UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 25 JULY 2019

Title:	2019/20 Annual Plan Progress Update
Responsible Director:	Lawrence Tallon, Director of Strategy, Planning and Performance
Contact:	Phillippa Hentsch, Head of Strategy and Analysis Natalie Smith, Strategy and Planning Support Manager

Purpose:	To receive the first quarter review of the 2019/20 strategy implementation plan
Confidentiality Level & Reason:	None
Strategy Implementation Plan Ref:	Affects all strategic objectives.
Key Issues Summary:	• In April 2019, the Board agreed to a refreshed planning process to support the delivery of the Trust's strategic objectives. • The paper covers the first quarterly review of the 2019/20 strategy implementation plan, covering the period April-June 2019. • Since the approval of the plan, there have been a number of national policy developments that are pertinent to the Trust's future strategy and plan, including the NHS Long Term Plan Implementation Framework, the Interim National Workforce Plan and Digital-First Primary Care. • Given the evolving landscape, we have identified three significant changes to or deviations from the plan over the first quarter of 19/20: estates and capital infrastructure (ACAD), Digital healthcare (Babylon) and IT and clinical information systems (PICS and PAS).
Recommendations:	The Board of Directors is asked to: **Accept** the quarterly update against the 2019/20 implementation plan.

Signed: Lawrence Tallon	Date: 17 July 2019

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS
27 JULY 2019
2019/20 ANNUAL PLAN PROGRESS UPDATE
**PRESENTED BY THE DIRECTOR OF STRATEGY, PLANNING &
PERFORMANCE**

1.   Introduction

Following the launch of the organisation's multi-year strategy, the Board agreed to a refreshed planning process to support the delivery of the Trust's strategic objectives at its meeting in April 2019.

Each year key objectives and deliverables will be set out in an annual implementation plan.

We will use divisional performance reviews and quarterly reviews to Board to monitor and track performance against the Implementation Plan. This update represents the first quarterly Board update (covering the period April-June) against the 2019/20 implementation plan.

2.   Updates in the policy landscape over the last quarter

Since the approval of the 2019/20 implementation plan, there have been a number of national policy developments that are pertinent to the Trust's future strategy and plan.

NHS Long Term Plan Implementation Framework

NHS England and Improvement published the NHS Long Term Plan Implementation Framework in June 2019, setting out the expectation that STPs and Integrated Care Systems (ICSs) will create five-year strategic plans by November 2019 to deliver the commitments of the Long Term Plan. The framework requires STPs to show in their plans how they will become an ICS by April 2021 (although these will not be statutory organisations by that time). This plan needs to cover the following elements:

- From 1 July 2019, all patients in England are covered by a primary care network (PCN). PCNs are a key vehicle for delivering the primary care commitments made in the Long Term Plan with £1.8bn of the £2.8bn additional primary care funding channelled through them. PCNs will be the footprint around which integrated community-based teams will develop for local populations of c.30,000-50,000, and community and mental health services will be expected to configure their services around primary care network boundaries.

- Other areas of focus include reducing pressure on emergency hospital services, digitally-enabled primary care and outpatients, improving cancer outcomes and shorter waits for planned care. Other areas where further progress is expected to be made in improving care and outcomes include cardiovascular disease, stroke, diabetes, respiratory disease, maternity and neonatal care. Integrated Care Systems are also expected to be more focussed on population health and prevention.

- Systems are expected to have a comprehensive strategy and investment plan detailing how digitally-enabled care will be delivered including setting out how organisations will achieve a defined level of digital maturity. By 2021/22 all organisations are expected to have a Chief Clinical Information Officer (CCIO) or Chief Information Officer on their Board.

- Plans are expected to demonstrate how organisations will return to or maintain financial balance, deliver cash-releasing productivity growth of at least 1.1% per year, maximise efficiencies and reduce growth in the demand for care.

Interim National Workforce Plan

The Interim People Plan for the NHS was published in June 2019, to support the implementation of the NHS Long Term Plan. This interim plan focuses on making the NHS the best place to work by creating a healthy inclusive and compassionate culture; enabling great development and fulfilling careers; and ensuring everyone feels they have a voice, control and influence. It also focuses on improving the leadership culture, prioritising urgent action on nursing shortages, and developing a workforce to deliver 21st century care (including expansion of nursing associates, AHP and scientific roles). There is also an expectation that ICSs will take on greater responsibility for workforce planning and transformation functions.

Digital-First Primary Care

NHS England and Improvement are currently consulting on a number of proposals relating to digital-first primary care, covering the registration of patients, funding and contractual arrangements. This is in recognition that the historical ways of registering patients and paying GP providers do not fit well with the growth of digital-first providers. The changes proposed could have significant implications:

- There would be an automatic presumption that if a GP provider in one location had at least 1,000-2,000 patients registered through an out of area mechanism in another, they would have those patients moved automatically to a local list. In practice, this means it is very likely that our development collaborators, Babylon, will have their own GP at Hand list in Birmingham in 2020, without the need for local patients to register through a London practice as they do now.

- The entry of new digital first providers would be targeted towards under-doctored areas to help reduce inequalities in health. There would be a sensible expectation that digital first providers would also have local physical clinical facilities for face to face consultations when needed. This would be particularly helpful for some of the more deprived areas that we serve, for example around Heartlands Hospital.

- If providers meet defined criteria to demonstrate that they can offer a full primary care service, they would be able to open up for new patient registrations in under-doctored areas with a 'zero list'. That means they would not need to inherit or buy out an existing patient list, but could simply attract patients from a zero starting point through the mechanism of choice. It is envisaged that some NHS trusts would be likely to partner with digital first primary care providers to attract registered patients in this way to offer fully integrated systems of care.

If these proposals become policy after the consultation, they would have the effect of opening up much of primary care to digital first provision, allowing new entrants to open up services under local GP contracts much more easily than now, and targeting these new approaches on the most under-served areas.

NHS Clinical Review of Standards

The review of NHS clinical standards (waiting times targets) continues, with 14 trusts piloting new accident and emergency standards. The first six-week trial has now been completed, although the findings are confidential. The proposals are still being developed and refined as the trial is undertaken and further details are expected following a second six-week trial period.

3. **Changes to and progress on the 2019/20 implementation plan**

Given the evolving landscape, we have identified three significant changes to or deviations from the strategy implementation plan over the first quarter of 19/20. These are:

- Estates and capital infrastructure (objective 9): work has not been able to start on the ACAD development due to the absence of national capital funding. However, the latest position from the centre is looking more promising again.

- Digital healthcare (objective 5): a new strategic collaboration with Babylon Healthcare is being developed.

- IT and clinical information systems (objective 6): there have been delays to the implementation timetable for key clinical information systems to be implemented at the Heartlands, Good Hope and Solihull sites.

Further detail is included in table 1.

Table 1: significant changes to the 19/20 plan

REFERENCE	ISSUE	CURRENT STATUS
Estates and Capital Infrastructure *(Objective 9)*	**ACAD and capital funding** • The latest round of national capital allocations omitted the ACAD scheme. • £3.5m capital funding has been allocated to Heartlands Good Hope and Solihull Hospitals for schemes below £100k. • No capital has been allocated to Estates projects over £100k at any site.	• Discussions are ongoing between local and national stakeholders, with the current position in respect of ACAD funding looking a lot more positive again. • If the funding still does not materialise, the trust may have to consider working up alternative, last resort scenarios in close discussion with local government.
Digital Healthcare and transformation *(Objective 5)*	**Babylon** • In May 2019, the Board approved in principle a new strategic collaboration with Babylon Health to develop improved triage and decision support tools for emergency care and develop options for outpatient transformation, including the use of video technologies.	• Work stream leads have been identified, and a programme structure has been agreed. • Our first deliverable as part of the partnership will be "A&E online" (working title), a symptom checker for patients to use in time for winter 2019.
IT Solutions *(Objective 6)*	**PAS** • The implementation has been delayed from August 2019 to November 2019. **PICS** • The go-live date for Heartlands and Good Hope will now be December 2019; Solihull will be in February 2020.	• A new timetable has now been agreed in line with the revised implementation plan. The delay will have implications for the speed at which benefits can be realised at the Heartlands, Good Hope and Solihull sites.

4. Key updates against the 2019/20 plan

In addition to the significant changes to, or deviations from, the plan identified in section 3, key areas of progress against the plan are outlined in appendix A. This is not intended to be an exhaustive overview of progress against the 19/20 plan but instead intended to provide a snapshot of some of the key activities delivered over the past three months against the strategic objectives.

5. Next steps

As agreed as part of the new planning process for the organisation, the Board will set headline priorities, objectives and parameters earlier in the cycle to help support financial, activity and capacity planning for the organisation for the following year. It is proposed that this is developed and discussed, alongside the second quarter review of the 19/20 plan, at the October Board meeting.

Lawrence Tallon
Director of Strategy, Planning and Performance

Appendix A - Key updates against the 2019/20 plan

REFERENCE	UPDATE
Service Integration *(Objective 1)*	**New Divisional Structure** • New operational divisional structure implemented on 1 June 2019. • Appointment of Clinical Service Leads progressing well.
Eliminating Unwarranted Variation and Transforming Care *(Objectives 2 and 10)*	**Gynaecology and T&O services** • Business Case signed off by Board in May 2019; proposal discussed at the Overview and Scrutiny Committee in June. • Programme Board and working groups established. **Radiology Strategy** • Initial KPIs agreed and analysis of additional payment differences across sites ongoing. • Capital equipment sessions with suppliers held and options being considered. **Early Intervention (EI) Programme and Healthcare for Older People** • Progress made across Healthcare for Older Peoples Delivery Group (HOPDG) work streams, with a focus on the 8 wards in 8 months programme and recruitment, resulting in filling a number of long term medical and nursing vacancies. • Increased alignment between the STP EI programme and HOPDG, as EI pilots look to scale to Heartlands and Good Hope. • Lowest level of DTOCs at acute sites for several years (see performance report)
Regulatory Requirements and Operational Performance Standards *(Objective 4)*	**CQC Inspection** • The 'must do' actions following the CQC inspection in October 2018 on target. • Regular meetings and mock-inspections in to be arranged to support inspection preparation.
Digital transformation & IT *(Objectives 5,6 and 7)*	**5G** • 5G demo using remote ultrasound held in MD-TEC (ITM) held in June, gathering significant stakeholder and media interest. **E-consultation programme** • Video integrated into Clinical Portal; now utilised by a small number of pilot clinics. • The Mobile App is currently being tested, due to be integrated with video technology shortly. • Forthcoming options appraisal to take place about preferred video package to support virtual consultations in context of Babylon collaboration. **IT developments** • Modernisation of the Wi-Fi infrastructure across all sites on track for completion by summer 2020. • Unified desktop information and accessibility across all Trust computers on track to be completed by December 2019 • Darktrace deployed across approx. 70% of all Trust servers; remaining over the coming months • Majority of the planning work to implement the 802.1x protocol for securing network end-point and device combinations complete.

Financial Improvement (*Objective 8)*	**Financial improvement trajectory** • See Board finance report. **Agency reduction programme** • Agency reduction programme continues to be implemented across the trust; action plan agreed by NHS Improvement. **Coding and costing** • Selected as a pilot site for a national initiative aimed at supporting engagement between clinicians, finance and operational teams in the identification of efficiency and savings opportunities. **Shared procurement function** • Birmingham Hospitals Alliance NHS Shared Procurement Service went live on 1 July 2019.
Estates and capital infrastructure (*Objective 9)*	**ACAD** • Please refer to main report. Likelihood of funding looking more positive again. **Specialist Hospital Facility** • Development of the Specialist Hospital Facility (SHF) on track; enabling works commenced in June 2019.
Workforce (*Objectives 11,12,13 and 14)*	**Nursing Associate Programme** • Following completion in April 2019 of the first Trainee Nursing Associates, 28 post holders took up positions as Band 4 Nursing Associates. • In April 2019 the 4th cohort of 65 TNA's commenced their training, the largest number of staff seconded to date. **Workforce and HR** • Key recruitment processes across sites aligned • Process to align ESR systems to the new organisational structure commenced • Review of Corporate and Junior Doctor Inductions completed • Ongoing monitoring of settled status process for EEA staff **International fellowship programme** • Number of junior and middle grade doctors maintained through twice yearly intakes to the IFP. • Plans in progress for recruitment to the Emergency Medicine Fellowship Programme • MoUs signed and the Trust is in final discussions with various external parties as part of the residency and fellowship programme with King Abduaziz University medical faculty **Inclusion** • Ongoing promotion of seven staff networks across the Trust • New Inclusion strategy in development, with newsletter and leaflets launched • Aspire Programme set up complete, ongoing evaluation in progress **Wellbeing** • Neyber continues to support UHB's Financial Wellbeing hub • Proposal for a Junior Doctor welfare officer submitted to Charities • Home working pilot completed with corporate staff; ready for roll out across the Trust **Leadership** • 60 Senior Leaders participated in the first 4 cohorts of the Leadership Development Programme • Leadership mailing list created; monthly programme of expert talks continues

Partnerships
(Objectives 15 and16)
	Birmingham Hospitals Alliance (BHA)
	• Programme of collaborative work for the year agreed by the BHA board:
	    o Estates
	    o Gynaecology
	    o Review and assessment of BUMP
	    o Workforce
	• Good progress and alignment between ROH, UHB and BWC over BSOL pathology
	
	STP
	• UHB Chair taken over as Chair of the STP
	• UHB leadership of digital agenda for STP
	
	International partnerships
	• Development of the Zhongyuan International Hospital, and nursing school, Xinxiang, Henan Province: four parties agreement signed in June 2019.
	• Development of the newly built Guiqian International General Hospital, Guiyang, Guizhou Province: Framework Agreement on Strategic Cooperation signed; hospital opening will now be in October 2019.

Research & Innovation *(Objectives 17,18 and 19)*	**Aligning research to operational challenges** • Work ongoing to reframe strategy and funding for MDTEC, currently funded by European Regional Development Fund. **Rapid Response Research** • CLAHRC WM working to establish a team of operationally focused expert statisticians embedded within UHB Informatics to allow rapid response research to be delivered. **Artificial Intelligence** • UHB bidding with partners for the INSIGHT Digital Innovation Hub focusing on Eye Disease • Joint HDR UK projects between UHB & UoB bio-informatics teams in progress. **Alignment of UHB Research functions** • Integration of functions between QEHB and Heartlands, Good Hope and Heartlands in progress.
Emergency preparedness *(Objective 20)*	**Emergency preparedness** • Existing business continuity plans to be migrated in to new divisional structures. • Emergency plans across sites now been aligned, including Heatwave and Pandemic Flu.