Agenda Item 14

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Jon Green, CEO	Decision	√	High	Med	Low
	Discussion	√	√		
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic	√			
	Operational				
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
			Strategy development to Board and Governors' Council		
CQC Domain: (safe, caring, effective, responsive, well-led)	Well-Led				

Meeting Date: **25 September 2018**

Report Title: **Corporate Strategy 2018 - 2023**

PURPOSE:

To invite the Board to approve the Corporate Strategy 2018 - 2013

SUMMARY:

The Trust's draft Corporate Strategy 2018-2023 bring together the work the Board has already undertaken and agreed on in respect of the:

- Vision
- Strategic Priorities
- Strategic Objectives
- Values and Behaviours
- STP Plan
- Staff and Governor (patient / public) consultation
- The Accountability Framework
- Organisational Development
- Quality Improvement

The strategic objectives assimilate the Trust's work to align with the the quality improvement plan, required to address the inspection findings of the CQC in April – June 2018 and the Trust's financial recovery and efficiency plans.

Next Steps

Following approval of the Corporate Strategy, the executive team will:

- Disseminate the Corporate Strategy throughout the Trust
- Articulate the principal risks to the delivery of the strategic objectives (BAF)
- Finalise the supporting strategies e.g. Quality Strategy

- Distil the annual strategic objectives for 2018/19
- Identify specific actions and timeframes to drive the delivery of the objectives
- Reflect the strategic objectives in team and individual objectives
- Report to the Board, the Governors' Council, the staff and the public on progress in delivering the Corporate Strategy
- Keep the Corporate Strategy under annual review

RISK ASSESSMENT:

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√	√	√	√	√	√

RECOMMENDATION/S:

The Board is invited to approve the Corporate Strategy.

Report

The Trust's Corporate Strategy was presented for consideration and approval at the public Board meeting in September 2018, following a period of development and stakeholder consultation in respect of the Trust's Vision, Corporate Priorities, Strategic Objectives and Values & Behaviours, all of which have previously been presented to the Board and its committees as appropriate.

The Board Assurance Framework provides a structure and process that enables the organisation to focus on those risks that might compromise achieving its most import objectives and to map both the key controls that should be in place to manage these objectives and confirm that the Board has gained sufficient assurance about the effectiveness of these controls.

The Board now needs to consider and agree the principal risks to the delivery of the recently revised strategic objectives and these will become the basis of the revised Board Assurance Framework (BAF).

The Trust's strategic objectives are intended to support the trust in achieving its aspirations, as set out in the Trust's Vision.

Trust's Vision:

'To deliver high quality, patient centred, integrated care for our community'

- Our **PATIENTS** must be at the 'centre' of our strategic aspirations and planning
- Our success in delivering high quality services for our patients relies on our **STAFF**
- The Queen Elizabeth Hospital is a highly valued part of the **COMMUNITY** it serves (a community where most of our staff and patients also live)
- We must work with **COMMUNITY** partners to realise our vision to "deliver high quality, patient centred, integrated care for our community"

Strategic Objectives:

To deliver high quality, patient centred, integrated care for our community, we will:

1. Provide care that is safe and supported
2. Give our patients the best possible outcomes – involving and explaining effectively
3. Provide a patient experience we can be proud of
4. Sustain safe births and supported childhoods
5. Strengthen our community's wellbeing throughout life
6. Support our patients to age with dignity
7. Optimise out use of resources
8. Recruit and retain high calibre staff – and develop potential
9. Innovate and harness technologies

The draft principal risks set out below for discussion, have been aligned with the key elements of the Trust's Vision – 'Staff', 'Patients' and 'Community' and the strategic objectives.

Draft Principal Risks to the delivery of the Trust's Strategic Objectives

Principal Risk	Causes	Effects
1. The Trust is unable to establish and maintain an appropriate workforce to support the delivery of its objectives, with failures of: • Leadership • Engagement • Capacity • Capability	• Ineffective leadership/management practices at all levels • Inability to attract high calibre staff • Recruitment process fails to secure desired candidates • Poor reputation • West Norfolk not promoted effectively as a desirable place to live • Agency cap impact on Trust's ability to secure high calibre temp. medical staff • Suboptimal education / training / development offerings to recognised hi-potential staff • Political developments erode pipeline of overseas appointments • Poor recognition / reward practices • Failure to 'listen' to and act on staff feedback	• Poor staff satisfaction feedback • Inability to recruit / retain high calibre staff • Resistance to change • Increased turnover • Low staff morale and motivation • High sickness absence rates • Sub-optimal skill mix • Errors and near-misses • Undesirable behaviours • Loss of credibility with HEEoE and other regulators and resulting sanctions • Poor performance • Poor adherence to standards • Poor compliance with policy and procedures

Principal Risk	Causes	Effects
2. Patients may receive sub-optimal care / treatment, with failures in • Outcomes • Safety • Experience	• Inconsistent compliance with standards and policy • Inappropriate skills mix / capacity • Ineffective training • Ineffective leadership • Poor communication with patients and carers • Failures in documentation and record keeping • Lack of patient involvement / choice • Sub-optimal pathways • Poor flow through the organisation • Very high demand for services • Lack of community capacity / social care • Failure to assimilate learning	• Higher rates of avoidable deaths • Patient harm • Increasing incidence of Infection outbreaks • Poor patient outcomes • Poor patient satisfaction • Increased number of SIs / Never Events • Poor regulatory inspection outcomes & regulatory intervention • Adverse media coverage / reputational damage • Poor patient flow • DTOCs and people being cared for in an inappropriate environment • Delayed treatment • Highly pressured working environment for staff

Principal Risk	Causes	Effects
3. The Trust becomes unsustainable financially and/or clinically, failing to: • Deliver its financial plans • Deliver productivity and efficiencies • Transform services for the benefit of our patients	• Failure to develop effective strategic partnerships • Political and regulatory influence/pressure • Predatory behaviours in strategic partnerships • Board failure to be entrepreneurial / nimble • Board / Trust failure to engage positively with strategic partners • Suggested service provision models fail to assimilate the Trust's geographical position and patient footprint • QE failure to manage financial, quality and or operational performance delivery • Failure to develop technologies • Trust's financial and quality position make it a 'weak' partner	• Poor STP 'deal' for Trust and its patients • Some patients receive sub-optimal service offerings • Loss of services - resulting in further erosion of Trust sustainability • Loss of trust sovereignty and autonomy • Reputational damage – trust identified as a technological 'laggard' • Financial regulatory intervention

Next Steps

The Board is invited to consider and contribute to the 'straw man' principal risks to the delivery of the strategic objectives.

Once the principal risks are agreed, the next steps for presentation to Board in November 2018, will be as follows (definitions in Appendix 1):

- Identify controls and sources of assurance against each risk
- Identify positive and negative assurances and mitigating actions
- Develop for Board discussion a target risk score / RAG rating for each risk, using the National Patient Safety Agency (NPSA) methodology
- Develop for Board discussion a preliminary residual risk rating for each risk
- Offer for Board discussion the risk appetite for each risk

BAF Definitions

Principal risks - *"Those risks that if realised could fundamentally affect the way in which the Trust exists or provides services in the next one to three years. These risks should they occur will have a detrimental effect on the achievement of one, some or all of the Trust's strategic objectives. The risk realisation will lead to material failure, loss or lost opportunity."*

Key Control- *What controls / systems do we have in place to assist in securing delivery of our objective?*

"The ongoing policies, procedures, practices and organisational structures designed to provide reasonable assurance that objectives will be achieved and that undesired events will be prevented or detected and corrected" Ref: DoH, Building the Assurance Framework – a Practical Guide for NHS Boards

Gaps in control - *Where are we failing to put controls / systems in place and where are we failing in making them effective?*

Sources of Assurance - *Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective? (Management Checks, Internal Audit, Clinical Audit, CQC assessments, External Audit, Local Counter Fraud Services, NHSLA, other reviews)*

Gaps in assurance - *Where are we failing to gain evidence that our controls / systems, on which we place reliance, are effective?*

Positive assurances / **Negative Assurances -** *What evidence do we have that shows we are (**or are not**) reasonably managing the risks to the delivery of our objectives? Are our objectives being delivered?*

Target Risk - *What residual risk level is acceptable? – risk tolerance*

Previous Residual risk - *What residual risk was reported at the last BAF review?*

Current Residual risk - *What residual risk score remains when current controls and mitigations are in place?*

Risk Appetite - *The amount and type of risk that the Trust is willing to take to meet its strategic objectives.*

Actions / Target Date

What actions are in hand or planned to address the gaps in controls or assurance?
What is the timeframe?

Executive Lead / Monitoring Committee

Who is responsible for ensuring actions are delivered?