

Report to:	Public Board of Directors	Agenda item:	18
Date of Meeting:	Monday 22 nd July 2024		

Title of Report:	Strategic Priorities Q1	
Status:	For information	
Board Sponsor:	Joss Foster, Chief Strategic Officer	
Author:	Ashleigh Harvey, Head of Strategy and Development	
	Fi Abbey, Head of Strategic Projects	
Appendices	Appendix 1: Q1 Review	

1. | Executive Summary of the Report

This paper sets out progress made in quarter 1 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 1. Activities shown on the sunrays as 'in progress' will continue into the next quarter.

Work is ongoing to develop the measures for each of our breakthrough goals for 2024/25 and this work will be completed in July and reported through the Strategy Deployment Room at Trust Management Executive (TME). Tracker measures have been included in the report, although may be subject to change - consolidated reporting will be included in the Q2 report.

There are no changes to risks as set out in the Board Assurance Framework (BAF) however it should be noted that the framework and risks are currently under review and an update will be provided in the Q2 report.

2. Recommendations (Note, Approve, Discuss)

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

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.

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.

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4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

Priorities are RAG rated to indicate delivery to date. Where relevant, key risks to future delivery have also been outlined. Board Assurance Framework (BAF) risks have been included and are unchanged, however it should be noted that these are currently under review and an update will be provided in the Q2 report.

New risks/context identified include:

- System strategy Scale of system transformation requires capacity and a need for increasingly close alignment across the BSW system and Acute Hospital Alliance
- **Community services** BSW community services contract procurement ongoing with outcome due in Q2, for mobilisation during Q3/Q4. Potential risk to service continuity during this time
- **Financial balance** BSW system financial position at month 2 (May) was adverse to plan and requiring system-wide recovery programme
- Political landscape New government leadership may result in changes to national priorities and/or expectations

5. Resources Implications (Financial / staffing)

Scale of transformation has significant capacity implications to deliver at pace.

The Improvement Programme Steering Group is monitoring resource implications linked with delivery of the savings plan for 2024/25.

6. | Equality and Diversity

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.

Benefits delivered in Q1:

- Anti-Racism statement commitment actions underway and inclusion champions launched
- Autism cards and sunflower scheme launching for hidden disabilities
- Health inequalities steering group mobilised
- Board health inequalities self-assessment undertaken
- Health inequalities indicators included in ward/department accreditation framework
- Digital inclusion navigators recruited to support people in the community who are excluded from the digital offering at the Trust
- Health inequalities staff resources and training available on the Trust Intranet
- Recruitment of health coaches to deliver smoking cessation and lifestyle

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interventions for inpatients

Anchor organisation strategy drafted and BaNES Civic Agreement published

Risks identified in Q1:

 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

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 Q1:

- Trust wide sustainability day held in April 2024 to share success and build engagement with ongoing work
- Board sustainability workshops taken place
- Sustainability champions relaunched June 2024
- Sustainability working groups set up in Theatres, Endoscopy and Radiology

Risks identified in Q1:

• £3m match funding is required as part of the Trust decarbonisation project in order to access the £21.6m grant capital funding from the Government Public Sector Decarbonisation Scheme (PSDS)

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 Q1:

- Single EPR leadership team have been appointed and recruitment ongoing for central and local work stream leads
- Training for Paperless Inpatients Project live for all staff with Go Live planned for Q2
- Artificial Intelligence (AI) scoping paper drafted and subgroup in development with pilot site project in clinical coding underway
- Numerous digital projects have gone live including Cardiology image archive

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- project and ED document capture and storage
- Migration of Trust-wide data warehouse to new high-performing resilient platform and full refresh of Trust WiFi delivered
- Badger Net Maternity Patient Record project initiated Go Live planned for June 2025

Risks identified in Q1:

- Digital capacity for change alongside single EPR project
- Paperless inpatients increase in training uptake required to support go live
- 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