

Report Title:	The Trust's Five-Year Strategy		
Sponsoring Executive:	Richard Beeken, Chief Executive		
Report Author:	Dave Baker, Director of Partnerships and Innovation, Meggan Jarvis, Head of Innovation		
Meeting:	Trust Board (Public)	Date	2 nd February 2022

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

Our Clinical Leadership Executive (CLE) received a first draft of Our Trust Strategy for the next five years in September 2021. Since then, it has been refined and simplified through discussions with 670 identified line managers, the Clinical Groups, the Executive and with the Board through a Private Board Session and a Board Development session focussed on the Board Assurance Framework. On 25 January 2022 it was approved by the CLE.

The Board is asked to approve the 5-year Trust Strategy, which has had a revision to the use of language as well as a reduction in document size, since our Private Board session on it last month.

Once approved, we can focus on its dissemination and ultimately its delivery. This includes:

- How the strategy will be socialised with our People, Patients, Population and Partners with the development of a 'pocket size' or poster version for ease of understanding;
- A planning exercise to create the detail against the flagship programmes with input from the Groups;
- Building the Trust committee's assurance process and agendas around those programmes and their intended outputs/outcomes.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients		Our People		Our Population	
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	X

3. Previous consideration *[where has this paper been previously discussed?]*

Earlier Versions (CLE, Executive, Private Board), CLE

4. Recommendation(s)

The Trust Board is asked to:

- a. APPROVE** the Trust Strategy

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register					
Board Assurance Framework					
Equality Impact Assessment	Is this required?	Y		N	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	If 'Y' date completed

Sandwell & West Birmingham Hospitals NHS Trust

Our Trust Strategy

2022-2027

Our Trust Strategy

Background

At the heart of our 2015 to 2020 strategy, we wanted to be the best integrated care organisation in the NHS.

In that time, we have made huge strides working together on areas such as end of life care, specialised care when leaving hospital (complex discharge) and, of course, vaccination. In 2020, we integrated with a General Practice group, Your Health Partnership, meaning that we now hold direct responsibility for primary, community and secondary care needs for 10% of our population.

Our efforts to implement seamless and best value, quality care across the Black Country and West Birmingham have been supported by changes in national policy. 2022 will see the introduction of Integrated Care Systems (ICS), Place Based Partnerships (PBP) and Provider Collaboratives (PC). These policies formalise how and where partnership working can assist in the delivery of our strategic objectives.

Our vision for 2020 focused on the development of our new hospital, now named the Midland Metropolitan University Hospital (MMUH). It has been a challenging construction journey, but we move closer each day to opening its doors. MMUH will offer maternity, children's and inpatient adult services to half a million people in a state of the art facility. MMUH's location in Smethwick leads the way in social and economic regeneration for our communities, supporting a better quality of life. MMUH presents a once in a generation opportunity to transform care delivery and our workforce.

Within and beyond the walls of our new hospital, we are transforming how we deliver care. We have already implemented our new electronic patient record, Unity. Our next five years will see more investment into Community Care as part of our big picture approach to delivering care, known as the Acute Care Model, as well as more investment into our own Clinical Research to benefit our local population.

However, we still have a long way to go if we are to build an organisation that achieves our aspirations. We remain rated as "Requires Improvement" by the Care Quality Commission, who regulate health and care services. For staff and patient satisfaction we are in the bottom 25% of all NHS Trusts.

Our five year strategy is set in the context of:

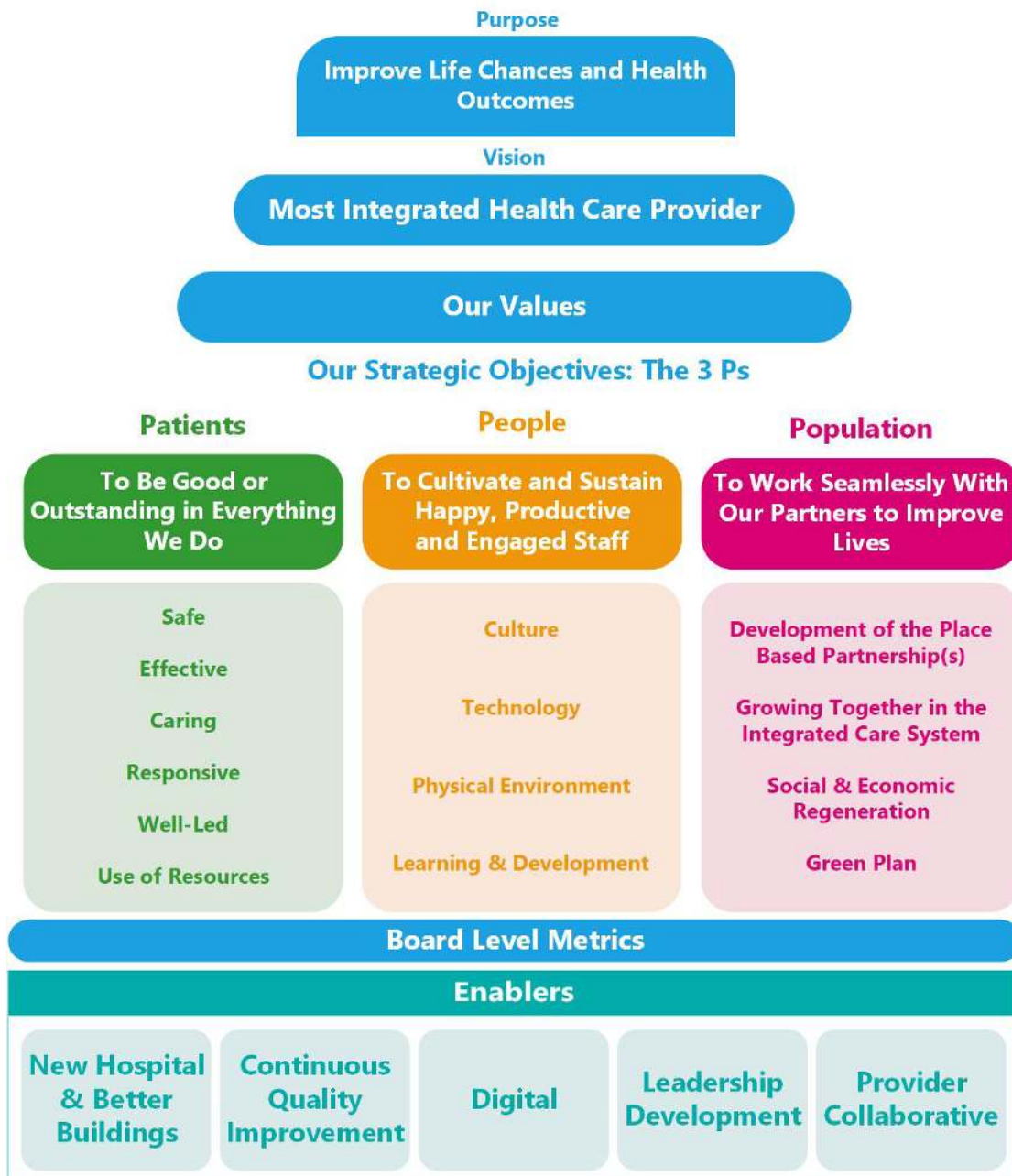
- completing and opening a new hospital with both supply chain and workforce challenges;
- meeting the changing demands of COVID including vaccination;
- recovery and restoration of our services, in particular our planned care waiting lists;
- worsening health in our population, exacerbated further through inequalities;
- a workforce that is burnt-out and suffering physical and mental health impacts of COVID;
- integrating with other organisations in our region; and

- finite resources in a health system that requires end to end transformation.

As the world around us continues to change we must stay focussed on why we do what we do, how we conduct ourselves, and what we want to deliver.

Strategic Framework

To deliver our strategy we need to be clear about five areas: purpose, vision, values, strategic objectives and board level metrics. These five fundamentals are underpinned by five 'enablers' – the areas that will help to support achievement of our strategy: our new hospital and better buildings; continuous quality improvement, improved use of digital; leadership development; and our provider collaborative. These are visualised in the diagram below.



Purpose

Our Trust has always aspired to be more than a hospital. In fact, we have always aspired to be more than a healthcare provider.

Our vision has been to become renowned as the best integrated care organisation in the NHS. This is because we have always believed that by working seamlessly with our population, our people, and our partners we could **“Improve the Life Chances and Health Outcomes of our Population”**. This is our purpose.

Vision

Our Vision is retained with one small amendment from “best” to **“most”** integrated care organisation in the NHS”. This small change responds to feedback received and helps it to be read as being collaborative rather than competitive.

Our vision remains underpinned by the 2013 National Voices definition for person-centred coordinated care:

“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me”

Values

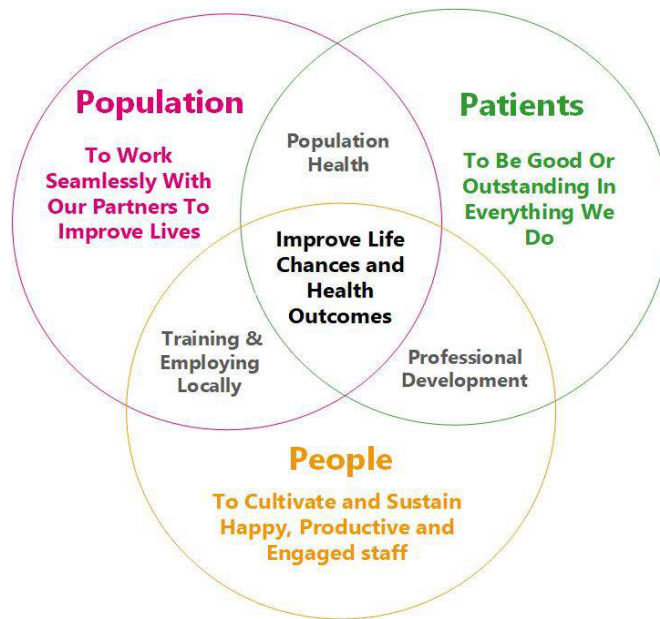
Since 2009 the Trust lived by nine care standards, or promises, developed by frontline staff. In Spring 2022, we will consult with our People, our Patients, our Population and our Partners and agree a new set of values that reflect our inclusive, collaborative and compassionate community. These will be practiced through a new behavioural framework which will be fundamental to who we are, who we recruit, how we work and how we treat those that we work with and care for.

Strategic Objectives

Over the next five years we will have three strategic objectives:

1. Our **P**eople – to cultivate and sustain happy, productive and engaged staff
2. Our **P**atients – to be good or outstanding in everything we do
3. Our **P**opulation – to work seamlessly with our partners to improve lives

In setting our strategic objectives we have considered how they are linked together. We must deliver improvements in all three objectives if we are to be successful in delivering our purpose. This is shown in the diagram below.



Our People

Delivering great care starts with great people; people who are happy, productive and engaged in their work. Our staff survey results tell us that we must do better as an organisation in creating a workplace where people can thrive.

Over the next five years, we will improve staff experience to be in the top 25% of NHS Trusts through four means: culture, technology, physical environment, and learning and development.



Growing our culture together is a key part of improving staff experience, and we will focus on six domains to do this.

- **Physical Safety** – Our staff feel free from physical harm during their daily work and are assured that the right measures are in place to protect them;
- **Psychological Safety** – Our staff feel free to express thoughts and feelings about work and speak up about how things could be better without fear of negative consequences;
- **Equity** – Our staff can truly be themselves, are treated fairly, and are given the right support to meet their individual needs;

- **Camaraderie** – We nurture trusting relationships and community at work so that wherever we work, we feel like a team;
- **Choice** – Our staff feel that they have choice and flexibility in their daily lives and the way in which things are done;
- Staff find **Meaning** in their work and feel that what they do makes a difference.

These domains have been formulated through best practice within healthcare and aligned to the NHS staff survey. We will develop these domains so they are felt by every member of staff in their journey with us from recruitment to retirement, and practiced every day through our Values and Behavioural Framework.

In addition to culture, we will strive to make our technology easy for our people, patients and population to use and in MMUH and across all sites, we will develop work spaces that our staff are proud of.

In developing our strategy, we have heard how passionate staff are to develop, and to support their colleagues to grow too. Learning and development will be another key part of the People Plan and the Fundamentals of Care programme. The construction of a learning campus on our MMUH site will see further investment in developing our People and our Population.

Our Patients

We want to deliver better care to our patients. This means being seen in a timely and convenient way, feeling respected and listened to, and achieving the best clinical outcome possible for the best value. Over the next five years, we want to take our focus back to basics and get the fundamentals of care right for **every** patient.

We are commencing a new care improvement programme across the Trust. The Fundamentals of Care programme will bring together our Doctors, our Nurses and Allied Health Professionals and our Operational Leaders in a joint improvement programme for the first time. Fundamentals of Care is a Trust-wide initiative; it will empower our five Clinical Groups to work on what issues matter most to their patients and staff, supported by our Corporate Group. The Fundamentals of Care Programme has six components:

- **Quality and Safety** including quality assurance and improvement across Safe, Caring, Effective and Responsive domains.
- **Shared Patient Involvement and Insight**, which develops person and population focused care including advocacy, co-production and experience.
- **Shared Leadership and Governance** to develop and embed inclusive leadership at all levels, including the creation of shared decision making committees.
- **Safe and Skilled Workforce** looks at the '3 R's' of Recruitment, Retention and Resilience to ensure we have appropriate staff with the right skills to care for our patients.
- **Education, Development and Growth** will create a 'University on the floor' with development pathways for all professions through the Fundamentals of Care Academy.

- **Compassionate Community** develops recovery and restoration in our workforce including wellbeing, teamwork, belonging and meaning.



Together with the Clinical Groups we will set priority metrics so that we can see if we are improving in each part of our business. Our work with our teams and patients will be underpinned by our focus at Board level to become recognised as being Well-Led.

The end goal will be a Good or Outstanding CQC rating across the five domains and in all areas of the Trust along with patient experience scores in the top 25% of NHS Trusts.

In addition to the Fundamentals of Care and Well Led Programmes, our Better Value, Quality Care Programme will explore how we can deliver care that uses our resources effectively and ensures that we are financially sustainable.

Our Population

Throughout the last 20 years, life expectancy in the population we serve has remained lower than the national average. As an organisation with primary, secondary and community care services, we are in a unique position to affect the health of our Population.

Over the next five years, there are two areas of focus in our Population strategic objective: seamless care, and health and wealth.



Seamless Care

2022 sees policy change in the way the health and care sector is structured. This means that we are encouraged to collaborate more with other partners in health and care so that we can deliver services in a more seamless and impactful way. The policy creates three formal collaborative groups:

- The Place Based Partnership (PBP) which affects communities at a Town and Neighbourhood level;
- The Provider Collaborative (PC), which brings together the Black Country hospital Trusts into a peer network.
- The Integrated Care System (ICS), which coordinates system working across the Black Country.

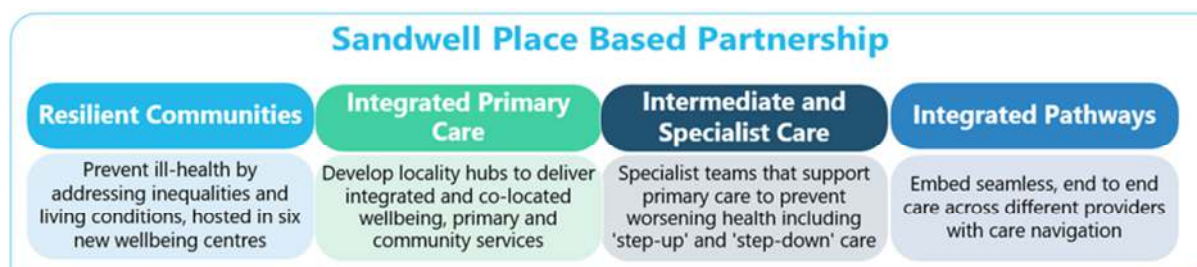
At Place level (town and neighbourhood), the focus is upon managing demand more effectively by providing better support in community and primary care. At a System level (Black Country), focus is upon solving inequalities in service capacity and workforce challenges through collaboration.

We are the host organisation for Sandwell PBP as part of our ICS which covers the Black Country. We also participate in the Ladywood and Perry Barr PBP in West Birmingham, which will become part of the Birmingham and Solihull ICS.

These Groups will be focus on delivering four national ‘purposes’:

1. Improving Population Health and Healthcare
2. Tackling Unequal Outcomes and Access
3. Enhancing Productivity and Value for Money
4. Supporting Social and Economic Development

Working closer with other providers will bring many benefits to our People, Patients and Population. The **Sandwell Place Based Partnership** will focus on four areas shown below in driving seamless and holistic care in our community.



As we work with partners to improve life chances and health outcomes we will monitor our rate of improvement as well as how we compare to other systems like us.

Health & Wealth

Research tells us that the care that healthcare organisations give only accounts for [up to 25% of health outcomes](#), and other factors such as living and working conditions have a greater impact. As a large organisation that will always be rooted in Sandwell and West Birmingham, we have purchasing and employing power. We can choose to spend our budget and employ locally, which will positively impact our community and its economy. This is known as being an ‘**Anchor Institution**’. Over the next five years, we will use our economic power locally to positively affect the lives of our population.

The development of our new hospital, Midland Metropolitan University Hospital (MMUH), is a great example of how we are using our organisational power as a force for community good.

Environmental issues such as global warming and air quality also affect the quality of life in our communities. Our award winning sustainability team have developed a new Green Plan which will tackle our impact on our environment as part of the national NHS objective to deliver net zero emissions by 2040.

Board Level Metrics

In 2021/22, we started the journey to make our way of measuring and managing our performance simpler and more focused. The first step has seen us reduce the volume of targets we monitor at Board Level by 80% to focus on the top 25 metrics which matter the most, known as our 'Board Level Metrics'.

We have made sure to align these to national requirements such as the Care Quality Commission and national targets, as well as local targets that we need to improve. We have adopted Statistical Process Control (SPC) charts to monitor if we are making a meaningful difference and we benchmark our performance against other NHS Trusts.

Enablers

Our strategy is underpinned by five 'enablers' – the areas that will help us to deliver it. These are: our new hospital and better buildings; continuous quality improvement, improved use of digital; leadership development; and our provider collaborative.

Midland Metropolitan University Hospital (MMUH) and Better Buildings

The single biggest change to our organisation in the next five years will be the opening of our new hospital, Midland Metropolitan University Hospital (MMUH). MMUH is a once in a generation opportunity to transform care delivery and our workforce.

MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

- Patients**
 - Transformed Acute Care Model
 - Smart Hospital Design & Equipment
 - 50% Single & En-suite Rooms
 - Increased Frailty Capacity
 - 7 Day Senior Decision Making
- People**
 - One Team for Emergency & Acute care
 - Partnered with Universities to Develop Our People
 - Flexible & Remote Working
 - Simulation & Virtual Learning Environments
- Population**
 - Regeneration of Smethwick & Ladywood
 - More Green Spaces and Public Transport
 - Pop-up Shops & Community Led Spaces
 - Housing development

For many of our people it creates a new environment to learn and to work on a single site and as a single team for acute care. Consolidation of staffing and the ability to attract new staff will help to create and sustain our workforce, develop our teams, and improve our efficiency.

For our inpatients, infection control and privacy will be improved with 50% of the rooms being single and en-suite. Critical areas such as theatres and intensive care will benefit from the latest design thinking and technology. There will be more seven-day decision making, same day emergency care and day case procedures provided from our treatment centres at Sandwell and City hospitals. More care will be provided in places other than hospitals with an enhanced community services provision in most specialties to keep people well and to return them home more quickly.

For our population, MMUH's location in Smethwick leads the way in social and economic regeneration for our communities, supporting a better quality of life. There will be inspiring urban

design, more green spaces, public transport and housing, as well as opportunities for local businesses. Co-located with the hospital will be a new Learning Campus, helping to raise and realise the ambitions of not only our staff but also our communities. This could provide a blueprint for other organisations like us and future regenerations in the West Midlands.

MMUH will be the most significant development within an estates plan which will have as much of a focus on community services as acute hospital services.

The improved facilities, consolidation of teams and new pathways that come with the new hospital and our estates plan will underpin shifts in our Board Level Metrics around Quality, Safety, Efficiency and Experience.

Continuous Quality Improvement

The best healthcare organisations have been shown to have a culture of continuous quality improvement. This means that our People, as well as our Patients and Population, have the time, ability, and the means to make positive changes in our services.

Over the next five years we will adopt a clear and inclusive approach to continuous quality improvement. Staff across all levels of the organisation will be trained in quality improvement skills so that we have a shared way of doing things, making it easier to work together and have a positive impact on care delivery.

Digital

Delivering our Digital Ambitions is as fundamental to our People Plan as it is to our plans to improve the life chances and health outcomes of our Patients and Population.

Over the next five years we plan to:

- Implement technologies that are **easy to use** and help our people to do their jobs more easily;
- Make the most of digital technologies to **transform the delivery of care** and patient outcomes, helping to understand our population and their needs, and keep them in the best possible health;
- Achieve a core level of **digitisation in every service** to make our work easier and safer;
- Support our partnerships in **linking our information together** so that we can all see a full picture of health and reduce inefficiencies.

Leadership Development

Over the next five years we will set a tone of compassionate and inclusive leadership. Whilst the Board and the Executive are our formal leaders, we need leaders at all levels of the organisation. We will develop all our leaders: clinical and corporate; junior and senior; aspiring and established. Leadership development is an essential component in making our strategy a reality in our everyday work.

Provider Collaborative

Across the Black Country system, we have started to work more closely with our counterparts in our Black Country ICS, through a 'Provider Collaborative' (PC), in line with national guidance. This approach brings together the other NHS Trusts to explore how we can reduce differences

in access, experience and outcome for our patients by working together. Collaborating means that we can bring more benefits to our People, Patients and Population, including how we might bolster our specialised services by bringing them into one team, or improve our poorer services by learning from where it is working well elsewhere. Any proposed changes to service, workforce or organisational form, will be tested against our strategic objectives to establish whether we believe that they will help us to move faster or more easily towards their delivery.

Priorities

We cannot do everything at once, so if we are to make meaningful progress on what is most important we must prioritise our key actions. We will therefore plan our strategy in actions before opening our new hospital, and afterwards.



Governance

It is our governance that sets out and underpins 'how' we will deliver the strategy. Our governance flows from the external assurance mechanisms, such as the Care Quality Commission reviews or NHS England's System Oversight Framework, to our internal assurance mechanisms such as our Board, our Outcome Committees and our Board Level Metrics, and through into our key Programmes. It will be the role of our Outcome Committees to scrutinise the journeys that the Programmes are making. This structure will drive our improvement against our People, Patient and Population objectives with support from our strategic enablers.

