

## Board of Directors' Meeting: 14 March 2024

<b>Agenda item</b>	043/24		
<b>Report Title</b>	Getting to Good Progress Report		
<b>Executive Lead</b>	Louise Barnett, Chief Executive		
<b>Report Author</b>	Matt Mellors, Head of Programme Management Office (PMO)		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	√	Our patients and community	BAF1, BAF3, BAF4, BAF7b, 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>	G2G Operational Delivery Group Assurance Meeting – 2024-01-24 Senior Leadership Committee – Operational – 2024.02.29		
<b>Executive summary:</b>	<p>1. This report provides the Trust board the 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 January 2024.</p> <p>2. The key risk projects in the programme are Theatre Productivity, Outpatient Transformation and Medical Staffing. The progress status of the Recruitment and Retention project has moved from Amber to Red. The delivery of the Quality Strategy project has moved from Amber to Green.</p>		
<b>Recommendations for the Committee:</b>	The Board is asked to <b>Note</b> the report, particularly with regard to the progress made in month and the new developments in project management and assurance.		
<b>Appendices:</b>	Appendix 1: Progress Status by Programme Appendix 2: Month on Month Status Appendix 3: Project Status Overview Appendix 4. Abbreviations used in this report		



# Getting to GOOD **January 2024 Reported Progress**

Trust Board  
Meeting 14 March 2024  
Matt Mellors - Head of PMO

# Introduction

Getting to Good is the Trust's improvement programme which aims to help us achieve our overarching vision to provide excellent care for the communities we serve.

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 **January 2024**.

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.



# Programme Highlights

Key highlights during the reporting period include:

## **Diagnostic Recovery**

- The MRI scanning service has commenced at CDC

## **Levelling up Clinical Standards**

- The Audit questions measuring the clinical standards for Frailty and Acute Medicine have been agreed and the audits are now available in the Gather system, with a named clinician to carry out the audit for each specialty and this will commence in March 2024.

## **Performance and BI**

- The Quality dashboard has now been successfully delivered, using PowerBI and is live for users across the Trust

## **Flow Improvement**

- The Choice Policy has now been finalised and will be shared with system partners in February 2024 with an anticipated launch in Spring 2024. The policy supports patient choice in respect to discharge planning

## **Leadership Development Framework**

- The SaTH talent platform has now been accessed by over 1,900 colleagues who have completed several activities, saving the Trust in the region of £500,000 in comparison to providing this support face to face

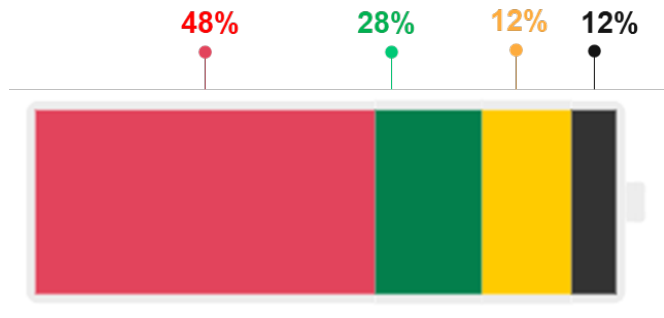
## **Training and Education**

- This project has been completed and was agreed to be closed at the ODG Assurance meeting in January 2024, following SRO and Executive lead approval

# Overall Delivery and Progress Status

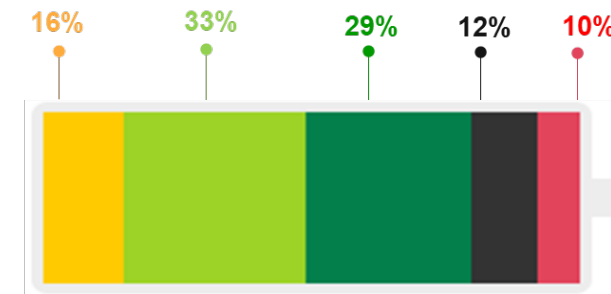
G2G has now fully adopted the revised RAG rating and assurance processes in line with Maternity and Emergency Care Transformation. The delivery and progress status of the remaining 92 milestones within the overall G2G programme can be found below. The Progress status of each Getting to Good programme can be found in **Appendix 1**

Overall Delivery Status



47.8% Not yet delivered  
12.0% Delivered not yet evidenced  
28.3% Evidenced and assured  
12.0% Descoped

Overall Progress Status



9.8% Off Track  
16.3% At Risk  
32.6% On Track  
29.3% Complete  
12.0% Descoped

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. Progress status of the Recruitment and Retention project has moved from **Amber** to **Red**, due to the delay in reducing HCA vacancies to 20 WTE. The Delivery of the Quality Strategy project has moved from **Amber** to **Green**, following the launch of the Quality Dashboard.

A further ten projects are RAG rated **Green** – On Track for overall progress and the remaining nine projects are all RAG rated **Amber** – At Risk. One project has moved from **Green** to **Blue** – Completed. Detailed progress updates on each project can be found in **Appendix 2** and the performance trend in **Appendix 3**

# Milestone Evidence & Assurance

The delivery status and supporting evidence of the following 11 milestones were approved to move to Green “Evidenced and Assured” at the ODG Assurance meeting on the 24 January 2024. All evidence was signed off by SRO and Executive lead prior to submission.

Project	Milestone	Submitted Evidence
Maternity Transformation	Phase 5: Service Enhancements Evidenced Delivery of any other service enhancements recommended in the MIP action plans.	<ul style="list-style-type: none"> <li>Closure reports of the 11 Action Plans detailed in the first wave</li> </ul>
Quality Governance	Review of the Quality Governance Framework.	<ul style="list-style-type: none"> <li>Quality Governance Framework</li> </ul>
Quality Governance	Launch of LFPSE.	<ul style="list-style-type: none"> <li>Email confirmation LFPSE reporting is live</li> <li>Example of the LFPSE that is on Datix</li> <li>Email detailing the launch plan, poster and intranet page</li> </ul>
Quality Governance	Board approval of PSIRF.	<ul style="list-style-type: none"> <li>Patient Safety Incident Response Policy</li> <li>Email trail confirming PSIRF Policy was approved from Board Coordinator</li> <li>Minutes of board meeting where PSIRF was approved</li> </ul>



# Milestone Evidence & Assurance

Project	Milestone	Submitted Evidence
Future Workforce Design	Deliver new roles and apprentice programme for 2022/23.	<ul style="list-style-type: none"> <li>Apprenticeship update from ODG slides – 11 October 2023</li> </ul>
Future Workforce Design	Approval and Implementation of New Roles Development Programme within the Trust Integrated Plan – Workforce section.	<ul style="list-style-type: none"> <li>ODG Deep Dive Future Workforce – 11/10/23</li> </ul>
Training and Education	Provided measured and evidenced for culture dashboard top 10.	<ul style="list-style-type: none"> <li>Cleanliness team case Study</li> <li>Catering team PRH case study</li> </ul>
Training and Education	Provided measured and evidenced for compliance dashboard bottom 10.	<ul style="list-style-type: none"> <li>Top 10' Areas initially identified</li> </ul>
Performance & BI	<ol style="list-style-type: none"> <li>Full handover of the reporting workstream from the Digital function.</li> <li>Future of InPhase/PowerBI – serve notice on InPhase for performance module and develop PowerBI rollout plan for performance reporting.</li> <li>Develop health inequalities reporting to demonstrate the areas for potential internal development but also System wide suggestions for improvement areas.</li> </ol>	<ul style="list-style-type: none"> <li>Evidence includes full handover of the reporting workstream from the Digital function – Timeline</li> <li>Evidence includes email confirmation from Procurement that notice has been served to Inphase and roll out plan for Power BI</li> <li>Evidence includes health inequalities report – Sept 2023</li> </ul>

# Milestone Exception Reports

Exception reports for the following 6 milestones were also reviewed at the ODG Assurance meeting on the 24<sup>th</sup> January 2024.

Project	Milestone	Exception	Recommendation	Outcome
Performance and BI	<ol style="list-style-type: none"> <li>1. Completion of phase 2 of the Quality dashboard to ensure all reporting is taking place on data held within the Trust.</li> <li>2. Development of inter-trust benchmarking tool e.g. GIRFT/Model Hospital / HED-proposed extension from 31/03/23 to 31/03/2024.</li> <li>3. Further develop benchmarking agenda to suggest focussed areas of improvement across the Trust-proposed extension from 31/12/24 to 31/03/24.</li> </ol>	Proposed extension from April 2023 to 30 June 2024.	PMO to review if there are additional metrics that need to be included in the Quality dashboard, or if the requirements have been met.	<ol style="list-style-type: none"> <li>1. Not Approved – pending update.</li> <li>2 &amp; 3 – Approved proposed date change although highlighted that this doesn't provide much additional time to achieve this milestone.</li> </ol>
Communication and Engagement	Develop the communications strategy.	Proposed date change from Sept 23 to April 2024 (there was also a previous extension from the original date of March 23). A draft strategy is now in development and will be shared with executives during December and will be taken to private Board in February 2024.	G2G Programme Director to discuss with executives before approving a second date change to this milestone.	Not Approved – pending further discussion.



# Milestone Exception Reports

Exception reports for the following 6 milestones were also reviewed at the ODG Assurance meeting on the 24 January 2024.

Project	Milestone	Exception	Recommendation	Outcome
Emergency Care Transformation	Publish refreshed Internal Professional Standards-proposed Milestone closure from this programme.	Milestone has been delivered elsewhere and outside of the scope and control of the Emergency Care Transformation Programme. Actions relating to this milestone contained within the ECTP plan are also to be descoped from the relevant workstream.	G2G Programme Director requested evidence and assurance on the launched clinical standards for ED in terms of performance, monitoring and reporting.	Not Approved-pending evidence required for assurance.
Future Workforce Design	Full review of Medical Staffing Rotas at all grades to ensure they are in line with best practise and provide a safe and efficient service.	Proposal to extend from Dec 2023 to March 2024. Insufficient resource and sickness within the Medical Staffing team impacted on the delivery of this milestone. It was recognised that additional resource was required to complete this and this was agreed by Executives. There are 52 rotas in total, 12 are left to be rereviewed, 6 of which have commenced. This has been agreed via Executive team via Financial Governance Group (FGG) and is the timeframe that the team are working to. Regular updates are provided on progress at FGG and People and OD Assurance Committee (PODAC) for governance and oversight.	G2G Programme Director advised a trajectory is required to show when the 12 rotas will be started and completed for assurance that these are on track for 31 March 2024.  Concerns were highlighted that this may not be a realistic timescales given the immense pressures and amount of work required to achieve this.	Not Approved-pending the trajectory for the completion of 12 remaining rotas.

# Project Completion & Closure

The delivery status of the Training and Education Project was approved as **COMPLETED** at the ODG Assurance meeting on the 24 January 2024.

## Project Summary – Training and Education

The aim of the project is to ensure LMS is fully implemented across Trust by April 2022. There will be the Introduction of Educational Business Support Unit to support the organisation. An Integrated Education Proposal looking at education across the Trust including Maternity, Medical, Clinical and Non-Clinical following education review will also be employed. Further improvements to be made around the Culture dashboard measurement. The project will aim to achieve and maintain Statutory and Mandatory training compliance.

Milestone	Evidence
Implement Learning Management System.	Statutory training compliance and Integrated Performance report.
Statutory and Mandatory training compliance achieved (90%).	Statutory Training compliance slide, Integrated Performance report, mandatory compliance bottom 10, staff support slides, Top 10 areas initially identified update and Operational People group minutes.
SaTH Education, Research and Innovation Institute (estate) plan.	FoH business case (SERII), Gantt chart, SERII building plan.
Provided measured and evidenced for culture dashboard top 10.	Culture dashboard areas, Culture group quarterly reports (January to April 2023).
Introduction of Educational Business Support Unit to support the organisation to deliver clarity and compliance with Mandatory and Statutory Training. Commence the implementation of Integrated Education Proposal following evaluation of Education Reviews.	SaTH Education Prospectus.
Education annual report refresh to include clinical education.	Education annual report 2023/24.

# Project Completion & Closure

Programme Management Office The Shrewsbury and Telford Hospital NHS Trust

### Programme & Project Closure Form

Name of Programme or Project: Training and Education (V7)

#### Part 1: What were the planned outcomes?

Using details from the PoP, give detail on what outcomes this programme or project aimed to achieve, did it achieve them and supporting evidence.

Planned Outcome	Achieved	Within Timescale
Implement Learning Management System	Yes	Yes
Introduction of Educational Business Support Unit to support the organisation to deliver clarity and compliance with Mandatory and Statutory Training.	Yes	Yes
Commence the implementation of Integrated Education Proposal following evaluation of Education Reviews.	Yes	Yes
Plan and deliver programme to embed Quality Improvement Methodology trust-wide	Yes	Yes
Complete implementation of Integrated Education Proposal following evaluation of Education Reviews.	Yes	Yes
Refresh ToR's for the Education Group	Yes	Yes
Provide ongoing targeted support to lowest 10 areas for mandatory training compliance	Yes	Yes
Education team to complete SaTH fundamentals	Yes	Yes
Statutory and Mandatory training compliance achieved (90%)	Yes	Yes
SaTH Education, Research, and Innovation Institute (estate) plan	Yes	Yes
Head of Medical Education position advertised and appointed	Yes	Yes
Provide capability for LMS to capture CPD activities	Yes	Yes
Provide increased capacity for medical statutory training	Yes	Yes
Deliver 5 bespoke e learning modules	Yes	Yes
Utilise apprentice levy in line with workforce needs and talent management and ensure compliance.	Yes	Yes
Corporate welcome review and relaunch	Yes	Yes
Refresh Education prospectus for 22/23	Yes	Yes
Education annual report refresh to include clinical education	Yes	Yes
Provided measured and evidenced for culture dashboard top 10	Yes	Yes
Provided measured and evidenced for compliance dashboard bottom 10	Yes	Yes
SaTH Education conference	Yes	Yes
SaTH Education, Research, and Innovation Institute (estate) plan implemented	Yes	Yes

#### Part 2: Finance

Was there an allocated budget for this programme or project? Yes  No \*   
If yes, go to next question

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### Part 4: Stakeholder Testimony

Provide testimonies that demonstrates how the project has impacted on key stakeholders, such as patients, colleagues, or external partners.

Stakeholder Name and Position	Testimony Details
Nyree Porter, Divisional PA: Surgery, Anaesthetics, Critical Care, Cancer (Feedback on SERII)	We would have contacted the SECC for these rooms. This has saved the Division approximately £500
Jacqui Alexander Senior Practice Education Facilitator (Feedback on SERII)	Dear Hannah  In reality we would have struggled to run T-Level induction without SERII (and many of our other sessions were delivered via teams due to room challenges)  <ul style="list-style-type: none"> <li>Copthorne TC was often booked up with priority Mandatory training, but we would have asked and sometimes were lucky</li> <li>SECC may have been an option, but I may not have been able due to cost- I would have had to approach my manager for this</li> <li>We could have run day one in the college where the students come from – but with other classes they may have struggled with rooms. This would have made the tour impossible and coming onto site for first-time would-be placement day one which we have been able to avoid due to induction being on site</li> <li>Teams was an option I would want to avoid with 16-18 yr olds who most had many months at school online with the pandemic</li> </ul> Having the SERII has made a massive difference to this project
LMS Testimony from Corporate Welcome	I found LMS really simple to use, I know what training I need to complete, and it links me straight to it. I have to re-book some of my training, as after I was shown how to do it, I can do it myself when I know my roster.



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Programme Management Office The Shrewsbury and Telford Hospital NHS Trust

Stakeholder Name and Position	Testimony Details
LMS Testimony from a Matron	Can I just say what an eye opener our session was, the system is absolutely fantastic and so much easier for me to gain assurance over my areas now I know how to navigate. There is so much more to it than I realised and really appreciate your support in showing me around it. I have gained shared access to my wards now which is so useful as I meet with my PEF nurses monthly and set targets, I can now support them with who needs training and have a better understanding of where we are real time rather than relying on the monthly gather report. I can also get a lot of information myself from reports etc rather than relying on someone else which is so much quicker. Compared to the old system I love that I can very quickly find the answers, very comprehensive to follow!
Carolyn Griffiths (SERII Feedback)	Thank you. If We couldn't find a meeting room available, normally we would look at alternative dates if possible or arrange the meeting via teams. Unfortunately, we do not have capacity in theatre to hold such meetings, so these meeting rooms are invaluable to us.
Kally Williams (SERII Feedback)	We will be saving a lot of money; we were spending loads! Pre-Reg Bookings SECC – 5 rooms per month (rolling) - £300 per day. Post-Reg Bookings Ward transition – AFC Telford - £1750, monthly Clinical Skills - £1,100 – Monthly IV / Cannulation - £700 monthly Buddy Day - £350 monthly Total monthly cost for room bookings : £5,400. Thank you.
Hannah Funress (SERII Feedback)	In the period 13 <sup>th</sup> to 31 <sup>st</sup> October the Trust saved £6,060.00 on meeting room costs which would have been otherwise incurred.  In this period, we did not have Wifi in the building. The building officially opened on 7th November 2023. Financial savings will continue to be collated as part of the business case process.

SaTH Programme Management Office Version 3 September 2023

# Project Completion & Closure



### Part 5: Lessons Learnt

Detail where things went wrong and why. What plans are in place to prevent this happening again?

Issue	Why did this happen	Mitigation
Network cabling in SERII	Relevant paperwork was not completed for subcontractor	Estates have reviewed processes
Recording of mandatory training	Difficult, non-automated, processes to record compliance	LMS introduced
Lack of awareness of apprenticeship courses	No central information source for courses available	Prospectus launched

### Part 6: Closure

<b>Formal Closure in Programme / Project Board</b>	Date: 24/01/2024 ODG Assurance meeting	
<b>Formal Approval by Executive Lead and SRO</b>	Name: James Owen	Date: 23/11/23
	Name: Rhia Boyode	Date: 16/01/24
<b>Governance Pathway informed and closed:</b>	Meeting Title: OPG	Date: 20/12/23

### Appendix 1 ('Top 10' Areas initially identified)

In April 2022 the SaTH Education Team used Improvement methodology to identify the 'top 10' opportunities for improvement with our mandatory training compliance. Focussing on these areas has seen a significant increase in performance against our mandatory training target, which is now above the Trust target of 90%. Mandatory training compliance has now been removed from the Trust Risk Register as a result of this improvement.

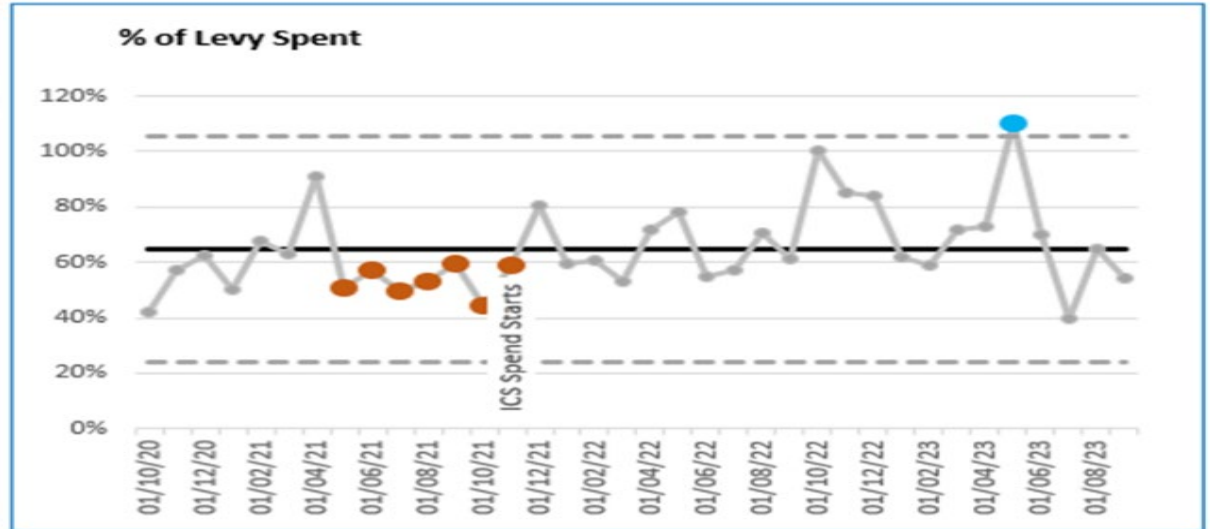
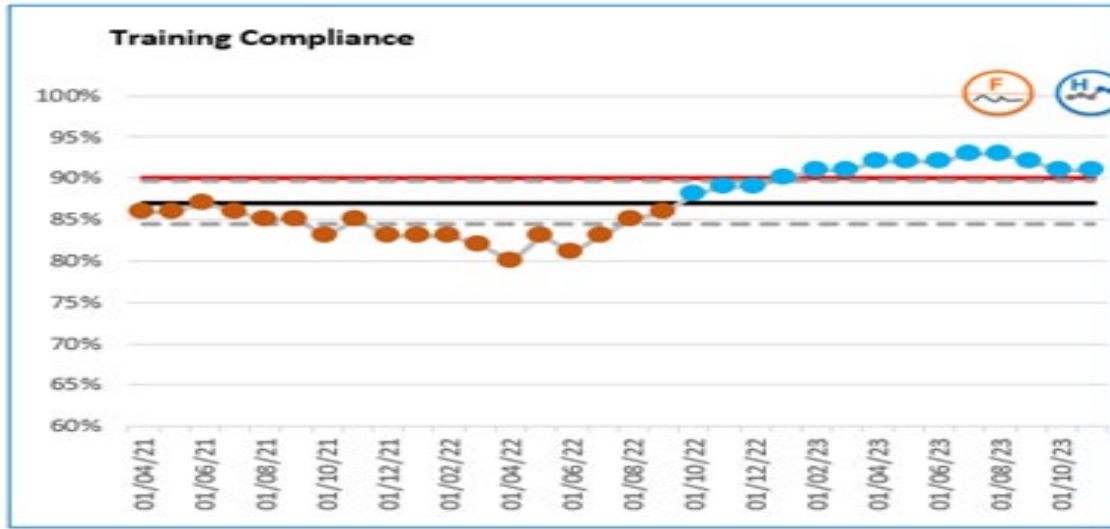
The team continues to use this methodology to identify the top 10 areas for each subject to work with subject matter experts to help them prioritise interventions to improve compliance.

Below is a table of the 10 areas with the most opportunity to improve Trust compliance initially identified in April 22. As you can see, all areas have improved their compliance since they were identified.

Ward/Team	April-22	Aug-23
223 Accident & Emergency Department (PRH)	79%	85.23%
223 Accident & Emergency Department (RSH)	85%	85.78%
223 Ward 15/16 Stroke Unit (PRH)	79%	82.99%
223 Ward 24 - Delivery Suite (PRH)	77%	94.83%
223 Wrekin Midwife Led Unit	67%	88.67%
223 Acute Medical Unit (AMU) (RSH)	84%	95.40%
223 Catering Department (RSH)	76%	89.16%
223 Ward 23 - Neonatal	70%	94.42%
223 Ward 9 Medicine (PRH)	71%	91.06%
223 Portering Department (RSH)	72%	86.56%

# Project Completion & Closure

## Benefits Realisation



- Increased mandatory training compliance for staff
- (Dec 23) 91.06%

- Increase the number of apprenticeships completed throughout the organisation
- Levy amount has increased as organisational WTE has increased