University Hospitals of Leicester

Meeting title:	Executive Strategy Bo	oarc	& Public Trust Board	Publ	lic Trust Board paper J
Date of the meeting:	04/10/2022				
Title:	Development of a Strategy & Values for UHL (2023-2030)				
Report presented by:	Simon Barton, Deputy CEO, Clare Teeney, Chief People Officer				
Report written by:	Simon Barton, Deputy CEO & Simon Pizzey, Head of Strategy and Planning,				
Action – this paper is for:	Decision/Approval	х	Assurance		Update
Where this report has been discussed previously	Executive Strategy Bo	bard	1	-	

# To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

The development of a seven-year strategy will identify the long-term sustainable solutions to the current (and future) risks identified within the Board Assurance Framework (BAF). The development of an organisational Strategy will also support University Hospitals of Leicester to adapt to the emerging Integrated Care System environment. Finally, the presence of a Strategy will enable the organisation to identify (from the multiple opportunities) a number of key priorities/choices for the future, guide investment and be clear on where the organisations transformation efforts need to be focussed.

## Impact assessment

This paper outlines the engagement & design process for the new seven-year strategy. The 7 year period is likely to be phased into what the immediate strategy (next 2 years) would be, the medium term (2-5 years) and beyond (5-7 years). This process has been designed to achieve a strategy that is:

- Collaborative engaging a wide range of stakeholders in their views
- Realistic and can be implemented
- Adaptable to the constantly changing world, healthcare environment and political environment

Key to any successful strategy is the ability for colleagues working in an organisation who will support the delivery of it feel they have had a say in it, feel it is the right thing to do, and get see how they can support it happening. Through this collaborative process, colleagues will be invited to give a view on whether the organisations values require review and if so, they will be reviewed and re-developed during this engagement process.

Once the new strategy and values are clear, implementation plans for the strategy will be developed at specialty level which will help support clarity on investment, workforce planning, and transformation priorities to ensure a rigorous implementation of the strategy.

## Acronyms used:

**BAF**-Board Assurance Framework, **CMG**-Clinical Management Group, **ICB**-Integrated Care Board, **ICP**-Integrated Care Partnerships, **ICS**-Integrated Care Systems, **LLR**-Leicester, Leicestershire and Rutland **NHS**-National Health Service- **UHL**-University Hospitals of Leicester.

# **Purpose of the Report**

This report has been developed to provide Executive Strategy Board attendees with a view on the approach to designing the UHL seven-year Strategy & Values. Following approval of this paper, the process of designing the Strategy and values will begin.

## Recommendation

The Board is asked to:

- Read this paper,
- Make the any recommendations regarding the approach to designing UHL's future strategy,
- Approve the proposed approach to designing the future UHL strategy

## Summary

This paper seeks approval from the Executive Boards, Clinical Directors, and the Trust Board to develop a new organisation strategy for UHL and to consult with colleagues as to whether they wish to change the organisations stated values.

#### Main Report Detail

#### Introduction and why now?

University Hospitals of Leicester (UHL) overarching Quality Strategy– 'Becoming the Best, 3 Year Quality Strategy and Priorities 2019-2022' covered the past 3-year period. Unfortunately, like much of the NHS, the progression and impact of this strategy has been adversely and significantly affected by the Covid-19 pandemic.

Alongside this, the world, and indeed the healthcare world has changed in many ways over recent years, and not just the pandemic impact. Increasing populations along with an increase disease burden driven by ageing and lifestyle remain an issue, but there are newer changes:

- A better understanding of and priority on inequality in our societies and in healthcare
- Workforce, there are not enough colleagues to meet patient demand
- Rapid changing technology that is not being leveraged in a wholesale way by the NHS
- A change in the NHS landscape with the legislation that has created Integrated Care Systems, Board and Partnerships
- A greater focus on the wider determinants of health

These are all drivers that suggest that the time is right for UHL to develop a new strategy. Although it may not feel like it given the current pressures University Hospitals of Leicester (UHL), is in a positive position strategically with its position in the New Hospitals Programme, its development of more digital enabled care, its relationship with research and education partners, along with its deep clinical expertise.

UHL has had its current values for over 12 years. They were developed by colleagues, many of whom may still work for UHL, many may not. There is some evidence that the lived experience of working life at UHL for some colleagues is not as close to the values as would be desired. Therefore, it is now probably also time to test with colleagues whether they wish to retain those values or whether they would wish to redevelop or even change them.

# Why does UHL need a strategy?

The drivers of why a new strategy is required are shown in the bullet points above, but why does UHL need a strategy at all?

It is recognised that the direction of the NHS is driven through national policy and the NHS Long Term plan and its successor publications. UHL's strategic themes will contain much of what is required in its role within the national health service. There are also other strategies within LLR that UHL's strategy will have to recognise and synergise with. The strategies of the ICPs and the fact the new Integrated Care Boards will be developing their strategies in a similar time span as UHL. UHL will be working jointly with the ICB on the engagement aspects of both organisations strategies as it critical they are looking to achieve similar outcomes.

In general terms a strategy for an organisation creates the following:

- A framework for decision making and crucially, investment
- A framework for other strategies and enabling plans to sit in (digital, workforce, quality etc)
- A set of guiding principles applied as situations evolve

It is unlikely to change the current agreed pillars of the clinical strategy.

## Principles

There are a number of styles of strategic development, but a proposed approach for UHL is a **<u>collaborative</u>** approach and a strategy that is **<u>realistic</u>** and crucially one that can be **<u>implemented</u>** and is **<u>adaptable</u>** to a changing environment.

This will involve the development of strategic themes by the Board and Clinical Directors that are then refined. The context of these strategic themes will be to strategically address the Board Assurance Framework risks, and to define how we will answer some key questions:

- What does UHL have to do and is nationally expected to do?
- What will our strategy need to do to build an organisation fit for the future?
- Where should our strategy focus in the wider health and care system?

It is likely that the strategy will need be segmented in timescales:

- 2023-2025 i.e. the next two years
- A medium term strategy beyond two years (2-5 years)
- A longer term strategy (5+ years)

The developed themes will be reviewed, and added to by:

- The wider UHL leadership team, CMG leadership (beyond the Clinical Directors)
- UHL colleagues and stakeholder groups within the organisation (such as networks, shared decision councils, senates etc)
- Patients
- Populations
- Primary care
- Partner organisations

This is a complicated and challenging approach, but will ultimately lead to more optimal strategic aims as well as a higher probability of the strategic aims being achieved given the involvement and control of people who will support the delivery of them and those that will receive improved services from them. There will be multiple methods of approach on engagement, including face to face, digital discussion, digital questionnaires, written questionnaires, brochures etc

It is recognised that the period of this development work is winter in the NHS. This is forecast to be an enormously difficult period in ensuring patients are getting access to the care they need. The need to ensure the view of teams within UHL on the strategic direction will need to be balanced with the time pressures that they have throughout the year, but most noticeable during winter period.

Ensuring equality in the feedback will be critical across all of these stakeholders. To ensure this it will often need different approaches to different groups will be required and engagement of the key leaders both within and outside of UHL to ensure all groups have a voice. It will be essential that UHL use different approaches for different groups to ensure equality of access to views.

# Process

The collaborative approach to strategic development will run through 5C's:

- Conceive Create & engage a small stakeholder group (often an organisation's Board) to identify the key content and style of the strategic choices that will be posed
- *Consult* Utilise as many communication channels as possible (face to face, digital, written etc) to engage with those who are keen to participate in the development of an organisation's strategy
- *Create* From this insight developed during this engagement, produce a draft vision & high-level strategic priorities
- *Connect* Re-connect back with the stakeholder group & wider organisation to gather feedback on the initial vision and priorities
- *Continue* Flow through this process until a final strategy is produced and then development implementation

The process commences at the Board workshop on 14<sup>th</sup> October. Board members will be joined by Clinical Directors at this session along with Matthew Taylor – Chief Executive, and Michael Wood - Head of Health Economic Partnerships, both from the NHS Confederation. The objective of this session will be to develop, at a high level, the generic strategic themes and direction that the Board and Clinical Directors feel should be approached to best move the organisation forwards in the future and mitigate key BAF risks. In the generation of the strategic themes and objectives knowledge of what UHL already knows from stakeholders will be taken into account such as the staff survey, feedback from patients and consultations that have already taken place.

These themes will then form the basis of engagement asking colleagues their views and crucially what may be missing. This will hone the strategic themes and objectives ensuring they are meaningful and delivering for stakeholders, most crucially UHL's patients.

The commencement of the values review will run in conjunction with the 2022 staff survey. Whilst an additional question cannot be added at this stage, at the various staff survey road

shows, colleagues will be sampled as to whether they feel the values require review. This will provide a mandate from UHL colleagues for the review work on the values.

Following engagement processes, this will feed into a further Board and Clinical Director workshop in early 2023 to feedback and finalise the strategic objectives and to hone and specify their language. This will then start to feed into the priorities for 23/24 and the Trust's annual planning cycle. This workshop will also look to build the Trust overarching vision, from those themes

Following the formulation, agreement and communication of the strategic themes, this will then signal the start the most fundamental aspect of the strategic development, the development of the implementation plan. It is proposed that is built up from specialty level, with sessions with specialties starting to understand their plans for the next 5 years in the delivery of those strategic themes, what resourcing may be required and what transformation will be required. This will start to develop investment priorities and also the organisations transformation programme that will deliver the strategy

# Timescales

October 22 – Board & Clinical Directors workshop 1 November 22 to January 23 – engagement phase February 23 – Board & Clinical Directors workshop 2 March 23 – finalisation of strategic themes April 2023 Trust Board – sign off strategic March 2023 – August 2023 – development of specialty plans, transformation programme and implementation

# Strategy & Values steering group

This work will be overseen by a group, chaired by the Deputy Chief Executive and including the Chief People Officer, and Director of Communications & Engagement amongst other members who will drive and guide this work in a programme managed approach with clear timescales and risk management. This group will report to Executive Strategy Board.

# Executive Strategy Board & the Trust Board are asked to:

The Board is asked to:

- Read this paper,
- Make the any recommendations regarding the approach to designing UHL's future strategy,
- Approve the proposed approach to designing the future UHL strategy