PATIENTS PEOPLE POPULATION

AMBITION   RESPECT   COMPASSION

NHS
Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	Getting to True North		
SPONSORING EXECUTIVE:	Richard Beeken, Chief Executive		
REPORT AUTHOR:	Dave Baker, Chief Strategy Officer Meggan Jarvis, Associate Director of Strategy		
MEETING:	Public Trust Board	DATE:	8th March 2023

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

Through our research to identify best practice for our Continuous Improvement System, strategy development and deployment has emerged as an essential component to achieve the 'golden thread' of improvement throughout the organisation. As we have learnt more from successful organisations who do this well, we have taken stock of our efforts thus far.

This paper
- Shows the framework that we are building, and how the strategy, metrics and its delivery plans 'hang together'.
- Shows our progress to date creating the first layer of clarity, our 'True North'.
- Signals the work we need to do to create alignment, clarity, purpose and impact.
- Sets out a pragmatic proposal to resolve 2023/24 annual plan.

2.	**Alignment to our Vision** *[indicate with an 'X' which Strategic Objective[s] 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** *[at which meeting[s] has this paper/matter been previously discussed?]*

TMC February 2023

4.	**Recommendation(s)**

The Trust Board is asked to:

a.	**COMMENT** and **AGREE** the True North metrics
b.	**AGREE** the proposal regarding annual plan and strategy development in line with improvement system options appraisal

5.	**Impact** *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*						
Board Assurance Framework Risk 01	X	*Deliver safe, high-quality care.*					
Board Assurance Framework Risk 02	X	*Make best strategic use of its resources*					
Board Assurance Framework Risk 03	X	*Deliver the MMUH benefits case*					
Board Assurance Framework Risk 04	X	*Recruit, retain, train, and develop an engaged and effective workforce*					
Board Assurance Framework Risk 05	X	*Deliver on its ambitions as an integrated care organisation*					
Corporate Risk Register [Safeguard Risk Nos]							
Equality Impact Assessment		Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment		Is this required?	Y		N	X	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 8th March 2023

Getting to True North

1.   Background

1.1   During 2022/23, the Executive team supported by strategy and governance directorate, have taken several steps to try a new approach to strategy deployment. This has been in tandem with development of the supporting strategies/frameworks (Digital, Fundamentals of Care, People), and research into best practice Continuous Improvement Systems.

1.2   We have learnt from other organisations that strategy development and deployment is the most impactful but most challenging aspect of creating a high functioning, continuously improving organisation. **Done well, it underpins everything we do. Done wrong, the errors will cascade into the organisation.** The diagram below shows the components of an improvement system, which corresponds to the improvement system options appraisal. Strategy development and deployment represent foundational parts of the air strip that we must 'land' the plane of improvement upon.
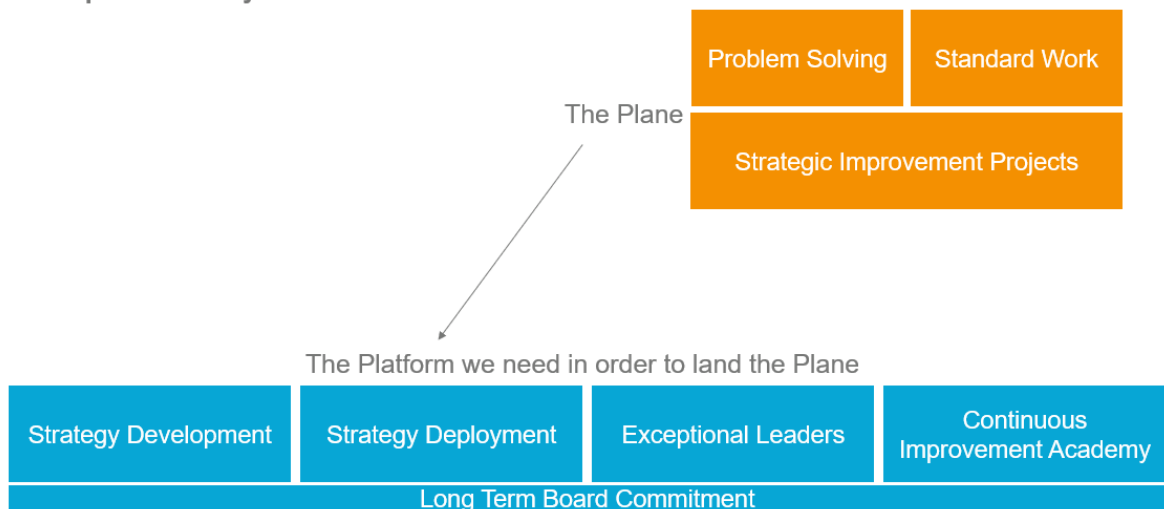
1.3   As we have explored 'breakthrough' objectives and how we prioritise our extensive, current portfolio of executive-led projects, we have come to recognise that we must take a step back and strengthen the rigour of our approach.
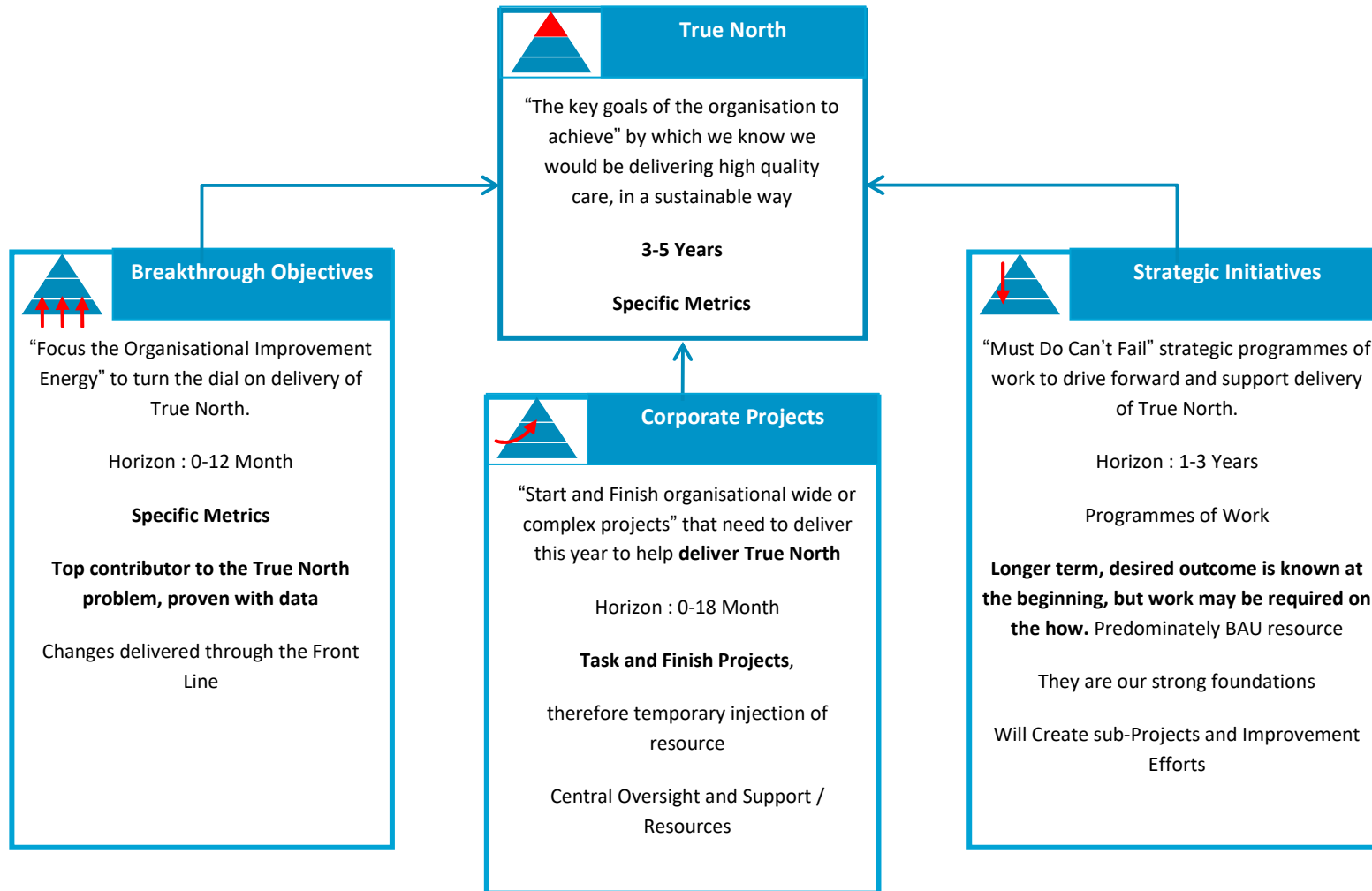
1.4   This paper:

- Shows the framework that we are building, and how the strategy, metrics and its delivery plans 'hang together' through 1) strategy development and 2) strategy deployment;
- Shows our progress to date creating the first layer of clarity, our 'True North' as a Trust;
- Signals the work we need to do to create alignment, clarity, purpose and improvement.

2. Strategy development

2.1 The diagram overleaf shows the strategy deployment framework, based upon best practice from industry leaders in this area: Thedacare, University Hospitals Sussex (formerly Western Sussex); and most recently Maidstone and Tunbridge Wells NHS Trust.

2.2 It is worthy of note that Thedacare (represented by KPMG/Catalysis) spent 6 months working with Western Sussex (CQC Outstanding) on the "Strategy Development" work and that subsequently Sussex have spent 6 months working with the Maidstone and Tunbridge Wells NHS Trust (recently moved to National Oversight Framework level 1 from level 3 in two years).

2.3 Since we learned about this approach we have been looking at how we emulate it. Whilst the Executive have had some discussions we are far from having been through the process that Thedacare, Sussex and Maidstone have been through.

2.4 We are advised by the former CEO of Western Sussex NHS Foundation Trust of the process and supported timeline to complete the strategy development work. Failing to do this work properly presents a number of risks including:

- not creating true alignment at Executive level and missing the opportunity for team development.
- not learning how to do the process and therefore being able to teach others e.g. our Groups – this includes receiving the one to one coaching that Executives at other Trusts have received.
- not learning how to properly use the A3 (problem solving tool) and the data stratification to get to the right answers – this could lead to not being able to quantify expected improvements.
- not getting to the right levels of granularity for the breakthrough objectives (i.e them being too broad) and not knowing which areas of the Trust can deliver the biggest gains (pareto analysis applied to the data stratification aligned to the specificity of the breakthrough area).
- starting off our CQI journey incorrectly and then cascading this error into the organisation.

2.5 **The diagram below articulates the flow of delivery starting with a set of concise and defined long term measures of success (True North), which is delivered through three means: breakthrough objectives (top contributing factor to a True North, expressed as a metric), corporate projects (task and finish projects) and strategic initiatives (long term plans).**

2.6 ***Figure 1: 'Strategy Development' including True North metrics, Breakthrough Objectives, Corporate Projects and Strategic Initiatives.*** *Adapted from Thedacare/Catalysis/University Hospitals Sussex/KPMG.*

True North

"The key goals of the organisation to achieve" by which we know we would be delivering high quality care, in a sustainable way

3-5 Years

Specific Metrics

Breakthrough Objectives

"Focus the Organisational Improvement Energy" to turn the dial on delivery of True North.

Horizon : 0-12 Month

Specific Metrics

Top contributor to the True North problem, proven with data

Changes delivered through the Front Line

Corporate Projects

"Start and Finish organisational wide or complex projects" that need to deliver this year to help **deliver True North**

Horizon : 0-18 Month

Task and Finish Projects,

therefore temporary injection of resource

Central Oversight and Support / Resources

Strategic Initiatives

"Must Do Can't Fail" strategic programmes of work to drive forward and support delivery of True North.

Horizon : 1-3 Years

Programmes of Work

Longer term, desired outcome is known at the beginning, but work may be required on the how. Predominately BAU resource

They are our strong foundations

Will Create sub-Projects and Improvement Efforts

3. Strategy Development: Progress to Date

3.1 The Executive supported by the strategy and governance directorate, have explored breakthrough objectives and current portfolio of projects through 3x 1 hour sessions between July and December 2022. This work initially led us to three 'levers' that would have the biggest impact: leadership, financial sustainability, and 'user journey', which improved flow through the lens of quality.

3.2 This work added value by visualising our current state in a 'breakthrough room', identifying some of the key projects that would drive MMUH fit, and identifying the importance of leadership. However, as we have learnt more about the rigour of strategy development process and its subsequent deployment we recognise that there is much more learning and development that we need to go through as a team to create the alignment, focus and granularity required to match best practice.

3.3 Dame Marianne Griffiths, former CEO of University Hospitals Sussex, reviewed our progress to date in January 2023. She provided the following feedback to improve and said that we have:

- Too many priorities, with a lack of stratified data to determine areas of focus;
- Leadership alignment and ownership of priorities;
- Necessity to gain clarity on 'True North' metrics so that breakthrough areas can be identified through corresponding stratified data through an 'A3' problem solving tool.

4. Our True North Goals

4.1 Following Dame Marianne's feedback, the Executive have refined the True North metrics, visualised in the table below.

Figure 2: Proposed True North Metrics and rationale

Strategic Objectives		True North Goals	Rationale
3 P's	*Sub themes*	*3-5 year key metrics to deliver with interim step target to be achieved*	
Patients	**Safety**	Reduce patient safety incidents with moderate or above harm *Balancing metric: no reduction in reporting of no harm / low harm incidents*	Patient safety is a foundation of organisational purpose and regulatory frameworks. Harm-free care is one of the two Fundamentals of Care priorities.
	Experience	To increase patients rating their experience as good or very good for all touchpoints including Friends & Family Test (FFT) by area. Targets for 23/24: Inpatient (incorporating day case) - 90% OPD - 93% ED - 68% Ante Natal - 82% Birth - 86%	In the Trust strategy, patient experience is one of our external assurance measures. Patient satisfaction is in the bottom quartile nationally. Communication is the second of the two Fundamentals of Care priorities as a key driver of patient experience.

Strategic Objectives		True North Goals	Rationale
Access		Achieve Referral to Treatment target. 23/24 goal: No 65 week waits by April '24	Deliverable target in national operational planning guidance
		Achieve 62 day cancer standard	Cancer outcomes are amongst the poorest in the Black Country against national benchmarks; timely access to treatment support this as a key national indicator.
		30% more elective activity by 2024/25 2023/24 goal: 104% of 19/20 activity	Deliverable target in national operational planning guidance. National state that '30% target' is subject to confirmation year on year relative to COVID forecasting accuracy. Diagnostics are proposed to be a contributor to this metric within the organisation rather than explicitly extracted as a True North goal.
		Achieve Emergency access standard. 23/24 goal: 76%	Deliverable target in national operational planning guidance
		Achieve 70% Urgent Community Response Target whilst increasing activity	Deliverable target in national operational planning guidance. Primary care is awaiting more detailed national guidance and is noted to be a contributor to elective access rather than a True North goal explicitly.
	Use of Resources	Reduce 3 year deficit. 2023/24 goal: -£50-60m deficit	Trust need to focus on underlying position. £22m deficit was the original target position for the three year financial plan.
People		Increase staff engagement score to 80%. 23/24 goal from 60% to 70%	In the strategy, staff experience is one of our external assurance measures. Staff experience is in the bottom quartile nationally.
Population		To safely move into MMUH and achieve occupied bed days by bed type and by occupancy rate	Achieving occupancy levels is a critical deliverable and a reflection of improvements in 'upstream' care
		Improvement against national 'Core20plus5' healthcare inequalities. 23/24 goal: Improved long term management of COPD and type 1 diabetes	NHS England approach against 5 core areas: maternity, serious mental illness, chronic respiratory disease, early cancer diagnosis, hypertension

4.2   A key point of reflection is upon the rigour required to determine a 'breakthrough objective'. As referenced by Dame Marianne, identifying a breakthrough should be through developing a strategic 'A3' improvement tool. This tool looks at the True North metric in detail, including stratified data and root cause analysis.

4.3   These A3s are developed by the relevant lead Executive, with analytic support. This would be a new undertaking for the Executive and the strategy team and, done properly, based on the experience of Western Sussex and Maidstone & Tunbridge Wells, takes months. Importantly, these strategic A3s can only be completed when True North metrics are finalised.

4.4   The core outputs from completing the work around strategy development are: real Executive alignment, clarity and focus around True North; Strategic Initiatives; Breakthrough Objectives and Corporate Projects; A3s including data stratification that are fully worked up so that targeted action can be taken through deployment into the organisation; team development and learning.

4.5   As such, this paper includes a proposal of True North and Strategic Initiatives, but not Breakthrough Objectives or Corporate Projects.

4.6   To illustrate how the framework might translate for our Trust, for the purposes of understanding the potential end product, the table below has been produced as an example.

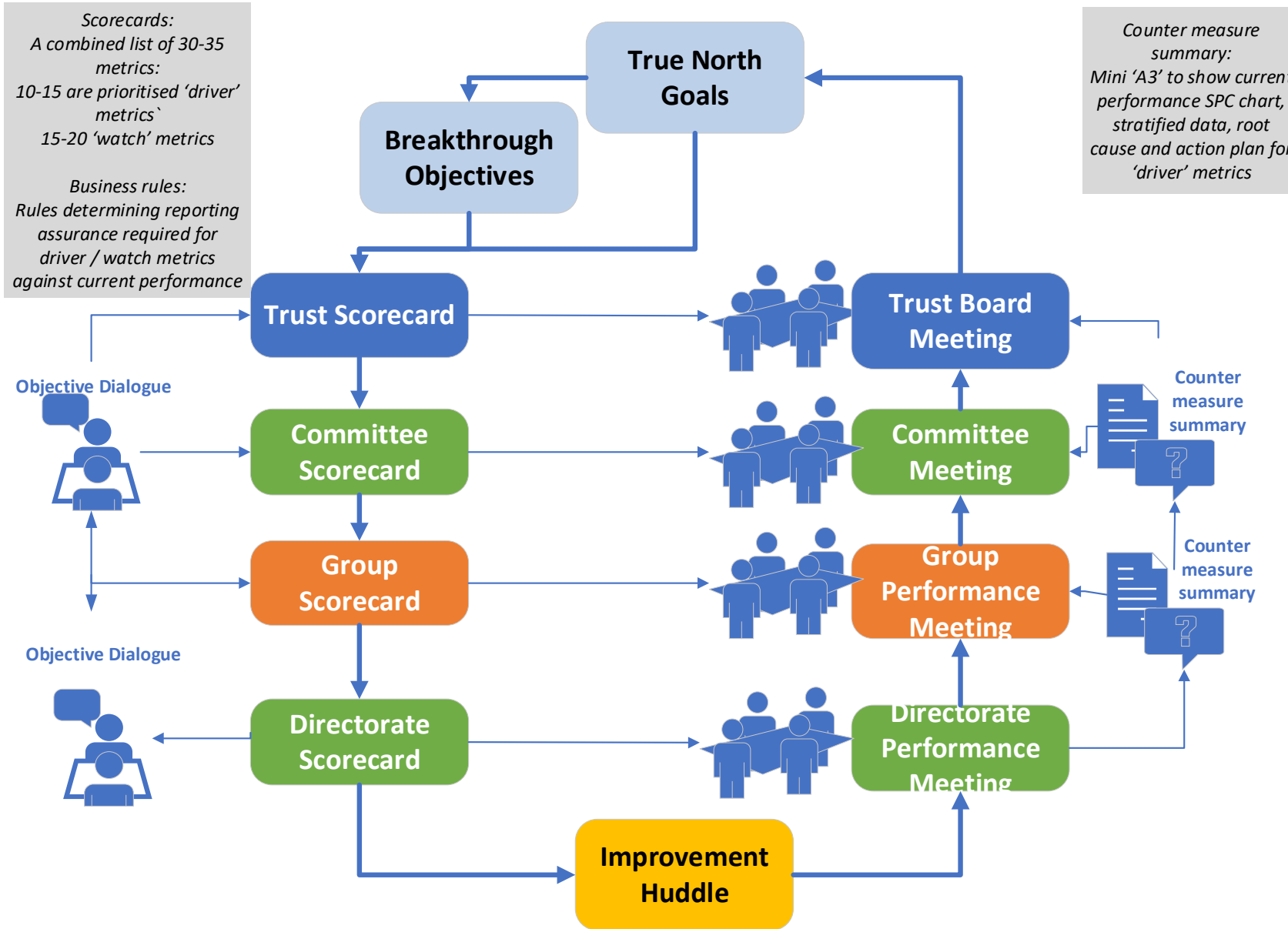4.7   The columns in white show proposed elements, and grey shows examples.

Figure 3: Strategy Development: End Product Example. True North Metrics proposal and strategic initiatives (white) and illustrative examples for future development (grey). See also: Figure 1: strategy development.

Strategic Objectives		True North Goals	Strategic Initiatives	Breakthrough Objectives	Corporate Projects
3 P's	*Sub themes*	*3-5 year metrics to deliver with interim step target to be achieved*	*Up to 7 long term plans / sub strategies*	*Annual improvement metric, top contributor to True North metric identified through A3, max 7*	*12-18 month Org-wide, Exec-sponsored change, max 7*
Patients *To be good or outstanding at everything we do*	**Quality & Safety**	Reduce patient safety incidents with moderate or above harm *Balancing metric: no reduction in reporting of no harm / low harm incidents*	Fundamentals of Care Digital Strategy Development of Provider Collaborative	*EXAMPLE: Reduce medication errors*	*EXAMPLE: Patient Safety Incident Reporting Framework (PSIRF)*
	Experience	To increase patients rating their experience as good or very good for all touchpoints including Friends & Family Test (FFT)		*EXAMPLE: Reduce complaints related to communication / staff attitude*	*EXAMPLE: Fundamentals of Care Communication Project*
	Access	Achieve Referral to Treatment target. 23/24 goal: No 65 week waits by April '24		*EXAMPLE: Reduce Did Not Attend (DNAs)*	*EXAMPLE: Productivity pillar plan*
		Achieve 62 day cancer (classic)			
		30% more elective activity by 2024/25 2023/24 goal: 104% of 19/20 activity			
		Achieve Emergency access standard. 23/24 goal: 76%			*EXAMPLE: Digital proficiency*
		Achieve 70% Urgent Community Response Target for our two Primary Care Networks			
	Use of Resources	Reduce 3 year deficit 2023/24 goal: £50-60m deficit	Medium Term Financial Recovery Plan	*EXAMPLE: Reduce premium agency spend*	*EXAMPLE: Productivity pillar plan*
People *To cultivate and sustain happy, productive & engaged staff*		Increase staff engagement score to 80%. 23/24 goal from 60% to 70%	People Plan Digital Strategy	*EXAMPLE: improve line manager score on staff survey*	*EXAMPLE: Leadership development*
Population *To work seamlessly with partners to improve lives*		To safely move into MMUH and achieve occupied bed days by bed type and by occupancy rate	Place Based Partnership Plans	*EXAMPLE: Reduce occupied bed days for general medical patients aged over 65*	*EXAMPLE: MMUH Clinical Services Transformation*
		Improvement against national 'Core20plus5' healthcare inequalities. 23/24 goal: Improved long term management of COPD and type 1 diabetes			

4.8   **Strategy deployment**

4.9   Strategy deployment describes the cascade of goals, objectives and metrics across the organisation following the confirmation of True North. It is this which we ideally, would be seeking to reflect in each year's annual plan. This is visualised overleaf in an adapted example from a best practice organisation.

4.10   Of note, strategic initiatives and corporate projects are not explicitly referenced in this diagram, though they would be included in counter measure summaries and report through their relevant delivery groups not shown.

4.11   True North, and the top contributors, known as the 'Breakthrough Objectives' are cascaded through the Trust (including Board committees). These are both expressed as defined metrics. At these levels, metrics have been prioritised as either 'driver' (actively improving, seeking detailed assurance) or 'watch' (monitoring as part of business as usual). 'Driver' metrics are shown as a Statistical Process Control (SPC) chart whereas 'watch' metrics are presented in a summary table with SPC variation icons only.

4.12   Each Clinical Group/Corporate Directorate has an agreed scorecard with relevant prioritised 'driver' metrics for improvement and 'watch' metrics (including relevant constitutional targets) for a balanced scorecard for assurance. These metrics are a combination of relevant True North, Breakthrough, and Group specific metrics.

4.13   These feed through the directorates into frontline improvement huddles, which take place regularly in local areas such as wards and hubs. This shows the clear link with this work and the improvement system implementation.

4.14   Through the directorate, group, committee and Trust performance meetings, the scorecards are accompanied by reporting assurance. The level of assurance required is determined by a set of 'business rules'. These rules show assurance required dependent on the importance of the metric, whether it is hitting the target, or improving, declining or steady based on SPC variation. An example is visualised in annex 1.

4.15   Most driver metrics, which will be stretching, will usually require a 'counter measure summary' for reporting assurance.

4.16   Altogether, this diagram shows the flow of goals, metrics and performance assurance through the organisation, connecting the frontline to long term strategic outcomes.

Figure 4: Strategy Deployment Diagram

Scorecards:
A combined list of 30-35 metrics:
10-15 are prioritised 'driver' metrics`
15-20 'watch' metrics

Business rules:
Rules determining reporting assurance required for driver / watch metrics against current performance

Counter measure summary:
Mini 'A3' to show current performance SPC chart, stratified data, root cause and action plan for 'driver' metrics

True North Goals

Breakthrough Objectives

Trust Scorecard

Objective Dialogue

Committee Scorecard

Group Scorecard

Objective Dialogue

Directorate Scorecard

Trust Board Meeting

Committee Meeting

Counter measure summary

Group Performance Meeting

Counter measure summary

Directorate Performance Meeting

Improvement Huddle

5.   Strategy deployment: Progress to Date

5.1   Over the last 18 months, we have focused the Board level metrics to a top 30, moving reporting from a 200+ Red Amber Green (RAG) rated pack to SPC charts in line with NHS England best practice.

5.2   We have begun to cascade this into the committees and are now looking at Group Performance Review metrics as part of our work to produce a clear, internal accountability framework. As we have gone through this process, listened to NHSE "Make Data Count and learnt more about best practice improvement systems, we re-assured ourselves that further prioritisation is needed to gain clarity and assurance on strategy delivery.

5.3   This prioritisation would reflect the 'driver' and 'watch' metrics approach whereby around 10 metrics show detailed improvement assurance, with a further 15-20 reflected in a summary table for monitoring.

5.4   However, it is critical that we get the True North, Breakthrough Objectives, Corporate Projects and Strategic Initiatives in place and aligned. This is to ensure that the cascade does not embed further misalignment deeper in the organisation.

6.   Where are we now, and where do we want to be?

	Original state 2021/22	Current State 2022/23	Future state 2023/24
True North	Broad objectives through long term strategy	Proposal of 11 True North metrics	Strategic A3s for each True North metric, countermeasure summaries used for assurance reporting
Strategic Initiatives	Key plans signalled in strategy	Key plans now in train, building further clarity on delivery	Progress against True North metric
Corporate Projects	Many large scale projects in train with competing priorities without clear link to strategy	Many Trust wide projects in train and signalled in key plans, further work needed to refine to best practice 7	Finalised portfolio that is delivering against scope and showing measurable improvement
Breakthrough objectives	Not used	Broad 'levers' identified without rigour of A3 and data stratification	A3s have identified breakthroughs, cascaded through the organisation and showing measurable improvement
Accountability & Metrics	200+ RAG rated metrics without any prioritisation	Around 30 SPC charts to Board and committees, separate Group Review with	'Driver' and 'watch' metrics linked directly to True North and Breakthrough cascade

		light tough strategic alignment	through Board, Committees, Groups

7.   Proposed Next Steps

7.1   As we have learnt more about best practice improvement systems and the importance of a rigorous strategy development and deployment process, we recognise the criticality of doing this work, and doing it well.

7.1.1   However, it has been reiterated by successful organisations that the full process takes 5-6 months. This does not fit with the timeline for the annual plan.

7.1.2   The pragmatic approach proposed is to use the True North metrics in the annual plan and do the strategy development / deployment process in full with a relevant improvement system supplier (subject to options appraisal). This means that we can begin to incorporate some of the thinking of this approach, whilst maintaining our commitment to do it in full, with the support of an external supplier.

7.1.3   As proposed in the improvement system options appraisal, awarding to a supplier within an agreed budgetary envelope (rather than a subsequent full business case) will support timescales that the strategy development process outlined can be completed for 2023/24 annual plan. Requirement for a further full business case would prevent this approach meeting annual plan timescales.

7.1.4   We will continue to deliver against our key projects and strategies that are already in train, as well as progressing the Group Performance and Accountability frameworks.

8.   Recommendations

8.1   The Public Trust Board is asked to:

   a. **COMMENT** and **AGREE** the True North metrics
   b. **AGREE** the proposal regarding annual plan and strategy development in line with improvement system options appraisal

Meggan Jarvis, Associate Director of Strategy
Dave Baker, Chief Strategy Officer

22nd February 2023

Annex 1: Business Rules

		Pass	Hit & Miss	Fail
Driver *Focused improvement areas*	**Improving**	Share success & move on	Note performance, no discussion	Counter measure summary
	Common cause variation	Note performance, no discussion	Note performance, no discussion	Counter measure summary
	Worsening	Verbal update: Top contributing reason and actions	Verbal update: Top contributing reason and actions	Counter measure summary
Tracker *BAU metrics to stay stable*	**Improving**	Note performance, no discussion	Note performance, no discussion	Note performance, no discussion
	Common cause variation	Note performance, no discussion	Note performance, no discussion	Verbal update: Top contributing reason and actions
	Worsening	Note performance, no discussion	Note performance, no discussion	Counter measure summary Upgrade to driver, discuss what to downgrade to create capacity