Board of Directors' Meeting: 11 July 2024

Agenda item	104/24
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 – 2024-06-26 Senior Leadership Committee – Operational – 2024.07.04

Executive summary:	1. This report provides the Board 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 May 2024. 2. The key risk projects in the programme are Cancer Performance, Levelling up Clinical Standards and Emergency Transformation. The progress status of the Expansion of the Medical Examiners Office and Digital Transformation project has moved from Amber to Green.Three Workforce projects have moved from Green to Blue "Complete".
Recommendations for the Board:	The Board is asked to **note** the report, particularly with regard to the progress made in month.
Appendices:	Appendix 1: Progress Status by Programme Appendix 2: Month on Month Status Appendix 3: Project Status Overview Appendix 4. Abbreviations used in this report

May 2024 Reported Progress

Trust Board
Meeting 11th July 2024
Matt Mellors - Head of PMO

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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 **May 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.

Our G2G Workstreams: Quality & Safety, Urgent Care Improvement, Elective Recovery, Workforce, Finance & Resources, Governance, Digital, Maternity

Programme Highlights

Key highlights during the reporting period include:

Theatre Productivity
The Elective Hub is due to open on the 10th June at the PRH site, providing dedicated space for Elective Surgery with four operating theatres, along with stage one and two bedded recovery areas, helping to ease capacity issues related to escalation. To ensure slots are fully utilised the Booking and Scheduling team have been provided with protected time by reducing the opening hours of the call centre on a temporary basis.

Emergency Care Transformation
The recent process changes in following up Paediatric patients who leave ED without being seen by a clinician have delivered strong improvements in compliance. Since the change, 100% of patients are now followed up within 48 hours and 85% are followed up within 24 hours. The SOP relating to this process stipulates a 48-hour window and this is monitored by the Corporate Nursing team for assurance and reported to the CQC as per the Section 31 requirements.

Flow Improvement Programme
The improvement deconditioning project on Ward 26 has undertaken a 90-day remeasure, which showed sustained improvement in total overall discharges from 126 to 110, and a reduction in PW0 to 56% compared to 69% in April 2024. There was also a sustained improvement in total LOS of 9.43% within the month of May 2024.

Digital
Office 365 has now been deployed to 5,440 devices and 8,126 users across the organisation. This process will transition to business-as-usual onboarding and will be managed in line with the Trust starter / mover / leaver procedures.

Diagnostics Recovery
The CDC is now fully operational, which now includes Cardiorespiratory services.
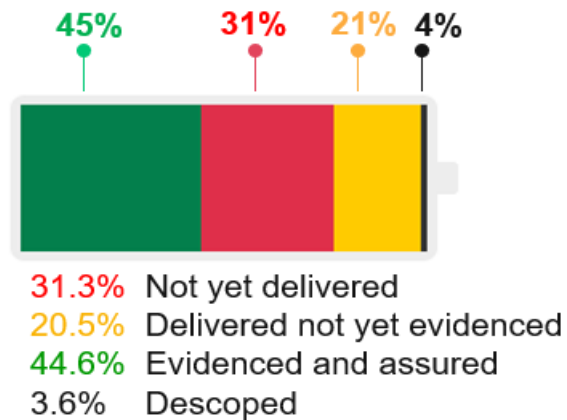
Cancer Performance
Two Clinical Oncologists were successfully recruited, start dates are to be confirmed.

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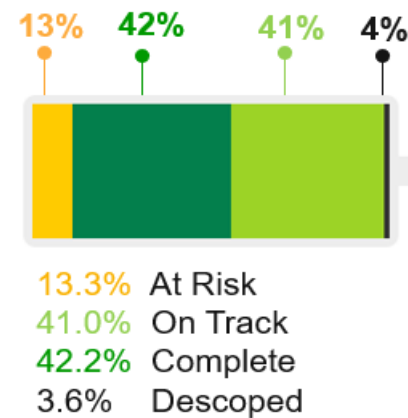# Overall Delivery and Progress Status

G2G has now fully adopted the revised RAG rating and assurance processes in line with Maternity and Emergency Care Transformation. 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

45%   31%   21%   4%

31.3% Not yet delivered
20.5% Delivered not yet evidenced
44.6% Evidenced and assured
3.6% Descoped

Overall Progress Status

13%   42%   41%   4%

13.3% At Risk
41.0% On Track
42.2% Complete
3.6% Descoped

The progress status for the Expansion of the Medical Examiner's Office project has moved from **Amber** to **Green** and is now in the monitoring phase with a view to transition into BAU and will be recommended for project closure. The Digital Transformation programme has moved from **Amber** to **Green,** the project closure report will be presented to the EPR Steering committee for approval in June 2024 and presented to the G2G Assurance meeting in July 2024. The Cancer Performance project has now moved to **Red** "Off Track" and the focus remains on reducing the backlog of patients waiting over 62 days for treatment and FDS.

In total seven projects are RAG rated **Green** – "On Track" for overall progress, and eight projects are RAG rated **Amber** – "At Risk". In addition to Cancer Performance, both the Levelling Up Clinical Standards and Emergency Care Transformation programme are rated **Red** "Off Track". Three workforce projects have been approved at ODG Assurance meeting and moved from **Green** to **Blue** – "Complete".

Detailed progress updates on each project can be found in **Appendix 2** and the performance trend in **Appendix 3.**

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Milestone Evidence & Assurance

The delivery status and supporting evidence of the following milestones were approved to move to **Green** "Evidenced and Assured" at the ODG Assurance meeting on the 26th June 2024, chaired by the G2G Programme Director.

Project	Milestone	Evidence
Recruitment and Retention	Reduce HCA vacancies to 20 WTE	• SACC Nursing Vacancies • MEDC Vacancy panel • Recruitment and Retention workforce focus group action log
Expansion Of Medical Examiners Office	Increase consultant establishment for Medical Examiner's Office utilising NHSE/I funding to 18PAs	• 3 Months of 18 PAs in post
Expansion Of Medical Examiners Office	Strengthen governance reporting for ME service in SaTH	• 6 months of data from the performance dashboard
Expansion of Medical Examiners office	Further develop the ME service for expansion of paediatric and neonatal death ME reviews	• Dashboard showing neonatal and paediatric death reviews
Theatre Productivity	Establish, maintain lookback meeting with action planner and centre engagement	• Screenshot of PRH & RSH lookback diary invite • Urology & Breast theatre list packs
Quality Governance	Commencing PSIRF (Framework)	• Cascade • Colleague message from Director of Nursing - Trust communication
Quality Governance	Recruitment to a Family Liaison Officer post	• Candidate Confirmation letter and email
Quality Governance	Implement and embed PSIRF process for Falls, Pressure Ulcers and IPC	• ToR for IROG • Falls under PSIRF process • Pressure Ulcers under PSIRF process • Patient Safety Incident Triage SOP

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Milestone Exception Reports

The Exception reports for the following milestones were reviewed at the ODG Assurance meeting on the 26th June 2024, chaired by the G2G Programme Director.

Project	Milestone	Exception	Recommendation	Outcome
Outpatient Transformation	Set-up Look Back Meetings for Clinical Utilisation	Unexpected sickness at a senior level has resulted in resource adjustments to deliver this milestone. Since priorities have been adjusted, a meeting was held to discuss the roles and responsibilities to support the delivery of this milestone, it is during these discussion it was identified the need to produce reliable information similar to the Theatre Dashboard, this will require considerable resource from the BI Team to support.	For this milestone to be adjusted with a new delivery date of September 2024.	Approved
Theatre Improvement	Review the Inpatient booklet used on the day of surgery and streamline	Initial reviews of the inpatient booklet have highlighted that is in fact four separate booklets. As a result, the review and streamlining of the booklet is a larger exercise than anticipated, involving various stakeholders to ensure success. It is also vital that the Elective Hub is in operational use to progress this milestone.	For this milestone to be adjusted with a new delivery date of December 2024.	Approved

Project Completion & Closure - Culture and Behaviours

The Culture and Behaviours, Future Workforce Design and Recruitment and Retention projects were approved as **COMPLETED** at the ODG Assurance meeting on the 26th June 2024.

Project Summary

The aim of the project is to support the Cultural Transformation of the Trust. The Trust embarked on a Cultural Transformation programme to embed the vision and values and change the way that it feels to work within the organisation. The staff survey has been a key measure and performance indicator to support this transformation. The trust developed the Culture Dashboard to focus on six key themes. Each theme has 4 questions from the staff survey to provide clear metrics and focus for supported interventions. The implementation of the Civility and Respect Programme has been key to driving the behavioural changes within the organisation alongside the Leadership Framework. With a focus on this transformation to support retention, creating a psychological safe place to work, effective leadership and team working.

Milestone	Evidence
Deliver Civility and Respect programme to 50% of the Trust Colleagues.	Target not achieved – Descoped milestone from current plan. The new milestone will be "Civility and Respects Sessions continue roll out across the Trust to achieve delivery of 75% of identified hotspot areas (WIP)" delivery date December 2025
Integrate the Civility and Respect Programme into all SaTH leadership Programmes – STEP and SaTH 1-4 programmes.	Slides provided to facilitators, session have brief overview of C&R and signpost to full face to face sessions. SaTH 2 has a pre-requisite that you must attend C&R before you can be awarded your certificate.
Trust Values – remind and engage trust wide through communication and activities	Values week held in July 2023, Values in all Leadership Programmes
Create an environment where staff feel able to speak out about concerns and design improvement interventions in collaboration with Freedom to Speak up Team (FTSU).	This milestone was completed with work in collaboration with the FTSU Lead. Freedom to speak up is a universally understood cultural state integral to living our values. This has defined and continued through collaboration of the Cultural Transformation work with FTSU within the Trust, through the focus on Civility and respect delivery. The 2023 staff survey results show an increase in all questions apart from 1, with only a minor % drop in score.

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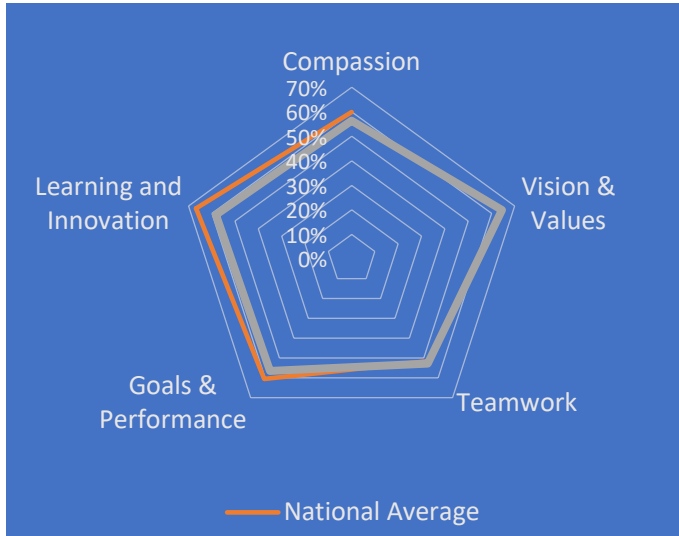
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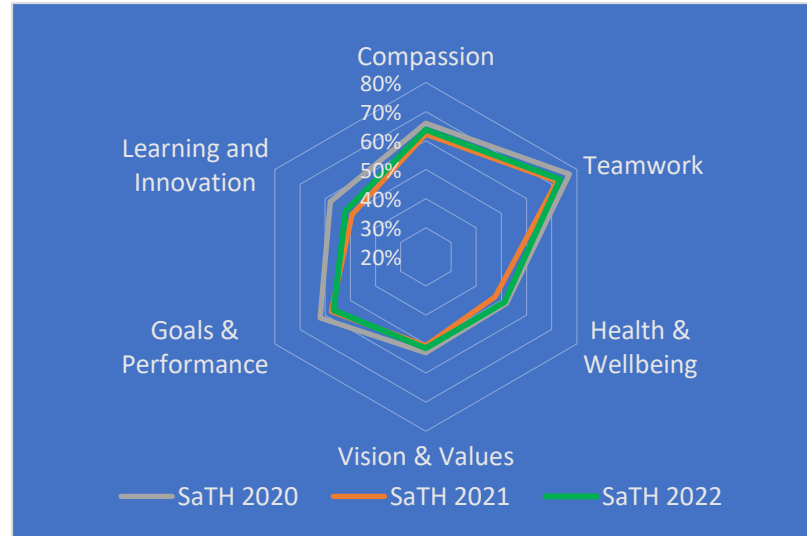
Project Completion & Closure - Culture and Behaviours

Staff Survey Impact 2021-2023 – Culture Dashboard Results – Benefits Realisation

2021 - 5 Theme Areas

2022 – 6 Theme Areas

2023 – 6 Theme Areas

- Increase in the 6 key Themes of the Culture dashboard
- Engagement by colleagues in the Cultural transformation programme, through Leadership programmes and Civility and Respect sessions.
- Engagement by colleagues to complete the staff survey number of responses has increase year on year.

Project Completion & Closure – Future Workforce Design

Project Summary

There are several workforce challenges we must face including increasing costs , competition from other employers and increasing demand for our services, both of which require us to have enough people to deliver our commitments in the coming years. The new workforce development programme will aim to address two objectives:
1.   To outline what demand for workforce we have now and in the future
2.   To consider how we create cost improvement and efficiencies in how we supply that workforce
There will be two groups – one focussed on Demand and all aspects that affect the level of workforce required and one group focussed on Supply. The Supply group will identify, deliver and monitor the range of innovative ways we can supply the workforce required.

Milestone	Evidence
Recruit Workforce Planner and analyst support to support delivery of programme and development of Trust wide recruitment plan.	P2.WT.301 – Recruitment & Retention strategy progress review and Operational Plan (link)
Develop nursing and AHP strategic plan outlining what workforce is required over next 5 years taking into consideration nursing template reviews.	P2.WT.302 – Deep dive recruitment update 2023 and ODG International nurse's update
Undertake review of flexible working practices and recommend approach for clinical roles and implications on staffing numbers. E.g. shorter shifts across nursing workforce	P2.WT.303 – Flexible working policy
Develop international recruitment programmes for specific hard to fill roles across the Trust for 2022/23.	P2.WT.305 – International Nurses business case, NHSE success letter and ODG update
Deliver temporary staffing strategy including bank pay rate review and agency management plan.	P2.WT.304 – Agency Reduction strategy and strategy slides
Deliver new roles and apprentice programme for 2022/23	P2.WT.306 – Education Prospectus (pg. 19&20), Apprenticeship brochure, ODG training slides, Project brief on Capitalising apprenticeship levy and ODG apprenticeship slides

Project Completion & Closure – Future Workforce Design

Benefits Realisation

Milestones	Outcome	Impact
Recruit Workforce Planner and analyst support to support delivery of programme and development of Trust wide recruitment plan.	Recruited planner onto bank to support work in 23/24 – ongoing support.	Supported development and successful delivery of operational plan / workforce plan for 23/24
Develop nursing and AHP strategic plan outlining what workforce is required over next 5 years taking into consideration nursing template reviews.	Nursing plan developed and regularly monitored through Nursing and AHP Workforce group. Actual number of nurses recruited over plan but has helped reduced agency spend by £1.2m and we are now using the lowest levels of nursing agency since September 2022	Significant reduction in agency. Business as usual agency costs have fallen month-on-month during 2023-24, from £2.4m in April to £1.2m in March. Reducing fill-rates on wards to 85% with agency; and to 100% with substantive and bank will yield c£52K spend reduction each month
Undertake review of flexible working practices and recommend approach for clinical roles and implications on staffing numbers. E.g. shorter shifts across nursing workforce	Revised flexible working guides / policies in place, focus on roster management, new set of metrics and a revised dashboard in place, regular monitoring of roster KPIS.	Significant improvement ion KPI's roster approval times, averaging 6 weeks, nursing unavailability has reduced. Increase in flexible working arrangements.
Develop international recruitment programmes for specific hard to fill roles across the Trust for 2022/23.	Delivered 211 internationally educated recruits in 23/24 in line with plan.	Reduced agency spend by £1.2m
Deliver temporary staffing strategy including bank pay rate review and agency management plan.	Reduced high-cost agency, increase price cap compliance – expecting to be 100% for Nursing by 1 August.	Reduction in off-framework nursing usage from c80 WTEs in January 2023 to c2 WTEs in March 2024 Enhanced Care Supervisors agency reduced from 50.20 WTE in April to 1.22 WTE in March following strong recruitment and increased controls. We have ceased the bank incentive scheme across all staff groups, equating to up to a cost reduction of £2.5m in 2024- 25.
Deliver new roles and apprentice programme for 2022/23	Delivered apprentice volumes in line with planned trajectory and in accordance with plan	Maintained pipelines of new roles to support future gaps in the workforce.

Project Completion & Closure –Recruitment and Retention

Project Summary

The aim of this project is to improve the recruitment and onboarding process and reduce the use of agency use through improved retention

Milestone	Evidence
Delivery of 100 International Nurse Recruitment Programme for 22/23	PT.WT.604 – Business case 2022/23, ODG International Nursing slides, NHSE letter and business case 2023/24
Refreshed Marketing Approach for attracting new staff	P2.WT.6.03 – Recruitment approach, Cleanliness team event and Acute medical event
Establish a more collaborative approach between HRBP's, Recruitment, and Workforce planning to have visibility on all vacancies	P2WT.6.02 – Workforce reporting PoP and Executive dashboard
Establish a process for identifying upcoming vacancies in advance with the relevant HRBP	P2.WT.6.01 - OPG papers and recruitment events
Reduce HCA vacancies to 20 WTE	PT.WT.605 - HCA recruitment planner, HCA vacancy, Recruitment & Retention log and SACC nursing vacancies

Benefits Realisation

Benefit Detail	Baseline Position (pre project)	Current Position
International nurses recruited as part of 23/24	0	205 recruited in line with business case (the overall number was higher due to carry over from the previous business case)
Reduction in agency spend	£2.4m April 2024	£1.9m May 2025

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Project Completion & Closure –Recruitment and Retention

Stakeholders Testimony

Department/Ward managers	Reduction in vacancies on wards/departments Recruiting to a particular set of job roles on a large scale, saves time and fills vacancies more efficiently.

Lessons Learnt

Issue	Why did this happen	Mitigation
Not meeting initial target date to reduce HCA vacancies to 20 WTE	Factors outside of the Recruitment teams' control – vacancy freeze, changes to templates, vacancy position	Monthly HCA recruitment timeline planner implemented

England

By Email
Chief Nursing Officer for England
Nursing Directorate
To: Hayley Flavell
Caroline McIntyre
NHS England
Wellington House
133-155 Waterloo Road
London
cc. Nina Morgan
Joanne Watson
SE1 8UG

21 March 2023

Dear Hayley and Caroline,

Re: The Shrewsbury And Telford Hospital NHS Trust - international nurse recruitment

We are delighted that your organisation has successfully met its ambition for international nurse recruitment for 2022, in line with the funding received from the NHSE International Nurse Recruitment Programme.

Thank you for supporting so many internationally educated nurses to join your team during 2022. We have no doubt that their valuable skills and experience are bringing significant benefit to patients, your local population, and colleagues.

We also recognise that recruiting and supporting the arrival of nurses from outside of the UK has been particularly challenging given the continued operational and workforce pressures this year, so to deliver your overall ambition is a fantastic achievement.
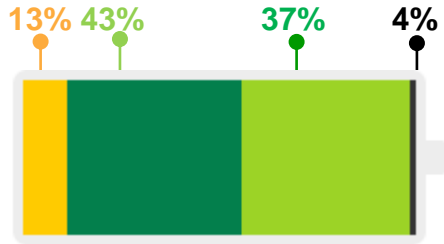
Our personal thanks go to you and everyone in your teams for all your hard work and commitment. We look forward to hearing more as you continue your successful work in this area.
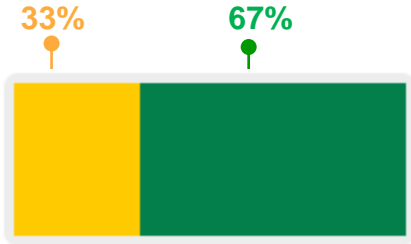
Yours sincerely,

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Appendices
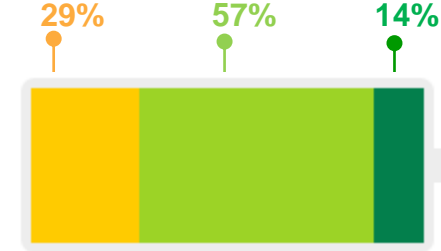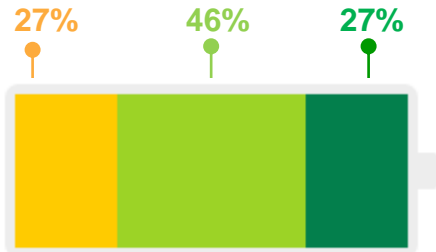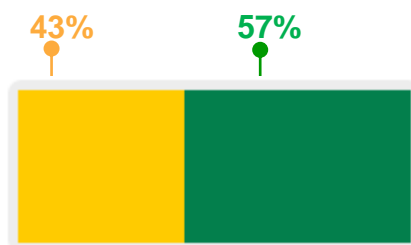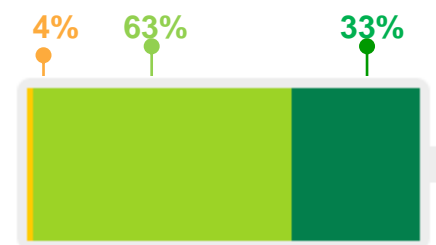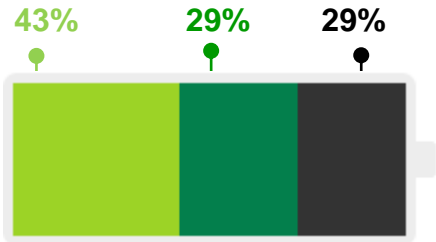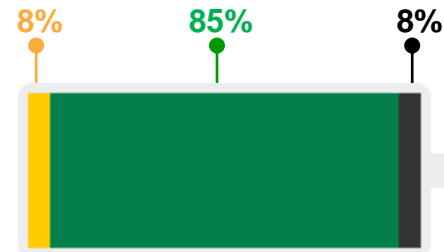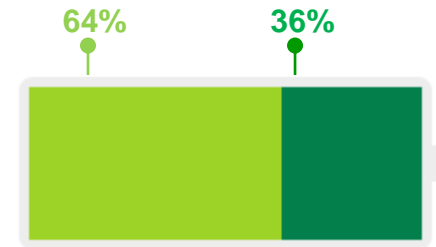
Appendix 2: Month on Month Status

G2G Month on Month Progress Status		Reporting Month - March 2024											
		Off Track			At Risk			On Track			Complete		
Project	Programme	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	45323	Mar-24	Apr-24	May-24
Communications & Engagement	Corporate Governance	Green	Green	Green	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber
Digital Infrastructure	Digital Transformation	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Green
Cancer Performance	Elective Recovery	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Amber	Red
Diagnostics Recovery		Amber	Amber	Amber	Green	Green	Green	Green	Green	Green	Green	Green	Green
Outpatient Transformation		Red	Red	Red	Red	Red	Red	Red	Red	Red	Amber	Amber	Amber
Theatre Productivity		Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Amber
Maternity Transformation	Maternity Transformation	Green	Green	Green	Green	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber
Levelling-up Clinical Standards	Quality & Safety	Red	Red	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Red	Red
Fundamentals in Care		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Learning from Deaths		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Quality & Regulatory Compliance		Amber	Amber	Amber	Amber	Amber	Amber	Green	Green	Green	Amber	Amber	Amber
Quality Governance		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Delivery of the Quality Strategy		Red	Red	Red	Amber	Amber	Amber	Amber	Amber	Amber	Green	Green	Green
Expansion of Medical Examiners Office		Green	Green	Green	Green	Green	Amber	Amber	Amber	Amber	Amber	Amber	Green
Flow Improvement Programme	Urgent Care Improvement Programme	Green	Green	Green	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber
Emergency Care Transformation		Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Red	Red
Performance & BI	Workforce Transformation	Red	Red	Red	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber
Recruitment & Retention		Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Red	Red	Red	Blue
Culture and Behaviours		Green	Green	Green	Green	Green	Green	Green	Amber	Amber	Amber	Green	Blue
Future Workforce Design		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Blue
Medical Workforcw Efficiency Programme		Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Amber	Amber

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - May 2024
Communications & Engagement	Corporate Governance	At Risk	At Risk	A further draft of the Trust Communications Strategy, following the CQC report, is being reviewed by the Executive Team prior to presentation at Trust Board for approval in September 2024.
Digital Infrastructure	Digital Transformation	At Risk	On Track	In April 2024, the Trust saw the biggest digital transformation it has undertaken for almost 25 years, with Careflow PAS and Careflow ED systems now being used across both hospital sites. Overall, the implementation has been successful, and teams across the Trust are using the new systems. Across the sites, digital and divisional staff involvement and support was extensive and excellent. Floorwalking support was maintained 24/7 for the first 5 weeks. Reporting remains a closely monitored workstream and remains largely as planned and expected. The initial daily and weekly national submissions were completed on time with no major data quality issues, and the key measures in all returns are being submitted. Validation work is underway to make sure the monthly returns are as accurate as possible, and centres are aware of what will be reported. During June 2024, the EPR team will continue to support the Emergency Department and Patient Access Team to monitor system use and agree actions to support optimal use of the system. The Project Closure report will be presented to the EPR Steering committee for approval in June 2024. In addition to EPR activity, Office 365 has now been deployed to 5,440 devices and 8,126 users across the organisation. This process will transition to business-as-usual onboarding and will be managed in line with the Trust starter / mover / leaver procedures. Project closure will be presented to G2G Assurance in July 2024.
Cancer Performance	Elective Recovery	At Risk	Off 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 May 2024 was 292 against the recovery trajectory of 197. The backlog for 104+ days remains on track with 43 against a trajectory of 55. The unvalidated position for May 2024 FDS is currently at 67.9% (83.3% data completeness), against the trajectory 79.9%. The trajectories have been reviewed at cancer site level and actions have been identified to bring performance back in-line. Actions include the additional LATP capacity and the introduction of the non-specific (NSS) pathway. There has been successful recruitment of two Clinical Oncologists, start dates are to be confirmed.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update – May 2024
Diagnostics Recovery	Elective Recovery	On Track	On Track	The May DM01 performance was at 68.9%. Clinical prioritisation is in place for appointments and priority is given to urgent, Cancer, and longest waiters on RTT pathways. Daily calls are in place attended by Radiology and the operational teams. Issues with the new MRI scanners, along with staffing absences has impacted the waiting list performance. There are currently four staff undergoing cross sectional training across both sites, upon completion this will reduce reliance on premium costs to the service. The CDC is now fully operational, which now includes Cardiorespiratory services. Support from 18 Weeks is planned from mid-June 2024 in Endoscopy.
Outpatient Transformation	Elective Recovery	At Risk	At Risk	The unvalidated performance for PIFU in May 2024 was 4.7%, and the virtual contacts for May 2024 were at 12.5%. Since the introduction of Careflow in April 2024 RTT training awareness sessions have continued and on completion RTT management privileges are provided. Intense validation of waiting lists is taking place as a priority, with each centre required to provide updates at the weekly RTT Assurance meetings. Outpatient Transformation Working Group meetings are in place and centres have been asked to undertake a gap analysis against the GIRFT Further Faster Handbooks to identify areas that need addressing.
Theatre Productivity	Elective Recovery	At Risk	At Risk	Theatre utilisation for May 2024 was 81% (capped) and 84% (uncapped) at RSH and 76% (capped) and 82% (uncapped) at PRH, this against a National Standard of 85% performance. The weekly Lookback meeting remains in place to understand current performance challenges and risks. The Elective Hub is due to open on the 10th June at the PRH site, providing dedicated space for Elective Surgery with four operating theatres, along with stage one and two bedded recovery areas, helping to ease capacity issues related to escalation. To ensure slots are fully utilised the Booking and Scheduling team have been provided with protected time by reducing the opening hours of the call centre on a temporary basis.

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Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - May 2024
Maternity Transformation	Maternity Transformation	At Risk	At Risk	The Ockenden milestones remain 'At Risk'. Two actions were approved for a status change at MTAC in May 2024 bringing the Ockenden position to: 178 (85%) actions are 'Evidenced and Assured', 16 (7%) 'Delivered not yet Evidenced' and 16 (7%) 'Not yet Delivered'. One action will be presented to MTAC in June 2024 for a status change along with a proposal for a new deadline for another action. 11 actions remain 'At Risk' with a further 10 'Descoped' leaving 10 actions for the service to deliver. All plans available and within scope of Phase Two of the MTP have been created and have been linked into a collated action plan. Phase one workstreams have been reviewed and work within their scope has now been closed, transitioned or descoped. Closure reports continue to be drafted for plans that form part of the MIP. Eight of the remaining reports have now been drafted with two still underway. A workshop to size all new actions for MTP Phase two and agree evidence requirements is planned for July 2024.
Levelling-up Clinical Standards	Quality & Safety	Off Track	Off Track	The clinical standards audit for Frailty and Acute Medicine 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. Clinical Standards for Paediatrics are being scoped with a view to this being the next set of standards to be developed. The result of the request for interim additional capacity for the SRO to progress this project and transition the audits into operational use remains pending and the project remains off track.
Fundamentals in Care	Quality & Safety	On Track	On Track	The Fundamentals in Care project is now being rescoped, following the receipt of the latest CQC report and will focus on delivery of the Must and Should do actions relating to fundamentals in care, via the established Nursing Assurance meetings and Steering groups. The findings identified by the CQC, and the associated improvement actions will be included in existing action plans for these areas and will be monitored and assured via this governance route.
Learning from Deaths	Quality & Safety	On Track	On Track	The Learning from Deaths project is now in the monitoring phase, with the remaining two milestones undergoing evidence approval ahead of formal sign off at ODG Assurance in June 2024. Once this is complete, the project will transition into business-as-usual activity and will be recommended for project closure.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - May 2024
Quality & Regulatory Compliance	Quality & Safety	At Risk	At Risk	The final CQC report following the latest inspection has been received, with a greatly reduced number of Must Do and Should Do actions to address (from circa 145 to 79 in total). Actions to address these have been aligned to the divisional transformation plans and will be formed into an overarching CQC action plan with oversight via the various transformation assurance committees and steering groups. Via this governance processes, a quarterly update will be given to the CQC on progress and associated evidence. 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 CQC have advised the Trust to review and submit applications to either remove or amend the five conditions and it has been provisionally agreed to apply to remove the CYP mental health conditions and the conditions relating to care and risk assessments. The required criteria for the ED conditions have been identified, which will need to be met before an application is submitted against them, therefore it is anticipated that the monthly reporting currently in place, will continue. A programme of mock inspections and a self-assessment tool based on the new CQC single assessment framework is recommencing in June 2024, to allow for the implementation and monitoring of actions to address any 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
Quality Governance	Quality & Safety	On Track	On Track	Progress has been made with recruitment of the Patient Safety Partners which will be going out to advert in June 2024. The Patient Safety Specialist Investigators and Family Liaison Officers are all now in post and evidence to approve these milestones will be presented at ODG Assurance in June 2024 for sign off. Evidence of the implementation of PSIRF over the last 6 months will also be submitted for approval. Work continues to refine reporting mechanisms through QOC/QSAC/Trust Board through the Incident Management Oversight report. The first draft of the Patient Safety Strategy will be available for review at the end of June 2024, which aligns with the Quality Strategy and Trust priorities.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - May 2024
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	On Track	The Expansion of Medical Examiners Office project is now in the monitoring phase, with the remaining three milestones undergoing evidence approval to be moved to "Evidenced and Assured", ahead of formal sign off at ODG Assurance in June 2024. Once this is complete, the project will transition into business-as-usual activity and will be recommended for project closure.
Flow Improvement Programme	Urgent Care Improvement Programme	At Risk	At Risk	The total number of patients discharged before 10am increased to 14.8% compared to 13.2% in April 2024. The average simple discharges per day decreased from 71 in April 2024 to 66, and the average total LOS increasing to 7.6 compared to 7.3. The Home from Hospital project took place in May 2024 across medical wards on both sites. The 30,60,90-day re-measures will take place over the upcoming months with a supportive embedding and sustainability plan to support early morning flow discharges within the Discharge Lounge. The improvement deconditioning project on Ward 26 has undertaken a 90-day remeasure, which showed sustained improvement in total overall discharges from 126 to 110, and a reduction in PW0 to 56% compared to 69% in April 2024. There was also a sustained improvement in total LOS of 9.43% within the month of May 2024. The next steps for this project will be to undertake the 120- and 150-day re-measures.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - May 2024
Emergency Care Transformation	Urgent Care Improvement Programme	Off Track	Off Track	ECTAC was stood down in May 2024 due to mandated PSIRF training and the group would therefore not be quorate. The RAG rating of the programme was changed in April due to a delay in the delivery of improvements to Paediatric initial assessment, which was originally due in March 2024 and is now due to be delivered in August 2024. In May 2024, the UTC at PRH was relocated to provide further capacity to Paediatric ED and therefore facilitate timely initial assessment. Following the move, double triage was provided in the area which produced an immediate improvement in this metric to 86%. Further work in Paediatrics is planned for June 2024 to test the impact of a dedicated clinician based in the area on the 4-hour performance. The recent process changes in following up Paediatric patients who leave ED without being seen by a clinician have delivered strong improvements in compliance. Since the change, 100% of patients are now followed up within 48 hours and 85% are followed up within 24 hours. The SOP relating to this process stipulates a 48-hour window and this is monitored by the Corporate Nursing team for assurance and reported to the CQC as per the Section 31 requirements. Following publication of the CQC report, the recommendations relating to UEC have been allocated to appropriate workstreams within ECTP and scoping work has begun to determine what actions may be taken, within the ability of the workstream membership, to address the items raise. It has been recognised that although some of the more recent work undertaken helps address some of the recommendations there remains more improvements to be delivered. The Culture workstream has completed scoping work on the Neutral Evaluation action plan and is currently undertaking cross site audits of staff missing breaks. An action plan to trial allocating break times at the start of the shift will follow and is expected to take place in June 2024 and if successful, will move to business as usual.
Performance & BI	Finance & Resource	At Risk	At Risk	During May 2024, a vast amount of the Performance and BI Teams resource remained focused on the EPR implementation post go-live and resolving any issues in reporting to ensure that operational colleagues can access all pertinent information. All statutory returns were submitted but a small number of data quality issues were identified that needed to be resolved. The development of the data strategy and the supporting performance framework has recently commenced. This strategy will document the direction for the function over the next 12 months and will clearly detail the performance management framework that is in place, routes for escalation and the alignment between the metrics the Trust are monitoring and the overarching Trust strategy. A benchmarking report is under development, and this will look across the Trust's key performance metrics to identify where SaTH is an outlier but also span wider divisional metrics to highlight any other areas that may need focus as part of the system productivity agenda.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - May 2024
Recruitment & Retention	Workforce Transformation	At Risk	Complete	During May 2024, 18.71 WTE HCAs commenced in permanent posts, with a further 13.82 WTE are progressing through recruitment checks and 11.73 WTE due to commence in post during June / July 2024. It was agreed that MEC division did go live with a recruitment advertisement in May 2024 due to low vacancies and potential internal moves to fill those vacancies. An advertisement did go live for SACC division, due to a vacancy rate of 24.00 FTE, and 54 applicants were shortlisted with interviews to take place in June 2024. Any successful applicants remaining following allocation by SACC will be shared with MEC or added to a waiting list to cover any turnover. Over recent months on average 7 HCAs have left the Trust each month with the Trust wide recruitment pause highlighting the importance of staff retention. The Recruitment and Retention project will go through the project closure process in June 2024 and any related actions outstanding will be delivered via the new programme of NHS Impact projects.
Culture and Behaviours	Workforce Transformation	On Track	Complete	The SaTH 4 Leadership development course has continued, with the delivery of day three focusing on Strategic and Systems Leadership, Managing Change and Resilience. The C&R Programme has continued with mixed sessions being on offer through the LMS. The OD team also delivered the ED, Senior Team and Doctors session in collaboration with Medical Education, the session was well received with outcomes/projects being taken back to the department with clear ownership and support. The Communications team took part in a DiSC session and the feedback received was positive, and the team can now use this to support their own development. The remaining milestone in this project will be form part of the new NHS Impact Investing in People and Culture project and therefore the current project will be recommended for project closure at ODG Assurance in June 2024.
Future Workforce Design	Workforce Transformation	On Track	Complete	All milestones within this project have now been Delivered and evidenced, and presented at the ODG Assurance meeting, except for the "Full review of Medical Staffing Rotas at all grades to ensure they are in line with best practice and provide a safe and efficient service." This milestone has been descoped and the pertinent aspects of this action have been included in the revised Medical Workforce Efficiency project plan. As a result, the Future Workforce design project will go through the project closure process and further related actions will be delivered via the new programme of NHS Impact projects.

Appendix 3: Project Status Overview

Project	Programme	Previous Month	Current Month	Update - May 2024
Medical Workforce Efficiency Programme	Workforce Transformation	At Risk	At Risk	The project plan for phase 3 of this project has now been reviewed and confirmed. The Medical People Services team are reviewing the delivery status against each milestone to identify priority actions for the coming months. Sickness and leavers is to be closed as a key project risk as the MPS team is now fully substantively established with succession planning in place. The risk related to rota knowledge has been mitigated with growing skills and expertise in the field with rota coordinators in situ in 3 out of 4 divisions. Resourcing for marketing strategies is currently limited and may represent a financial risk to delivery.

Appendix 4. Abbreviations

Term	Definition
BI	Business Intelligence
CDC	Community Diagnostics Centre
CQC	Care Quality Commission
CYP	Children and Young People
DM01	Diagnostics Waiting Times and Activity
DiSC	Dominance, Influence, Steadiness, Conscientiousness
ECTAC	Emergency Care Transformation Assurance Committee
ECTP	Emergency Care Transformation Programme
ED	Emergency Department
EPR	Electronic Patient Record
FDS	Faster Diagnosis Standard
FTE	Full Time Equivalent
G2G	Getting To Good
GIRFT	Getting It Right First Time
HCA	Health Care Assistant
IROG	Incident Response Oversight Group
IPC	Infection, Prevention, Control
LATP	Local anaesthetic transperineal prostate urology biopsy
LMS	Learning Made Simple
LOS	Length Of Stay
ME	Medical Examiner
MEC	Medicine, Emergency Care - Division
MEDC	Medical Centre
MIP	Maternity Improvement Programme
MRI	Magnetic Resonance Imaging
MTAC	Maternity Transformation Assurance Committee

Term	Definition
MPS	Medical People Services
MTP	Maternity Transformation Programme
NHS	National Health Service
NSS	Non-Specific
OD	Organisational Development
ODG	Operational Delivery Group
QOC	Quality Operational Committee
QSAC	Quality & Safety Assurance Committee
PAS	Patient Administration System
PSIRF	Patient Safety Incident Response Framework
PMO	Programme Management Office
PRH	Princess Royal Hospital
PW	Pathways – 0,1, 2, 3
RAG	Rating Indicators (Red – Amber - Green)
RSH	Royal Shrewsbury Hospital
RTT	Referral To Treatment
SACC	Surgical, Anaesthetics, Cancer Care - Division
SaTH	Shrewsbury and Telford Hospitals
SOP	Standard Operating Procedure
SRO	Senior Responsible Officer
ToR	Terms of Reference
UEC	Urgent and Emergency Care
UTC	Urgent Treatment Centre
WTE	Whole Time Equivalents

PACT — Partnering Ambitious Caring Trusted

Programme Management Office

Getting to GOOD

Our Vision: To provide excellent care for the communities we serve