

Item 6.i

Report to:	Board of Directors	Date: 02 November 2023
Report from:	Chief Operating Officer Deputy Chief Operating Officer	
Principal Objective/ Strategy and Title:	Delivering the Trust Five Year Strategy – Year Three Review	
Board Assurance Framework Entries:	Delivery of the Trust 5-year Strategy	
Regulatory Requirement:	None	
Equality Considerations:	Equality has been considered but none believed to apply	
Key Risks:	Failure to prioritise activities that drive the delivery of the Strategy ICS Strategy conflicting with Trust Strategy Projects and resources are not aligned to Trust objectives	
For:	Information	

1. Executive Summary

The aim of this document is to provide an update towards the delivery of the Trust Strategy 2020 - 2025, on the third anniversary of its official launch.

Overall progress towards delivery is rated as Amber based on the following assessment:

- Appendix 1 sets out each of the Strategic Objectives with original and new initiatives that support delivery of these. These have been RAG rated and combined these provide a RAG rating of Amber (behind schedule, but mitigations in place and being tracked).
- The enabling strategies that underpin delivery of the Strategy are all now in place and approved.
- The enabling strategies undertake an annual review process reporting progress in a sub committee of the Board (details set out in section 4 of this report).

Delivery of the Strategy in years one and two was delayed by the COVID-19 pandemic.

2. The Strategy

The Strategy was developed during 2019 and received final approval in December 2019 with a planned launch date of March 2020. The launch date was delayed due to the COVID-19 pandemic. The Strategy was reviewed after the COVID-19 first wave and launched formally in September 2020.

The Strategy focuses on six strategic objectives and sets out within each objective the key planned deliverables identified at the time that sought to meet that objective. Each objective also sets out what this will mean for our patients, staff and partners. The Strategy additionally outlines key risks to delivery and the enabling strategies that underpin its delivery.

This review outlines progress towards delivery of the intended deliverables; any unplanned changes and new initiatives that have taken place over the last year; an assessment of risks to Strategy implementation: and progress on the enabling strategies.

The Strategy year runs from September to August and this review covers the period September 2022 – August 2023.

3. Third Year Progress

Appendix 1 details by progress against each strategic objective together with details of any unplanned developments, new initiatives and achievements and changes to planned deliverables. Some of the new initiatives were developed and prioritised through the strategic choices sessions that were held in Q3 and Q4 2022/23. Consideration has also been given to any deliverables that are no longer relevant or are not being pursued.

Based on Committee and Board feedback from last year, this year progress towards delivery has been RAG rated based on a standardised rating set out as follows:

Progress key:	Embedded as Business as Usual
	On track / complete
	Behind schedule but mitigations in progress and being tracked
	Deadline delayed / not started
	Date is currently TBC or 'on going' therefore cannot measure status

Work has also commenced this year on developing key performance indicators for each of the initiatives so that the impact of these can be measured and these will be refined in year.

Appendix 1 demonstrates that the RAG rating of each strategic objective are as follows:

1. Deliver Clinical Excellence – Green
2. Working with our Partners – Green
3. Offer Positive Staff Experience - Amber
4. Share and Educate – Amber
5. Research and Innovate - Amber
6. Achieve Sustainability - Green

These ratings combined drive the overall Strategy delivery status of Amber.

4. Enabling Strategies

The delivery of the Trust strategy is dependent on the development and implementation of enabling strategies such as workforce, estates, research and development. The development of some of these strategies has been impacted by COVID-19 but these are all now in place with the development of the Workforce Strategy and Divisional priorities in year (Cardiology under finalisation). The table below sets out each strategy and review process through which delivery is assured by the Board:

Enabling strategy	Review
Workforce Strategy	Approved April 2023. Monitoring by Workforce Committee, with bi-annual progress updates provided to Board (See Appendix 1.1)
Finance Strategy	Approved by 2019. Monitoring by Performance Committee, with annual long- and medium-term reviews undertaken, which are also shared at Board.
Digital Strategy 2021 - 2025	Approved October 2021. Annual monitoring by Strategic Projects Committee. 2023 review whilst future EPR is considered.
Quality Strategy 2019 - 2022	Approved in 2019. One year extension to strategy agreed by Quality and Risk Committee to 2023. Annual monitoring by Quality and Risk Committee.
Education Strategy 2021- 2026	Approved in August 2021. Annual monitoring by Quality and Risk Committee. Education Strategy is under review with the development of the Royal Papworth School.
Research & Development Strategy 2023 - 2028	Approved December 2022. Quarterly reports and annual monitoring by Strategic Projects Committee. First annual review expected December 2023.
Estates Strategy 2021 – 2025	Approved June 2021. Annual monitoring by Strategic Projects Committee. Last review August 2023.
Sustainability Strategy 2021- 2026	Approved August 2021. Annual monitoring by Strategic Projects Committee. Last review August 2023.

This year the Divisions have developed their priorities for the period 2023 – 2025 (Cardiology under finalisation), the remaining life of the Trust strategy and delivery against these priorities will be undertaken through the Executive led Divisional Performance Reviews on a quarterly basis, commencing December 2023.

5 Risk to Delivery

At the time of the Strategy development, it was recognised that there were several risks to successful delivery (See Appendix 2).

The following risk materialised in Year 2 and remained into Year 3:

- Inability to meet RTT and cancer waiting targets could result in poor patient outcomes, poor patient experience, damage to the Trust's reputation and reduced income. Our ability to meet these targets was initially impacted by the treatment of COVID-19 patients, the large volume of patients on the waiting that built up during the pandemic and more latterly the increase in referrals for specialist treatment in the last year. The divisional teams continue to work to mitigate this as much as possible through clinical priority reviews, close management of the patient treatment lists (PTL's) with weekly oversight at the Access Meeting and supported by programmes of work such as the theatre/STA improvement programme.

No new risks to delivery have been identified as part of this Year 3 review.

Finally, BAF Risk 2901 (Risk to delivery of Trust Five Year Strategy due to potential misalignment of priorities between the development of the ICS and the 5-year strategy) is also formally reviewed monthly and reviewed by SPC at its meetings. The Trust is represented at ICS Board level as well as numerous planning and delivery groups and was engaged in the development of the Health and Wellbeing and Integrated Care Strategy 2022 – 2030 (approved in December 2022)

In early 2023 the ICB developed its Joint Forward Plan and associated Delivery Plans, which was formally supported and approved by RPH Board of Directors in June 2023. The Delivery Plans describe an overview of each key area of focus, deliverables, milestones, leadership and governance. RPH leaders are part of the Boards or Working Groups that are responsible for the delivery of these Plans.

The ICB Health and Wellbeing and Integrated Care Strategy, Forward Plan and associated Delivery Plans set out some elements that are not applicable to RPH but there are many that as a provider and delivery partner in the system, we have a responsibility to deliver. Most of these requirements are already aligned with the RPH Five Year Strategy, Operational Plan 2023/24 and in year NHSE requirements such as the Elective Recovery Plan and therefore support the delivery of the system Strategy. The notable exception is the health inequalities agenda. The ICB have set out a commitment to reducing health inequalities in health outcomes and the development and use of Population Health Management methodology to deliver services based on need rather than service use. This methodology will drive the decision making in the ICB provider partnerships and Integrated Neighbourhoods, in turn shaping services provided. Consequently, the Trust is cognisant of this divergence and the Medical Director now attends the ICB Health Inequalities Board and consideration is being given to establishing an RPH committee to take forward this agenda.

The Board is requested to:

- 1) Note the contents of the paper.