Board of Directors' Meeting: 14 December 2023

Agenda item	155/23
Report Title	Getting to Good Progress Report
Executive Lead	Louise Barnett, Chief Executive
Report Author	Matt Mellors, Head of Programme Management Office

CQC Domain:		Link to Strategic Goal:		Link to BAF / risk:	
Safe	√	Our patients and community	√	BAF1, BAF3, BAF4, BAF7b, BAF8, BAF9, BAF10	
Effective	√	Our people	√		
Caring	√	Our service delivery	√	**Trust Risk Register id:**	
Responsive	√	Our governance	√		
Well Led	√	Our partners	√		

Consultation Communication	G2G Operational Delivery Group, 22/11/2023 Senior Leadership Committee – Operational, 30/11/2023

Executive summary:	1. The purpose of this paper is to inform the Board on the progress made in October 2023. The Board's attention is drawn to sections 2 and 3. 2. The key risk projects in the programme are Theatre Productivity, Outpatient Transformation and Medical Staffing. The progress status of both the Expansion of Medical Examiners Office and Culture and Behaviours projects have moved from Green to Amber 3. We have fully implemented the reverse RAG methodogy, an electronic management system using Monday.com and a monthly assurance meeting to review evidence of delivery.
Recommendations for the Board:	The Board is asked to **note** the report, particularly with regard to the progress made in-month, and the new developments in project management and assurance.
Appendices (contained in Board Information Pack):	Appendix 1: Progress Status by Programme Appendix 2: Project Status Overview Appendix 3: Month on Month Status

1.0   Getting to Good Introduction

1.1   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.

1.2   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 at the end of October 2023.

1.3   G2G incorporates eight programmes, each of which are led by an 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 Head of PMO.

1.4   The PMO has now fully implemented the reverse RAG methodology and use of Monday.com in the G2G programme in line with the Trust's major quality improvement programmes.

1.5   A monthly ODG Assurance meeting has now been established where milestones are submitted for approval to turn Amber - "delivered not yet evidenced" or Green – "evidenced and assured". Any milestone not meeting its delivery date is subject to exception reporting. All evidence and exception reports presented have prior Executive approval and the meeting is chaired by the G2G Programme Director
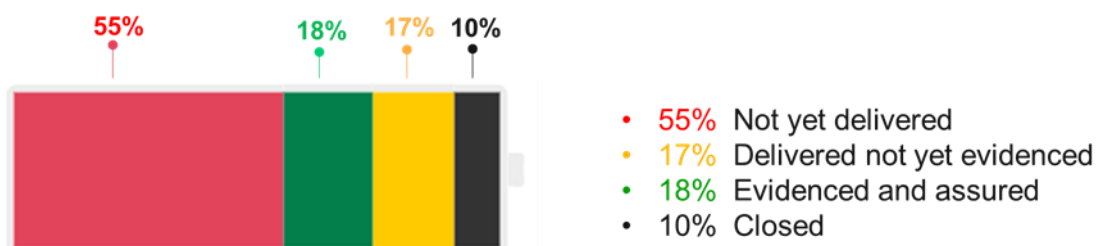
2.0   Getting to Good Programme Performance

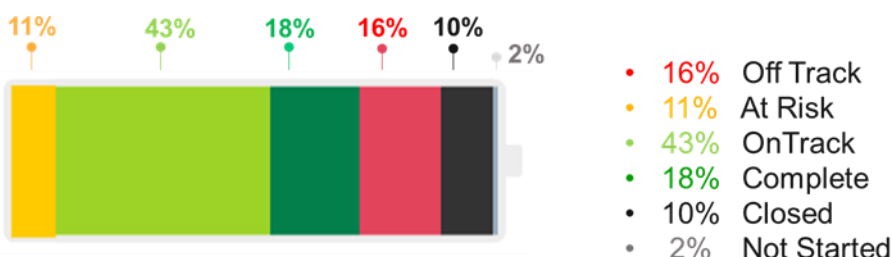2.1   Key highlights during the reporting period include the following:

- Quality and Regulatory Compliance – A CQC inspection took place over two days which included Medicine, Urgent and Emergency Care, Maternity, Children and Young People and Palliative and End of Life Care (PEoLC) core services. Initial feedback acknowledged the many improvements that had taken place since the previous inspection.
- Emergency Care Transformation – The Improvewell team visited both Emergency Departments to promote engagement with the platform. Approximately 60 new members of staff signed up to the platform and submitted 20 new ideas for improvement to the department and patient care were submitted for consideration.
- Diagnostic Recovery - Phase 1 of the Community Diagnostic Centre opened to patients providing X-ray, CT, non-obstetric ultrasound, phlebotomy and point of care testing.
- Quality Governance - Two Patient Safety Specialist Investigators have been appointed and will be part of a centralised Safety Investigation Team but will be linked to specific divisions.
- Recruitment and Retention - A further 27 nurses joined the Trust as part of the international nurse project for the 2022/23 business case, bringing the total number recruited since April 2023 to 151.
- Digital Infrastructure - Technical workshops commenced to review the next phases of EPR due to commence in June 2024, following PAS and ED go live. This includes a replacement order communication and results reporting solution (OCRR), electronic prescribing and medicines administration (EPMA) and laboratory information management system (LIMS).
- Training and Education – Teams moved into the new SaTH Education, Research, Improvement Institute (SERII) building with classes commencing and the Education Support Unit service in place.

2.2   The delivery and progress status of the remaining 79 milestones within the overall programme can be found below. Progress status of each individual Getting to Good programme can be found in Appendix 1

Overall Delivery Status

- • 55% Not yet delivered
- • 17% Delivered not yet evidenced
- • 18% Evidenced and assured
- • 10% Closed

Overall Progress Status

- • 16% Off Track
- • 11% At Risk
- • 43% OnTrack
- • 18% Complete
- • 10% Closed
- • 2% Not Started

2.3   Progress status for Theatre Productivity; Outpatient Transformation and Medical Staffing projects all remain off track and RAG rated Red in the period. Work is ongoing to development new project plans for these areas.

2.4   Progress status of the Expansion of the Medical Examiners' Office project has moved from Green to Amber, as the final ME service process sign off and further expansion of the ME service into paediatric and neonatal deaths reviews is now unlikely to be delivered until February 2024.

2.5   The progress status of the Culture and Behaviours project has also moved from Green to Amber as the delivery of the Civility and Respect training programme to 50% of all staff is now forecast to be delivered by March 2024, due to the impacts of industrial action and continued site pressures.

2.6   A further ten projects are RAG rated Amber – At Risk for overall progress and the remaining ten projects are all On Track and RAG rated Green. Detailed progress updates on each project can be found in Appendix 2 and the performance trend in Appendix 3

2.7   The ODG Assurance meeting in October 2023 was stood down due to the CQC inspection and all milestone evidence and exception reports will be reviewed at the November 2023 meeting.

3.0 Getting to Good Programme Assurance

3.1 The delivery status and supporting evidence of the following 8 milestones were reviewed and **approved** at the ODG Assurance meeting in November 2023, which are signed off the Senior Responsible Officer (SRO) and Executive lead prior to the meeting.

Project	Milestone	Current Delivery Status	Proposed Delivery Status
Learning from Deaths	Roll out of NHSE Structured Judgement Review (SJR) training programme.	**Not Yet Delivered**	**Delivered Not Yet Evidenced**
	Allocate / recruit senior clinical staff to create a pool of SJR reviewers.	**Not Yet Delivered**	**Delivered Not Yet Evidenced**
Medical Staffing	Roll out of Medic on Duty for Junior Doctors	**Not Yet Delivered**	**Delivered Not Yet Evidenced**
Diagnostics Recovery	Community Diagnostic Centre Opening	**Not Yet Delivered**	**Delivered Not Yet Evidenced**
Maternity Transformation	Phase 3: Cultural Intervention / Training / Workforce. Evidenced delivery of all cultural intervention actions	**Not Yet Delivered**	**Evidenced and Assured**
	Phase 4: Corporate Governance. Evidenced delivery of corporate governance improvement actions	**Not Yet Delivered**	**Evidenced and Assured**
Equality, Diversity & Inclusion	Support the organisation to ensure fair representation on recruitment panels and increase representation across Band 7 and above roles	**Not Yet Delivered**	**Evidenced and Assured**
Training and Education	Education estate plan implemented. SaTH Education, Research, Improvement Institute (SERII)	**Not Yet Delivered**	**Evidenced and Assured**

3.2 Exception reports for the following 11 milestones were reviewed at the ODG Assurance meeting in November 2023, again signed off by SRO and Executive lead prior to submission.

Project	Milestone	Exception	Outcome
Digital Infrastructure	Careflow ED Deployment	Both projects have experienced operational, process and technical issues which have delayed the initial go-live date now confirmed as April 2024.	**Approved**
	Careflow PAS Deployment		**Approved**
Communication and Engagement	Develop the communication strategy	Capacity issues and volume of requests for support have delayed the completion of the strategy, now proposed to be completed in November 2023.	**Approved**
	Internal communications strategy for delivering strategic objectives		**Approved**
Maternity Transformation	Delivery of all first and final Ockenden report actions	There is a risk that 8 actions will not be delivered by March 2024 as a result of neonatal staffing and funding.	**Approved**
Medical Staffing	All junior doctor rotas reviewed and amended where appropriate.	Insufficient capacity in the Medical Staffing team has impacted delivery. Additional staff have been recruited and now proposed to be delivered by March 2024	**Approved**

	All senior doctor (Consultants) rotas reviewed and amended where appropriate.	As above, junior doctor rota reviews need to be completed first. Proposed delivery date to be confirmed	**Not Approved.** *Further clarification sought on timescale for completion, as part of an evaluation of the overall Medical Improvement plan.*
Culture and Behaviours	Deliver Civility and Respect programme to 50% of the organisation	Delivery impacted due to industrial action, site pressures and critical incidents. Proposed to be delivered by December 2024	**Approved**
Expansion of the Medical Examiners Office	Further develop the ME service for expansion of paediatric and neonatal death ME reviews	Due to clinical pressures, time constraints and complex nature and interdependencies on other child death processes this document has taken longer to produce. Proposed to be delivered by February 2024	**Approved**
	Produce a SOP for the ME Service detailing organisational processes	Due to the scope of the project, time to dedicate to this particular task has been challenged. Proposed to be delivered by February 2024	**Approved**
	Obtain additional office space to accommodate team members and health records	A wider piece of work is being conducted by Estates in relation to space utilisations and the requirements of the ME service will be considered as part of this programme. Proposed to be delivered by March 2024	**Approved**

4.0   Summary

4.1   The reverse RAG methodology and use of an electronic management system (Monday.com) has now been fully implemented in the Getting to Good programme by the PMO and a monthly assurance meeting has also been established.

4.2   Three projects are Off Track and RAG rated Red – Theatre Productivity, Outpatient Transformation and Medical Staffing. Work is ongoing to development new project plans for these areas.

4.3   55% of the remaining milestones in the programme are Not Yet Delivered. Work continues at pace to deliver the rest of the programme and update project plans on a page, as part of G2G Phase 3.

Matt Mellors
Head of PMO
November 2023