

## Board of Directors' Meeting: 13 April 2023

<b>Agenda item</b>	036/23		
<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 PMO		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	√	Our patients and community	BAF1, BAF2, BAF3, BAF4, BAF5, BAF7, BAF8, BAF9, BAF10
Effective	√	Our people	
Caring	√	Our service delivery	<b>Trust Risk Register id:</b>
Responsive	√	Our governance	
Well Led	√	Our partners	
<b>Consultation Communication</b>			
<b>Executive summary:</b>	<p>The Board's attention is drawn to sections 3, 4 and 5.</p> <p>The Financial Reporting and Planning project within the Finance and Resources programme is reported as delivered, subject to sign off at ODG. Six projects are rated as having issues, whilst 20 projects in the overall programme are all rated as being on track.</p> <p>The key risks projects are currently Theatre Productivity and Outpatient Transformation both of which are currently rated as off track.</p>		
<b>Recommendations for the Board:</b>	<p>The Board is asked to <b>note</b> the issues highlighted and the progress made in February 2023 of the Getting to Good Programme.</p>		
<b>Appendices: (within Supplementary Information Pack)</b>	<p>Appendix 1: Project Status Overview Appendix 2: Month on Month Status with Trend Appendix 3: Milestone Delivery Status</p>		

**1.0 Introduction**

1.1 The purpose of this paper is to provide information on the progress of the delivery of the Getting to Good (G2G) programme during February 2023.

1.2 The aim and focus of G2G Phase 2, is to embed the improvement projects which are within the relevant Executive Director portfolios to deliver sustainable change that supports the organisation in achieving an overall Care Quality Commission (CQC) rating of ‘Good’ by 2023.

1.3 G2G incorporates several programmes, each of which are led by an Executive Director. The accountability for improvement and effectively embedding the change remains with the Executive Director. 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 Summary by Programme**

2.1 Four programmes listed below are progressing well, reporting all projects as being **on track** this period, and four programmes listed below are rated as **reasonable** due to slippage in delivery of key milestones. This is an improvement from the previous reporting period.

Maternity Transformation	Corporate Governance	Quality and Safety
Digital	Elective Recovery	Workforce Transformation
Finance and Resources	Urgent Care Improvement	

**3.0 Progress Summary by Individual Project**

3.1 The Financial Reporting and Planning project within the Finance and Resources programme is reported as **delivered**, subject to sign off at ODG. Both the Theatre Productivity and Outpatient Transformation projects remain **off track** in the period. A further six projects are rated as having **issues**. The remaining 20 projects are all on track.

Theatre Productivity	Recruitment and Retention	Diagnostics Recovery
Outpatient Transformation	Medical Staffing	UEC Improvement Programme
Quality and Regulatory Compliance	Delivery of the Quality Strategy	

#### **4.0 Outpatient Transformation Project Update**

4.1 The overall project status remains 'off track'. due to a slowdown in progress within specialties of patients who have gone beyond the recommended follow up date (past max wait patients). This is due to the clinical teams having multiple demands to deliver targets aligned to 18 weeks, cancer, and flow. However, the Clinical Lead for Outpatient Transformation attended the Ophthalmology Governance Meeting and had discussions with both Cardiology and Upper GI Leads in February 2023.

4.2 There has been further improvement in the use of Patient Initiated Follow Up (PIFU) with 3.9% of patients placed on a PIFU pathway in February 2023 (excluding Welsh patients). In January 2023 for the national average number of patients moved to or discharged from PIFU was 2.2%. The current trajectory is to achieve 4% by March 2023 and not 5% as per the national objective, however 5% is forecast to be achieved in 2023-24. Key PIFU deliverables in February 2023 included:

- Roll out of PIFU in Vascular.
- Conversion of more Upper GI pathways to PIFU
- Additional MSK pathways defaulted to PIFU where appropriate and agreed by the consultant.

4.3 Key PIFU actions completed by the Outpatient Transformation Group in February 2023 include:

- Individual communication with operational managers and clinical teams to identify “informal” PIFU and move to a more formal PIFU.
- Ophthalmology support has led to an increased number of patients discharged to PIFU and further realisation of opportunities.
- Reception staff retrained.

4.4 Further planned actions include:

- SEMA PAS updates (awaiting confirmation with IT/Digital transformation)

- PIFU coding in the new PAS, (PIFU, Review before discharge, Stratified cancer pathway review).
- We are currently reviewing all COFs marked as PIFU against Sema
- Review of opportunities in Cardiology; Respiratory and Parkinson's Disease.

4.5 Non-face-to-face virtual contacts for February 2023 accounted for 17% of outpatient contacts, which was a reduction from the previous month and based on the current trend, the national objective of 25% by March 2023 is unlikely to be achieved. Following the review of virtual clinics, recommended actions are being taken forward by the Outpatient Transformation Working Group include:

- Provision of virtual clinic only rooms within the outpatient department
- Further training on Attend Anywhere.
- NHS STW patient questionnaire review to provide insight into patients' requirements and views to provide further support.

4.6 Further discussions with key stakeholders have identified a series of issues that are contributing towards the lack of progress 25% target. The limited ability to capture patient centred information that would inform patient/career needs for consultation was identified and in response a series of meetings with a wide range of patients and careers (focusing on SEND users) took place to understand how they can navigate SaTH outpatient services. These identified three themes: Communication; Mobility and Vulnerabilities. Further discussion with Primary care is ongoing on how to data capture identified patient need at point of referral and processes to meet those needs.

4.7 Actions undertaken by the Outpatient Transformation Group in February 2023 included:

- Outcomes of the Virtual consultation document shared with operational managers and clinical leads.
- Impact review of WLI activity and increased initial face to face consultations as elective recovery moves toward OPD backlog.
- Impact review of increase in PIFU on virtual opportunities.

4.8 Conversations and education regarding Advice and Guidance (A&G) across Primary Care through the GP leads continues. The NHS Digital lead for e-Rs has supported Shropshire Primary Care colleagues with regards to requesting A&G directly through SEMA bypassing RAS, and the feedback has been very positive so far. All specialties continue to develop specific A&G pathways and have been advised that support is available from NHS Digital to support the management of patients within e-Rs. The pilot in Urology for pathway driven A&G now has a confirmed start date of 1<sup>st</sup> April 2023

## **5.0 Theatre Productivity Project Update**

5.1 The project remains 'off track' due to the inability to increase available theatre capacity and, although improvements in reducing vacancy levels have been made, vacancy levels remain higher than plan. All milestones currently 'off-track' and do not reflect the current position and therefore it is proposed to update the project plan following the visit from the Midlands Regional Theatre Productivity Lead. The revised plan will still include recruitment, supernumerary staff and workforce related actions to support the restoration of additional theatres.

5.2 Theatre utilisation for February 2023 was measured as 75% uncapped and 71% capped at Royal Shrewsbury Hospital (RSH) with 78% uncapped and 71% capped at Princess Royal Hospital (PRH), this is against the national target of 85%. 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. Education and engagement sessions will commence in April 2023 with surgical, anaesthetic and theatre colleagues to reinforce theatre utilisation requirements in accordance with the patient journey through theatres.

Uncapped utilisation is the total clinical time (including any early starts, overruns / unplanned session extensions) that occurred during a theatre session.

Capped utilisation is the clinical time utilised within the planned theatre session duration and the clock for this automatically stops once the planned duration has been used up, regardless of whether clinical activity has actually finished.

5.3 The Midlands Regional Theatre Productivity Lead & National Get It Right First Time (GIRFT) Theatre Specialist Advisor has confirmed a site visit on 3rd and 4th April 2023 to review theatre start times, along with booking and scheduling to maximise opportunities.

5.4 Actions undertaken in February 2023 include:

- Walk in service for Preoperative assessment reinstated at RSH
- Support and monitoring of the Elective Hub operational workstreams continued via the Elective Hub Project Steering Group. Terms of Reference were finalised and associated workstreams have been implemented with appropriate leads.
- Review of current staffing proposal in line with Business Case

5.5 Access to day case beds remains a risk at the PRH. However, in order to mitigate more focus is being placed on bed planning in advance of TCI. In March 2023 the fortnightly Theatre Improvement Task and Finish Group will recommence focusing on areas including:

- First patient of the day (Diamond patient)
- Pre-Operative Assessment
- Vanguard Suitability
- Booking and scheduling 6-4-2 process review and new Terms of Reference

- Bed planning
- Quality Assurance checks (Sema v Bluespier)
- Restoration of Elective Orthopaedics
- Bay B (PRH) returned on certain days to support elective activity
- Recruitment to support a media social recruitment campaign

## **6.0 Performance Trend by Project**

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

- Risk Management

6.2 The following project reported a **worsening position** since the last reporting period:

- Medical Staffing

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

## **7.0 Project Milestones Previously Off Track**

7.1 Six milestones were due for completion and were marked off track in the previous report. Their current status is detailed below.

<b>Project</b>	<b>Milestone</b>	<b>Current Status</b>	<b>Expected resolution date</b>
Quality Governance	Executive Review Process (Formally Executive RCA Process) defined with Terms of Reference, role, responsibilities and processes.  <i>This will be reviewed and incorporated into the new ways of working within the Patient Safety Incident Response Framework (PSIRF) to be implemented by Autumn 2023</i>	Off Track	To be confirmed
Risk Management	Successful recruitment of substantive experienced risk manager.  <i>The new Head of Risk Management has been appointed and will commence in post in the Spring.</i>	Delivered	n/a

Theatre Productivity	<p>Following recruitment events, completion of ODP apprenticeships and utilising international Nurses reduce theatre vacancies from 35 to 10.</p> <p><i>There are currently 15 WTE qualified vacancies, and 30 supernumerary staff across both sites. Work is ongoing with finance to develop a new workforce plan.</i></p>	Off Track	October 2023
Outpatient Transformation	<p>Outputs from past max wait review.</p> <p><i>This is due to the clinical teams having multiple demands to deliver targets aligned to 18 weeks, cancer, and flow. However, the Clinical Lead for Outpatient Transformation attended the Ophthalmology Governance Meeting and had discussions with both Cardiology and Upper GI Leads in February 2023.</i></p>	Off Track	
	<p>Secondary and Primary care Advice and Guidance (A&amp;G) process and pathway agreement.</p> <p><i>Conversations and education A&amp;G across Primary Care through the GP leads continues. All specialties continue to develop specific A&amp;G pathways. The pilot in Urology for pathway driven A&amp;G now has a confirmed start date of 1st April 2023.</i></p>	Off Track	
Performance and Business Intelligence	<p>Go live with Urgent and Emergency Care (UEC) dashboard.</p> <p><i>The UEC dashboard has been delivered and is now live.</i></p>	Delivered	n/a

## **8.0 Project Milestones Due in the Period**

8.1 Seven milestones were due for completion during February 2023 across four projects, four of which were successfully delivered.

<b>Project</b>	<b>Milestone</b>	<b>Status</b>
Theatre Productivity	Provide 5.5 operational elective theatres at PRH	Off Track

	<i>Overarching project plan to be redrafted.</i>	
	Provide 7 operational elective theatres at RSH	Off Track
	<i>As above.</i>	
Expansion of Medical Examiners Office	Establish an internal intranet page for Medical Examiners Office	Delivered
	Establish robust performance monitoring for the Medical Examiners service	Delivered
Leadership Development Framework	Review and update Performance Appraisal process; documentation; guidance and training and align to career conversations.	Delivered
Medical Staffing	Recruitment of post to support Medic on Duty programme	Delivered
	Roll out of Medic on Duty for Junior Doctors.	Off Track

## **9.0 Change Requests**

9.1 Change request to Maternity Transformation milestone; Delivery of all First report Ockenden actions by February 2023 was approved at the January Maternity Transformation Assurance Committee (MTAC). The revised delivery date for this action is now June 2023.

## **10.0 Project Milestones Due Next Month**

10.1 43 milestones are due for delivery in March 2023 across 16 projects.

<b>Project</b>	<b>Milestone</b>	<b>Status</b>
Communications and Engagement	Fully recruited to structure to deliver the communications strategy	Delivered
	Increasing positive media coverage	Delivered
Diagnosics Recovery	Community Diagnostic Centre opening  <i>The operational date has slipped due to legal delays in securing the lease agreement, which are outside of the Trust's control. It is anticipated that the operational date will now be September 2023.</i>	Off Track
Financial Literacy	Achieve level 2 FFF (inc. engagement with Divisions)	On Track
	Relaunching budget holder training	Delivered
Financial Reporting and Planning	An agreed baseline model (Long Term Financial Model)	Delivered
Performance and Business Intelligence	Transitioning Gather data to Performance & BI team	Issues



	<i>Discussions ongoing as to where this quality related system should sit and its links to the quality dashboard under development.</i>	
Maternity Transformation	Phase 2: Quality Governance Evidenced Delivery of all Quality Governance Actions	Delivered
Critical Care Improvements	Prepare business continuity plans, including estates options	Delivered
UEC Improvement Programme	Creation of Oncology Assessment area.	Delivered
	Creation of Trauma assessment area.	Delivered
	Operational direct admission pathways for both Oncology and Trauma & Orthopaedics.  <i>The T&amp;O pathways are complete and are currently being trialled when staffing levels allow, due to ongoing recruitment issues. However the acute floor two year business case is being reviewed to explore funding options to support the staffing issues, ahead of T&amp;O's permanent move back to its ward.</i>  <i>Oncology pathways were finalised in February 2023 with an anticipated launch date of the assessment in March 2023</i>	Issues
	Delivery of ward improvement work linked to flow and discharge.  <i>RAG rated Amber due to previous date change. On track for delivery in March 2023.</i>	Issues
	Enlarged ED footprint at PRH	On Track
	Workforce growth to support SDEC in line with business case	Delivered
Quality and Regulatory Compliance	Completion of CQC self-assessments for core services phase three including Maternity.  <i>RAG rated Amber due to previous date change. On track for delivery in March 2023.</i>	Issues
Culture and Behaviours	Change Team Celebration Event - demonstrate and evidence successes.	On Track
Learning from Deaths	Establish a consistent Trust Governance process to support the Learning from Deaths agenda.	On Track
	Recruit to medical posts to support the Learning from Deaths agenda.	Delivered
	Capture performance against agreed standards within Inphase	Issues

Levelling-up Clinical Standards	<i>Progression of this has been paused to allow the Performance and BI team to focus on the further development of the quality dashboard.</i>	
	Define an additional set of specialty specific clinical standards for Phase 3 areas	On Track
	Embed a clinical standards performance framework that is embedded within each specialties CG meeting to foster clinical improvement.	On Track
	Embed a culture of achieving clinical standards as defined	On Track
	Refresh internal professional standards for all specialties	On Track
Training and Education	Provide capability for LMS to capture CPD activities	Delivered
	Provide increased capacity for medical statutory training	Delivered
	Deliver 5 bespoke e-learning modules	On Track
	Corporate welcome review and relaunch	On Track
	Utilise apprentice levy in line with workforce needs and talent management and ensure compliance.	On Track
Equality, Diversity and Inclusion	Complete National Submission of Gender Pay Gap Data & Equality Annual Report	On Track
	Development of Trust Board and Senior Leadership as EDI Champions through achievement of Senior Leadership targets	On Track
	Establish a process to regularly monitor diversity within the staff recognition and reward schemes.	Delivered
	Support the Civility Respect and Inclusion approach to create safe space for concerns to be raised and action to be taken	On Track
	Support the organisation to ensure fair representation on recruitment panels and increase representation across band 7 and above	On Track
Leadership Development Framework	Create staff feedback points through the administration and data analysis of the National Staff Survey 2022 and Quarterly Pulse Surveys, providing support to MADT online conversations. Providing expert advice and OD interventions to the Trust on improvement areas.	On Track
	Delivery and review of the Leadership and Management Development Framework and the Affina Team Coaching Journey.	On Track

	Develop, deliver and measure impact of the management technical competencies programme	On Track
	Establish and roll out the Talent Management Strategy including working with the ICS on scope for growth and the high potential scheme	On Track
	Implement and Review Trust Recognition and Benefits Plan including Trust Awards	On Track
	Review and enhance Trust Health and Wellbeing Plans incorporating NHS HWB framework, Psychology hub, Schwartz Rounds – linking with the ICS H&WB plans	On Track
	Support the divisions deliver their People and OD Plans informed by staff survey	On Track
	Deliver and evaluate the Leadership & Development Strategy and Programme for compassionate, inclusive and effective leadership.	On Track

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

## **11.0 Forward Look**

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

- Leadership
- Levelling up Clinical Standards
- Training and Education
- Maternity Transformation
- Outpatient Transformation

## **12.0 Recommendations**

12.1 The Board of Directors is asked to review and acknowledge progress made during February 2023 on the delivery of the Getting to Good programme.