


Board of Directors' Meeting

13 October 2022

Agenda item	181/22			
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:	2022.09.29: SaTH Leadership Committee - Operational			
Executive summary:	<p>The purpose of this paper is to inform the Board of Directors of the progress made in August 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 all projects as being on track: Quality and Safety, Maternity Transformation, Culture, and Workforce. Four programmes are reporting as reasonable: Finance and Resources, Digital Transformation, Corporate Governance, and Leadership. 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	Appendix 1: Project Status Overview Appendix 2: Month on Month Status with Trend Appendix 3: Milestone Delivery Status Appendix 4: Tiers of Support Appendix 5: Oversight, Assurance and Accountability Appendix 6: Local Governance Arrangements			
Executive Lead				

1.0 Introduction

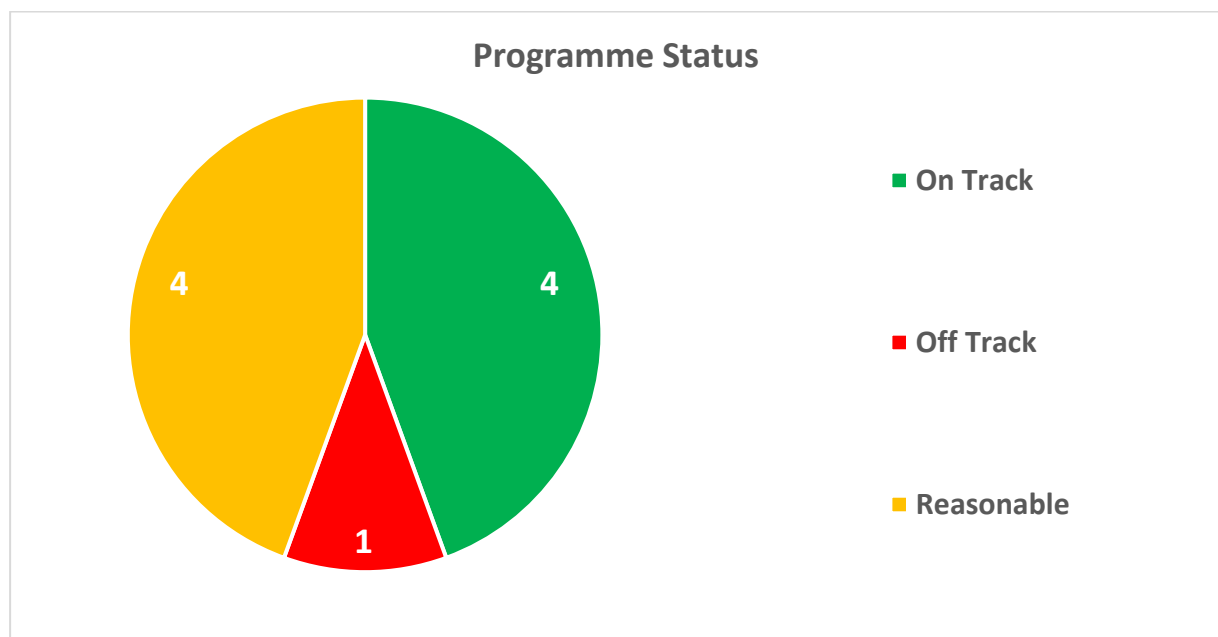
The purpose of this paper is to provide assurance on the progress of the delivery of the nine programmes and 26 projects within the Getting to Good programme.

The aim and focus of Getting to Good Phase 2, is to embed the improvement projects which are within the relevant 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 6*. 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.

2.0 Progress

Progress Summary by Programme



Four programmes listed below are progressing well, reporting their projects as being **on track** this period:

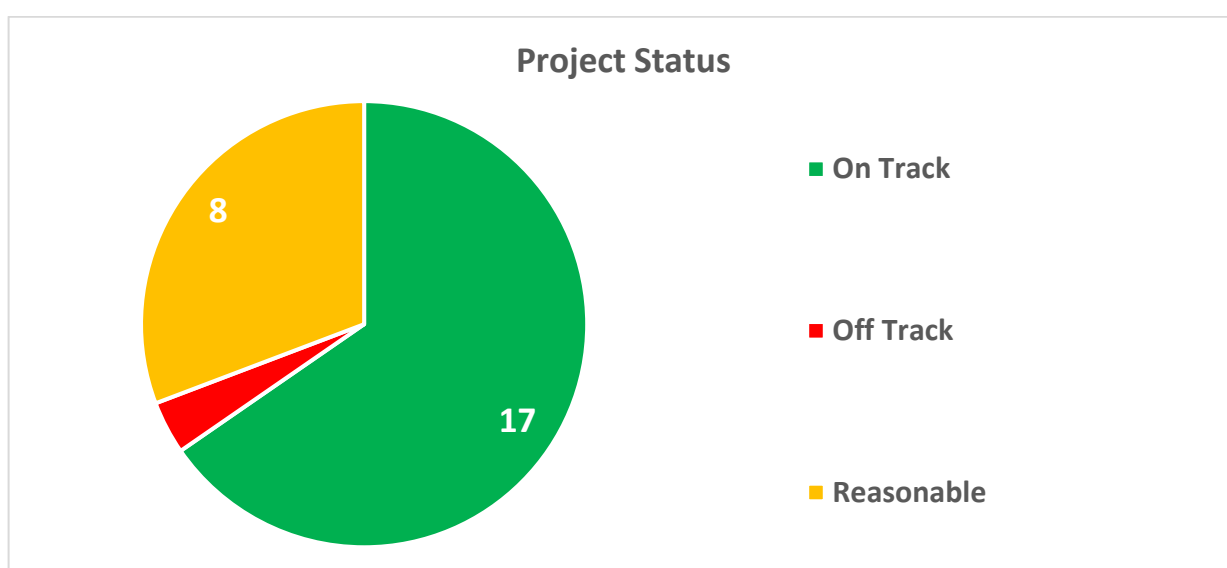
- Culture and Behaviours
- Workforce
- Maternity Transformation
- Quality and Safety

Four programmes listed below are rated as **reasonable** due to slippage in delivery timescales:

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

One programme; Operational Effectiveness is rated as **off track** due to non-delivery of key milestones within one of its projects (Theatre Productivity).

Progress Summary by Individual Project



Off Track Projects

- Operational Effectiveness - Theatre Productivity

Increasing activity and utilisation within theatres remains challenging resulting in the project remaining off track.

High levels of staff vacancies and negative impacts of the availability of elective beds continue to be the main causes. Recent successful recruitment drives will improve the ability to open more capacity, however, as there is a necessity to train new staff in operating theatre skills, it is recognised that this cohort of staff will require a minimum of 6 months in supernumerary roles. This will impact on how quickly capacity can be increased. As an interim measure, insourcing continues to be utilised.

Further details regarding the status of all the projects can be found in Appendix 1.

2.1 Consistency and Trend

All 26 projects retained a consistent delivery trend during the reporting period.

2.2 Project Milestones Due for Delivery

Four milestones were due for completion during August 2022 across two projects, two of which were successfully delivered.

- Board Governance - Outcome of Board Committee Review to be considered by ARAC in December 2021, with a proposed action plan, in collaboration with the Chairs, has been undertaken and submitted to the Board.
- Learning from Deaths - Develop a Learning from Deaths dashboard in conjunction with NHS England has been achieved.

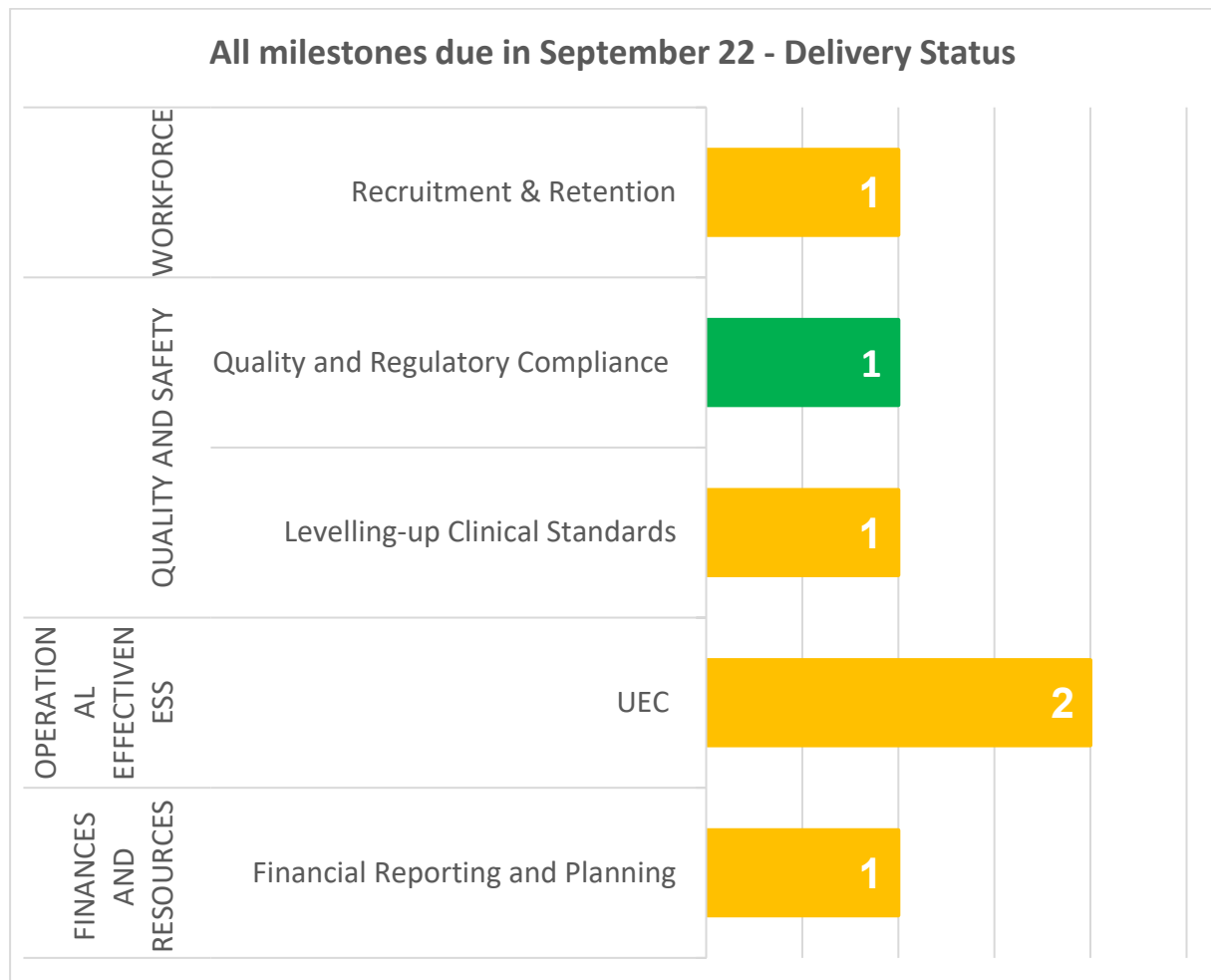
The remaining milestones have been extended to December 2022.

- Board Governance - Review of Standing Orders / Matters Reserved / Scheme of Delegation
- Board Governance - Following outcome of Board Committee Review, Committees to have refreshed Terms of Reference (ToR's), workplans, etc. aligned with revised Trust strategy requirements. (Also consider impact / alignment of ICS).

Details on all milestones is visualised in the Gantt chart in Appendix 3.

2.3 Project Milestones Due Next Month

There are six milestones due for delivery in September 2022 across four programmes and five projects:



- i) Financial Reporting and Planning – Implementation of Oracle 12.2
- ii) UEC - Development and approval of Paediatric Emergency Care plan on RSH site
- iii) UEC - Delivery of ward improvement work linked to flow and discharge
- iv) Levelling-up Clinical Standards - Define an additional set of specialty specific clinical standards for Phase 2 areas
- v) Quality and Regulatory Compliance - Completion of self-assessments for core services phase two including ITU and Surgery, Medicine and UEC
- vi) Recruitment & Retention - Deliver a Trust Wide refreshed marketing and branding approach to recruitment.

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 September, focus will be on the continuation of the rolling schedule of Deep Dives into each project which includes:

- Quality Governance
- Theatre Productivity
- Leadership Development
- Equality, Diversity, and Inclusivity
- Outpatient Transformation

A refresh of the project plans is also underway as we approach a year into Phase 2 of the Getting to Good programme and a number of key milestones have been delivered.

4.0 Recommendations

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

NHS CONFIDENTIAL
Appendix 1: 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
				July	August
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	The key actions for the Board Assurance Framework (BAF) project have now been delivered.		
CORPORATE GOVERNANCE	Board Governance	Consistent	The key actions for the Board Governance project have now been delivered.		
CORPORATE GOVERNANCE	Communications & Engagement	Consistent	A substantive Head of Communications has now been successfully recruited. Once in post, they will develop the Communications Strategy.		
CORPORATE GOVERNANCE	Risk Management	Consistent	<p>The successful transition to DATIX from 4Risk is now complete, with positive feedback regarding being able to link risks to incidents and triangulation of learning. Scoping work to discuss how the successes are shared with colleagues is underway, in collaboration with The Communications Team.</p> <p>The Head of Risk has set up The NHS Risk Managers Improvement Group, consisting of a group of at least 50+ risk management specialists from around the NHS. The Head of Risk is in discussion with The Institute of Risk Management, NHSP and NHSE to support this initiative going forward.</p> <p>The Head of Risk has contacted all risk leads from across various Organisations within the County on behalf of The Shropshire, Telford and Wrekin Risk Network, with the aim of encouraging partnership working to support with the mitigation of local risks that impact on the Trust. The first meeting is scheduled to take place on 12th September 2022.</p> <p>The Risk Management e-learning package and learning materials are currently in development ahead of the October 2022 risk training.</p> <p>The Substantive Head of Risk is still to be appointed, although the Interim has been in place since November 2021.</p>		

CULTURE	Culture and Behaviours	Consistent	<p>The next planned conversation session for The Making a Difference Together platform is Education and this is taking place in September 2022.</p> <p>The team culture sessions completed in August were for Ward 22 T&O and a follow up session for Sterile Services, following the Behaviour Framework review. The planning sessions for The Emergency Department Band 7 development day in September was also completed.</p> <p>The preparation for The Civility and Respect Programme to be delivered at the Board Development session on 8th September 2022 was also completed during August, with the train the trainer sessions now booked ahead of the launch in September 2022. Following this, the Trust Wide launch with supporting communications is underway, ahead of the October 2022 launch date.</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. Further scoping is scheduled to take place during August and September 2022 to understand digital healthcare opportunities for the Trust.</p>		

DIGITAL TRANSFORMATION	Digital Infrastructure	Consistent	<p>The project to implement The Emergency Department (ED) Careflow system continues during August 2022 and the stakeholder engagement and planning sessions to confirm the system configuration requirements continue. This is linked to the wider Careflow PAS project, which is also progressing well.</p> <p>The Bluespier theatres go live is planned for September 2022 and Bluespier Theatre Management System training for the Scheduling and Booking Teams has now been completed. The feedback received has been extremely positive with staff feeling happy that they are taking away the skills and knowledge to use Bluespier confidently when the system goes live in September. The training for frontline theatres staff has commenced and will continue into September, as planned.</p> <p>The Trust wide Single Sign On role out is also progressing well and the project team continues to deploy Imprivata to SaTH clinical areas.</p> <p>The Windows 10 deployment has been completed with NHS Digital approved exceptions. The Office 365 project delivery has been extended 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 technical team continue to rollout Office 365 where devices are not affected by the technical issue.</p>		
---------------------------	---------------------------	------------	---	--	--

NHS CONFIDENTIAL
Appendix 1: Getting to Good Project Status Overview

FINANCES AND RESOURCES	Financial Literacy	Consistent	<p>All the financial key processes have been documented, standardised and peer reviewed. The governance structure remains with fortnightly finance project reviews being held with the identified leads.</p> <p>Following a change to NHSE reporting deadlines and the requirement to report the financial position to the System a new timetable for month end reporting went live in month four to reflect the shorter deadlines. Teams have worked exceptionally hard to meet this revised timetable with delivery being achieved in both month four and five. In order to meet this, processes have been reviewed and documentation standardised.</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 to develop the new manager training for which finance will have a section and budget holder training will be re-instated from September. There is now dedicated support for the achievement of Future Focused Finance (FFF) Level 2. A follow up assessment has been undertaken and actions to achieve are being reviewed on a weekly basis with an expectation that an application is made in December 2022. The key activities for the next period are to consolidate the revised reporting timetable, looking for further standardisation and finalise the action plan for the achievement of level 2 FFF which will include the delivery of the training needs assessment (TNA) and learning programme.</p>		
FINANCES AND RESOURCES	Financial Reporting and Planning	Consistent	<p>The Oracle upgrade was due to go-live on the 17th July 2022 and this has now been delayed until mid-September 22 due to cyber security issues, identified during the testing phase. The Oracle system is hosted by Shropshire Community Trust and it has been agreed by all system partners that the implementation cannot continue until these issues are resolved. These issues have now been resolved and the project go live date is set for 19th September 2022.</p>		
FINANCES AND RESOURCES	Performance & BI	Consistent	<p>Discussions are underway to progress the development of a quality dashboard. A meeting has been arranged with the Deputy Director of Nursing on the 13th September to discuss potential options. Following this meeting, work will then commence on the agreed solution.</p> <p>In addition to the recent recruitment, an additional Band 7 Business Intelligence (BI) Analyst has been appointed with a view to commencing their role early November. This continues to strengthen the BI function to be able to respond to organisational requests for insights.</p> <p>Work has commenced to develop Divisional dashboards and meetings are taking place with Divisional Directors to identify areas for inclusion.</p>		

FINANCES AND RESOURCES	Productivity & Efficiency	Consistent	<p>SaTH have an efficiency target for 22/23 of £10.7m, made up of a local target of £7.6m and a System Big Ticket Item (BTI) target of £3.1m. Plans are in place to deliver this target in full and are being monitored through the Efficiency and Sustainability Group (ESG) which recommenced in June. The local target of £7.6m is split between top down Trust wide schemes and local development at divisional level. The plans are phased over the year with delivery at the end of August being £2.2m against a phased plan of £1.5m, so a surplus delivery of £0.7m.</p> <p>The PMO continues 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. Initial meetings have all taken place and follow up meetings are in place to continue the progress made and ensure any new schemes identified have the relevant documentation. Completion of the relevant paperwork will continue to be reported and monitored on a monthly basis through the Efficiency and Sustainability Group.</p> <p>The key activities for the coming period are the continuation of increased month on month delivery in line with the plan, finalisation of scheme documentation and begin discussions relating to the 23/23 efficiency programme.</p>		
LEADERSHIP	Leadership Development Framework	Consistent	<p>The management skills programme will be launched on 15th September at the Education Conference. Teams have now been identified to commence the Scope for Growth Pilot programme and career conversations have also been integrated into the management skills framework. The Leadership development framework is on track and continues to provide opportunities for aspiring, supervisory, first line, team, middle and senior managers. A new senior leadership and coaching programme was launched in September and a further cohort will start in October. Galvanise a new programme for aspiring colleagues from black, Asian and ethnic backgrounds will commence in September.</p>		

MATERNITY	Maternity Transformation Programme	Consistent	<p>The milestones for Maternity Transformation Programme are all 'on track' and showing good progress.</p> <p>From the final Ockenden report, 27% of actions have already been delivered (42/158). Further actions will be proposed for status change at Maternity Transformation Assurance Committee (MTAC) during September 2022.</p> <p>The evidenced delivery of CQC action plan milestone is 'on track' for progress with 63% actions evidenced & assured or otherwise closed, and a further 11% at 'Delivered, Not Yet Evidenced' stage.</p> <p>The delivery of phase 1 of the Maternity Improvement Plan (MIP) is also 'on track' for progress. Various Multi-Disciplinary Team (MDT) planning workshops have been conducted to review the actions efficiently, and the re-launched Maternity Transformation Programme (MTP) meetings are going ahead with good attendance and productivity.</p> <p>The programme has been selected as finalists for Patient Experience National Network Award (PENNA) for the User Experience (UX) Initiative, co-produced with the Maternity Voices Partnership (MVP). The team will present the initiative at University of Birmingham during September 2022.</p> <p>There has been positive feedback from NHSE regional and national leadership team following a visit to the Women & Children's Division in August 2022</p> <p>To aid progression various workshops are planned to assist with the efficient delivery of MIP actions.</p> <p>The greatest current risk relates to an action moving from amber to green, for first Ockenden report LAFL 4.89, regarding anaesthetics. An exception report will be presented to MTRAC in September 2022 explaining reasons for the delay, which include the Quality Improvement (QI) lead leaving the QI role, affecting the embedding of the action in question. A handover process to new clinicians is taking place, to resolve the issue.</p>		
-----------	------------------------------------	------------	---	--	--

OPERATIONAL EFFECTIVENESS	Restoration & Recovery	Consistent	<p>Patients moved to, or discharged on, a PIFU pathway has dropped slightly to 1.7% against the national objective to achieve 5% by March 2023. It is perceived that this drop has occurred following an initial period of validation carried out earlier in the year where patients were moved on to PIFU following clinical review.</p> <p>There has been some improvement in virtual consultations across the Trust which currently account for 18.9% of outpatient contacts. Regionally, this currently stands at 23%. The objective is to achieve 25% by March 2023.</p> <p>Work continues with system partners to review advice and guidance and introduce pathways to support primary care.</p> <p>Technical and administrative validation of non-admitted patients will be carried out as part of the 'Super September' NHSE initiative. This will then be supported with clinical validation. There will also be a focus on reducing DNA rates.</p> <p>Currently, the main risk to delivery is garnering clinical engagement and the ability of the Clinical Lead and Operation Leads to coordinate (diary constraints) and explore / deliver changes within specialities.</p> <p>Diagnostic performance remains consistent with CT achieving 87% , MRI 53%, Imaging 60% and ultrasound 57% against targets of 100%.</p> <p>Recruitment continues across all areas, 30 applicants for Radiographer roles for CDC, RSH and PRH have been shortlisted for interview, and 12 appointments have been made to international recruits. The aim is to continue to secure as many appointments as possible for service resilience throughout the winter period</p> <p>Cross sectional training has been undertaken in July and August to open the POD for 3 days per week, as of September, increasing capacity by 92 scans per month.</p> <p>Looking forward there will be a continued drive for new recruits to enhance the impact of the POD and potential requirements for CT & MR mobile units and CDC. Enhanced rates and WLI has been factored into the trajectory for recovery. The use of further outsourcing to second reporting company to address our reporting backlogs in addition to WLI agreed for our reporting radiographer to address the back log. This is expected to have a positive impact on the metrics for the September reporting period. Insourcing will continue for Ultrasound and Breast.</p> <p>Staffing availability due to absence and COVID-19 sickness remains a risk as well as the impact on outpatient activity as a result of increased acute requests (1 x MRI list cancelled in August as a result of this)</p>		
------------------------------	---------------------------	------------	--	--	--

OPERATIONAL EFFECTIVENESS	Theatre Productivity	Consistent	<p>The performance of the Theatre Productivity project continues to be affected by the current limited theatre capacity due to ongoing escalation of ED and also the loss of bed base due to bay A and B at the Day Surgery Unit (DSU) at PRH being escalated. Theatre staffing shortages are also affecting the ability to increase capacity at RSH. A total of 68% (PRH) and 71% (RSH) Theatre Utilisation was realised for the month of August 2022, due to bed pressures and the cancellation of nearly 30 routine operations at PRH to prioritise cancer and urgent patients. Theatre lists continue to be planned to between 85% and 100% through weekly list planning meetings although this continues to be seriously affected by late cancellation of non-urgent procedures due to site escalation, particularly at PRH where the late availability of beds has caused regular late starts leading to overruns to operating lists and some cancellations.</p> <p>Training on Bluespир theatre management software continued to progress well through August with the system on track to go live in Booking & Scheduling on 12th September and within Theatres on 26th September meeting the expected milestones, the system will provide further accuracy and detail on theatre utilisation. A new theatre dashboard has been created by the Performance Team and is currently being tested.</p> <p>A review and refresh of the current workforce plan and structure will be undertaken during September to establish the impact of current staffing levels as well as identifying areas of success and areas for potential future successes.</p> <p>A risk to delivering increases in activity continues to be impacted by the current escalation level and theatre staffing issues at both sites, due to this it is unlikely that elective activity levels will be increased in the short term.</p>		
------------------------------	-------------------------	------------	--	--	--

OPERATIONAL EFFECTIVENESS	Non-Elective Pathways Programme	Consistent	<p>The Acute Floor business case has been approved by the system and supported with funding by NHSE. Planning is now underway to ensure that the Acute Floor is in place by the end of the calendar year in order to positively impact flow in winter 2022/23.</p> <p>The Discharge Lounge is scheduled to move to Ward 31 in September, to support the Acute Floor moves. This will also facilitate increased utilisation with it being within the main building</p> <p>Background observation of exemplar wards (17 and 27) has taken place and plans have been made for Rapid Improvement Events to take place during September to focus on SHOP, board round processes and early discharge.</p> <p>A first draft of internal professional standards has been completed and presented to Getting to Good ODG. The Patient Flow Co-ordinator task and finish group has been completed and a review of the role and business case submission for substantive recruitment is planned for September.</p> <p>The ED Reconfiguration at RSH has been completed with positive feedback given by staff invited to Getting to Good ODG.</p> <p>An ED audit of patients has been completed during August to support the upcoming ED Redirection tool. The audit was supported by volunteers and the results will be presented to Getting to Good ODG in September. Preliminary data suggests that 13% of patients attended ED due to being unable to make a GP appointment.</p> <p>Discussions are underway with estates regarding the Oncology Assessment Bay with architectural drawings sourced and passed to the Clinical Director and Matron.</p> <p>MADE took place during August with partners from Shropcom and the Local Authority joining. All patients with a length of stay exceeding 14 days were reviewed and the final data will be presented to Getting to Good ODG in September.</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>Ongoing work in relation to the quality priorities included in the Quality Strategy continues through the various steering groups i.e. Safeguarding Operational and Assurance Meetings, Deteriorating Patient Group, Palliative and End of Life Care (PEOLC) Steering Group, Falls Steering Group and reported and monitored through our governance framework at Divisional and Corporate level Quarterly</p> <p>A Quality Strategy Dashboard was agreed to be developed and in place by March 2022, initial work did not progress but this has now recommenced by the Performance Team, with further work required to ensure all identified metrics are included and accurately recorded to operationalise the dashboard effectively. The Performance Team have committed to supporting this as a priority.</p> <p>There is a risk in relation to the Priority 5 of the Quality Strategy, "Right Care, Right Place, Right Time" due to the current operational pressures within the Trust, this informs the action to develop an acute medical floor to ensure timely treatment in the most appropriate setting and the ongoing work to improve flow and discharges with our system partners.</p>		

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. The monitoring of this is through the monthly Nursing Quality Metrics Assurance meetings chaired by the Chief Nurse/Deputy Chief Nurse, which is attended by the DivDoNs, matrons and ward managers. 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 particularly in relation to nutritional assessments and care planning, fluid balance charts and catheter care. The Baseline Exemplar audits continue to show those wards which require ongoing improvement. The Acute Medical Unit (AMU) at PRH has consistently achieved level 2 compliance in its baseline exemplars and is progressing through the formal accreditation process.</p>		
QUALITY AND SAFETY	Learning from Deaths	Consistent	<p>The Learning from Deaths team are working with the divisions to finalise a template for reporting to the Trust Learning from Deaths Group. This will incorporate divisional mortality data as well as themes and learning identified through case reviews and investigations relating to patients who have died including Structure Judgement Reviews, (SJRs), serious incident investigations, divisional investigations and complaints. A submission was made to the Shropshire, Telford and Wrekin Integrated Care Board (STW ICB) in July in response to the one outstanding NICHE recommendation relating to direct access pathways for Oncology. This is being reviewed at the System Quality Group 07 September 2022. As this is part of wider improvement work in progress within the Trust, approval has been requested for this NICHE 2 action to be closed. Recruitment is underway for a Clinical Lead to provide additional support for the Learning from Deaths programme of work. The focus for this additional role will include SJRPlus training and quality assurance to ensure sustainability of the SJRPlus training programme.</p>		
QUALITY AND SAFETY	Levelling-up Clinical Standards	Consistent	<p>Phase 1 clinical standards have now been defined and ongoing discussions continue with the Performance Team to progress the collection of data to include the clinical standards within Inphase, to ensure performance against the standards can be measured and monitored and this is a key next step in the project delivery.</p> <p>Internal professional standards are being refreshed in a number of specialties, including the Emergency Department and Acute Medicine and details of this were shared with the Operational Delivery Group during August 2022. These internal professional standards will form a key part of the clinical standards project.</p>		

NHS CONFIDENTIAL
Appendix 1: Getting to Good Project Status Overview

QUALITY AND SAFETY	Quality and Regulatory Compliance	Consistent	<p>The Care Quality Commission (CQC) Action plan delivery is underway, all actions are progressing, with 88% of the actions now complete.</p> <p>The completion of self-assessments for CQC Core Services not assessed by CQC in July 2021 is underway and a number of areas have now been completed including Children and Young People (CYP), Palliative and End of Life Care (PEOLC) and Outpatients Department (OPD). The Executive Table Top review for CYP has been completed which agreed with the internal RAG rating of "GOOD" for the Services. The Executive table top for OPD is taking place at the end of Sept and for PEOLC in October. The next services being reviewed are Surgery and the Intensive Therapy Unit (ITU), with the Division currently completing their self-assessment and a mock CQC inspection planned for October for 2 days across both hospital sites. Given that the CQC has announced recently that it is beginning inspections of all maternity services across England, the process for self-assessment of our maternity services has also commenced.</p>		
QUALITY AND SAFETY	Quality Governance	Consistent	<p>The Quality Governance project has continued to make good progress, with the continuation of embedding the Learning from Deaths agenda in line with the quality governance framework. During July 2022, both PALS and complaints have now transferred to The Quality Governance Team and now have a dedicated support for each of the divisions, also in line with the quality governance framework, this work will continue to embed during September.</p> <p>The Quality Governance Team now encompass risk management within their role and ensure all risks are reviewed and updated for the divisions they support.</p> <p>A review and revisit of the standardised Terms of Reference and agenda for specialty governance meetings is now complete, with work ongoing to support specialities in undertaking these meetings.</p> <p>Work is underway to include a quality governance section into the quality dashboard and will include information relating to outstanding SJRs, complaints and investigations and this will ensure greater oversight at all levels.</p>		
WORKFORCE	Future Workforce Design	Consistent	<p>An agency reduction strategy has been developed and presented to Executive team which has now been supported and agreed to implement key recommendations. This includes introduction of the revised agency cascade/escalation procedure and rate card (initially within ED and ITU only) with effect from 1st October 2022, removal of blanket approvals for off-framework agency supply with immediate effect, replaced with a revised escalation process and authorisation, and elimination of any off-framework supply in non-critical areas with immediate effect unless there is a critical need with a retrospective review process to be introduced.</p>		
WORKFORCE	Recruitment and Retention	Consistent	<p>As part of the 2022/23 International recruitment programme 97 offers have now made to new recruits following a series of interviews in recent weeks. In addition to those offered roles, 12 nurses have commenced with the Trust in August and further nurses commencing over the coming months. There has been delays in new recruits completing their OSCE assessments due to shortage of places available (this is a national issue) but there will be sufficient places from November onwards. Support is being provided for new to midwifery and Allied Health Professional (AHP) international recruitment.</p>		

WORKFORCE	Training and Education	Consistent	<p>81% of staff are registered on Learning Made Simple (LMS) , since the launch of the LMS the statutory training compliance rate has risen over the last 3 months from 80% to 85% with a trajectory to reach the 90% target by January 2023.</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. The Education Launch is planned for the 15th September 2022, and the Integrated Education Prospectus will be launched on 20th September, with a Making a Difference Education Conversation will take place from 23rd September.</p> <p>An Integrated Education Annual report has been agreed, the SaTH Education brand has been created, email account created, twitter account registered and Corporate Education will be rebranded Education Support Unit at the education launch.</p> <p>A new process has been established to prebook medical staff into the mandatory training slots ahead for the year, this will ensure there is adequate time to plan availability for staff to attend and trajectories have been developed to establish the impact of this.</p> <p>A targeted approach to support areas of low compliance is also underway and the training team are offering tailored support to these at risk areas and this has been well received by clinical teams.</p>		
-----------	------------------------	------------	---	--	--

OPERATIONAL EFFECTIVENESS	Non-Elective Pathways Programme	Consistent	<p>There are seven work streams under the UEC improvement programme along with some distinct pieces of work around flow improvement. There has been progress in all areas in the last month.</p> <p>The estates work on the Emergency Department reconfiguration at RSH has been completed. This has increased cubicles in majors, all designed in line with vulnerabilities awareness, a designated ambulance pitstop, a dedicated children and young people zone, improved facilities to support isolation requirements with step up/step down capacity, a fully functioning Clinical Decisions Unit; compliant with ward and inpatient guidelines including toilets and wash facilities. There is also now a designated fit to sit area, an increased number of patient toilet facilities, a designated SWAN room and new relatives' room and an improved waiting room environment.</p> <p>Recruitment of additional nursing staff to support the increased space as well as improved patient/nurse ratios is currently underway with a high-profile recruitment event taking place in mid-August 2022.</p> <p>The Acute floor business case has been supported by NHSE and by the system investment committee. There is a clear governance structure in place with weekly meetings to assess the progress. There are four distinct workstreams focussed on workforce, estates, pathways and operational readiness.</p> <p>The discharge lounge at RSH will be moving to Ward 31 in August 2022. This will bring the discharge lounge into the main hospital building with the expectation that this will increase utilisation and support earlier flow from wards. There is currently a review underway to find an alternative environment to increase the size of the discharge lounge at PRH.</p> <p>A MADE event is being planned for w/c 22nd August and will run for the two days before and after the bank holiday. This will be multi-agency teams focused on those patients that have been in hospital for 14 days or more, with a control centre set up on both sites to support escalation of issues. NHSE will be co-leading the event with the Deputy COO. A multi-agency group is supporting the development of the complex discharge process. This is due to commence in August and includes the following key workstreams; To review the fact finding assessments, In-reach from community providers to "pull" patients to their discharge destination, PDSA around transport to community hospitals, use of PSAG boards to track patient discharge journeys and development of a discharge whiteboard to manage and understand what actions need to be undertaken to support patients who are being discharged.</p> <p>Increased visibility of data to enable the system to understand the pressures in the acute trust and to be able to respond more effectively is being developed. A daily system operational call has been set up to commence 8/8/2022.</p> <p>A system level report is being developed in collaboration with the Business intelligence Team that will pull information about capacity available across the system to support increased number of discharges on a daily basis.</p>	
------------------------------	---------------------------------------	------------	---	--

NHS CONFIDENTIAL
Appendix 1: Getting to Good Project Status Overview

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. The Performance Team have committed to supporting this as a priority.</p>		
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>The Learning from Deaths Dashboard has been developed in collaboration with The Performance Team and NHSE and is now available to view. This includes all the key metrics, some of which were previously unavailable and is a great step forward in delivering the Learning from Deaths agenda.</p> <p>A submission was made to the CCG in response to the 2 outstanding recommendations from the NICHE2 audit during July 2022 and the Trust awaits formal feedback as to whether these actions will be closed and the action plan is completed.</p>		
QUALITY AND SAFETY	Levelling-up Clinical Standards	Consistent	<p>Phase 1 clinical standards have now been defined and ongoing discussions continue with the performance team to progress the collection of data to include the clinical standards within Inphase, to ensure performance against the standards can be measured and monitored and this is a key next step in the project delivery.</p> <p>A Head of Learning from Deaths and Clinical Standards has been appointed and will support the SRO to progress the clinical standards project further, once in post.</p>		
QUALITY AND SAFETY	Quality and Regulatory Compliance	Consistent	<p>The Care Quality Commission (CQC) Action plan delivery is underway, all actions are progressing, with 88% of the actions now complete.</p> <p>The completion of self-assessments for CQC Core Services not assessed by CQC in July 2021 is underway and a number of areas have now been completed and Surgery and the Intensive Therapy Unit (ITU) is the next are to undertake this exercise.</p>		

QUALITY AND SAFETY	Quality Governance	Consistent	<p>The Quality Governance project has continued to make good progress, with the continuation of embedding the Learning from Deaths agenda in line with the quality governance framework. During July 2022, both PALS and complaints have now transferred to The Quality Governance Team and now have a dedicated support for each of the divisions, also in line with the quality governance framework.</p> <p>The Quality Governance Team now encompass risk management within their role and ensure all risks are reviewed and updated for the divisions they support.</p> <p>A review and revisit of the standardised Terms of Reference and agenda for specialty governance meetings is now complete.</p> <p>Work is underway to include a quality governance section into the quality dashboard and will include information relating to outstanding SJR's, Complaints and Investigations and this will ensure greater oversight at all levels.</p>		
WORKFORCE	Future Workforce Design	Consistent	<p>As part of the Future Workforce Design project, there are a vast number of apprenticeships commencing from September 22 onwards and will support areas include Radiology, Orthopaedics and Nursing Associates. The specific apprentices include: Senior Healthcare Support Worker Level 3, Assistant Practitioner Level 5, Healthcare Science Level 6, Nursing Associate Level 5, Nursing Degree Top up 18mth programme (Level 6), Operating Department Practitioner (Level 6), Pharmacy (Level 3) and Diagnostic Radiographer (Level 6). This will help support the long-term resource challenges within the Trust.</p> <p>There are also a number of new apprenticeship roles included in the future such as: Trainee Advanced Clinical Practitioners, Trainee Physician Associate Placements, Trainee Nursing Associate Apprentices, Nurse Degree Apprentices.</p> <p>There is further focus on marketing and recruitment campaigns to expand our bank workforce, including the agreement of enhancement and incentive rates, ensuring development programmes and opportunities are built into recruitment programmes and to develop a case for Legacy Mentors - experienced staff that can support newly appointed staff.</p>		

WORKFORCE	Recruitment and Retention	Consistent	<p>The Trust has successfully delivered a Trust wide refreshed marketing and branding approach to recruitment. New job packs have been created and launched for executive and medical roles which has resulted in an increased number of applications; a development pathway has been implemented to transition all other roles to a job pack format commencing with non-medical clinical roles. The Healthcare Support Worker Academy has been launched and serves as a platform to promote opportunities at the Trust. A renewed focus of promoting advertised posts through social media platforms is underway. Successfully marketing recruitment events for challenged areas has helped recruit to hard-to-fill posts; this includes a successful international recruitment programme in radiology as well as delivery of the international nursing recruitment campaign.</p> <p>Despite the challenges of the last 12 months, through successfully marketed recruitment events, the Trust has continued to grow the workforce and has seen an increase in both the number of posts filled as well as the number of applications received.</p> <p>Next steps to continue to build on the work already delivered includes:</p> <ul style="list-style-type: none"> • promotion of career development pathways such as the Nursing Associate programmes; Advanced Care Practitioners; Physician Associates; Therapy Apprenticeships • engaging with the cultural ambassador programme and EDI leads to embed culturally sensitive recruitment practices • progressing further marketing initiatives in collaboration with the Trust communications strategy to embed a cohesive Trust brand 		
-----------	---------------------------	------------	--	--	--

WORKFORCE	Training and Education	Consistent	<p>A new process has been established to prebook medical staff into the mandatory training slots ahead for the year, this will ensure there is adequate time to plan availability for staff to attend and trajectories are being developed to establish the impact of this.</p> <p>A targeted approach to support areas of low compliance is also underway and the training team are offering tailored support to these at risk areas and this has been well received by clinical teams.</p> <p>Statutory training compliance has increased this month for the first time in a year and now stands at 81% against a 90% target. This is an encouraging indication that the above steps are already starting to show improvement towards achieving the Trust training target.</p> <p>Foundation Year 1 student inductions have taken place during July 2022, with a week shadowing various clinical departments before officially starting their Foundation Year 1 post. For this year only HEE have funded an extra week of shadowing for International Medical Graduates joining the Foundation Programme</p> <p>All other grades of doctors will start at SaTH on Wednesday 3rd August 2022, they will be greeted in SECC by the Medical Education and Medical People Services teams and spend the morning on induction.</p> <p>Thank you to the Medical Education and Medical People Services teams who have organised lots of things to help with induction including, social events, lectures, practical training sessions and a presentation evening (to thank our outgoing trainees)</p> <p>Support has also been provided behind the scenes from a number of teams including ESR, IT, Occupational Health, Estates, Health and Safety, Catering and Corporate Education in addition to Departmental Educational leads and Clinical / Educational Supervisors have who have also offered support and guidance to new members of staff rotating into their departments.</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>		
-----------	------------------------	------------	---	--	--

NHS CONFIDENTIAL
Appendix 2: Month on Month Status with Trend

Programme	Project	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-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							
		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							
	Board Governance	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							
		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							
	Communications & Engagement	Following approval of Trust Strategy, publication of Comms Strategy (internal and external), for period 2022/3 onwards							
		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							
		Recruitment of substantive Chief Communications Officer							
	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)							
CULTURE	Culture and Behaviours	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 TRANSFORMATION	Digital Infrastructure	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							
		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							
	Financial Literacy	All key processes documented and peer reviewed							
		Deliver live business case register, guidance and toolkits							
		Deliver Divisional / consolidated financial risk registers							
		Deliver TNA and learning programme, use Ext resources							
		Achieve level 2 FFF (inc. engagement with Divisions)							
	Financial Reporting and Planning	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							
		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							
		Develop Performance Strategy							

FINANCES AND RESOURCES	Performance & BI	Development of system wide dashboard framework							
		Deliver IPR Dashboard with Drill Down to Ward Level							
		Develop UEC Dashboard							
		Develop Maternity Dashboard							
		Develop Elective Care system dashboards - 3 monthly development phases starting Aug 21							
		PART to build a Quality & Safety overview Dashboard within InPhase							
		PART to build a Quality & Safety overview Dashboard within InPhase with Drill Down to Ward Level including defined data and metrics for each of the 8 areas of the Quality Strategy.							
	Productivity & Efficiency	Implement standardised documentation and reporting							
		Establish governance structures and processes							
		Prioritise schemes for delivery in 2021/22 and develop a pipeline with divisional teams							
		Develop clear communication plan regarding the approach and commitment to the efficiency programme							
		Develop and agree H2 approach to the productivity and efficiency programme							
		Engage stakeholders in 2022/23 pipeline development							
		Providing appropriate and timely support for ICS big ticket schemes							
		Benchmarking and GIRFT data is used routinely to determine whether clinical services and corporate functions are delivered both effectively and efficiently							
LEADERSHIP	Leadership Development Framework (DOW)	Programme for Management Skills Development (technical and systems)							
		Review Leadership Programme and Masterclasses across the Trust.							
		Review and enhance Trust Health and Wellbeing Plans and incorporate into mandatory training							
		Implement and Review Board Development Programme							
		Deliver and evaluate the Leadership & Development Strategy and Programme for compassionate, inclusive and effective							
		Develop Local Scope for Growth and Talent Management Pathway							
MATERNITY	Maternity Transformation Programme	Evidenced delivery of all RCOG actions							
		Development and delivery of communications and engagement plan for patients, families and key stakeholders							
		Evidenced delivery of six Year 3 CNST safety actions, with action plans for remaining four safety actions submitted to NHS-R.							
		Evidenced delivery of CQC action plans.							
		Implement and embed all 52 Ockenden Report actions.							
OPERATIONAL EFFECTIVENESS	Restoration & Recovery	Non face to face appointments targets met							
		ERF activity thresholds met (70% / 75% / 80% / 85% / 95% / 89%)							
		Zero 104 week breaches for RTT							
		No elective patients over 78 weeks - MILESTONE NO LONGER RELEVANT.							
		PIFU in use within at least 5 major outpatient specialities (1.5% by December 21, 2% by March 22)							
	Theatre Productivity	Increase theatre productivity to 85%							
		Communication and engagement with surgeons and centre teams re late starts and early finishes							
		Launch of new combined 642 and List Planning Meeting. Site specific							
		Theatre data sheet changes							
		Increase theatre productivity to 75% (milestone no longer applicable , replaced by 85% milestone)							
	UEC	Appointment of substantive workforce at all levels							
		Implementation of vitals 4.2							
		Establish ability to systematically capture and report on activity and quality metrics within medical SDEC and SAU							
		Development and approval of Paediatric Emergency Care plan on RSH site							
		Delivery of ward improvement work linked to flow and discharge							
		Completion of Implementation of ED Careflow (starts July 22)							
		To lift all Section 31s and provide evidence of 80% consistent compliance with embedded changes							
		Workforce growth to support SDEC in line with business case							
	Delivery of the Quality Strategy	Introductory meetings with Workstreams to introduce the Programme of Work							
		PMO to work with Workstream leads to develop delivery plans as needed							
		Review metrics and outcome measures identified in Quality Strategy to ascertain if they are available within the Trust							
		Trust Wide Cascade Launch of the Quality Strategy							
		Workstreams to work with Performance Team to develop metrics and outcome measures.							
		Quality Strategy Workstream Leads to identify metrics (meeting data standards) to the PART Team to support delivery of the Q&S Dashboard							
		Governance of strategy at QOC and QSAC and G2G quarterly - reviewing dashboard and exceptions							
		Communications - Launch of a dedicated Intranet Page							
		Establish monthly quality strategy delivery meeting with divisions in line with divisional governance							
	Fundamentals in Care	Exemplar baseline reviews and accreditation							
		Quarterly reports to QOC illustrating the nursing dashboard and exemplar audits							
		Matrons Monthly Quality Assurance Audits in place							
		Monthly nursing assurance meetings							
		Exception reporting and action plans to address CQC areas of concern							
		Ensure recommendations of the Niche Phase 2 independent review of deaths report is reviewed by the trust and action plans are developed and delivered.							
		Develop a detailed Learning from Deaths Policy							
		Establish terms of reference and agree reporting structure for Mortality Operational and Triangulation Group							
		Develop a learning from deaths dashboard in conjunction with NHSIE							
		Covid 19 deaths steering group to oversee the implementation of NHSE guidance for reporting and responding to Covid 19 hospital onset cases.							

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							
		Define an additional set of specialty specific clinical standards for Phase 3 areas							
	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							
	Quality Governance	Implement Quality Governance Framework							
		Develop and embed robust Executive RCA Process							
		Provide consistent approach to Quality Governance across all divisions							
WORKFORCE	Future Workforce Design	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.							
	Recruitment & Retention	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.							
		Develop and deliver SaTH's agency strategy to ensure cost efficiency and effective use of temporary staff.							
	Training and Education	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							

Getting to Good Report: Appendices August 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

Appendix 4: G2G Phase II PMO/Service Improvement Approach – Tiered Support

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.

NHS CONFIDENTIAL
Appendix 5: 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">Led by programme leadsReporting and admin support provided by workstream leadAction 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 DirectorProgramme Leads and core action owners to attend and provide updatesAttended 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	
Senor Leadership Committee – Operations				
Quality and Safety Assurance Committee				
Trust Board				
NHSE/I External Assurance				
Strategic Oversight Assurance Group				

NHS CONFIDENTIAL
Appendix 6: 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		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		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