

STRATEGIC PLANNING – AGREEING OUR LONG TERM OBJECTIVES AND IMMEDIATE PRIORITIES

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Trust Board paper G

Executive Summary

Context

Following discussion at Trust Board thinking days in November 2016 and February 2017, and subsequent work by the Executive Team based on that feedback, the attached report sets out the Trust's draft long-term strategic objectives and 2017-18 annual priorities for approval. The report also describes the key changes made to reach this latest iteration, including the desire to focus on what matters most.

In terms of strategic objectives, it is proposed to have 1 primary objective (quality) and 4 supporting objectives as indicated in appendix 1. This is a reduction from 9 strategic objectives previously. Appendix 2 sets out the Trust's 26 proposed annual priorities for 2017-18 (compared to 47 in 2015-16). The annual priorities are presented in an active "we will... in order to..." format.

The report also outlines the 4 key actions to be taken by UHL in order to align capacity with expected demand, as part of the 'organisation of care' element of the 'quality' primary objective.

Questions

- Does the Trust Board support the proposed strategic objectives and annual priorities as detailed in the report ?

Conclusion

- A well-articulated strategic plan is essential to organise efforts and deliver on stakeholder expectations. Such a plan involves a vision for change (for UHL this is 'delivering caring at its best), ambitious long-term strategic objectives, and a coherent roadmap for delivery through annual priorities.

Input Sought

The Trust Board is invited to approve the strategic objectives and 2017-18 annual priorities as detailed in the report.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register [Yes]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
	ALL			

If NO, why not? Eg. Current Risk Rating is LOW

b. Board Assurance Framework [Yes]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
All BAF risks	ALL		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [to be covered verbally at the meeting]

4. Results of any **Equality Impact Assessment**, relating to this matter: [N/A]

5. Scheduled date for the **next paper** on this topic: [N/A]

6. Executive Summaries should not exceed **1 page**. [My paper does comply]

7. Papers should not exceed **7 pages**. [My paper does comply]

1. Introduction

In order to organise our collective effort and deliver on stakeholder expectations, we need a well-articulated strategic plan, which includes:

1. A vision for change – for us this is ‘Delivering Care at its Best’
2. Ambitious long-term strategic objectives – currently known as our ‘strategic triangle’, which consists of 9 objectives first developed in 2012
3. A coherent roadmap for delivery – immediate / annual priorities – we currently have 36 priorities (if we include the Quality Commitment as 1 priority). That number becomes 47 if we include the individual Quality Commitment priorities.

2. The journey to here

At the first of two Trust Board Thinking Days on ‘priorities’ (TBTD) in November 2016, a number of key messages emerged from a discussion about our current approach and what we need going forward:

- Our vision still feels right
- We are spreading ourselves too thinly - high performing Trusts tend to focus on fewer things – we need to do the same in terms of both objectives and priorities
- The way we carve up our priorities doesn’t promote / reflect the interconnectivity between different parts of our business, and not all objectives resonate with staff as well as the quality commitment does
- We need to be solution focused when agreeing annual priorities and have quality front and centre, with ‘supporting’ objectives such as financial sustainability
- In reshaping our strategic objectives and immediate priorities, we must ensure we also reshape our approach to how we do business and how we allocate resources – any change needs to be more than presentational
- Prioritising fewer things ultimately means de-prioritising others – while agreed in principle by Trust Board members, this is challenging in practice (reflected by the nature of the discussion at the TB itself), particularly given the need to present a ‘balanced’ plan to stakeholders that reflects the diverse and broad nature of our business i.e. defining ‘core’ business is quite a subjective issue.

3. The evolution of our priorities

At the second Trust Board Thinking Day on 10th February we presented a proposed set of Strategic Objectives - creating one **Primary Objective** (Quality) and four **Supporting Objectives**. The Board supported this approach. These are shown at Appendix 1.

We discussed a “full” version of potential priorities and a “stripped down” version; this was to generate a debate about relative priority and led the Board to conclude that, broadly, “less is more”. The Board also suggested changes to the narrative to make it more active and explanatory (“We will...” “In order to”), requested the Executive engage CMGs in the process and mandated the Executive to come back to the March 2017 Trust Board with a final version.

Since then we have refined the priorities, taking on Board comments from the February 2017 TBTD, to the point at which we are now able to recommend them to the Trust Board for their approval. These can be found at Appendix 2.

4. The key changes in this final version

The Board will recognise that we have talked recently about our ability to deliver access and performance targets on both emergency and elective pathways. Essentially the tension has been between managing emergency demand within a defined bed base and protecting elective work from emergency 'overspill'.

The intelligence from NHSE/NHSI has been that whilst all access and performance targets are important, emergency work, cancer and finance are 'first among equals'.

However, the experience of the last 3 weeks following the decision to halt all elective work, (excepting cancer), in order to focus on emergency performance has influenced our thinking in this regard. The ED performance in the weeks when we artificially created extra medical capacity was significantly better than at any period for a number of years. Though there are always multiple factors affecting ED performance, we learnt that a single intervention, the creation of flow out of the department by dint of extra capacity, worked.

As such we have moved away from the position where we might be tempted to think in binary terms about which is the greater priority, RTT or ED, to recasting the question; 'What will it take to deliver both, sustainably?'

Our answer to that question is...

"We will align our capacity with expected demand in order to improve the quality of care and performance against our access standards".

This will involve us taking four key actions:

1. New actions involving UHL working more effectively downstream to care for step down patients in a non-acute setting
2. New actions to increase our bed base
3. New actions to transform the hospital pathway for frail complex patients
4. New actions to separate emergency and elective work

5. The final priorities

These can be found at Appendix 2. The Board will see that we have chosen to include the most recent work which we described above in the category of 'Organisation of Care' which is in turn, part of the Quality Commitment, (Appendix 3). This is a reflection of the importance we place on these particular priorities in terms of the Trust's overall strategic direction and future sustainability.

Overall, there are now 5 Strategic Objectives as compared to 9 previously, and 26 Annual Priorities for 2017/18 as compared to 47 in 2015/16. This represents considerable progress towards "focusing on what matters most".



PRIMARY OBJECTIVE

To deliver safe, high quality, patient-centred, efficient healthcare (our Quality Commitment)

SUPPORTING OBJECTIVES

To have the right people with the right skills in the right numbers

To deliver high quality, relevant education and research

To develop more integrated care in partnership with others

To progress our key strategic enablers

PRIMARY OBJECTIVE

1. To deliver safe, high quality, patient-centred, efficient healthcare (our Quality Commitment):

- **Clinical effectiveness**
 - We will focus interventions in conditions with a higher than expected mortality rate in order to reduce our SHMI

- **Patient safety**
 - We will further roll-out track and trigger tools (e.g. sepsis care), in order to improve our vigilance and management of deteriorating patients.
 - We will introduce safer use of high risk drugs (e.g. insulin) in order to protect our patients from harm
 - We will implement processes to improve diagnostics results management in order to ensure that results are promptly acted upon

- **Patient experience**
 - We will provide individualised end of life care plans for patients in their last days of life (5 priorities of the Dying Person) in that our care reflects our patients' wishes
 - We will improve the patient experience in our current outpatients service and begin work to transform our outpatient models of care in order to make them more effective and sustainable in the longer term

- **Organisation of care**
 - We will align our bed capacity with expected demand (including by reducing delays through Red2Green, working more effectively to care for step down patients and increasing the medical bed base) in order to ensure that beds are available for patients who need them
 - We will optimise processes in our new Emergency Department in order that we maximise the benefit of the new facility
 - We will work to separate emergency and elective work, in order that one does not disrupt the other
 - We will transform the hospital pathway for frail complex patients in order that they get the most beneficial care
 - We will improve the efficiency of our operating theatres so that we can maximise the use of this key resource

SUPPORTING OBJECTIVES

2. We will have the right people with the right skills in the right numbers in order to deliver the most effective care:

- We will develop a sustainable workforce plan, reflective of our local community which is consistent with the STP in order to support new, integrated models of care
- We will reduce our agency spend towards the required cap in order to achieve the best use of our pay budget
- We will transform and deliver high quality and affordable HR, OH and OD services in order to make them 'Fit for the Future', (includes a new payroll supplier from August 2017)

3. To deliver high quality, relevant education and research:

- We will improve the experience of medical students at UHL through a targeted action plan in order to increase the numbers wanting stay with the Trust following their training and education
- We will address specialty-specific shortcomings in postgraduate medical education and trainee experience in order to make our services a more attractive proposition for postgraduates
- We will develop a new 5 Year Research Strategy with the University of Leicester in order to maximise the effectiveness of our research partnership

4. To develop more integrated care in partnership with others:

- We will integrate the new model of care for frail older people with partners in other parts of health and social care in order to create an end to end pathway for frailty
- We will increase the support, education and specialist advice we offer to partners to help manage more patients in the community (integrated teams) in order to prevent unwarranted demand on our hospitals
- We will form new relationships with primary care in order to enhance our joint working and improve its sustainability

5. To progress our key strategic enablers:

- We will progress our hospital reconfiguration and investment plans in order to deliver our overall strategy to concentrate emergency and specialist care and protect elective work
- We will make progress towards a fully digital hospital (EPR) with user-friendly systems in order to support safe, efficient and high quality patient care
- We will deliver the year 2 implementation plan for the 'UHL Way' and engage in the development of the 'LLR Way' in order to support our staff on the journey to transform services
- We will review our Corporate Services in order to ensure we have an effective and efficient support function focused on the key priorities
- We will implement our Commercial Strategy, once agreed by the Board, in order to exploit commercial opportunities available to the Trust
- We will deliver financial stability as a consequence of the priorities described here in order to make the Trust clinically and financially sustainable in the long term

2017 – 18 Quality Commitment

Aim	<p>Clinical Effectiveness Improve Patient Outcomes</p>	<p>Patient Safety Reduce Harm</p>	<p>Patient Experience Care and Compassion</p>
KPI	<p>To reduce avoidable deaths</p>	<p>To reduce harm caused by unwarranted clinical variation</p>	<p>To use patient feedback to drive improvements to services an care</p>
2017 / 18 Priorities	<p>What are we trying to accomplish?</p>		
	<p>What will we do to achieve this? We will:</p> <ul style="list-style-type: none"> Focus interventions in conditions with a higher than expected mortality rate in order to reduce our SHMI Further roll-out track and trigger tools (e.g. sepsis care), to improve the management of deteriorating patients. Introduce safer use of high risk drugs (e.g. insulin) implement processes to improve diagnostic results management Provide Individualised end of life care plans for patients in their last days of life (5 priorities of the Dying Person) Improve the patient experience in our current outpatients service and begin work to transform outpatient models of care 		
	<p>How will we know if we have done it?</p>		
	<p>SHMI \leq 99</p>	<p>Reduce incidents that result in severe / moderate harm by further 9%</p>	<p>>75% of patients in the last days of life have individualised EoLC plans 100% of EoLC patients have access to an appropriate infusion device</p>
<p>Organisation of care – we will:</p>			
<ul style="list-style-type: none"> Align our bed capacity with expected demand (including by reducing delays through Red2Green, working more effectively to care for step down patients and increasing the medical bed base) Optimise processes in our new Emergency Department Work to separate emergency and elective work Transform the hospital pathway for frail complex patients Improve the efficiency of our operating theatres 			