

Board of Directors' Meeting: 14 November 2024

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|---------------------------------------|---|----------------------------|---|
| Agenda item | 161/24 | | |
| Report Title | Getting to Good Progress Report | | |
| Executive Lead | Jo Williams, 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 | Senior Leadership Committee – Operational – 2024.11.07 | | |
| | | | |
| Executive summary: | <p>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 September 2024.</p> <p>2. The key risk projects in the programme are Cancer Performance and Levelling up Clinical Standards. The progress status of the Learning from Deaths and Expansion of the Medical Examiners Office project are 'On Track' Green and will be recommended for project closure, subject to approval at OGD Assurance in November 2024.</p> | | |
| 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 | | |

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 **September 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:

Flow Improvement Programme

A Trust wide reduction in overall length of stay to 7.1 days, with complex LOS reduced to 12.9 days and simple LOS reduced to 4.4 days.

Emergency Care Transformation

Acute Medicine follow up clinics were launched at RSH to increase SDEC capacity to accept referrals from ED. Twenty-one appointments are currently available per week across 3 days and there are plans underway to increase this provision.

Cancer Performance

A reduction in the delays for Oncology and Radiotherapy OPA +/- treatment, particularly in Colorectal.

Outpatient Transformation

More pathways suitable for virtual appointments and PIFU have been identified. The Women & Children's Clinical Lead is scheduled to visit Alder Hey Children's NHS Foundation Trust to understand its use of PIFU and virtual appointments. Urology have been invited to support a PIFU away day hosted by Lincolnshire ICB and will share learning regarding the past max waits' pathway.

Maternity Transformation

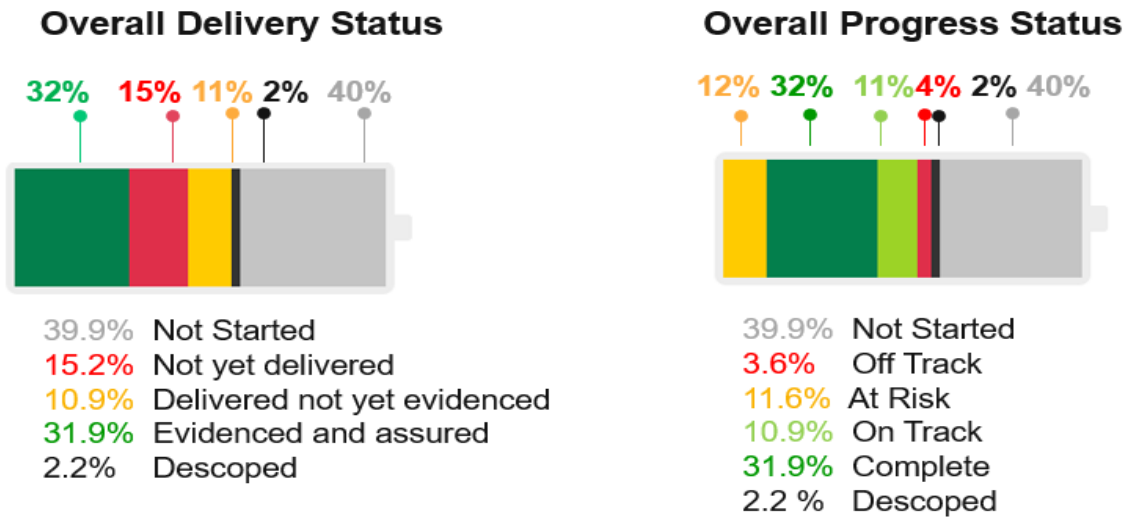
182 actions are 'Evidenced and Assured', 14 actions are 'Delivered not yet Evidenced' and 14 actions remain 'Not yet Delivered', making a total of 86% of Ockenden action plan now implemented.

Quality & Regulatory Compliance

The application to remove three of the five Section 31 conditions has been completed ready for Executive sign-off for submission in October 2024.

Overall Delivery and Progress Status

The delivery and progress status of the remaining 139 milestones within the overall G2G programme can be found below.
The Progress status of each G2G programme can be found in **Appendix 1**



The progress status for the Learning from Deaths and Expansion of the Medical Examiner's Office projects are both 'On Track' **Green** and have now been successfully delivered and is now preparing to request formal project closure at the ODG Assurance meeting in November 2024.

In total eleven projects are RAG rated **Green** – “On Track” for overall progress, and ten projects are RAG rated **Amber** – “At Risk”.

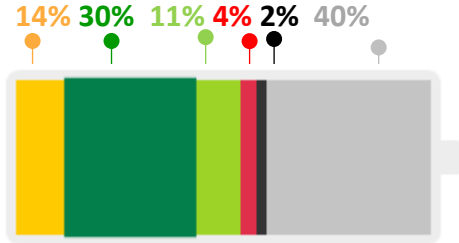
Both Cancer Performance and Levelling Up Clinical Standards projects are all rated **Red** “Off Track”.

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

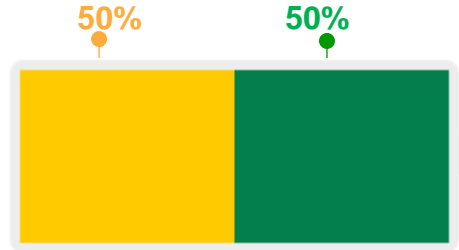
Appendices

Appendix 1: Progress Status by Programme

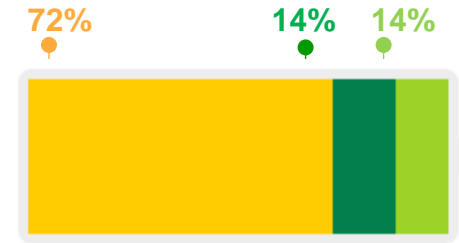
Overall Progress Status



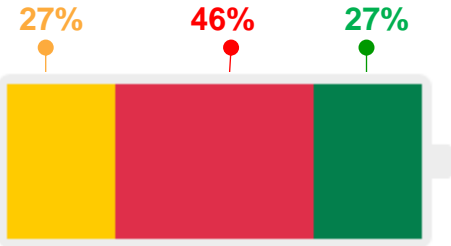
Corporate Governance



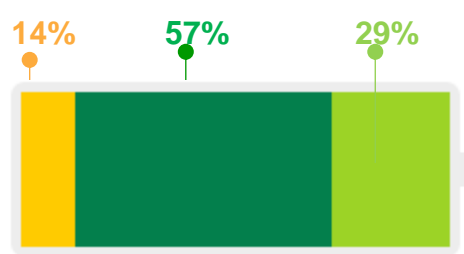
Digital Transformation



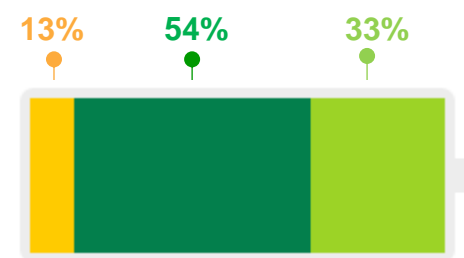
Elective Recovery



Maternity Transformation



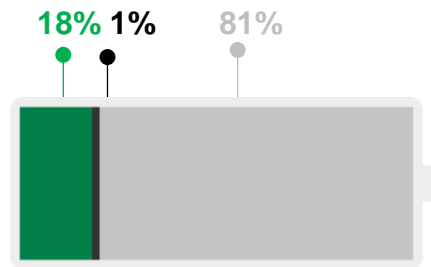
Quality & Safety



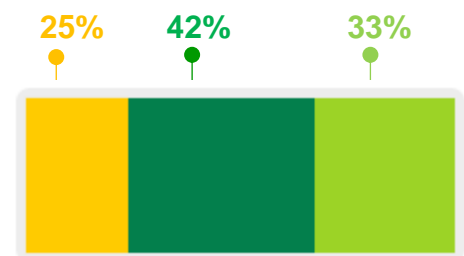
Urgent Care Improvement Programme



Workforce Transformation



Finance & Resources



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

Appendix 2: Month on Month Status

| G2G Month on Month Progress Status | | Reporting Month - September 2024 | | | | | | | | | | | |
|---|-----------------------------------|----------------------------------|--------|--------|---------|--------|--------|----------|--------|--------|----------|--------|--------|
| | | Off Track | | | At Risk | | | On Track | | | Complete | | |
| Project | Programme | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 |
| Communications & Engagement | Corporate Governance | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |
| Digital Infrastructure | Digital Transformation | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Green | Green | Yellow | Yellow | Yellow |
| Cancer Performance | Elective Recovery | Green | Green | Green | Green | Green | Green | Yellow | Red | Red | Red | Red | Red |
| Diagnostics Recovery | | Yellow | Green | Green | Green | Green | Green | Green | Green | Green | Yellow | Yellow | Yellow |
| Outpatient Transformation | | Red | Red | Red | Red | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |
| Theatre Productivity | | Red | Red | Red | Red | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |
| Maternity Transformation | Maternity Transformation | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Green |
| Levelling-up Clinical Standards | Quality & Safety | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Red | Red | Red | Red | 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 | | 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 |
| Delivery of the Quality Strategy | | Yellow | Yellow | Yellow | Green | Green | Green | Green | Green | Green | Green | Green | Green |
| Expansion of Medical Examiners Office | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Green | Green | Green | Green | |
| Flow Improvement Programme | Urgent Care Improvement Programme | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |
| Emergency Care Transformation | | Green | Green | Green | Green | Green | Green | Red | Red | Red | Red | Red | |
| Performance & BI | Workforce Transformation | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |
| Medical Workforce Efficiency Programme | | Red | Red | Red | Red | Red | Red | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |
| NHS Impact 1 - Building a shared purpose and vision | | Grey | | | | | | | Green | Green | Green | Green | Green |
| NHS Impact 2 - Investing in People and Culture | | Grey | | | | | | | Green | Green | Green | Green | Green |
| NHS Impact 3 - Building improvement capability & Capacity | | Grey | | | | | | | Green | Green | Green | Green | Green |
| NHS Impact 4 - Developing leadership behaviours | | Grey | | | | | | | Green | Green | Green | Green | Green |
| NHS Impact 5 - Embedding a quality management system | Grey | | | | | | | Green | Green | Green | Green | Green | |

Appendix 3: Project Status Overview

| Project | Programme | Previous Month | Current Month | Update - September 2024 |
|-----------------------------|------------------------|----------------|---------------|---|
| Communications & Engagement | Corporate Governance | At Risk | At Risk | Following initial feedback from patients, representatives and colleagues during 2023-2024 a draft Communications Strategy has been produced. Engagement activity on the strategy is taking place with patients, representatives, partners and colleagues during October 2024. This will help inform the final strategy which will be taken to Board during Autumn/Winter 2024/25. |
| Digital Infrastructure | Digital Transformation | At Risk | At Risk | Following Careflow PAS and Careflow ED system implementation across both hospital sites, the project has been formally closed. Ongoing tasks to support system users forms part of the business as usual (BAU) support provided by the Digital Teams, this includes supporting ED and Outpatient optimisation. The first user group was held in September 2024 and will be repeated quarterly. National submission reporting remains a closely monitored area, and a number of post go-live issues with the Data Warehouse have been and continue to be worked through. An extensive digital programme is underway for 2024/25, including Paediatrics Vitals Sepsis module (due for introduction in early September 2024), Order Comms (ICE) and Laboratory Information Management System (LIMS); the programme is coordinated by an exec-led Trust Digital Oversight Group. Office 365 and Imprivata Single Sign On projects are now complete, and G2G project closure reports are due to be presented to ODG in November 2024. There are significant demands on the digital, operational, and clinical teams, and continued dialogue and prioritisation (for digital and other programmes) continues. |

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| Project | Programme | Previous Month | Current Month | Update - September 2024 |
|----------------------|-------------------|----------------|---------------|---|
| Cancer Performance | Elective Recovery | Off Track | Off Track | The Trust has been moved back to Tier 1 monitoring due to the deterioration in performance in all indicators in Q1. Remedial recovery plans have been put in place and additional external non-recurrent funding has been confirmed which will support improvement in all tumour sites. Business plans for continuation of roles and services post WMCA funding are being developed to ensure sustainable services from April 2025 and are due to go to BCRG in November 2024. PTL reviews have been restructured to ensure focused reviews on elements throughout the week. Pathway deep dives have taken place in all cancer sites and recovery trajectories have been calculated to meet required standards by March 2025. NHSE support for developing demand and capacity tools and to support operational management of cancer pathways for 3 months commenced in August 2024. Capacity issues at tertiary centres for surgery is resulting in additional delays for treatment and delays in receiving histology results. Workforce constraints continue within Haematology, Oncology and Urology. A reduction in the delays for Oncology and Radiotherapy OPA +/- treatment, particularly in Colorectal has been achieved. Additional workforce support has been provided by NHSE to help improve performance and assist with capacity and demand modelling. The combined backlog as at the end of September 2024 was 407 (reduction from 535 in August) 112 of which were over 104 days. Compliance with the 62-day standard in August was 53.3% (previously 53.1% in July) against our operational plan for the month of 59.5%% (and commitment to 70.4% by March 2025). The validated FDS position for August was 66.5% against the operational plan of 74%. The current unvalidated September position is 68.4% with 97.8% data completeness The focus remains on actions to reduce the backlog of patients waiting over 62 days for treatment and to improve FDS and 62-day performance. |
| Diagnostics Recovery | Elective Recovery | At Risk | At Risk | Clinical prioritisation remains in place for appointments and priority is given to Cancer, Urgent and longest waiters. A robust clinical prioritisation system is implemented for appointments, ensuring urgent cases, cancer patients and those on the longest wait times with an RTT pathways are addressed first. Daily calls are established with Radiology and operational teams to monitor progress and address any challenges. To support Radiology turnaround times weekly outsourcing is in place, the volume of outsource reporting is closely monitored against actual turnaround times to ensure optimal efficiency. To support the increased demand for diagnostics a recovery plan has been developed and has been submitted to Executives for approval. 18 Weeks Insourcing continues to support Endoscopy, whilst work continues to support the steps toward sustainable resource as part of the 3-year programme. |

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| Project | Programme | Previous Month | Current Month | Update – September 2024 |
|---------------------------|-------------------|----------------|---------------|--|
| Outpatient Transformation | Elective Recovery | At Risk | At Risk | The Outpatient Transformation Working Group continue to meet on a weekly basis however, a refresh of the process is underway due to varied attendance within the organisation. The Trust continues to identify more pathways suitable for virtual appointments and PIFU. The Women & Children’s Clinical Lead is scheduled to visit Alder Hey Children’s NHS Foundation Trust to understand its use of PIFU/virtual. Nephrology is also reviewing past max waits and PIFU opportunities. Urology have been invited to support a PIFU away day hosted by Lincolnshire ICB and will share learning around the past max wait’s pathway. The PTL continues to be subject to intense validation to ensure clear waiting lists and therefore a reduction in numbers is expected. MBI are currently undertaking a validation exercise of the waiting list with the aim of completing a minimum of 15,000 pathway validations within a 7-week profile. The Careflow Task and Finish Group continues to meet on a regular basis to resolve issues and assist towards providing more robust data for monitoring. |
| Theatre Productivity | Elective Recovery | At Risk | At Risk | Weekly Lookback meetings continue to be held to discuss current performance challenges and to identify potential risks. The use of 18 Weeks insourcing continues to be monitored in these meetings. A recent visit was conducted by the NHSE Theatre Productivity Lead and NHSE GIRFT Lead, which also included a review the Elective Hub. The outcome of the visit is being assessed ascertain any potential opportunities for development. Theatre services remain under pressure to adapt to meet Cancer and RTT long waiter needs including Pre-Op services. The Booking and Scheduling department continues to be provided with protected time by reducing the call centre times along with approval for additional bank staff so to ensure slots are fully utilised. |

Appendix 3: Project Status Overview

| Project | Programme | Previous Month | Current Month | Update - September 2024 |
|---------------------------------|--------------------------|----------------|---------------|--|
| Maternity Transformation | Maternity Transformation | At Risk | On Track | The current position for the Ockenden Action plan is that 182 actions are 'Evidenced and Assured', 14 actions are 'Delivered not yet Evidenced' and 14 actions remain 'Not yet Delivered', making a total of 86% of the Ockenden actions now implemented. Five MIP closure reports were sent for ratification to Divisional Committee in September 2024 and five reports now remain for closure. The final version of the Neonatal Mortality Review has been received and a workshop was held to define evidence requirements, priorities, and timeframes for delivery. A deep dive into the initial actions from that review will be presented to MNTAC in October 2024. One action from the Ockenden report will be presented for rescoping and a further 3 for a timeline review. 14 actions from Phase 2 will be proposed for a status change and work continues to deliver the remaining Ockenden actions and Phase 2 MNTP actions. A review of the National CQC Maternity review will be undertaken along with a gap analysis to identify any new actions that need to be integrated into the scope of the programme. An Open Day was held in September 2024 and was attended by over 240 visitors. As well as an increase of 80 attendees from the previous event, it was noted that those in attendance were more diverse and representative of the local community. |
| Levelling-up Clinical Standards | Quality & Safety | Off Track | Off Track | The project remains off track. Following a recent meeting with the executive lead, it was agreed that a further discussion with the clinical lead would be necessary to determine the next steps for the project. It is recommended that the project is reviewed in the context of the other quality improvement projects that are running alongside, including those in Paediatrics, Urgent and Emergency Care, and Maternity. |
| Fundamentals in Care | Quality & Safety | On Track | On Track | The Fundamentals in Care project has now transitioned to business as usual and all improvement actions relating to fundamentals in care will continue, 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 existing governance routes. |

Appendix 3: Project Status Overview

| Project | Programme | Previous Month | Current Month | Update - September 2024 |
|----------------------------------|------------------|----------------|---------------|--|
| Learning from Deaths | Quality & Safety | On Track | On Track | The Learning from Deaths project has now successfully delivered and embedded all the project milestones and is now preparing to request formal project closure at the ODG Assurance meeting in November 2024. |
| Quality & Regulatory Compliance | Quality & Safety | At Risk | At Risk | Actions to address or cross-reference existing CQC actions within established transformation programme workstreams are being updated via the relevant transformation Committees. The overarching CQC action plan, with oversight via the various transformation assurance committees and steering groups includes actions that are completed, closed and any newly identified actions. Monthly meetings with the core service leads have been re-introduced as a level of assurance and challenge in addition to the transformation committees. This will enable discussion, challenge, and support as well as alignment to the continuing requirement to report to the CQC on Section 31 conditions. Corporate Nursing representation is now present on each transformation committee, with the requirement of a quarterly update on the progress CQC actions and associated evidence. The application to remove three of the five Section 31 conditions has been completed ready for Executive sign-off for submission in October 2024. Compliance with the 15-minute Paediatric triage standard will be monitored closely over the coming months, as although improving, it is not consistently achieving the 80% locally set target. |
| Quality Governance | Quality & Safety | On Track | On Track | Patient Safety Partner recruitment which has been delayed is now progressing. The Patient Safety Strategy is now planned for completion in January 2025, as the team are now in the process of aligning the Patient Safety Strategy with the Quality Strategy. Reporting through QOC/QSAC and Trust Board is in place and continually under PDSA. |
| Delivery of the Quality Strategy | Quality & Safety | On Track | On Track | The Quality Dashboard is now operational and further development is underway, to provide metrics to monitor performance in all areas of the Trust quality priorities. This work will continue following the refresh of the Trust's Quality Strategy, due to take place later this year. |

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| Project | Programme | Previous Month | Current Month | Update - September 2024 |
|---------------------------------------|-----------------------------------|----------------|---------------|--|
| Expansion of Medical Examiners Office | Quality & Safety | On Track | On Track | The Expansion of Medical Examiners Office project is now in the monitoring phase, with all the milestones now "Evidenced and Assured". The project will now transition into business-as-usual activity and will be recommended for project closure at the ODG Assurance committee in November 2024. |
| Flow Improvement Programme | Urgent Care Improvement Programme | At Risk | At Risk | The Flow Improvement Programme is to include 4 priority areas: Site Management, Discharge Lounge, Transport and Virtual Ward Utilisation. New workstreams will be formed in October 2024 to support the work which will complement the ongoing flow improvements made within the medical wards. LOS across medicine wards has continued to improve. During September 2024, overall length of stay reduced to 7.1 days, complex reduced to 12.9 days and simple reduced to 4.4 days. This has contributed to a Trust-wide improvement in September 2024 to an average total length of stay of 7.0 days, complex 13.5 days and simple 4.6 days. The Deconditioning project continues, and a case study has been produced detailing a reduction of 3 days in average LOS on Ward 37 since adopting the process. The Deconditioning project is monitored via QOC. |
| Emergency Care Transformation | Urgent Care Improvement Programme | Off Track | At Risk | UECTAC met in September 2024 and approved 3 actions as "Delivered, Not Yet Evidenced" and 6 actions as "Evidenced and Assured". Of all 158 actions, 28 (17.7%) are now "Delivered, Not Yet Evidenced" and 80 (50.6%) are "Evidenced and Assured". Overall, 4-hour performance averaged at 52.4% in September 2024. Minors' performance was at 89.2% and CYP at 82.8%. Majors' performance was at 25% compared to 29% in August 2024 and work is ongoing across the MEC Division to improve this metric. In September 2024, Acute Medicine follow up clinics were launched at RSH to increase SDEC capacity to accept referrals from ED. Twenty-one appointments are currently available per week across 3 days and there are plans underway to increase this provision. The ED Standards of Behaviour framework has been finalised by the Culture workstream. This framework outlines the expectations of colleagues to be considerate to one another and in turn deliver effective patient care. The Communications workstream is planning effective ways to ensure that the framework reaches as many colleagues as possible in ways that prompt engagement. |

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| Project | Programme | Previous Month | Current Month | Update - September 2024 |
|--|--------------------------|----------------|---------------|---|
| Performance & BI | Finance & Resource | At Risk | At Risk | Capacity and Demand models are now in place across all specialties, with work underway on sub-specialty models. Operational planning for 25/26 has commenced, however, owing to data warehouse issues, a different approach to trajectory setting is taking place this year. Meetings with divisions will commence in October 2024 and work on preparing available data has commenced. The ward flow dashboard is now live, which provides key information on patients on wards supporting flow across the Trust. Work on health inequalities continues and an app is nearing completion that tracks performance against ICB agreed metrics. |
| Medical Workforce Efficiency Programme | Workforce Transformation | At Risk | At Risk | The WM Cluster Group Medical Agency Rates were deployed at the start of September 2024. Recruitment plans are discussed bi-weekly with specialties and the medical establishment document forms the basis of all recruitment planning. Efficacy requires quantifying against bank and agency spend reduction for 2024/25. A refreshed Medical Workforce Efficiency Programme is being developed to enhance governance with the primary focus on recruitment, deployment, and productivity reporting into the Trust's Financial Recovery Taskforce. A Medical Lead has been appointed to develop and lead the programme and the first meeting is scheduled in October 2024 to review membership, ToR, governance, and project management methodology. A subsequent workshop will be arranged to identify key milestones and tasks and allocated leads, which will be uploaded into the Monday.com software as the project management tracking portal. The workforce efficiency group will be a decision-making and assurance forum which will feed into the Financial Recovery Group. The programme of work associated with medical job planning, recruitment plans for bank and agency spend and hard to fill strategies will therefore form part of the overall efficiency programme. It is anticipated that this focus will drive resource and focus to medical workforce efficiency to support long term ambitions and improve timescales and decision making. A competency matrix is in place for the Rota Coordinator position and has been delivered to General Surgery, W&C, ENT/OMFS, T&O and Anaesthetics. The matrix will be provided to evidence against the standardised training package milestone. To ensure consistent rota management a wider programme of work would be required which would primarily focus on delivery of a consistent e-rostering solution in line with levels of attainment. SOPs for rostering, building rotas and roster changes are in early-stage development. A rota building workshop was delivered in September 2024 to enhance skills, knowledge and expertise but requires wider scaling. |

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| Project | Programme | Previous Month | Current Month | Update - September 2024 |
|--|--------------------------|----------------|---------------|---|
| NHS Impact 1- Building a shared purpose and vision | Workforce Transformation | On Track | On Track | Work continues to progress with a focus on strategy reviews and development. Discussions with ICS to align systemwide strategies are underway with a working group to be established and initial mapping undertaken. Background work currently ongoing to ascertain a greater understanding of the current/planned priorities for improvement programmes of work from both an internal and external perspective. The outcome of which will determine the project scope and appropriate operational lead for this piece of work moving forwards. Linkages to CIP team and system wide transformation board have been established. Initial meetings are to be held during September 2024 regarding health inequalities programme of work, this is to address governance, reporting and required actions to support. |
| NHS Impact 2 - Investing in People and Culture | Workforce Transformation | On Track | On Track | Over 1000 members of staff have now been through Civility and respect sessions. Additional sessions are to be held with Estates Teams in September 2024 and the material has been shred with Shropcomm. SACC, CSS and W&C have a local plan for their staff survey and what activities are planned throughout the field work which will align to the Dashboard and highlight key areas to focus upon. W&C Implementation of an Improvement Plan in the W&C Medical Secretaries Team. The plan involves a number of workshops and activities planned for 2024 and into the new planning year. Service Reform will be the next stage in the process. The Relaunch of Maternity Transformation Programme with new workstreams, including a People and Culture Workstream are currently being worked upon. The draft People Plan has been developed in Surgery for further discussion. Surgery Service session rescheduled due to annual leave for Ward 37, Ward 25, SAU and Medical Secretaries to agree holistic approach with Cultural group support. Stay conversations framework is being developed to be rolled out. This is ongoing work for retention and HCA hotspot areas. SACC and CSS continue to support with areas experiencing high turnover. Retention return is underway for this quarters return. Steady progress is being made on the Shwartz rounds. EDS2022 has commenced for all three Domains, Domain 2 has been completed, Domain 3 starts W/C 14 October. 6HIA, is underway. Staff Networks, Co-chair applications are currently being advertised. |

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| Project | Programme | Previous Month | Current Month | Update - September 2024 |
|--|--------------------------|----------------|---------------|---|
| NHS Impact 3 - Building improvement capability & Capacity | Workforce Transformation | On Track | On Track | The Monthly Fundamentals course was planned with 11 attendees, taking total to 137 for 2024. Session four of Cohort 9 completed and session one of Cohort 10 delivered during September 2024. Continued support to improvement of system education through supporting Shropcomm colleagues to attend SaTH Improvement training: More Shropcomm delegates attended Fundamentals (10) and new cohort of Practitioner course. The team have championed the E-Fundamentals course via comms, with 12 currently booked from a range of divisions. A meeting with the GIRFT lead took place during September with intention to present at conference in October 2024. During the month a review with patient experience team process took place with an aim for increasing patient involvement in improvement projects. The System improvement post advertised with interview date planned for 14th October 2024. |
| NHS Impact 4 - Developing leadership behaviours | Workforce Transformation | On Track | On Track | The Talent conversations document has been through consultation and has been uploaded to the intranet. There are delays to the policy being approved as it is required to be brought to WPPG in December 2024 following previous feedback. There has also been a reduction in appraisals completed across the Trust and the Education team are reaching out to hotspot areas. Staff survey action plans are in place and areas where advocacy is low have undertaken focus group discussions to understand why. |
| NHS Impact 5 - Embedding a quality management system | Workforce Transformation | On Track | On Track | The Risk Management Strategy and Risk Management Policy incorporating MIAA external audit recommendations were reviewed by Director of Governance during August 2024. Literature originally scheduled to be approved by ARAC in September 2024 is now scheduled for November 2024 so that all the relevant teams can have sight of the information prior to approval. As part of the Risk Management Governance Process 'Quadruple A' (Alert, Assurance, Advise, Actions) report template has been completed by SAC Division. The MEC, CSS and W&C divisions are identifying which staff need to receive risk management training ahead of completion of the Risk Management Training Needs Analysis. Divisional risk position continues to be presented to weekly G2G ODG meetings, and the second monthly Policy Approval Group meeting was held in September 2024. |

Appendix 4. Abbreviations

| Term | Definition |
|--------|--|
| ARAC | Audit and Risk Assurance Committee |
| BAU | Business As Usual |
| BI | Business Intelligence |
| BCRG | Business Case Review Group |
| CEO | Chief Executive Officer |
| CIP | Cost Improvement Programme |
| CQC | Care Quality Commission |
| CSS | Clinical Support Services |
| ED | Emergency Department |
| ENT | Ear, Nose & Throat |
| FDS | Faster Diagnosis Standard |
| FY1 /2 | Foundation Year 1/2 Junior Doctor |
| G2G | Getting To Good |
| GIRFT | Getting It Right First Time |
| ICE | Integrated Clinical Environment (Order coms) |
| ICB | Integrated Care Board |
| LIMS | Laboratory Information Management System |
| LOS | Length Of Stay |
| MBI | Health Services - waiting list auditors |
| MEC | Medicine and Emergency Care |
| MIAA | Management Internal Audit, Assurance and Counter Fraud |
| MIP | Maternity I Programme |
| MNTAC | Maternity, Neonatal Transformation Assurance Committee |
| MNTP | Maternity Neonatal Transformation Programme |
| NHSE | National Health Service England |
| OD | Organisational Development |

| Term | Definition |
|--------|--|
| ODG | Operational Delivery Group |
| QOC | Quality Operational Committee |
| OMFS | Oral, Maxillofacial Surgery |
| OPA | Outpatient Appointment |
| QSAC | Quality & Safety Assurance Committee |
| PAS | Patient Administration System |
| PDSA | Plan, Do, Study, Act |
| PIFU | Patient Initiated Follow Up |
| PRH | Princess Royal Hospital |
| PSA | Prescribing Safety Assessment |
| PTL | Patient Tracking List (RTT) |
| 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 |
| SDEC | Same Day Emergency Care |
| SOP | Standard Operating Procedure |
| T&O | Trauma & Orthopaedics |
| ToR | Terms of Reference |
| UECTAC | Urgent and Emergency Care Assurance Committee |
| WM | West Midlands |
| WMCA | West Midlands Cancer Alliance |
| WPPG | Workforce People Plan Group |
| W&C | Women's and Children's |