Board of Directors' Meeting
10 November 2022

Agenda item	207/22			
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:	2022.10.27: SaTH Leadership Committee - Operational			
Executive summary:	The purpose of this paper is to inform the Board of Directors on the progress made in September 2022, on the delivery of the Getting to Good programme following a refresh of a number of plans on a page. Two programmes are reporting all projects as being on track: Corporate Governance and Maternity Transformation. The remaining six programmes are reporting as reasonable: Digital Transformation; Elective; Non-Elective; Finance and Resources; Workforce Transformation; and Quality and Safety. No programmes or projects are reported as off track in the period.			
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 Appendix 7: G2G Programme Structure Refresh			
Executive Lead	*[signature]*			

1.0   Introduction

The purpose of this paper is to provide assurance on the progress of the delivery of 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 a number of 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 Getting to Good Programme Director. Furthermore, support is provided by colleagues from the Programme Management Office, Service Improvement Team, Communications, Performance and Business Intelligence Team and NHS England.

2.0   Programme Refresh

Getting to Good (G2G) is a complex evolving programme and as we approach a year into Phase 2 all of the 26 individual projects require a refresh as key milestones are completed or in some cases projects are delivered entirely. The Head of Programmes in collaboration with the G2G Programme Director has developed a proposed refresh of the G2G programme structure, which is detailed in *Appendix 7*. This change aims to acknowledge lessons learnt from Phase 2 and incorporate all of SaTH's major programmes and projects.

Following the refresh of a number of project plans on a page in September a number of changes can be noted in this progress report which are as follows:

- The overall number of programmes has reduced from nine to eight.

- Both Leadership and Culture programmes have been included in the overarching Workforce Transformation programme

- Operational Effectiveness programme has been separated into two programmes – Elective and Non-Elective

- The Restoration and Recovery project has been separated into three distinct projects; Outpatient Transformation; Diagnostics Recovery and Cancer Performance

- The Applied Digital Healthcare project has been moved into the Quality and Safety programme alongside a new project Critical Care Improvements.

3.0   Progress

Progress Summary by Programme

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

- Corporate Governance
- Maternity Transformation

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

- Digital Transformation
- Elective
- Finance and Resources
- Quality and Safety
- Non-Elective
- Workforce Transformation

Progress Summary by Individual Project
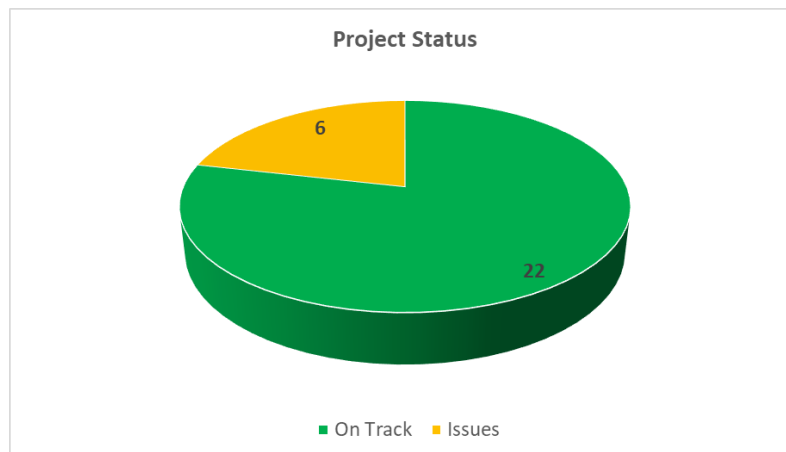
No projects are reported as off track in the period and 22 projects retained a consistent delivery trend.

Four projects have improved their position:

- Communications and Engagement

- Theatre Productivity

- Financial Literacy

- Leadership Development Framework.

The following two projects have reported a worsening position since the last reporting period:

- Financial Reporting and Planning

- Quality and Regulatory Compliance

Details regarding the status and progress of each individual project can be found in *Appendix 1.*

Project Milestones Due for Delivery

Nine milestones were due for completion during September 2022 across nine projects, six of which were successfully delivered.

- Digital Infrastructure – Bluespier Theatre Management system deployment.

- Diagnostics Recovery - POD opening 3 days a week to increase capacity.

- Outpatient Transformation - Creation of Outpatient PIFU, Virtual, Advice & Guidance tracker (including stratified patients in the PIFU activity).

- Critical Care Improvements - Executive CC Steering Group Decisions on external review recommendations.

- Levelling-up Clinical Standards - Define an additional set of specialty specific clinical standards for Phase 2 areas

- SaTH UEC Improvement Programme - Development and approval of Paediatric Emergency Care plan on RSH site

The three remaining milestones are off track and two are awaiting revised delivery timelines and confirmed change request approvals.

- Outpatient Transformation - Agree and record identified opportunities with specialities through specialty specific Plans on a Page.

- Theatre Productivity – Develop business case for new Theatres staffing structure.

- Financial Reporting and Planning – Implementation of Oracle 12.2 (Now confirmed as going live on the 17th October 2022)

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

Project Milestones Due Next Month

There are seven milestones due for delivery in October 2022 across five programmes and six projects:

1. Financial Literacy – Delivery of Training Needs Analysis (TNA) and learning programme using external resources.

2. Leadership Development Framework - Programme for Management Skills Development (technical and systems)

3. Maternity Transformation – Delivery of CQC action plan.

4. Outpatient Transformation – Outputs from past max waits review.

5. Outpatient Transformation – Virtual clinics transformation review.

6. SaTH UEC Improvement Plan – Improved usage of the Discharge Lounge across both sites.

7. Theatre Productivity - Theatre Data sheet changes, safer surgery checklist and implementation of the Bluespier Theatre Management system.

4.0   Forward Look

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

- Performance and Business Intelligence (BI)
- Future Workforce Design
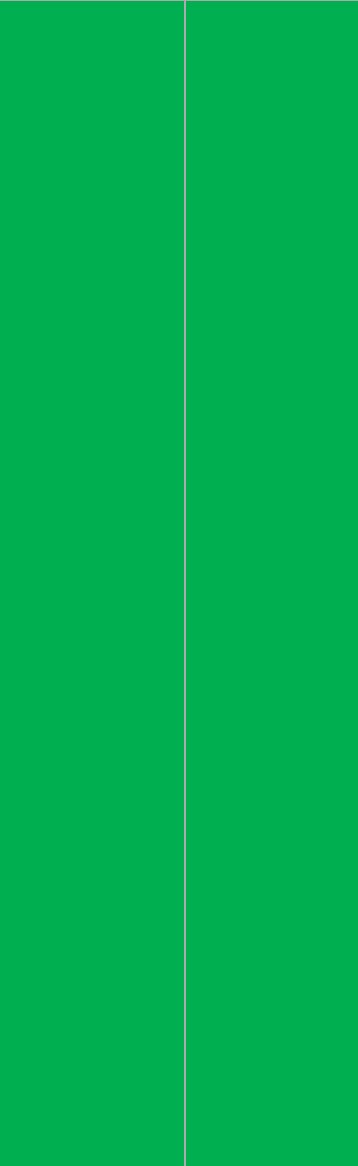- Recruitment and Retention

A refresh of the project plans continues as a number of key milestones have been delivered.
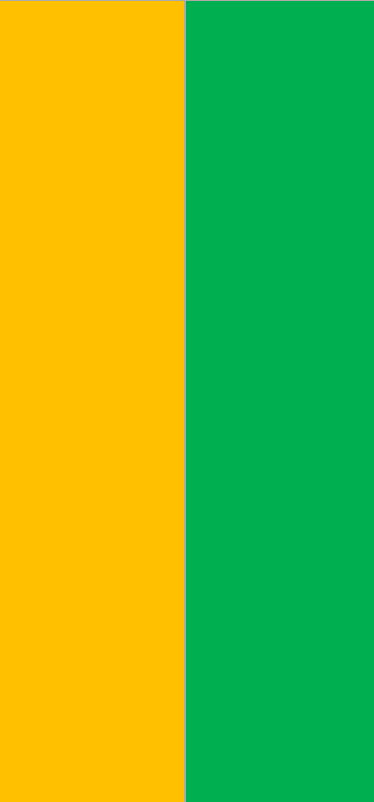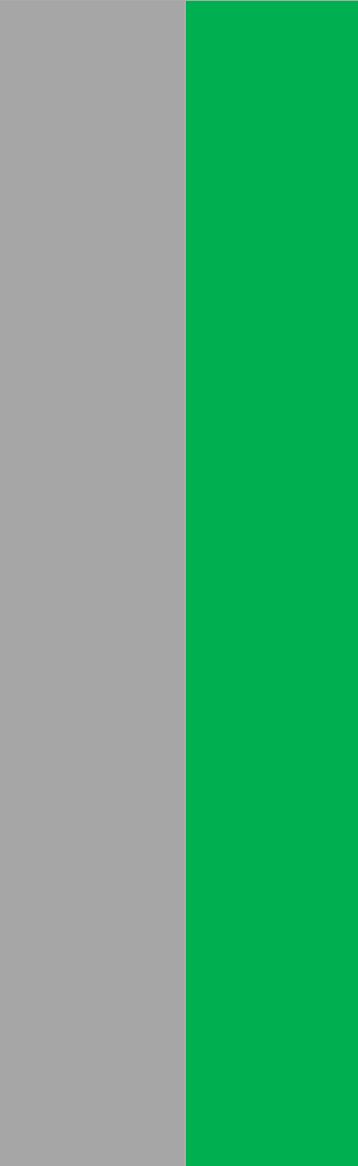
5.0   Recommendations

The Board of Directors is asked to review and acknowledge progress made during September 2022 on the delivery of the Getting to Good programmes and the proposal to refresh the programme structure detailed in *Appendix 7.*
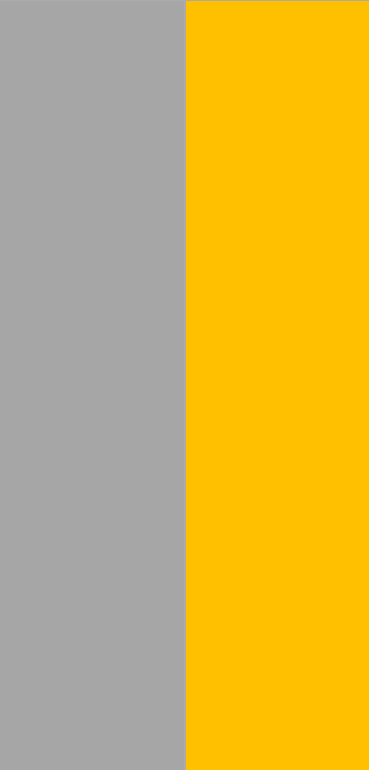
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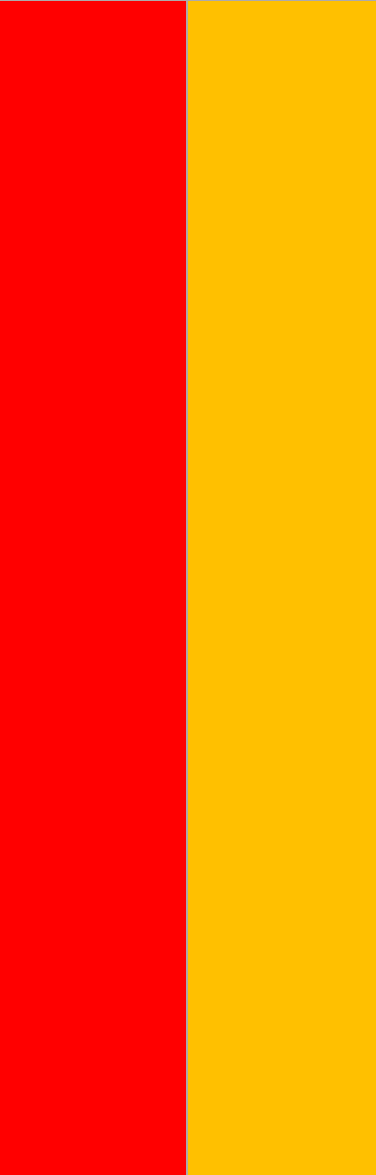| BRAG |
|---|
| DELIVERED |
| ON TRACK |
| REASONABLE - THERE MAY BE ISSUES THAT IMPACT DELIVERY, MITIGATION IN PLACE |
| OFF TRACK - ISSUES IMPACTING DELIVERY, NO MITIGATION IN PLACE |
| NOT STARTED |

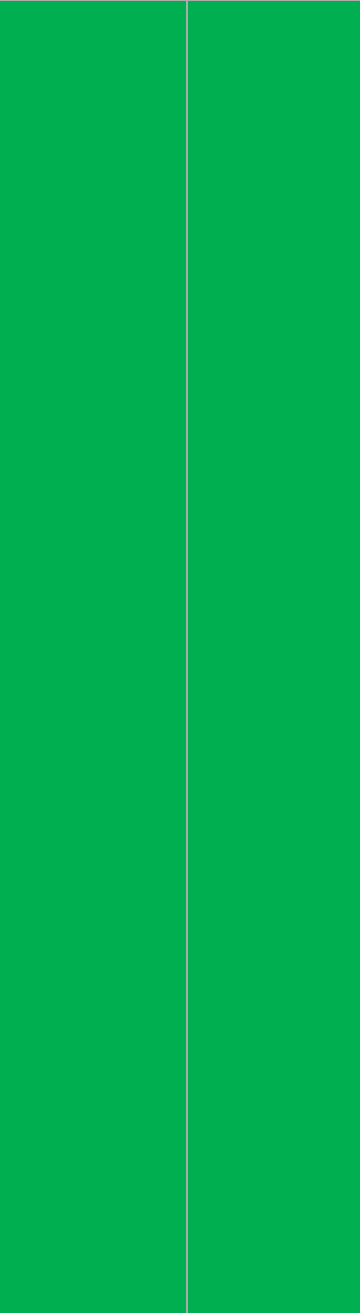| Programme	Project	Trend	Monthly Project Narrative Update	Previous Month August	Current Month September
Corporate Governance	Anti Fraud, Bribery and Corruption	Consistent	The key actions for the Anti-Fraud, Bribery and Corruption project have now been delivered. The project closure form and supporting evidence will be presented at ODG during October 2022, in order to complete and close the project.		
Corporate Governance	Board Assurance Framework (BAF)	Consistent	The key actions for the Board Assurance Framework (BAF) project have now been delivered. The project closure form and supporting evidence will be presented at ODG during October 2022, in order to complete and close the project.		
Corporate Governance	Board Governance	Consistent	The key actions for the original Board Governance project have now been delivered. The project closure form and supporting evidence will be presented at ODG during October 2022, in order to complete and close the project.		
Corporate Governance	Communications & Engagement	Improving	A substantive Head of Communications has now been successfully recruited and will joining the Trust in November 2022. Once settled in post, they will develop the Communications Strategy. The launch of the Getting to Good official branding is taking place during October 2022 and the preparation works to deliver this are progressing well.		

| Corporate Governance | Risk Management | Consistent | The vacancy for the substantive Head of Risk is still to be approved and advertised. The Interim Head of Risk remains in post until December 2022.

The recruitment of a Risk Officer is to be considered, approved, and advertised. This role will support with communicating and embedding the Trust's risk management framework, and associated processes.

The Risk improvements are to be celebrated within October's addition of 'Impact'.

The introduction of the 'confirm and challenge aide memoire' has now been circulated to colleagues. This document contains questions that should be asked or considered during the process, guiding managers to challenge when new risks are presented for approval. This document also gives consideration for the quality of business continuity functions, ensuring any business continuity plans are up to date and have been sufficiently tested.

Face to face Risk Management Training, focusing on the 'Tools and Techniques' available to us, are now on LMS and are booking up quickly showing great engagement so far.

The NHS Risk Managers Improvement Group met for the first time during September 2022. This group is currently organised and coordinated by SaTH's Interim Head of Risk and has more than 65 members from across the NHS and private healthcare sector on the contacts list. The sessions are planned to take place on a 'bi-monthly' basis, and the main aim is to work towards and promote consistency and some form of standardised process across the NHS Organisation as a whole. External speakers from ALARM, HM Treasury and NHSP are due to join the call in November 2022 to share good practice. | | |
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| Digital Transformation | Digital Infrastructure | Improving | Bluespier Theatre Management System go live took place during September 2022 and is now fully operational, with training for the Scheduling and Booking Teams also 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. Training for frontline theatres staff has also continued during September 2022.

The implementation of the Emergency Department (ED) Careflow system continued during September 2022, alongside the stakeholder engagement and planning sessions to confirm the system configuration requirements. This is linked to the wider Careflow Patient Administration System (PAS) project, which is also progressing well.

The Trust wide Single Sign On roll out is also progressing well and the project team continues to deploy Imprivata to SaTH clinical areas.

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. The technical team continue to rollout Office 365 where devices are not affected by the technical issue. | | |

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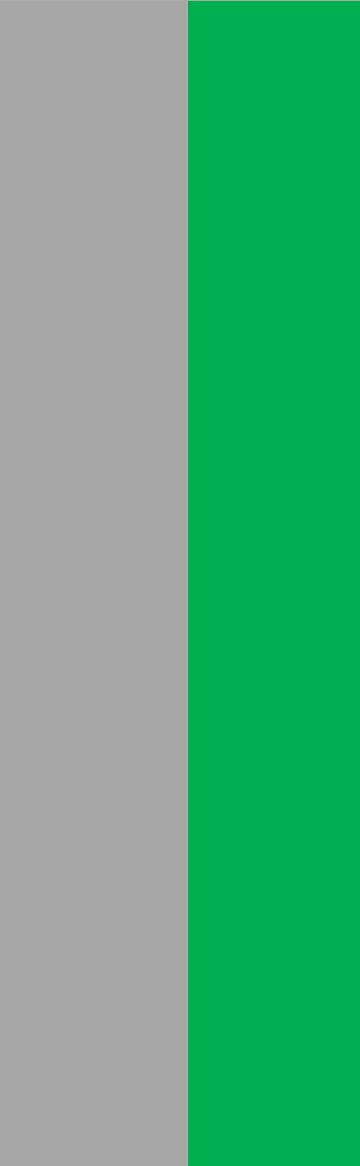**The Shrewsbury and Telford Hospital**
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| Elective | Diagnostics Recovery | Consistent | Diagnostic performance improved during September in CT and MRI with CT achieving 95%, MRI 56%, and ultrasound 50% against targets of 99%.

Recruitment continued across all areas, 30 applicants for Radiographer roles for both hospital sites and the Community Diagnostic Centre (CDC) were shortlisted for interview, and 12 appointments were made to international recruits, 8 of whom will start in October. The aim is to continue to secure as many appointments as possible for service resilience throughout the winter period.

Cross sectional training was undertaken in July and August to open the POD for 3 days per week. Due to the success of this, as of September 2022, the pod is now open 4 days per week. This facilitated improved CT performance to 95 %

There will be a continued drive for new recruits to enhance the impact of the POD and potential requirements for CT & MR mobile units for the CDC in November. Enhanced rates and Waiting List Iniatives (WLI) have been factored into the trajectory for recovery, which has resulted in reducing the plain film back log by 1,500. The use of further outsourcing to a second reporting company, to address reporting backlogs, in addition to WLI, is being progressed. This is expected to have a positive impact on the reporting times. Insourcing will continue for Ultrasound and Breast.

Staffing availability due to absence and COVID-19 sickness remains a risk. New risks include the potential of a delay in sourcing the second reporting company. Contrast supply issues during September impacted on scanning activity and the full impact of this is currently being monitored. Staffing for Ultrasound is also currently at risk, alternative options are being reviewed to mitigate this. | | |

| Elective | Outpatient Transformation | Consistent | Patients moved to, or discharged onto, a Patient Initiated Follow Up (PIFU) pathway has shown improvement from 1.5% to 1.8% against the national objective to achieve 5% by March 2023. The Clinical Lead for the project is working with the Divisions and specialties on ways to implement PIFU and reverse this trend. PIFU for Cardiology, Heart failure service has now gone live with Vascular go live date confirmed for 1st November 2022.
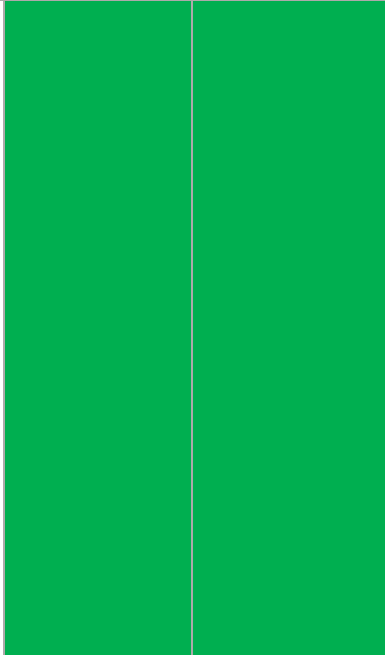
Non face-to-face contacts has seen a downward trend to 17.24%. Regionally, this currently stands at 23%. The objective is to achieve 25% by March 2023. The virtual consultation platform provider 'Attend Anywhere' is working with the Trust in trying to remove potential barriers for its use and improve the number of virtual contacts.

"Super September" Technical and administrative validation of non-admitted patients is ongoing with the monitoring of outcomes. This will then be supported with clinical validation of past max waits.

The main risk to delivery continues to be garnering clinical engagement and the ability of the Clinical Lead and Operation Leads to coordinate (diary constraints) and explore / deliver changes within specialities. | | |
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| Elective | Theatre Productivity | Improving | 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 65% (PRH) and 74% (RSH) Theatre Utilisation was realised for the month of September 2022. Further to the deep dive undertaken in September the divisional team have met and formulated an action plan, focused on improving the current position regarding cancellations. New systems and processes are now in place and will be monitored on a bi-weekly basis. Changes to pre operative assessment are also being made in the month of October which will see the re-introduction of "walk-in" pre ops and a new triage system which will reduce the need for face 2 face consultations. This is currently being trialled.

Bluespier Theatre Management was successfully launched in theatres on the 26th September 2022. With Booking and Scheduling going live on the 12th September 2022. A new theatre planner is now operational and new theatre reports are being created which will see a move away from manual reporting.

Looking forward, cancellation data will continue to be reviewed and measures will be put in place to reduce cancellations. A business case is due to be completed by the end of October 2022 that will support recruitment and retention due to proposed changes in the theatre structure.

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. | (red) | (amber) |

| Maternity Transformation | Maternity Transformation | Consistent | Milestones for the Maternity Transformation Programme are all 'on track' and showing good progress. From the final Ockenden report, 37% of actions have already been delivered (58/158). Further actions will be proposed for status change at Maternity Transformation Assurance Committee (MTAC) during October 2022.

From the first report three actions have moved to 'off track', in addition to Immediate and Essential Action (IEA) 1.4 that was already 'off track' – all of these lie outside SaTH's control as have external dependencies. In addition, Local Actions for Learning (LAFL) 4.89 has moved to 'at risk' and 'not yet delivered' following the exception report presented at September MTAC. For this reason completion rates have dropped by 2%, meaning that 87% has been delivered.

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. The delivery of phase 1 of the Maternity Improvement Plan (MIP) is also 'on track' for progress. Various Multi Disciplinary Team (MDT) planning workshops continue to be conducted to review the actions efficiently.

The team attended the Patient Experience Network National Awards (PENNA) on 28th September 20222 and received a certificate as finalists.

Positive feedback has been received from NHSE regional and national team regarding Ockenden action prioritisation, and interest from their part to understand the methodology in further depth.

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 MTAC 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. | | |

Quality & Safety	Applied Digital Healthcare	Consistent	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 to understand digital healthcare opportunities for the Trust.		
Quality & Safety	Levelling-up Clinical Standards	Consistent	Speciality clinical standards have now been developed for Gastroenterology, Neurology, Acute Medicine, Cardiology and Diabetes & Endocrinology. Further standards have been defined for Emergency Medicine, Frailty and Respiratory Medicine and these are currently under review, to be completed during October 2022. Ongoing discussions continue with the Performance and Business Intelligence 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. Internal professional standards are being refreshed in a number of specialties, including the Emergency Department and Acute Medicine. These internal professional standards will form a key part of the Levelling-up clinical standards project. Appointment of additional support staff to the learning from deaths team will also provide support to this programme.		

| Quality & Safety | Critical Care Improvements | Consistent | The Critical Care Improvement Project has now commenced, the project support team has been established and the decision to track progress via Monday.com using agile project methodology has been agreed. Progress will report to the Executive Critical Care Oversight Group (ECCOG) on a fortnightly basis, with scheduled communication sessions with ITU staff fortnightly.

Successful planning sessions have taken place to ensure engagement and representation from Multi Disciplinary Teams (MDT) colleagues from both sites, with 28 MDT staff participated in these sessions. Following on from this input, the eight original workstreams were consolidated into the following four; Risk and Business Continuity; Governance; Workforce (Medical) and Workforce (Non-Medical). All workstreams have a senior MDT lead, MDT members and an identified Risk Owner.

Recommendations from three external reports (UHB, Kendall Bluck, CQC) have been allocated between the workstreams, ensuring overlaps and duplications are minimised. Detailed risk assessment of ITU Options Appraisal have also been completed via a series of MDT workshops.

Four generalist anaesthetists have been recruited to Locum Consultant posts and they will assist with both ITU and Obstetric cover. Two of these have commenced in post with the further two planned to join the Trust in the coming weeks.

During October 2022, a number of workshops are planned to prioritise allocated Workstream actions and the actions from the mock CQC inspections will be added to the relevant workstreams. The team will also continue to engage with specialty partners to share potential improvements to flow into and out of ITU.

An update from NHSE is being provided. | | |

| Quality & Safety | Fundamentals in Care | Consistent | The initial key actions of the Fundamentals in Care project have now been delivered and have transitioned into the monitoring phase. This monitoring is through the monthly Nursing Quality Metrics Assurance meetings chaired by the Chief Nurse/Deputy Chief Nurse and 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.
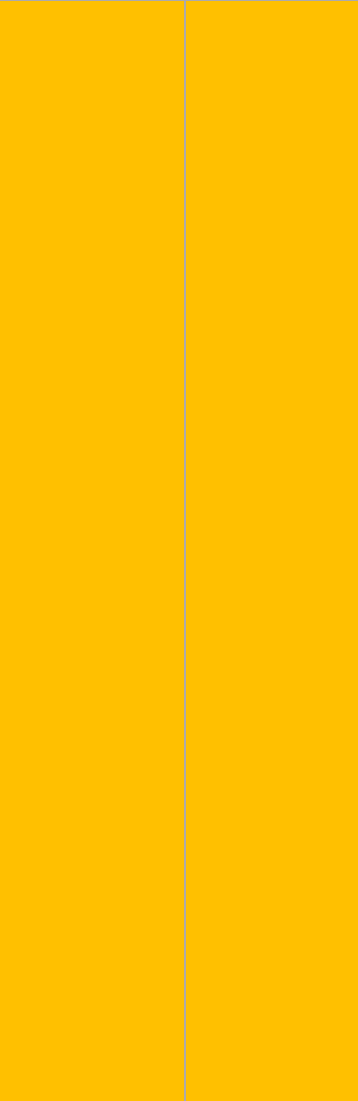
Further action plans are in place and improvement work particularly in relation to nutritional assessments and care planning, fluid balance charts and catheter care.

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. | | |

| Quality & Safety | Learning from Deaths | Improving | The Learning from Deaths team continue to work with the divisions to finalise a template for reporting to the Trust Learning from Deaths Group and 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.
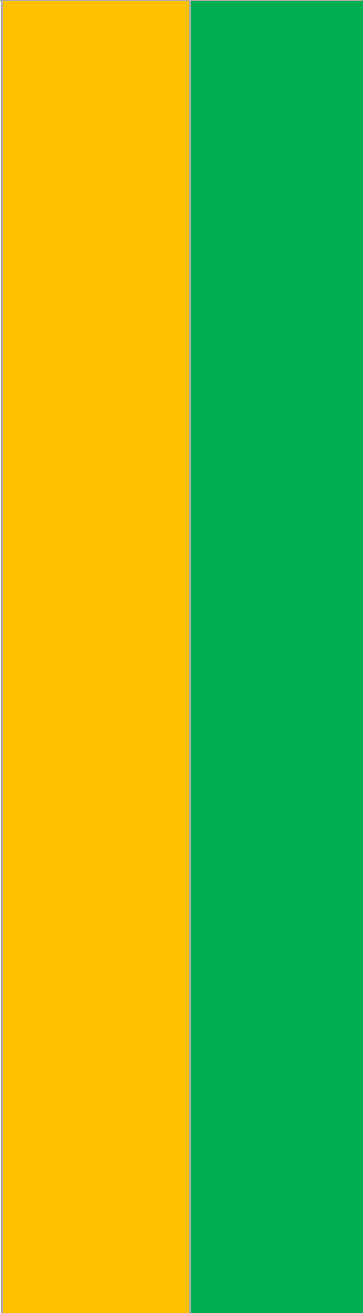
A submission was made to the Shropshire, Telford and Wrekin Integrated Care Board (STW ICB) in July 2022 in response to the one outstanding NICHE recommendation relating to direct access pathways for patients on an Oncology pathway. This was reviewed at the System Quality Group and the ICB Quality and Performance Committee during September 2022 and it has been confirmed that the action can be closed. The delivery of this action is aligned with SaTH plans for the Medical Floor which is being monitored through the Urgent and Emergency Care Programme and includes an Oncology assessment bay for Oncology patients accessing urgent care as an alternative to The Emergency Department.

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. Recruitment to the non- clinical posts in the new structure is now underway, with one new post commencing in September 2022, and the remaining staff to follow in the coming weeks.

The main concern with the programme is the fall in SJR completion rate and the medical director has asked for this to addressed as a priority. | | |

| Quality & Safety | Quality & Regulatory Compliance | Worsening | The Care Quality Commission (CQC) Action plan continues to be delivered and is progressing well, with 89% of the actions now complete. Surgery and the Intensive Therapy Unit (ITU) are currently completing their self assessment and a mock CQC inspection is planned for 2 days across both hospital sites in these areas in October 2022.

The initial aim of the Trust and this project was to lift all Section 31s and provide evidence of 80% consistent compliance with embedded changes by March 2023. Whilst a number of conditions have been successfully reviewed and lifted, the Trust remains challenged in achieving triage times of 15 minutes of a patient arriving in the Emergency Department. It is also expected that the CQC will want to visit the Trust again to ensure that the improvements in care planning can be consistently evidenced, as per the current regulatory condition. As a result, the expected timeframe to achieve this milestone is now estimated to be March 2024. | | |

Quality & Safety	Quality Governance	Consistent	The Learning from Deaths process is now in place within the Divisional teams and a new Learning from Deaths lead is now in place for the Medicine and Emergency Care division, however, the embedding of these will continue to be monitored over time. The alignment of the Complaints team with the Quality Governance Framework is also now complete, with the process now in place in all divisions with ongoing support and monitoring from divisional Quality Governance teams. Alignment of PALS team with the Quality Governance Framework is also now complete and all posts have been recruited. The Executive Review process remains outstanding, awaiting feedback from CEO/Medical Director regarding requirements before the action can be progressed. Speciality Governance meetings are now in place across all divisions, with the core quality governance topics included on the meeting agenda. A standard agenda template will be provided and rolled out across Divisions supported by the G2G Programme Director by December 2022. The Risk Team is now aligned to the Quality Governance Team and a process for risk/risk review is now in place. The Quality Governance Dashboard development is being discussed with the Business Intelligence Team, to define requirements and timescales for delivery. The development of a toolkit and methodology for sharing learning is progressing with the first meeting held with support from the Improvement Hub.		

Quality & Safety	Delivery of the Quality Strategy	Consistent	The initial key actions of the the Quality Strategy project have now been delivered and have transitioned into the monitoring phase. 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 at divisional and corporate level quarterly. A Quality Strategy dashboard was agreed to be developed and in place by March 2022, initial work did not progress but this has now been 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. Operational pressures have increased the risk in relation to the Priority 5 of the Quality Strategy, "Right Care, Right Place, Right Time" which informs the actions to develop an acute medical floor and the ongoing work to improve flow and discharges with our system partners.		
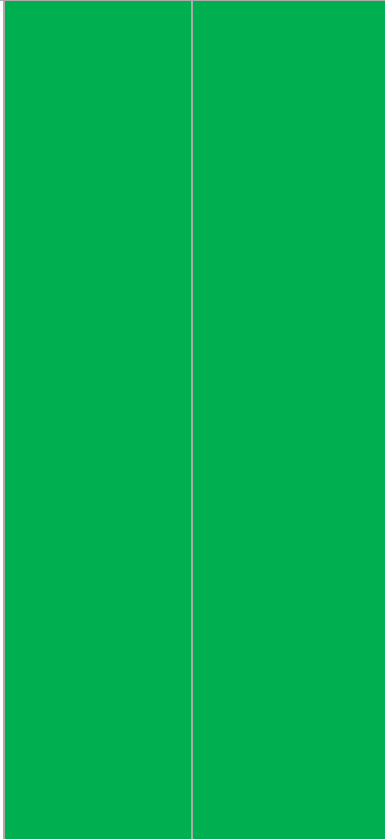
| Non-Elective | SaTH UEC Improvement Programme | Consistent | The ward moves necessary to create the required capacity to complete the estates work for the Acute Floor have now been completed, with the estates work scheduled for completion in early December 2022.

The Discharge Lounge at Royal Shrewsbury Hospital (RSH) has now moved to Ward 31 with a capacity for a maximum of 20 patients. Work is now underway to increase Discharge Lounge usage across both sites. The "Next Patient" pilot is underway across both sites. A transfer area (Ward 38) has been opened to support patients who have a Decision to Admit and are waiting for a bed to move from the Emergency Department (ED). The aim of this is to free up space to support reducing ambulance offload delays.

An Integrated Discharge Team (IDT) trial has taken place on Wards 22 T&O and Ward 28 which has provided some success in reducing the time between patients being medically fit for discharge and being discharged from the hospital. Rapid Improvement Events are underway across the medical wards to improve discharge processes with the aim of creating bed capacity earlier in the day. These events were due for completion in December 2022, however, a new roll out plan is being developed to bring them forward.

An ED Redirection Tool is due to be piloted at Princess Royal Hospital (PRH) from 31st October 2022. This tool will direct patients to the correct clinical facility for their needs and is being piloted in partnership with NHS Digital.

In response to the successful reconfiguration work at RSH ED, a business case has been developed and submitted for an enlarged footprint for the Emergency department at PRH | | |

| Workforce Transformation | Leadership Development Framework | Improving | The senior leadership and coaching programme cohort 1 commenced in September 2022 with seven participants, with a second cohort of 16 participants due to commence at the end of October 2022. Leadership masterclasses continue to be delivered on a monthly basis, with compassionate, inclusive and effective leadership included as a topic in our suite of events. The management skills framework will be launched on the 9th November at the Education Celebration event, with subject matter experts across the Trust supporting the delivery of the skills programme. 9th November also coincides with the end of cohort 3 of the SaTH 4 senior leadership programme, which has been delivered internally for the first time. Galvanise, the Trust's Black, Asian and Minority ethnic (BAME) Leadership Programme commences in early November 2022. External mentors have been briefed on their roll within the programme to support participants.
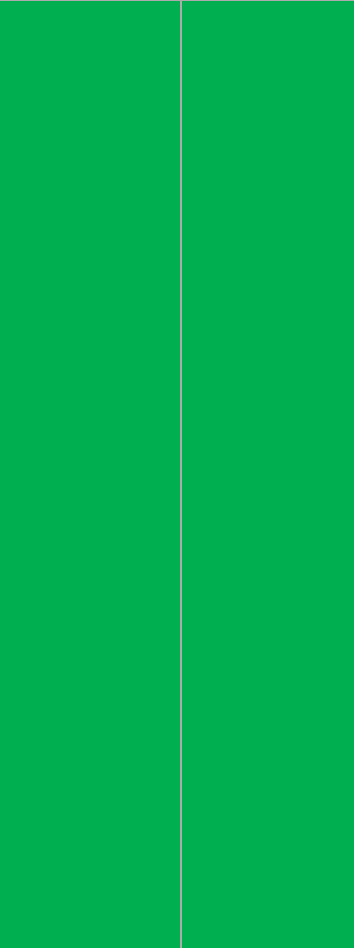
Collaboration with the wider Integrated Care System (ICS) has commenced on the High Potential Scheme which will launch at the end of November 2022. Six applications were received from SaTH out of over 60 total applications across Shropshire, Telford & Wrekin and Staffordshire and Stoke ICS. The recruitment process has started, with all candidates to have career conversations regardless of outcome. As part of a Scope for Growth bid, divisional teams have been identified to take part in the pilot and support to managers is ongoing in conducting career development conversations. Support, including management briefings, was rolled out from the end of September 2022 for managers to aid in delivering these conversations.

Coaching supervision sessions have been arranged to provide one session a month and monthly breakfast meetings for qualified coaches.

The next Schwartz round is due to take place on the 18th October 2022. Leadership modules continue to be delivered including values based interviewing and a group are currently undertaking the Affina Team Journey Coach Programme training.

Further cohorts for the SaTH 1–3 supervisory, first line and middle | | |

			manager programmes are due to start from February 2023. Train the trainer support is planned for January 2023 to develop further internal capacity. The highest risk to delivery remains engagement and capacity within the team. External funding has been sourced to support SaTH 1-3 programmes, which is in the process of being finalised. The team are currently in the process of looking at utilising online software for a blended training approach to be launched in 2023.	🟧	🟩
Workforce Transformation	Recruitment & Retention	Consistent	As part of the 2022-2023 International nursing recruitment programme 116 offers have now made to new recruits following a series of interviews. To date 23 overseas nurses have commenced within the Trust, with more to join the Trust over the coming months. The NHSE target for 2022 is 73 nurses to be recruited and in place by the end of December 2022 and funding has been agreed based on this with NHSE. Another further round of funding is available which covers the period of January to March 2023, which SaTH has submitted a bid to and covers the remainder of the places up to 100 nurses. No risks to delivery to note.	🟩	🟩

Workforce Transformation	Culture and Behaviours	Consistent	The planned education conversation session for the 'Making a Difference Together' platform in September 2022 was delayed due to the morning period following the death of Queen Elizabeth II. The Civility and Respect Programme was delivered at the Board Development session on the 8th September 2022 for Executive and Non Executive Directors. The roll out of the programme is now approved and is due to launched in October 2022. The train the trainer sessions have been completed, with further sessions planned. The team culture sessions completed in September were for Emergency Department (ED) Band 7 Managers for Leadership Support and a session for ED Consultants session was also facilitated. The Change Team are currently holding review meetings to gather feedback on current projects and actions, and have been invited to attend Civility, Respect, Inclusion and Kindness workshops in October 2022. There are currently no risks to delivery to note on this project.		
Finance & Resources	Performance & BI	Consistent	Focus has continued on reviewing internal processes and ways to create additional capacity within the Performance and BI team. An internal team structure review took place, which led to capacity and demand modelling to understand the requirements of the team and priorities. Development of new Performance Review meeting (PRM) packs has been completed and the development of new Integrated Performance Report (IPR) is currently underway. The divisional dashboards have been delayed but are in the planning stages and PowerBI development remains underway. Operational planning is a key focus over the coming months. Meetings in the diary are being arranged with all IPR leads to review key metrics for focus and development moving forward. There has been a focus on continuing to progress capacity and demand models for April 2023 go-live date and how best to utilise InPhase for the future.		

Finance & Resources	Productivity & Efficiency	Consistent	At Month 6, year to date delivery of the efficiency programme is £3.3m against a plan of £2.1m. This delivery is split £1.8m (54%) recurrent and £1.5m (46%) non-recurrent. It is expected that non-recurrent delivery will support the full delivery of the in-year efficiency ask, however it will be met recurrently through the full year effects of recurrent schemes. Specialties are continuing work on the delivery of the Getting it Right First Time (GIRFT) implementation plans, with the aim that the delivery of service improvement should also be reflected in the efficiency and productivity performance of each specialty. Ongoing meetings are taking place with each specialty lead to enable the impact on the services of delivering the GIRFT improvement plan and that the GIRFT Midlands Elective Delivery Programme (MEDP) are reflected in the reporting on the delivery of the improvement.	🟩	🟩
Finance & Resources	Financial Literacy	Improving	The Corporate Finance Manager met with Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) to understand what the requirements are for the level 2 Future Focused Finance (FFF) accreditation. The Training Needs Assessment (TNA) has been further developed, as have the slides for consultancy Continuing Professional Development (CPD) sessions. The FFF structure is now being finalised for December 2022. The Deputy Director of Finance was asked to attend a Consultant workforce CPD session to present what finance entails in the trust and the responsibilities required. Greater overall engagement from clinical staff members in finance has been noted. The TNA is to be finalised by the end of October 2022 and this remains on track as is the intent to apply for level 2 FFF accreditation in October also.	🟧	🟩
Finance & Resources	Financial Reporting & Planning	Consistent	The Oracle 12.2 is a hosted service by Shropshire Community NHS Trust. Cyber security issues led to a delay in the upgrade going ahead. The upgrade was delayed from September 2022 with this now taking place from 14th to 17th October 2022.	🟧	🟧

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Workforce Transformation	Future Workforce Design	Consistent	Good progress has been made in the development of new planned roles in the Trust. 53 Advanced Clinical Practitioners will be in post this year, following their qualification and along with an intake of 30 Nursing Associates each year which is in line with the plan. In addition to supporting the development of long-term workforce plans, ways in which the reliance on agency workforce across the Trust can be reduced are under review. Agency usage remains high with 377 whole time equivalents (WTE) used in August 2022. Several workstreams are in place to address this including the introduction of agency controls, a review of bank and locum rates, and a rostering training programme to support managers. A five year nursing strategy has been completed (drafted) which outlines expected numbers based on demand and the options to ensure there is a supply to meet that demand. A range of actions to ensure the supply of nurses include international recruitment; return to practice nurses and development programmes including nursing associates top up programme and degree apprentices. The trust are investing in Nursing Associates, Operating Department Practitioner (ODP) apprenticeships, Radiographers, Advanced Clinical Practitioners (ACPs) and Physician Associates which will all play a vital role in delivering the hospitals transformation programme.		

Workforce Transformation	Training and Education	Consistent	85% of staff are now registered on Learning Made Simple (LMS) and since it's launch statutory training compliance rate has risen from 80% to 86% with a trajectory to reach the 90% target by January 2023. The Education Launch was originally planned for the 15th September, however, this was rearranged due to the mouring period following the death of Queen Elizabeth II and will now take place as part of the Trust recognition week. The Making a Difference Together Conversation and SaTH Education Prospectus have now been launched. The Integrated Education Annual report has been completed, the SaTH Education brand has been created, email account created, twitter account registered and Corporate Education will be rebranded as the Education Support Unit at the education launch. The main risk to delivery of this project remains the mandatory training compliance which is still below target. However, mandatory training reminder notifications have been phased in, with departments with the lowest compliance receiving targeted support. The medical performance team are proactively booking medical staff on mandatory training, prioritising least compliant first. Work is underway with Subject Matter Experts to increase training capacity by providing more sessions. A mandatory training non compliance escalation process has been drafted which has been submitted to Senior Leadership Committee (SLC) for approval and staff survey data is being utilised to review areas of concern.		

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Appendix 2: Month on Month Status with Trend

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G2G - Month on Month Status and Trend													September 2022

Programme	Project	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Trend
Corporate Governance	Anti Fraud, Bribery and Corruption	Amber	Green	Amber	Green	Green	Green	Green	Green	Green	Green	Green	Green	→
	Board Assurance Framework (BAF)	Amber	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	→
	Board Governance	Amber	Green	Green	Amber	Green	Amber	Amber	Green	Green	Green	Green	Green	→
	Communications & Engagement	Amber	Red	Amber	Green	Amber	Red	Red	Amber	Amber	Amber	Amber	Amber	↑
	Risk Management	Amber	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	→
Digital Transformation	Digital Infrastructure	Amber	Amber	Amber	Green	Green	Green	Green	Amber	Amber	Amber	Amber	Amber	→
Elective	Diagnostics Recovery	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Green	→
	Outpatient Transformation	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Amber	→
	Theatre Productivity	Green	Amber	Amber	Amber	Amber	Red	Red	Red	Red	Red	Red	Amber	↑
Finance & Resources	Financial Literacy	Green	Green	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Green	Green	↑
	Financial Reporting & Planning	Green	Green	Amber	Amber	Green	Green	Green	Green	Green	Green	Green	Amber	↓
	Performance & BI	Red	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	→
	Productivity & Efficiency	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	→
Maternity Transformation	Maternity Transformation	Green	Green	Green	Amber	Green	Green	Green	Amber	Green	Green	Green	Green	→
Quality & Safety	Critical Care Improvements	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Green	→
	Delivery of the Quality Strategy	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	→
	Fundamentals in Care	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	→
	Learning from Deaths	Green	Green	Green	Green	Green	Amber	Amber	Amber	Amber	Amber	Amber	Green	→
	Levelling-up Clinical Standards	Green	Green	Amber	Green	Green	Green	Green	Green	Green	Green	Green	Green	→
	Quality & Regulatory Compliance	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Amber	↓
	Quality Governance	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	→
	Applied Digital Healthcare	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	→
Non-Elective	SaTH UEC Improvement Programme	Amber	Amber	Amber	Green	Green	Green	Amber	Amber	Amber	Amber	Amber	Amber	→
Workforce Transformation	Culture and Behaviours	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	→
	Future Workforce Design	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	→
	Leadership Development Framework	Green	Green	Green	Green	Green	Green	Amber	Amber	Amber	Amber	Amber	Green	↑
	Recruitment & Retention	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	→
	Training and Education	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	→

Programme	Project	Milestone	Q2 22/23	Q3 22/23	Q4 22/23
Corporate Governance	Communications & Engagement	Following approval of Trust Strategy, publication of Comms Strategy (internal and external), for period 2022/3 onwards		(orange)	
	Risk Management	Successful recruitment of substantive experienced risk manager		(orange)	
Digital Transformation	Digital Infrastructure	Bluespier Theatres deployment	(blue)		
		ED Careflow role out completion			(green)
Elective	Diagnostics Recovery	CDC Opening			(green)
		Cross sectional training of staff to help and improve the performance in Radiology	(blue)		
		POD opening 3 days a week, will increase the capacity	(blue)		
		Recruitment Events to address vacancies in Radiology July, August & November 2022		(green)	
		Review diagnostic performance	(blue)		
	Outpatient Transformation	Agree and record identified opportunities with specialities through specialty specific PoP's.	(red)		
		Creation of Outpatient PIFU, Virtual, A&G tracker (including stratified patients in the PIFU activity)	(blue)		
		Identify key stakeholders for the project group	(blue)		
		Outputs from past max wait review		(green)	
		Secondary and Primary Care A&G process and pathway agreement		(green)	
		Twelve month retrospective review of implemented changes mapped against activity to establish learning for future opportunities	(blue)		
		Virtual clinics transformation review		(green)	
	Theatre Productivity	Develop business case for new Theatre structure plan	(red)		
		Following recruitment events, completion of ODP apprenticeships and utilising international Nurses reduce theatre vacancies from 35 to 10		(green)	
		Provide 5.5 operational elective theatres at PRH			(green)
		Provide 7 operational elective theatres at RSH			(green)
		Theatre Data sheet changes and safer surgery checklist – Implementation of Bluespier Theatre Management system.		(blue)	
Finance & Resources	Financial Literacy	Achieve level 2 FFF (inc. engagement with Divisions)			(orange)
		Deliver TNA and learning programme, use Ext resources		(green)	
	Financial Reporting & Planning	Implement Oracle 12.2	(red)		
Maternity Transformation	Maternity Transformation	Delivery of all First report Ockenden actions			(green)
		Delivery of CQC action plan		(green)	
		Phase 1: Clinical Quality Evidenced Delivery of all Clinical Quality Actions		(green)	
		Phase 2: Quality Governance Evidenced Delivery of all Quality Governance Actions			(green)
Quality & Safety	Critical Care Improvements	Comms Plan for Getting to Good	(blue)		
		Deliver the 6 'immediate' UHB recommendations		(green)	
		Estates options scoping (Decision to GPICS v2.1)		(green)	
		Exec CC Steering Group Decisions on external review recommendations	(blue)		
		Individual ACC Job Plans completed		(green)	
		Planning and preparation for temp/ transitional service redesign		(green)	
	Learning from Deaths	Establish a consistent Trust Governance process to support the Learning from Deaths agenda.			(green)
		Operationalise the learning from deaths dashboard including performance monitoring, reporting and governance.			(green)
		Recruit to medical posts to support the Learning from Deaths agenda.			(green)
		Recruit to the new Learning from Deaths structure.			(green)
		Roll out of NHSE/I SJR Plus training programme.			(green)
		Capture performance against agreed standards within Inphase			(green)
		Define an additional set of specialty specific clinical standards for Phase 2 areas	(blue)		
		Define an additional set of specialty specific clinical standards for Phase 3 areas			(green)

Category	Subcategory	Action			
	Levelling-up Clinical Standards	Embed a clinical standards performance framework that is embedded within each specialties CG meeting to foster clinical improvement.			🟩
		Embed a culture of achieving clinical standards as defined			🟩
		Refresh Internal professional standards for all specialties			🟩
	Quality & Regulatory Compliance	Completion of self assessments for core services phase four including Medicine and Emergency Medicine			🟩
		Completion of self assessments for core services phase three including Maternity			🟩
		Completion of self assessments for core services phase two including ITU and Surgery		🟩	
		To lift all Section 31s and provide evidence of 80% consistent compliance with embedded changes			🟧
	Quality Governance	Develop Quality Governance section of quality dashboard		🟩	
		Develop toolkit/methodology for sharing learning		🟩	
Non-Elective	SaTH UEC Improvement Programme	Creation of Oncology assessment area			🟩
		Creation of Trauma assessment area			🟩
		Delivery of ward improvement work linked to flow and discharge		🟧	
		Direct Admission pathways for Oncology and T&O operational			🟩
		Enlarged ED footprint at PRH			🟩
		Improved usage of the Discharge Lounge across both sites		🟩	
		Operational Acute Floor area		🟩	
		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			🟩
Workforce Transformation	Culture and Behaviours	Embed Vision, Values and Behaviour framework. Communication to re-energise vision, values and behavioural framework to ensure awareness and awards, launch July 2021.		🟩	
	Leadership Development Framework	Deliver and evaluate the Leadership & Development Strategy and Programme for compassionate, inclusive and effective leadership.			🟩
		Develop Local Scope for Growth and Talent Management Pathway		🟧	
		Programme for Management Skills Development (technical and systems)		🟧	
	Recruitment & Retention	Deliver a Trust Wide refreshed marketing and branding approach to recruitment.	🟥		
	Training and Education	Utilise apprentice levy in line with workforce needs and talent management and ensure compliance.			🟩

Getting to Good Report: Appendices September 2022

BRAG
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

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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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: • 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 →			
Operational Delivery Meeting: • 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	
Senor Leadership Committee – Operations				
Quality and Safety Assurance Committee				
Trust Board				
NHSE/I External Assurance				
Strategic Oversight Assurance Group				▮

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Getting to Good Report Appendices

Programme	Project	Executive Lead	SRO	BAU Governance Route	Tier
Getting to Good Programme - Local Governance Arrangements					
DIGITAL TRANSFORMATION	Digital 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 project whilst the assurance arrangements are being reviewed	Tier 2
	Performance & BI		Ria Powell	The ODG is supporting oversight of this project 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
CORPORATE 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 (Interim)		Tier 3
	Anti Fraud, Bribery and Corruption		Anna Milanec		Tier 3
MATERNITY TRANSFORMATION	Maternity Transformation Programme	Hayley Flavell	Martyn Underwood	Maternity Transformation Assurance Committee (MTAC) and the Ockenden Report Assurance Committee (ORAC).	Tier 1
NON-ELECTIVE	SaTH UEC Improvement Programme	Sara Biffen	Karen Evans	Flow & Site Management Operational Committee, Medicine and ED CQC Confirm and Challenge	Tier 3
ELECTIVE	Theatre Productivity	Sara Biffen	Lisa Challinor	RTT Restore and Recovery	Tier 3
	Outpatient Transformation		Lisa Challinor	RTT Restore and Recovery	Tier 3
	Diagnostic Recovery		Anna Martin	RTT Restore and Recovery	Tier 1
QUALITY & SAFETY	Levelling-up Clinical Standards	John Jones / Hayley Flavell / Richard Steyn	Ian Tanswell	The ODG is supporting oversight of this project 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
	Applied Digital Healthcare		TBC	TBC	Tier 2
	Quality Governance		Kath Preece / Kara Blackwell	Weekly Quality Governance Steering Group	Tier 2
WORKFORCE TRANSFORMATION	Culture and Behaviours	Rhia Boyode	James Owen	People & OD Senior Leadership Mtg, Education Group, Operational People Group, Finance Resource Committee.	Tier 1
	Leadership Development Framework		Emma Wilkins	People & OD Senior Leadership Mtg, Education Group, Operational People Group, Finance Resource Committee.	Tier 1
	Future Workforce Design		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

Introduction

The purpose of this briefing paper is to outline a proposed refresh of the Getting to Good (G2G) programme structure, within the context of the System Oversight Framework (SOF4) exit criteria and the Shropshire, Telford and Wrekin ICS strategic programmes. The proposed structure aims to acknowledge lessons learnt from Phase 2 and cement the position of G2G as the Trust's overarching quality improvement programme by incorporating all of SaTH's major projects.

Background

The Getting to Good Programme (G2G) is the Trust's quality improvement programme and the key delivery programme for the organisation's priorities, with the aim of achieving an overall Care Quality Commission (CQC) rating of 'Good' by 2023. Phase 1 focused on driving short to medium term transformational projects and during this phase 400 CQC actions were completed. Phase 2 commenced in July 2021 with focus on delivery, embedding and measurement of improvements to ensure they become business as usual.

Phase 2 incorporates nine programmes each of which is led by an Executive Director and within each of the nine programmes there are 26 individual projects, with action plans, each with their own Senior Responsible Officer (SRO). An Operational Delivery Group (ODG) is in place to accelerate and support the delivery of improvements which is made up of SROs, a NHSE support team and Improvement Director and Programme Director, Service Improvement Team, Programme Management Office, Performance Team and Communications.

Current Position

G2G is a complex evolving programme and as we approach a year into Phase 2 all of the 26 individual projects require a refresh as key milestones are completed or in some cases projects are delivered entirely.

Proposal

Lessons learnt from Phase 2 inform us that in some cases the remits of the individual projects were too broad, the sequencing and timings of some milestones were not sufficiently challenging and there was not enough focus on the link between the projects and the Trust's performance metrics. The current refresh of the individual project plans will take these lessons into account. The refresh will also ensure that the linkage between the project and the six exit criteria for System Oversight Framework (SOF4) is more clearly stated.

During Phase 2 a number of major schemes were already in the G2G programme but not in their entirety: Non-Elective; Elective; Maternity and Digital for example. As G2G is the overarching improvement programme for the Trust the proposal is that they should be included entirely along with all major programmes. The proposed structure below uses the existing G2G projects with some new suggested projects added in red and the separation of core and enabling programmes, creating 7 core programmes and 3 enabling programmes. Whilst core programmes would be expected to continue to report into ODG as they do now, the enabling programmes would report into ODG on a quarterly basis utilising existing governance structures and reporting (see table below).

Matt Mellors – Head of Programmes October 2022

Recommendations

Executives are asked to review and approve the proposed G2G structure refresh below.

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Proposed Structure

G2G Core Programmes	Projects / Workstreams	Strategic Links	
		SOF4 Exit Criteria	**ICS Programmes**
Elective Programme	1. Theatre Productivity 2. Diagnostics Recovery 3. Outpatient Transformation 4. Cancer Performance	Delivery of updated Quality Improvement Plan (No.3)	Hospitals Transformation Programme Outpatients Transformation MSK Transformation

Non Elective Programme	1. Emergency Care Transformation Programme
	  a. Clinical Quality, Outcomes & Safety
	  b. Staff Culture, Resilience and Health & Wellbeing
	  c. Governance, Risk & Safety
	  d. Communications & Engaging Communities
	  e. Environment, Pathways & Flow
	2. SaTH UEC Improvement Programme
	  a. Acute Floor
	  b. Improving the use of Discharge Facilities
	  c. Complex Discharge Processes
	  d. Ward Processes to Improve Discharges
	  e. ED Redirection
	  f. Direct Access Pathways
	  g. Learning from MADE
	  h. ED Reconfiguration
	  i. Ambulance Delays & Initial Assessment
		Production and delivery of comprehensive A&E Operational Recovery Plan (No.1)
		
		Delivery of updated Quality Improvement Plan (No.3)
			STW UEC Improvement Plan 2022/23
			Hospitals Transformation Programme
			Local Care Programme

Quality & Safety Programme	1. Quality & Regulatory Compliance 2. Learning from Deaths 3. Clinical Standards 4. Quality Governance 5. Fundamentals in Care 6. Quality Strategy 7. Critical Care Improvement 8. Applied Digital Healthcare	Delivery of updated Quality Improvement Plan (No.3)	Hospitals Transformation Programme Local Care Programme

Maternity Transformation Programme	1. Evidenced delivery of CQC action plans 2. Implement and embed all 152 Ockenden report actions 3. Maternity Improvement Plan	Delivery of updated Quality Improvement Plan (No.3) Development and delivery of Maternity Action Plan (No.4)	Hospitals Transformation Programme
Workforce Transformation Programme	1. Leadership Development Framework 2. Culture & Behaviours 3. Training & Education 4. Recruitment & Retention 5. Future Workforce Design 6. Medical Staffing Transformation 7. Equality, Diversity & Inclusion	Delivery of updated Quality Improvement Plan (No.3)	Workforce Transformation
Efficiency & Sustainability Programme	1. Trust wide Schemes 2. Divisional Schemes	Production and delivery of Financial Recovery Plan (No.2) Delivery of updated Quality Improvement Plan (No.3)	Place Based Joint Commissioning ICS Efficiency programme ICS Green Plan
Governance Programme	1. Communications and Engagement 2. Risk Management	Delivery of updated Quality Improvement Plan (No.3) Implement robust programme management and governance to support delivery of the programmes of work (No.6)	

Matt Mellors – Head of Programmes October 2022

G2G Enabling Programmes & Existing Governance	Projects / Workstreams	Existing Governance Structure	Strategic Links	
			SOF4 Exit Criteria	System Strategic Programmes

Digital Transformation Programme	1. Digital Infrastructure
	   a. Windows 10 Roll Out
	   b. Office 365 Roll Out
	   c. Replacement Network
	2. Electronic Patient Records (EPR)
	   a. Bluespier Theatre Management
	   b. Careflow PAS
	   c. Careflow ED
	   d. Badgernet Neonatal
	3. Shared Care Record
			Delivery of updated Quality Improvement Plan (No.3)	ICS Digital Strategy
				ICS Digital and Data Transformation Plan
				ICS Cyber Strategy

Finance & Resources Programme	1. Financial Literacy 2. Financial Planning & Reporting 3. Performance and Business Intelligence	Financial Governance Group	Production and delivery of Financial Recovery Plan (No.2) Delivery of updated Quality Improvement Plan (No.3)	Place Based Joint Commissioning ICS Efficiency programme ICS Green Plan
Estates Capital Programme	1. Elective Day Case Hub 2. Renal Service move from PRH 3. Community Diagnostics Centre 4. Pathology Lab refurbishment PRH 5. New AHU for ITU/HDU 6. Maintenance Backlog	Capital Planning Group	Delivery of updated Quality Improvement Plan (No.3)	Hospitals Transformation Programme ICS Green Plan