Board of Directors' Meeting: 8 February 2024

Agenda item	015/24
Report Title	Getting to Good Progress Report
Executive Lead	Louise Barnett, Chief Executive
Report Author	Matt Mellors, Head of Programme Management Office (PMO)

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, 20/12/2023 Senior Leadership Committee – Operational, 25/01/2024

Executive summary:	1. The purpose of this paper is to inform the Board on the progress made in December 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 the Equality, Diversity and Inclusion project has moved from Amber to Green.
Recommendations for the Committee:	The Board is asked to **note** the report, particularly with regard to the progress made in month.
Appendices: (in Supplementary 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 December 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. A monthly ODG Assurance meeting to review evidence and exceptions 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:

Emergency Care Transformation – Following November's "Perfect Week" at the Princess Royal Hospital (PRH) for initial assessment, the improvements were sustained during December 2023 with an average compliance of 58.5% across both hospital sites against the 15 minute standard, compared to a regional average of 51.7% as per the National A&E Dashboard.

Quality Governance – The Patient Safety Incident Response Framework (PSIRF) was successfully launched and well received.
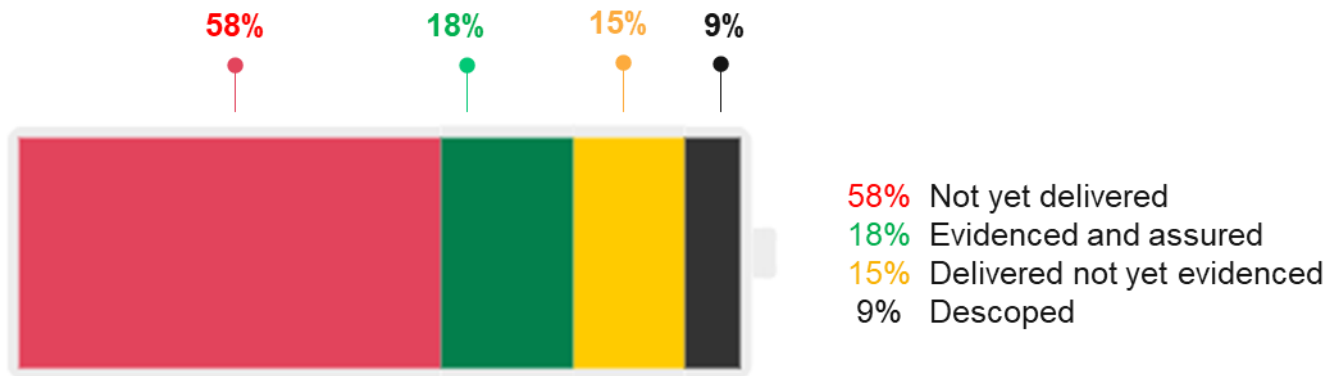
Learning from Deaths - the project has now successfully delivered all its milestones and continues to exceed the national target of 15% of deaths receiving a Structured Judgement Review (SJR). A significant improvement in the number of the SJRs completed within the 8 week period following the death has also been achieved.

Future Workforce Design – Progress has been made on the Trust's 3 year future workforce plan outlining the new roles, international recruitment and development programmes required.
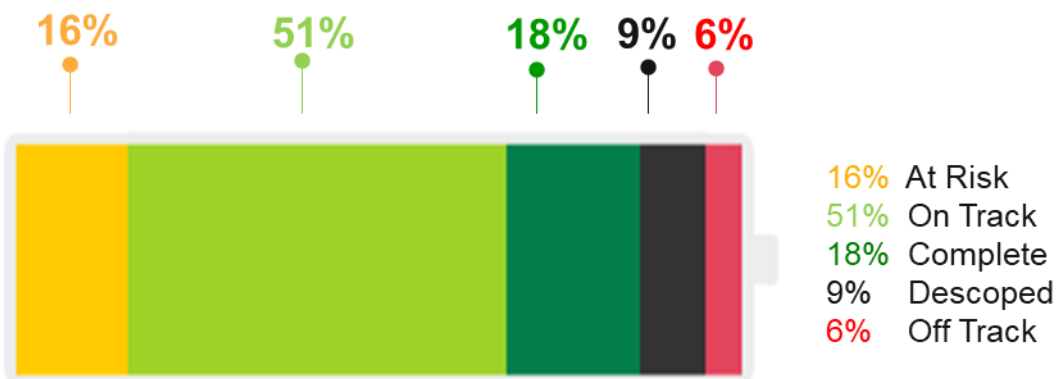
Medical Staffing - New rotas for Medicine and ENT went live on the 6th December 2023, providing both additional cover at night on the Medicine rota to improve patient flow and greater teaching opportunities for Junior Doctors within ENT.

2.2   The delivery and progress status of the remaining 92 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

58%   18%   15%   9%

58% Not yet delivered
18% Evidenced and assured
15% Delivered not yet evidenced
9% Descoped

Overall Progress Status

16%   51%   18%   9%   6%

16% At Risk
51% On Track
18% Complete
9% Descoped
6% Off Track

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 develop new project plans for these areas.

2.4 Progress status of the Equality, Diversity and Inclusion project has moved from Amber to Green, as the final project milestone regarding support to ensure fair representation on recruitment panels and increase representation across band 7 and above was approved as evidenced and assured.

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

3.0 Getting to Good Programme Assurance

3.1 The delivery status and supporting evidence of the following 2 milestones were approved to move to Green – Evidenced and Assured at the ODG Assurance meeting on the 20th December 2023. All evidence was signed off by SRO and Executive lead prior to submission.

Project	ID	Description	Evidence
Digital Infrastructure	P2.DT.1.02	ED Careflow project commencement	🟩 Detail of project plan and commenced enabling actions presented to Senior Leadership Committee – Transformational.
Emergency Care Transformation	P2.NE.1.10	Review rostering practices and implement a process to ensure that rostering is being managed fairly	🟩 Rosters reviewed including independent review by the Freedom to Speak Up (FTSU) team. 🟩 Positive FTSU Rota Report for ED and confirmation rotas can proceed and are managed fairly.

3.2 Exception reports for the following 6 milestones were also reviewed at the ODG Assurance meeting in December 2023.

Project	Milestone	Exception	Recommendation	Outcome
Recruitment and Retention	Reduce HCA vacancies to 20 WTE by October 2023	Target not achieved in October and the November 2023 academy was reserved for T-Level students.	Move delivery date to January 2024	**Approved**
Outpatient Transformation	Outputs from past max wait review by December 2023	The original intent was to have an in-depth review with plans against all past max reviews. Past max waits are reviewed in both the weekly RTT and OP Transformation meetings via a new dashboard.	Closure of milestone to be replaced within a new, more robust project plan	**Not Approved** – Pending presentation of revised project plan
	Secondary and Primary Care Advice and Guidance process and pathway agreement by January 2023	Although SaTH has proactively participated in A&G process issues where highlighted and they are not within SaTH's control, the overall project is managed by the ICS	Closure of milestone to be replaced within a new, more robust project plan.	
Theatre Productivity	Reduction of theatre vacancies from 35 to 10 by December 2022	To date this milestone has not been able be achieved due to low level of uptake on the apprenticeships. The retention of international Nurses has impacted the use of this cohort of staff that were originally targeted in the milestone. Current vacancies stand at 26 WTE	Closure of the milestone. Another consideration is whether the milestone is best placed in the Future Workforce Design Project and linked with the "Grow you Own" and development of the new structure.	**Not Approved** – Pending presentation of revised project plan
	Provide 5.5 operational elective theatres at PRH by February 2023	Although the Trust operates the 5.5 Theatres they are sustained by external companies, 18 Weeks and Vanguard. The plan is that is eventually phased out and replaced with a substantial workforce and with the introduction of the Elective Hub on the	Closure of milestone to be replaced within a new, more robust project plan, based on the recommendations of the NHSE Theatre lead	**Not Approved** – Pending presentation of revised project plan

		horizon this milestone requires adjusting to reflect the current operation needs.		
	Provide 7 operational elective theatres at RSH by February 2023	The seventh Elective Theatre is not operational due to staffing shortages. Progress has been made to ensure a sixth Elective Theatre was made operational by introducing a Robotic Theatre. At present is anticipated that an additional Theatre will be operational towards Spring 2024.	Closure of milestone to be replaced within a new, more robust project plan, based on the recommendations of the NHSE Theatre lead	**Not Approved** – Pending presentation of revised project plan

4.0   Conclusion

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

4.2   58% 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
January 2024