

Revision to Trust Priorities 2019-2022

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Trust Board paper E

Executive Summary

Context

In 2018/19, the Trust developed and began to implement its 3 year Quality Strategy, 'Becoming the Best'. The implementation of this strategy began on April 1st 2019 and formally completes on March 31st 2022, this was the anticipated 'lifetime' of the current priorities.

This paper briefly reviews the relevance of the agreed Trust Priorities as we have come to the end of the first year (2019/20); this is to ensure that the changing political, financial and operational landscape has been taken into account as well any changes in other relevant areas such as patient and staff feedback.

Of course the signal change in landscape eclipsing all others is COVID 19 and the local / national response to it. The Executive team, in reviewing the Trust priorities have considered whether / how COVID should be reflected. Bearing in mind that the original priorities lasted for 2019-2022 and that the restoration, recovery and renewal programme arising from COVID is likely to last for the equivalent period, the Executive's therefore decided to include a specific priority relating to COVID.

Question:

1. Does the Board endorse the proposed revision of the Trust priorities?

For Reference

Edit as appropriate:

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

Safe, high quality, patient centred healthcare	[Yes /No /Not applicable]
Effective, integrated emergency care	[Yes /No /Not applicable]
Consistently meeting national access standards	[Yes /No /Not applicable]
Integrated care in partnership with others	[Yes /No /Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes /No /Not applicable]
A caring, professional, engaged workforce	[Yes /No /Not applicable]
Clinically sustainable services with excellent facilities	[Yes /No /Not applicable]

Financially sustainable NHS organisation [Yes /No /Not applicable]
 Enabled by excellent IM&T [Yes /No /Not applicable]

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

a. Organisational Risk Register [Yes /No /Not applicable]

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
XXXX	There is a risk ...			XX

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

b. Board Assurance Framework [Yes /No /Not applicable]

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

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk ...		

3. Related **Patient and Public Involvement** actions taken, or to be taken: The original priorities were consulted upon, with the expectation that they would remain in place for three years. Given that the material change to the revised priorities is the inclusion of a specific priority around COVID recovery it is intended that system wide engagement takes place with patients / public and other stakeholders regarding the nature of the recovery.

4. Results of any **Equality Impact Assessment**, relating to this matter: [Insert here]

5. Scheduled date for the **next paper** on this topic: [XX/XX/XX] or [TBC]

6. Executive Summaries should not exceed **4 sides** [My paper does]

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

Trust Board July 2020: Review of Trust Priorities

Context

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Current Trust Priorities

As a reminder, the current Trust priorities are as follows:



The original diagram had six sections in the Quality Priority cog, with 'streamlined emergency care' and 'Safe and timely discharge' being two distinct priorities. After reviewing the actions required to deliver the objectives of each the Trust merged both of these into a single 'streamlined emergency care' priority; this one priority now covers 'safe and timely assessment' and 'safe and timely discharge' programmes of work.

Until now no other changes to the Trust Priorities have been made since the launch of the programme.

Trust Priorities 20/21 onwards

Quality Priorities

- The five Quality priorities depicted above are still the most pressing areas for improvement across the Trust.
- Transformation programmes to improve cancer & emergency care pathways and implement sustainable transformation of care pathways are also embedded within the priorities of our partners across the wider LLR health and care system as part of the local response to the requirements within the NHS Long Term Plan.
- These five quality priorities continue to align with feedback from both our staff and patients in terms of areas they would like to see improved.

Supporting Priorities

Thus far, no changes have been made to the supporting priorities, in recognition that these underpinning priorities will continue to support transformation and quality improvement. However, the release of the NHS Long Term Plan has mandated some areas not currently reflected within the original supporting priorities.

Then there is of course the extraordinary change in operating context caused by COVID

As such the executive team have reviewed the supporting priorities and made revisions and substitutions.

1. The planning guidance for 20/21 requires all STP areas to meet the agreed financial trajectory in 20/21 and for the following three years. Given the current financial situation of the Trust and the recent accounting issues, the addition of a supporting priority on finance (**'Sustainable, well governed Finances'**) would practically and visibly show commitment to the regulator mandate. This would cover delivering financial trajectories, delivering efficiency and productivity improvements and crucially, effective financial governance of both revenue and capital. This priority replaces, 'Quality Strategy development' on the basis that developing the QS is *considered implicit in all we do*.
2. A major theme of the Trust's People Strategy concerns equality, diversity and inclusion, (EDI). However the wording for the supporting priority which captures our approach to EDI

does not reflect this and therefore the priority, 'People Strategy Implementation' will become, '**Implement our Equitable People Strategy**'.

3. The planning guidance also outlines a requirement to reduce the impact the NHS has on the environment; this is not reflected in any of our Trust Priorities. Rather than add an additional priority, a pragmatic option would be to amend the current 'estate investment and reconfiguration' priority to '**Investment in sustainable estate and reconfiguration**'. This would cover our commitment to, for example, reduce the use of avoidable single use plastics and to tackle air pollution and travel with our partners.
4. The 'Better corporate services' programme currently only covers limiting the use of premium spend. As per the planning guidance, this would be covered by the finance priority, and therefore this priority has been removed and replaced by the COVID specific priority entitled, '**Embed innovation in recovery and renewal**'. IT IS IMPORTANT TO RECOGNISE THAT THIS DOES NOT MEAN THAT LEARNING THE LESSONS FROM THE PANDEMIC RESPONSE SHOULD BE CONFINED TO ONE ELEMENT OF TRUST WORK.
5. Finally, to reflect our commitment to research AND training and education, the priority, 'More embedded research' becomes '**Embedded research, training and education**'

This is the proposed new 'cogs' diagram:



In summary, this would leave the following priorities and lead directors within the strategy from 20/21 onwards:

Quality priorities	Supporting priorities
Ward accreditation (Carolyn Fox)	Embed innovation in recovery and renewal (Mark W)
Safe surgery and procedures (Andrew Furlong)	Implement our Equitable People Strategy (Hazel W)
Streamlined emergency care (Carolyn F/Rebecca B)	Sustainable, well governed Finances (Simon Lazarus)
Improved cancer pathways (Rebecca Brown)	Investment in sustainable estate and reconfiguration (Darryn Kerr)
Better care pathways (Mark Wightman)	E-hospital (Andy Carruthers)
	More embedded research, training and education (Andrew F / Mark W)

Recommendations

1. The Executive Strategy Board discussed the proposed changes to the 2019-2022 priorities in their May meeting and endorsed them.
2. Trust Board Thinking Day on June 12 2020, discussed these changes to the priorities and requested some amendments.
3. This version is therefore for final ratification by the Trust Board

ENDS

MW 06/20