


## Board of Directors' Meeting 9 February 2023

<b>Agenda item</b>	011/23			
<b>Report Title</b>	Getting to Good Progress Report			
<b>Executive Lead</b>	Louise Barnett, Chief Executive Officer			
<b>Report Author</b>	Matt Mellors, Head of Programmes			
	<b>Link to strategic goal:</b>		<b>Link to CQC domain:</b>	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our governance	√	Responsive	√
	Our partners	√	Well Led	√
	<b>Report recommendations:</b>		<b>Link to BAF / risk:</b>	
	For assurance		BAF1, BAF2, BAF3, BAF4, BAF7, BAF8, BAF9	
	For decision / approval		<b>Link to risk register:</b>	
	For review / discussion			
	For noting	√		
	For information			
	For consent			
<b>Presented to:</b>	2023.01.26: Senior Leadership Committee - Operational			
<b>Executive summary:</b>	<p>The purpose of this paper is to inform the Board of Directors of the progress made in December 2022.</p> <p><b>Programmes</b> Three programmes are reporting all projects as being on track: Maternity Transformation; Digital Transformation; and Finance and Resources.</p> <p>The remaining five programmes are reporting as reasonable: Elective; Non-Elective; Corporate Governance; Workforce Transformation. and Quality and Safety.</p> <p><b>Projects</b> One project, Theatre Productivity is reported as off track in the period.</p>			
<b>Appendices - In Information Pack</b>	<p>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</p>			
<b>Executive Lead</b>				

## 1.0 Introduction

The purpose of this paper is to provide assurance on the progress of the delivery of the Getting to Good (G2G) programme during December 2022.

The aim and focus of G2G 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.

G2G 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 G2G Operational Delivery Group (ODG) to track and monitor progress to achieving this and is chaired by the G2G Programme Director. Furthermore, support is provided by colleagues from the Programme Management Office, Improvement Hub, Communications, Performance and Business Intelligence Team and NHS England.

## 2.0 Progress

### **Progress Summary by Programme**

Three programmes listed below are progressing well, reporting all projects as being **on track** this period, and five programmes listed below are rated as **reasonable** due to slippage in delivery of key milestones.

Maternity Transformation	Corporate Governance	Quality and Safety
Digital	Elective	Workforce Transformation
Finance and Resources	Non-Elective	

### **Progress Summary by Individual Project**

The Theatre Productivity project is reported as **off track** in the period, with a further eight projects are rated as having **issues**. The remaining 24 projects are all on track.

Theatre Productivity	Risk Management	Diagnostics Recovery
Outpatient Transformation	Applied Digital Healthcare	Training and Education
Quality and Regulatory Compliance	Delivery of the Quality Strategy	Recruitment and Retention

## **Theatre Productivity Project Update**

Increases in theatre activity continue to be impacted by emergency escalation; this is most pronounced at Princess Royal Hospital (PRH) where Bay C in the Day Case Unit is being utilised for medical escalation. This has been further exacerbated by the Emergency Department utilising the Day Theatre corridor to cohort ambulance patients and, on occasion, the Day Surgery Theatres in times of significant ambulance surge.

Increase in capacity is also currently impacted by insufficient numbers of trained staff and increases in supernumerary staff. This reduces the ability to provide suitable skill mixes to cover all available operating theatres. To help mitigate this and the potential loss of staff through attrition, a theatre specific Educational Lead has been employed to provide focused training to new staff members and a new theatre structure business case has been submitted with the aim of providing structured progression opportunities for existing and new staff.

Theatre utilisation for December 2022 was measured as 75% uncapped and 70% capped at Royal Shrewsbury Hospital (RSH) with 72% uncapped and 68% capped at Princess Royal Hospital (PRH). This is a reduction from the November 2022 utilisation figures with difficulty in backfilling lists in the last two weeks in December 2022 and bed capacity having an effect.

With the introduction of Bluespier Theatre Management System, daily theatre utilisation figures have been provided to surgeons and anaesthetists. These figures provide a focused detail on late starts, early finishes, and turnaround times by list.

The Preoperative Assessment Department are planning to reintroduce a “walk-in” service at RSH in January 2023. The walk-in service should realise a reduction in the number of patients requiring face to face appointment.

Further attrition has resulted in the loss of experienced staff members which will impact on the ability to roll out further theatres. Current advertising has not been successful, however, due to previous successes from recruitment events, more events have been planned. Working with the recruitment team, an open day is planned for February 2023 and will focus on attracting Band 4 Nursing Associates who can be trained as scrub practitioners. This will be supported by ongoing recruitment adverts for qualified staff across all specialties.

No new risks have been identified in the reporting period, however, the risk of not being able to increase capacity due to staffing levels, previously identified, has now become an issue. There has been further attrition of experienced staff and this, combined with high levels of new supernumerary staff, has moved milestones from being on track to an off-track status impacting on the overall status of the project. Currently there are 17 vacancies across both departments with a further 6 staff at PRH expected to go on maternity leave between January 2023 and April 2023.

## **Performance Trend**

The following project has reported an **improved position** since the last reporting period:

- SaTH UEC Improvement programme

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

- Theatre Productivity.
- Recruitment and Retention.
- Training and Education.
- Risk Management

*Details regarding the status and progress of each individual project and their trend can be found in Appendices 1 and 2*

## Project Milestones Due for Delivery

Fifteen milestones were due for completion during December 2022 across 10 projects, twelve of which were successfully delivered.

Project	Milestone	Status
Cancer Performance	Establish remote monitoring for Urology, Gynaecology and Haematology.	Delivered.
Maternity Transformation	Phase 1: Clinical Quality. Evidenced delivery of all clinical quality actions.	Delivered.
Learning from Deaths	Recruit to the new Learning from Deaths structure.	Delivered
Quality Governance	Develop Quality Governance section of the quality dashboard.	Delivered
	Develop toolkit / methodology for sharing learning.	Delivered
	Executive Review Process (Formally Executive RCA Process) defined with Terms of Reference, role, responsibilities and processes.  <i>Awaiting direction from the Executive Team following appointment of Medical Director in the new year.</i>	Off Track
UEC Improvement Programme	Operational Acute Floor area.	Delivered
Culture and Behaviours	Embed vision, values and behaviour framework including communication to reenergise the framework to ensure awareness.	Delivered.
Leadership and Development Framework	Develop Generic role competencies for Band 3 to Board aligned to on-boarding framework for new managers.	Delivered.
	Develop Local Scope for Growth and Talent Management pathway.	Delivered
Medical Staffing	Establish process for controlling booking of agency and bank doctors. ( <i>Awaiting sign off by Financial Governance Group in January</i> )	Delivered.
	Review Agile Key Performance Indicators (KPIs) for use of medical temporary workforce.	Delivered
	Embed Recruitment initiatives e.g., Structured English Language Reference (SELR).	Delivered
Risk Management	Successful recruitment of substantive experienced risk manager.  <i>Head of Risk Management post is currently out for recruitment, closing date 18<sup>th</sup> January 2023.</i>	Off Track
Theatre Productivity	Following recruitment events, completion of ODP apprenticeships and utilising international Nurses reduce theatre vacancies from 35 to 10.	Off Track

	<p><i>Currently there are 17 vacancies across both departments with a further 6 staff at PRH expected to go on maternity leave between January 2023 and April 2023.</i></p> <p><i>Working with the recruitment team, an open day is planned for February 2023 and will focus on attracting Band 4 Nursing Associates who can be trained as scrub practitioners. This will be supported by ongoing recruitment adverts for qualified staff across all specialties.</i></p>	
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### Project Milestones Due Next Month

Eleven milestones are due for delivery in January 2023 across six projects.

Project	Milestone	Status
Outpatient Transformation	Outputs from past max wait review	On Track
	Virtual clinics transformation review	On Track
	Secondary and Primary care Advice and Guidance (A&G) process and pathway agreement	On Track
Cancer Performance	Straight to Test (Colorectal specific)	On Track
Performance and Business Intelligence	Delivery of a robust Demand and Capacity model for the Hospitals Transformation Programme (HTP)	On Track
	Go live with Urgent and Emergency Care (UEC) dashboard	On Track
UEC Improvement Programme	Creation of Trauma assessment area.	On Track
	Creation of Oncology Assessment area.	Issues
	<i>Delays to building work to Ward 23 due to fire regulations will impact the completion of the assessment area.</i>	
	Operational direct admission pathways for both Oncology and Trauma & Orthopaedics.	Issues
	<i>Oncology pathways from UHMN have been shared with SaTH and visit have been arranged to review the processes of their assessment bay. Senior Oncology clinicians are continuing to develop the pathways. Due to the estates work issues encountered with the Oncology assessment area, it is unlikely that the pathways will be operational in January 2023. An amended operational date is to be confirmed.</i>	
	<i>The trauma admission criteria and Standard Operating Procedure (SOP) are both signed off and will be presented at Clinical Governance in January 2023.</i>	
Quality and Regulatory Compliance	Completion of CQC self-assessments for core services phase three including Maternity.	Issues

	<i>Delay in the roll out of the InPhase CQC self-assessment module lead to Phase two self-assessments being completed manually, thereby delaying commencement of Phase three. Maternity self-assessment and mock inspections are planned for March 2023.</i>	
Learning from Deaths	Operationalise the learning from deaths dashboard including performance monitoring, reporting and governance.  <i>Data source has been changed due to migration from ORIS to NHS Apps, possible data quality issues anticipated during transition.</i>	Issues

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

### **Change Requests**

No change requests to milestone detail or delivery time scales were submitted in the reporting period.

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

- Culture and Behaviours
- Risk Management
- Cancer Performance
- Leadership Development Framework
- Outpatient Transformation
- Levelling up Clinical Standards

### **5.0 Recommendations**

The Board of Directors is asked to review and acknowledge progress made during December 2022 on the delivery of the Getting to Good programme.