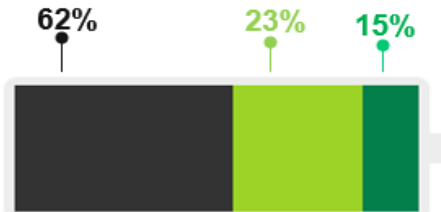
Maternity Transformation



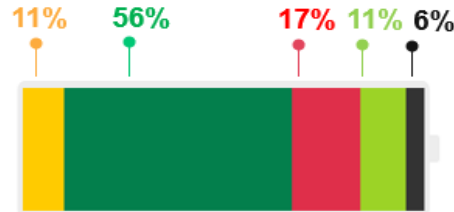
Quality & Safety



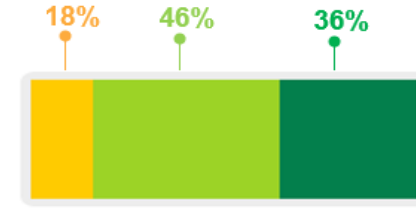
Urgent Care Transformation



Workforce Transformation



Finance & Resources



● At Risk ● Complete ● On Track ● Descoped ● Off Track

Appendix 2: Month on Month Status

G2G Month on Month Progress Status		Reporting Month - March 2024												
		Off Track			At Risk			On Track			Complete			
Project	Programme	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Communications & Engagement	Corporate Governance	On Track	On Track	On Track	On Track	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	
Risk Management		On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	Complete	Complete	
Digital Infrastructure	Digital Transformation	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	
Cancer Performance	Elective Recovery	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	
Diagnostics Recovery		At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	On Track	On Track	
Outpatient Transformation		Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	At Risk	At Risk	
Theatre Productivity		Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	
Maternity Transformation	Maternity Transformation	On Track	On Track	On Track	On Track	On Track	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	
Levelling-up Clinical Standards	Quality & Safety	Off Track	Off Track	Off Track	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	
Fundamentals in Care		On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	
Learning from Deaths		At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	
Quality & Regulatory Compliance		At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	
Quality Governance		On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	
Delivery of the Quality Strategy		Off Track	Off Track	Off Track	Off Track	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	On Track	On Track	On Track
Expansion of Medical Examiners Office		On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	
Flow Improvement Programme	Urgent Care Improvement Programme	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	
Emergency Care Transformation		On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	
Leadership Development Framework	Workforce Transformation	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	Complete	Complete	
Performance & BI	Workforce Transformation	At Risk	Off Track	Off Track	Off Track	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	
Recruitment & Retention		At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	Off Track	Off Track	
Culture and Behaviours		On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	
Future Workforce Design		On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	
Training and Education		On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	On Track	Complete	Complete	
Equality, Diversity & Inclusion		At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	At Risk	Complete	Complete	
Medical Staffing		Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	Off Track	

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - March 2024
Communications & Engagement	Corporate Governance	At Risk	At Risk	The draft Trust Communications Strategy is in progress and the latest iteration will be reviewed by the Executive Team during Spring 2024. The draft strategy is due to be presented to Trust Board during Summer 2024 for review. This revised timeline allows for the findings of the recent CQC inspection report to be taken into consideration.
Digital Infrastructure	Digital Transformation	At Risk	At Risk	The plan for Careflow PAS/ED go-live over weekend 19-21 April 2024 remains on track, and whilst a number of workstreams have a range of actions to complete, the project has a clear and achievable 'path to Green'. The monthly EPR Steering Group, underpinned by a weekly executive check group (Director of Strategy/COO-led), has continued. Focus remains on user training with a target set at 90% of staff trained by go-live. Training compliance is currently at 81.2%, with some divisions getting very close to the 86% target at the end of March 2024. LMS highlights any outstanding training and communications have gone out trust wide to encourage staff to complete their training as soon as possible. In parallel, detailed preparations for the 'cutover' weekend are being finalised, with a full 'business continuity' incident management approach being adopted. The NHSE Digital System Support external assurance team go-live readiness is underway, the purpose of which is to provide a focused independent and impartial peer-to-peer assessment and pre-go-live assurance. An output / recommendations report on any gaps identified through the assessment will be provided but is forecast to be rated Amber – with some issues to resolve but go-live is feasible.
Cancer Performance	Elective Recovery	On Track	On Track	The focus for Cancer performance remains on reducing the backlog of patients waiting over 62 days for treatment and FDS. The unvalidated 62+ day backlogs as at the end of March was 197 against the recovery trajectory of 212. The unvalidated position for February 2024 FDS is currently at 77.3% (with a data completeness of 82.4%), against the trajectory 73.4%. The Primary Care team continues to contact each GP surgery where missing FIT results are identified, the latest FIT performance for March-24 was at 87.2%. The findings of the Lung Deep Dive were presented to NHSE and a NHSE Urology visit is expected to take place in April-24.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - March 2024
Diagnostics Recovery	Elective Recovery	On Track	On Track	The unvalidated position for the DM01 performance is at 79.41%. Clinical prioritisation is in place for appointments and priority is given to urgent, Cancer, and longest waiters on RTT pathways. Discussions are held monthly, amongst all modalities to best understand ways to improve patients waiting over thirteen weeks. Validation is being undertaken in Audiology and Cystoscopy to better understand the overall waiting list and opportunities for improvement.
Outpatient Transformation	Elective Recovery	Off Track	At Risk	The unvalidated performance for PIFU in March 2024 was 4%, and the virtual contacts for March 2024 were at 15.7%. Weekly Outpatient Transformation Working Group meetings are in place, Centres have been asked to review their GIRFT Further Faster Handbooks to clearly understand any gaps that need addressing. The validation of the waiting list continues across all specialties, and the validation of patients waiting over 12 weeks is 97.5%. An intranet page has been launched providing relevant exemplar information to support the transformation of outpatients. In preparation of Careflow EPR referrals made to the Trust are going through a Triage Assessment process across all specialties within Patient Access Team, this will help ensure patients are seen appropriately.
Theatre Productivity	Elective Recovery	Off Track	At Risk	Theatre utilisation for March 2024 was 81% (capped) and 85% (uncapped) at RSH and 78% (capped) and 83% (uncapped) at PRH. Although the capped performance is below the National Standard of 85%, performance is showing improvements despite industrial action. To support utilisation a standby patient process has commenced in select specialties, whilst other explore the pathways that are most appropriate.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - March 2024
Maternity Transformation	Maternity Transformation	At Risk	At Risk	The Ockenden milestones remain 'At Risk'. Delivery of the plan is no longer ahead of schedule as the MTP continues to work at pace to deliver the more complex remaining actions. Current position shows 91% (192) actions have been implemented amongst which 85% (178) are 'Evidenced and Assured'. Plans for Phase two of the Maternity Transformation Programme are being developed to consider local and national initiatives and the ambitions of the Senior team for the service going forward. No further progress has been made on the ratification of additional closure reports due to availability surrounding the holiday period. One action is subject to approval for a Delivery Status Change in April 2024 MTAC, and five actions will be reviewed by the committee to validate timelines and evidence requirements. Governance surrounding the implementation of the MTAT was reviewed following comments at a previous MTAC and will be subject to approval by the committee in April 2024. A concept for Phase Two of the MTP will be presented to the committee for discussion. The Maternity Services Open Day took place on the 23rd of March and saw over 160 visitors come through the doors to meet staff, external colleagues and tour the unit. The feedback received was overwhelmingly positive. In the next reporting period, work will commence to develop a SOP for the implementation of the MTAT, delivery of remaining Ockenden actions will continue along with further planning for MTP Phase Two. 12 actions remain 'At Risk' with a further 10 'Descoped' leaving 10 actions for the service to deliver beyond the March 2024 deadline.
Levelling-up Clinical Standards	Quality & Safety	At Risk	At Risk	The clinical standards audits for Frailty and Acute Medicine that are available in the Gather system and once leads are identified, there will be a push to ensure these audits are routinely taking place to obtain the data needed to create the performance dashboards for specialty governance meetings. During March 2024, a request for interim additional capacity for the SRO to progress this project and transition the audits into operational use was made, the outcome of which remains pending.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - March 2024
Fundamentals in Care	Quality & Safety	On Track	On Track	All the current milestones within the Fundamentals in Care project have been delivered and a project review, with the new project SRO has taken place to identify the next steps required for this project, which will be concluded to coincide with the findings from the CQC Inspection Report, now due to be received in Spring 2024.
Learning from Deaths	Quality & Safety	On Track	On Track	The Learning from Deaths project is now in the monitoring phase, with the milestone to allocate/recruit senior clinical staff to create a pool of SJR reviewers, to be reviewed at ODG Assurance meeting in April 2024, to request this milestone is moved to “evidenced and assured”. Once the remaining two milestones are also evidenced and assured, the project will transition into business-as-usual activity and be recommended for project closure.
Quality & Regulatory Compliance	Quality & Safety	At Risk	At Risk	Actions and updates continue to be monitored in relation to the Trust’s Section 31 conditions until the receipt of the latest CQC inspection report, with the initial draft report anticipated in April 2024. SaTH continue to report monthly where required, against the conditions stipulated for ED (initial assessment and left before treated), risk assessment and care planning. The conditions will not be automatically removed following completion of the report; therefore, the Trust will undergo a review of the contents of the report and potentially apply for removal or alteration. Preparation for the factual accuracy check of the draft CQC inspection report continues. A programme of mock inspections and a self-assessment tool based on the new CQC single assessment framework is being established from May 2024, to allow for the implementation and monitoring of actions to address any potential Must and Should Do’s in the CQC findings prior to an assessment. An evidence portfolio alongside the elements required to complete provider information requests (based on the most recent inspection for each core service), will be maintained alongside the completion of a self-assessment by each core service. This is also being reviewed and aligned to the new CQC framework, making it easier to complete and maintain.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - March 2024
Quality Governance	Quality & Safety	On Track	On Track	The PSIRF processes for Falls, Pressure Ulcers and Infection Prevention is in place and working well. One Family Liaison Officer has now commenced in post with the second due to commence in mid-May. Recruitment of the Patient Safety Partners is currently paused due to the Trust wide pause in recruitment. PSIRF reporting through QOC and QSAC is in place and will continue to develop simultaneously with the remaining open Serious Incidents. Work is underway in relation to the Patient Safety Strategy which will align to the Trust's Quality Strategy.
Delivery of the Quality Strategy	Quality & Safety	On Track	On Track	All current milestones in the Quality Strategy project have now successfully been delivered. The project continues to progress, with improvements made across all nine of the quality priorities. A project review with the new project SRO has taken place and the next steps required for this project are being identified, ahead of the refresh of the Trust's Quality Strategy, due to take place later this year.
Expansion of Medical Examiners Office	Quality & Safety	At Risk	At Risk	The ME Service SOP was presented at the Learning from Deaths meeting in March 2024 for feedback and will be presented in May 2024 for approval. Information sharing events took place across three dates in March 2024 for GP practices not yet actively engaged with the ME Service. Attendance was positive with representatives attended multiple sessions. Of the 38 practices invited, only six practices have not responded to attempts to engage. 16 stakeholders are expected to be on board with the ME Service by mid-April 2024. The staffing risk remains with one full time MEO position still to be filled however the post has been re-advertised and is now closed and in the process of shortlisting with interviews due to take place week commencing the 22nd of April 2024. As many of the project milestones are now complete a project review will take place in April 2024 to determine if new milestones will be created or if the project will enter a monitoring phase, which will commence once all current milestones have been 'evidenced and assured' and presented at ODG Assurance Meeting.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - March 2024
Flow Improvement Programme	Urgent Care Improvement Programme	At Risk	At Risk	<p>The number of simple discharges for patients with +1day LOS increased to 70 from 67 in February 2024, whilst the VW step down referrals increased to 39, compared to 38 in the previous month. The total number of discharges through the Discharge Lounge reduced to 26.3% compared to 28.2% in February 2024. In response to the UEC going into Tier 1, six workstreams have been created to support improvement. Four are being led by ICS partners; these are Alternatives to the Emergency Department, System-wide Frailty, Care Co-ordination, System Discharge. SaTH will be leading on the remaining two workstreams; Acute and Emergency Medicine and Medical Internal Professional Standards and 4 hour waiting time performance in the Emergency Department. The PIDS for the workstreams have been written by the SRO's and will be reviewed by UEC Board in April 2024. The Home from Hospital project continues to be trialled at PRH on Wards 9 and 10 preparing patients the night before for earlier morning discharges, including pre 10am and pre 12pm discharges. A supportive patient leaflet containing key information will be distributed to patients. Following the trial the project will be rolled out across all wards at PRH and RSH. The Transfer of Care Processes Forms project was completed in March 2024 and rolled out to a total of 26 wards across both hospital sites. A PDSA cycle will be undertaken every 30, 60, and 90 days to measure the impact of the project and key steps will be taken to embed and sustain the improvement. Work continues to support Surgical wards to reach the 33% discharge improvement targets. A nurse led improvement project to reduce deconditioning of patients on Ward 26 continues, with a reduction in PW3's and LOS of 6.63 days compared to 10 days in February 2024. Further rollout will commence on Wards 11, 27 and 28 in June 2024, with a wider rollout plan to follow and the impact of the project will continue to be monitored in April 2024.</p>

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - March 2024
Emergency Care Transformation	Urgent Care Improvement Programme	On Track	On Track	The milestone within ECTP which aims to improve the initial assessment metric for paediatric patients has been delayed with an accepted revised delivery date of August 2024, by Getting to Good Operational Delivery Group. Challenges have been faced in implementing a similar improvement to that seen in adult initial assessment due to the available capacity at the PRH site, which is where the majority of paediatric patients are seen. UTC currently utilise cubicle space within the paediatric area and there are now plans underway to relocate that service so that CYPUs can deliver their improvements. A PID has been developed scoping the plans to improve the 4-hour performance from the perspective of ECTP. Planned deliverables include: the removal of SDEC from the Escalation policy, the launch of admission avoidance clinics, further improvements to SDEC utilisation and a new process for 4-hour performance data validation. The PID will be reviewed by UEC Board in April 2024. The report into SDEC processes and improvements by KPMG has been received and included in Workstream 5: Environment, Pathways and Flow. The recommendations within the report aim to improve patient flow through the service via improvements to referral numbers, availability of space and follow up methods. Improvements are underway and will be reported through subsequent ECTAC meetings.
Recruitment & Retention	Workforce Transformation	Off Track	Off Track	During March 2024, 21.12 WTE HCAs commenced in permanent posts and 4 WTE HCAs commenced via the temporary staffing bank. A further 22.77 WTE are progressing through recruitment checks and 23.34 WTE are due to commence in post during April / May 2024. Centralised HCA interviews were held during March 2024, to help to fill the outstanding HCA vacancies. However, due to the Trust wide pause in recruitment, to allow for assessment of current staffing levels / skills mix, conditional offers have not been made to any appointable candidates at this time, this recruitment pause may impact upon the delivery of the revised project timescales.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - March 2024
Culture and Behaviours	Workforce Transformation	At Risk	At Risk	The roll out of the Civility and Respect Sessions for the Trust continued in March 2024, however, the pilot for Consultants with Medical Education had to be stood down due to the Critical Incident that coincided. A new Cohort of the SaTH 4 Senior Leadership programme commenced, And Courageous Conversations and Compassionate, Inclusive and Effective Leadership Masterclasses have been delivered. The Neurodiversity Celebration Week took place in March 2024 with several events taking place to engage staff and raise awareness of neurodivergence, showcasing the support available.
Performance & BI	Finance & Resource	At Risk	At Risk	Operational planning continues to be one of the priority areas of work during March 2024, to ensure that all activity and performance metrics are modelled in line with expected 2024-25 capacity and demand. To further progress the capacity and demand modelling, a confirm and challenge meeting is scheduled at the end of April 2024 for each division, where activity models and specialty plans will be discussed. Further iterations of the draft demand and capacity plans were submitted in March 2024 following internal and system level confirm and challenge meetings. Delivery of the EPR reporting workstream has continued into March 2024, to ensure all reports the Trust requires following go-live are rebuilt, tested and live. This remains on track, with all milestones within this workstream on target for full compliance by the go-live date of April 2024.
Future Workforce Design	Workforce Transformation	On Track	On Track	The draft Workforce Plan has now been submitted to NHSE for review with final adjustments including service developments, investment of 134 WTE and a reduction in substantive workforce driven by cost improvement schemes and vacancy reduction supported by the current pause in recruitment. Review of new roles and apprenticeships is under way in line with the submitted plan, together with plans for a level of international recruitment to cover attrition gaps in the later part of the year. Final submission of the workforce plan is due in May 2024.
Medical Staffing	Workforce Transformation	Off Track	Off Track	The junior doctor review is on track for delivery at the end of the March, with the final rota for Urology being progressed. As part of the exception report process it is recommended to remove the Consultant Rota Review as a milestone as this work is not within scope at the present. Once this is agreed and the necessary work has taken place, this will be built into a delivery plan to be set as a future milestone. * Note Slide 7 regarding approval of revised project plan and descoped milestones

Appendix 4. Report Abbreviations

Term	Definition
BI	Business Intelligence
CDC	Community Diagnostic Centre
CQC	Care Quality Commission
COO	Chief Operating Officer
CYPU	Children and Young People Unit
DM01	Diagnostics Waiting Times and Activity
DSS	Decision Support System
ECTAC	Emergency Care Transformation Assurance Committee
ECTP	Emergency Care Transformation Programme
ED	Emergency Department
EPR	Electronic Patient Record
FDS	Faster Diagnosis Standard
FIT	Faecal Immunochemical Test
G2G	Getting To Good
GIRFT	Getting It Right First Time
GP	General Practitioners
HCA	Health Care Assistant
ICS	Integrated Care System
ISA	Independent Senior Advocate (Midwifery role)
LMS	Learning Made Simple
LOS	Length Of Stay
ME	Medical Examiner
MEO	Medical Examiner Officer
MIP	Maternity Improvement Programme
MTAC	Maternity Transformation Assurance Committee
MTP	Maternity Transformation Programme
MTAT	Maternity Transformation Assurance Tool

Term	Definition
NHSE	NHS England
OD	Organisational Development
ODG	Operational Delivery Group
ODP	Operating Partner Practitioner
PAS	Patient Administrative System
QOC	Quality Operational Committee
QSAC	Quality & Safety Assurance Committee
PAS	Patient Administration System
PDSA	Plan, Do, Study, Act
PIFU	Patient Initiated Follow Up
PSIRF	Patient Safety Incident Response Framework
PMO	Programme Management Office
POP	Plan On a Page
PRH	Princess Royal Hospital
PW	Pathways – 0, 1, 2, 3
RAG	Rating Indicators (Red – Amber - Green)
RSH	Royal Shrewsbury Hospital
RTT	Referral To Treatment
SaTH	Shrewsbury and Telford Hospitals
SDEC	Same Day Emergency Care
SJR	Structured Judgement Review
SOP	Standard Operating Procedure
SRO	Senior Responsible Officer
TOC	Transfers Of Care
UAT	User Acceptance Testing
UEC	Urgent and Emergency Care
VW	Virtual Ward
WTE	Whole Time Equivalent