The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	The Governors' Council Meeting		
Meeting Date:	16 December 2021	**Agenda item:**	12
Report Title:	Business Planning 2022/23 and Draft Corporate Strategy year 3 priorities		
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Executive Sponsor:	Carly West-Burnham – Director of Strategy and Integration		

Implications

Link to key strategic objectives *[highlight which KSO(s) this recommendation aims to support]*

KSO1	KSO2	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	*Modernise hospital and estate*	*Staff engagement*	***Partnership working, clinical and financial sustainability***	*Healthy lives staff and patients*	*Investing in our staff*

Board assurance framework		
Significant risk register	No significant risks are aligned to SO4	
	Y/N	If Yes state impact/ implications and mitigation
Quality		
Legal and regulatory		
Financial		Achievement of a robust planning process is key for the organisation

Assurance route

Previously considered by:	Senior Leadership Team

Executive summary

Action required: *[highlight **one** in bold]*	Approval	**Information**	Discussion	Assurance	Review

Purpose of the report:	To update the Governors' Council on the plans and actions for business planning for 2022/23. To update the Governors' Council on the draft year 3 Corporate Strategy priorities which will be presented to the Board of Directors in the early New Year for approval.
Summary of Key issues:	**Business Planning** The business planning process is well underway for the financial year 22/23. It has been agreed that the Service Development Plans which were

	completed as part of the business planning round for this financial year (2021/22) will be used as the basis for business planning for 2022/23. The agreed template will provide structure to the business planning conversations ensuring that the key organisational priorities such as activity, demand and capacity, speciality redesign opportunities and supporting actions to deliver the agreed Strategic Objectives as outlined within the Corporate Strategy are considered. As part of the process, the Divisions are considering; any potential impact on clinical support and digital, future requirements for posts currently funded by special measures and future business cases. The risks to the achievement of completed plans by the agreed timescales are lack of engagement and/or time due to competing pressures across the Trust, however, it should be noted that there has been significant engagement and buy in from all areas of the Trust. A detailed business planning timescale has been drafted, which includes business case development and development of CIP plans. The Governors' Council is asked to note the financial context within which business planning is taking place this year. Recognising that 2022/23 will be challenging from a finance perspective, it is proposed that any investment made next year will need to be identified from within existing budgets / looking at transformational ways of working. Alongside this, CIP delivery is expected to be at ~ 3%. The detail of this is being worked through and specific specialty / service area targets will be defined by the finance team. **<u>Year 3 Corporate Strategy priorities</u>** Our Corporate Strategy includes six clear strategic objectives, each with Executive Director leads: **Quality** • To consistently provide safe and compassionate care for our patients and their families – Chief Nurse (S01) – Quality Committee • Modernising our Hospital (Estate, digital infrastructure, and medical equipment) to support the delivery of optimal care – Director of Finance (S02) - F&A Committee **Engagement** • Strengthening staff engagement to create an open culture with trust at the centre – Deputy CEO (S03) - People Committee

	• Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability – Director of Strategy (S04) – F&A Committee **Healthy Lives** • Supporting our patients to improve health and clinical outcomes – Medical Director (S05) - Quality Committee • Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care – Director of HR (S06) – People Committee Each of the overarching strategic objectives has a range of underpinning Key Performance Indicators (KPIs). Work has been undertaken to agree the priorities for year 3 of the Corporate Strategy, taking into account the current organisational and wider system context. A review of the responsible Executive Directors has also been undertaken. The draft priorities for each Strategic Objective for year 3 are included within the body of the report for information. These priorities will be presented to the Board of Directors for approval in early 2022.
Recommendation:	The Governors' Council is asked to note the update.
Acronyms	CELM – Chief Executive Leadership Meeting CIP – Cost Improvement Plan GIRFT - Getting It Right First Time ICS – Integrated Care System SWOT – Strengths, Weaknesses, Opportunities & Threats SLT – Senior Leadership Team

1. Introduction

This paper is to update the Governor's Council on the progress, timescales and agreed actions for a successful business planning process for 2022/23 alongside the draft Year 3 Corporate Strategy priorities.

Business Planning 22/23

2. Progress

The business planning process has commenced for the financial year 2022/23 and is being driven by a project group with key individuals from Finance, Workforce, the Operational teams and Performance and Information.

The Service Development Plan (SDP) which was used as the template for business planning for 2021/22 has been refreshed and is being updated by all specialty and corporate areas.

All specialty and corporate areas will have a completed Service Development Plan by 17 December 2021.

Specialty / service specific meetings are taking place to allow for discussion in the current context with a focus on:

- Workforce sustainability
- Increasing patient demand
- Innovation/digital technology
- System partners (ICS)
- Needs of patients
- Health inequalities
- Transformation plan
- Developing the team to have the Quality Improvement Skills Necessary

Detailed capacity and demand modelling is being undertaken led by the Performance and Information team, alongside sharing of the latest available Getting It Right First Time (GIRFT) and benchmarking recommendations.

NB – in the absence of clear 22/23 financial planning guidance (which it is anticipated will be published in December 2021), the business planning assumptions will be based upon the H2 planning guidance which was published in late September 2021. It is recognised that these may change for 2022/23 so there is an element of risk with this approach.

To support with the business planning process, HR and Finance Business Partners are robustly engaging with the Divisional and Corporate teams.

3. Considerations

Health Inequalities

Recognising the importance of proactively engaging with the wider system work on health inequalities, all divisional teams have received the latest available information on health inequalities within the West Norfolk locality. All specialties are being asked to take account of health inequalities in their planning.

Financial parameters

Recognising that 2022/23 will be challenging from a finance perspective, any investment next year will need to be identified from within existing budgets / looking at transformational ways of working

Cost Improvement Programmes (CIP) delivery is expected to be at ~ 3%. The detail of this is being worked through and specific specialty / service area targets to be defined by the finance team.

Posts that have been funded by special measures funding are being considered during the business planning process to ensure that a plan is in place for the continuation of these posts, where necessary.

Services are considering any potential business cases / service developments to plan for the agreed bi-yearly business case presentation.

Clinical Support Services

The impact of divisional business plans on Clinical Support Services must be considered by Medicine, Surgery and Women & Children.

Digital

The impact on Digital Services must be considered by each Division / Corporate area, within the modernisation section, when updating their SDPs, which will support with their planning for 2022/23. Recognising the pressures which the Digital team have been under to deliver this financial year, the initial Digital priorities have been identified as:

- E-Obs
- EPR preparation
- Replacement secondary data centre
- Chemo Prescribing
- Wristband replacement

The iRefer project is also under consideration.

4. Timescales, Engagement & Sign Off

On completion of the SDPs, as for this financial year, a confirm and challenge process for business planning will be implemented.
Speciality business plans will be signed off at Divisional Leadership Team level.

Following this sign off, it is anticipated that each clinical division will present their high level 22/23 plans for cross divisional and Executive oversight, scrutiny and confirm and challenge. A date is in the diary for this session on 20 January 2022.

Corporate Business Plans will be subject to review and sign off by the relevant Executive Director.

CIP planning and Year Three Corporate Strategy milestones are also being considered to inform Business Planning.

A slide pack will be developed to support the divisions/corporate areas which will present the following:

- SWOT analysis of the division/corporate area
- Service Priorities (Example: pathways, portfolios, system working, service improvements / redesign etc.)
- Workforce Priorities (Example: Skill mix review, succession planning, workforce redesign etc.)
- Investment Priorities (Business Cases for 22/23)

The finalised business plans (including all corporate areas) will be brought to SLT for sign off, along with the draft CIP plans in February 2022.

Finalised business cases will be brought to CELM and SLT in quarter 4, including final CIP plans.

Engagement with the Governors in relation to Business Planning will be key and it is proposed that this is done via the Governors' Council Business Committee – subject to agreement.

5. Risks

The risks to the delivery of business planning within the timescales remain as:

- Lack of engagement and/or time from the Divisional Teams due to competing pressures.
- The cancellation of triumvirate meetings due to Full Capacity Protocol.
- Lack of engagement and / or time from HR and Finance Business Partners due to competing pressures.
- In the absence of clear 22/23 financial planning guidance, the business planning assumptions will be based upon the H2 planning guidance which was published

in late September 2021. It is recognised that these may change for 2022/23 so there is an element of risk with this approach

<u>Year 3 Corporate Strategy priorities (draft)</u>

Quality

To consistently provide safe and compassionate care for our patients and their families – Chief Nurse (S01) – Quality Committee

SO1 - Proposed Exec Lead – Chief Nurse

- To demonstrate we are a learning organisation, consistently sharing learning from complaints, near misses, never events and incidents
    - To further improve phase 3 Duty of Candour in relation to sharing learning from SI investigations
    - To improve the closure of actions in relation to Serious Incidents
- To reduce complaints related to poor behaviours and attitude, poor communication, and discharge delays by a further TBC %
- To further improve patient experience by creating a customer services centre
- Year-on-year improvements to our patient survey and satisfaction scores
- To progress on our journey towards CQC 'Good' – with a lighter touch recovery support programme in place that supports continued investment in key areas such as culture and organisational development, information, digital, and project management team resource
- Improving the timeliness of access to emergency care
- Maximise elective activity and eliminate waits of over 104 weeks taking full advantage of opportunities to transform the delivery of services
- Restore full access to cancer services

Modernising our Hospital (Estate, digital infrastructure, and medical equipment) to support the delivery of optimal care – Director of Finance (S02) - F&A Committee

SO2 – Proposed Exec Lead – Deputy CEO

- To develop an integrated 3-year Digital and Data/Information Strategy
- To further improve the Trust's digital maturity – including implementation and embedding of:
    - E-Observations and E-bed management
    - Chemo Prescribing
    - Wristband replacement
- To work with partners on the preparation for the implementation of a system-wide Electronic Patient Record
- To further invest in clinical digital leadership – including a CCIO, CNIO and Chief Operational Information Officer
- To strengthen the Project Management Office Team further, with two key areas of focus:
    1. Improvement priorities (including digital)
    2. Financial improvement
- To move forward the New Hospital programme, including mobilising the right infrastructure to deliver (see below)
- To set up an estates Project Management Office to ensure appropriate oversight of all major strategic estate's projects, including the new hospital programme, RAAC and Diagnostic and Assessment Centre

- RAAC Year 2 business case implementation to maximise the safety of the Trust's current estate
- Progress the Diagnostic and Assessment Centre to Full Business Case stage
- Focus on delivery of capital spend including managed equipment and backlog maintenance
- To deliver a number of key strategic estates projects including:
  - Opening a new £3m West Norfolk Eye Centre
  - Expanding the Emergency Department

Engagement

Strengthening staff engagement to create an open culture with trust at the centre – Deputy CEO (S03) - People Committee

SO3 – Proposed Exec Lead – Director of People

- To be above average in all areas of the staff survey, and in the top third for staff engagement, morale, and staff wellbeing
- To aim for a >60% response rate to the staff survey
- To embed kindness, wellness, and fairness as the Trust's new values
- To launch phase 3 of the Trust's Culture Transformation programme
- To implement customer services training for all front of house staff
- A focus on culture improvements in maternity, radiology, and ophthalmology
- Embed our ambition to be an NHS exemplar in relation to Equality, Diversity, and Inclusion (EDI)
- To introduce and embed a Wellbeing passport for the benefit of our staff
- To implement the new Integrated Staff Wellbeing service
- To introduce and embed a trust wide Staying Well at Work programme

Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability – Director of Strategy (S04) – F&A Committee

SO4 – Proposed Exec Lead – Director of Strategy and Integration

- Meaningfully engage with ICS partners within West Norfolk, Cambridgeshire and Peterborough and South Lincolnshire to further develop relationships and delivery of integrated care
- Implementation of the agreed steps to move towards a Group Model with the three acute Trusts within Norfolk and Waveney to deliver acute provider collaboration
- Development of an acute clinical strategy across QEH / NNUH and JPUH fully informed by the Trust's Clinical Strategy
- Lead on the delivery of Place-Based Care for the benefit of our local population
- Ensure delivery of key organisational actions to support the system movement from System Oversight Framework segment 4
- Focus on continued organisational financial improvement relating to delivery, systems, and processes
- Support delivery of the agreed system-wide 2022/23 financial plan including delivery of a robust and sustainable CIP programme
- Continued engagement and delivery of consolidation and collaboration across the system for key areas including Procurement, Digital and Finance

Healthy Lives

Supporting our patients to improve health and clinical outcomes – Medical Director (S05) - Quality Committee

SO5 - Proposed Exec Lead – Medical Director

- Working with system partners to ensure that population health management techniques are used to address health inequalities
- Management of the clinical harm review process aligned with delivery of the elective programme
- To become a smoke-free site
- To focus on mortality and learning from deaths – embedding the learning from Covid-19
- Further improving care of older people, developing pathways of care for Frailty
- Embedding research and education delivery within the organisation

Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care – Director of HR (S06) – People Committee

SO6 – Proposed Exec Lead – Director of Patient Safety

- To further increase capability across the organisation, with a minimum of 50% of staff completing quality improvement training by year-end
- To create a Quality Improvement Team which will drive our continuous improvement, increase QI capabilities Trust-wide and house our safety faculty
- For all staff who complete QI training to lead an improvement project – no matter how small to support the development of a culture of continuous improvement
- To set up a QEH QSIR/QI training academy
- Working with Norfolk and Waveney health and care partners on a new Quality Management System to deliver system-wide improvements in priority
- To create a QEH safety faculty to maximise learning and sharing of learning Trust-wide
- To focus on improving the benefits of the appraisal process, aligned with development of an organisational personal leadership development programme focused on
  1 – Relationships
  2 - Teamships
  3 - Performance Management