

## **Proposed Approach to Increasing Strategic Focus at Board**

### **Introduction**

The Good Governance Institute recommends the role of Boards to lead, guide and support the business in its ongoing quest for sustainability through strategic planning. A growing appreciation the Board at SFHFT have come to over the course of the last 6 months. Especially as the external architecture changed from 1<sup>st</sup> July and the introduction of a Director of Strategy and Partnerships.

Moving the Board to a strategic mindset will require time and thought from committed members who support the Executive to understand the benefits of aligning every level of the organisation to produce desired results.

The SFHFT Board recognises the need to adapt to working with Integrated Care Systems. As well as playing its part, as an Anchor organisation, where working with partners in local authorities, the voluntary sector and local businesses adds combined public value. Through collective efforts on tackling inequalities and the wider determinants of health and wellbeing.

In order to develop the future sustainability and maturity of the organisation, the Board has decided to make a shift to spending time on thinking and considering its future strategic priorities and horizon scanning for innovation.

This clearly cannot be at the expense of maintaining grip through the Executive team and providing assurance on operational matters, regulatory compliance, and delivery performance. This will continue at Board through the quarterly SOF with trend analysis and the CEO/subcommittee updates for assurance in between.

Integral to this will be the review of the trusts supporting strategies such as the People and Culture Strategy, Finance strategy and the Quality Strategy. Planned scheduling for these reviews will be built into the Board's future agenda setting through the lead for corporate governance.

Over time the Board should put onus on its sub committees to drill down into detail on operational issues as dictated by key performance indicators. Leaving Board to review trends over a longer period. For purposes of discussion, longer term is recommended as 2-5 years. This should be an enabler for more strategic conversations and focus on tomorrow's opportunities for transformation and innovation.

### **An Overarching Trust Wide Strategy that Provides the Context and Direction**

A single overarching Trust wide strategy provides the overall strategic framework for the organisation. From which supporting strategies will be aligned. This tiered approach gives greater assurance when it comes to the implementation of the strategies. The planning cycle, which will be sensitive to annual planning guidance but not limited to a period of 12 months, will support divisions and corporate teams to plan on a service line basis.

It should be recognised that organisational culture goes hand in hand with strategy and both need to coalesce in ensuring the organisation has the right capacity, capability, effectiveness, and maturity when it comes to framing the way the organisation cares for its

colleagues. This will be reviewed as part of the new process recommended in this paper and led by the Director of People and the People and Culture Strategy.

There are some key imperatives in relation to the external environment which need to be integrated into future versions of the strategy and into the Board's strategic thinking.

The Board have already indicated a desire to see the Health and Wellbeing strategy as a core component running through the way we frame the future strategy. Placing a greater emphasis on our role in secondary prevention and increasingly primary and tertiary prevention and making clear our intent to operate as an anchor organisation at its heart. Such an approach can take many years to come to fruition. This will require bravery and educated assumptions which will need to be adapted as the environment around the trust does.

### **How to Make Strategy a Reality in Delivery Terms**

Increasingly the provider collaborative at scale and Mid Nottinghamshire Place will be key areas for the development of strategic thinking. Both of which should be viewed as delivery vehicles for change; across large providers in the Nottingham and Nottinghamshire space formerly and as strong partnership principles working closer with the communities served by the organisation and its trusted partners laterally.

There will be a requirement of Board members to create headspace for operational and clinical teams to think and plan the future. Key aspects of the way the Trust delivers its core business in the future needs a fresh strategic view. Board will recognise it won't be enough to continue operating exactly as we do today. A corporate view of the urgent and emergency care provision; future bed models inclusive of acute, subacute and rehabilitation; site management and patient flow; elective care; cancer care; diagnostic services; Newark Hospital, Mansfield Community Hospital & Sherwood Care Home, and the vaccination hub; all likely to require considerable strategic thinking and planning. Board is recommended to support and encourage this strategic approach to demand and capacity as a complimentary contribution to traditional annual winter planning. This work will be undertaken by the Chief Operating Officer supported by the executive team.

The Quality Committee should be asked by the Board to provide leadership and direction for the next phase of maternity transformation specifically. Led by the Chief Nurse.

*Discussion point: given capacity and current operational pressures, creating headspace remains one of the largest blockers. To what extent do board want:*

- *pace and scale and how can we enable this?*
- *to agree the order of prioritisation for pieces of work?*

To help this discussion – see appendix one – outputs from the board timeout in October 2022.

This approach will require the Trust to undertake planned engagement activities with internal and external stakeholders. Not forgetting the need to consult where significant service change is likely to be recommended. The approach to public engagement will require a refocus of internal teams to create the capacity and should be led by the Chief Nurse.

## **Monitoring Delivery Needs to Look and Feel Different to Our Current View**

At the Board time out it was recommended the trust undertake some external expertise from out with the NHS where it is felt a wholly different perspective could bring about real term benefits realisation.

*Discussion Point: does board recommend spending time and resource on procuring such external support and if so, what recommendations can Board members make?*

To be at the forefront of thinking and ahead in terms of our role, our delivery and our ability to share best practice, the Board will be required to think longer term. A shift away from traditional annual planning to a place of 3 to 5 years.

Sub committees should refocus on the next 1-3 years. Helping the organisation and its middle management infrastructure to get into a space where longer term benefits are planned and managed in a coherent and forward looking way.

There will be three components of the sub committee strategic approach enabling this way of working and thinking:

1. Sub committee objectives will need to have actions, delivery dates, metrics and a framework to monitor delivery (in detail at Board sub committees and in summary at Board)
2. The risk management sub committee will put in place an appropriate system of risk oversight and internal controls, reflective of the new sub committee approach.
3. The introduction of an improvement faculty will provide some capacity to undertake the horizon scanning function and a high-level assessment of opportunities.

Planning should be adaptable enough to span 1-3 years and fleet of foot to respond to short term opportunities. A recent investment workshop started this journey with greater transparency of divisional and corporate investment priorities. This will require a financial strategy that helps the trust deliver FIP as well as expenditure of its resources to best effect. The director of finance will lead this.

Where Business Cases are required to deliver actions within the 5-year Strategy then these should be developed and approved in advance

## **Concluding Thoughts and Recommendations**

This paper sets a new direction. Creates a framework for longer term planning and sustainability. Places greater emphasis on sub committees to maintain grip and detail on today's pressures. Whilst Board shifts focus to assurance and longer-term priorities and planning.

Sub strategies will form the basis of implementation and progress will be tracked by the lead for governance who in turn will ensure Board papers reflect the new approach.

The executive team will drive the implementation around their respective portfolios as well as matrix opportunities to bring about innovation and leading-edge thinking. Board will provide support, guidance and oversight of recommendations. This will begin April 2023 and ought to span a five-year cycle at which point a formal look back and learn evaluation will be undertaken. Board is therefore asked to endorse the recommendations.

## Appendix One – Outputs from Board Time Out

<b>STRENGTHS</b> <ul style="list-style-type: none"><li>• Culture</li><li>• Relationships</li><li>• Ability to face change</li><li>• Education</li><li>• Resources</li></ul>	<b>WEAKNESSES</b> <ul style="list-style-type: none"><li>• Partnerships not seen e.g mental health</li><li>• Public voice</li><li>• Understanding population health management</li><li>• Capacity and head space</li></ul>
<b>OPPORTUNITIES</b> <ul style="list-style-type: none"><li>• Partnerships</li><li>• Digital as an enabler</li><li>• Use of data</li><li>• Engagement with the public</li><li>• Role as anchor</li><li>• Understanding PLACE role and SFH role within it</li></ul>	<b>THREATS</b> <ul style="list-style-type: none"><li>• Governance for new world being fit for purpose</li><li>• Time/capacity/headspace</li><li>• Risk of a provider partner falling over</li></ul>