

Date of meeting	16 January 2018
Paper number	G1

#### **Delivering the Trust Vision and Strategic Objectives** For approval: Χ For assurance: To note: **Accountable Director** Michelle McKay, Chief Executive Officer Presented by Sarah Smith, Director of Sarah Smith, Director of **Author** Planning and Planning and Development Development Alignment to the Trust's strategic priorities Deliver safe, high quality, Design healthcare Invest and realise the full Х compassionate patient around the needs of our potential of our staff to provide compassionate patients, with our care partners and personalised care Ensure the Trust is Develop and sustain our Χ Χ financially viable and business makes the best use of resources for our patients **Alignment to the Single Oversight Framework** Leadership and Operational Performance Quality of Care Χ Χ Improvement Capability Finance and use of Strategic Change Stakeholders Х resources Report previously reviewed by Committee/Group Date Outcome Not applicable **Assurance**: Does this report provide assurance BAF number(s) ΑII in respect of the Board Assurance Framework strategic risks? Level of assurance and trend Significant Limited None Not applicable Recommendations The Board is asked to approve the proposed approach to the delivery of the Trust Vision and Strategic Objectives from the start of the 2018/19 financial year.

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## **Executive Summary**

The Trust Board received a vision document at the meeting in November 2017.

The intention is the vision statement provides a vehicle that ties all of the different areas of the organisation's focus together and provides clarity to staff and stakeholders.

This paper sets out how we intend to deliver our vision aligned with our strategic objectives from the start of 2018/19 and includes the development of an annual business plan and the adoption of a strategic balanced scorecard.

A balanced scorecard is:

- A top-down reflection of an organisation's purpose and strategy
- Forward looking
- Integrates internal and external measures to highlight trade-offs between performance measures to ensure success in one measure does not come at the expense of another

It helps to focus but this requires organisational leaders to agree on only those measures that are the most critical to the success of the organisation's strategy.

### Background

Our vision is to 'Improve, Innovate and Inspire'

We will be a high performing Trust where we 'Improve' by:

- delivering on our performance targets and improving over time to deliver constitutional standards
- having all staff in our organisation focussed on collective achievement and continuous improvement
- having quality as the key driver in our decision making
- being recognised by our regulators as good to outstanding

We will be a high performing Trust where we 'Innovate' by:

- learning from incidents and patient feedback
- welcoming change as we implement the 'Future of Acute Services in Worcestershire' model and the Sustainability and Transformation plan
- enabling service redesign and decision making at the lowest possible level

We will be a high performing Trust where we 'Inspire':

- each other to do better
- people to want to work with us
- our partners to work collectively with us to deliver the best healthcare for the people of Worcestershire
- the community of Worcestershire to be proud of their acute hospitals



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We will be a high performing Trust when we <u>enable</u> our vision by positively demonstrating our 4Ward behaviours:

- We do as we say we will do
- We listen, we learn, we lead
- No delay, every day
- Work together, celebrate together

## Issues and options

To <u>deliver</u> our vision each year:

- We will develop an operational plan that sets out our activity, investment and savings
  plans to achieve our performance goals in respect of constitutional standards and our
  agreed control total.
- We will also develop a number of key strategy documents aligned with our vision and strategic objectives that set out a three year ambition and each year, a one year plan to measure progress.

The key strategy documents initially will be:

Strategy	Accountable Director	Current Status
People and Culture Strategy	Director of People and Culture	Complete (approved by the Board in Nov 2017)
Medium Term Financial Strategy	Chief Finance Officer	In process
Quality Strategy	Chief Nursing Officer	First draft
Clinical Service Strategy	Chief Medical Officer	In process
Estate Strategy	Director or Asset Management and ICT	Final draft
Technology Strategy	Director or Asset Management and ICT	In process
Patient Engagement Strategy	Chief Nursing Officer	First draft

 These annual operational and strategic development plans will set out for staff and stakeholders in a concise annual business plan and promoted through an internal and external programme of communications and engagement.

At the Board Development Day in September 2017 the board considered an approach to the development of a strategic dashboard following the balanced scorecard approach which was endorsed by all present.



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It is proposed therefore that there are two aspects to the oversight of the vision and underpinning strategy development and delivery:

- 1. An executive level accountable officer for the development and delivery of the strategy and responsible (existing) committee for each of the strategy areas
- 2. Board level oversight through the strategic balanced scorecard approach
  - a. It is proposed that the committees receive quarterly updates from the accountable officer in the form of a short written report supported by the strategic balanced scorecard.
  - b. The Director of Planning and Development will then aggregate and summarise the individual reports and committee considerations into a single quarterly strategic plan update to Board accompanied by the strategic balanced scorecard.
  - c. The intention is that the balance scorecard is updated on a monthly basis recognising that updates to some metrics will be less frequent, e.g. staff surveys are annual.

There are four distinct aspects to the development of a balanced scorecard:

- Technical solution what software will be used and who will build the scorecard
- Agreement of supporting measures to be included in the scorecard
- Agreement of algorithms to aggregate metrics and RAG rate them

It is not proposed that this first iteration of the strategic dashboard includes direct drill down to divisional level however where possible we will align existing divisional plans and activities.

Over time as the balanced scorecard develops it can provide a ward to board line of sight and facilitate staff understanding of their contribution to the delivery of the Trust's strategic objectives.

### Next steps:

- The vision will be launched through February
- Individual strategies will be launched as they reach completion starting with the People and Culture Strategy in February (following formal commencement of Director, People and Culture)
- The annual business plan will be developed for launch in April 2018
- The first cut of the strategic balanced score card will be in place by April 2018



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# Recommendations

The Board is asked to approve the proposed approach to the delivery of the Trust Vision and Strategic Objectives from the start of the 2018/19 financial year.

# Appendices

People and Culture Strategy 2017 to 2020 available on request.



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### **Acute Service Review (ASR) Capital Development Programme** For approval: For assurance: Х To note: Sarah Smith, Director of Planning and Development Accountable Director Presented by Sarah Smith Author Sarah Smith Alignment to the Trust's strategic priorities Deliver safe, high quality, Design healthcare Invest and realise the full compassionate patient around the needs of our potential of our staff to care patients, with our provide compassionate and personalised care partners Ensure the Trust is Develop and sustain our financially viable and business makes the best use of resources for our patients **Alignment to the Single Oversight Framework** Leadership and Operational Performance Quality of Care Χ Χ Improvement Capability Finance and use of Strategic Change Stakeholders Χ resources Report previously reviewed by N/A Committee/Group Date Outcome Not applicable **Assurance**: Does this report provide assurance Υ BAF number(s) P5/R5 in respect of the Board Assurance Framework strategic risks? Level of assurance and trend $\sqrt{}$ $\uparrow \downarrow \rightarrow$ Significant Limited $\rightarrow$ None Not applicable Recommendations The Board is asked to note the current status of the ASR capital development programme and the options being pursued to ensure progression.



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## **Executive Summary**

This paper is being presented to appraise the Board of the current status of the Acute Service Review (ASR) capital development programme which is aligned with the Future of Acute Hospital Services in Worcestershire (FoAHSW) programme.

Approval of the clinical model developed by the FoAHSW programme in July 2017 was a significant milestone for Worcestershire Acute Hospitals NHS Trust (WAHT), supporting the rationalisation of acute services across the three Trust sites to improve clinical and financial sustainability.

Alongside the FoAHSW programme, WAHT led an Acute Services Review (ASR) Project, tasked with developing the business case for the necessary capital developments to deliver the new clinical model on the two acute Trust sites.

The outline business case (OBC) for £29.6m capital was completed in May 2017 and a bid for strategic capital was submitted by the Herefordshire and Worcestershire STP in Spring 2017. The ASR project was approved as a priority scheme for STP capital funding in wave one which was announced in July 2017.

Access to the capital monies is dependent on the completion of a full business case (FBC) in the 'five case' model which demonstrates that the standard investment criteria requirements are met - including affordability and value for money. The Department of Health (DH) also requires submission of a revised estates and capital plan for the STP area. Once the full business case is agreed, the funding agreement will be formalised.

The ASR OBC was submitted to NHS Improvement in June 2017 for initial review and pending the outcome of the FoAHSW public consultation. The OBC was approved by NHSI in November 2017 and by the DH in December 2017.

Current timescales for completion of the full business case (FBC) are as follows:

Milestone	Date
Project mobilisation	Jan 2018
Procurement process completed	Apr 2018
FBC submitted	Summer 2018

The Trust has to date funded the project fees for business case development from internal Trust capital. FBC development requires a much greater level of design detail and the procurement of contractors to provide confidence around the cost estimates.

Currently the Trust is reviewing how this level of fees (c£1.2m) can be supported from internal Trust capital during Q4 in order to continue to meet the project timescales.

The project fees have been capitalised and are included in the £29.6m cost envelope however funding cannot be drawn down until the FBC has been approved.

### Background

The FoAHSW clinical model supports the transfer of all hospital births, inpatient children's



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services and emergency surgery from the Alexandra Hospital in Redditch to the Worcestershire Royal Hospital site; and the transfer of elective surgery and ambulatory care services from the Worcestershire Royal Hospital (WRH) site to the Alexandra Hospital (AH) and the Kidderminster Treatment Centre (KTC).

As a result, most critically, there is the need for additional inpatient bed capacity on the Worcestershire Royal Hospital site to accommodate the increase in inpatient activity in Women and Children's services and emergency surgery and the need to increase the resilience of elective services at the Alexandra Hospital – in particular the main theatre suite which has a significant backlog maintenance schedule and requires redesign and refurbishment to meet modern standards of perioperative and postoperative care.

### Issues and options

The fact that aspects of the FoAHSW clinical model have already been enacted under temporary emergency measures prior to public consultation means that the Trust cannot tolerate any delay in progressing the ASR project and the most critical issue is access to additional inpatient bed capacity at WRH.

The Trust has therefore been exploring the potential to develop the link bridge between the WRH main hospital building and the Aconbury campus (Aconbury East, Aconbury West and Aconbury North) in 2018 through an accelerated approvals process.

The Trust is currently awaiting the outcome of a 2017/18 capital loan application in order to reprioritise its internal capital expenditure programme and thereby unlock funds for the whole ASR project in Q4 as per the agreed project timelines.

## Recommendations

The Board is asked to note the current status of the ASR capital development programme and the options being pursued to ensure progression.