

UHB 2021/22 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	Continue to align corporate and clinical services across UHB	Continue to embed and implement a more devolved form of authority for divisional management: • Develop and implement a plan for Informatics support for the divisions • Review the Scheme of Delegation and Standard Financial Instructions	Q1-4	ALL	CEAG	1.1	Corporate: <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 Staff: <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
		Move towards single enterprise resource planning (ERP) system including ledger / fixed asset register tidy up and focussed blueprinting for the new system specification	Q1-4	CFO CWIO	ERP Steering Committee Business Systems Board Corporate CEAG	1.2	
		Complete migration of domain so there is unified access to all IT systems	Q1	CDO	DHG	1.3	
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.	Q1-4	COO	COOG	2.1	Corporate: <ul style="list-style-type: none"> • Trajectories for performance standards Staff: <ul style="list-style-type: none"> • Improved staff engagement through improved ways for working and working environment
		Develop a cross-Birmingham approach to capacity to ensure that sufficient capacity is available to reduce the elective backlog.	Q1-4	COO	COOG /ODG	2.2	
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 Trust-wide quality improvement priorities	Q1-4	ECN	CQC	3.1	Corporate <ul style="list-style-type: none"> • External audit of quality indicators • Compliments/compliments and patient survey responses • Reduction in missed doses Staff <ul style="list-style-type: none"> • Access to relevant quality indicators in easily accessible formats • Increased opportunities to participate in QI initiatives Patient <ul style="list-style-type: none"> • Reduction in Trust-acquired pressure ulcers • Timely and complete observations and pain
		Approve and implement the Trust wide Quality Improvement Strategy	Q1-4	CMO	CQMG	3.2	
		Roll-out ward based quality indicators via the Clinical Dashboard in line with the PICS roll-out	Q1-4	DQD	CQMG	3.3	
		Improve patient experience through: Implementation of the Patient Experience Strategy Undertaking a quality improvement project on discharge Establishing Divisional patient experience groups	Q1-4	ECN	CQG	3.4	

4	Meet regulatory requirements and operational performance standards, in line with agreed trajectories	Work to reduce the elective backlog and ensure patients are treated in line with national guidance and clinical prioritisation	Q1-4	COO	COOG	4.1	Corporate: <ul style="list-style-type: none"> NHSI Single Oversight Framework Outcome of CQC inspection / rating Trajectories for performance standards Patient: <ul style="list-style-type: none"> Waiting times for diagnosis / treatment Increased confidence in externally accredited services
		Implement recommendations from CQC inspection, and prepare for forthcoming further inspections	Q1-4	ECN DCA	CLOGG	4.2	
		Embed processes to ensure that there is an appropriate governance framework for mandatory accreditations and licences across the Trust	Q1-4	CLO	CLOGG	4.3	
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	Deliver a BSol Shared Care Record for direct care and to support population health management (PHM)	Q1-4	CDO	BSOL ICS CEO Board	5.1	Corporate: <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 Staff: <ul style="list-style-type: none"> Enhanced support for remote consultations Increased opportunities to transform model of care through digital technologies and interfaces
		Deliver a West Midlands Shared Care Record (UHB leading on connectivity between 6 West Midlands STPS shared care records) for direct care and to support population health management (PHM)	Q2	CDO	BSOL ICS Digital Enablement Group BSOL STP CEO Board	5.2	
		Lead on Architectural Design for an ICS and data standards (<i>as part of the wider shared care records programme</i>) and the use of NHS Login for citizen facing applications	Q1-2	CDO	STP Board	5.3	
6	Transition IT services to ensure all parts of UHB can access optimal clinical IT solutions	Roll out PICS across the whole Trust beginning with Heartlands medical wards and with the majority of specialties in place by December 2021	Q1-3	CDO	DHG	6.1	Corporate: <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 Staff: <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
		Roll out Winscribe electronic transcription across Heartlands, Good Hope and Solihull	Q1-2	CDO	DHG	6.2	
		Implement Oceano ED system across all the Trust's Emergency Departments in November 2021	Q1-3	CDO	DHG	6.3	
		Further develop Clinical Portal including: <ul style="list-style-type: none"> Undertaking gap analysis of Concerto functionality to allow this to be re-provided before Concerto is decommissioned Integration of the Health Information Exchange (HIE) Rebuilding of the video component to integrate the DrDoctor platform 	Q1-4	CDO	DHG	6.4	
		Complete roll out of Windows 10 across all desktop PCs	Q1	CDO	DHG	6.5	

7	Achieve the highest standards in cybersecurity	Implement the recommendations of the DynApp report on cybersecurity	Q1-4	CDO	DHG IGG	7.1	Corporate: • Enhanced identification of and response to unauthorised access to network • Improved information governance compliance
		Appoint a Chief Cybersecurity Officer to support the aim of a centralised cyber service for the STP	Q1-2	CDO	ICS Board	7.2	
Strategic theme 5: Make Best Use of All Resources							
8	Use our resources as efficiently as possible	Identify a firm recurrent baseline for 2021/22 following the pandemic and ensuring financial controls and CIP delivery is in place and understood	Q1-4	CFO	Trustwide Monthly Finance Meetings Divisional Monthly Finance Meetings	8.1	Corporate: • CQC/NHSI use of resources assessment • Reduction in agency expenditure • Increased proportion of bank staff (as a share of
		Move towards ICS system working within revised financial frameworks whilst maintaining the Trust's financial position and governance processes	Q1-4	CFO	CEAG Board of Directors STP CFOs STP Operational FDs	8.2	
9	Work sustainably to set a positive example for our staff, patients and the community	Appoint and embed a Sustainability Lead and Travel co-ordinator to lead on key projects including: • Reducing business travel across our sites by implementing initiatives to support staff to choose alternative transport options • Identify clinical leads and ward ambassadors to champion sustainability across care pathways • Engagement Action Plan focusing on staff campaigns and awareness activities	Q1-4	CIO	CEAG	9.1	Corporate : • Energy and waste • Reduction in outliers, as identified by the model hospital consumption • Greener NHS Programme Staff: • Resources and tools to identify efficiency opportunities • Increased awareness of sustainability initiatives
		Recruit and embed Energy and Sustainability Manager	Q1-4	CIO	CEAG	9.2	
		Introduce Heartlands Hospital Energy Performance Contract maximising use of £14.4m of Public Sector Decarbonisation Scheme grant funding	Q1-4	CIO	CEAG	9.3	
		Complete a review of the Trusts Green Action Plan to identify gaps in commitments versus the NHS England paper "Delivering a 'Net Zero' National Health Service and propose actions to close these	Q1-4	CIO	CEAG	9.4	

10	Invest in our estates and capital infrastructure to provide high quality facilities for patients	Deliver ACAD project to allow handover by September 2022	Q1-4	CFO	ACAD Steering Group CEAG	10.1	Corporate: <ul style="list-style-type: none"> Capital projects delivered to budget and time Increased proportion of sites used for clinical work Staff: <ul style="list-style-type: none"> Access to modern facilities Opportunities to work in different settings
		Deliver additional theatre capacity at Solihull Hospital to contribute to backlog reduction.	Q1-2	CFO	COOG	10.2	
		Finalise SLAs relating to the Specialist Hospital Facility (SHF) with HCA to allow it to open in late 2022	From Q1	CFO	IC	10.3	
11	Transform the model of care through the implementation of the SMART programme	Smart Access: <ul style="list-style-type: none"> • Closer working and the creation of integrated pathways with primary care • Creation of a single digital front door to care services • Digitally connecting early intervention programme through an "Ask Opal" service 	Q1-4	DCEO	TOG	11.1	Corporate: <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 Staff: <ul style="list-style-type: none"> Mobile workforce Access to digital technologies Patients: <ul style="list-style-type: none"> Friends and family test Patient feedback
		Smart Diagnostics: <ul style="list-style-type: none"> • Breast screening artificial intelligence • Skin cancer pathway using Artificial intelligence and telemedicine • Creation of a range of community diagnostic hubs 	Q1-4	DCEO	TOG	11.2	
		Smart Support: <ul style="list-style-type: none"> • COVID-19 Phase 2 outpatients; triage, advice & guidance, partial booking and outpatient capacity • Video consultations • Dynamic patient led outpatient appointment booking • Trust wide rules based care navigation, remote monitoring and protocolised care pathways 	Q1-4	DCEO	TOG	11.3	

Strategic theme 6: Develop and support our workforce

12	Optimise workforce supply to ensure sufficient staff and roles to meet patient demand	Continue to support flexible working and homeworking; incorporating flexible working principles in the design of roles.	Q1-4	CWIO	TWG	12.1	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 offer to attract and develop a diverse workforce through: <ul style="list-style-type: none"> • Easier application process/less qualification led • How we train managers/ process to appoint without bias Revise Job Evaluation scheme to become organisationally determined rather than nationally which will support: <ul style="list-style-type: none"> • Attracting and retaining staff • How we reward and progress staff 	Q1-4	CWIO	TWG	12.2	
		Continue to reduce reported staff sickness especially in high reported areas (musculoskeletal/mental health) focusing on wellness rather than the illness ; taking a more proactive approach to managing staff as well as those that remain in work. Continue redesign of the Occupational Health with a focus on Long COVID symptoms and how we support staff	Q1-4	CWIO	TWG	12.3	
		Continue to optimise workforce planning with a new focus on restoration and recovery in light of COVID-19	Q1-4	CWIO	TWG	12.4	
		Revise the grievance and disciplinary process focusing on behavioural change and resolution as a way forward using the resolution framework	Q1-4	CWIO	TWG	12.5	
		Offer inclusive and Dynamic Career Opportunities by: <ul style="list-style-type: none"> • Developing the reach of UHB as an anchor organisation to support new opportunities in areas of deprivation and reducing inequality. 'Growing for the future' through talent pipelines, routes into employment and apprenticeships. • Creating and sustaining workforce resilience – defining the CPD training, clinical academic and education offer and opportunities for accreditation 	Q1-4	CIO	TWG	12.6	
		Continue the development of residency and fellowship training programmes with international partners(including in partnership with HEE) - exploring opportunities for additional countries and supply to other NHS organisations	Q1-4	CWIO	SWG MWG	12.7	

13	Provide high quality education and training to support a highly skilled and effective current and future workforce	Create an innovative and responsive Learning Culture through: <ul style="list-style-type: none"> developing and designing a digital strategy (digital, simulation and immersive technology) and implementation plan, working to transform the current architecture and delivery models for undergraduate and postgraduate education For existing and new educator roles, addressing skills gaps in digital technologies for learning and teaching, both through educational programmes and adoption of new technologies 	Q1-3	CIO	TWG	13.1	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
		Develop a Highly Skilled and Effective Workforce by: <ul style="list-style-type: none"> Increasing placement capacity in line with the NHS Plan, expanding the number of nurses, midwives, AHPs and other staff to improve the supply over the course of the long term Revolutionising learner feedback, to gauge different attributes of learning and teaching in practise, which impact on learner support retention and progression Refining the health and wellbeing offer for undergraduates, postgraduates and the wider education portfolio. Targeted support to reskill educators including coaching and mentoring, peripatetic and outreach education 	Q1-4	CIO	TWG	13.2	
14	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 a health & wellbeing passport which includes direction and support for staff wellbeing Developing the mental health support skills of our line managers A focus on the rebuild of the mental health of our workforce 	Q1-4	ECN	IHWGS	14.1	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: Improvement of staff knowledge, skills and confidence through line manager training programmes Promoting a practical and inclusive culture giving greater opportunities for priority characteristics Promoting a fair culture at UHB through the work of the Fairness Taskforce 	Q1-4	ECN	IHWGS	14.2	

15	Embed a comprehensive leadership development programme across the Trust	Support first line leaders throughout the Trust through the delivery of the Building Healthier Teams programme.	Q1-4	CWIO	TWG	15.1	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
		Continue to 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/ Reciprocal mentoring 	Q1-4	CWIO	TWG	15.2	
Strategic theme 7: Work with our partners							
16	Align clinical and corporate service planning across the BSOL ICS to improve integration for patients	Develop the approach for working as a system within revised financial frameworks whilst maintaining the Trust's financial position and governance processes	Q1-4	CFO	ICS Board	16.1	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
		Procure a unified telephony service for the ICS allowing efficiency savings through one supplier on one network across the ICS	Q1-Q3	CDO	BSOL ICS CEO Board	16.2	
		Lead the delivery of Care Home Digitisation projects including implementation of: <ul style="list-style-type: none"> NHS Mail into care homes Platform for MDTs Platform for Education & Training To enable closer joined up care between LA , Provider Organisations and Primary Care	Q1-2	CDO	BSOL ICS CEO Board	16.3	
		Pilot Digital skills Framework called Skills for the Information Age (SFIA) Tool to support consistent job descriptions and training across digital staff, working to similar standards across skills and abilities	Q1-3	CDO	BSOL ICS CEO Board	16.4	
17	Work with international partners to develop health care services and forward UHB's reputation	Explore opportunities with international partners to develop the infrastructure to support medical and non-medical training and consultancy projects	Q1-4	CWIO	IC	17.1	Corporate <ul style="list-style-type: none"> New opportunities are identified and taken forward Reduced medical vacancies
Strategic theme 8: Research and innovation							
18	Maximise the opportunities for research and innovation across the whole Trust during COVID-19 recovery	Address pathway gaps by expanding treatment options widening opportunities for patients on as many sites as possible. Continue Covid Portfolio with a focus on vaccine trials from phase 1 to 3.	Q1-4	CIO	SRIG	18.1	Corporate •Increase diversification of research & innovat
		Non-COVID Portfolio: Continue to develop the cell and gene therapy offer through the Midlands and Wales ATTC	Q1-4	CIO	SRIG	18.2	
		Build portfolio of Phase 1 and Phase 2a studies for trials and commercial opportunities	Q1-4	CIO	SRIG	18.3	
		Explore the option to tender to form a Genomic Medicine Alliance	Q1-4	CIO	SRIG	18.4	
		Develop and implement an Innovation Strategy to support delivery of the Trust Strategy	Q1-4	CIO	SRIG	18.5	

19	Increase research and innovation activities associated with artificial intelligence	Continue to deliver PIONEER and INSIGHT to:	Q1-4	CIO	SRIG	19.1	Corporate: <ul style="list-style-type: none"> • UHB recognised as having leading AI capabilities • Trust seen as an early adopter Staff: <ul style="list-style-type: none"> • Opportunities to work in leading edge technologies Patient: <ul style="list-style-type: none"> • Participation in research studies
		<ul style="list-style-type: none"> • Creation of health care data assets • Create sustainable business models to support delivery 	Q1-4	CIO	SRIG	19.2	
		Scale and develop health data research assets that are UHB specific Support Artificial Intelligence development and explore opportunities for the provision of anonymised data to support regulatory approval. <ul style="list-style-type: none"> • To develop the framework for structure of pre up to CE markings activity in R,D & I • Align and develop the IT infrastructure to support this delivery on site: Building TRE?(Microsoft building on UHB a version of their InnerEye TRE like that at Cambridge) allow us to feed and run information across our data in the TRE • Build our grant portfolio to utilise our infrastructure for health care data research and AI development and validation 	Q1-4	CIO	SRIG	19.3	
		Continue to explore and implement ISO14385 Accreditation at UHB for medical device regulation	Q1-4	CIO	SRIG	19.4	
Strategic theme 9: Emergency preparedness							
20	Review and revise pandemic, emergency and business continuity planning across our sites	Conduct a lessons learned review of the COVID-19 pandemic to identify additional actions to prepare for any future pandemic.	Q1-4	CLO	SEPSG	20.1	Corporate: <ul style="list-style-type: none"> • Resilient plan and processes • Compliance with statutory requirements and Core Standards Staff <ul style="list-style-type: none"> • Awareness and access to appropriate educational and training resources
		Continue to align and develop fit for purpose and robust business continuity planning templates implementing following: <ul style="list-style-type: none"> • Further 3 service areas planned for pilot (those under least pressure due to COVID-19) to continue learning • Completion guide to be finalised to support the template • Roll out from May 2021 on a divisional basis 	Q1-4	CLO	SEPSG	20.2	

Key		Assurance Groups:	
Owners:			
COO	Chief Operating Officer	CEAG	Chief Executive's Advisory Group
CFO	Chief Financial Officer	COOG	Chief Operating Officer's Group
ECN	Executive Chief Nurse	COG	Commercial Opportunities Group
CIO	Chief Innovation Officer	CQG	Care Quality Group
CTO	Chief Transformation Officer	DRM	Divisional Rectification Meeting (Heartlands, Good Hope, Solihull)
CWIO	Chief Workforce & International Officer	CQMG	Clinical Quality Monitoring Group
CMO	Chief Medical Officer	CLOGG	Chief Legal Officer Governance Group
DSQD	Director of Strategy & Quality Development	DHG	Digital Healthcare Group
CLO	Chief Legal Officer	FIG	Financial Improvement Group (QEHB)
Dcomms	Director of Communications	HOPDG	Healthcare for Older People Delivery Group
COHC	Chief Officer for Out of Hospital Care	IC	Investment Committee
DCEO	Deputy Chief Executive	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

