

Report to:	Public Board of Directors	Agenda item:	17
Date of Meeting:	6 November 2024		

Title of Report:	You Matter Strategy Quarterly Update Q2 2024/25
Status:	For information
Board Sponsor:	Joss Foster, Chief Strategic Officer
Author:	Ashleigh Harvey, Head of Strategy and Development
Appendices	None

1.	Executive Summary of the Report
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This paper sets out progress made in quarter 2 towards delivery of our You Matter Trust Strategy, including new risks/context and progress against breakthrough goals. The priorities reflect the critical areas of delivery in 2024/25 and are aligned to reflect the Trust's focus on the people we work with, the people we care for and the people in our community.

Overall, good progress has been made towards delivery of the strategy in quarter 2. The length of stay A3 was completed in July, with a number of work streams established to address and monitor driver measures related to patient flow and reducing length of stay.

At Trust Management Executive in September, time was spent reviewing the emergent risks, context and considerations for each people group in more detail, as well as assessing current performance against our goals to inform the strategic planning process for next year.

The Board Assurance Framework is undergoing review and update, with the majority of the risks now having been refreshed to more accurately reflect the strategic risks.

2.	Recommendations (Note, Approve, Discuss)
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Board of Directors is asked to note the updates against the You Matter Strategy and discuss the emergent risks/context for the three people groups.

3.	Legal / Regulatory Implications
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A number of the 2024/25 strategic priorities reflect the Trust's response to national planning guidance such as meeting regulatory performance targets, particularly the timeliness of urgent and emergency care and the continued delivery of our elective recovery plan to reduce waiting times for elective, cancer and diagnostic care. A new ten year health plan has been indicated for release by the Government in Spring as a result of Lord Darzi's report into the NHS.

The Financial Improvement Programme priority also reflects the Trust's response to the long-term need to return to financial balance and contribute to the BSW system control total for 2024/25 of £30m deficit.

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
<p>Priorities are RAG rated to indicate delivery to date. Where relevant, key risks to future delivery have also been outlined.</p> <p>New/significant context during Q2 include:</p> <ul style="list-style-type: none"> • Lord Darzi report – published in September, the report highlights the major challenges the NHS currently faces and identifies themes expected within the new governments ten year health plan including shifting care closer to home, improving productivity, and unleashing potential of AI. • Community services – HCRG care group announced as contract holders for the BSW community services contract procurement. Impact on some groups of staff still to be evaluated pending further discussions around contract delivery with HCRG. • Financial balance – BSW system financial position at month 5 (July) was adverse to plan and requiring system-wide recovery programme. Rebased medium-term financial plan in development with requirement to submit to NHS England in October. • Group model – Establishment of a collaborative group operating model between Great Western Hospitals NHS Foundation Trust, Salisbury NHS Foundation Trust and Royal United Hospitals NHS Foundation Trust with Joint Chief Executive and a shared Chair. Transformation and change management will be required to ensure that benefits from the case for collaboration will be realised. 	

5.	Resources Implications (Financial / staffing)
<p>Scale of ongoing transformation has significant capacity implications to deliver at pace.</p> <p>The Improvement Programme Steering Group is monitoring resource implications linked with delivery of the savings plan for 2024/25.</p>	

6.	Equality and Diversity
<p>The EDI (Equality, Diversity & Inclusion) and Health Inequalities Programmes underpin the Trust's current focus on equality and diversity, for the people we care for, the people we work with and the people in our community.</p> <p>Benefits delivered in Q2:</p> <ul style="list-style-type: none"> • Report and support platform launched in August 2024 for staff to report unacceptable behaviour in the workplace 24/7 • Digital inclusion officers now in post and service launched to support people in the community who are excluded from the digital offering at the Trust • Smoking cessation service for inpatients in place 	

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- Anchor organisation strategy being socialised for feedback and anchor activities being scoped/progressing e.g. community based maternity services.

Risks identified in Q2:

- Ongoing risk to pace of delivery required for culture change due to operational and clinical pressures and resourcing requirements which could lead to slower progress and delayed action – Diversity and Inclusion Steering Group and Health Inequalities Steering Group exploring options for further engagement
- Uncertainty about continuation of health inequalities funding past March 25

7. References to previous reports/Next steps

Updates will be presented to Public Board as follows:

Q1 – July 2024, Q2 – November 2024, Q3 – January 2025, Q4 – May 2025

8. Freedom of Information

Public

9. Sustainability

Benefits delivered in Q2:

- Sustainability Green Team Competition launched in July, with six teams undertaking sustainability projects including reducing energy consumption in theatres, reducing waste in ICU, reducing drug waste in Biologics and packaging waste in the restaurant. Finalists will present their findings to the panel in November.
- Sustainability Champion recruitment ongoing
- E-Cargo bike trialled by the Hospital at Home team, with Children's Therapies continuing their pioneering work in visiting the community sustainably.

Risks identified in Q2:

- Sustainable Development Management Plan (SDMP) expires at the end of March – RUH Green Plan in development.

10. Digital

A number of priorities (including Paperless Inpatients Project (PIP), Single Electronic Patient Record (Single EPR) and Recruitment Transformation), aim to embed digital solutions to aid transformation in line with the Trust's Digital Strategy.

Benefits delivered in Q2:

- Successful go live for Paperless Inpatients Project in August and now entered optimisation phase
- Core single EPR programme team fully recruited with ongoing recruitment to local roles
- Clinical coding AI project delivered £32k additional income for outpatients
- Digital Literacy training offer – working with facilities to support cleaning team
- Implemented new Trust firewall to support cyber security
- BSW cyber security governance structure in place

- Endoscopy system implemented at Sulis

Risks identified in Q2:

- Digital capacity for change alongside single EPR project
- Single EPR – resource risk due to the large team required to deliver the system wide project
- The speed and application of AI technology in health care is developing quickly, making it more important that the Trust can be responsive to this changing landscape and mitigate any possible risks. The AI subgroup and policy, which is in development, will support this
- National focus on cyber security as a result of recent high profile breaches that may threaten the NHS

The **people** we care for

The **people** we work with

The **people** in our community

Trust goals

Patient safety incidents (moderate to catastrophic)

Number of patients over 65 weeks

Overall patient experience score

% recommend RUH as a place to work

% staff say the organisation acts fairly with regard to career progression

% staff experiencing discrimination at work

Delivery of breakeven position

Equity of access to RUH for all

Carbon emission reduction

Breakthrough goals 24/25

Why not home? Why not now?
Reducing inpatient length of stay top 10% of acute trusts

Discrimination
% of staff reporting they have experienced discrimination at work

Making best use of available resources
Delivery of financial plan

Enabling Breakthrough Goal: We “Improve Together” to make a difference
(measured by the adoption of tools, routines and behaviours of Improving Together via a quarterly maturity assessment)

Trust-wide projects

- Atrium Redesign
- Community Diagnostics Centre (Sulis)
- Paperless Inpatients
- Quality Governance
- Sulis Elective Orthopaedic Centre (SEOC)
- Single Intensive Care Unit (ICU)

- Basics Matter
- Compassionate Leadership
- Dignity at Work
- Equality, Diversity & Inclusion (EDI)
- Learning and Development
- Reducing Discrimination
- Staff Engagement and Experience

- Health Inequalities Programme
- Community Services Tender
- Heat Decarbonisation
- Financial Improvement Programme – Clinical productivity, Pay Bill, Income and cost controls
- Single Electronic Patient Record (EPR)

Strategic Risks (Board Assurance Framework)

- 1.1 Not meeting internally and externally set standards of quality and safety may result in harm to patients and/or experience below expected – current score 15
- 1.2 Increasing demand for both emergency and planned care is exceeding our capacity to treat patients promptly, leading to longer wait times for procedures. This could negatively impact patient outcomes and satisfaction. Current score 16

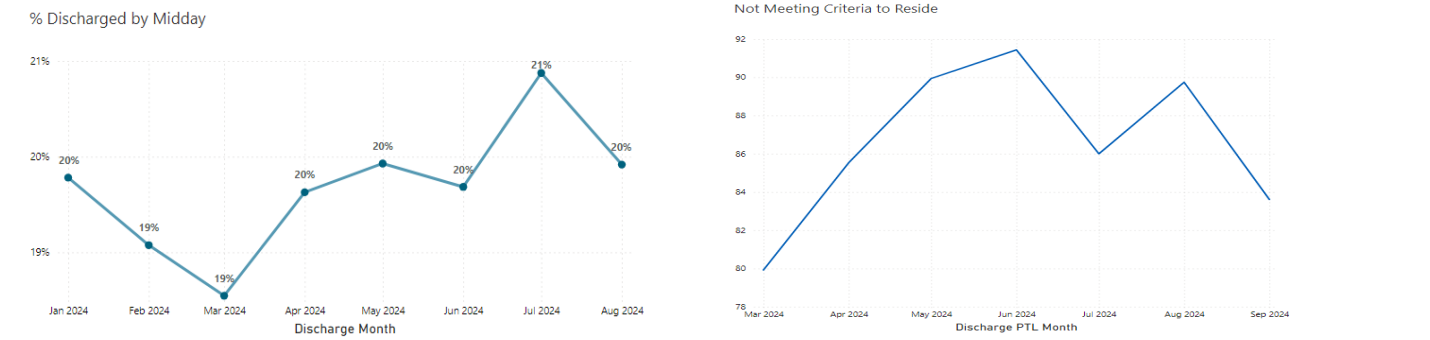
Emergent risks/context/considerations

- Lord Darzi rapid review findings and impact of resultant 10-year Government plan for the NHS
- Opportunities and implications of community services procurement to be mobilised in Q3/Q4
- Group model implications on corporate and clinical services
- Implementation of ‘work to rule’ by GP practices creating additional demands on secondary care services and potential for patient impacts
- Impact of Trust financial position and changes to staff payment rates impacting elective recovery

2024/25 deliverables – breakthrough objectives

Why not home? Why not now?
Reducing inpatient length of stay
top 10% of acute trusts

- A3s in development for Cardiology and Trauma & Orthopaedics (top contributors)
- In and out of hospital work streams developed with programme of work spanning criteria led discharge, pathway zero, bed management, virtual wards, pathways 1-3 etc.



A number of driver measures are being monitored including:

- Discharges by midday (aim 33%, currently averaging 22.6%)
- Not meeting criteria to reside (aim 53 patients (10% of beds), averaging 89.7 patients in Aug)
- Bed occupancy (aim 92%, July/Aug averaging 92.8%)

2024/25 deliverables – strategic objectives (please also see sunray on next slide)

Delivered

- Paperless Inpatients went live August 2024
- Vulnerable People Strategy signed off at Board in September
- Emergency Department PDSA week 16th-20th September
- Movement of Surgical Anaemia Service to improved environment
- Secured additional funding for urgent and emergency care and gynaecology outpatients estates improvements (total of £2.44m) with design work nearly complete
- Continuation of outpatient DNA reduction through use of DrDoctor
- Lead Nurse for Learning Disability and Autism started in July
- Makaton training sessions offered and fully subscribed
- Ongoing sign-up of Learning Disability & Autism champions

In progress

- Quality Governance project initiated, steering group & work streams established
- Website project initiated & steering group established
- Patient Experience Strategy awaiting approval
- Outpatient transformation review underway
- Atrium options appraisal in development
- One ICU works underway and will be completed by end of Q3
- Fire safety works underway in PAW which will incorporate Cheselden IPC works
- Sulis Elective Orthopaedic Centre due to open in Q4
- Innovation and Improvement and Communication Strategies in development, to be completed Q3
- Clinical strategy alignment with Group and community services and costed delivery plan

At risk

- Resources required for mobilisation and transformation of community services pending procurement decision
- PAW & Cheselden works require bed closures – mitigation options being reviewed
- Further ward/IPC works developed and ready to roll out when capital funding is available

2024-25

2025-26

The people we care for

Together, we will support you as and when you need us most

Connecting with you, helping you feel safe, cared about and always welcome

- Quality Governance Project
- Infection control programme including estates plan – if funding is available
- Publish patient experience strategy & vulnerable person strategy
- Paperless inpatients
- Atrium options appraisal
- Improve signage to help people find their way around

- Patient safety programme – year 3
- Integrated digital and health and social care systems
- Training and skills to work with different patient groups
- Infection control programme including estates plan
- Integrated digital and health and social care systems

- Care closer to home model established
- Alongside Midwifery Unit complete
- Collaborative relationship with primary care creating integrated models
- Integrated nursing home model with ART+
- Lower GI hub

- Patient portal with digital bookings

Clinical estate

- Dyson Cancer Centre, One ICU & DAU completion
- Sulis Elective Orthopaedic Centre
- Critical infrastructure risk reduction (fire safety)
- Outpatient & theatre transformation
- Further development of CDC
- Elective productivity
- Urgent emergency care improvement
- Service integration with key community services

Cross-cutting strategies

- Research strategy
- Innovation strategy

- Further development of DrDoctor
- New website
- Patient representatives on all relevant forums
- Customer Care training & communication standards
- Real-time feedback phase 2
- Patient survey on discharge
- Communication strategy

Consistently delivering the highest quality healthcare and outcomes

Communicating well, listening and acting on what matters most to you

The people we work with

2024/25 progress (Q2)

Strategic Risks (Board Assurance Framework)

2.1 Without fostering a culture of inclusion and actively addressing possible managerial discrimination, we may hinder staff recruitment and retention, expose the Trust to financial and reputational damage, and undermine our ability to deliver the best possible patient care. Current score 16.

2.2 Without strong management and leadership development, including succession planning, we risk limiting our ability to transform and innovate, cultivate a positive culture and sustain improvements. This could negatively impact patient care, staff satisfaction, and workforce stability. Current score 20

Emergent risks/context/considerations

- Impact of Trust financial position necessitating actions such as workforce efficiencies, organisational change (including reviewing ways of working), and integrated trust models affecting staff experience and pace of delivery.
- Impact of current financial climate, in particular cost of living on the people we work with.
- Changes to the recruitment pathway for approval (vacancy panel) to control the establishment impacting on KPI outcomes for both managers and candidates.
- National rules about off framework agencies changes from July 2024 – any off framework usage requires CEO approval and external reporting.
- From April 2024, the changes to the UKV&I minimum salary means that we can only sponsor those who apply for roles who have at least 2 years of relevant experience at Band 3 and above.

2024/25 deliverables – breakthrough objectives

Discrimination
% of staff reporting they have experienced discrimination at work

This metric is measured through the percentage of staff reporting they have personally experienced discrimination at work from manager, team leader or colleague (annual measure through staff survey) This Trust result for 2023 is 8%.
Report and Support platform went live in August 2024 to offer another channel for staff to report discrimination, including the option report anonymously.

Making best use of available resources
Delivery of financial plan

Workforce efficiencies is ahead of schedule with a reduction of 174.7 WTE in August 2024 against the planned 115.2 (an additional saving of 59.5 WTE). Since March 2024 we have seen an 88% reduction in our overtime usage.
Agency spend reduction: In August 2024, we spent 0.94% as a % of our pay bill on agency. This is below the national of target of 3.2% which has consistently been achieved by the Trust over the preceding quarter.

Enabling Breakthrough Goal:
We “Improve Together” to make a difference

In the July 2024 maturity assessment, 72 out of 128 frontline teams regularly run improvement huddles, a 20% improvement this quarter. 35 teams have priorities listed on their performance board that align to Trust priorities. The Pain clinic has reduced DNA's (Did Not Attend an Outpatient appointment) from 7.4% to 1% by applying A3 thinking and generating ideas through their improvement huddles.

2024/25 deliverables – strategic objectives (please also see sunray on next slide)

Delivered

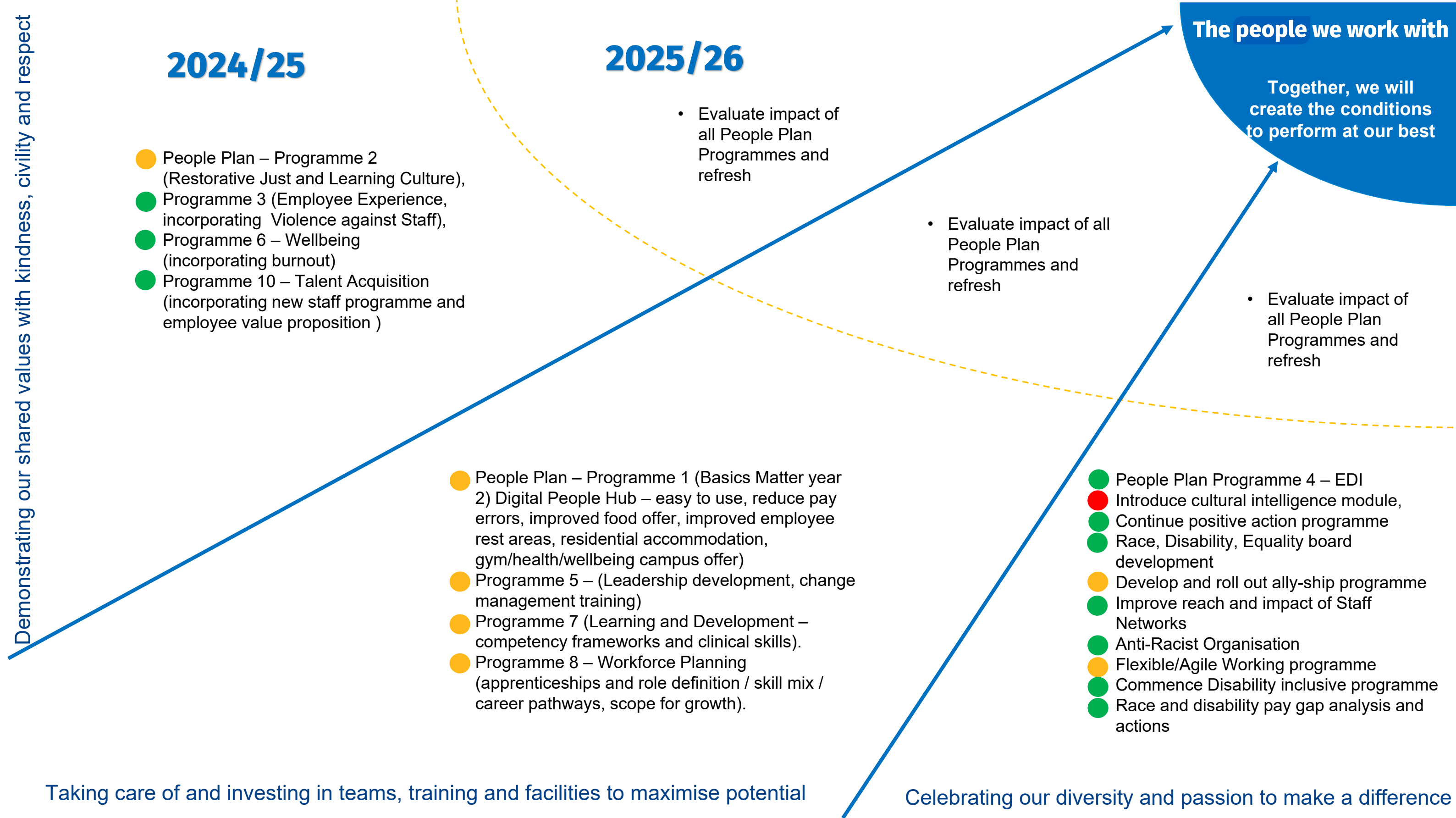
- 42 additional Quality Improvement Champions and 43 leaders trained in the management routines of Improving Together.
- Junior Doctor QI module now delivered by the Coach House and includes A3 thinking
- 360 degree feedback now available in Learn Together appraisals
- Offering of EAP services expanded to now offer management referrals and alternative wellbeing assessment options to triage to appropriate advice
- Inclusion champions launched and training and development is ongoing. We aim to have one inclusion in each team by September 2025.
- Violence management and prevention policy (formerly dignity at work policy) in Aug 2024.
- Report and support platform launched in August 2024 to support staff to report unacceptable behaviour in the workplace.

In progress

- Build of the digital people solution ‘Halo’ is underway with staged implementation in Q2/3.
- Training on new ways of working to enhance candidate experience and reduce pay errors is continuing and tied to the implementation of Halo.
- In July, the launch of the new preferred supplier list (PSL) launched for agency nursing to increase our price cap compliance.
- Anti-racism statement commitments actions underway
- Monthly meetings on Improving Together with Clinical Divisions to follow up on maturity assessments
- Developing an Innovation and Improvement Strategy to support the embedding of Improving Together

At risk

- Our financial position and related operational pressures makes colleague release from duties challenging, which impacts the uptake of People & Culture interventions.
- Ongoing resourcing challenges have led to an alternative approach to leadership development programme. The People function is developing change management capacity (using PROSCI methodology) and working with the Coach House to create a robust leadership and management skills offering, which will be available by Q4.



2024/25 progress (Q2)

Strategic Risks (Board Assurance Framework)

- 3.1 Failure to deliver a viable financial plan – current score 16
- 3.2 If Sulis Hospital does deliver its financial target it may have a direct financial impact to RUH financial position. – 16
- 3.3 By not strategically allocating resources to address the health and care needs of our most vulnerable communities, we may not improve health outcomes, reduce existing inequalities, or ensure equitable access to quality care.- 16
- 3.4 Our aging estate with increasing backlog maintenance needs could lead to service disruptions, compromised patient safety, and a degraded experience for both patients and staff.- 16
- 3.5 Climate change and its accelerating consequences threaten the health of patients, staff, and the wider community. Failure to achieve net zero goals and adapt to climate-related risks (e.g., overheating, flooding) may jeopardise the Trust's sustainability, its ability to provide care, and its commitment to future generations.– 15
- 3.6 Insufficient investment in digital capabilities may hinder the Trust's potential to enhance patient and staff experiences, optimise efficiency, and improve overall effectiveness and care delivery - 16
- 3.7 Cyber-security breaches, caused by deliberate malicious acts or inadvertent actions by staff, could result in an inability to use digital platforms, resulting in loss of services and data across the Trust, and in turn causing risk to patients. - 16

Emergent risks/context/considerations

BSW system control deficit for 2024/25 is £30m, with RUH deficit contributing £5.3m. This plan includes a £36.6m efficiency target. The key risks to achieving this are:

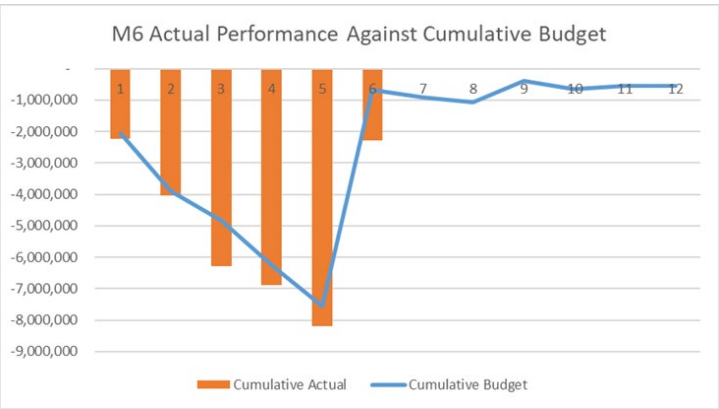
- Any QIPP delivered non-recurrently in 2023/24
- Run rates being above budgeted in 2023/24
- Unidentified schemes currently at £3m
- Group model implications on clinical and corporate services
- Capacity to progress partnership and strategic work at pace is limited
- Uncertainty about extension of health inequalities funding
- Sustainable Development Management Plan (SDMP) expires at end of March – RUH Green Plan in development

2024/25 deliverables – breakthrough objectives

Making best use of available resources
Delivery of financial plan

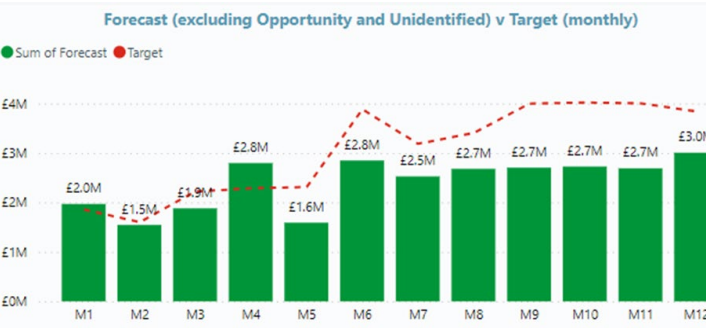
Measured through delivery of financial plan (variance from plan)

At Month 6 the Trust is £1.88 adverse to plan.



The Trust received non-recurrent funding from the ICB in Month 6 to cover the planned £5.3m deficit

The Improvement Programme delivered £12.62m against a target of £14.15m cumulatively for months 1-6 (£1.53m below plan).



2024/25 deliverables – strategic objectives (please also see sunray on next slide)

Delivered

- £7.89m Improvement Programme savings delivered by end of Month 4 2024/25
- Community Open Day on Saturday 21st September
- Strategic partnerships established with educational establishments, BaNES Council and Dorothy House – programmes of work in place
- Digital inclusion service launched to support people in the community who are excluded from the digital offering at the Trust
- Smoking Cessation service for inpatients in place
- Sustainability Green Team Competition launched in July

In progress

- Ongoing work to deliver £36.6m efficiency target for 2024/25
- Anchor organisation strategy drafted – being socialised for feedback
- Anchor activities being scoped/progressing e.g. community based maternity services
- Community services procurement decision due end of Sep/beginning of Oct. Due diligence and mobilisation planning underway
- Future model for Frome outpatients in development
- Group Model Strategic Planning Framework (SPF) in development
- Sustainability Steering Group to be mobilised
- RUH Green Plan development - awaiting guidance from Greener NHS
- Green Team Competition underway - final in November

At risk

- Delivery of full savings programme – unidentified gap of £3m
- Workforce cost control forms 53% of overall improvement programme target. Good progress is being made however step change is required to meet the full target with risks around bank reduction and organisational redesign
- £3m match funding for Decarbonisation project not yet confirmed – mitigation incorporated into capital plan for 25/26

Working with partners to make the most of shared resources
to plan wisely for future needs

2024/25

- ICU plan delivered
- Innovative ideas shared
- Productivity improves further
- Clinical services plans commence
- Increased recurrent QIPP delivery
- Shared EPR
- Standard work
- Efficient Corporate services
- Maximise utilisation of community assets
- AHA transformation and joint planning
- Development of educational pathways with Wiltshire College

2025/26

- Innovative ideas shared across the Trust & TME
- Clinical services plan delivering savings
- Embedded opportunities to projects approach
- Deficit reduction

- Health inequalities programme – year 3
- Population health data integrated digital H&SC
- RUH as an anchor organisation
- Target areas for promoting careers

- Health inequalities programme – year 2
- Bespoke access of care
- Support vulnerable community members – Core20plus5
- Anchor organisation strategy & delivery plan

- Decarbonisation of buildings project
- Carbon awareness & competency training programme & stakeholder engagement plan
- Sustainability risk assessment created
- Sustainability network established
- Community services procurement/mobilisation
- Continue to develop services off site

The **people** in our community

Together, we will
create one of the
healthiest places
to live and work

Taking positive action to reduce health inequalities

Creating a community that promotes the wellbeing of our
people and environment