


# Board of Directors' Meeting

## 9 June 2022

Agenda item	104/22			
Report	Getting to Good Progress Report			
Executive Lead	Helen Troalen, Director of Finance			
	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	✓
	Report recommendations:		Link to BAF / risk:	
	For assurance		1,2,3,4,5,7,8,9	
	For decision / approval		Link to risk register:	
	For review / discussion			
	For noting	✓		
	For information			
	For consent			
Presented to:				
Dependent upon	n/a			
Executive summary:	<p>The purpose of this paper is to inform on the progress made in April 2022, on the delivery of the nine programmes and 26 projects within Getting to Good Phase 2.</p> <p>Three of the 9 programmes are reporting all projects as being on track this period; Maternity Transformation; Culture; and Workforce. Three programmes are reporting as having a combination of both on track and reasonable projects; Quality and Safety; Finance and Resources; and Digital Transformation. The Leadership programme is reporting a status of reasonable. Two programmes are reporting as having off track projects; Operational Effectiveness; and Corporate Governance. The off track projects in this reporting period are Communications and Engagement; Restoration and Recovery and Theatre Productivity.</p>			
Appendices:	Appendix A: G2G Phase 2 Programmes; Appendix B: Local Governance; Appendix C: Oversight, Assurance and Accountability; Appendix D: Tiers of Support; Appendix E: Month on Month Status with Trend; Appendix F: Gantt Chart; Appendix G: Project Status Overview			
Lead Executive:				

## 1. Introduction

The purpose of this paper is to provide assurance on the progress of the delivery of the nine programmes and 26 projects within Getting to Good, an overview of which is detailed in *Appendix A*.

The aim and focus of Getting to Good Phase 2, is to embed the improvement projects which are within the Executive Director portfolios in order to deliver sustainable change that supports the organisation in achieving an overall Care Quality Commission (CQC) rating of 'Good' by 2023.

'Getting to Good' incorporates nine programmes, each of which is led by an Executive Director. The accountability for improvement and effectively embedding the change remains with the Executive Director and progress is overseen through their own governance arrangements, this is detailed in *Appendix B*. Oversight is provided through the weekly Getting to Good Operational Delivery Group (ODG) to track and monitor progress to achieving this. Furthermore, this is supported by colleagues from the Programme Management Office, Service Improvement Team, Communications, Performance and Reporting Team and NHS England/Improvement (NHSE/I). This meeting is chaired by the SaTH Improvement Director.

From April 2022 updates on progress from the ODG will be shared at the Executive Team Meeting (ETM) and reported monthly into the Senior Leadership Committee – Operations (SLC-O), Quality and Safety Assurance Committee (QSAC) and SaTH Trust Board. Monthly progress will also be reported to the Strategic Oversight Assurance Group (SOAG) to provide NHSE/I and external assurance. (see programme governance structure in *Appendix C*).

The Programme Management Office and Service Improvement Team offer tailored support to each project according to project need. This is agreed with the relevant Executive Lead and Senior Responsible Officer (SRO). This tiered support was implemented in July 2021 (phase 2) and projects will be monitored as the programmes of work continues (see *Appendix D*). The Programme Management Office has developed a revised structure and recruitment is underway to recruit staff into the vacancies without any further delay to ensure that appropriate support is given to Getting to Good programmes of work.

## 2. Progress Summary by Programme

Three of the nine programmes are progressing well with the following programmes reporting all their projects as being **on track** this period.

- Maternity Transformation
- Culture and Behaviours
- Workforce

The Leadership programme now shows a worsening position this month, as the Leadership Development Framework project is now reporting as **reasonable**.

The Operational Effectiveness programme shows a worsening position this month with the both the Restoration and Recovery and Theatre Productivity projects continuing to report as **off track** and The Non Elective Pathways project now rated as **reasonable**.

The Corporate Governance programme shows a consistent position this month, as the Board Governance project is reporting as **reasonable**, The Communications & Engagement project reporting as **off track** and all the remaining projects are still reporting as **on track**.

The Quality and Safety programme remained the same status this month, with the Learning from Deaths project is reporting as **reasonable** and all the remaining projects are still reporting as **on track**.

The Digital Transformational programme has remained the same status as per the last reporting period, with the Digital Infrastructure project reporting as **on track**, and the Applied Digital Healthcare project reporting as **reasonable** as more detailed opportunities for applied digital healthcare specific to SaTH are still to be defined.

The Finance and Resources programme shows a consistent status this month, with the Financial Literacy project remaining as **reasonable**, whilst all the remaining projects in the programme are reporting as **on track**.

## 2.1 Consistency and Trend

24 projects retained a consistent delivery trend, the two remaining projects have seen a worsening position in the reporting period.

The Leadership Development Framework project has moved from **on track** to **reasonable** this month due to the delay in developing the Local Scope for Growth and Talent Management Pathway, due to a pause in the national programme.

The Non Elective Pathways project within the Operational Effectiveness programme has moved from **on track** to **reasonable** this month, due to the non-delivery of the action to appoint a substantive workforce at all levels by March 22 and a number of other actions for which the delivery date has previously been extended.

Further details are described in the project update in Section three and a visualisation of trend is provided in *Appendix E*.

## 2.2 Project Milestones Due for Delivery

There were eight milestones due for completion during April 2022 across seven projects, six of these milestones were successfully delivered.

The milestone to develop The Local Scope for Growth and Talent Management Pathway, within the Leadership Development Framework project was **off track**, due to a pause in the national programme and an amended timescale is still to be agreed.

The milestone to Review of Standing Orders / Matters Reserved / Scheme of Delegation as part of the Board Governance Project has had the deadline extended to August 2022 and will remain rated as **reasonable** until it is delivered.

Details on all milestones is visualised in the Gantt chart at *Appendix F* and a detailed explanation of project status is provided in Section three of this report.

## 3. Progress on the Getting to Good Programmes

This section details an update on the progress of each project within Getting to Good Phase 2, each update contains, where relevant, any key issues and risk to delivery. An overall update table is provided at *Appendix G*.

### Quality and Safety Programme

**Executive Lead(s):** John Jones, Acting Medical Director; Richard Steyn, Co-Medical Director; Hayley Flavell, Director of Nursing.

#### Delivery of the Quality Strategy

The initial key actions of the Delivery of the Quality Strategy project have now been delivered and have transitioned into the monitoring phase.

In collaboration with the Performance and Reporting team, a quality and safety dashboard is being created, and further work is required to ensure all identified metrics are included and accurately recorded, in order to operationalise the dashboard effectively.

**Key Issues:** Further metrics are required to fully implement the Quality Strategy Dashboard.

**Overall likelihood of project delivery:** **On Track**

#### Fundamentals in Care

The initial key actions of the Fundamentals in Care project have now been delivered and have transitioned into the monitoring phase. This assurance is provided via quarterly reports to the Quality Operational Committee (QOC) which include the nursing quality metrics dashboard, audit results from Gather and the status of

exemplar ward audits to demonstrate the current position for Fundamentals of Care.

Further action plans are in place and improvement work continues with those wards still flagged as red, despite some improvements having been made. Actions include supporting the leadership, Ward Managers, Matrons, and Divisional Directors of Nursing, to improve the fundamental standards of care in these areas and this will continue to be measured through the exemplar ward audits.

**Key Issues:** A number of wards continue to show a status of red on exemplar audits, action plans are in place in response and work continues to support those wards.

**Overall likelihood of project delivery:** **On Track**

### Learning from Deaths

During April 2022, the Learning from Deaths policy was finalised and approved and is now available to view on the Intranet.

As part of the NICHE2 recommendations, the availability for 30-day discharge data was delayed due to capacity issues within the Performance and Reporting team and this will be prioritised in the coming weeks. The recommendation for direct access pathway review is scheduled as part of the Non Elective Programme from October 2022. Until this is resolved the milestone relating to delivering the NICHE2 audit recommendations remains off track.

A business case to increase the capacity of the Learning from Deaths team to deliver the new Learning from Deaths agenda has been submitted for approval.

**Key Issues:** Capacity of the Learning from Deaths team to support the new learning from deaths process and online screening tool.

**Overall likelihood of project delivery:** **Reasonable**

### Levelling-up Clinical Standards

During April 2022, a review and refresh of the project plan on a page has taken place and further actions have been identified as part of the transition into the next phase of the project.

The Performance and Reporting team are currently scoping available metrics for Acute, Emergency and General (Internal) Medicine for inclusion into the InPhase system and a trajectory for expanding that to include Neurology, Cardiology and Stroke is underway.

Once these measures are available, they will be reviewed in line with the newly established Quality Governance Framework. Focus will be placed on developing a joint Clinical Standards and Audit Policy that will set out the principles and

framework for the implementation and monitoring of local and national standards and clinical audit throughout the Trust.

The Senior Responsible Officer (SRO) is working in collaboration with the Chief Clinical Information Officer to develop a standardised electronic referral system for speciality review. This will enable the capture of quality metrics relating to this.

**Key Issues:** **None**

**Overall likelihood of project delivery:** **On Track**

### Quality and Regulatory Compliance

The Care Quality Commission (CQC) Action plan delivery is underway, with the monthly divisional challenge sessions now established and the first cycle of presentations to ODG completed during April.

A mock CQC inspection for Children's and Young People's services took place on 28th April 2022 with support from colleagues in partner organisations and NHSI/E to review the impact of the delivery of the CQC action plans at ward level.

The completion of self-assessments for CQC Core Services not assessed by CQC in July 2021 is underway. Self-assessment of Children's and Young People's services is in under way with a table top review taking place on 23rd May 2022. The Outpatient Departments are scheduled to complete their self-assessments by the 15th of May 2022 with a table top review to follow during late May. Palliative and End of Life Care (PEoLC) has been prioritised for self-assessment ahead of Surgery and the Intensive Therapy Unit (ITU) and this is underway and a mock inspection is scheduled for 24th June 2022.

**Key Issues:** **None**

**Overall likelihood of project delivery:** **On Track**

### Quality Governance

A review and refresh of the Quality Governance project has taken place, with all high-level milestones identified in Phase 2 delivered, with monitoring of the metrics ongoing.

Further key actions have been identified, including embedding the Learning from Deaths agenda and aligning the complaints process to the Quality Governance Framework. The focus going forward will be the delivery of these in conjunction with the continued embedding of the new Divisional Quality Governance Teams and the supporting processes.

**Key Issues:** **None**

**Overall likelihood of project delivery:** **On Track**



## Maternity Transformation Programme

**Executive Lead:** Hayley Flavell, Director of Nursing

Further to the publication of the second Ockenden report, the Women & Children's division has undertaken two multi-disciplinary workshops in April to review and plan for delivery of both the local actions for the trust and the immediate and essential actions that are outlined within the report. Two further sessions are scheduled in the coming weeks, one to address the actions relating to the management of anaesthesia and one with system partners to plan the delivery of joint actions. Each of the actions have been aligned with an appropriate workstream to ensure oversight of delivery. The detail of the delivery plan will be presented to the Maternity Transformation Assurance Committee (MTAC). To note, Divisional Directors have identified the need for a seventh workstream, to cover anaesthesia-related actions; this has been agreed by the Medical Director and Operations Director for the Surgery, Anaesthetics and Cancer Division and the Clinical Director for Anaesthesia.

All of the internal actions from the first Ockenden report are on track for delivery within the current agreed timescales.

The division is currently On Track with Clinical Negligence Scheme for Trusts (CNST) reporting deadlines; three Safety Actions are at risk, as reported to the Quality Safety and Assurance Committee (QSAC) and due for reporting to the Board of Directors in May 2022.

**Key Issues:** Some key issues with the Maternity Badgernet implementation including the level of training, lack of 'floorwalking' for technical support (both internally and from the external provider), differences in functionality between tablets and desktops and data quality validation. This issue is being managed by the Division and any impact on the Maternity Transformation Programme will be monitored through MTAC.

**Overall likelihood of project delivery:** **On Track**

## Operational Effectiveness Programme

**Executive Lead:** Sara Biffen, Acting Chief Operating Officer

### Theatre Productivity

The performance of the Theatre Productivity project continues to be affected by the current limited theatre capacity and bed base due to loss of bay A, B and C at the Day Surgery Unit (DSU) at PRH and only 7-10 (subject to escalation) beds on DSU at RSH for electives. Revised Infection Prevention Control (IPC) guidelines are in place to allow backfilling of patient cancellations at short notice, as agreed with IPC.

A total of 67% (PRH) and 68% (RSH) Theatre Utilisation was realised for the month of April 2022, due to bed pressures and the cancellation of 201 routine operations to prioritise cancer and urgent patients. Theatre lists continue to be planned to between 85% and 100% through weekly list planning meetings although this has been difficult in April due to the planned cancellation of non-urgent procedures.

With the current escalation level at both sites, it is unlikely that we shall achieve the set target of 85% utilisation in May 2022 unless day surgery on both sites becomes elective.

Bluesprier theatre management software will be operational in September 2022 which removes the need for the separate data collection sheet, and a new theatre dashboard has been created by the informatics team and is currently being tested.

**Key Issues:** Theatre staffing remains an issue due to vacancies and significant amount of COVID-19 related sickness due to employees needing to isolate.

**Overall likelihood of project delivery:** **Off Track**

### Restoration and Recovery

The Restoration and Recovery project remains as off track this period, due to pre-agreed targets not being achieved within timescale. A refresh of the project plan is required in light of the current performance and the National Elective Strategy.

The current unvalidated position for March 2022 is that Outpatient first attendances were at 87% against the H2 plan and Outpatient follow up appointments were at 86% against the H2 plan. Elective inpatients stood at 110 % against the H2 plan and Elective day cases were at 84% of the H2 plan. The Elective Recovery Fund (ERF) targets are forecast to be met in March 2022 except in Elective Inpatients.

Whilst the target of zero 104-week waits has not been achieved, the number of 104 week waits stood at 60 compared to the locally agreed target of 74. This target of 74 reflects the ongoing elective green capacity gaps, lack theatre staffing and for MSK patients requiring Intensive Care Unit (ITU), High Dependency Unit (HDU). In addition, there are several staffing pressures with nine members of staff currently absent due to COVID-19 and other absence causes. Despite these ongoing pressures, cancer and urgent cases continue to be prioritised.



The 25% target of non-face-to-face Outpatient appointments has not been achieved, with performance at 20% as of the end of March, a 2% improvement on the previous month.

Patient Initiated Follow Up (PIFU) has a system wide agreed target of 2% by March 2022, the current validated position as of March 2022 is 1.6%. Andy Elves continues to engage consultants as part of the Outpatients Transformation programme and is linking with individual specialities about how we improve PIFU compliance. A recovery plan is in place with continued engagement with commissioners as part of the Outpatient Transformation Programme (OTP) and the target for PIFU next year is 5%. There are currently circa 25,000 patients on a 'past max' (anything over 52 weeks) wait backlog list who cannot be moved onto a PIFU pathway until they have had an initial appointment.

Significant background work is taking place as part of OTP and each speciality has created a plan as to how they improve the PIFU target, this also addresses the non-recurrent issue around past max waits. A workshop is due to take place on the 10th May to review opportunities within SaTH for outpatient pathway transformation, as part of the Outpatient Transformation programme across the ICS.

### **Key Issues:**

Elective "green" capacity, with loss of capacity in Day Surgery Units (DSU) on both sites. This bed gap which will have a significant impact and prevent the Trust from hitting the elective recovery targets.

Unavailability of skilled theatre staff (39% at RSH; 47% at PRH) due to a combination of sickness and vacancies.

Radiology capacity, current waits for routine CT scans is 25 weeks, resulting in pathway delays.

COVID-19 related sickness and isolation in all areas – day ward, outpatients, theatres, Consultants / Doctors, Nursing, Healthcare Assistants (HCAs).

Increased 2 week wait demand across a number of cancer specialties.

Access to timely validated data in one monthly dashboard.

**Overall likelihood of project delivery:** **Off Track**

### **Non-Elective Pathways**

A new Senior Responsible Officer (SRO) for the Non-Elective Pathways Programme is now in place, and a revised project Plan on a Page will be finalised in May 2022, in collaboration with the System UEC improvement plan. The revised programme will focus on Bed Reconfiguration, Flow and Process, and Acute Medicine Reconfiguration with the delivery of the priority actions scheduled ahead of Winter 2022.

The initial business case for the Bed Reconfiguration project has been approved at Investment and Innovation Committee (IIC) and the final business case will be submitted by the end of May 2022 for final approval. Additional resource allocated to support delivery of the Flow and Process Project for a six month period will be commencing in May 2022.

**Key Issues:** The revised Non-Elective Pathways programme is a vast and complex set of projects and workstreams, some of which are still in development.

**Overall likelihood of project delivery:** **Reasonable**

#### Governance Programme:

**Executive Lead:** Anna Milanec, Director of Governance and Communications

**Programme Update:**

#### Board Assurance Framework (BAF)

National legislation to formalise Integrated Care Systems (ICS) has been delayed from April 2022 to July 2022. In the interim an ICS group has been setup which first met in February 2022 to discuss the ICS risk framework requirements going forward. SaTH still requires its own Board Assurance Framework (BAF) and this is now in place.

**Key Issues:** **None**

**Overall likelihood of project delivery:** **On Track**

#### Communications & Engagement

The Trust Strategy is currently awaiting approval in June 2022. Once this is completed work can commence on the Communications Strategy with a new timeframe to be agreed.

The recruitment process for the substantive Head of Communications will start in May 2022, with interviews scheduled to take place during June 2022. The new substantive Head of Communications will then look at developing the Communications Strategy. The existing Head of Communications is due to leave at the end of May 2022, mitigation has been put in place via external support and an acting up opportunity.

**Key Issues:** Delay to recruitment to the substantive Head of Communications.

**Overall likelihood of project delivery:** **Off Track**

#### Board Governance

A review of Standing Orders, Matters Reserved and Scheme of Delegation is currently under way, however completion of this piece of work is dependent on the publication of the Trust strategy, due for approval in June 2022, and completion of

the required governance processes for the documents to be approved; it is intended that this piece of work will then form a larger piece of work.

**Key Issues:** Awaiting external findings along with aligning the plan to the Trust Strategy to inform comprehensive action plan.

**Overall likelihood of project delivery:** **Reasonable**

### Risk Management

90% of risks have been transferred to DATIX, with the remainder due no later than the end of May 2022. Staff will continue to update risks on 4Risk up until 21st June 2022, with the switchover to DATIX planned for the following day. The Risk Management team are currently verifying that the risks transferred to DATIX mirror the information on 4Risk, and Divisions have been asked to quality check that the data on DATIX mirrors that of 4Risk.

The Risk Management Training Programme has now been launched and 12 x 2.5hr sessions will be running throughout May and June 2022 which will incorporate not only how to use DATIX but will also bring in elements Risk Management theory and tools to support the management of risks. Engagement has been very high with 80% of sessions currently booked.

**Key Issues:** **None**

**Overall likelihood of project delivery:** **On Track**

### Anti-Fraud, Bribery and Corruption

The key actions for the Anti-Fraud, Bribery and Corruption project have now been delivered.

**Key Issues:** **None**

**Overall likelihood of project delivery:** **On Track**

### Finance and Resource Programme:

**Executive Lead:** **Helen Troalen, Director of Finance**

### Financial Literacy

The Financial Literacy project aims to review, improve, and embed more robust streamlined key financial processes across the Trust. This will be supported by ensuring that the finance department proactively promote a professional leadership culture across the organisation with an effective staff development infrastructure in place across the finance team. The implementation of change will be prioritised and targeted at the areas of greatest opportunity (e.g., business case development, financial risk management, budget control and flexing, forecasting).

The priorities scheduled to be delivered during the first half of 2021/22 were completed in line with the original plan. However, operational pressures

experienced over the second half of the year resulted in a delay in embedding the programme, in particular the new business case governance process and the reporting of the divisional financial risk registers. The business case review group is now established with meetings taking place monthly and the divisional financial risk registers will be updated following agreement of the 2022/23 operational plan.

Two of the three remaining objectives are rated as reasonable and are on track to deliver within the amended timeframe, agreed by the Executive Lead. These are to deliver the training needs analysis and learning programme, and the achievement of Future Focused Finance (FFF) Level 2 accreditation, which have been approved to be moved to October 2022 in line with the national accreditation submission process.

The remaining action is to document and peer review financial processes. The processes in scope have been defined and documented and await sign off and peer review which will now be concluded by the end of May 2022. As a result, this is currently rated as off track against the original plan due mainly to capacity issues linked primarily to sickness absences and workload pressures and is awaiting Executive approval of a change request to extend the delivery date to May 2022.

**Key Issues:** Ongoing operational pressures pose a risk to timescales.

**Overall likelihood of project delivery:** Reasonable

### Financial Reporting and Planning

The costing team are continuing to transition the Service Line Reporting (SLR) model over from Prodacapo to LOGEX, which will allow for more user friendly outputs and data interrogation to enhance the robustness of the costing information. The deputy finance manager (costing) role has been recruited and will be in post by early June 2022 and will allow for a more collaborative approach with specialities to understand their costing data.

The Oracle upgrade project is currently in a holding period due to year-end until 3rd June 2022. The testing phase was completed in March 2022. The project will enter in to the dry-run testing phase on 6th June 2022 with the end date of 16th June 2022, the project go-live date is 17th July 2022 which will be followed by the hypercare phase until 29th July 2022.

The financial effectiveness surveys were circulated in February 2022 with a positive level of response received. An exercise to collate and review the feedback will take place following the financial year end.

**Key Issues:** Ongoing operational pressures pose a risk to timescales.

**Overall likelihood of project delivery:** On Track

## Productivity & Efficiency

The Trust committed to deliver a minimum of 1.6% efficiencies in 2021/22 which equates to £7.55m. The efficiency delivered was £7.57m which exceeded the target of 1.6% through recurrent and non-recurrent schemes.

The balance of recurrent to non-recurrent efficiency was 53% recurrent and 47% non-recurrent.

A further £3.6m of recurrent schemes would have needed to be identified and delivered to achieve 1.6% recurrently for 2021/22. As this was unable to be delivered, the programme relied on non-recurrent schemes and therefore additional recurrent schemes will need to be identified in the pipeline for 2022/23 to manage the recurrent expenditure base.

Operational pressures continued to impact engagement in the programme during April, resulting in low attendance and delays in progression of schemes. This also impacted on the engagement in operational planning and developing the 2022/23 pipeline and this will continue into Q1 of 22/23.

**Key Issues:** Ongoing operational pressures pose a risk to engagement

**Overall likelihood of project delivery:** **On Track**

## Performance and Business Intelligence

A project plan has now been finalised for the 2022/23 Performance and Business Intelligence (BI) project and this has been presented at the Getting to Good Operational Delivery Group (ODG). Work will now commence to deliver against the objectives and build on the current information provision into the Trust. A number of vacancies within the team are now in the progress of being filled, with six new starters due to commence roles over the next two months. This is a significant development as having a BI function will enable insights-driven analysis to be delivered within the Trust, which was seen as a key requirement from the project group.

Meetings have commenced with Divisions and Corporate departments to deliver a collaborative approach to key project milestones and also to better understand the support that Performance and BI teams need to provide to other areas of the Trust.

**Key Issues:** **None**

**Overall likelihood of project delivery:** **On Track**

## Workforce Programme

**Executive Lead:** Rhia Boyode, Director of People and Organisation Development

## Future Workforce Design

The current milestones within the existing project have now been completed. A new project Plan on a Page has been drafted, and the new Workforce Development Programme will aim to address two objectives:

1. To outline what demand for workforce we have now and in the future
2. To consider how we create cost improvement and efficiencies in how we supply that workforce

There will be two delivery groups within the revised project. One focussed on demand and all aspects that affect the level of workforce required and one group focussed on supply. The supply group will identify, deliver, and monitor the range of innovative ways to supply the workforce required.

**Key Issues:** None

**Overall likelihood of project delivery:** On Track

## Recruitment and Retention

The milestones contained within the existing project have been successfully completed by the end of March 2022. A new project Plan on a Page has been drafted, with the aim of improving the recruitment and onboarding process and reducing the use of agency.

The impact of this next stage of the project will be to increase safe staffing levels and reduce reliance on agency. Improve stability in the workforce which will lead to improvements in quality and retention of staff, and finally a reduction in agency costs and reduced time to fill posts will enable efficiency savings.

A continued focus on recruiting to clinical roles has been a priority for April, which will remain during the coming months. To further support this, the Trust has been working in collaboration with the Integrated Care System (ICS) and Indeed to recruit circa 80 WTE Healthcare Support Worker (HCSW's), with interviews continuing to take place during early May 2022.

**Key Issues:** None

**Overall likelihood of project delivery:** On Track

## Training and Education

The course catalogue audiences have now been built into the Learning Made Simple (LMS), the course history upload is now complete which includes 10 years of historical data and approximately 300,000 records. Communications and training



are in progress throughout the Trust in April 2022. The LMS was launched on the 20<sup>th</sup> of April. To date 2,500 members of staff have registered on the system. A chaser email is being sent to remaining staff the first week of May 2022.

LMS reporting mechanisms are being progressed and on target to be completed the first week of May 2022

Successful recruitment for the position of Head of Non-Medical Education has taken place during April 2022.

**Key Issues:** **None**

**Overall likelihood of project delivery:** **On Track**

#### **Culture Programme:**

**Executive Lead:** Rhia Boyode, Director of People and Organisation Development

#### **Culture and Behaviours**

The Making a Difference Together' platform has progressed during April 2022 with a review of Medical Engagement feedback underway to be able to feedback to the organisation and the communication plan is in place for next conversation to launch on 24<sup>th</sup> April 2022 discussing flexible working.

The Change Team are in place, although the April 2022 meeting was stood down due to site pressures and the agenda items will be included during the May 2022 meeting.

Team values and behaviours sessions have taken place for Sterile Services during April 2022 and support was provided to the People' Academy Session.

The Civility and Respect Programme is underway with a planning session with FTSU completed to design the program and the team have started the RECAP Training to support anti-racism strategy.

The Staff Survey Project Group 2021/2022 continues to make progress and the Café Conversation format has been completed and agreed for roll out in all divisions.

**Key Issues:** **None**

**Overall likelihood of project delivery:** **On Track**

#### **Leadership Programme**

**Executive Lead:** Rhia Boyode, Director of People and Organisation Development

#### **Leadership Development Framework**

The local scope of Growth Talent Management Pathway work will recommence in April 2022 as planned, having previously being paused by the national team. The

first re-start meeting took place on 26th April 2022. Staff members have been identified to attend the Train the Trainer Programme due to commence May 2022.

Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together to discuss the emotional and social aspects of working in healthcare. The first one is to be held in May 2022

The Health and Wellbeing and Recognition Plan is being implemented and aligns to our Organisation Development and Leadership support.

**Key Issues:** **None**

**Overall likelihood of project delivery:** **Reasonable**

#### **Digital Transformation Programme:**

**Executive Lead:** **Helen Troalen, Director of Finance**

#### **Digital Infrastructure**

The first Electronic Patient Record (EPR) steering group has taken place, the EPR Programme Board membership has been amended and there is a bi-weekly operational group established, with attendance essential to ensure this programme remains on target.

The ED Careflow system is due to commence in July 2022 and the stakeholder engagement and mapping is now in progress, ahead of this.

The new network solution has now been procured and Office 365 continues to roll out and is on track to deliver in June 2022 as planned.

**Key Issues:** **None**

**Overall likelihood of project delivery:** **On Track**

#### **Applied Digital Healthcare**

The Shropshire, Telford and Wrekin (STW) Virtual Ward Programme was relaunched at the end of March 2022, managed by Shropshire Community Health NHS Trust. Digital Technology is firmly within scope of this programme and the STW Local Care Transformation Programme. The programme will have a 'digital technology enabling workstream' within the virtual ward (VW) Operational Group governance structure who will work closely with the 'VW Clinical Reference Group' (both yet to be established) to agree the digital requirements. Decisions on digital solutions will also be informed by population needs and wants of people and communities with lived experience.

**Key Issues:** More detailed opportunities for applied digital healthcare specific to SaTH are still to be defined.

**Overall likelihood of project delivery:** **Reasonable**

## Milestones Due Next Month

Excluding those that are awaiting change request approval, there are five milestones due for delivery in May 2022 across four programmes and five projects:

All milestones due in May 22 - Delivery Status				
CORPORATE GOVERNANCE	Risk Management			1
QUALITY AND SAFETY	Quality and Regulatory Compliance			1
	Learning from Deaths			1
MATERNITY	Maternity Transformation Programme			1
FINANCES AND RESOURCES	Financial Literacy			1

#### **4. Forward Look**

The Operational Delivery Group will continue to support the consistent application of improvements in the programme milestones. To achieve this, throughout May, focus will be on:

- Continuation of the rolling schedule of “Deep Dives” into each of the Getting to Good projects which includes for May 2022:
  - Future Workforce & Recruitment
  - Clinical Standards
  - Leadership
  - Restoration and Recovery
  - Culture
  - Quality Governance
  - Performance & BI
- Key findings, actions, recommendations, and progress on implementation:

#### **5. Recommendations**

The Committee is asked to review and acknowledge progress made during April 2022 on the delivery of the Getting to Good programmes of work.

#### **Appendices: See separate PDFs**

<b>Appendix A:</b>	<b>G2G Phase 2 Programmes</b>
<b>Appendix B:</b>	<b>Local Governance</b>
<b>Appendix C:</b>	<b>Oversight, Assurance and Accountability</b>
<b>Appendix D:</b>	<b>Tiers of Support</b>
<b>Appendix E:</b>	<b>Month on Month Status with Trend</b>
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**END OF REPORT**



*NHS CONFIDENTIAL*  
Appendix B: Local Governance Arrangements

Getting to Good Programme - Local Governance Arrangements					
Programme	Project	Executive Lead	SRO	BAU Governance Route	Tier
CULTURE	Culture and Behaviours	Rhia Boyode	James Owen	People & OD Senior Leadership Mtg, Education Group, Operational People Group, Finance Resource Committee.	Tier 1
DIGITAL TRANSFORMATION	Applied Digital Healthcare	Richard Steyn	TBC		Tier 2
	Infrastructure	Helen Troalen	Rebecca Gallimore	Digital Programme Board	Tier 1
FINANCE & RESOURCES	Financial Reporting and Planning	Helen Troalen	Clair Young	The ODG is supporting oversight of this programme whilst the assurance arrangements are being reviewed	Tier 2
	Performance & BI		Ria Powell	The ODG is supporting oversight of this programme whilst the assurance arrangements are being reviewed	Tier 3
	Productivity & Efficiency		Kathryn Webb	Efficiency and Sustainability Group	Tier 2
	Financial Literacy		Adam Winstanley	Finance Project Steering Group	Tier 2
	Board Assurance Framework (BAF)	Anna Milanec	Anna Milanec	The ODG is supporting oversight of this programme whilst the assurance arrangements are being reviewed	Tier 3
GOVERNANCE	Communications & Engagement		Ben Russell		Tier 3
	Board Governance		Anna Milanec		Tier 3
	Risk Management		Lisa Beresford		Tier 3
	Anti Fraud, Bribery and Corruption		Anna Milanec		Tier 3
LEADERSHIP	Leadership Development Framework	Rhia Boyode	Emma Wilkins		Tier 1
MATERNITY	Maternity Transformation Programme	Hayley Flavell	Martyn Underwood	Maternity Transformation Assurance Committee (MTAC) and the Ockenden Report Assurance Committee (ORAC).	Tier 1
OPERATIONAL EFFECTIVENESS	Non Elective Pathways	Sara Biffen	Laura Graham	SDEC Project Board, Flow & Site Management Operational Committee, Medicine and ED CQC Confirm and Challenge	Tier 3
	Theatre Productivity		Lisa Challinor	RTT Restore and Recovery	
	Restoration & Recovery		Lisa Challinor	RTT Restore and Recovery	Tier 3
QUALITY & SAFETY	Levelling-up Clinical Standards	John Jones / Hayley Flavell/ Richard Steyn	Ian Tanswell	The ODG is supporting oversight of this programme whilst the assurance arrangements are being reviewed	Tier 3
	Delivery of the Quality Strategy		Kara Blackwell	Quality Operational Committee (QOC) and Review and Learning from Incidents Group (RALIG) forums.	Tier 3
	Fundamentals in Care			Confirm & Challenge Meetings	Tier 3
	Quality and Regulatory Compliance			Quality Operational Committee (QOC) and Review and Learning from Incidents Group (RALIG) forums.	Tier 2
	Learning from Deaths		Roger Slater	Learning from Deaths Steering Group	Tier 3
	Quality Governance		Kath Preece / Kara Blackwell	Weekly Quality Governance Steering Group	Tier 2
WORKFORCE	Future Workforce Design	Rhia Boyode	Simon Balderstone	People & OD Senior Leadership Mtg, Education Group, Operational People Group, Finance Resource Committee.	Tier 1
	Recruitment & Retention		Laura Carlyon	People & OD Senior Leadership Mtg, Education Group, Operational People Group, Finance Resource Committee.	Tier 1
	Training and Education		James Owen	People & OD Senior Leadership Mtg, Education Group, Operational People Group, Finance Resource Committee.	Tier 1



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Appendix C: Oversight Assurance and Accountability -  
Governance Structure April 2022

G2G Operational Delivery Group & Executive Team meeting (Weekly)	Senior Leadership Committee- Operations (Monthly)	Quality & Safety Assurance Committee (Monthly)	Trust Board (Monthly)	
	Week 1	Week 2	Week 3	Week 4
SaTH Internal Assurance				
Workstream review meetings: <ul style="list-style-type: none"><li>Led by programme leads</li><li>Reporting and admin support provided by workstream lead</li><li>Action owners to attend and provide updates</li></ul>	Frequency and timings determined by programme leads			
Operational Delivery Meeting: <ul style="list-style-type: none"><li>Chaired by the Improvement Director or Programme Director</li><li>Programme Leads and core action owners to attend and provide updates</li><li>Attended by PMO, SI, informatics, NHSEI Improvement Leads Programme Director</li></ul>				
Executive Team Meeting (ETM) CEO to extend an ETM to include Getting to Good Updates and Programme “Deep Dives” ahead of Board, with G2G PD (and/ or ID) in attendance				
G2G metrics for previous month, locked down				
QIP report & and full appendices (previous CiC report inc. the metrics and progress tracking) for: SLC-O, QSAC, and Trust Board to be presented by Director of Finance		Draft	Final	
Senor Leadership Committee – Operations				
Quality and Safety Assurance Committee				
Trust Board				
NHSE/I External Assurance				
Strategic Oversight Assurance Group				

Tier	Description of Support	PMO Support Offer	Programme Lead Commitment
Tier 3 Full Support	This is applicable to projects in which actions have not shown a significant, measurable improvement and multidisciplinary support is required.	The PMO/service improvement team will work intensively with Divisional teams to establish a governance structure, project plans and accelerate delivery.	The SRO will attend the weekly ODG to provide updates on the progress of milestones and supporting metrics, bringing to the fore any issues, risks or barriers to delivery and to seek support from ODG members.
Tier 2 Light Touch	The project will have identified its purpose and milestones and named the SRO and delivery leads. However, the Division may have limited capacity to allocate resource to the project. Measurable Improvements have been limited or are not embedded.	PMO and service improvement expertise will support the management and coordination of resources to enact the change. The PMO and service improvement team will use their expertise in programme governance and improvement to support programme teams.	The SRO will attend the weekly ODG to provide updates on the progress of milestones and supporting metrics, bringing to the fore any issues, risks or barriers to delivery that ODG members can assist with.
Tier 1 Assurance Only	Projects that are managed within the executive portfolio with established project team and existing governance structure that allows it to sustain delivery. Year 1 objectives have been fully or mostly met with business as usual assurance. This assurance should include exception reporting and risk management. Phase 2 milestones continue the embedding of change.	The PMO give programme oversight and technical expertise to support senior responsible officers.	The SRO will be responsible for providing assurance on delivery and impact, including supporting metrics to demonstrate continued programme delivery and impact to their executive leads and the Operational Delivery Group ODG) by exception.

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Appendix E: Month on Month Status with Trend

Programme	Project	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Trend
CORPORATE GOVERNANCE	Anti Fraud, Bribery and Corruption	●	●	●	●	●	●	●	●	●	●		→
	Board Assurance Framework (BAF)	●	●	●	●	●	●	●	●	●	●		→
	Board Governance	●	●	●	●	●	●	●	●	●	●		→
	Communications & Engagement	●	●	●	●	●	●	●	●	●	●		→
	Risk Management	●	●	●	●	●	●	●	●	●	●		→
CULTURE	Culture and Behaviours	●	●	●	●	●	●	●	●	●	●		→
DIGITAL TRANSFORMATION	Applied Digital Healthcare	●	●	●	●	●	●	●	●	●	●		→
	Digital Infrastructure	●	●	●	●	●	●	●	●	●	●		→
FINANCES AND RESOURCES	Financial Literacy	●	●	●	●	●	●	●	●	●	●		→
	Financial Reporting and Planning	●	●	●	●	●	●	●	●	●	●		→
	Performance & BI	●	●	●	●	●	●	●	●	●	●		→
	Productivity & Efficiency	●	●	●	●	●	●	●	●	●	●		→
LEADERSHIP	Leadership Development Framework	●	●	●	●	●	●	●	●	●	●		↓
MATERNITY	Maternity Transformation Programme	●	●	●	●	●	●	●	●	●	●		→
OPERATIONAL EFFECTIVENESS	Restoration & Recovery	●	●	●	●	●	●	●	●	●	●		→
	Theatre Productivity	●	●	●	●	●	●	●	●	●	●		→
	Urgent and Emergency Care (UEC)	●	●	●	●	●	●	●	●	●	●		↓
QUALITY AND SAFETY	Delivery of the Quality Strategy	●	●	●	●	●	●	●	●	●	●		→
	Fundamentals in Care	●	●	●	●	●	●	●	●	●	●		→
	Learning from Deaths	●	●	●	●	●	●	●	●	●	●		→
	Levelling-up Clinical Standards	●	●	●	●	●	●	●	●	●	●		→
	Quality and Regulatory Compliance	●	●	●	●	●	●	●	●	●	●		→
	Quality Governance	●	●	●	●	●	●	●	●	●	●		→
WORKFORCE	Future Workforce Design	●	●	●	●	●	●	●	●	●	●		→
	Recruitment and Retention	●	●	●	●	●	●	●	●	●	●		→
	Training and Education	●	●	●	●	●	●	●	●	●	●		→

Priority Area	PLAN PROJECT	Milestone	2021/2022			2022/2023			
			Q2	Q3	Q4	Q1	Q2	Q3	Q4
CORPORATE GOVERNANCE	Anti Fraud, Bribery and Corruption	Updated Bribery Act Statement to be published on website							
		Review risk register to ensure appropriate risks are included							
		Refreshed Board approved Anti Fraud, Bribery and Corruption Policy (ARAC December)							
		Anti Bribery Awareness Training for board members (then to extend into the organisation during 22/23)							
	Board Assurance Framework (BAF)	Refresher BAF training with NEDs, agreement to new format							
		Review / training of new format and content with Execs							
		New format Q1 and Q2 content to Board Committees in Nov, then ARAC in December, then business as usual re timings							
		Review BAF following approval of new Trust strategy (Dec 21) and update accordingly							
	Board Governance	Review BAF as part of new ICS legislative regime as necessary, and then, business as usual							
		Review and improve timings of monthly cycle of board business and 're-set' for Jan 2022 onwards							
		Outcome of Board Skills Audit to be considered, pertaining to any skill gaps on the Board. Arising actions to be determined.							
		Document the revised (board) induction process for board directors							
	Communications & Engagement	Following outcome of Board Committee Review, Committees to have refreshed ToR's, workplans, etc. aligned with revised Trust strategy requirements. (Also consider impact / alignment of ICS).							
		Outcome of Board Committee Review to be considered by ARAC in December, with proposed action plan, in collaboration with the Chairs, submitted to Board							
		Review of Standing Orders / Matters Reserved / Scheme of Delegation							
		Following approval of Trust Strategy, publication of Comms Strategy (internal and external), for period 2022/3 onwards							
CULTURE	Culture and Behaviours	Recruitment of substantive Head of Comms							
		Recruitment of remaining Comms team members (ongoing)							
		Embed agreed internal comms channels to communicate key strategic and operational priorities and issues							
		Media training for senior key colleagues							
	Risk Management	Improved risk management reporting processes to be developed							
		Risk Management training programme for staff to be devised, and implemented (to be embedded 2022/23)							
		Implementation of operational risk overview group							
		4Risk system update (due Spring 2022) - consideration as to whether the Trust moves to DATIX for risk management							
		Successful recruitment of an interim experienced risk manager							
		Successful recruitment of substantive experienced risk manager							
		Develop and implement the Cultural Dashboard (reporting tool)							
		Develop and implement a cultural improvement programme from staff survey and "Making A Difference Together" (MADT); utilise OD Mindsets, shared learning and networking events							
		Compassion: Implement Just and Learning culture through our supportive approach to people management and patient care							
		Implement Vision, Values and Behaviour framework. Communication to re-energise vision, values and behavioural framework to ensure awareness and awards, launch July 2021							
		Embed Vision, Values and Behaviour framework. Communication to re-energise vision, values and behavioural framework to ensure awareness and awards, launch July 2021							
	Digital Infrastructure	Vital upgrade including Sepsis deployment							
		BadgerNet Maternity Deployment							
		Windows 10 deployment							
		System Integrated Care Record live – A6							
DIGITAL TRANSFORMATION		Network Replacement commencement							
		Windows 10 role out completion							
		Trust wide Single Sign On implementation							
		BadgerNet Maternity role out Completion							
		N365 rollout							
		ED Careflow deployment commences							
		Trust wide Single Sign On role out completion							
		ED Careflow role out completion							
	Financial Literacy	Deliver live business case register, guidance and toolkits							
		Deliver Divisional / consolidated financial risk registers							
		All key processes documented and peer reviewed							
		Deliver TNA and learning programme, use Ext resources							
	Financial Reporting and Planning	Achieve level 2 FFF (inc. engagement with Divisions)							
		Prepare accurate activity cost and trend data							
		Undertake two surveys a year to measure effectiveness of finance team - use staff survey to gauge the internal view and a stakeholder survey for organisational view							
		Ensure that annual planning has a clear triangulation between activity, workforce and finance							
		Implement Oracle 12.2, Windows 10/N365 and PowerBI							
		Deliver High Level IPR Dashboard within InPhase							
		Develop Performance Team structure and role within the Organisation							
		Develop Performance Strategy							

FINANCES AND RESOURCES	Performance & BI	Development of system wide dashboard framework																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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QUALITY AND SAFETY	Learning from Deaths	Covid 19 deaths steering group to oversee the implementation of NHSE guidance for reporting and responding to Covid 19 hospital onset cases					
		SaTH					
		(SJR)					
		Develop a screening tool to identify cases requiring a mortality review (SJR)					
		Withdrawal the CESDI form					
		Develop a Learning from Deaths intranet page					
		Deliver the communication plan in relation to the new Learning from Deaths process					
		Roll out of NHSE/I SJR Plus training programme					
		Establish a consistent Trust Governance process to support the Learning from Deaths agenda					
		Develop the high level Learning from Deaths policy					
	Levelling-up Clinical Standards	Establish an operational group for Mortality Operational and Triangulation					
		Define appropriate divisional and corporate roles and responsibilities to deliver the Learning from Deaths agenda					
		Define appropriate medical roles and responsibilities to deliver the Learning from Deaths agenda					
		Define an additional set of specialty specific clinical standards for Phase 1 areas					
		Define an assurance and governance process for clinical standards					
		Embed a clinical standards performance framework that is embedded within each specialties CG meeting to foster clinical improvement					
		SRO to attend CD's governance meeting for all specialties to communicate the programme					
		Define a standard set of clinical standards for all specialties					
		Define an additional set of specialty specific clinical standards for Phase 2 areas					
		Define an additional set of specialty specific clinical standards for Phase 3 areas					
WORKFORCE	Quality and Regulatory Compliance	Completion of self assessments for core services in phase one all services not assessed by CQC in July 2021 including Children and Young People Services, Outpatients and PEoLC					
		Implementation of process to monitor and evidence SaTH improvement plan including CQC areas of concern, validate status of actions. Develop process to incorporate feedback from CQC Inspections and internal escalation					
		Embed improvement themes into steering group, sub-committee and governance structures in the Trust					
		To lift all Section 31s and provide evidence of 80% consistent compliance with embedded changes					
		Create and implement process for carrying out, review and Exec Sign Off for Self Assessment (Ward to Board)					
		Review all Section 31s and 29as to ensure embedded and ensure all "in progress" and "outstanding" actions are prioritised by appropriate steering groups and committees					
		Completion of self assessments for core services phase two including ITU and Surgery, Medicine and UEC					
		Undertake CQC self assessments via the InPhase CQC self assessment model					
		Implement Quality Governance Framework					
		Develop and embed robust Executive RCA Process					
	Future Workforce Design	Provide consistent approach to Quality Governance across all divisions					
		Future Workforce Design and Approach to Workforce Planning (related to strategy; Hospital Transformation Programme; and digital transformation)					
		Develop a workforce planning approach to meet demands including new roles, international recruitment					
		Identify workforce opportunities and benefits, with partners across the system, to address long-term workforce solutions					
		Approval and Implementation of New Roles Development Programme within the Trust Integrated Plan – Workforce section					
		Develop and embed a rota strategy and SOP with escalation process for operational workforce including rota sign off and management. Expectation for rotas to be closed within 6–8 week deadline, if not, escalated to divisional directors					
		Deliver a Trust Wide refreshed marketing and branding approach to recruitment					
		Deliver the retention strategy to improve staff retention for 21/22					
		Deliver 21/22 of the international nursing recruitment programme including mitigation					
		Review, audit and streamline recruitment processes to ensure end user satisfaction; Develop strategy for effective on boarding, deployment based on skill set and progressing skill sets to fulfil roles and reduce agency usage					
	Recruitment & Retention	Develop and deliver SaTH's agency strategy to ensure cost efficiency and effective use of temporary staff					
		Develop skills and competencies framework for all Trust and regular agency staff to give assurance of staff compliance. Educational Business Support Unit to give ward view of staff compliance					
		Implement Integrated Education Proposal following evaluation of Education Reviews					
		Introduction of Educational Business Support Unit to support the organisation to deliver clarity and compliance with Mandatory and Statutory Training					
		Plan and deliver programme to embed Quality Improvement Methodology trust-wide					
		Utilise apprentice levy in line with workforce needs and talent management and ensure compliance					
		Implement Learning Management System					
	Training and Education						

Getting to Good Report: Appendices April 2022

BRAG Ratings Key
DELIVERED
ON TRACK
REASONABLE - THERE MAY BE ISSUES THAT IMPACT DELIVERY, MITIGATION IN PLACE
OFF TRACK - ISSUES IMPACTING DELIVERY, NO MITIGATION IN PLACE
NOT STARTED



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Appendix G: Getting to Good Programme Status

<b>BRAG Ratings Key</b>	
DELIVERED	
ON TRACK	
REASONABLE - THERE MAY BE ISSUES THAT IMPACT DELIVERY, MITIGATION IN PLACE	
OFF TRACK - ISSUES IMPACTING DELIVERY, NO MITIGATION IN PLACE	
NOT STARTED	

Programme	Project	Trend	Project Update	Previous Month	Current Month
				March	April
CORPORATE GOVERNANCE	Anti Fraud, Bribery and Corruption	Consistent	The key actions for the Anti-Fraud, Bribery and Corruption project have now been delivered		
CORPORATE GOVERNANCE	Board Assurance Framework (BAF)	Consistent	National legislation to formalise Integrated Care Systems (ICS) has been delayed from April 2022 to July 2022. In the interim an ICS group has been setup which first met in February 2022 to discuss the ICS risk framework requirements going forward. SaTH still requires its own Board Assurance Framework (BAF) and this is now in place.		
CORPORATE GOVERNANCE	Board Governance	Consistent	A review of Standing Orders, Matters Reserved and Scheme of Delegation is currently under way, however completion of this piece of work is dependent on the publication of the Trust strategy, due for approval in June 2022, and completion of the required governance processes for the documents to be approved; it is intended that this piece of work will then form a larger piece of work.		
CORPORATE GOVERNANCE	Communications & Engagement	Consistent	The Trust Strategy is currently awaiting approval in June 2022. Once this is completed work can commence on the Communications Strategy with a new timeframe to be agreed.  The recruitment process for the substantive Head of Communications will start in May 2022, with interviews scheduled to take place during June 2022. The new substantive Head of Communications will then look at developing the Communications Strategy. The existing Head of Communications is due to leave at the end of May 2022, mitigation has been put in place via external support and an acting up opportunity		
CORPORATE GOVERNANCE	Risk Management	Consistent	90% of risks have been transferred to DATIX, with the remainder due no later than the end of May 2022. Staff will continue to update risks on 4Risk up until 21st June 2022, with the switchover to DATIX planned for the following day. The Risk Management team are currently verifying that the risks transferred to DATIX mirror the information on 4Risk, and Divisions have been asked to quality check that the data on DATIX mirrors that of 4Risk.  The Risk Management Training Programme has now been launched and 12 x 2.5hr sessions will be running throughout May and June 2022 which will incorporate not only how to use DATIX but will also bring in elements Risk Management theory and tools to support the management of risks. Engagement has been very high with 80% of sessions currently booked.		

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CULTURE	Culture and Behaviours	Consistent	<p>The Making a Difference Together' platform has progressed during April 2022 with a review of Medical Engagement feedback underway to be able to feedback to the organisation and the communication plan is in place for next conversation to launch on 24th April 2022 discussing flexible working.</p> <p>The Change Team are in place, although the April 2022 meeting was stood down due to site pressures and the agenda items will be included during the May 2022 meeting. Team values and behaviours sessions have taken place for Sterile Services during April 2022 and support was provided to the People' Academy Session.</p> <p>The Civility and Respect Programme is underway with a planning session with FTSU completed to design the program and the team have started the RECAP Training to support anti-racism strategy.</p> <p>The Staff Survey Project Group 2021/2022 continues to make progress and the Café Conversation format has been completed and agreed for roll out in all divisions.</p>		
DIGITAL TRANSFORMATION	Applied Digital Healthcare	Consistent	<p>The Shropshire, Telford and Wrekin (STW) Virtual Ward Programme was relaunched at the end of March 2022, managed by Shropshire Community Health NHS Trust. Digital Technology is firmly within scope of this programme and the STW Local Care Transformation Programme. The programme will have a 'digital technology enabling workstream' within the virtual ward (VW) Operational Group governance structure who will work closely with the 'VW Clinical Reference Group' (both yet to be established) to agree the digital requirements. Decisions on digital solutions will also be informed by population needs and wants of people and communities with lived experience.</p>		
DIGITAL TRANSFORMATION	Digital Infrastructure	Consistent	<p>The first Electronic Patient Record (EPR) steering group has taken place, the EPR Programme Board membership has been amended and there is a bi-weekly operational group established, with attendance essential to ensure this programme remains on target.</p> <p>The ED Careflow system is due to commence in July 2022 and the stakeholder engagement and mapping is now in progress, ahead of this.</p> <p>The new network solution has now been procured and Office 365 continues to roll out and is on track to deliver in June 2022 as planned.</p>		

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FINANCES AND RESOURCES	Financial Literacy	Consistent	<p>The Financial Literacy project aims to review, improve, and embed more robust streamlined key financial processes across the Trust. This will be supported by ensuring that the finance department proactively promote a professional leadership culture across the organisation with an effective staff development infrastructure in place across the finance team. The implementation of change will be prioritised and targeted at the areas of greatest opportunity (e.g., business case development, financial risk management, budget control and flexing, forecasting).</p> <p>The priorities scheduled to be delivered during the first half of 2021/22 were completed in line with the original plan. However, operational pressures experienced over the second half of the year resulted in a delay in embedding the programme, in particular the new business case governance process and the reporting of the divisional financial risk registers. The business case review group is now established with meetings taking place monthly and the divisional financial risk registers will be updated following agreement of the 2022/23 operational plan.</p> <p>Two of the three remaining objectives are rated as reasonable and are on track to deliver within the amended timeframe, agreed by the Executive Lead. These are to deliver the training needs analysis and learning programme, and the achievement of Future Focused Finance (FFF) Level 2 accreditation, which have been approved to be moved to October 2022 in line with the national accreditation submission process.</p> <p>The remaining action is to document and peer review financial processes. The processes in scope have been defined and documented and await sign off and peer review which will now be concluded by the end of May 2022. As a result, this is currently rated as off track against the original plan due mainly to capacity issues linked primarily to sickness absences and workload pressures and is awaiting Executive approval of a change request to extend the delivery date to May 2022.</p>		
FINANCES AND RESOURCES	Financial Reporting and Planning	Consistent	<p>The costing team are continuing to transition the Service Line Reporting (SLR) model over from Prodacapo to LOGEX, which will allow for more user friendly outputs and data interrogation to enhance the robustness of the costing information. The deputy finance manager (costing) role has been recruited and will be in post by early June 2022 and will allow for a more collaborative approach with specialities to understand their costing data.</p> <p>The Oracle upgrade project is currently in a holding period due to year-end until 3rd June 2022. The testing phase was completed in March 2022. The project will enter in to the dry-run testing phase on 6th June 2022 with the end date of 16th June 2022, the project go-live date is 17th July 2022 which will be followed by the hypercare phase until 29th July 2022.</p> <p>The financial effectiveness surveys were circulated in February 2022 with a positive level of response received. An exercise to collate and review the feedback will take place following the financial year end.</p>		

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FINANCES AND RESOURCES	Performance & BI	Consistent	<p>A project plan has now been finalised for the 2022/23 Performance and Business Intelligence (BI) project and this has been presented at the Getting to Good Operational Delivery Group (ODG). Work will now commence to deliver against the objectives and build on the current information provision into the Trust. A number of vacancies within the team are now in the progress of being filled, with six new starters due to commence roles over the next two months. This is a significant development as having a BI function will enable insights-driven analysis to be delivered within the Trust, which was seen as a key requirement from the project group.</p> <p>Meetings have commenced with Divisions and Corporate departments to deliver a collaborative approach to key project milestones and also to better understand the support that Performance and BI teams need to provide to other areas of the Trust.</p>		
FINANCES AND RESOURCES	Productivity & Efficiency	Consistent	<p>The Trust committed to deliver a minimum of 1.6% efficiencies in 2021/22 which equates to £7.55m. The efficiency delivered was £7.57m which exceeded the target of 1.6% through recurrent and non-recurrent schemes.</p> <p>The balance of recurrent to non-recurrent efficiency was 53% recurrent and 47% non-recurrent.</p> <p>A further £3.6m of recurrent schemes would have needed to be identified and delivered to achieve 1.6% recurrently for 2021/22. As this was unable to be delivered, the programme relied on non-recurrent schemes and therefore additional recurrent schemes will need to be identified in the pipeline for 2022/23 to manage the recurrent expenditure base.</p> <p>Operational pressures continued to impact engagement in the programme during April, resulting in low attendance and delays in progression of schemes. This also impacted on the engagement in operational planning and developing the 2022/23 pipeline and this will continue into Q1 of 22/23.</p>		
LEADERSHIP	Leadership Development Framework	Worsening	<p>The local scope of Growth Talent Management Pathway work will recommence in April 2022 as planned, having previously being paused by the national team. The first re-start meeting took place on 26th April 2022. Staff members have been identified to attend the Train the Trainer Programme due to commence May 2022.</p> <p>Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together to discuss the emotional and social aspects of working in healthcare. The first one is to be held in May 2022.</p> <p>The Health and Wellbeing and Recognition Plan is being implemented and aligns to our Organisation Development and Leadership support.</p>		

MATERNITY	Maternity Transformation Programme	Consistent	<p>Further to the publication of the second Ockenden report, the Women &amp; Children's division has undertaken two multi-disciplinary workshops in April to review and plan for delivery of both the local actions for the trust and the immediate and essential actions that are outlined within the report. Two further sessions are scheduled in the coming weeks, one to address the actions relating to the management of anaesthesia and one with system partners to plan the delivery of joint actions. Each of the actions have been aligned with an appropriate workstream to ensure oversight of delivery. The detail of the delivery plan will be presented to the Maternity Transformation Assurance Committee (MTAC). To note, Divisional Directors have identified the need for a seventh workstream, to cover anaesthesia-related actions; this has been agreed by the Medical Director and Operations Director for the Surgery, Anaesthetics and Cancer Division and the Clinical Director for Anaesthesia.</p> <p>All of the internal actions from the first Ockenden report are on track for delivery within the current agreed timescales.</p> <p>The division is currently On Track with Clinical Negligence Scheme for Trusts (CNST) reporting deadlines; three Safety Actions are at risk, as reported to the Quality Safety and Assurance Committee (QSAC) and due for reporting to the Board of Directors in May 2022.</p>		
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OPERATIONAL EFFECTIVENESS	Restoration & Recovery	Consistent	<p>The Restoration and Recovery project remains as off track this period, due to pre-agreed targets not being achieved within timescale. A refresh of the project plan is required in light of the current performance and the National Elective Strategy.</p> <p>The current unvalidated position for March 2022 is that Outpatient first attendances were at 87% against the H2 plan and Outpatient follow up appointments were at 86% against the H2 plan. Elective inpatients stood at 110 % against the H2 plan and Elective day cases were at 84% of the H2 plan. The Elective Recovery Fund (ERF) targets are forecast to be met in March 2022 except in Elective Inpatients.</p> <p>Whilst the target of zero 104-week waits has not been achieved, the number of 104 week waits stood at 60 compared to the locally agreed target of 74. This target of 74 reflects the ongoing elective green capacity gaps, lack theatre staffing and for MSK patients requiring Intensive Care Unit (ITU), High Dependency Unit (HDU). In addition, there are several staffing pressures with 9 members of staff currently absent due to COVID-19 and other absence causes. Despite these ongoing pressures, cancer and urgent cases continue to be prioritised.</p> <p>The 25% target of non-face-to-face Outpatient appointments has not been achieved, with performance at 20% as of the end of March, a 2% improvement on the previous month. Patient Initiated Follow Up (PIFU) has a system wide agreed target of 2% by March 2022, the current validated position as of March 2022 is 1.6%. Andy Elves continues to engage consultants as part of the Outpatients Transformation programme and is linking with individual specialities about how we improve PIFU compliance. A recovery plan is in place with continued engagement with commissioners as part of the Outpatient Transformation Programme (OTP) and the target for PIFU next year is 5%. There are currently circa 25,000 patients on a 'past max' (anything over 52 weeks) wait backlog list who cannot be moved onto a PIFU pathway until they have had an initial appointment. Significant background work is taking place as part of OTP and each speciality has created a plan as to how they improve the PIFU target, this also addresses the non-recurrent issue around past max waits. A workshop is due to take place on the 10th May to review opportunities within SaTH for outpatient pathway transformation, as part of the Outpatient Transformation programme across the ICS.</p>		
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OPERATIONAL EFFECTIVENESS	Theatre Productivity	Consistent	<p>The performance of the Theatre Productivity project continues to be affected by the current limited theatre capacity and bed base due to loss of bay A, B and C at the Day Surgery Unit (DSU) at PRH and only 7-10 (subject to escalation) beds on DSU at RSH for electives. Revised Infection Prevention Control (IPC) guidelines are in place to allow backfilling of patient cancellations at short notice, as agreed with IPC.</p> <p>A total of 67% (PRH) and 68% (RSH) Theatre Utilisation was realised for the month of April 2022, due to bed pressures and the cancellation of 201 routine operations to prioritise cancer and urgent patients. Theatre lists continue to be planned to between 85% and 100% through weekly list planning meetings although this has been difficult in April due to the planned cancellation of non-urgent procedures.</p> <p>With the current escalation level at both sites, it is unlikely that we shall achieve the set target of 85% utilisation in May 2022 unless day surgery on both sites becomes elective. Bluespир theatre management software will be operational in September 2022 which removes the need for the separate data collection sheet, and a new theatre dashboard has been created by the informatics team and is currently being tested.</p>		
OPERATIONAL EFFECTIVENESS	Non-Elective Pathways Programme	Worsening	<p>A new Senior Responsible Officer (SRO) for the Non-Elective Pathways Programme is now in place, and a revised project Plan on a Page will be finalised in May 2022, in collaboration with the System UEC improvement plan. The revised programme will focus on Bed Reconfiguration, Flow and Process, and Acute Medicine Reconfiguration with the delivery of the priority actions scheduled ahead of Winter 2022.</p> <p>The initial business case for the Bed Reconfiguration project has been approved at Investment and Innovation Committee (IIC) and the final business case will be submitted by the end of May 2022 for final approval. Additional resource allocated to support delivery of the Flow and Process Project for a six month period will be commencing in May 2022</p>		
QUALITY AND SAFETY	Delivery of the Quality Strategy	Consistent	<p>The initial key actions of the Delivery of the Quality Strategy project have now been delivered and have transitioned into the monitoring phase.</p> <p>In collaboration with the Performance and Reporting team, a quality and safety dashboard is being created, and further work is required to ensure all identified metrics are included and accurately recorded, in order to operationalise the dashboard effectively.</p>		

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QUALITY AND SAFETY	Fundamentals in Care	Consistent	<p>The initial key actions of the Fundamentals in Care project have now been delivered and have transitioned into the monitoring phase. This assurance is provided via quarterly reports to the Quality Operational Committee (QOC) which include the nursing quality metrics dashboard, audit results from Gather and the status of exemplar ward audits to demonstrate the current position for Fundamentals of Care.</p> <p>Further action plans are in place and improvement work continues with those wards still flagged as red, despite some improvements having been made. Actions include supporting the leadership, Ward Managers, Matrons, and Divisional Directors of Nursing, to improve the fundamental standards of care in these areas and this will continue to be measured through the exemplar ward audits.</p>		
QUALITY AND SAFETY	Learning from Deaths	Consistent	<p>During April 2022, the Learning from Deaths policy was finalised and approved and is now available to view on the Intranet.</p> <p>As part of the NICHE2 recommendations, the availability for 30-day discharge data was delayed due to capacity issues within the Performance and Reporting team and this will be prioritised in the coming weeks. The recommendation for direct access pathway review is scheduled as part of the Non-Elective Programme from October 2022. Until this is resolved the milestone relating to delivering the NICHE2 audit recommendations remains off track.</p> <p>A business case to increase the capacity of the Learning from Deaths team to deliver the new Learning from Deaths agenda has been submitted for approval.</p>		
QUALITY AND SAFETY	Levelling-up Clinical Standards	Consistent	<p>During April 2022, a review and refresh of the project plan on a page has taken place and further actions have been identified as part of the transition into the next phase of the project.</p> <p>The Performance and Reporting team are currently scoping available metrics for Acute, Emergency and General (Internal) Medicine for inclusion into the InPhase system and a trajectory for expanding that to include Neurology, Cardiology and Stroke is underway.</p> <p>Once these measures are available, they will be reviewed in line with the newly established Quality Governance Framework. Focus will be placed on developing a joint Clinical Standards and Audit Policy that will set out the principles and framework for the implementation and monitoring of local and national standards and clinical audit throughout the Trust.</p> <p>The Senior Responsible Officer (SRO) is working in collaboration with the Chief Clinical Information Officer to develop a standardised electronic referral system for speciality review. This will enable the capture of quality metrics relating to this.</p>		

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QUALITY AND SAFETY	Quality and Regulatory Compliance	Consistent	<p>The Care Quality Commission (CQC) Action plan delivery is underway, with the monthly divisional challenge sessions now established and the first cycle of presentations to ODG completed during April.</p> <p>A mock CQC inspection for Children's and Young People's services took place on 28th April 2022 with support from colleagues in partner organisations and NHSI/E to review the impact of the delivery of the CQC action plans at ward level.</p> <p>The completion of self-assessments for CQC Core Services not assessed by CQC in July 2021 is underway. Self-assessment of Children's and Young People's services is in under way with a table top review taking place on 23rd May 2022. The Outpatient Departments are scheduled to complete their self-assessments by the 15th May 2022 with a table top review to follow during late May. Palliative and End of Life Care (PEoLC) has been prioritised for self-assessment ahead of Surgery and the Intensive Therapy Unit (ITU) and this is underway and a mock inspection is scheduled for 24th June 2022.</p>		
QUALITY AND SAFETY	Quality Governance	Consistent	<p>A review and refresh of the Quality Governance project has taken place, with all high-level milestones identified in Phase 2 delivered, with monitoring of the metrics ongoing. Further key actions have been identified, including embedding the Learning from Deaths agenda and aligning the complaints process to the Quality Governance Framework. The focus going forward will be the delivery of these in conjunction with the continued embedding of the new Divisional Quality Governance Teams and the supporting processes.</p>		
WORKFORCE	Future Workforce Design	Consistent	<p>The current milestones within the existing project have now been completed. A new project Plan on a Page has been drafted, and the new Workforce Development Programme will aim to address two objectives:</p> <ol style="list-style-type: none"> <li>1. To outline what demand for workforce we have now and in the future</li> <li>2. To consider how we create cost improvement and efficiencies in how we supply that workforce</li> </ol> <p>There will be two delivery groups within the revised project. One focussed on demand and all aspects that affect the level of workforce required and one group focussed on supply. The supply group will identify, deliver and monitor the range of innovative ways to supply the workforce required.</p>		

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WORKFORCE	Recruitment and Retention	Consistent	<p>The milestones contained within the existing project have been successfully completed by the end of March 2022. A new project Plan on a Page has been drafted, with the aim of improving the recruitment and onboarding process and reducing the use of agency.</p> <p>The impact of this next stage of the project will be to increase safe staffing levels and reduce reliance on agency. Improve stability in the workforce which will lead to improvements in quality and retention of staff, and finally a reduction in agency costs and reduced time to fill posts will enable efficiency savings.</p> <p>A continued focus on recruiting to clinical roles has been a priority for April, which will remain during the coming months. To further support this, the Trust has been working in collaboration with the Integrated Care System (ICS) and Indeed to recruit circa 80 WTE Healthcare Support Worker (HCSW's), with interviews continuing to take place during early May 2022.</p>		
WORKFORCE	Training and Education	Consistent	<p>The course catalogue audiences have now been built into the Learning Made Simple (LMS), the course history upload is now complete which includes 10 years of historical data and approximately 300,000 records. Communications and training are in progress throughout the Trust in April 2022. The LMS was launched on the 20th April. To date 2,500 members of staff have registered on the system. A chaser email is being sent to remaining staff the first week of May 2022.</p> <p>LMS reporting mechanisms are being progressed and on target to be completed the first week of May 2022.</p> <p>Successful recruitment for the position of Head of Non-Medical Education has taken place during April 2022.</p>		