



OUR STRATEGIC OBJECTIVES, ONE YEAR GOALS & IMPROVEMENT PRIORITIES IN 2022/23

STRATEGIC OBJECTIVE ONE: <i>BEST SERVICES FOR LOCAL PEOPLE</i>			
Outcome: communities will be healthier, well connected & more resilient because care is delivered in partnership and in an integrated way			
Exec Lead	Refreshed Improvement Priorities 2022/23	Exec Lead / Delivery Lead	Measure of success
CEO	BS1 Work with partners to deliver high quality seamless care		
	<u>Collaborate to ensure service sustainability</u> <ul style="list-style-type: none"> Identify, develop and deliver emerging and existing provider collaborations including networks, including development of memoranda of understanding Joint service model for oncology, dermatology, haematology, urology & head and neck cancer developed with preferred partner Implement the 'ME4' pathology sub-regional pathway 	DSP/CMO DSP/COO/CMO/DDs	<ul style="list-style-type: none"> Improvement collaborative delivers at least one shared best practice per year 2 shared roles across place All memoranda of understanding agreed by Dec 22
	<u>Be a lead provider at place</u> <ul style="list-style-type: none"> Develop and deliver local ICS pathways (supported by population health management tools), including Stroke, Neurology and long term conditions Deliver place integrated pathways including frailty (Geriatric Emergency Medicine Service, virtual wards and 2-hour response integration) 	CMO/COO/DD & DOp Spec Med	<ul style="list-style-type: none"> One integrated pathway per division operational by March 23 Successful evaluation of integrated care services with agreed KPIs developed by Nov 22
	<u>Consolidate the role of the Trust as an anchor institution in the ICS</u> <ul style="list-style-type: none"> Collaboratively develop and implement place-based narrative, vision and operating model Support development of the place plan and Integrated Care Partnership Strategy 	CEO/DSP	<ul style="list-style-type: none"> Place-based operating model confirmed by July 22 Place plan developed with our input by end June 22 Integrated Care Partnership Strategy developed with our input by Dec 22
DS&P	BS2: develop our role as a local corporate citizen (anchor institution)		
	<u>Work towards the silver Armed Forces Covenant</u>	CMO/DP&C	<ul style="list-style-type: none"> Silver armed achieved by Mar 23



	<ul style="list-style-type: none"> • Develop documentation and procedures to qualify for silver award • Achieve Veterans Healthcare Covenant Accreditation 		<ul style="list-style-type: none"> • Accreditation achieved by Mar 22
	<p><u>Promote skills and employment</u></p> <ul style="list-style-type: none"> • Implement the kick start programme – year 1 • Implement apprenticeship plan for 2022/23 	DP&C	<ul style="list-style-type: none"> • Increase in new apprenticeships from March 2022 baseline by how many??? • 10 kickstart apprentices in place by end March 23
	<p><u>Reduce our environmental impact</u></p> <ul style="list-style-type: none"> • Agree 22/23 Green plan • Develop and implement our Green Plan in line with government targets 	DSP/Dir of Estates	<ul style="list-style-type: none"> • Increased contribution to delivering carbon net zero position • Identify & deliver KPIs to reduce waste

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STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS

OUTCOME: patients receive care which is safe, clinically excellent, compassionate and creates a positive patient experience

Exec Lead	Refreshed Improvement Priorities 2022/23	Exec Lead / Delivery Lead	Measure of success
COO	BEC1: elective recovery and reset		
	<u>Optimise delivery of care by embedding our Clinical Services Strategy</u> <ul style="list-style-type: none"> Monitor and manage the delivery of the 22/23 activity plan for elective care, diagnostics and cancer Improve productivity through implementation of theatres three year plan cross cutting themes/4Ward Improvement System Implement and embed elective hub models for day case at Kidderminster Treatment Centre and inpatient elective care at the Alexandra Hospital 	COO/DOPs/DDs	<ul style="list-style-type: none"> Planned activity levels achieved on a monthly basis to secure Elective Recovery Fund Eliminate waits over 104 and 78 weeks Reduce 52 week waits 85% of patients waiting no more than 62 days from urgent referral to first definitive treatment for cancer Theatres productivity measures of success defined by end June 22
	<u>Improve access to care</u> <ul style="list-style-type: none"> Invest in community diagnostics services to increase access, including Community Diagnostic Centres Understand how patients access care and how that can be improved by using population health management to address health inequalities 	COO/DOPs/DDs	<ul style="list-style-type: none"> Increase diagnostic capacity to a minimum of 120% of pre-pandemic activity
<u>Transform outpatients' services</u> <ul style="list-style-type: none"> Improve productivity through implementation of outpatients three year plan cross cutting themes/4Ward Improvement System Continued implementation of virtual patient management high impact changes (High Impact Changes 1-4) 	CDIO/COO/DDs	<ul style="list-style-type: none"> Outpatients productivity measures of success defined by end June 22 25% of outpatient appointments are virtual 5% of outpatient attendances discharged to Patient Initiated Follow Up 25% reduction in follow up appointments 	



			<ul style="list-style-type: none"> Increase in advice & guidance
COO	BEC2: flow and discharge		
	<u>Improve flow and discharge of patients</u> <ul style="list-style-type: none"> Implement the 4ward Improvement System Patient Flow Value stream Embed place Homefirst Worcestershire for urgent and emergency care Open Pathway Discharge Unit (PDU formerly CAU) 	COO/DOPs/DDs	<ul style="list-style-type: none"> Deliver top quartile performance for 21, 14 & 7 day length of stay by Mar 23 Average Length of Stay for admitted patients in top decile Emergency access standards met
	<u>Deliver strategic capital programmes to support delivery of care</u> <ul style="list-style-type: none"> Open our Urgent and Elective Care new build Commence preparatory work for theatres rebuild at Alexandra Hospital (provided Targeted Investment Fund bid is successful) Acute Service Review business case developments commenced Commission the surgical robotic service at Alexandra Hospital 	COO/DDs/Dir of Estates	<ul style="list-style-type: none"> Urgent and Emergency Care new build open by early 2023 Targeted Investment Fund bid approved Theatres outline business case submitted to Trust Board by July 22. NHSE/I approvals timescale to TBC; FBC submitted to Board Dec 22 Joint Investment Sub-Committee approval of ASR business case Sept 22 ASR developments commenced by Sept 22 Robot operational by Sept 22
CDIO	BEC3: Harness digital potential		
	<u>Deliver year three of our digital strategy</u> <ul style="list-style-type: none"> Implement Electronic Patient Record in line with plan Develop Digital Infrastructure Use the digital innovation programme to support new ways of working Implement the digital aspirant programme 	CDIO	<ul style="list-style-type: none"> Digital Care Record implemented in line with plan
CNO	BEC4: care that is safe and effective		
	<u>Quality & Patient Safety Strategy</u> Approve and implement Quality & Patient Safety priorities	CNO/CMO	<ul style="list-style-type: none"> Quality & Patient Safety Strategy submitted for approval to Board in July 22



			<ul style="list-style-type: none"> Harm reduction indicators (falls, ulcers, catheter Urinary Tract Infections, canula associated blood stream infections, Never Events) Reduced number of serious incidents
	<ul style="list-style-type: none"> Implement clinical standards for seven day hospital services and agreed Internal Professional Standards (IPC) consistent with HomeFirst principles 	CMO / DDs	<ul style="list-style-type: none"> 95% compliance with the 4 priority clinical standards by end Mar 23 100% compliance with Internal Professional Standards by end Mar 23
	<p><u>Maternity improvement plan</u></p> <ul style="list-style-type: none"> Review and deliver maternity improvement plan in light of the Ockenden Report 	CNO	<ul style="list-style-type: none"> Reviewed maternity improvement plan monitored throughout 22/23

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STRATEGIC OBJECTIVE THREE: <i>BEST PEOPLE</i>			
Outcome: our people are recruited, retained and developed so they have the right skills to provide high quality care and work with pride			
Exec Lead	Refreshed Improvement Priorities 2022/23	Exec Lead / Delivery Lead	Measure of success
DP&C	BP1: an empowered, well led workforce that delivers better outcomes and performance		
	<u>Devise workforce development infrastructure</u> <ul style="list-style-type: none"> Implement year 1 of the People & Culture Plan 2022 to 2025 <ul style="list-style-type: none"> Implement year 1 of 4ward phase two 2022 to 2025 Develop and implement the Leadership Behavioural Framework Implement the Talent Management Framework 	DP&C	By March 23: <ul style="list-style-type: none"> Acute Trust average for colleagues recommending the Trust as a place to work (pulse survey) Acute Trust average for staff engagement scores (from staff survey) Staff turnover below 11% Vacancy rates below 8% Staff absence (non-COVID) below 4.8%
	BP2: the right sized, cost-effective workforce that is organised for success		
	<u>Implement plans and systems to ensure workforce is organised for success</u> <ul style="list-style-type: none"> Prepare and implement 3 year strategic workforce plan 2022 to 2025 Agree and deliver Best People Programme Outcomes for 2022/23 <ul style="list-style-type: none"> Fully implement e-rostering for all clinical and medical staff groups Put team e-job planning in place for all specialties Implement annual leave management module for medical and nursing staff groups 	DP&C	<ul style="list-style-type: none"> Premium staffing costs reduced by 25% from 31st March 2022 baseline by Mar 23 Establishment control policy in place by end Aug 22 Reduction in cost per WTE from 31st March 2022 baseline by Mar 23
DP&C	BP3: a just, learning, and innovative culture built on respect for our people		
	<u>Develop organisational culture</u> <ul style="list-style-type: none"> Implement the Equality, Diversity and Inclusion 8 point plan Implement Behavioural Charter – phase 1 	DP&C	By March 23: <ul style="list-style-type: none"> Acute Trust average across all Workforce Race Equality Standards by Mar 23



	<ul style="list-style-type: none"> • Implement Early Resolution Framework and hub • Put in place a positive recruitment framework for bands 6 and above • Implement Health & Wellbeing Plan 2022 to 2025 – year 1 • Implement Flexible Working Plan 2022 to 2025 – year 1 		<ul style="list-style-type: none"> • Acute Trust average across all Workforce Disability Standards • 10% reduction in formal employee relations cases • Improvement in the reporting of bullying, harassment and victimisation incidents • All staff are aware of the behavioural charter and their roles and responsibilities in preventing and addressing incidents of bullying, harassment and victimisation
DP&C	BP4: a people function that is organised around the optimum employee journey		
	<p><u>Optimise support for workforce resilience and wellbeing</u></p> <ul style="list-style-type: none"> • Implement the 4Ward Improvement System recruitment process value stream • Put in place improved physical and on-line welfare facilities or all staff groups • Implement Fit for the future People & Culture Programme 2022 to 2025– year 1 • Embed Location by Vocation framework – year 2 	DP&C	<p>By March 23:</p> <ul style="list-style-type: none"> • Acute Trust average for time to hire(TBC)/ candidate experience • Reduction in length of time taken for HR casework from 127 days (average number of days to close) to <100 days • Location by Vocation implemented in line with milestone plan



STRATEGIC OBJECTIVE FOUR: BEST USE OF RESOURCES

Outcome: our trust is clinically and financially sustainable, increasing value to patients for every pound spent

Exec Lead	Refreshed Improvement Priorities 2022/23	Exec Lead / Delivery Lead	Measure of success
CFO	BUR1: drive for financial stability		
	<u>Improve key processes to reduce waste</u> <ul style="list-style-type: none"> Develop and deliver the 3 Year Plan (operational and financial), including targets to address drivers of the deficit Implement and monitor transformation and action plans associated with GiRFT at system and Trust levels (including acute elements of system plans for Trauma & Orthopaedics, Ophthalmology, Gynaecology, Urology, ENT and General Surgery Trust-level GiRFT remedial plan prioritisation, development and delivery) Negotiate contracts with our system partners that incentivise improving value to patients along the whole patient pathway Harness Section 106 contributions to mitigate impact population increase 	CFO / Deputy Directors of Finance/ DSP	<u>By end March 23:</u> <ul style="list-style-type: none"> Delivery of key financial improvement trajectories including reduction of the Model Hospital weighted activity unit and increase value, using benchmarking information to review performance against comparators Benchmarked performance is better than peers and owned by all Divisions Risk share & incentive framework in place across ICS / Place Successful Section 106 applications yield revenue as part of MTFP
COO	BUR2: Getting the basics right		
	<u>Improve data integrity/ownership</u> <ul style="list-style-type: none"> Embed the use of data for benchmarking and performance improvement which is both owned and driven by individual specialties 	COO / Director of Estates and Facilities	<ul style="list-style-type: none"> Dashboards rationalised to focus on core metrics that drive improvement in value to patients and reduction in health inequalities by end March 23
	<u>Enhance governance</u>	CFO/DSP	<ul style="list-style-type: none"> Accountability Framework in place with Divisions by Q2



	<ul style="list-style-type: none"> • Implement an Accountability & Incentive Framework to deliver the 3 Year Plan and foster greater ownership at Place/Divisional/Directorate level • Embed an organisational approach to benefits realisation • Reset business planning approach 		<ul style="list-style-type: none"> • Business cases / capital investment reflect impact on patient outcomes and Use of Resources • Revised business planning approach agreed by end Q2
	<p><u>Ensure capital investment drives value to patients</u></p> <ul style="list-style-type: none"> • Approve and implement an estates strategy for more efficient utilisation of Trust sites • Develop and implement a space utilisation strategy • Develop a Board approved Car Parking Strategy • Develop roadmap for handover of PFI 	<p>COO/ Dir of Estates/ CDIO</p>	<ul style="list-style-type: none"> • Estates Strategy submitted for approval by Sept 22 (depending on Aug F&P meeting) • Improve the ratio between clinical and non clinical space in accordance with Model Hospital benchmark data • Parking Strategy submitted for approval by Dec 22 • Opportunity from PFI handover identified and quantified

NB. *Whilst each goal and improvement priority has an executive lead, the wider executive team will be expected to provide appropriate support in line with our signature behaviours, collective leadership and the guiding principal of never knowingly allowing a colleague to fail.*