

Board of Directors' Meeting 8 December 2020

Agenda item	205/20			
Report	Transforming Care ‘Getting to Good’ Programme Report			
Executive Lead	Interim Director of Strategy and Planning			
√ tick only those applicable	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners	√	Responsive	√
	Our governance	√	Well Led	√
√ tick / input only those applicable, usually only one	Report recommendations:		Link to BAF / risk:	
	For assurance			
	For decision / approval	√	Link to risk register:	
	For review / discussion		1186, 1134, 1558, 423	
	For noting			
	For information			
	For consent			
Presented to:	Senior Leadership Committee on 17 November 2020			
Dependent upon (if applicable):	Funding from NHSE/I and ongoing support through the Improvement Alliance			
Executive summary:	<p>The purpose of this paper is to inform the Board of Directors of progress towards finalising the Transforming Care ‘Getting to Good’ Programme.</p> <p>The paper outlines the delivery structure of the programme, shows the groupings of activities by executive director. The structure confirms key accountabilities and describes the key areas of support being provided by both NHSE/I and the Improvement Alliance. The simplified structure will support increased engagement across the organisation, improve transparency around accountabilities and support performance management arrangements.</p> <p>The Board of Directors are requested to APPROVE the proposed approach and the final plans on a page for each project that are attached at Appendix 1.</p>			
Appendices	Appendix 1: Transforming Care ‘Getting to Good’ Plans on a Page Year 1 2020/2021 Presentation			

1.0 Introduction

- 1.1 Following on from previous Board reports, this paper outlines the progress made towards the development of a single combined improvement programme and describes the governance arrangements that are being put in place to manage delivery.
- 1.2 The transformation programme has been expanded to incorporate additional areas of focus highlighted by the Improvement Team and to include areas of improvement targeted by the Improvement Alliance. The expanded Transforming Care 'Getting to Good' plan will bring all of these elements together (with the original 11 objectives) into a single delivery plan for the next two to three years

2.0 Executive Summary

- 2.1 Whilst the full programme is presented here today for formal approval, the improvement work has continued at pace. We have been supported by an Improvement Team (containing a number of NHSE/I colleagues) and colleagues from University Hospitals Birmingham. The areas of the programme where this support has been concentrated are highlighted in the presentation pack.
- 2.2 The Transforming Care 'Getting to Good' Programme has been widely socialised with leaders in the organisation and has been generally well received. The programme will achieve sustainable improvements for our patients and the wider community.
- 2.3 A comprehensive report was presented to the Improvement Alliance (Committees in Common) describing the progress made during October and early November 2020. Key areas of progress that were noted included:
 - Improved quality governance processes for learning from incidents, inquests and claims introduced adapting methodology from UHB
 - Engagement to develop a clinically owned Quality Strategy, identifying all the local quality improvement work that matters to our teams and patients
 - Strengthened processes for learning from deaths including the appointments of a medical and operational lead
 - Commenced a review of complaints and learning from experience processes
 - Proposed a new framework for quality improvement function to strengthen capability and capacity across the organisation
 - Transitioned from Phase 1 of the quality regulatory compliance plan to Phase 2 focussing on embedding and sustaining the transactional action improvements made
 - Constructed a leadership and development programme, ready to be implemented next month
 - Commissioned 'Clever Together' to support us in our cultural improvement work and effective staff engagement
 - Developed a clinical and operational compliance framework to support with the clinical standards work-stream
 - Scoped workable options for improving the digital infrastructure with system partners
 - Continued to improve and develop the integrated performance report

- Additional training provided on 'making data count' to clinical and operational teams

3.0 Risks and actions

- 3.1 The main risk to delivery of the programme at this present time is the competing operational challenges of winter pressures and the impact of the second wave of the pandemic. Timeframes for each work-stream have been reviewed to take these pressures into account and escalation protocols have been put in place.
- 3.2 Another potential risk is linked to the availability of key resources. This issue has been partly mitigated through support from NHSEI and through a number of internal business cases. However, there will be a need for more resource input as the programme progresses. This will be monitored closely by the Senior Leadership Committee (and the Getting to Good Committee) along with any requests for additional NHSE/I or UHB support.

4.0 Recommendation

- 4.1 The Board of Directors is requested to **APPROVE** the proposed approach and the final plans on a page for each project that are contained in Appendix 1.

Interim Director of Strategy and Planning
November 2020

Appendix 1: Transforming Care Getting to Good Plans on a Page Year 1 2020/2021

Trust Board – 8th December 2020

Final versions - 27th November 2020



Purpose

- Recap process to date
- To confirm the governance arrangements that we are putting in place
- Confirm next steps
- Seek approval for the completed plans on a page

Recap : foundations for success

‘The Transforming Care ‘Getting to Good’ programme incorporates all of the key transformational initiatives (in a single plan) that will move the Trust forward towards the delivery of its strategic goals and vision **‘to provide excellent care for the communities that we serve’**.

The content of the programme has been co-designed by internal teams working alongside NHSE/I and Alliance colleagues, ensuring that all relevant areas of focus have been captured. Input from other point expertise has also been secured and utilised where appropriate.

This is a 3-year programme. The plans included in this pack are for Year 1.

Proposed governance arrangements

- The overall programme of work is being led by Suzanne Rostron (the Trust's Improvement Director) and each element of the program is being led by an Executive Director.
- The assigned Senior Responsible Officers will support each Executive Director by driving delivery on a day to day basis.
- Cherry West (UHB CTO) is co-ordinating the Alliance / UHB input to the delivery of the plan. Suzanne Rostron (SaTH Improvement Director) is co-ordinating the NHSE/I input to the delivery of the plan, including special measures funding bids.

Proposed monitoring arrangements

The delivery of the programme will be formally monitored by

- SaTH Leadership Committee (executive directors and senior leaders from each Care Group)
- SaTH Getting to Good Committee (executive directors)
- Improvement Alliance Committees in Common (agreed elements) and relevant SaTH board assurance committees
- SaTH Board of Directors.

There is also external oversight by the region, other stakeholders and partners through the Safety Oversight and Assurance Group.

Transforming Care 'Getting to Good'

Our transformational priorities

Strategic pillars	Our patients and community	Our people	Our service delivery	Our partners	Our governance
	Quality strategy and plan	Leadership, development and education	Urgent and Emergency Care	System improvement and integration plan	Oversight, assurance, roles and accountabilities
Short to medium term transformational projects	Reducing mortality and excess deaths	Clinical standards, skills and capabilities	Restoration and recovery (incl. COVID19 learning)	Develop OBC for Hospital Transformation Programme	Strong Financial foundations
	Quality / regulatory compliance	Culture and behaviours	Digital transformation and infrastructure	System long term plan	Performance data and analytics
	Maternity transformation	Communication and Engagement	Physical capacity and estate developments		Risk management
	Increasing community engagement	Recruitment and retention	Improving service sustainability		Programme and project management
	Quality improvement approach and methodology				

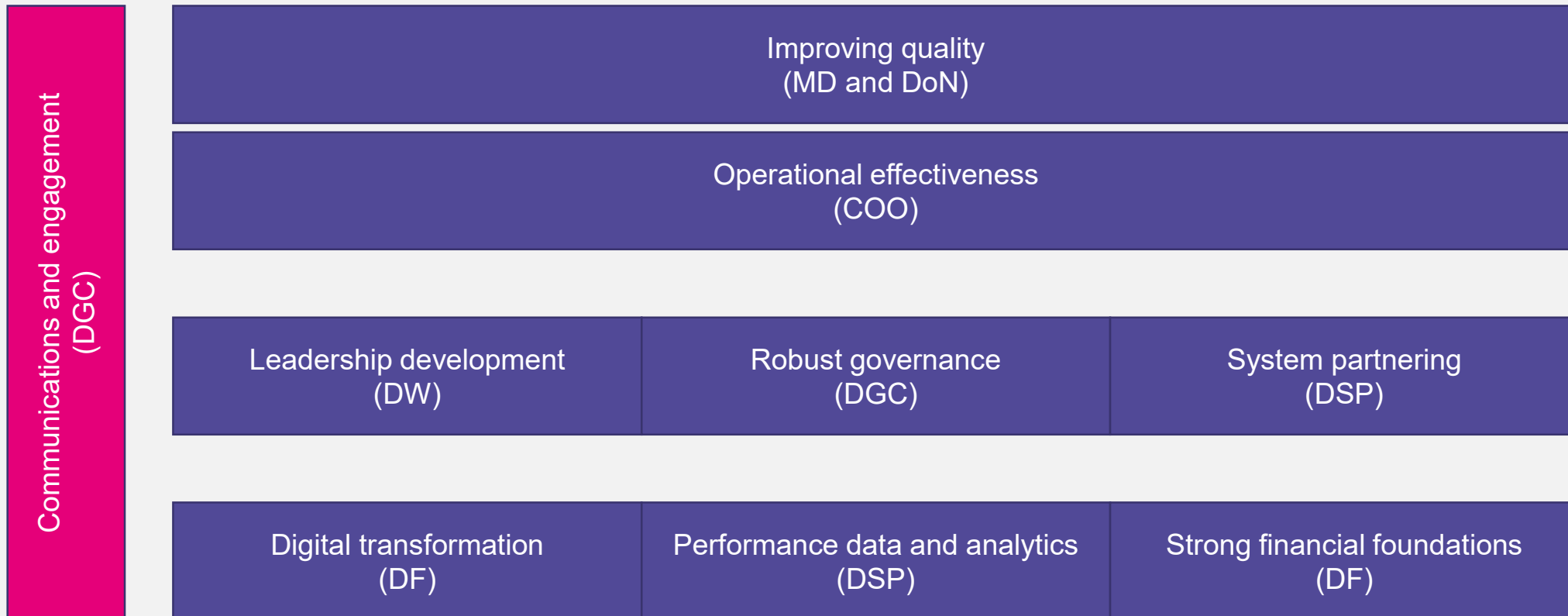
 Areas where we are working with the Improvement Alliance

Transforming Care 'Getting to Good'

(overall programme delivery structure)

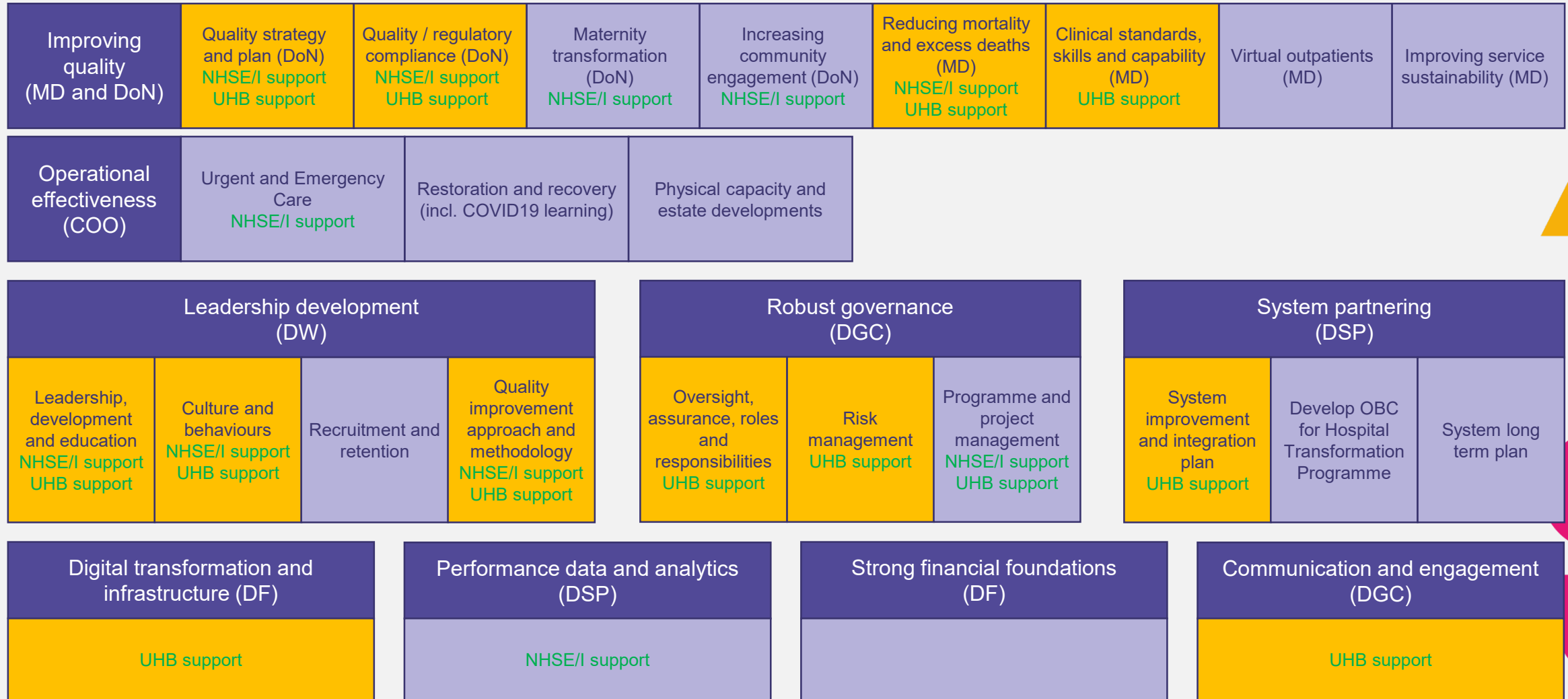
Suzanne Rostron (SR) is the overall programme director. SR will co-ordinate NHSE/I support and Cherry West will co-ordinate Alliance/UHB support.

The diagram below shows each SaTH Executive Director's delivery portfolio



Transforming Care 'Getting to Good'

(key components, showing partner inputs)



Transforming Care 'Getting to Good'

(key components, showing Executive Director and SRO responsibilities)

Improving quality (MD and DoN)	Quality strategy and plan SRO - Kara Blackwell	Quality / regulatory compliance SRO - Kara Blackwell	Maternity transformation SRO - Nicola Wenlock	Increasing community engagement SRO – Hannah Roper	Reducing mortality and excess deaths SRO – Roger Slater	Clinical standards, skills and capability SRO - Sam Hooper	Virtual outpatients SRO - Mark Cheetham	Improving service sustainability SRO – Tony Fox
Operational effectiveness (COO)	Urgent and Emergency SRO - Sara Biffen	Restoration and recovery (incl. COVID19 learning) SRO - Sara Biffen	Physical capacity and estate developments SRO - Will Nabih					
Leadership development (DW)				Robust governance (DGC)			System partnering (DSP)	
Leadership, development and education SRO - Laura Kavanagh	Culture and behaviours SRO - Laura Kavanagh	Recruitment and retention SRO - Simon Balderstone	Quality improvement approach and methodology SRO – Richard Stephens	Oversight, assurance, roles and responsibilities SRO – TBC	Risk management SRO - Kevin Street	Programme and project management SRO - Melissa Agnew	System improvement and integration plan SRO - Kat Rose	Develop OBC for Hospital Transformation Programme SRO - Neil Nesbit
Digital transformation and infrastructure (DF)		Performance data and analytics (DSP)		Strong financial foundations (DF)		Communication and engagement (DGC)		
SRO- Rebecca Gallimore		SRO - Jill Newman		SRO - Lucy Owens		SRO – David Wilde		

Next steps

- Transforming Care 'Getting to Good' programme has been ratified by the SaTH Leadership Committee.
- All Executive Sponsors have confirmed that plans are in place and have identified additional resources where required.
- Summary of progress against relevant projects with associated project highlight reports and exception reports (where required) will be produced from January (performance to end December) onwards

Final Draft Plans on a Page



1. Getting to Good – One Page Outline

Getting to Good 2020/2021	Quality Strategy and Plan		
Executive Sponsor	Hayley Flavell/Arne Rose		
Senior Responsible Officer	Kara Blackwell		
PMO Support Lead	Peter Jeffries	NHSE/I Support	Lorna Gibson

Background	Outcomes
<p>The Trust currently does not have an approved quality strategy. The quality strategy will be produced by our clinicians to ensure that there is clinical leadership in the delivery of the appropriate quality priorities.</p> <p>The Quality Strategy will be developed with clinical engagement to confirm that quality priorities align with the areas that have been highlighted by incident reporting, complaints, clinical outcome data, CQC findings and patient, national initiatives and staff feedback. The priorities identified to support improvements will be in Patient Safety, Effectiveness and Experience.</p> <p>The main aim for year 1 is to develop the strategy, sign off the implementation plans and ensure delivery of the plans becomes business as usual via the Care Groups.</p>	<ol style="list-style-type: none"> The Trust is able to evidence improvements in patient safety, effectiveness and experience through achievement of the Quality Strategy priorities. The Trust has a Board approved Quality Strategy with clear measurable priorities by February 2021 There are clear ward to board governance arrangements and plans in place to support delivery of the Quality Strategy by March 2021 The Trust has embedded the Exemplar Ward programme. The Trust can demonstrate patient and staff engagement in the development and delivery of the Strategy. The Quality Strategy is clinically driven and there is evidence of learning, sharing best practice, and celebrating success. Frontline staff are able to articulate the quality priorities and the local initiatives in place to deliver these.

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> Improved clinical outcomes for our patients, families and service users. Improved patient experience Clinically owned quality priorities Culture and staff experience Staff satisfaction Improved confidence and trust in the service from families, community and stakeholders 	<ul style="list-style-type: none"> The Trust is able to demonstrate improvements in patient safety, effectiveness and experience through achievement of the Quality Strategy milestones in each year of the strategy. Examples include increased incident reporting with reduction in severe harm or death, improved position in national clinical audits, increased proportion of harm free care, improved patient experience, improved feedback from friends and families survey, reduction in avoidable harm and improved patient survey results.

Risks	Issues
<ul style="list-style-type: none"> Business analytics and IT capacity and capability Capacity of workforce to support delivery Requires establishment of ward to board governance arrangements 	<ul style="list-style-type: none"> Impact of Covid 19 and operational challenges Care group capacity and cultural challenges

1a Quality Strategy: High Level Milestones and Key Decisions	Date
Exemplar Ward audit and baseline established.	August 2020
Consultation with staff on proposed quality priorities (focus group and survey monkey)	October 2020
Quality Strategy approved by the Quality and Safety Assurance Committee and Board.	February 2021
Clinical engagement in developing implementation plans	Dec 20 – Feb 2021
Governance arrangements for Ward to Board reporting established.	March 2021
Baseline of metrics linked to agreed quality priorities with an agreed trajectory of improvement against the baseline with an agreed implementation plans developed at Trust and Care Group level	March 2021

1b: Quality Governance: High Level Milestones and Key Decisions	Date
Review of RRI and ESIRG	October 2020
Implement NIQAM and RALIG	November 2020
Review of QOC	December 2020
Meeting with specialty governance leads/observe specialty governance meetings	December 2020
Retrospective review of the processes Specialty to RALIG/ NIQAM and RALIG/ NIQAM to specialty	December 2020
Consider how to test whether the intended benefits from the changes we make are realised (QIA) process for checking and challenging and refining	January 2021
Map wider processes for quality governance across the organisation. Health & Safety, Complaints	January 2021

Resource Requirements (capital, non recurrent and recurrent, people)	Cost
NHSE/I Deputy Director-Intensive Support PMO and Business Informatics support Communications and campaign delivery costs	N/A Tbc Tbc
Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> SaTH Board Committee in Common (UHB Improvement Alliance) Getting to Good Committee SaTH Leadership Committee Quality & Assurance Committee NHSE/I SaTH support team 	<p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p>
Release Date / Version	27/11/2020 V4

2. Getting to Good – One Page Outline

Getting to Good 2020/2021	Reducing Mortality and Excess Deaths		
Executive Sponsor	Arne Rose		
Senior Responsible Officer	Roger Slater		
PMO Support Lead	Peter Jeffries	NHSE/I Support	Elaine Jeffers/Jean McLeod/Tracy Sparks

Background	Outcomes
<p>It is now compulsory to review all deaths of patients in the care of the NHS. When mistakes happen or poor care is delivered, it is important to understand the causes and make improvements. The purpose of reviews/investigations into deaths, where there may have been problems, is to learn from this process, offer explanation to the bereaved and prevent recurrence in the future.</p> <p>Reviews and investigations can only be useful for learning purposes if their findings are valued, and acted upon in the positive spirit of transparency and improvement. This process can also support and acknowledge good practice and provide opportunities to share and help other clinical teams.</p>	<ol style="list-style-type: none"> Review and reconfigure the Trust Mortality Surveillance Group embedding it within the Trust Governance Framework by October 2020 Implement the National Learning from Deaths Guidance, specifically the Royal College of Physician Structured Judgement Review as the agreed mechanism for undertaking robust comprehensive mortality reviews Commence implementation of the recommendations from the system wide Niche report in April 2021 Review current systems and processes in conjunction with external providers to enhance current understanding of Trust performance against national benchmarks. To use this intelligence to identify areas of good practice/performance but also to highlight areas of outlying performance of mortality that require further review or remedial action.
Risks	Issues
<ul style="list-style-type: none"> Lack of engagement of clinical teams to support the Trust Mortality agenda Lack of engagement of identified clinical staff to undertake the RCP Structured Judgement Review training and implement the methodology Failure to identify and disseminate valuable learning from mortality reviews and thus make necessary sustainable improvements to care delivery 	<ul style="list-style-type: none"> Impact of COVID second wave and winter pressures impact on staff's resilience and capacity. A number of cultural and behavioural challenges that exist within the organisation have not been addressed for several of years.

Resource Requirements	Cost
Band 7 Learning from Deaths Lead – funding identified, post out to advert	Included in special measures money
1 x Programmed Activity Trust Mortality Clinical Lead – funding identified expressions of interest for post circulated	
Elaine Jeffers (NHSEI) – 12 months from Jul-20	

High Level Milestones	Date
Mortality Surveillance Group in place	October 2020.
Actions of NICHE Audit reviewed and accepted by SaTH	April 2021
Structured Judgement Review Methodology fully adopted	June 2021

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> There is a robust mortality review system across the organisation that identifies areas of exemplar practice but also where care delivery has been sub-optimal implementing rapid improvements where required Provide compassionate and empathetic support to bereaved families Provide a comprehensive Medical Examiner Service to ensure the independent review of identified cases and a productive relationship with HM Coroner. The learning from mortality reviews is shared across the specialty, care group and system-wide community, ensuring improvements in care and changes in practice are disseminated, understood and adopted where appropriate The learning from mortality reviews is triangulated with learning from incidents, complaints and other sources of internal information to ensure learning opportunities are optimized and disseminated across the organisation in a cohesive, timely and meaningful way. 	<ul style="list-style-type: none"> Monthly Trust Mortality Group in place with identified dates in diaries for the remainder of 2020/21 and for 2021/22. Cohort of senior clinicians to be trained in the application of the approved Structured Judgement Review (SJR) methodology identified by January 2021 with further cohort identified and trained by August 2021 In depth review agreed at each Mortality Group for each diagnosis code with a HSMR >100 An understanding of and reduction in the number of excess deaths across the Trust maintaining external mortality metrics within or below the expected – i.e. below the 100 Relative Risk for HSMR Achieve the Learning from Deaths Mortality Review Standard of >90% of deaths reviewed within 8 weeks of death for each quarter in 2021/22 Achieve 100% of deaths reviewed for patients with a known learning disability for each quarter in 2021/22 Achieve >90% of deaths reviewed for patients where there has been a suspicion of hospital acquired covid in 2020/21 by May 2021 Develop an enhanced quarterly Learning from Deaths Dashboard and Report highlighting key performance indicators and learning for wider dissemination Maintain 100% of Medical Certificate on the Cause of Death (MCCD) completed by a Trust Medical Examiner.
Key Stakeholders	
<ul style="list-style-type: none"> Getting to Good Committee SaTH Leadership Committee Quality Operational Committee Deteriorating Patient Group Board of Directors CCG 	<p>Monthly assurance report will be provided</p> <p>Monthly assurance report will be provided</p> <p>Monthly assurance report will be provided</p> <p>Quarterly Learning from Deaths Report will be provided</p> <p>Reporting and information provided as requested</p> <p>Reporting and information will be provided as requested</p>
Release Date / Version	27/11/2020 V3

3. Getting to Good – One Page Outline

Getting to Good 2020/2021	Quality/Regulatory Compliance		
Executive Sponsor	Hayley Flavell		
Senior Responsible Officer	Kara Blackwell		
PMO Support Lead	Cheryl Thacker	NHSE/I Support	Elaine Jeffers

Background	Outcomes
<p>The Trust received a rating of Inadequate from the CQC in April 2020 following inspections in 2019/20.</p> <p>The Trust was rated Inadequate in 4 out of 5 domains, Safe, Effective, Responsive and Well Led, and was rated Inadequate in the Urgent and Emergency Care department on both sites.</p> <p>A quality compliance action plan was created by the Trust in response to the CQC findings and this was submitted to the CQC on 4th May 2020</p>	<ol style="list-style-type: none"> 1. Deliver all transactional actions in the quality compliance action plan by December 2020. 2. Meet the requirements of the section 29a and reduce the number of Section 31 conditions 3. Establish Confirm and Challenge process as BAU to drive and assure delivery of the action plan in June 2020. 4. Systems and processes in place to provide ongoing assurance of quality compliance in the organisation by September 2020.
Key Benefits	Benefit Measure
<ul style="list-style-type: none"> • Demonstrating the ability to manage patients safely • Deliver effective standardised care in a compassionate manner • As a consequence, comply with all CQC regulations and section 31 conditions lifted • Sufficient competent and supported staff to provide care to our patients • Improved patient outcomes and experience • Improved staff satisfaction • Improved confidence and trust in the service from families, community and stakeholders 	<ul style="list-style-type: none"> • Trust has a reduce the number of section 31 conditions from 26 to 16 by March 2021. • Trust achieves 'Requires Improvement' CQC rating or better by September 2021 • Reduce backlog of SI by September 2020 • Improve response rate for complaints from being 70% of responses from CEO being done within the timescale agreed with the complainant to 85% by March 2021. • All transactional actions in Improvement Plan delivered by December 2020.

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> • Committee in Common (UHB Improvement Alliance) • Getting to Good Committee • Quality & Safety Assurance Committee • SaTH Leadership Committee • Trust Board • SOAG • CQC 	<p>Monthly assurance report will be provided</p> <p>Monthly assurance report will be provided</p> <p>Monthly assurance report will be provided</p> <p>Monthly assurance report will be provided</p> <p>Monthly assurance report will be provided</p> <p>Weekly reporting and information provided as requested.</p>

High Level Milestones	Date
Systems and processes in place to provide ongoing assurance of regulatory compliance in the organisation	September 2020
Trajectory set for all Section 31 conditions	October 2020
Commence Phase 2 of the programme demonstrating embedding and tangible outcomes of all actions taken. This will run until March 2021.	October 2020-March 21
Deliver Improvement programme transactional actions	December 2020
Formal Assessment of compliance with CQC regulation	December 2020
Embed assurance process of evidence-based improvement within the Trust Governance Framework and ensure areas for improvement are aligned to the Trust Quality Strategy	March 2021
Achieve 'Requires Improvement' CQC rating or better (dependent on being inspected)	September 2021

Risks	Issues
<ul style="list-style-type: none"> • Lack of capacity to deliver actions on time and in line with plan • Operational challenges and culture within the organization impact ability to embed required changes. • Impact of COVID19 on ability to recruit international workforce will impact on ability and capacity to deliver safe care. • Delays in business case approval could impact the delivery of milestones • Unsure when the next CQC inspection will be taking place and which elements they will inspect is unclear currently. 	<ul style="list-style-type: none"> • Impact of COVID second wave and winter pressures impact on staff's resilience and capacity. • A number of cultural and behavioural challenges that exist within the organisation have not been addressed for several of years.

Resource Requirements	Cost
Ongoing support from current head of PMO until March 21	£60k
Patient safety team recruited in line with business case.	£300k
Additional staff to be appointed following CQC unannounced visit from improvement monies, to include : 8B Quality lead; 8 B Operational Role; PDN team – further proposal being developed	Included in special measures money
Elaine Jeffers (NHSEI) – 12 months from Jul-20	

4. Getting to Good – One Page Outline

Getting to Good 2020/2021	Maternity Transformation		
Executive Sponsor	Hayley Flavell		
Senior Responsible Officer	Nicola Wenlock		
PMO Support Lead	Peter Jeffries	NHSE/I Support	Louise Donovan

Background	Outcomes
<p>The Trust's maternity service has been in the spotlight since 2016 when concerns were first raised about quality, patient experience and safety. The Independent Maternity Review, commissioned by the Secretary of State for Health, is moving forward with over 1,800 cases having been referred formally or self-referred by families. In addition to this the Trust has been reviewed by the CQC as part of their standard inspection process. The Royal College of Obstetricians and Gynaecologists also completed an invited review in 2017.</p> <p>Along with these reviews, and the ongoing publication of reports with recommendations for implementation by all maternity services by a number of the professional bodies, there is a detailed, dynamic improvement plan to support the Care Group to deliver, evidence, monitor and maintain best practice.</p>	<ol style="list-style-type: none"> Develop and approve a maternity transformation programme with detailed benefit measures identified by October 2020. Completion of Maternity transformation programme deliverables due by March 2021. Evidenced delivery of all RCOG actions to be completed by March 2021. Evidenced delivery of Year 3 CNST 10 safety action by May 2021. Evidenced delivery of CQC action plans by December 2020. Development and delivery of Communications and engagement plan for patients, families and key stakeholders by September 2020.
Key Benefits	Benefit Measure
<ul style="list-style-type: none"> Delivery of safe and effective maternity services Demonstrate that we have complied and embedded learning from the IMR and CQC inspections Demonstrate safe and kind culture able to evidence embedded learning A future service vision and service delivery model co-designed with patients and key stakeholders delivering evidence based interventions in line with Better Births national maternity strategy Improved confidence and trust in the service from families, community and stakeholders An engaged, included workforce with high levels of job satisfaction 	<ul style="list-style-type: none"> Evidenced delivery of all RCOG actions to be completed by March 2021. All Maternity CQC action plans are delivered by December 2020 Maternity services CQC rating moves from 'requires improvement' to 'good' by September 2021. Achieve and maintain positive feedback from FFT. Improved rating in Local Maternity survey Deliver the benefits outlined in the maternity transformation programme by March 2021.

High Level Milestones	Date
Maternity Improvement Plan	September 2020
Communication and Engagement Proposal	September 2020
Maternity Transformation Programme	October 2020
Maternity Transformation Work stream delivery plans	December 2020
Ensure all learning and actions from the Ockenden interim report (expected in December) are part of the Maternity Transformation Programme	January 2021
Review of LMNS boundary with CCG and NHSE/I, considering the expansion of footprint	March 2021
Risks	Issues
<ul style="list-style-type: none"> Maternity workforce availability and capacity required to deliver the programme. Failure to recruit to maternity programme management team. Capacity of the Care Group team to deliver outcomes. CNST scheme updated with additional actions and changes to timeframes 	<ul style="list-style-type: none"> Impact of COVID second wave and winter pressures impact on staff's resilience and capacity. Impact of media attention resulting in reduced staff resilience
Resource Requirements	Cost
Head of Maternity Improvement (12 months interim) 3 days per week	Included in special measures money
Programme delivery team as per agreed business case	£700k
External Scrutiny Panel	£26k
Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> Getting to Good Committee SaTH Leadership Committee Trust Board Local Maternity system (LMS) Commissioners NHSI/E External Panel DO Team Families and service users 	<p>Monthly assurance reports</p> <p>Monthly assurance reports</p> <p>Monthly assurance reports</p> <p>Regular meetings</p> <p>Monthly CQRM</p> <p>Provide information as required</p> <p>Provide information as required</p> <p>Provide information as required</p> <p>As outlined in the Communication and Engagement Proposal in September and involve patient representatives where appropriate.</p>
Release Date / Version	27/11/2020 v7

5. Getting to Good One Page Outline

Getting to Good 2020/2021	Increasing Community Engagement		
Executive Sponsor	Julia Clarke		
Senior Responsible Officer	Hannah Roy		
PMO Support Lead	Peter Jeffries	NHSE/I Support	Dr Susy Cook

Background	Outcomes
<p>COMMUNITY MEMBERS – we have over 3000 community members</p> <ul style="list-style-type: none"> regular meetings with our Healthwatch’s, CHC and Patient Groups quarterly virtual meeting for our community members. monthly virtual meeting to update public using the staff Cascade presented by a Director regular newsletter is sent to our community members to keep them updated and provide opportunities to get involved with the Trust. <p>VOLUNTEERS - 130 volunteers, (680 are currently “paused” due to COVID19). 30 Young Volunteers. “Covid support” volunteers</p> <p>PEOPLE’S ACADEMIES - including a Young Persons and a Learning Disabilities Academy to support members of the public to learn more about the NHS and provide opportunities to get involved with SaTH service development. Also provided Academies at Job Centres to support those looking for work. 200 “expert” graduates to support transformation agenda</p> <p>COMMUNITY SUPPORT - Through SATH Charity we have strong links with the community and staff who fundraise for the organisation. Acting as Lead Charity for NHS Charities Together to distribute grants to the voluntary sector to support admission avoidance and supported discharge schemes and isolated communities.</p>	<p>The Public Participation Team supports the wider organisation to engage in a meaningful way with our local communities. This includes supporting services to meet their statutory duties (Section 242) to engage with the public around service changes.</p> <ol style="list-style-type: none"> Trust has a Board approved Public Participation strategy with clear , measurable priorities in February 2021 that has had meaningful community and staff engagement as part of its development There are clear plans in place in the Care Groups for ongoing engagement with governance arrangements to support delivery of transformation agenda by March 2021 There are strong links to the Leadership Academy programme by so that senior leaders have the confidence and skills to meaningfully engage with the communities we serve There will be a process to map current links with community and patient groups and undertake regular gap analysis by to ensure that we are engaging with all of our communities (including those from our seldom heard/hard to reach groups) with a clear action plan arising from this to improve performance There will be regular online engagement events from November 2020 which provide the public with an opportunity to get involved with Trust and provide feedback and input into Trust developments

Key Benefits	Benefit Measures
<ul style="list-style-type: none"> Greater public confidence, trust and understanding Promoting honesty and transparency across the organisation and with our local communities Our communities feel informed and are aware of how they can feedback to us and that issues will be acted upon and feel confident that we are acting in the interests of our local population and that we have a clear vision for the future of local health services Ensure that public/patient views are incorporated into service planning and delivery Staff development with greater focus on the patient voice 	<ol style="list-style-type: none"> The number of people signed up as community members currently 3000 – increase new members by 10% over the next 12 months Increase the Get Involve public participation website traffic 10% over the next 12 months Number of individuals who attend events/community meetings etc (breaking it down into individuals who attend and those who are coming on behalf of an organisation) increase by 20% of current participants Increase email traffic by 10% through the website over the next 12 months Feedback from participants who attend events/community meetings

High Level Milestones and Key Decisions	Date
Develop and implement a Public Participation Strategy and action plan, in collaboration with staff and our local communities	Feb 2021
Develop a training programme and tool kit for our staff, through our Leadership Academy, to ensure our staff have the skills, knowledge and understanding to engage effectively with our local communities	March 2021
The Trust to appoint a Social Isolation Engagement Facilitator who will work with colleagues in the community to work with isolated communities. Undertake a mapping and gap analysis of community groups to identify areas for increasing engagement.	April 2021
Develop a range of additional innovative methods to engage with our communities to GET INVOLVED including: <ul style="list-style-type: none"> a series of virtual health lectures with health professionals virtual meet and greet sessions with members of our senior leadership team, Q&A video library on website around specific health topics (the public can submit questions), Facilitated open Tweet chat session on innovative engagement practice Involve Academy graduates in recruitment panels 	December 2020
To develop a centralised register for completed Equality Impact Assessments (EQIA) that are published on the SaTH website on GET INVOLVED webpages to be developed	December 2020
To develop a Public Assurance Forum which will support the Trust around engaging and communicating with our local communities about service development and changes and assuring equality impact assessments	January 2021

Risks	Issues
<ul style="list-style-type: none"> Lack of buy-in or engagement from Care groups and staff Lack of trust and confidence by our local communities to engage with SaTH Lack of clarity around the Maternity Engagement Process The Trust engages too late with our communities i.e. once decision have been made. We fail to identify appropriate stakeholders, and do not engage thoroughly Programme of work is not sustainable 	<ul style="list-style-type: none"> The impact of COVID19 and the ability to engage with our staff and communities Our <u>communities previous experience of engaging with the local health service could</u> negatively impact upon their motivation to be involved in the future Ensuring that our communities feel informed and engaged with and the need for a robust communication plan. Public engagement is valued and respected by the Trust, and is incorporated into our plans.

Resource Requirements	Cost
NHSE/I Deputy Director-Intensive Support – link to Leadership Academy PMO and Business Informatics support - A dedicated KPO link to support the ‘Get Involved’ agenda Workforce Director to review recruitment processes to include public representatives Review of capacity to support programme of work	

Key Stakeholders -	How will we engage with them
<ul style="list-style-type: none"> Trust Board Senior Leadership Committee Getting to Good Committee NHSE/I SaTH support team 	Monthly Assurance Reports Monthly Assurance Reports Monthly Assurance Reports Monthly Assurance Reports

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6. Getting to Good One Page Outline

Getting to Good 2020/2021	Quality improvement approach and methodology		
Executive Sponsor	Chris Preston		
Senior Responsible Officer	Richard Stephens		
PMO Support Lead	Cheryl Thacker	NHSE/I Support Lead	Dr Susy Cook

Background	Outcomes
<p>SaTH has been on a journey of embedding continuous improvement (CI) within the organisation since 2015, using tools, techniques and support from the Virginia Mason Institute, as well as other tools, including ThinkOn®. The learning the organisation has collected, coupled with some reflection on the work to date, indicates the organisation's approach to quality improvement and productivity is sporadic. We need to build on the learning and skills to develop the organisation's capacity and capability for CI to bring it into the mainstream, in line with the organisation's vision and values.</p> <p>Our intention is to further develop and embed the Trust's continuous improvement philosophy at all levels of the organisation, to accelerate our improvement journey and make continuous improvement part of our cultural DNA</p>	<ol style="list-style-type: none"> Appraise the organisational capability available against the support required to drive priority improvement activities (in the context of the opportunities and challenges that we are facing) by November 2020. Agree and develop plans to put in place a standard set of skills and tools that we will use to support our transformation programme (our own approach to transforming care) by November 2020. Reposition the central KPO team to provide 'business consultancy'-type services by November 2020. A forward plan of what consultancy services the team will provide to the Getting to Good programme and the wider organisation over the next 12 months by January 2021. Develop and implement a sustainable capability improvement plan by January 2021. Embed Transforming Care delivery groups within each Care Group and Corporate function (where appropriate, repurposing meetings that already take place) by January 2021. Develop a repository of improvement work that enables teams to showcase their talents and linked to an appropriate award / recognition mechanism by March 2021.

Key Benefits	Benefit Measures
<ul style="list-style-type: none"> Care Groups provided with the right skills at the right time to support delivery of key priorities, supported through a central function. Staff feel empowered, and have at their fingertips appropriate CI tools and techniques for application. Delivery of blended and appropriate CI training at all levels of the organisation to support delivery of the Getting to Good Programme. 	<ul style="list-style-type: none"> Process for ensuring improvements have baseline measures and can demonstrate measurable improvements in place by November 2020. Organisation CI training database and skills matrix in place by November 2020. Approved skills, tools and capability improvement plan by January 2021. Customer survey undertaken annually to obtain feedback on the KPO service. Baseline survey to take place January 2021.

High Level Milestones and Key Decisions	Date
Complete Organisational capabilities appraisal with a physical training/skills database and have an agreed set of standard tools and skills for our own approach to transforming care.	Nov 2020
Approved capability improvement plan and implementation commenced and Transforming Care delivery groups established within each Care Group and Corporate function	Jan 2021
Repository of improvement work established , linked to an award/recognition mechanism.	Mar 2021

Risks	Issues
<ul style="list-style-type: none"> Senior leaders embracing cultural changes required – both within improvement teams and in the wider organisation. Capacity of leaders and teams to fully engage in embedding the CI methodology. Staff capacity to deploy the CI methodology within Care Groups. 	<ul style="list-style-type: none"> The Trust has various methods being used to support staff with improvement activities - strong engagement will be required with key stakeholders to get buy-in to a single Trust-wide approach. Reduced training capacity due to social distancing linked with staff accessibility to utilise on-line platforms.

Resource Requirements	Cost
Nil	

Key Stakeholders -	How will we engage with them
<ul style="list-style-type: none"> Trust Board Senior Leadership Committee 	<p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p>

7. Getting to Good – One Page Outline

Getting to Good 2020/2021	Leadership, Development and Education		
Executive Sponsor	Rhia Boyode		
Senior Responsible Officer	Laura Kavanagh		
PMO Support Lead		NHSE/I Support	Dr Susy Cook
Background	Outcomes		
<p>A new comprehensive and sustainable approach for leadership, OD and Education is required.</p> <p>We are a teaching Trust in partnership with Keele University School of Medicine offering placements to Year 4 and 5 students in a range of specialties. We are actively involved in both undergraduate and postgraduate education with many honorary positions within the University. The trust is also an active member of the Clinical Research Network West Midlands.</p> <p>Our aspiration is to have a integrated education, OD and leadership Faculty and build upon the partnerships we have with The NHS Leadership Academy and HEI such as Warwick University.</p> <p>The Trust was rated ‘inadequate’ for Well Led in the CQC assessment of 2019 and staff survey results have shown low levels of engagement for the past 3 years.</p>	<ol style="list-style-type: none"> Considered and Structured approach to Leadership ,Development and Education that is underpinned by Trust Values and behavior framework Integrate all education and research within one facility A framework for Leadership, Education and Development that demonstrates our workforce capability Embedded Trust Behavioural framework Future Talent Management Pipeline in key areas and hard to fill roles Develop a repository of improvement work that enables teams to showcase their talents and linked to an appropriate award / recognition mechanism Robust and structured OD framework developed to ensure we have the correct capacity and capability agile to the demands of the Trust. An environment in which people from all backgrounds and abilities are able to flourish 		
Key Benefits	Benefit Measure		
<ul style="list-style-type: none"> The extent to which the trust has appropriately skilled leaders and people at every level, committed to enabling compassionate and supportive leadership The extent to which our organizational structures and development meet the changing needs of the Trust and wider Health economy 	<ol style="list-style-type: none"> Achieve national CQUIN Flu Target Mandatory training target from 88% to 90% Staff survey support from immediate managers from 67.9% to 68.9% Well-led rating to transition from inadequate to requires improvement in 2022/23 Staff survey engagement score goes from 6.6 to 6.8 People reporting effective leadership in staff survey from 57.9% to 66.3% Increase in number of an apprenticeship standards including HCP 95% of Public Sector Target 		
Resource Requirements (capital, non recurrent and recurrent, people)		Cost 20/21	
NHSE/I Deputy Director-Intensive Support PMO and Business Informatics support Communications and campaign delivery costs Investment in OD, Leadership and Education structure to support programme of work		N/A TBC TBC TBC	

High Level Milestones and Key Decisions	Date
Mapping of the current leadership, OD and Education offer with recommendations	October – December 2020
Deliver leadership development in partnership with the NHS Leadership Academy	November 2020
Develop overarching plan that aligns all plans for different staff groups with Trust values linking all programmes.	November/December 2020
Meeting with care group and service centre leads	Dec / Jan 21
Review roles/ responsibilities and operational arrangements across the Trust	Dec 20
Recommendations and proposed changes. Exec Agreement December	Dec 20
Phase 1 and Phase 2 agreed approach. Discuss phase 1 with Divisional triumvirates	Jan 21
Implement Phase 1	Jan/Feb 21
Start Consultation Phase 2	Jan/Feb 21
Board and Executive Development Programme procured	Jan 21
Confirm leadership offer at all levels-developing measurement index for future evidence of embedding	Jan 21
Integrate all education into one virtual Facility	July 21

Risks	Issues
<ul style="list-style-type: none"> BAF 1558 IF we do not have sufficient, competent and capable Directors THEN we cannot deliver the Trust's agenda. BAF 423 IF we do not have positive staff engagement THEN we cannot support a culture of safety and continuous improvement. 	<ul style="list-style-type: none"> Workforce capacity as a result of COVID19 and restoration of services

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> Trust Board Getting to Good Committee Committee in Common (UHB Improvement Alliance) SaTH Leadership Committee SOAG 	People Strategy Bi-Annual Update and Development sessions Monthly Assurance Reports Progress Board Report Monthly presentations Monthly presentations

8. Getting to Good – One Page Outline

Getting to Good 2020/2021	Clinical Standards, Skills and Capability		
Executive Sponsor	Arne Rose		
Senior Responsible Officer	John Jones		
PMO Support Lead	Peter Jeffries	NHSE/I Support	N/A

Background	Outcomes
<p>The Trust received a rating of Inadequate from the CQC in April 2020 following inspections in 2019/20.</p> <p>The Trust was rated Inadequate in 4 out of 5 domains, Safe, Effective, Responsive and Well Led, and was rated Inadequate in the Urgent and Emergency Care department on both sites.</p> <p>To improve the quality and safety of the clinical services we deliver, we will identify and implement an agreed set of clinical standards for each of our specialties in year 1 of the getting to good clinical standards, skills and capability work stream.</p>	<ol style="list-style-type: none"> There will be an agreed set of clinical standards for each of our specialties that is agreed with the clinical directors by March 2021 Agreed set of audits for each speciality in line with relevant guidance and best practice by March 2021 An agreed framework for monitoring the delivery of clinical standards at service and consultant level and process for managing adverse variance which will be implemented by July 2021

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> Demonstrating the ability to manage patients safely Deliver effective standardised care in a compassionate manner As a consequence, comply with all CQC regulations and section 31 conditions lifted Improved patient outcomes and experience Improved staff satisfaction Improved confidence and trust in the service from families, community and stakeholders 	<ul style="list-style-type: none"> Standardised approach to monitoring and managing variance in delivery of Clinical standards by March 2021. Clinical agreed set of clinical standards for each speciality by December 2020. All Clinicians will be engaged/briefed on the clinical standards and framework by December 2020 All Clinicians have signed up and are committed to the delivery of the clinical standards and this has been included in their PDP's by March 2021.

Resource Requirements (capital, non recurrent and recurrent, people)	Cost 20/21

High Level Milestones and Key Decisions	Date
Meeting with clinical directors to understand governance and assurance within the specialties	December 2020
Identify overarching themes and risks	December 2020
Develop SaTH Service Compliance Framework (based on CQC domains)	December 2020
Benchmark specialties against the compliance framework	January 2021
Outline individual specialty clinical standards. Incorporate this into the compliance framework	March 2021
Develop specialty and care group level framework for implementing and monitoring improvement	March 2021
Share with specialties/produce recommendations	May 2021
Implement plans to address recommendations	June 2021
Implement process of review in Performance Review Meetings (PRM)	July 2021

Risks	Issues
<ul style="list-style-type: none"> Lack of engagement with clinical teams to support the implementation of the clinical standards Lack of resource and capacity (clinical and operational) to deliver actions on time and in line with plan Consensus agreement on how to manage adverse variance Operational challenges and culture within the organization impact ability to embed required changes. 	<ul style="list-style-type: none"> Impact of Covid 19 and operational challenges Clinical Directors capacity and cultural challenges Appropriate allocation of internal resource to deliver plan

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> SaTH Board Quality & Assurance Committee Getting to Good Committee Committee in Common (UHB Improvement Alliance) NHSE/I SaTH support team 	<p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p>
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9. Getting to Good – One Page Outline

Getting to Good 2020/2021	Culture and Behaviours		
Executive Sponsor	Rhia Boyode		
Senior Responsible Officer	Laura Kavanagh		
PMO Support Lead		NHSE/I Support	Dr Susy Cook

Background	Outcomes
<p>Ensuring an appropriate culture is a key accountability for the Trust Board. There is a strong link between motivated, engaged staff and the delivery of safe, effective care.</p> <p>In the NHS staff survey 2019;</p> <ul style="list-style-type: none"> 65.9% of respondents feel that the care of patients/service users at the Trust is the top priority. 49% of respondents would recommend the Trust as a place to work 53.6% of respondents would be happy with the standard of care provided by the Trust to friend or relatives. 7.5% of respondents experienced discrimination at work <p>The Trust was rated 'inadequate' for Well Led in the CQC assessment of 2019.</p>	<ol style="list-style-type: none"> Cultural Assessment improvement plan with measurable interventions. Embedded Trust Behavioural framework Approved Staff Engagement plan and programme in place. Develop a repository of improvement work that enables teams to showcase their talents and linked to an appropriate award / recognition mechanism

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> The extent that staff at all levels understand the visions of the organisation The extent the organisation values influence the boards strategic decisions The extent to which staff are managed effectively The extent to which innovation, learning and improvement are effectively fostered 	<p>Key performance indicators linked extracted from our people strategy 2020-23</p> <ol style="list-style-type: none"> Reduction of people experiencing discrimination at work in staff survey from 7.5% to 6.9% % of people recommending the Trust as a place to work or receive treatment from 49% to 55% People turnover is below threshold from 17.2% to 15.7% NHS Staff survey engagement score from 6.6 to 6.8

High Level Milestones and Key Decisions	Date
Launch of refreshed values and plan to develop behavioural framework	August 2020
Evidence based review of cultural assessments, selection and implementation , launch behavioural framework conversations and refreshed staff engagement plan.	October 2020
Undertake Trust-wide cultural assessment and develop staff engagement plan for all aspects of the getting to good programme	December 2020
Develop cultural improvement plan in response to assessment	February 2021
Commence implementation of the cultural improvement plan	March 2021

Risks	Issues
<ul style="list-style-type: none"> BAF 1558 IF we do not have sufficient, competent and capable Directors THEN we cannot deliver the Trust's agenda. BAF 423 IF we do not have positive staff engagement THEN we cannot support a culture of safety and continuous improvement. 	<ul style="list-style-type: none"> Workforce capacity as a result of COVID19 and restoration of services

Resource Requirements (capital, non recurrent and recurrent, people)	Cost 20/21
NHSE/I Deputy Director-Intensive Support	TBC
PMO and Business Informatics support	TBC
Communications and campaign delivery costs	TBC
Investment in OD, Leadership, Education and Human Factors capacity to support programme of work	TBC
Licence costs for assessment tool	TBC

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> Trust Board Getting to Good Committee Committee in Common (UHB Improvement Alliance) SaTH Leadership Committee SOAG 	<p>People Strategy Bi-Annual Update and Development sessions</p> <p>Monthly Assurance Reports</p> <p>Progress Board Report</p> <p>Monthly presentations</p> <p>Monthly presentations</p>

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10. Getting to Good – One Page Outline

Getting to Good 2020/2021	Communication and Engagement		
Executive Sponsor	Anna Milanec		
Senior Responsible Officer	David Wild		
PMO Support Lead	Ellen Shaw	NHSE/I Support	n/a

Background	Outcomes
<p>Good communication and engagement with our stakeholders is vital to the delivery of the new vision, values, behaviours, strategic goals and the Transforming Care Getting to good programme.</p> <p>To deliver these the Trust needs to ensure it is effectively utilising a wide variety of communication channels and methods for engaging with all our stakeholders.</p>	<ol style="list-style-type: none"> 1. Monthly Cascade Briefing launched and established in July 2020. 2. Communication plan to support the delivery of the Getting to good programme produced by end December 2020 3. Communication plans in place to support Ockenden interim report in December 2020. 4. Introduce a regular pulse check within the Trust by January 2021. 5. Staff from Board to ward are able to articulate their part in supporting delivery of the Getting to Good programme by end February 2021.

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> All staff are aware of the Transforming Care getting to good programme and the improvements that have been made as a result of this. Staff understand the role they are playing in supporting the programme Consistent messages that align with the Trust overall vision and strategic goals Effective transference of information across the Trust utilising the most effective communication channels. 	<ul style="list-style-type: none"> Increase in the number of positive internal and external communications about SaTH and the getting to good programme. Staff survey engagement score goes from 6.6 to 6.8 Survey to review how well cascade briefings have been received and feedback on how can be improved. Participate rates for the pulse check continuously increases and the average score improves.

High Level Milestones	Date
Monthly Cascade Briefing launched and established	July 2020
Review of existing internal communication channels and undertake survey to gather feedback on wider communications.	December 2020
Communication plan to support getting to good programme approved and implementation commenced.	December 2020
Introduce a regular pulse check within the Trust	January 2021

Risks	Issues
<ul style="list-style-type: none"> Impact of COVID19 on staff morale will impact on staff willingness to engage. Lack of continuity, capacity and capability in leadership to deliver the communication plan. Lack of capacity and capability within the internal communication function to support the delivery of the communication plan. 	<ul style="list-style-type: none"> Impact of COVID and the potential of a second wave impact on staff's resilience. A number of cultural and behavioural challenges that exist within the organisation have not been addressed for several of years.

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> Getting to Good Committee SaTH Leadership Committee Committee in Common (UHB Improvement Alliance) STP 	<p>Monthly Highlight Report</p> <p>Monthly Highlight Report</p> <p>Monthly Highlight Report</p> <p>Regular engagement and monthly meetings</p>

Resource Requirements	Cost
Review of current communications team structure suggests that additional support may be required to aid with new engagement channels.	

11. Getting to Good – One Page Outline

Getting to Good 2020/2021 Objective	Recruitment & Retention		
Executive Sponsor	Rhia Boyode		
Senior Responsible Officer	Emma Willis		
PMO Support Lead	Cheryl Thacker	NHSE/I Support	n/a

Background	Outcomes
<p>The Trust have experienced significant difficulty recruiting Registered Nurses. As a result, we don't have the level of staff we need in all areas and we rely heavily on agency staff.</p> <ul style="list-style-type: none"> • Unscheduled Care has the highest proportion of temporary staffing by WTE with 29% in 2019/2020 YTD. • Women's and Children's have the lowest proportion of Temporary staffing spend with 4.3%. • There are currently c229 Nursing vacancies across the Trust <p>A nursing establishment review was undertaken during January 2020, on analysis of ward splits for Registered and Unregistered staff; most areas show as circa 50% split. This is below national standards (RCN being 65% Registered to 35% Unregistered).</p> <p>Retention in some areas of the Trust is higher than the national average, there is high competition from regional Trusts, national shortages of key clinical roles which all contributes to challenges with retention. A retention strategy is therefore required to outline our approach to keeping staff engaged and aligned within SaTH.</p>	<ol style="list-style-type: none"> 1. Currently we fill on average 198 shifts (per month) at cap rates. Improve by 10% by March 2021. 2. % of Band 5 / 6 and 7 Nurse vacancies reaches 14% by March 2021. 3. Secure and retain 200 international nurses by March 2021 4. Target to have circa 70 % substantive and 30% mix of bank and agency from March 2021.

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> • Staff are managed effectively • Improve the recruitment experience for all • Retain the workforce we have recruited • The Trust has appropriately skilled leaders and people at every level, committed to enabling compassionate and supportive leadership 	<ol style="list-style-type: none"> 1. Reduction of people experiencing discrimination at work in staff survey from 7.5% to 6.9% 2. % of people recommending the Trust as a place to work or receive treatment from 49% to 55% 3. People turnover is below threshold from 17.2% to 15.7% 4. NHS Staff survey engagement score from 6.6 to 6.8

High Level Milestones	Date
Recruitment and Retention Strategy approved at Board	December 2020
Deliver remainder of the 19/20 International nursing recruitment plan	February 2021
Workforce plan / business case completed for further International nursing recruitment in preparation for 21/22.	January 2021
Operational Plan with agreed approved staffing business cases (which include a range of new roles and development programmes to support delivery of new roles).	March 2021
A repository of recruitment and retention case studies that enables the organisation to showcase linked to an appropriate award / recognition mechanism	March 2021
Introduce a new recruitment marketing and branding approach for the Trust	March 2021

Risks	Issues
<ul style="list-style-type: none"> • BAF 859 IF we do not have a recruitment strategy and retention strategy along with demand-based rostering for key clinical staff THEN we cannot ensure the sustainability of services. • COVID Risk - COVID pandemic impacting international recruitment –delays due to travel restrictions. • COVID Risk - Resources within Workforce Directorate diverted to address new challenges created by COVID pandemic 	<ul style="list-style-type: none"> • The overseas Nurse recruitment for Shrewsbury & Telford Hospitals (SaTH) is currently on hold due to the COVID19 pandemic • Staff resilience following COVID and the risk of a potential second wave . • International trajectory recruitment may be impacted due to the higher risk of COVID for BAME individuals. • Lack of flexibility for substantive staff may restrict recruitment and retention to substantive posts. • Further COVID waves could impact staff resilience again.

Resource Requirements	Cost
Support required to assist with our Branding and Marketing approach. A business case has been developed – subject to approval. A robust partnership with a recruitment marketing branding agency would bring a more 'commercial approach' to how we attract both active and passive key/specialist candidates to the Trust, in the UK and International market.	It is expected that the year 1 cost will be an upfront £187k investment.

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> • Getting to Good Committee • SaTH Leadership Committee • STP • Health Education England 	<p>Monthly Highlight Report Monthly Highlight Report Regular engagement and monthly meetings Request Information and support as required</p>

12. Getting to Good – One Page Outline

Project Title	Urgent and Emergency Care		
Sponsor	Nigel Lee		
Senior Responsible Officer	Sara Biffen		
PMO Support Lead	Ellen Shaw	NHSE/I Support	Simon Elliot

Background	Outcomes
In April 2020 CQC rated both ED's as Inadequate across all four domains. Subsequently there has been significant improvement work within the departments which will now be brought together in this overarching programme of work. This plan is designed to compliment the QIP programme, ensuring that issues raised by CQC are addressed and improvements are embedded and sustainable, and ensuring that the National A&E Safety Standards are achieved. It also offers assurance around delivery of major projects to enhance provision of service such as the new SDEC modular build and associated pathways at RSH, as well as ensuring that focus and pace is maintained on existing work around flow and discharge with the objective of reducing length of stay through an increase in pre 12 noon discharges. All teams will focus on reducing hospital acquired functional decline and promote a patient centred approach. To support this site management and escalation will also be reviewed.	<ol style="list-style-type: none"> 1. Implementation of Medical SDEC and SAU workforce business cases, to ultimately achieve medical SDEC hours 12 hours a day, 7 days a week. 2. Completion of capital works for medical SDEC modular build at RSH. 3. Completion of capital works for SAU. 4. Implementation of key enablers including Vitals and Careflow. 5. Meeting staffing core standards in key clinical areas through implementation of workforce plans. 6. Implementation of ED OD plan 7. Key models of work in place such as production boards, Consultant led Board rounds, SHOP Model, twice daily huddles, pre 12 discharges, and criteria led discharge. 8. Consistent application of site management model.

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> • Better patient experience on any non elective pathway. • Improved outcome for frail and complex patients who are less likely to deteriorate if discharged home on the same day. • Prevent overcrowding in ED through reduced ED attendances. • Move the CQC rating from inadequate to requires improvement by September 2021. • Appropriately trained ED workforce. • Standardised practice that follows RCEM standards. • Improved workforce engagement, and leadership, culture and governance. • Reduce overall length of stay for medical admitted patients. 	<ul style="list-style-type: none"> • 20% reduction in ED wait times and breaches from March 2021. • 30% of patients would have an overall length of stay of 0 days. • Increase of 10% in surgical ambulatory emergency care patients treated same day by March. • Achieving Laparotomy BPT from March 2020. • Achievement of 15 minute average initial assessment time target for adults and paediatrics. • Improved performance in 4 hours standard in line with trajectory set out in Operational Plan. • Reduce patient aggregate time. • To achieve 'staff measures of success' including satisfaction and turnover, as set out in the ED People plan. • Reduce length of stay by 4 hours across general medical wards. • Reduction in complaints associated with corridor care and wait times.

High Level Milestones	Date
ECIST intensive improvement weeks in ED	May 2020
Implementation of vitals phase 1 into ED	August 2020
SDEC and SAU workforce Business Cases completed and approved	October 2020
ECIST Intensive Improvement weeks around ward processes	October 2020
ECIST Intensive Improvement week around site management and escalation	November 2020
RSH SDEC modular provision and PRH PAU (ex MLU) opens for use	December 2020
Development and implementation of QIP Phase 2 focusing on embedding change	November 2020
SAU estate refurbishment and relocation of RSH fracture clinic completed	March 2021
Implementation of Vitals 4.2	March 2021
Implementation of Careflow	June 2021

Risks	Issues
<ul style="list-style-type: none"> • In ability to attract and retain capacity and skill mix of clinical workforce across the department including in SDEC and ED. • Urgent care demand exceeds capacity resulting in overcrowding and ultimately corridor care. • Unable to demonstrate benefits being realised due to lack of information and appropriate system • Demand exceeds capacity for same day access to diagnostics services • Competing priorities for limited theatre slots may restrict SAU impact. • Impact of possible COVID19 second wave on capacity and care requirements, and cohorting requirements. • Internal improvement and trust analytics support for measurement for 	<ul style="list-style-type: none"> • Failure to deliver these changes and additional capacity will result in an inability to rectify some issues highlighted by CQC. • Timing is not ideal for SDEC build being in the middle of winter surge. • Failure to see tangible benefits will adversely impact staff moral and engagement. • Capacity and clinical engagement to deliver expected outcomes.

Resource Requirements	Cost
<ul style="list-style-type: none"> • Capital works including modular build and refurbishment and relocation of SAU • Increased workforce requirements for Medical SDEC. • New ED systems vitals and careflow 	£5.74m £1.3M IN 2020/2021

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> • SaTH Leadership Committee • Committee in Common (UHB Improvement Alliance) • Getting to Good Committee • Patients • NHSI/ ECIST • Primary Care • Ambulance Service • UEC Delivery Group • ED Board 	Monthly highlight report Monthly highlight report Monthly highlight report Involve patient representatives Request input and support as required Regular Engagement and input as required Regular Engagement and input as required Monthly highlight report and ED assurance report Monthly highlight report and ED assurance report

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13. Getting to Good – One Page Outline

Getting to Good 2020/2021	Restoration & Recovery		
Executive Sponsor	Nigel Lee		
Senior Responsible Officer	Sara Biffen		
PMO Support Lead	Ellen Shaw	NHSE/I Support	n/a

Background	Outcomes
<p>In respond to COVID19, a significant proportion of urgent and routine activity was either ceased or displaced in order that we could create emergency and critical care capacity within both hospitals.</p> <p>On 29th April NHSI/E outlined the next phases of the NHS response to COVID19:</p> <ul style="list-style-type: none"> - Restoration (6 week process end June 2020) - Recovery (new plan to April 2021) - Reset (April 2021 onwards) - The Trust have submitted a plan that sets out the level of restoration that is deliverable 	<ol style="list-style-type: none"> 1. Production of 2020/2021 Operational Plan that aligns with national guidance and local objectives by August 2020. 2. Restoration and recovery services in line with the Phase 3 submission to NHSI/e 3. Approve an integrated winter plan with the System by September 2020.

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> • Increase use of digital technology to provide services • No patient or staff will catch COVID19 in our healthcare premises and both patients and staff will have confidence to use and work in our facilities • To maintain the Waiting List size as per the Phase 3 submission • Improvement in backlog of cancer patients • Improvement in DMO1 position post COVID19 	<ul style="list-style-type: none"> • Activity levels delivered in line with the Phase 3 plan trajectory submitted in September 2020.

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> • Trust Board • COVID19 Assurance Committee • SaTH Leadership Committee • NHS Regulators • System Restoration and Recovery Group 	<p>Monthly Update to be provided Weekly Updates to be provided Monthly Update to be provided Provide Information request as required Trust Representative attend weekly meeting</p>

Resource Requirements	Cost
Current baseline assumption is that the following additional capacity is built into the plan: SDEC expansion, MLU refurbishment (20 beds), Vanguard Theatre at PRH, Elective Orthopaedic beds (14 beds), additional mobile diagnostics (1* CT and 2* MR).	£8.4m revenue

High Level Milestones	Date
2020/2021 Operational Plan (including Winter plan)	August 2020
Finalise/agree capacity and other system interventions to support restoration/ recovery and winter plans	September 2020
Commence weekly monitoring on Recovery – including reports to Exec and NHSI	September 2020
Commence monthly reporting to finance ad performance committee, Board and STP	October 2020
Clinical prioritisation review of admitted waiting list	October 2020
Additional business case imaging (MRI) to extend to Q4	November 2020
Develop Q4 plan for use of Independent Sector (with CCG)	December 2020
Additional deb, same day emergency care capacity and interventions in place	January 2021
Develop STP plan and assumptions for 2021/22 elective activity	January 2021

Risks	Issues
<ul style="list-style-type: none"> • SaTH unable to meet pre-covid level of activities as per Phase 3 recovery plan. • Unable to meet activity levels for RTT, Diagnostics and Cancer as funding is not approved for the capital and revenue funding to increase capacity. • Unavailability of infrastructure • Change in productivity due to social distancing such as Imaging, Endoscopy and Theatres. • System partners fail to deliver the expected level of out of hospital care. • Urgent care demand exceeds levels planned which will adversely impacted ability to deliver Non Elective and Elective Activity which could lead to corridor care and 12 hour breaches. • Un availability of staff due to test and trace. • Workforce Resilience • Second wave of Covid is great than first wave and impacts ability to restore electivity activity. 	<ul style="list-style-type: none"> • As a result of COVID19 there are a number of limiting factors now in place that affect our ability to deliver the level of activity that we were providing prior to COVID19 that will affect our ability to restore our services these include: <ul style="list-style-type: none"> ▪ Personal Protective Equipment (PPE) ▪ Drug stocks ▪ Staff and patient testing ▪ Digital enablers ▪ Workforce resilience ▪ Infection Prevention and Control (IPC) ▪ Microbiology testing capacity ▪ Social distancing • Reduction in bed base as a result of social distancing (20 beds) • Reduced workforce capacity due to shielding, redeployment and isolation • Complexity of Cohorting patients impacting on patient flow • Requirement for Independent Sector beds and diagnostics capacity • Second wave of Covid could impact ability to deliver planned activity and performance • reduced in productivity due to social distancing such as Imaging, Endoscopy and Theatres.

14. Getting to Good – One Page Outline

Getting to Good 2020/2021	Digital transformation and Infrastructure		
Executive Sponsor	James Drury		
Senior Responsible Officer	Rebecca Gallimore		
PMO Support Lead	Matt Mellors	NHS E/I Support	n/a

Background	Outcomes
<p>Digital technology is increasingly seen as the means by which to improve health and care, transforming outcomes for patients and citizens in the coming years. The NHS Long Term Plan (January 2019) places a strong emphasis on digital innovation and calls for digitally-enabled care to ‘go mainstream’ across the NHS. All providers across all care settings in England are to be fully digitalised by 2024; including clinical and operational processes across all settings, locations and departments.</p> <p>SaTH will not meet these national, regional and local strategic objectives with its current information technology (IT) infrastructure, systems and services. The Trust has over 400 separate clinical systems, including an obsolete core Patient Administration System (PAS) which is over 20 years old. These systems support historic requirements for administration of patient services and retrospective management information, but do not support modern, clinical workflows.</p> <p>The Trust will replace out of date, ageing technology and digital solutions and put the building blocks in place to create a digitally sound platform upon which replacement core IT solutions can be implemented.</p>	<ol style="list-style-type: none"> 1. ED Vitals deployed by August 2020 2. Home working and remote consultations delivered for users by December 2020 3. Data warehouse automated feeds developed by October 2021 4. Vitals Sepsis deployed successfully by March 2021 5. Careflow ED deployed by May 2021 6. BadgerNet maternity system deployed by May 2021 7. Integrated Care Record live by April 2021

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> Trust Board SaTH Leadership Committee Getting to Good Committee 	<p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p>
Risk	Issues
<ul style="list-style-type: none"> Supplier capacity. The volume of development underway by suppliers at multiple Trusts is unknown. Resource constraints within Care Groups required to support development of the EPR Programme. Ability to secure additional temporary staff externally. Skillset of staff. 	<ul style="list-style-type: none"> Resource constraints of IT staff due to COVID-19 and competing priorities.

Resource Requirements (capital, non recurrent and recurrent, people)	Cost 20/21
The Digital Aspirants Programme (DAP) is providing £6m of funding over 3 years. Trust capital programme is funding Windows 10 devices and infrastructure requirements. Project lead (clinical); and project manager to be identified to support programme of work	2,000 (revenue) 500 (capital)

Digital Systems Infrastructure – 14 a	Date
Technology enabled home and remote working – A2	Dec 20
Vitals upgrade including Sepsis, Smoking Cessation and Pain Management – A3	Mar 21
Careflow ED implementation – A3	May 21
BadgerNet Maternity deployment – A5	May 21
System Integrated Care Record live – A6	Apr 21
Windows 10 rollout – A7	Apr 21
New data warehouse automated feeds and dashboards live – A8	Oct 21
Medway PAS implementation – A9	Oct 21
Theatres system deployment – A10	Oct 21
IcNet IPC system go live – A11	Oct 21
Digital Pathology solution live with Pathology network partners – A12	Oct 21
Electronic Ordering and Results Reporting (OCRR) live – A13 (Oct 21 – Apr 22)	Apr 22

Remote Health Monitoring- 14 b	Date
Meetings with CCG , AO & BT, exploratory phase and subsequent briefing of STP/Trust Digital team regarding outcomes	Nov/Dec 20
Paper to identify benefits of digital partnership with the health system and private provider BT - draft outline proposal to be reviewed by STP digital group	Dec 20
Presentations to IC, SLC, Board, STP Digital Group and ICS project board with cascade back to individual organisations	TBC
Incorporate into the System Digital Transformation plan	Jan 21
Establish system project group to develop project plans, resources, and governance. Agree priority and work streams in terms of STP/Trust digital plans	Feb 21
Phase 1 – confirm scope of pilot	Feb 21

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> Improved accuracy and reporting of data. Improved availability of clinical information to support clinical decision making across the STP/ICS. Switch from historic data recording to real time operational patient management system. Improved visibility of capacity and demand across sites. Introduce electronic messaging to ensure communication is available to all involved care professionals to improve patient safety. Automated alerting system to improve the response of specialist teams to safety issues and early notification of deteriorating patients. Provide real-time management overview and control of patient flow at a Trust and at a more granular level. Management able to monitor, manage and plan activity through a single source of real-time data. Better performing, secure IT infrastructure. 	<ul style="list-style-type: none"> End to end flow of patient pathways managed through system reduces risk of lost or delayed activity. Reduction in number of duplicate diagnostics. Reduction in number of systems clinicians need to access to review clinical information. Reduction in time taken to communication between health professionals. Reduction in lost hand held records. Reduction in data entry errors and duplication of information. Increased number of clinicians able to view electronic record. Reduction in mis-slide identification errors. Improved time to diagnosis. Improved time for patients to move onto best care pathway more quickly.

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15. Getting to Good— One Page Outline

2020/2021 Objective	Physical capacity and estates development		
Executive Sponsor	Julia Clarke		
Senior Responsible Officer	Will Nabih		
PMO Support Lead	Ellen Shaw	NHSE/I Support	n/a

Background	Outcomes
<p>In February 2020 CQC highlighted a number of areas of concern around the existing ED Pathway on the Royal Shrewsbury Hospital (RSH) site. This was alongside known long term issues on the estate impacting on patient flow and constraining efficient working.</p> <p>It was agreed that for RSH A&E a proposal was required that provided a temporary solution to some of the current environmental issues. It would especially need to significantly improve the privacy, dignity and wellbeing experience for patients in line with CQC requirements.</p>	<ol style="list-style-type: none"> Reduction on maintenance backlog in A&E by March 2021. All CQC must do estates issues resolved by end of March 2021. Modular SDEC in place and handed over by end of December 2020. Fracture clinic transferred, handed over and operational by end of April 2021. SAU office relocation completed by end of November 2020. PRH MLU into Wrekin Ward, handed over and operational by end of December 2020.

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> Increased bed capacity Improve privacy and dignity Ring fence SDEC facility to improve the proportion of patients seen and treated on the same day and avoid admissions to the deep bed base Provide a frailty facility within the ED at RSH Improve patient flow; and Create resilience whilst awaiting the Hospital Transformation Programme (HTP) suitable environment for patients with mental issues address the serious privacy and dignity issues currently experienced at RSH improve some clinical adjacencies a reduction in some of the maintenance backlog estate issues in A&E 	<ul style="list-style-type: none"> Reduced Backlog Maintenance (comparison to beginning of year) delivering £240K backlog reduction Increased bed capacity physically available for operational use by 20 beds by January 2021.

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> Trust Board SaTH Leadership Committee Getting to Good Committee STP and NHSE/I Region 	<p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Weekly high-level report on progress</p>

High Level Milestones and Key Decisions	Date
Estates Strategy approved by SaTH Board	Feb 21
SAU Office Relocation (Medical Records Corridor) - Construction	Nov 20
SAU Office Relocation (Medical Records Corridor) - Handover	Nov 20
Medical Modular SDEC – Construction	Dec 20
Medical Modular SDEC – Operational	Dec 20
PRH MLU into Wrekin Ward - Construction	Dec 20
PRH MLU into Wrekin Ward - Operational	Dec 20
Fracture Clinic from A&E Into Fertility - Construction	Mar 21
Fracture Clinic from A&E Into Fertility – Operational	May 21
SAU Clinical - Construction	May 21
SAU Clinical - Operational	Jul 21

Risks	Issues
<ul style="list-style-type: none"> SAU Office Relocation - Medical Records Relocation to Atcham delayed due to resource issues in moving records. SAU Office Relocation - Contractor continuing on right hand side of corridor only, delay potential 4 weeks. SAU Clinical admin staff relocation moving dates to be reviewed - Mitigation – phased moves have been agreed 	<ul style="list-style-type: none"> Letter of Intent Long lead construction materials still to be signed off by Trust for SDEC.

Resource Requirements (capital, non recurrent and recurrent, people)	Cost 20/21 (£)
<ul style="list-style-type: none"> Medical Modular SDEC Fracture Clinic from A&E Into Fertility SAU Office Relocation (Medical Records Corridor) SAU Clinical PRH MLU into Wrekin Ward 	<p>3,026,000</p> <p>1,766,476</p> <p>900,000</p> <p>1,740,722</p> <p>2,000,000</p>

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16. Getting to Good – One Page Outline

Getting to Good 2020/2021	Improving Service Sustainability		
Executive Sponsor	Arne Rose		
Senior Responsible Officer	Tony Fox		
PMO Support Lead	Peter Jeffries	NHSE/I Support	N/A
Background	Outcomes		
<p>SaTH has a number of services which are deemed to be at risk, vulnerable or unsustainable. Historically, we have not committed to provide effective oversight of our clinical services, due in part to the lack of defined methodology and resource commitment to complete the work.</p> <p>We have excellent engagement in the GIRFT process but fail to triangulate this with other data and align it to our organisational objectives. As a consequence , we have had an unstructured approach to service review , development and investment.</p>	<ol style="list-style-type: none"> Overview of ‘at risk’ specialties Agree the methodology for service review Care group engagement, ‘weighting of risk’ A standardised approach to understanding the level of sustainability within the service Understand market share and opportunities for collaborative working Deliver three service sustainability improvement plans by March 2021. 		
Key Benefits	Benefit Measure		
<ul style="list-style-type: none"> Improved clinical engagement Better Patient Experience Better use of resource and data sources – GIRFT, model hospital, commissioning intent, national guidance, internal finance, workforce plans for service delivery, PMO Better organisational understanding of services we provide/Improved ability to business plan and engage in collaborative discussion with partners. 	<ul style="list-style-type: none"> Deliver the benefits identified for the three service improved by March 2021.. A standardised approach to undertaking service reviews that are clinically led For each service that is improved there will be an action plan with SMART objectives and benefits identified with an identified Clinical lead who is committed to delivering the plan. 		

High Level Milestones	Date
Agreement on standardized approach for service reviews	December 2020
Agree Terms of Reference for service reviews	January 2021
Further engagement with specialty forums and SLC	January 2021
Choose and procurement of a speciality data pack to support the reviews by an external provider	January 2021
Decide on ‘deep dive’ into priority specialties or review across all specialties	February 2021
Confirm further timeline for completion of review	February 2021
Three initial high level service reviews in place	March 2021
Ongoing strategy for service review and process for delivering plans/outcome agreed	April 2021

Risks	Issues
<ul style="list-style-type: none"> The lack of a standadrised methodology to gauge the level of unsustainability within each service The lack of support from key corporate services The lack of clinical/care group engagement Lack of dedicated resource to deliver objective Lack of commitment of all stakeholders within the health economy to deliver the required changes to service provision 	<ul style="list-style-type: none"> The current information available on which decisions can be made The level of information that is available at specialty level to enable the current state and the future requirements to be fully understood The commissioning intentions of the CCGs and the impact of the STP Long Term Plan

Resource Requirements	Cost
<p>Clinical and Operational Lead</p> <p>Transformation Delivery Partner and KPO Specialist support</p> <p>IT Team/Finance/Workforce/Informatics/HTP team</p> <p>Care Group</p> <p>Engage external provider to support creation of specialty level review packs</p>	<p>Internal Resources</p> <p>External resource (TBC)</p>

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> Trust Board SaTH Senior Leadership Committee STP , Patient Representatives NHS Digital & Commissioners 	<p>Monthly Assurance Report</p> <p>Monthly Highlight Report</p> <p>Engagement as and when required</p> <p>Engagement as and when required</p>

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17. Getting to Good – One Page Outline

Getting to Good 2020/2021 Objective	Improving Service Sustainability: Reduction in face-to-face clinic appointments		
Executive Sponsor	Arne Rose		
Senior Responsible Officer	Mark Cheetham		
PMO Support Lead	Peter Jeffries	NHSE/I Support	N/A

Background	Outcomes
One of the key elements within the NHS Long Term Plan (LTP) is to reduce the number of Face to Face appointments.	1. Increase in the number of options available for our patients to attend outpatient clinics (telephone, video, or face to face)
Another driver to reduce the number of Out Patients appointments has been the Covid-19 pandemic which has seen an adverse effect on the number of patients waiting for appointments at the Trust, therefore there is a pressing need to introduce new ways of working and as a result the Trust has started to undertake telephone consultations where possible in addition video consultations and Patient initiated follow up (PIFU) which are both being rolled out.	2. Reduction in waiting list for outpatient appointments
	3. Increases our capacity to provide non-face-to-face clinics to patients who would be at greater risk if they were to enter a hospital environment
	4. Work with system partners to implement PIFU and video consultation across the system and share learning

Key Benefits	Benefit Measure
PIFU <ul style="list-style-type: none"> Contribute to 30% reduced follow ups. Free up space to manage 2WW / RTT in OPD in a socially distanced setting Patients are seen when they need it the most Empowers patients Reduces pressure on waiting lists Saves patients time and money by avoiding unnecessary appointments Reduces CO2 emissions by avoiding unnecessary travel Will support services and COVID-19 recovery 	<ul style="list-style-type: none"> Reduction in face to face consultations Number of patients placed on PIFU Number of video and telephone consultations Non-admitted waiting list size Patient experience (patient Feedback, friends and family tests) Reduction in DNA's Reduction in waiting list RTT recovery
Telephone Appointments <ul style="list-style-type: none"> Support patient experience i.e. patients feel connected Can be used for some active monitoring patients Can be held out side of clinic setting if needed. 	
Attend Anywhere <ul style="list-style-type: none"> Support social distancing in Out-patients Ensure that patients can have consultations 	

High Level Milestones	Date
Scope and quantify current specialty OP status and barriers to adoption of non face to face options for OP	January 2021
Agree specialty pathways for video, phone and face to face consultations and assess likely impact in terms of benefit measures	March 2021
Agree indicative target levels and trajectories for specialties and performance metrics for tracking	April 2021
Specialties to be delivering agreed target non face to face OP appointments	June 2021

Risks	Issues
<ul style="list-style-type: none"> Insufficient IT infrastructure to support the increase on demand Patients choose to attend hospital outpatient clinics rather than virtual clinic and benefits are not fully realised as they do not have access to the necessary technology Potential for misdiagnosis if non-face to face clinics are used inappropriately 	<ul style="list-style-type: none"> Pilot has unearthed some faults with the system which need to be addressed and resolved before being fully rolled out

Resource Requirements	Cost
Clinical and Operational Lead Transformation Delivery Partner KPO Specialist support Patient Access Team IT Team Care Group IT equipment and system	Internal Resources

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> Trust Board SaTH Leadership Committee Patient Representatives Commissioners Health Economy 	Monthly Assurance Report Monthly Highlight Report Engagement as and when required Engagement as and when required Engagement as and when required Engagement as and when required

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18. Getting to Good – One Page Outline

Getting to Good 2020/2021	System Improvement and integration plan		
Executive Sponsor	Chris Preston		
Senior Responsible Officer	Kat Rose		
PMO Support Lead	Matthew Mellors	NHSI/E Support	n/a

Background	Outcomes
<p>At a Board to System meeting with NHS England / Improvement on 24th July 2020 it was agreed that a System Improvement Plan will be developed as part of the work to address quality concerns at the Shropshire and Telford Hospital Trust (SaTH).</p> <p>The System Improvement Plan (SIP) is intended to set out a small number of key priorities that will complement and support the priority programmes identified within the Quality Improvement Plan for SaTH and the developing 'Getting to Good' plans.</p>	<ol style="list-style-type: none"> 1. Agreed set of immediate priorities (6 months) and programmes of work by October 2020. 2. Agreed set of medium term priorities (6 months – 2 years) and programmes of work by October 2020. 3. System governance and performance Management embedded to ensure system delivery of the system improvement programmes by November 2020. 4. Implement agreed set of actions to be taken by the system partners to support SaTH and the wider system performance / improvement by April 2021.

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> To ensure alignment between system enabling strategies and SaTH Improvement priorities Improved Flow and discharge Reduction in non-elective demand on front door services Improved patient experience Restoration of elective services Improved quality of care of our local community 	<ul style="list-style-type: none"> Urgent and emergency care programmes deliver a 20.6 acute bed impact. Phase 3 elective recovery trajectory will be delivered (or improved). 4.4% Reduction in NEL attendances from Oct 2020 baseline Reduction of 5% in plus one day LOS cohort within emergency admissions Minimum of 6 plus one day LOS admission avoided per day Maintain DTOC performance T&W 2.2%, Shrop 1.7% and Powys 7.1%

High Level Milestones	Date
Review and confirm priorities and enabling programmes, confirm approach to delivery	Oct 2020
Implement the system governance and performance Management to ensure delivery of the systems improvement programmes	Nov 2020
Implement short term actions to improve system performance	Apr 2021

Risks	Issues
<ul style="list-style-type: none"> Partners not able to agree priorities and identify SRO's Second Wave of COVID impact on ability to agree and commence implementation of programmes 	<ul style="list-style-type: none"> Capacity and resource with the right skills not available within the system to support delivery of the system improvement plan as well as their own internal improvement plan Impact of COVID second wave and winter pressures Impact on staff's resilience and capacity. A number of cultural and behavioural challenges that exist within the systems organisations that have not been addressed for several of years.

Resource Requirements	Cost
Resource from System Partner Organisations to deliver agreed priority improvement programmes	TBC

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> Trust Board SaTH Leadership Committee Getting to Good Committee 	<p>Monthly Update to be provided</p> <p>Monthly Update to be provided</p> <p>Monthly Update to be provided</p>

19. Getting to Good – One Page Outline

Getting to Good 2020/2021	Develop OBC for Hospital Transformation programme		
Executive Sponsor	Chris Preston		
Senior Responsible Officer	Neil Nisbet		
PMO Support Lead	Matthew Mellors	NHSI/E Support	n/a

Background	Outcomes
<p>The Trust submitted the SOC for the Hospital Transformation programme in November 2019 and is still awaiting formal approval. The next stage in the process is to produce an OBC.</p> <p>The Hospital Transformation programme will deliver a revised clinical model for the Shrewsbury and Telford system. It will establish an emergency care facility at Shrewsbury and a planned care facility at Telford.</p>	<ol style="list-style-type: none"> System approval of OBC assumptions by end Nov 2020 Formal approval given by NHSI to progress to OBC and confirmation of funding provided – end Nov 2020 <p>When funding is formally confirmed for next stage and NHSE/I approval is given to proceed to OBC:</p> <ol style="list-style-type: none"> Design solution that provides improved facilities for our patients and staff to be completed Appoint a private sector partner under ProCure 22 Draft OBC for Hospital Transformation Programme produced.

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> Agreement on the assumptions and initiatives that will underpin health services within Shropshire and Telford on a sustainable basis. Design solutions and facilities that will support the sustainable delivery of high quality care for our patients Identify and develop the internal initiatives that are required to support the delivery of new models of care (incorporating workforce and financial implications). 	<ul style="list-style-type: none"> System approval of OBC assumptions by end Aug 2020 Design solution that provides improved facilities for our patients and staff Complete a readiness assessment by December 2020 Appoint a private sector partner to manage the development of the OBC under ProCure 22

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> Trust Board Sustainability Assurance Committee National Regulators Integrated Oversight Group SaTH Leadership Committee Shropshire Community Health NHS Trust CCGs 	<p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Regular Engagement and input as required</p> <p>Monthly meetings</p> <p>Monthly Highlight Reports</p> <p>Regular meeting as part of the HTP Steering group and IOG</p> <p>Regular engagement and part of IOG</p>

High Level Milestones	Date
Formal approval of assumptions that will be used to develop the OB	Nov 2020
Formal approval given by NHSI to progress the OBC and confirmation of funding provided	Nov 2020
Appoint delivery partner (under ProCure 22)	TBC (to be confirmed post confirmation of funding)
Draft OBC Produced	
Trust approval of the OBC for Hospital Transformation Programme	

Risks	Issues
<ul style="list-style-type: none"> System unable to agree on the assumptions to be included in OBC Unable to develop required scale of out of hospital pathway change to support assumptions Unable to secure necessary funding to support progression to the next stage Additional issues identified in the readiness assessment delay progress Unable to secure an appropriately qualified Private Sector Partner Insufficient capacity and capability (internal and external) to provide required input into the programme Conflicting short term priorities adversely impact leadership engagement and input 	

Resource Requirements	Cost
Technical Advisors to support the production of the OBC	£6.3M
Internal resources required to provide input and delivery of OBC, including: <ul style="list-style-type: none"> Finance; Care Groups – Operational and Clinical; Estates; Workforce; Digital 	TBC
Shropshire Community Health Care Trust resources to develop and delivery the out of hospital model	TBC
Additional backfill to support required inputs from both in SaTH and the wider system	TBC

20. Getting to Good – One Page Outline

Getting to Good 2020/2021	System Long Term Plan		
Executive Sponsor	Chris Preston		
Senior Responsible Officer	Kat Rose		
PMO Support Lead	Matthew Mellors	NHSI/E Support	n/a

Background	Outcomes
In 2019 the System submitted a five year Long Term Plan, prior to COVID-19. The plan wasn't finalised although feedback was provided by the regional team. It is likely that an updated plan will need to be constructed in early 2021 that incorporates the system's development priorities, planned outcomes and operational performance, workforce requirements and financial plans.	<ol style="list-style-type: none"> Review and agree key priorities with system partners (including SaTH's contribution and inputs) – January 2021 Agree transparent set of system assumptions and partner arrangements – January 2021 Incorporate plans involving system partners into Trust annual plan – March 2021 Co-design system long term plan with system partners ensuring that key assumptions remain aligned - April 2021

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> Agreed plan based on a set of assumptions and initiatives that will underpin health services within Shropshire and Telford on a sustainable basis. Identify and develop the system initiatives that are required to support the delivery of long term plan (incorporating workforce and financial implications). 	<ul style="list-style-type: none"> Agreed priorities that support improved outcomes for the population More integrated pathways that improve patient experience and access Increased out of hospital care provision combined with improved DoS and triage arrangements Increase the sustainability of the workforce Building solid financial foundations and improve system financial performance

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> Trust Board SaTH Leadership Committee STP partners System leaders / teams 	<p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Meet regularly to develop deep relationships</p> <p>Meet regularly to develop deep relationships</p>

High Level Milestones	Date
Review and agree key priorities with system partners (including SaTH's contribution and inputs)	Jan 2021
Agree transparent set of system assumptions and partner arrangements	Jan 2021
Incorporate plans involving system partners into Trust annual plan	Mar 2021
Co-design system long term plan with system partners ensuring that key assumptions remain aligned	Apr 2021

Risks	Issues
<ul style="list-style-type: none"> System long term plan assumptions do not align with SaTH HTP OBC assumptions. Unable to develop required scale of pathway change to support assumptions. Insufficient capacity and capability to provide required input into the long term plan Insufficient leadership input and commitment 	

Resource Requirements	Cost
Additional resource required to support the development and finalisation of plan document (resources to be engaged by the STP team)	TBC

21. Getting to Good – One Page Outline

Getting to Good 2020/2021	Oversight, assurance, roles and accountabilities		
Executive Sponsor	Anna Milanec		
Senior Responsible Officer	TBC		
PMO Support Lead	Ellen Shaw	NHSE/I Support	Sam Riley

Background	Outcomes
<p>The S&TH NHS Trust board's commitment is to govern effectively and in doing so build patient, public and stakeholder confidence that their health and healthcare is in safe hands. This fundamental accountability to the public and stakeholders is delivered by building confidence:</p> <ul style="list-style-type: none"> In the quality and safety of health services. That resources are invested in a way that delivers optimal health outcomes. In the accessibility and responsiveness of health services That patients and the public can help to shape health services to meet their needs. That public money is spent in a way that is fair, efficient, effective and economic. 	<ol style="list-style-type: none"> Recruit to substantive Executive board positions Reviewed / restructured assurance / governance teams Board development programme procured Performance Management Framework embedded which defines clearly the roles and responsibilities in relation to Governance from Board to ward. Corporate Governance convention (business cycles/TOR/Minutes and SaTH Governance handbook) Mapping of assurance framework throughout the organization by January 2021 Review and optimise the Executive portfolio's and implement new portfolio's by November 2020 Review and standardise the Care group management structures by March 2021.

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> Regulatory and Statutory compliance Public confidence and reputation Improved quality of services Improved patient and staff experience Improvements in governance will support improvements in meeting constitutional standards and transformation and service redesign Embedded Trust PMF 	<ol style="list-style-type: none"> Compliance with all CQC regulations including Regulation 17 – Good Governance CQC must/should-dos by December 2021. Well-led rating to transition from inadequate to requires improvement in 2022/23 Embedded Trust PMF by December 2020. Clear line of sight from ward to board for monitoring performance and celebrating success by December 2020. – this won't happen until after the assurance framework has been mapped.

Risks	Issues
<ul style="list-style-type: none"> Recruitment to all board & senior leadership posts Role out of IPR Care Group/Centre capability and capacity Impact of second wave of Covid Corporate Governance Team capacity and capability 	<ul style="list-style-type: none"> IT and Business Analytics capability and capacity Role of Care Group governance facilitators

High Level Milestones and Key Decisions	Date
Review and optimize the Executive portfolio's.	December 2020
Review and optimize Care group management structures.	March 2021
Agree and implement changes required from above reviews.	May 2021
V1 Corporate Governance Handbook in place	December 2021
Mapping exercise of board assurance framework to be undertaken (Nov, Dec) and completed	January 2021
Review of Sub-Committees and associated performance management framework monitoring.	April 2021
Establish a substantive board with a board development programme in place (underway)	December 2020
Compliance with CQC Regulation 17-Good Governance 'must-dos'	June 2021
Well-Led plan enacted and evidence of board assessments	March 2021

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> Getting to Good Committee Committee in Common (UHB Improvement Alliance) SaTH Leadership Committee SaTH Board NHSE/I SaTH support team 	<p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p>

Resource Requirements (capital, non recurrent and recurrent, people)	Cost 20/21
<p>IT and Business Informatics NHSE/I funded support</p> <p>Making Data Count NHSE/I support pack and Deputy Director IS</p> <p>Senior Responsible Officer</p> <p>Project Manager</p> <p>Compliance and Assurance Manager to support Director of Governance and to act as SRO</p>	<p>Tbc - NHSEI</p> <p>Requires funding</p>

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22. Getting to Good – One Page Outline

Getting to Good 2020/2021	Strong Financial Foundations		
Executive Sponsor	James Drury		
Senior Responsible Officer	Lucy Owens		
PMO Support Lead	Matthew Mellors	NHSE/I Support	n/a

Background	Outcomes
<p>A key element of the NHS Long Term Plan is to see an improvement in provider's financial performance and address historic financial governance issues.</p> <p>Historically SaTH has not:</p> <ul style="list-style-type: none"> Achieved our control total Not fully delivered our annual CIP target Nor driven improvements in efficiency and productivity to move forwards to become a sustainable organisation. <p>As a Trust we 'require improvement' for our overall use of resources and value for money. Historical the Trust has had financial governance issues .</p> <p>The Trust has to improve its financial performance and strengthen finance skills in all staff groups, moving forward to become a sustainable organisation and to generate cash for investment in services.</p>	<ol style="list-style-type: none"> 2020/2021 Financial Plan that aligns with our plan for restoration and national planning guidance produced by August 2020 (included within the operational plan submission). 2020/2021 Transformation and Efficiency Programme aligned with our plan for restoration produced by September 2020. Reporting of drivers of our underlying financial performance through pre-COVID, COVID and Restoration and Recovery phases by October 2020. 2021/2022 Financial Plan that aligns with national planning guidance by February 2021. 2021/2022 Transformation and Efficiency Programme by February 2021. All Business Leaders to have undertaken Financial Training Programme by March 2021 Improved use of financial systems and controls by March 2021.

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> Deliver a breakeven position at the end of 2020/2021 Deliver Transformation and Efficiency Target Deliver our Capital Resource Limit and External Financing Limit Improved financial governance and control 	<ul style="list-style-type: none"> 60 key leaders with significant financial responsibility will have complete the Financial Training Programme by March 2021. Trust delivers a breakeven position for 2020/2021. Approved 2020/2021 Transformation and Efficiency Programme with cascaded target by September 2020 Trust delivery of our £19m Capital Plan for 2020/2021 Signed off budget for second half 2020/2021 by October 2020 by each care group and corporate function. Signed off budgets for 2021/2022 agreed with Care Groups and corporate function by March 2021.

High Level Milestones	Date
Complete run-rate review and recalibration of budgets for second half of 2020/21. Understand the value and status of plans for existing CIP and the remaining financial value to deliver activity and performance KPI's in year	Sep 20
Report of drivers of our underlying financial performance	Oct 20
Draft 2021/2022 Operational Plan (inc Transformation and Efficiency)	Jan 21
Final 2021/2022 Operational Plan (inc Transformation and Efficiency) including a rigorous financial plan	Feb 21

Risks	Issues
<ul style="list-style-type: none"> National Finance Planning Guidance is yet to be published and when published <u>will</u> impact on our financial planning assumptions. Additional COVID-19 requirements increases costs of delivering the plan. Ineffective workforce controls increase cost and risk around the delivery of breakeven position. System changes may impact our financial plan. Insufficient capability and capacity to deliver the capital investment plan. 	<ul style="list-style-type: none"> Capacity and capability within the finance team to support the delivery the plan and Transformation and Efficiency Programme. Insufficient financial capability of the key leaders with significant financial responsibility .

Resource Requirements	Cost
Resources required (revenue non recurrent / recurrent / capital) to support the delivery of the transformation and efficiency programme.	£80k p.a
Revised finance structure to provide additional resource at senior level, to enhance business planning team and to support transformation and efficiency programme. Cost to be confirmed by September 2020.	TBC
Support and resource to design and implement a modern and automate financial systems	TBC

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> Trust Board Finance and Performance Assurance Committee SaTH Leadership Committee STP NHSI/E 	<p>Monthly Assurance Report</p> <p>Monthly Assurance Report</p> <p>Monthly Highlight Reports</p> <p>Monthly Meetings</p> <p>Provide information and evidence as required</p>

23. Getting to Good – One Page Outline

Getting to Good 2020/2021	Performance data and analytics		
Executive Sponsor	Chris Preston		
Senior Responsible Officer	Jill Newman		
Project Manager	Cheryl Thacker	NHS I/E Support	Sam Riley

Background	Outcomes
<p>The Trust has identified a need to improve the quality and timeliness of performance information.</p> <p>Historically, Trust performance information has not been provided in a constant and timely way. Performance information has primarily focused on looking at historical data, the Trust wants to change this emphasis and become more forward looking.</p>	<ol style="list-style-type: none"> Improved data quality and a 'single version of the truth' represented in a timely way through comprehensive performance dashboards and IPRs (Trust and Care Group) that support high quality decision-making. To be in place by March 2021. Forward looking and predictive analytical capability is fully incorporated into our performance processes by March 2021. Digitised performance dashboard (with drill down) available in real time (as data is updated) to be available by March 2021. Reduce information team time spent generating dashboards by 50%+. To be achieved by March 2021.

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> Improved quality of information Increased transparency and ownership of performance issues Better quality decision-making Proactive performance and risk management More time spent analysing data and developing insights 	<ul style="list-style-type: none"> Data kitemark scores for S&T green for all headline board metrics – from March 2021 Conduct review on progress with Board and NHSEI – December 2020 Internal audit review of data quality assurance for board dashboard metrics – Q4 20/21 Digitised dashboard in place – from Apr 2021

Key Stakeholders -	How will we engage with them
<ul style="list-style-type: none"> Trust Board Getting to Good Committee Sustainability Assurance Committee Finance and Performance Assurance Committee SaTH Leadership Committee STW CE/AO Group 	<p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Highlight Reports</p> <p>Monthly Meetings</p>

High Level Milestones	Date
Approved plan and business case to increase the Trust's analytical capacity and capability (business intelligence function)	Sep 2020
Comprehensive 'manumatic' Performance Dashboards and IPRs in place for Board and Care Groups. All Trust Board KPI's to have a green data kite mark for 'sign off an validation' (S) and 'timely and complete' (T)	Mar 2021
Board and Care Group SPC training sessions delivered	Oct 2020 (Board) By end Nov 2020 (Care Groups)
Automated and digitised Trust Board Performance Dashboards that have drill down capability through to care groups	Mar 2021
QSAG report produced and submitted using SPCs and best practice approach to reporting	Nov 2020

Risks	Issues
<ul style="list-style-type: none"> Inability to recruit appropriate resources internally and externally. Insufficient capacity and capability within the Corporate and Operational team to address the immediate demands. A delay in the delivery of the data warehouse functionality (and associated system interfaces) will impact on our ability to deliver a digital dashboard. The dispersed nature of our data and multiple systems in place across the organisation presents a risk to the integration of information Lack of governance on current data flows and ownership Potential misalignment of Digital Path Roadmap need to support this project milestones 	<ul style="list-style-type: none"> Insufficient capacity and capability within current informatics team to implement products

Resource Requirements	Cost
Head of Performance (new role)	£111K
Head of Business Intelligence and three BI analysts (new roles)	£280k
Development of information team (additional short term capacity and capability – potentially through CSU)	TBC
Appoint third party provider to digitise performance dashboards	TBC

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

24. Getting to Good – One Page Outline

Getting to Good 2020/2021	Risk Management		
Sponsor	Anna Milanec		
Senior Responsible Officer	Kevin Street		
PMO Support Lead	Ellen Shaw	NHSE/I Support	Sam Riley

Background	Outcomes
<p>The S&TH NHS Trust board's commitment is to govern effectively and in doing so build patient, public and stakeholder confidence that their health and healthcare is in safe hands. This fundamental accountability to the public and stakeholders is delivered by building confidence.</p> <p>The Trust audit committee and Board have approved the following risk management plan to make improvements in the way the Trust manages risk and governs effectively.</p>	<ol style="list-style-type: none"> 1. Risk management plan in place to include review of BAF/Corporate Risk Register/Risk Maturity Baseline by October 2020 2. Substantive Risk Manager in place by January 2021 3. Risk Management Committee established by September 2020 4. BAF refreshed to aligned with new strategic goals 5. Risk Management Strategy Updated and communicated to Partners by end January 2021 6. Operationalising the Risk Management Strategy through Policy, Procedures and training that will aide both culture and performance by 31 March 2021 7. Reconfiguration of risk management software to ensure consistent reporting from ward to board by October 2020 8. Improve how risks from Board to ward are updated to improve the quality of the outputs.

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> Public confidence and reputation Improved quality of services Improved patient and staff experience Improvements in governance will support improvements in meeting constitutional standards and transformation and service redesign 	<ul style="list-style-type: none"> Compliance with all CQC regulations including Regulation 17 – Good Governance CQC must/should-dos by December 2021. Well-led rating to transition from inadequate to requires improvement in 2022/23 Evidence that risk management systems are effective by November 2020. Improvement in Risk maturity self assessment

High Level Milestones	Date
Risk Management plan in devised re systems including BAF, Corporate Risk Register, Risk Maturity baseline	October 2020
Risk Management Strategy Updated and communicated to Partners	January 2021
Risk Management training programmed established and rolled out	April 2021
Compliance with CQC Regulation 17-Good Governance 'must-dos'	June 2021
Reconfiguration of risk management software to ensure consistent reporting from ward to board	October 2020
Recruitment of Risk Manager to support ongoing risk training, processes	February 2021

Risks	Issues
<ul style="list-style-type: none"> Care Group/Centre capability and capacity Impact of second wave of Covid Corporate Governance Team capacity and capability 	<ul style="list-style-type: none"> IT and Business Analytics capability and capacity Role of Care Group governance facilitators

Key Stakeholders	How will we engage with them
<ul style="list-style-type: none"> Getting to Good Committee Committee in Common (UHB Improvement Alliance) SaTH Leadership Committee SaTH Board NHSE/I SaTH support team 	<p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p>

Resource Requirements	Cost
<p>Risk Management Consultant</p> <p>IT and Business Informatics NHSE/I funded support</p> <p>Making Data Count NHSE/I support pack and Deputy Director IS</p> <p>Senior Responsible Officer</p> <p>Project Manager</p> <p>Substantive Risk Manager (supporting risk, BAF, training, policy and processes) to be recruited asap</p>	<p>Band 9 –Trust cost</p> <p>Tbc - NHSEI</p> <p>Requires funding</p>

25. Getting to Good – One Page Outline

Getting to Good 2020/2021	Programme and Project Management		
Executive Sponsor	Chris Preston		
Senior Responsible Officer	Melissa Agnew		
Project Manager	Ellen Shaw	NHS I/E Support	Michael Turnham

Background	Outcomes
Design and embed a PMO service capable of providing programme delivery support to the Getting to Good programme of change, with the future capability of providing assurance across the full organisational wide SaTH agenda for change. Leading to the development of more sophisticated selection and prioritisation of change procedures to ensure that the right initiatives are supported that provided clear benefits to our staff and patients, align to our corporate objectives and are delivered to the best of our ability on time, to cost and quality requirements.	<ol style="list-style-type: none"> A clearly defined PMO service function for delivery by January 2021 which is understood by the wider organisation. A fully functioning, effective and sufficiently skilled PMO team capable of leading project delivery and programme assurance functions. Create In house expertise on the standardised delivery of projects and central repository for tools templates and performance data for the Getting to Good programme. Empower staff to support change through an effective and standardised approach to project delivery, governance, reporting and communication procedures

Key Benefits	Benefit Measure
<ul style="list-style-type: none"> Fully functional PMO built on good practice with a clear purpose and role with an effective approach to prioritisation of effort and focus. All Executive Sponsors and SRO's of the Getting to Good programme have a clear understanding of their roles and responsibilities in the delivery and have access to the appropriate tools and support. Executives provided with robust and regular monitoring and information on delivery of the Trust priority programmes 	<ul style="list-style-type: none"> A succinct project and programme schedule, with appropriate PM, SRO and executive lead representation, measured via the existence of standardised TOR for each programme and project board by February 2021. All Care groups and SROs to have received a session on the principles of project management and the roles and responsibilities of PMs and SROs to improve awareness of people responsibilities by December 2020. Clear purpose and role of the PMO team defined and socialised and effective roles and responsibilities across the trust are understood. Standard programme delivery processes and templates have been rolled out across the Getting to Good Programme and are available for the rest of the Trust on the intranet by March 2021.

High Level Milestones and Key Decisions	Date
Standard document suite and governance arrangements established and in place for Getting to Good programme and monthly reporting commenced	Jul 2020
Programme Delivery reporting and escalation protocols defined and operating	Sep 2020
Business case for additional short term PMO resources	Nov 2020
Engage approved contractual resource	Dec 2020
SRO / PM Training and Promotion Presentation	Dec 2020
Re-define the PMO Service Function for delivery	Jan 2021
Re-define PMO Service Roles and Responsibilities	Feb to Apr 2021
Roll out in house training for PMO and G2G project delivery resources (online guidance with easy access supporting templates and PMO guidance).	Mar 2021
Programme and project system procurement / implementation	Mar 2021

Risks	Issues
<ul style="list-style-type: none"> Pace of change required due to external pressures means there may be a conflict with the planned and scheduled orientation of a PMO meaning the full value of a PMO function can not be realised. Reactive decisions made without understanding the full inter dependencies may impact on the long term plan for developing an effective and valuable PMO service Current PMO role and responsibility needs to be clearly defined and support activities need to be restructured to align with programme priorities, which may mean PMO unable to support some current activities. 	<ul style="list-style-type: none"> Insufficient capacity and capability within current team to support all of the planned activities

Resource Requirements	Cost
<ul style="list-style-type: none"> Contractual Support Costs (bridge existing resourcing gaps) SRO /PM and PMO Team Training PMO IT System Procurement 	<p>£140K</p> <p>£34k</p> <p>£53k</p>

Key Stakeholders -	How will we engage with them
<ul style="list-style-type: none"> Trust Board SaTH Leadership Committee Getting to Good Committee 	<p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p> <p>Monthly Assurance Reports</p>