

# **Board of Directors' Meeting: 10 August 2023**

| Agenda item                    |           | 096/23  |           |                                  |
|--------------------------------|-----------|---|-----------|----------------------------------|
| Report Title                   |           | Getting to Good (G2G) Progress Report   |           |                                  |
| Executive Lead                 |           | Louise Barnett, Chief Executive Officer   |           |                                  |
| Report Author                  |           | Matt Mellors, Head of PMO   |           |                                  |
|                                |           |   |           |                                  |
| CQC Domain:                    |           | Link to Strategic Goal:   |           | Link to BAF / risk:              |
| Safe                           | V         | Our patients and community  | V         | BAF1, BAF2, BAF3, BAF4,          |
| Effective                      | $\sqrt{}$ | Our people  | $\sqrt{}$ | BAF5, BAF7, BAF8, BAF9,<br>BAF10 |
| Caring                         | V         | Our service delivery  | V         | Trust Risk Register id:          |
| Responsive                     | $\sqrt{}$ | Our governance  | √         |                                  |
| Well Led                       | $\sqrt{}$ | Our partners  |           |                                  |
| Consultation<br>Communication  |           | 2023.07.27: Senior Leadership Committee - Operational   |           |                                  |
|                                |           |   |           |                                  |
| Executive summary:             |           | This is the first G2G report that has implemented some elements of the revised RAG rating in line with other Trust programmes such as Maternity Transformation.  The Board's attention is drawn to sections 3, 4 and 5. Six projects are rated as Amber, due to delay or risks to delivery of key milestones. 14 projects in the overall programme are all on track and rated Green.  The key risks projects are currently Theatre Productivity; Outpatient Transformation; Levelling Up Clinical Standards; Medical Staffing; Performance and BI; and Delivering the Quality Strategy, all of which are off track and rated Red. |           |                                  |
| Recommendations for the Board: |           | The Board is asked to <b>Note</b> the issues highlighted and the progress made in June 2023 of the Getting to Good Programme.   |           |                                  |
| Appendices:                    |           | Appendix 1: Project Status Overview / Month on Month Status with Trend (contained within Supplementary Information Pack)  |           |                                  |

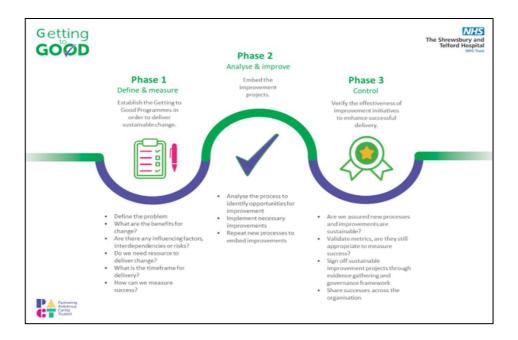
#### 1.0 Purpose of this report

- 1.1 This report provides information and assurance on the position in relation to the progress of the delivery of the Getting to Good (G2G) programme as of June 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 acc 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 (PMO), Improvement Hub, Communications Team, Performance and Business Intelligence Team and NHS England.
- 1.4 This is the first G2G report that has implemented the revised RAG rating in line with other Trust programmes such as Maternity Transformation and the Emergency Care Transformation Programme. The change in approach will be taken in gradual steps over the coming months. For the purposes of this report, the Delivery Status RAG rating has been incorporated at the <u>milestone</u> level which is defined as below:

| RAG Colour | Status                          | Description   |
|------------|---------------------------------|---|
|            | Not yet Delivered               | Action is not yet in place, there are outstanding tasks to deliver.   |
|            | Delivered, not yet<br>Evidenced | Action is in place with all tasks completed but has not yet been assured/evidenced as delivering the required improvements. |
|            | Evidenced and Assured           | Action is in place; with assurance/evidence that the action has been/continued to be addressed.                             |

## 2.0 Context: The Getting to Good Programme (2020 - Current Status)

- 2.1 The Getting to Good (G2G) Programme is the key delivery programme for the organisation's priorities for this year. The G2G Programme has demonstrated an improvement journey as we now progress to moving into an exciting new chapter of our transformational journey Phase 3 of Getting to Good.
- 2.2 Getting to Good is our three-year improvement programme which aims to help us achieve our overarching vision to provide excellent care for the communities we serve. It will ensure that the changes and improvements being made fully address root causes, are sustainable and lay the foundations for future success.



## 3.0 Getting to Good Programme Structure

3.1The Getting to Good programme consists of eight programmes, within which are 26 Individual projects.



3.2 The number of milestones within the Getting to Good Programmes is as follows:

| Programme                | Total Number of Milestones |
|--------------------------|----------------------------|
| Quality and Safety       | 87                         |
| Maternity Transformation | 10                         |
| Urgent Care Improvement  | 20                         |
| Elective Recovery        | 25                         |
| Workforce Transformation | 88                         |
| Finance and Resources    | 40                         |
| Digital                  | 17                         |
| Corporate Governance     | 35                         |
| Total                    | 322                        |

3.3 The Operational Delivery Group (ODG) has continued to meet weekly, and the delivery status of the following milestones was confirmed at the ODG meeting on the 28th of June 2023:

| Project                               | Milestone   | Date Due | Previous<br>Rating   | ODG<br>Approved<br>Rating         |
|---------------------------------------|---|----------|----------------------|-----------------------------------|
|                                       |   |          |                      | 28/06/23                          |
| Outpatient<br>Transformation          | Outputs from past max wait review   | Jan-23   | Not yet<br>delivered | Not yet<br>delivered              |
|                                       | Secondary and Primary Care A&G process and pathway agreement  | Jan-23   | Not yet<br>delivered | Not yet<br>delivered              |
| Theatre<br>Productivity               | Following recruitment events, completion of ODP apprenticeships and utilising international Nurses reduce theatre vacancies from 35 to 10 | Dec-22   | Not yet<br>delivered | Not yet<br>delivered              |
|                                       | Provide 5.5 operational elective theatres at PRH  | Feb-23   | Not yet<br>delivered | Not yet delivered                 |
|                                       | Provide 7 operational elective theatres at RSH  | Feb-23   | Not yet<br>delivered | Not yet<br>delivered              |
| Expansion of Medical Examiners Office | Obtain additional office space to accommodate team members and health records   | Apr-23   | Not yet<br>delivered | Not yet<br>delivered              |
| Levelling-up<br>Clinical              | Capture performance against agreed standards within InPhase   | Mar-23   | Not yet<br>delivered | Not yet<br>delivered              |
| Standards                             | Define an additional set of specialty specific clinical standards for Phase 3 areas   | Mar-23   | Not yet<br>delivered | Not yet<br>delivered              |
|                                       | Embed a clinical standards performance framework that is embedded within each specialties CG meeting to foster clinical improvement.      | Mar-23   | Not yet<br>delivered | Not yet<br>delivered              |
|                                       | Embed a culture of achieving clinical standards as defined  | Mar-23   | Not yet delivered    | Not yet delivered                 |
|                                       | Refresh Internal professional standards for all specialties   | Mar-23   | Not yet<br>delivered | Not yet delivered                 |
| Equality,<br>Diversity &<br>Inclusion | Support the organisation to ensure fair representation on recruitment panels and increase representation across band 7 and above          | Mar-23   | Not yet<br>delivered | Not yet<br>delivered              |
| Medical<br>Staffing                   | All junior doctor rotas reviewed and amended where appropriate  | Apr-23   | Not yet<br>delivered | Not yet delivered                 |
| Performance & BI                      | Future of InPhase/PowerBI – serve notice on InPhase for performance module and develop PowerBI rollout plan for performance reporting     | May-23   | Not yet<br>delivered | Not yet<br>delivered              |
|                                       | Completion of phase 2 of the Quality dashboard to ensure all reporting is taking place on data held within the Trust                      | Jun-23   | Not yet<br>delivered | Not yet<br>delivered              |
|                                       | All priority 1 reports to be rebuilt based on the new EPR   | Jun-23   | Not yet<br>delivered | Delivered not<br>yet<br>evidenced |

| Project        | Milestone                          | Date Due | Previous<br>Rating | ODG<br>Approved<br>Rating<br>28/06/23 |
|----------------|------------------------------------|----------|--------------------|---------------------------------------|
| Maternity      | Phase 3: Cultural Intervention /   | Jun-23   | Not yet            | Delivered not                         |
| Transformation | Training / Workforce               |          | delivered          | yet                                   |
|                | Evidenced Delivery of all Cultural |          |                    | evidenced                             |
|                | Intervention Actions               |          |                    |                                       |
| Training and   | SaTH Education Conference          | Jun-23   | Not yet            | Delivered not                         |
| Education      |                                    |          | delivered          | yet                                   |
|                |                                    |          |                    | evidenced                             |
| Leadership     | Celebration of Values Week 5th –   | Jun-23   | Not yet            | Delivered not                         |
| Development    | 9th June Opportunity to celebrate  |          | delivered          | yet                                   |
| Framework      | our commitment to our values       |          |                    | evidenced                             |

## 4.0 At Risk Projects

4.1 The\_following projects are currently rated as Red and off track due to delay in delivering key milestones. Further details can be found in Appendix One.

| Programme            | Elective Recovery   |
|----------------------|---|
| Project              | Outpatient Transformation   |
| Delivery Status      | Off Track   |
| Reason for exception | The overall project status remains off track, and work continues to engage with the clinical teams. Some of the delays can be attributed to competing clinical demands around deliver Referral to Treatment (RTT) 104 and 78 week waits and Cancer along with the impact of the recent industrial action. |
|                      | Past Max Wait Reviews: There's ongoing encouragement for operational teams to engage with Past Max Waits (PMW) deliverables which will reduce risks and numbers of patients waiting.  |
|                      | <u>PIFU</u> : During the month of June 2023 Patient Initiated Follow-up (PIFU) achieving across the organisation was 3.3%, this is with a decline within the surgical specialties.  |
|                      | <u>Virtual</u> : There is recognition that there is a decline in the performance of virtual clinics which demonstrates there is a need for change. The outcomes of the Virtual consultation document have been shared with Operational Managers and Clinical Leads.                                       |
|                      | Advice and Guidance: Although the Trust demonstrates enthusiasm to use Advice and Guidance, the Urology pilot has flagged several issues, including the continued work needed to uncouple the ICB referral management system (RAS and TRAQS).   |

| Programme            | Elective Recovery   |
|----------------------|---|
| Project              | Theatre Productivity  |
| Delivery Status      | Off Track   |
| Reason for exception | Theatre seven at Princess Royal Hospital (PRH) remained open in June 2023 to provide further capacity from Monday to Friday. At Royal |

Shrewsbury Hospital (RSH) the robotic theatre is operational and has treated 14 patients in June realising utilisation of 82% for this theatre. The training of consultants remains ongoing.

The focus remains on list and bed planning in advance of To Come In (TCI).

To support the improvements actions are being undertaken including:

Reinstating "Diamond patient" (PRH only).

Continue with internal Theatre, scheduling and pre op meetings.

Improving communication with 18 Weeks to ensure that theatre standards are met.

Introduction of telephone preoperative assessments to patients aged 18 to 40.

| Programme            | Quality and Safety  |
|----------------------|---|
| Project              | Levelling Up Clinical Standards   |
| Delivery Status      | Off Track   |
| Reason for exception | The Senior Responsible Officer (SRO) has supported a number of specialties to develop clinical standards including the Ear, Nose and Throat Team (ENT), Diabetes and Endocrinology, Neurology, Frailty, Acute Medicine and the Emergency Department.  Development of the Clinical Standards dashboard has been delayed due to the capacity of the Performance and Business Intelligence Team. A new Head of Performance has been appointed and will join the Trust in August 2023 and will support moving this forward.  Support from Trust Deputy Medical Director has been obtained to include the audit requirements in the Junior Doctor inductions, ahead of rotation in August 2023.  The Quality Matron is now supporting the project, with the use of the GATHER tool currently used to collect nursing audits. |

| Programme            | Quality and Safety  |
|----------------------|---|
| Project              | Delivery of the Quality Strategy  |
| Delivery Status      | Off Track   |
| Reason for exception | The initial key actions of the Quality Strategy project have now been delivered and have transitioned into the monitoring phase. Further development of the quality dashboard is required to ensure all identified metrics are included and accurately recorded to operationalise the dashboard effectively. The initial metrics identified in phase 1 are due to go live in the coming weeks, once the dashboards are available, it will highlight opportunities for further improvement.  Progression with phase two of the quality dashboard continues to be impacted by capacity issues within the Performance and BI team. |

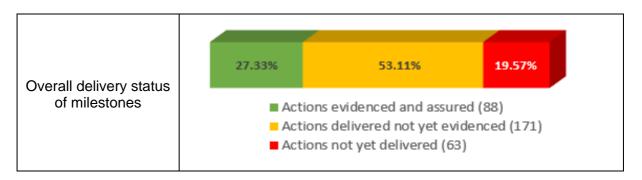
| Programme       | Finances and Resources                |
|-----------------|---------------------------------------|
| Project         | Performance and Business Intelligence |
| Delivery Status | Off Track                             |

| Reason for exception | A Head of Business Intelligence has been successfully recruited and will commence in post in August 2023. This crucial post will support the accelerated delivery of a number of key priorities, including the quality dashboard.  |
|----------------------|--|
|                      | During June 2023, the team successfully rebuilt 45 priority reports in order to be compliant with Careflow Patient Administration System (PAS. This will ensure the Trust can comply with all statuary reporting requirements once the new system goes live and the team will progress all remaining priority reports by September 2023. |

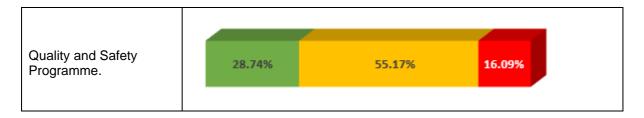
| Programme            | Workforce Transformation  |
|----------------------|---|
| Project              | Medical Staffing  |
| Delivery Status      | Off Track   |
| Reason for exception | The roll out of the new rostering system is on track in line with the project plan with all specialties to be live on the system by August 2023, with the exception of Medicine and Paediatrics, which will follow once rotas are agreed and ready for upload into the system.            |
|                      | To date 27 rota reviews have been completed, 13 are in business case stage and 12 are outstanding pending review. Medical People Services and Finance are conducting a trust wide review of the medical establishment comparing junior doctor budgets, rota posts and reported vacancies. |

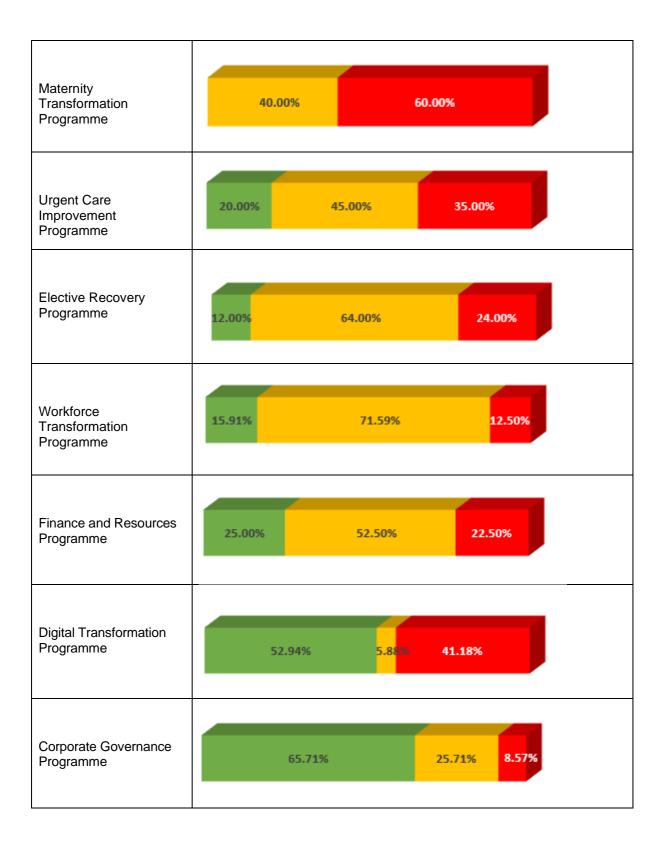
## 5.0 Programme Delivery Status

5.1The overall delivery status of milestones across the whole Getting to Good Programme is as follows:



5.2 The delivery status of milestones for each of the eight individual programmes is as follows:





## **6.0 The Operational Delivery Group (ODG)**

- 6.1 ODG met on a weekly basis during the month of June 2023. The meetings considered progress against all G2G milestones either off track or at risk within a three-month forward look.
- 6.2 The key topic for these weekly ODG meetings was a focus on the Theatre Productivity;

Outpatient Transformation; Levelling Up Clinical Standards and Medical Staffing projects which remain off track and rated Red in the period, as are now the Performance and Bl and Delivery of the Quality Strategy projects.

6.3 A further six projects are rated as Amber due to delay in delivery of milestones, and the remaining 14 projects are all on track and rated Green.

### 7.0 Next Steps and Forward Look

- 7.1 The Operational Delivery Group (ODG) will continue to support the consistent application of improvements in the programme milestones. To achieve this, throughout July 2023, a targeted focus will be on the continuation of the rolling schedule of Deep Dives into each project which includes:
  - Quality Governance
  - Cancer Performance
  - Diagnostic Recovery
  - Levelling Up Clinical Standards
  - Performance and BI

### 8.0 Summary

- 8.1 Substantial progress continues to be made against the delivery of the Getting to Good programmes of work. This is the first revised report on G2G which has been developed by adopting the current methodology that is in place for the Maternity Transformation programme.
- 8.2 This first revised report highlights 259/322 (80%) actions have been 'delivered', with 88 (27%) of these 'evidenced and assured'. Work continues at pace to deliver the rest of the programme and update a number of project plans on a page.

### 9.0 Action required of the Senior Leadership Committee

- 9.1 The Senior Leadership Committee members are requested to:
  - Receive this report for information and assurance.
  - Note the issues highlighted in the Executive Summary and acknowledge the progress made in June 2023 of the Getting to Good Programme.
  - Decide if any further information, action and/or assurance is required.

Louise Barnett Chief Executive 19<sup>th</sup> July 2023

**Appendix One:** Includes (i) Project Status Overview (ii) Month on Month Status with Trend (contained within Supplementary Information Pack)