

UHB 2020/21 Strategy Implementation Plan

Strategic objective	Deliverables	Delivery date	Owner	Main assurance group	Reference	Key indicators	
Strategic theme 1: Clinical Service Planning Across Sites							
Strategic theme 2: Standardise High Quality Care							
Strategic theme 3: Non-clinical Support Services							
1	Increase alignment of corporate and clinical services across UHB	Continue to embed and implement a new operational divisional structure, focussing on: <ul style="list-style-type: none"> Increasing autonomy and ownership for triumvirate leadership teams, moving to devolved authority across the divisions Establishing a new division 7 for out of hospital care, including community services and primary care Review of corporate functions to ensure they are better embedded within / provide support to the divisions. 	Quarters 1-4	ALL	CEAG	1.1	<p>Corporate:</p> <ul style="list-style-type: none"> Harmonised corporate processes aligned to operational requirements across trust Optimal corporate support service structure to support new divisional structure Single access policy across the Trust <p>Staff:</p> <ul style="list-style-type: none"> Staff engagement levels Increased ease and flexibility to work across sites Appropriate support, education and training to realise benefits of new divisional structure Managers to have single views of financial and operational performance across their departments.
		Continue to align corporate processes across two legacy Trust systems, including: <ul style="list-style-type: none"> Work to implement a new financial ledger (implementation planned for July 2021) Review and consolidate HR processes across QE and HGS to better support recruiting managers and work towards staff self-serve within ESR Rationalise and align supporting financial systems (e.g. Finance Tools, Data Exchange, Allocate, ESR) Align and standardise operational performance reporting systems and processes. 	Quarters 1-4	CFO CWIO	Finance Systems Steering Committee COOG	1.2	<p>Patient:</p> <ul style="list-style-type: none"> Patient-reported outcomes Friends and family test
2	Eliminate unwarranted variation in services for patients through aligning and standardising pathways and service delivery	Implement a complete redesign of the emergency pathway to ensure care is delivered in the most appropriate setting for each patient.	Quarters 1-4	COO	COOG	2.1	<p>Corporate:</p> <ul style="list-style-type: none"> Trajectories for performance standards
		Continue to rollout the Cancer Improvement Academy, supporting 10 cancer pathways to deliver faster, standardised services (and to support the delivery of the 28 Faster Diagnosis Standard).	Quarters 1-4	CTO	COOG	2.2	<p>Staff:</p> <ul style="list-style-type: none"> Improved staff engagement through improved ways for working and working environment <p>Patient:</p> <ul style="list-style-type: none"> More timely access to services and improved outcomes

3	Provide the highest quality of care to patients through a comprehensive quality improvement programme	Continue to develop our approach to quality improvement across the trust, with a particular focus on delivering six Trust-wide quality improvement priorities: <ul style="list-style-type: none"> Reducing the number of and severity of Trust-acquired pressure ulcers Improving patient experience and satisfaction, with a focus on two key areas: nutrition and hydration and pain control in Emergency Departments (EDs) Timely and complete observations, with a focus on timely administration of pain relief Reducing missed doses of medication, with a focus on reducing missed non-antibiotics, consecutive missed doses and high risk medicines Reducing the number of falls and associated harm; to align Datix across all sites and set challenging internal targets Timely treatment for sepsis, with a focus on the identification, screening and treatment of sepsis in inpatients and EDs 	Quarters 1-4	ECN	CQC	3.1	<p>Corporate</p> <ul style="list-style-type: none"> External audit of quality indicators Compliments/compliments and patient survey responses Reduction in missed doses <p>Staff</p> <ul style="list-style-type: none"> Access to relevant quality indicators in easily accessible formats Increased opportunities to participate in QI initiatives <p>Patient</p> <ul style="list-style-type: none"> Reduction in Trust-acquired pressure ulcers Timely and complete observations and pain management Reduction in falls and associated harm Timely treatment of sepsis
		Improve the quality information available to frontline staff, including: <ul style="list-style-type: none"> Continue to develop and roll-out quality indicators for different types of assessment area Review and implement revised ward-level quality indicators via the Clinical Dashboard Work with clinical staff to develop specialty and sub-specialty level quality indicators to facilitate benchmarking of performance 	Quarters 1-4	DQD	CQMG	3.2	
		Develop an implement a ward-based quality improvement programme.	Quarters 1-4	ECN	CQC	3.3	
		4	Meet regulatory requirements and operational performance standards, in line with agreed trajectories	Implement recommendations from CQC inspection, and prepare for forthcoming further inspections	Quarters 1-4	ECN DCA	
Deliver first phase implementation of UK Accreditation Service across Heartlands, Good Hope & Solihull Hospitals for: <ul style="list-style-type: none"> GI Physiology Vascular Science Lung Function 	Quarters 1-4	COO	CQMG CQG DCAGG	4.2			
Deliver second phase of UK Accreditation Service implementation to begin across Heartlands, Good hope & Solihull Hospitals for: <ul style="list-style-type: none"> Radiology Physiological Services(Cardiac, Sleep and Neuro) Diagnostics Imaging Audiology Urodynamics 	Quarter 1- 4	COO	COOG	4.3			
Implement reporting for new clinical standards for A&E, cancer and RTT as they are finalised.	Quarters 1-4	DSQD	COOG	4.4			

Strategic theme 4: Digital and Technological Transformation

5	Empower patients to have control over their care, data and referral pathways through a Digital First approach	Continue to explore strategic partnership opportunities with Babylon, BT and other commercial organisations to deliver digital systems and pathways to ensure that only patients who have a clinical need attend the Trust's sites.	Quarters 1-4	CMO DCEO	DHG TOG	5.1	<p>Corporate:</p> <ul style="list-style-type: none"> • Avoid up to a third of face-to-face outpatient attendances over the next five years (in line with the NHS long term plan) • Reduce footfall to acute sites • Increasing proportion of meetings over video conference <p>Staff:</p> <ul style="list-style-type: none"> • Enhanced support for remote consultations • Increased opportunities to transform model of care through digital technologies and interfaces <p>Patient:</p> <ul style="list-style-type: none"> • Increased proportion of consultations/clinical advice at home, in primary care or in a care/residential setting • Reduced waiting times • Access to consultations in the home environment • Friends and family test / reported patient satisfaction with new model of care
		Deliver an embedded application video platform to allow remote consultation with patients to support and reduce the number of patients attending our ED departments and outpatient appointments.	Quarters 1	CMO CTO	DHG TOG	5.2	
		Progressively roll out electronic appointment letters to patients (25% by Quarter 4) and develop a similar plan for clinical letters.	Quarters 1-4	CMO	DHG	5.3	
		Deliver a comprehensive programme for digital reporting technologies, including: <ul style="list-style-type: none"> • Re-design ophthalmology workflow using AI • Explore the use of AI technologies in mammography and dermatology 	Quarters 1-4	CTO	TOG CRAIG	5.4	
		Deliver the next phase of connected ambulances and care homes: <ul style="list-style-type: none"> • Expanding the pilot across WMAS • Linking up care homes with OPAL 	Quarters 1-4	COHC	TOG	5.5	
		Implementation of new technology to community staff to facilitate the integration of community and primary care services enabling the sharing of patient data/staff activity in real time: <ul style="list-style-type: none"> • Pilot and roll-out of laptops and smart phones to a group of 15 pilot users • Complete roll out to 240-280 (exact number being finalised) staff members to go live by August 2020. 	Quarter 1-2	COHC	HOPDG SOSG	5.6	

6	Transition IT services to ensure all parts of UHB can access optimal clinical IT solutions	Implement and embed Oceano PAS in line with agreed timetable to: • Good Hope, Heartlands and Solihull hospitals (Quarters 1-2). In conjunction with PAS implementation roll out of the following systems across all sites(Quarter 1-3): • Somerset Cancer Register • Optims outpatient information system • Electronic Referral Handling Application • Winscribe	Quarters 1-3	CMO	DHG	6.1	<p>Corporate:</p> <ul style="list-style-type: none"> • Single, unified IT systems used across trust • Standardised system and ways of working across all sites • Improved data transparency and quality • Proliferation of clinical dashboards and performance management tools utilised as part of embedded practice in all operational and clinical teams <p>Staff:</p>
		Implement and embed PICS in line with agreed timescales to: • Critical Care at Heartlands, Good Hope Hospital (Quarter 1-2) Solihull Hospitals (Quarters 1-4) • Ward Order Comms & Blood Transfusion within PICS at QEHB (Quarters 1-4)	Quarter 1-4	CMO	DHG	6.2	<p>Staff:</p> <ul style="list-style-type: none"> • Technology that gives them access to timely clinical and non-clinical information and supports them to make the best clinical decisions. • Standardised ways of working • Standardised training and induction model • Transferable skills across specialties and sites • Improved collaboration as same information is available across all sites
		Scope the implementation of Clinical Portal at Good Hope, Heartlands and Solihull hospitals	Quarters 1-4	CMO	DHG	6.3	<p>Patients:</p> <ul style="list-style-type: none"> • Have access to the same clinical expertise wherever in the Trust wherever they present.
		Complete roll out of Windows 10 across all desktop PCs.	Quarter 1-3	CMO		6.4	<p>Patients:</p> <ul style="list-style-type: none"> • Ability to conform with Accessible Information Standard • Patients' choices and preferences can be stored and responded to appropriately • Reduction in error; consistent booking and scheduling systems used across all sites
7	Achieve the highest standards in cybersecurity	Achieve Cyber Essentials plus accreditation	Quarter 1-3	CMO	DHG IGG	7.1	<p>Corporate:</p> <ul style="list-style-type: none"> • Enhanced identification of and response to unauthorised access to network • Improved information governance compliance <p>Staff:</p> <ul style="list-style-type: none"> • Security of personal information is enhanced <p>Patients:</p> <ul style="list-style-type: none"> • Security of personal information is enhanced

Strategic theme 5: Make Best Use of All Resources

8	Use our resources as efficiently as possible	Deliver a comprehensive financial improvement programme, including: <ul style="list-style-type: none"> • Staff engagement programme, through the delivery of the Good Ideas Count programme • Embedding productivity and efficiency benchmarking across the organisation, supported by dedicated HED resources 	Quarters 1-4	COO CFO	Monthly Divisional Finance Meetings	8.1	<p>Corporate:</p> <ul style="list-style-type: none"> • CQC/NHSI use of resources assessment • Reduction in agency expenditure • Increased proportion of bank staff (as a share of overall temporary staffing costs) • Performance standards (length of stay, readmissions, theatre utilisation) • Reduction in outliers, as identified by the model hospital • Energy and waste consumption <p>Staff:</p> <ul style="list-style-type: none"> • Resources and tools to identify efficiency opportunities • Increased awareness of sustainability initiatives
		Continue to implement our agency reduction programme, focussing on: <ul style="list-style-type: none"> • Better control, management and planning of temporary staff • Areas with hard to fill vacancies, converting agency to bank • Areas with junior doctor vacancies, converting agency to ACPs/PAs where appropriate 	Quarters 1-4	CFO COO	Temporary Workforce Control Meetings / Monthly Divisional Finance Meetings / Trustwide Finance Meeting / Improving Value Group	8.2	
		Promote, engage and educate patients and staff on sustainability across the organisation through: <ul style="list-style-type: none"> • Launch of the new Sustainability Strategy and implementation plan • Adoption of renewable energy contracts across our sites • Reduce of business travel across our sites and demand for car parking and single occupancy travel. • Reduce single use plastics across the Trust • Staff campaigns and awareness activities 	Quarters 1-4	CIO	CEAG	8.3	
9	Invest in our estates and capital infrastructure to provide high quality facilities for patients and minimise under-utilised clinical space	Commence construction of ACAD in line with agreed schedule.	From Quarter 1	CFO EDHTCD	ACAD Steering Group CEAG	9.1	<p>Corporate:</p> <ul style="list-style-type: none"> • Capital projects delivered to budget and time • Increased proportion of sites used for clinical work <p>Staff:</p> <ul style="list-style-type: none"> • Access to modern facilities • Opportunities to work in different settings <p>Patients:</p> <ul style="list-style-type: none"> • Access to modern facilities • Reduction in waiting times
		Progress development of Specialist Hospital Facility (SHF) by negotiating and agreeing Service Level Agreements for provision of services by the Trust to HCA.	From Quarter 1	CFO	IC	9.2	
		Develop proposals to create a dedicated transplant centre at QEHB (timescale dependent on charity funding)	From Quarter 1	CTO	CEAG	9.3	
10	Transform the model of care to ensure patients are seen in the right settings and to move lower acuity care off acute/specialist sites	Develop service strategy and implementation plan for community diagnostics, focussed on the following first-phase locations: <ul style="list-style-type: none"> - Birmingham New Street Station - University Station - Longbridge - Transfer of phlebotomy services out of hospital 	Quarters 1-4	CTO	TOG	10.1	<p>Corporate:</p> <ul style="list-style-type: none"> • Identification of available additional acute / community capacity • Improved operational performance • Recognised as working in partnerships with primary care, social care and other NHS providers <p>Staff:</p> <ul style="list-style-type: none"> • Mobile workforce • Access to digital technologies <p>Patients:</p> <ul style="list-style-type: none"> • Friends and family test • Patient feedback

Strategic theme 6: Develop and support our workforce

11	Optimise workforce supply to ensure sufficient staff and roles to meet patient demand	Deliver a new approach to flexible working, including rolling out of homeworking at scale to A&C staff and incorporating flexible working principles in the design of roles.	Quarters 1-4	CWIO	TWG	11.1	Corporate: <ul style="list-style-type: none"> • Faster recruitment, from WAF to job start • Improved staff retention • Reduced staff sickness • Uptake of IFP • Finalised agreements with international education providers • 15% of A&C staff working from home • Improved workforce data quality Staff: <ul style="list-style-type: none"> • Timely start date and processes for recruitment • Workforce retention rate • Faster return to work once staff are ready • Staff experience of recruitment processes • Access to timely and accurate HR data for managers and staff
		Develop a programme for the retention of staff in the first two years of their employment including adopting a segmented approach to induction that supports the transition for staff new to the NHS and for those new to the acute sector.	Quarters 1-4	CWIO	TWG	11.2	
		Reduce reported staff sickness through a holistic approach to management of absence and improvement of attendance including, culture reviews and targeted health support, underpinned by redesign of the Occupational Health service to offer earlier interventions to enable staff to remain at work or return sooner to work.	Quarters 1-4	CWIO	TWG	11.3	
		Offer a start-to-end recruitment service across the trust, including the procurement of a new onboarding system, enabling mass recruitment for similar roles and streamlining recruitment processes.	Quarters 1-4	CWIO	TWG	11.4	
		Optimise workforce planning to ensure we understand the workforce required to deliver the Trust's strategy and better link in to the STP.	Quarters 1-4	CWIO	TWG	11.5	
		Continue to support the recruitment and retention of the international workforce through: <ul style="list-style-type: none"> • Developing and delivering the International Fellowship Programme (IFP) by expanding the number of overseas partners to support delivery • The development and roll-out of a specific Emergency Medicine Fellowship Programme • Continuing to develop and operate residency and fellowship training programmes for the Kingdom of Saudi Arabia and exploring other opportunities in the Middle East. 	Quarters 1-4	CWIO	SWG MWG	11.6	

12	Provide high quality education and training to support a highly skilled and effective current and future workforce	Support the expansion of undergraduate medical students through the provision of clinical placements for Aston Medical School; implement operating model ready for the first cohort in May 2021.	Quarters 1-3	CIO	TWG	12.1	Corporate: <ul style="list-style-type: none"> • Apprenticeship spend • Uptake of the School of Nursing offer • Compliance with mandatory training Staff: <ul style="list-style-type: none"> • Experience and engagement of students and learners • Improved experience for internal transfers and new recruits • Improved experience of mandatory training
		Implement a phased introduction of the UHB School of Nursing, Allied Health Professions and Midwifery starting with: <ul style="list-style-type: none"> • Moving towards commissioning the education and training numbers UHB requires • An improved offer for all learners and newly qualified registrants • Closer collaboration with our Higher Education partners. 	Quarters 1-4	CIO	TWG	12.2	
		Maximising the Apprenticeships Levy, through: <ul style="list-style-type: none"> • Supporting more local people in to NHS opportunities • Engage with our partners across Birmingham and Solihull to maximise UHB's contribution to specific STP workstreams i.e. the Careers Hub • Continue to maximise the use of the apprenticeship levy to support upskilling new and existing staff and to support skills gaps at UHB. 	Quarters 1-4	CIO	TWG	12.3	
		Work with Divisions to continue to improve the overall junior doctor education, training and experience at UHB through: improving access to training, education and supervision, an increased focus on health and wellbeing with specific reference work life balance through better rostering and leave management, improving overall communication and engagement across this workforce.	Quarters 1-4	CIO	TWG	12.4	
		Streamline and improve accessibility of mandatory education and training through better use of digitalisation and passporting.	Quarters 1-3	CIO	TWG	12.5	
13	Promote inclusion, health and wellbeing and diversity	Design and deliver health & wellbeing initiatives to support positive staff engagement, with a particular focus on: <ul style="list-style-type: none"> • Adopting a new Health & Wellbeing Strategy • Development of the 'Heath Check for All' platform using Babylon technology which will allow all UHB staff to monitor their own health and wellbeing . 	Quarters 1-4	ECN	IHWGS	13.1	Corporate: <ul style="list-style-type: none"> • Stonewall's Workforce Equality Index • Workforce Race Equality Standard (WRES) • Workforce Disability Quality Standard (WDES) • Equality Delivery System (EDS) • Sickness absence rates • Uptake of appraisals Staff: <ul style="list-style-type: none"> • Staff survey results • Improved site access across the Trust • Attendance of training and staff networks
		Continue to promote diversity and inclusion across the organisation through: <ul style="list-style-type: none"> • The established staff networks and training programmes. • Launch and embed the new three year Inclusion Strategy to create an inclusive culture across the Trust focusing on: <ul style="list-style-type: none"> • Improvement of staff knowledge, skills and confidence through Snr/Middle manger training programmes • Promote a practical and inclusive culture giving greater opportunities for priority groups including BAME and Disability staff /patients. 	Quarters 1-4	ECN	IHWGS	13.2	

14	Embed a comprehensive leadership development programme across the Trust	Roll out additional cohorts of 'Defined by our people' leadership development programme	Quarters 1-4	CWIO	TWG	14.1	Corporate <ul style="list-style-type: none"> Number of leaders participating in leadership development programme Attendance rates at leadership lectures Uptake of mentoring/coaching opportunities Staff <ul style="list-style-type: none"> Improved training opportunities Increased opportunities for mentoring/coaching
		Identify and commission training for priority groups, including: <ul style="list-style-type: none"> Team/ward leaders Clinical Service Leads Aspiring General Managers 	Quarters 1-4	CWIO	TWG	14.2	
		Provide opportunities for leadership development for all levels of the organisation, including through the delivery of: <ul style="list-style-type: none"> Monthly leadership lectures Careers development platform Mentoring platform 	Quarters 1-4	CWIO	TWG	14.3	
Strategic theme 7: Work with our partners							
15	Align clinical and corporate service planning across other providers within the BSOL STP to improve integration for patients	Continue to work with our partners to support the emerging development of an Integrated Care System for Birmingham and Solihull	Quarters 1-4	COHC DSQD	BSOL STP CEO Board	15.1	Corporate: <ul style="list-style-type: none"> Clear lines of accountability and decision making across BSOL Aligned video technology functionality across BSOL NHS STP partners Patients: <ul style="list-style-type: none"> Avoidable admissions Increased continuity of care Economic impact
		Work as a digital entity across the BSOL integrated care system to deliver shared priorities, including: <ul style="list-style-type: none"> Integration of Maternity dataset into the Your Care Connected Primary Care Information Exchange and the Mental Health Electronic Patient viewer platforms by December 2020. Implementation of a shared care record partial dataset delivery by December 2020, full implementation December 2021. Readiness for consolidation of video technologies by December 2021. Readiness for a centralised cyber workforce by Q4, with a virtual workforce in place by December 2021. 	Quarters 3-4	CMO DSQD	BSOL STP Digital Enablement Group BSOL STP CEO Board	15.2	
		Embed the early intervention programme across Birmingham, for bedded and non-bedded care for intermediate care across the city	Quarters 1-4	COHC	STP Board	15.3	
16	Work with international partners to develop health care services and forward UHB's reputation	Continue to monitor developments through Innovating Global Health China and agree the pursuit of suitable opportunities.	Quarters 1-4	CWIO	IC	16.1	Corporate <ul style="list-style-type: none"> New opportunities are identified and taken forward Reduced medical vacancies
		Explore opportunities in the Kingdom of Saudi Arabia to develop the infrastructure to support medical and non medical training and consultancy projects.	Quarters 1-4	CWIO	IC	16.2	

Strategic theme 8: Research and innovation							
17	Maximise the opportunities for research and innovation across the whole Trust	Address pathway gaps by expanding treatment options widening opportunities for patients on as many sites as possible.	Quarters 1-4	CIO	SRIG	17.1	Corporate • Increase diversification of research & innovation portfolio to include for eg clinical trials: usability studies: AI trials: Health Data Research studies • Alignment of research and innovation priorities across the organisation • Increase the number of patients recruited to Phase1a/2 cancer trials by 10%. • Additional research fellows • Grant income • Number of trials • Better linkages between research and innovation priorities and operational priorities
		Establish partnership with Sarah Cannon Research UK.	Quarters 1-4	CIO	SRIG	17.2	
		Explore the option to tender to form a Genomic Medicine Alliance	Quarters 1-4	CIO	SRIG	17.3	
18	Standardise research and development processes across the Trust	Develop and implement an Innovation Strategy to support delivery of the Trust Strategy. Continue to align processes across the Trust by: <ul style="list-style-type: none"> • Implementing a single software platform across the Trust for research management and governance • Using the single system to report outcomes • Continuing to review SOPs and align these where possible. 	Quarters 1-4	CIO	SRIG	18.1	Corporate: • Alignment of research and innovation priorities across the organisation
19	Increase research and innovation activities associated with artificial intelligence	Deliver the PIONEER and INSIGHT systems to: <ul style="list-style-type: none"> • Create health data research hubs for acute care and Ophthalmology; build a service model that allows them to be used for service evaluation, clinical audit and research hypothesis generation whilst also providing an income stream. • Support Artificial Intelligence development and explore opportunities for the provision of anonymised data to support regulatory approval. 	Quarters 1-4	CIO	SRIG	19.1	Corporate: • UHB recognised as having leading AI capabilities • Trust seen as an early adopter Staff: • Opportunities to work in leading edge technologies Patient: • Participation in research studies
Strategic theme 9: Emergency preparedness							
20	Review and revise business continuity planning across our sites	Develop fit for purpose/robust business continuity planning templates incorporating speciality level plans, tailored in line with each areas specific requirements, taking into account different systems, sites and interlinking priorities.	Quarters 1-4	DCA	SEPSG	20.1	Corporate: • Resilient plan and processes • Compliance with statutory requirements and Core Standards Staff • Awareness and access to appropriate educational and training resources

Key

Owners:

COO	Chief Operating Officer
CFO	Chief Financial Officer
ECN	Executive Chief Nurse
CIO	Chief Innovation Officer
CTO	Chief Transformation Officer
CWIO	Chief Workforce & International Officer
CMO	Chief Medical Officer
DSQD	Director of Strategy & Quality Development
DCA	Director of Corporate Affairs
Dcomms	Director of Communications
COHC	Chief Officer for Out of Hospital Care
DCEO	Deputy Chief Executive

Assurance Groups:

BHA	Birmingham Hospitals Alliance
BHP	Birmingham Health Partners
CEAG	Chief Executive's Advisory Group
COOG	Chief Operating Officer's Group
COG	Commercial Opportunities Group
CQG	Care Quality Group
DRM	Divisional Rectification Meeting (Heartlands, Good Hope, Solihull)
CQMG	Clinical Quality Monitoring Group
DCAGG	Director of Corporate Affairs Governance Group
DHG	Digital Healthcare Group
FIG	Financial Improvement Group (QEHB)
HOPDG	Healthcare for Older People Delivery Group
IC	Investment Committee
IHWGS	Inclusion, Health & Wellbeing Strategic Group
LSCB	Logistics and Supply Chain Board
SEPSG	Strategic Emergency Preparedness Steering Group
SOSG	Strategic Operations Steering Group
SRIG	Strategic Research & Innovation Group
SWG	Strategic Workforce Group
TOG	Transformation Oversight Group