


Board of Directors' Meeting 11 August 2022

Agenda item	152/22			
Report Title	Getting to Good Progress Report			
Executive Lead	Louise Barnett, Chief Executive Officer			
Report Author	Matt Mellors, Head of Programmes			
	Link to strategic goal:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our governance	√	Responsive	√
	Our partners	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance		BAF1, BAF2, BAF3, BAF4, BAF7, BAF8, BAF9	
	For decision / approval		Link to risk register:	
	For review / discussion			
	For noting	√		
	For information			
	For consent			
Presented to:	2022.07.12: SaTH Leadership Committee - Operational			
Executive summary:	<p>The purpose of this paper is to inform the committee on the progress made in June 2022, on the delivery of the nine programmes and 26 projects within Getting to Good Phase Two.</p> <p>Four of the nine programmes are reporting projects as being on track; Quality and Safety; Maternity Transformation; Culture; and Workforce. Four programmes are reporting as reasonable; Finance and Resources; and Digital Transformation; Corporate Governance and Leadership.</p> <p>One programme is reporting as having an off track project: Operational Effectiveness. The off track project in this reporting period is Theatre Productivity.</p>			
Appendices	<p>Appendix A: Project Status Overview Appendix B: Month on Month Status with Trend Appendix C: Milestone Delivery Status Appendix D: Tiers of Support Appendix E: Oversight, Assurance and Accountability Appendix F: Local Governance Arrangements</p>			
Executive Lead				

1.0 Introduction

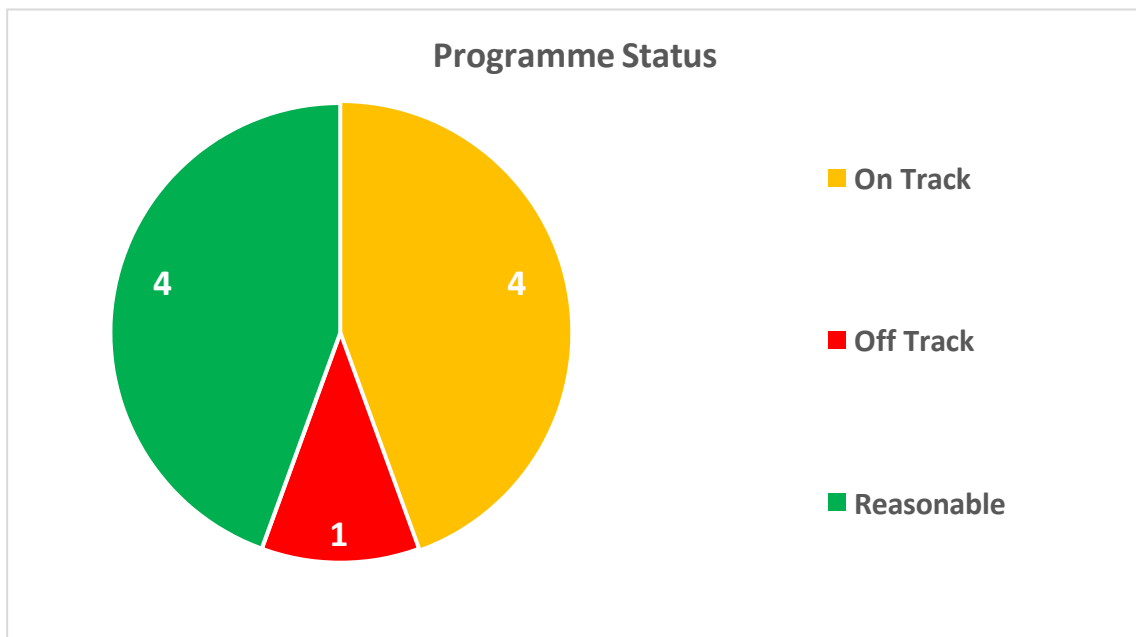
The purpose of this paper is to provide assurance on the progress of the delivery of the nine programmes and 26 projects within the Getting to Good programme.

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 are 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 F*. Oversight is provided through the weekly Getting to Good Operational Delivery Group (ODG) to track and monitor progress to achieving this and is chaired by the SaTH Improvement Director. Furthermore, support is provided by colleagues from the Programme Management Office, Service Improvement Team, Communications, Performance and Reporting Team and NHS England/Improvement (NHSE/I).

2.0 Progress

Progress Summary by Programme



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

- Culture and Behaviours
- Workforce
- Maternity Transformation
- Quality and Safety

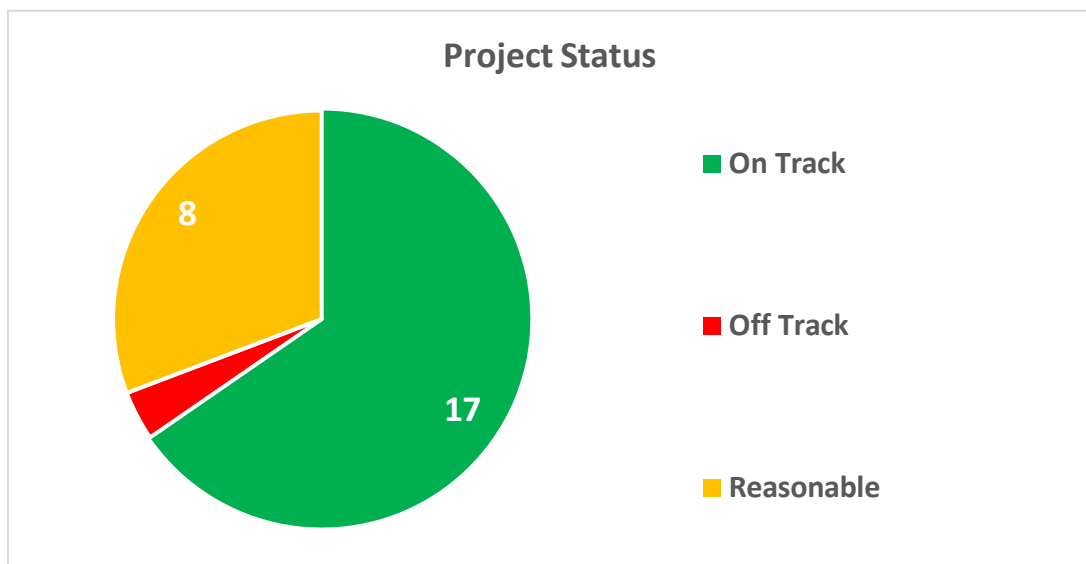
Four of the nine programmes are rated as **reasonable** due to slippage in delivery timescales.

- Corporate Governance
- Digital Transformation
- Finance and Resources
- Leadership

One of the nine programmes is rated as **off track** due to non-delivery of key milestones within one of its projects.

- Operational Effectiveness

Progress Summary by Individual Project



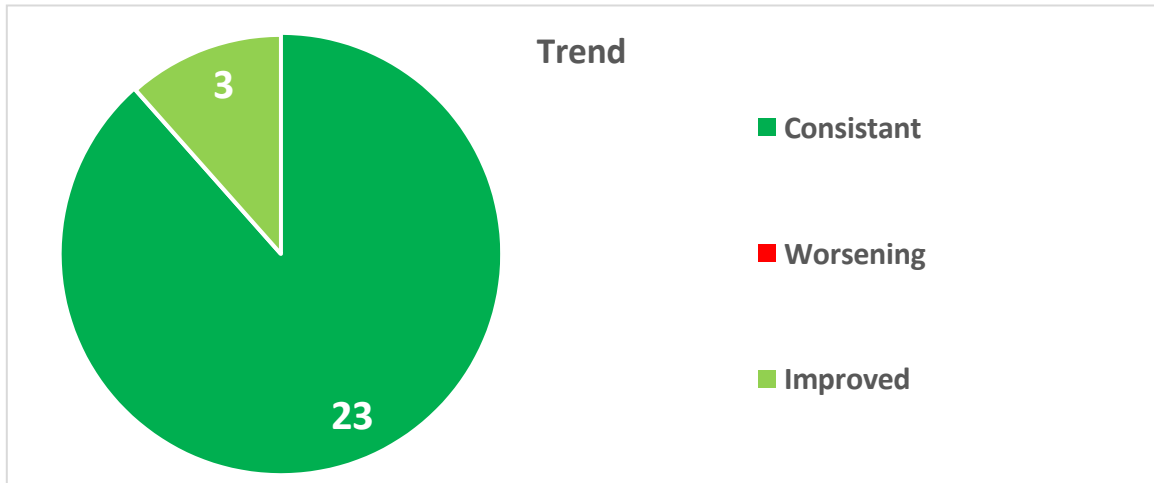
Off Track Projects

Operational Effectiveness - Theatre Productivity

This project is currently off track due to non-delivery of the milestone to increase theatre productivity to 85%. During May, utilisation was at 69% at the Princess Royal Hospital (PRH) site and 71% at RSH. Theatre capacity continues to be limited due to staffing and loss of elective bed base due to non-elective pressures the trust continues to face. The Trust has continued to reduce the number of patients waiting over 104 weeks for routine operations to 16. A project review is underway, with a refresh of the milestones, risks and performance metrics included, in conjunction with the refresh of the Restoration and Recovery project detailed below.

Further details regarding the status of all the projects can be found in Appendix A.

2.1 Consistency and Trend



23 projects retained a consistent delivery trend and the three remaining projects have seen an improving position in the reporting period.

The Maternity Transformation project has moved from **reasonable** to **on track** following the approval of a proposed shift to a more risk stratified approach, at the Maternity Transformation Assurance Committee (MTAC) in June 2022.

The Restoration and Recovery project has moved from **off track** to **reasonable** following a review, it has been concluded that this project should focus on four separate elements: Theatre Productivity, Outpatient Transformation, Diagnostics, and Cancer Treatment. A plan on a page is now under construct for each individual area, this focused approach will facilitate capturing both targeted milestones and the planned progress in a concise manner, as well as facilitating the allocation of appropriate and proportionate actions.

The Board Governance project has moved from **reasonable** to **on track** and the project is now complete.

2.2 Project Milestones Due for Delivery

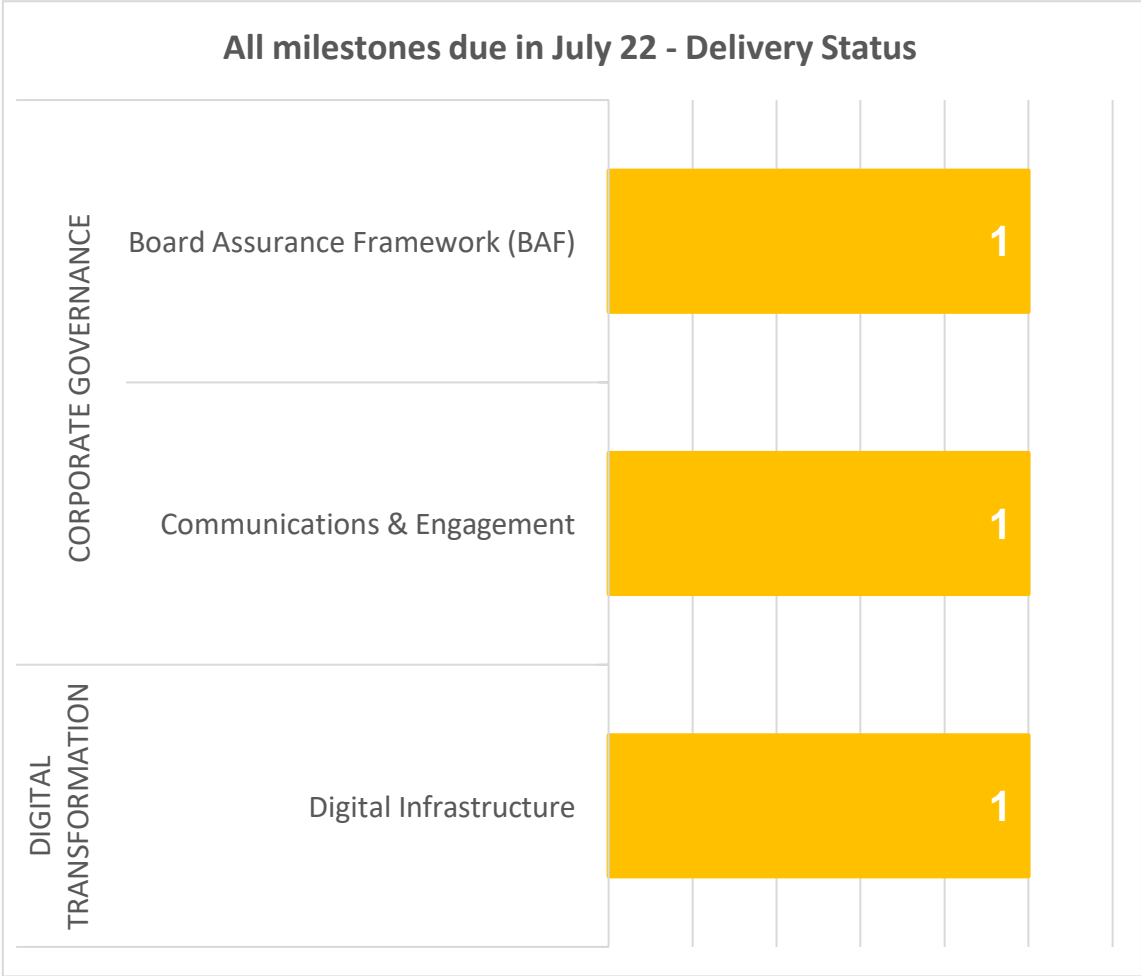
Seven milestones were due for completion during June 2022 across five projects, six of which was successfully delivered.

The milestone to ensure development and delivery of communications and engagement plan for patients, families and key stakeholders was not delivered and will be progressed via the refreshed Maternity Transformation Programme, approved during June 2022.

Details on all milestones is visualised in the Gantt chart in Appendix C

2.3 Project Milestones Due Next Month

There are three milestones due for delivery in July 2022 across two programmes and three projects:



- i) Board Assurance Framework (BAF) - Review BAF as part of new ICS legislative regime as necessary, and then, business as usual
- ii) Communications and Engagement - Recruitment of substantive Chief Communications Officer
- iii) Digital Infrastructure – Emergency Department (ED) Careflow deployment commences

There are currently no known risks to delivery of the above milestones, however the timescale has previously been extended for all three hence the **reasonable** rating.

3.0 Forward Look

The Operational Delivery Group (ODG) will continue to support the consistent application of improvements in the programme milestones. To achieve this, throughout July, focus will be on the continuation of the rolling schedule of Deep Dives into each project which includes:

- Performance and Business Intelligence (BI)
- Training and Education
- Quality Strategy
- Board Assurance Framework (BAF)
- Communications and Engagement – including Getting to Good Branding
- Future Workforce
- Financial Literacy

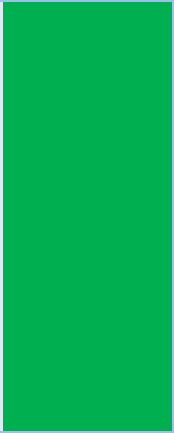

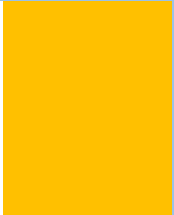

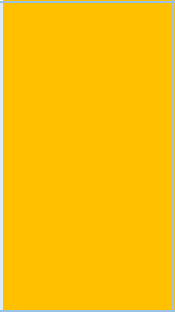

4.0 Recommendations

The Board of Directors are asked to review and acknowledge progress made during June 2022 on the delivery of the Getting to Good programmes of work.

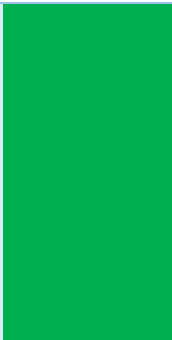
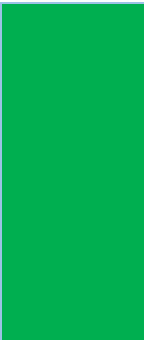



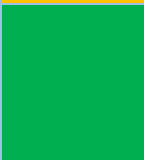
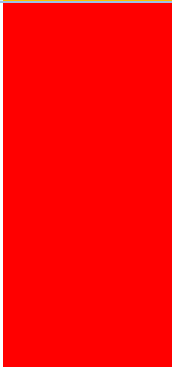

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Appendix A: Getting to Good Project Status Overview

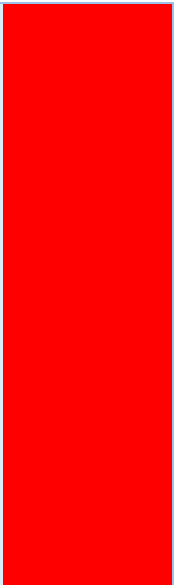
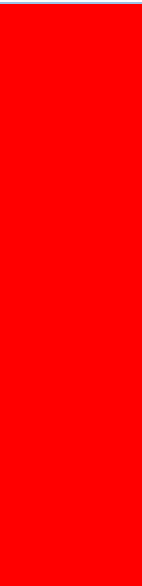
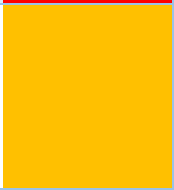

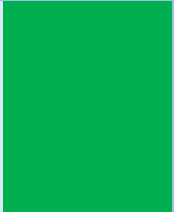

BRAG Ratings Key	
DELIVERED	
ON TRACK	
REASONABLE - THERE MAY BE ISSUES THAT IMPACT DELIVERY, MITIGATION IN PLACE	
OFF TRACK - ISSUES IMPACTING DELIVERY, NO MITIGATION IN PLACE	
NOT STARTED	

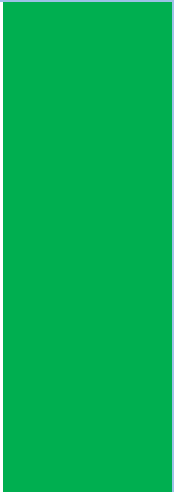

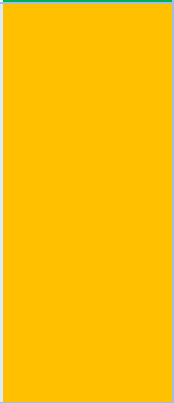



Programme	Project	Trend	Project Update	Previous Month	Current Month
				May	June
CORPORATE GOVERNANCE	Anti-Fraud, Bribery and Corruption	Consistent	The key actions for the Anti-Fraud, Bribery and Corruption project have now been delivered.		
CORPORATE GOVERNANCE	Board Assurance Framework (BAF)	Consistent	Following the BAF board procedures, the Audit and Risk Assurance Committee approved the Q3 2021/22 BAF and Q4 2021/22 BAF at its meeting on the 15th June 2022 and recommended them to the Board of Directors. Board of Directors then approved the Q3 2021/22 BAF and Q4 2021/22 BAF at its meeting on the 15th June 2022, with submission of other 'year-end' documentation. The new format BAF was discussed during a Board seminar on the 23rd June 2022. The project is now business as usual, delivered and will no longer be reported upon.		
CORPORATE GOVERNANCE	Board Governance	Improving	This project is now delivered and the revised governance arrangements will be tracked by the Trust Board.		
CORPORATE GOVERNANCE	Communication s & Engagement	Consistent	<p>The recruitment process for the substantive Head of Communications is underway and the interviews have taken place in June 2022, with the outcomes due to be shared in July. Once in post, the new substantive Head of Communications will then look at developing the Communications Strategy.</p> <p>The Getting to Good branding is almost complete and will be shared at ODG during July 2022.</p>		
CORPORATE GOVERNANCE	Risk Management	Consistent	<p>The Risk Register on Datix went live on the 22nd June 2022 with no disruption to service. The number of extreme risks has risen as part of the change in process, as teams have entered a revised risk scoring compared to that originally entered on 4Risk. Risk owners have been contacted and asked to quality check their risks and report back asap.</p> <p>The Head of Risk is working closely with all areas to ensure that their dedicated dashboards are relevant and support teams with the management of their risks.</p> <p>Introduction to Risk Register training is now complete. Further sessions will take place as and when required by centres to support with oversight and consistency across the Trust. An Introduction to Risk session has been added on to the Ignition New Manager Induction Training course, and the dedicated Risk Management section of the intranet is up to date and complete.</p>		

<p>CULTURE</p>	<p>Culture and Behaviours</p>	<p>Consistent</p>	<p>Following the recent Making a Difference Together conversation around flexible working, the Flexible Working Conversation is currently being collated with videos communications to be completed. The next conversation plans for Education is in progress.</p> <p>The Change Team members are now part of the Civility and Respect Pressure and Governance Group. To date the programme has completed a presentation to Senior Leadership Committee (SLC), attended four divisional committee meetings to present the culture strategy dashboard and continued the RECAP training to support antiracism strategy.</p> <p>The team are also focusing on supporting the appraisal review process and completing session with teams, with one recently being completed with finance.</p> <p>In addition, the NHSI/E Director of Staff Experience & Engagement visited the team.</p>		
<p>DIGITAL TRANSFORMATION</p>	<p>Applied Digital Healthcare</p>	<p>Consistent</p>	<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' 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>		
<p>DIGITAL TRANSFORMATION</p>	<p>Digital Infrastructure</p>	<p>Consistent</p>	<p>The Emergency Department (ED) Careflow system is due to commence in July 2022 and the stakeholder engagement and process mapping is already underway, with sessions planned to confirm the system configuration requirements.</p> <p>The Windows 10 deployment has been completed with NHS Digital approved exceptions. The Office 365 project delivery has been reviewed due to the complexity of the Microsoft licensing model with a secondary challenge of an ongoing technical issue at NHS Digital level which is delaying the rollout across SaTH.</p> <p>The team continue to rollout Office 365 where devices are not affected by the technical issue.</p>		

<p>FINANCES AND RESOURCES</p>	<p>Financial Literacy</p>	<p>Consistent</p>	<p>All the financial key processes have been documented, standardised and peer reviewed. A governance structure has been established with fortnightly finance project reviews being held with the identified leads. The timetable for the month end reporting to NHSE/I has been brought forwards, this is being trail run this month and will go live in month four.</p> <p>Next steps are to ensure all the documents are finalised and appropriately communicated to the wider organisation, and to begin a benefits realisation review which will be commencing over the next couple of months.</p> <p>Conversations are ongoing with John Skelton to develop the new manager training and are looking to relaunch budget holder training from September. An initial draft assessment has been completed to achieve Future Focused Finance (FFF) Level 2, this is to be reviewed and actions implemented, with dedicated supported identified within the finance team due to commence in August 2022.</p>		
<p>FINANCES AND RESOURCES</p>	<p>Financial Reporting and Planning</p>	<p>Consistent</p>	<p>The Oracle project is due to go-live on the 17th July 2022 with the cut-over planned between the 14th July to the 17th July. The following project activities are ongoing and planned to be completed ahead of the cut-over deadline: Out of hours access arrangements for Version1, printing access, dry run testing and database migration. The final decision regarding go live will be made subject to the above activities being completed satisfactorily.</p>		
<p>FINANCES AND RESOURCES</p>	<p>Performance & BI</p>	<p>Consistent</p>	<p>Following the recruitment of the new roles recruited into the team a review of internal processes has commenced to identify ways to standardise and streamline processes to free up capacity. i.e., PRM packs have been developed which take a shorter time to compile enabling more support to be provided to the wider organisation.</p> <p>Initial focus for the PowerBI apps, which are being developed, is Urgent Care. These are to be shared across the organisation providing real time information for capacity and demand. This is then to be expanded to incorporate metrics that will benefit ward staff and build on trends.</p> <p>The Learning from Deaths dashboard is in the final stages of development with the aim to soon begin analysis of the data to support the organisation. The quality dashboard is continuing to progress with the Friends & Family test information now on InPhase. a project plan is to be developed to progress this further. The divisional dashboards are to be piloted with Surgery, Anaesthetics and Cancer.</p>		

<p>FINANCES AND RESOURCES</p>	<p>Productivity & Efficiency</p>	<p>Consistent</p>	<p>The Efficiency and Sustainability group has recommenced with the first session held in June. Plans are still in development and expected to be fully worked up by the end of July, as such recorded delivery year-to-date has been slow. As expected, delivery has increased month on month, and this is projected to continue. It is expected that the 2022/23 efficiency target of £7.66m will be met in full and on a recurrent basis by the end of the year.</p> <p>Work is ongoing to meet with the scheme leads to complete the Project Initiation Documents (PIDs), which include both Quality and Equality Impact Assessments (QIAs and EQIAs) for each of the relevant identified schemes. The majority of the meetings are scheduled to take place during July 2022. Completion of the relevant paperwork will be reported and monitored on a monthly basis through the Efficiency and Sustainability Group.</p>		
<p>LEADERSHIP</p>	<p>Leadership Development Framework</p>	<p>Consistent</p>	<p>Conversations are taking place with Executive sponsors and subject matter experts to develop the core content of the management skills programme. The themes include people, operations, finance, and governance. The content includes briefings, workshops, guidance and toolkits. A new manager induction is also in development and subject matter experts have been providing resources to develop this as a blended learning approach involving on-line materials and discussion.</p>		
<p>MATERNITY</p>	<p>Maternity Transformation Programme</p>	<p>Improving</p>	<p>The Maternity Transformation Programme continues to progress stably and following the consolidation of themes and actions into a single plan the division have identified new high level milestones for the Maternity Improvement Plan (MIP). These will run concurrently with the Ockenden Report action plans and will include the full delivery of Ockenden actions (first and final report) and the delivery of CQC maternity actions.</p>		
<p>OPERATIONAL EFFECTIVENESS</p>	<p>Restoration & Recovery</p>	<p>Improving</p>	<p>Following a review of the Plan on a Page for Restoration and Recovery, and due to the scale and complexities of delivering the NHS recovery plan and tackling the COVID-19 backlog of elective care, it has been concluded that the overarching plan should be sub-divided into four separate elements: Theatre Productivity, Outpatient Transformation, Diagnostics, and Cancer Treatment. A plan on a page is now under construct for each individual area, this focused approach will facilitate capturing both targeted milestones and the planned progress in a concise manner, as well as facilitating the allocation of appropriate and proportionate actions. Number of patients waiting 104+ weeks continues to fall, in line with the Trust's plan, and has now reduced to 18 in June 2022. Compliance against PIFU is improving although remains below the NHSEI target of 5%, at 2%. Work will continue with the specialties to further develop clinically lead specialty specific trajectories and monitored through monthly internal and external outpatient transformation meetings and escalated as needed.</p>		

<p>OPERATIONAL EFFECTIVENESS</p>	<p>Theatre Productivity</p>	<p>Consistent</p> <p>Theatre utilisation continues to remain below target with 65% (PRH) and 67% (RSH) utilisation being realised for the month of June 2022. Ongoing site pressures continue to impact on elective activity with multiple lists affected and issues caused by lack of elective beds and late bed availability resulting in late starts, overruns, and some cancellations. A workforce recovery plan has been devised and includes a new workforce model that invests in new roles to create a grow your own model, the plans are currently being finalised to confirm the number of roles at the different levels to facilitate advertising the new positions. The new structure will offer career development for qualified and non-qualified staff which should assist with staff retention. Current recruitment is progressing well. There will be a further four Operating department practitioner (ODP) apprenticeships starting September 2022, there are currently eight in training four of which will qualify in September 2022. An additional five Nursing associates have been recruited and seven International Nurses. Following a targeted theatre recruitment event, twenty-one new members of staff of all grades have been offered positions and are due to start in July 2022, depending on pre-employment checks. The additional staffing will enable a progressive increase in available capacity as further operating theatres can be made operational.</p> <p>With the initiation of the staffing plan and vacancy trajectory, a review of the Plan on a Page is currently being undertaken and milestones will be updated to accurately reflect progress and facilitate controlled improvement.</p>		
<p>OPERATIONAL EFFECTIVENESS</p>	<p>Non-Elective Pathways Programme</p>	<p>Consistent</p> <p>During June 2022, the project initiation documents (PIDs) have been produced for the seven workstreams identified for SaTH to deliver within The Shropshire, Telford and Wrekin Integrated Care System Urgent and Emergency Care Programme. Each workstream has had a senior responsible officer aligned to it and further work progresses into July 2022 to map the governance arrangements internally and to align the SaTH UEC project, in response to The Care Quality Commission regulations.</p>		
<p>QUALITY AND SAFETY</p>	<p>Delivery of the Quality Strategy</p>	<p>Consistent</p> <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. The Performance Team have committed to supporting this as a priority.</p>		

<p>QUALITY AND SAFETY</p>	<p>Fundamentals in Care</p>	<p>Consistent</p>	<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> <p>During June 2022, Matron Kirk from the medicine division attended ODG to present the dashboard and exception report for Cardiology as an example of the information available at ward level to monitor the performance of the area and also the interventions that take place to improve the compliance.</p>		
<p>QUALITY AND SAFETY</p>	<p>Learning from Deaths</p>	<p>Consistent</p>	<p>Interviews were held during June 2022 to appoint a Head of Learning from Deaths and Clinical Standards and the successful candidate will progress the Learning from Deaths project further, once in post. Further expansion of the support team has not been agreed until clinical time to complete SJRs has been agreed/appointed to.</p> <p>As part of the NICHE2 audit, a recommendation for direct access pathway specifically relating to Oncology patients is in progress as part of the ward reconfiguration currently underway and there are plans to include an assessment bay within the specialty to avoid this vulnerable patient group presenting to the Emergency Department. Once the details of this are submitted to the CCG, including the mitigation for the interim, the milestone relating to delivering the NICHE2 audit recommendations will change from the current off track status, to delivered.</p> <p>The Mortality dashboard was operationalised during June 2022.</p>		
<p>QUALITY AND SAFETY</p>	<p>Levelling-up Clinical Standards</p>	<p>Consistent</p>	<p>Interviews were held during June 2022 to appoint a Head of Learning from Deaths and Clinical Standards and the successful candidate will progress the clinical standards project further, once in post.</p> <p>Ongoing discussions continue with the performance team to progress the collection of data to include the clinical standards within Inphase.</p>		

<p>QUALITY AND SAFETY</p>	<p>Quality and Regulatory Compliance</p>	<p>Consistent</p>	<p>The Care Quality Commission (CQC) Action plan delivery is underway, all actions are progressing, with 83% of the 266 identified actions now complete.</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 now complete, with feedback to the Executive Team during June 2022. The Outpatient Departments have completed their self-assessments and a table top review has taken place during June 2022. 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 took place on 24th June 2022.</p>		
<p>QUALITY AND SAFETY</p>	<p>Quality Governance</p>	<p>Consistent</p>	<p>A review and refresh of the Quality Governance project has taken place, with all high-level milestones identified in Phase two 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>		
<p>WORKFORCE</p>	<p>Future Workforce Design</p>	<p>Consistent</p>	<p>Review of workforce planning requirements is underway across the ICS which includes the development of a workforce planning hub. In partnership with Skills for Health a workforce planning development programme is to be rolled out (£100,000 investment) which includes analysis of planning requirements and outlined work programme. The aim of the programme is to develop workforce planners across the system. Needs will be reviewed following the initial analysis undertaken by Skills for Health, expected in August 2022. In the interim both a workforce planner / analyst via contract arrangement and a project manager to support with the workforce transformation agenda have been engaged.</p> <p>A strategic five-year nursing plan has been drafted and is ready for circulation to key stakeholders for comment and input. This is on track for completion in July 2022.</p> <p>26 rotas out 55 have been completed for junior doctors with Medicine due to be completed by the end of December 2022 and Anaesthetics in February 2023. The completion of all rota reviews is not expected until the end of 2023.</p>		
<p>WORKFORCE</p>	<p>Recruitment and Retention</p>	<p>Consistent</p>	<p>All milestones in this plan are now complete, the revised plan on a page has been developed and is awaiting executive approval. Further work needs to be completed to assess and review the success of the completed milestones and how this has impacted on the planned outcomes.</p>		
<p>WORKFORCE</p>	<p>Training and Education</p>	<p>Consistent</p>	<p>Following the evaluation of the education reviews the Integrated Education Proposal has now been implemented with next steps planned to look at Medical Education. There is an Education Launch planned for the 15th September 2022, in addition a project has commenced to develop an Integrated Education Prospectus.</p> <p>The Educational Business Support Unit to support the organisation to deliver clarity and compliance with Mandatory and Statutory training is now in place. This will also form a part of the induction process in line with the re-branding of education.</p>		

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Appendix B: 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	Jun-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	●	●	●	●	●	●	●	●	●	●	●	●	➡
WORKFORCE	Quality Governance	●	●	●	●	●	●	●	●	●	●	●	●	➡
	Future Workforce Design	●	●	●	●	●	●	●	●	●	●	●	●	➡
	Recruitment and Retention	●	●	●	●	●	●	●	●	●	●	●	●	➡
	Training and Education	●	●	●	●	●	●	●	●	●	●	●	●	➡

Area	Priority	PLAN	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								
			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								
	Communications & Engagement		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								
			Recruitment of remaining Comms team members (ongoing)								
	Risk Management		Embed agreed internal comms channels to communicate key strategic and operational priorities and issues								
			Media training for senior key colleagues								
		Recruitment of substantive Chief Communications Officer									
		Improved risk management reporting processes to be developed									
		Risk Management training programme for staff to be devised, and implemented (to be embedded 2022/23)									
CULTURE	Culture and Behaviours		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)								
DIGITAL TRANSFORMATION	Digital Infrastructure		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.								
			Vital upgrade including Sepsis deployment								
			BadgerNet Maternity Deployment								
			Windows 10 deployment								
			System Integrated Care Record live – A6								
			Network Replacement commencement								
			Windows 10 role out completion								
Financial Literacy		Trust wide Single Sign On implementation									
		BadgerNet Maternity role out Completion									
		N365 rollout									
		Trust wide Single Sign On role out completion									
		ED Careflow role out completion									
		ED Careflow deployment commences									
		All key processes documented and peer reviewed									
		Deliver live business case register, guidance and toolkits									
Financial Reporting and Planning		Deliver Divisional / consolidated financial risk registers									
		Deliver TNA and learning programme, use Ext resources									
		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									
		Deliver High Level IPR Dashboard within InPhase									
		Develop Performance Team structure and role within the Organisation									

QUALITY AND SAFETY	Learning from Deaths	Covid 19 deaths steering group to establish a strategic plan to investigate the nosocomial Covid 19 deaths that have occurred at																			
		Identify and develop the operational process to support use of the new screening tool to identify cases requiring a mortality review																			
		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																			
		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.																				
	Levelling-up Clinical Standards	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																			
	Quality and Regulatory Compliance	Define an additional set of specialty specific clinical standards for Phase 3 areas																			
		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																					
Quality Governance	Undertake CQC self assessments via the InPhase CQC self assessment model																				
	Implement Quality Governance Framework																				
	Develop and embed robust Executive RCA Process																				
WORKFORCE	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 .																			
	Recruitment & Retention	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.																			
	Training and Education	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.																			
		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																			
Training and Education	Utilise apprentice levy in line with workforce needs and talent management and ensure compliance																				
	Implement Learning Management System																				

Getting to Good Report: Appendices June 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

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"> Led by programme leads Reporting and admin support provided by workstream lead Action owners to attend and provide updates 	Frequency and timings determined by programme leads			
Operational Delivery Meeting: <ul style="list-style-type: none"> Chaired by the Improvement Director or Programme Director Programme Leads and core action owners to attend and provide updates Attended by PMO, SI, informatics, NHSEI Improvement Leads Programme Director 	■	■	■	■
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	
Senior 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 F: 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		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		Adam Winstanley	Efficiency and Sustainability Group	Tier 2
	Financial Literacy		Adam Winstanley	Finance Project Steering Group	Tier 2
GOVERNANCE	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
	Communications & Engagement		Claire Dunn (Interim)		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	Tier 3
	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			Quality Operational Committee (QOC) and Review and Learning from Incidents Group (RALIG) forums.	Tier 3
	Fundamentals in Care		Kara Blackwell	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