

Board of Directors

Item 3.1

Subject: 2023/24 Strategic Objectives Q3 update
Date of Meeting: 31st January 2024
Presented by: Jonathan Develing, Director of Strategic Partnerships
Purpose of Report: For Assurance

BAF Reference	Impact on BAF
ALL	Update on progress against the 2023/24 Strategic Objectives as at Q3.

Level of assurance (please tick one) To be used when the content of the report provides evidence of assurance					
X	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input checked="" type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

This paper provides an update on the progress against the Trusts strategic objectives as at Q3 2023/24.

Considering the operational, planning and systems priorities the delivery of our six key objectives were refreshed for 2023/24 to reflect the present-day challenges, integrated care systems changes and systems development in respect of provider collaboratives. Our objectives remain aligned to our Five-Year strategy, Patients Partnership and Populations.

The paper demonstrates good progress at Q3 (refer Appendix 1).

2. Strategic Goals (High Level Ambitions)

The Trust Five Year Strategy, Patients, Partnership and Populations contains the following strategic goals as part of our five-year strategy.

- i) Delivering World Class Care
- ii) Advancing Quality and Innovation
- iii) Increasing Value
- iv) Developing People
- v) Leading Through Collaboration
- vi) Improving Our Population Health

3. Strategic Objectives

Considering system challenges and changes to the commissioning landscape and governance arrangements (provider collaboratives, site committees and committees in common) the delivery of objectives has been refreshed to ensure the necessary focus on operational priorities as well as delivering against our strategic plan. The delivery of our Strategic Goals is supported by refreshed objectives for 2023/24.

In summary the refresh signals the success of the Trust strategy moving from the development of enabling strategies into implementation.

Strategic Goal 1: Delivering World Class Care

- Implementation of Quality and Safety Strategy
- Implementation of the Research Strategy
- Implementation of the Clinical Strategy
- Develop World Class Facilities
- Operational Excellence

Strategic Goal 2: Advancing Quality and Innovation

- Develop the Trusts academic expertise.
- Develop a case for a recognised learning and academic facility.
- Implementation of the digital strategy.
- Develop Organisational Learning
- Development of a Strategy for Innovation

Strategic Goal 3: Increasing Value

- Implementation of financial strategy
- Develop capacity for program and quality improvement
- Utilise benchmarking and performance data to drive quality, productivity, efficiency, and improvement
- Governance development and regulatory compliance

Strategic Goal 4: Developing People

- Improve recruitment and retention
- Development of a Culture and Wellbeing Strategy and commitment to the NHS Wellbeing framework
- Further development and achievement of the EDIB action plan

Strategic Goal 5: Leading through Collaboration

- Lead the integration of the Cardiac Board and Cardiology Clinical network (*New*)
- Take a systems leadership role within the ICS, CMAST, Provider collaboratives and PLACE
- Lead the CVD Prevention Board

Strategic Goal 6: Improving Population Health

- Implementation of our approach for health inequalities
- Continue to develop ourselves as an anchor institution

4. Recommendation

The Board of Directors is asked to note the good progress being made.

Appendix 1 – Q3 progress against strategic objectives, 2023/24

World Class Care			2023/24			
	A	WHO	Q1	Q2	Q3	Q4
	Director Objective					
WCC1	Implementation of Quality and Safety Strategy	Sue Pemberton	The annual update against progress with the quality and safety strategy was presented to the Board of Directors in November 2022 and full assurance given. Individuals who lead on key objectives within the strategy presented their progress to the Board in December 2022 as additional assurance.	Update to be provided to Nov 2023 Board. Good progress being made across all areas.	As previously reported, good progress across all areas of the Q&S Strategy has been made. Final update due April 2024. Plan to consult and refocus priorities for 2024-2027, to be reported to the Board of Directors in July 2024.	
WCC2	Implementation of the Research Strategy	Dr Raph Perry	Research Strategy implementation plan commenced 01/04/23 with milestones. Strategic research committee overseeing.	Implemented and Director of Research taking actions forward through new governance structure	Delivery against the strategy progressing and Strategic R&I Committee in place	
WCC3	Implementation of the Clinical Strategy	Dr Raph Perry	Clinical strategy revised and priorities established. For finalisation at september ops board	Awaiting ICB clinical strategy. Horizon scanning presented by divisions.	Clinical strategy will be a core part of the LHCH strategy refresh. ICB clinical strategy awaited.	
WCC4	Develop World Class Facilities	Karen Edge	3rd and final phase commenced with completion due Nov 23.	Final phase of Cath Lab completed and installation of equipment underway with commencement date Dec 2023.	Cath lab handover complete and relocation of pacing achieved in line with operational plan. Business case approved and work commenced on Cath Lab 7.	
WCC5	Operational Excellence	Jonathan Mathews	Strong Operational Performance delivered against the backdrop of significant workforce challenges. Dashboards in place to support monitoring against 23/24 submitted plans. Quarterly operational development meetings in place to support staff. Safe Waiting List working group implemented in collaboration with the Clinical Teams	Significant work force pressures have continued within Q2; industrial action, Scrub staffing and anaesthetic capacity. Activity and Performance continues to be monitored, reviewed and mitigating actions put in place through reinforced governance structures. Safe waiting list enablement work is underway; once in place will allow for clinical and operational teams to have clear alignment and working. Operational away sessions continue to support operational skill development	Operational targets aligned to H2 planning submission. Delivery continues to be monitored through Operational Board with mitigating actions in place. Scrub capacity continues to be a risk to delivery of elective plan and performance. Impact of industrial action continues to be managed internally through strategic command structures and externally as part of the system.	

Advancing Quality		2023/24				
	A Director Objective	WHO	Q1	Q2	Q3	Q4
AQI 1	Develop the Trusts academic expertise.	Dr Raph Perry	Establishment of one full time professor and five honorary professors. 15 honorary lecturers/senior lecturers. Four CRN scholars and one CRN fellow.	Continued development with senior lecturer in surgery.	Structure and roles established. Continue to develop senior lecturer roles and university joint appointments.	
AQI 2	Develop a recognised learning and academic facility (The LHCH Institute)	Jonathan Develing	Good progress has been made towards the development of a bespoke CVD Prevention L7 Module which will be delivered by LHCH and Edge Hill University with aim of starting Feb 2024.	Strategic conversation and invitations have been extended to the British Heart Foundation to explore opportunities for further research and education within LHCH. Broadgreen site committee are also exploring estates options on the site which may provide opportunity. It should be noted that whilst the institute has to date not developed physically the virtual education offers are extensive	Work with British Heart Foundation is progressing well and focuses on the development of a condition specific toolkit (Hypertension) providing information for professionals and patients. The intention will be to promote the toolkit using the C&M Happy Hearts Website. A CVD module is being developed in collaboration with Edge Hill (Level 7 Module) open to healthcare professionals and will be delivered from February 2024.	
AQI 3	Implementation of the digital strategy	Kate Warriner	Implementation of Digital Excellence Strategy continuing at pace. A number of key programmes have gone live in the previous reporting period including a replacement digital dictation system and the phased roll out of In Phase. Work continues with a suite of digital safety and analytics programmes working towards HIMSS 7 accreditation in 23/24.	Work on deploying the digital excellence strategy continues to progress. Project go lives have continued including the new Trust website and upgrade to the Trust's Electronic Patient Record. Plans continue and are on track for HIMSS 7 accreditation in 23/24.	Deployment of key priorities continues. Plans in place for HIMSS 7 accreditation in Q4. Work to commence with regards to Digital Excellence Strategy refresh going into 2024/25.	
AQI 4	Develop Organisational Learning	Karan Wheatcroft	Review of organisational learning reported to Audit Committee (July 2023). The Trust continues to demonstrate a wide range of learning which is shared through multiple mechanisms and forums. Priorities for ongoing development include PSIRF implementation, In-Phase system developments and embedding learning from Mortality reviews and deaths. The organisational learning database will continue to be developed to support this.	Organisational learning database developed bringing together all the Trust learning to assess themes and take action. Launched with Divisions and further refinement in progress including learning from mortality reviews prior to wider roll. Focus has been on In-Phase system implementation and mortality review developments. Organisation learning well embedded and update paper reported to Audit Committee July 2023.	Organisational learning continues to be well embedded. Weekly patient safety meeting is providing a great forum for sharing early learning from PSIRF and communication from this is being developed to ensure cascade. In-Phase reporting has progressed and a workshop is planned to further enhance functionality. The organisational learning database has been rolled out for mortality, and the Trust's Patient Safety Lead is working with clinicians to raise awareness and use of the database. Wider use of the database will need to be revisited.	
AQI 5	Development of a Strategy for Innovation	Jonathan Develing	Innovation strategy development discussed at October 22 Board Strategy Day. Innovation strategy development was considered within the new Strategic R&I Committee (first meeting took place 14th March 2023). Senior expertise secured from Innovation Agency to drive forward the development of the Innovation Strategy. Operational Board and Clinical leaders engaged (June 2023), one to ones with Executive Directors and a range of stakeholders complete. Workshops and Divisional meetings planned in July 2023.	Draft innovation strategy presented to Operational Board and Clinical Leads in September 2023. Final draft strategy will be available end Q3. Discussions commenced on operationalising the strategy alongside programme management, transformation workstreams and improvement projects.	Draft Strategy now finalised and ready for operationalisation, alongside programme management, transformation workstreams and improvement projects.	

Increasing Value

	A	WHO
	Director Objective	
IV 1	Implementation of financial strategy	Karen Edge
IV 2	Develop capacity for program and quality improvement	Sue Pemberton
IV 3	Utilise benchmarking and performance data to drive quality, productivity, efficiency and improvement	Jonathan Mathews
IV 4	Governance development and regulatory compliance	Karan Wheatcroft

2023/24

Q1	Q2	Q3	Q4
Agreed Strategy with BoD. Implementaton underway as part of annual planning process. Work with C&M system on Financial Recovery/Financial Strategy underway	Annual plan delivery in line with expectations. Development work continues over future years productivity and efficiency opportunities. Continued engagement with C&M financial strategy.	Good progress on diversification of income with recent award of Phase 4 THLC programme. Annual planning 24/25 commenced.	
Quality Improvement Team priorities presented to Operational Board in March 2023. Processes enhanced and tracker in place with a key focus on progress and outcomes. The improvement team are also involved in the implementation of PSIRF with an opportunity to ensure greater involvement in learning and improvements.	PSIRF implemented, with policy and plan approved by Trust and ICB. PSIRF tools now being used with an increased focus on learning and improvement. Quality Improvement Team working alongside patient safety leads. New tools and documentation/ training continuing to be rolled out.	PSIRF in place and report including early learning provided to the Quality Committee in January 2024. Quality improvement projects for 23/24 progressing well and plan in place to refresh these for 24/25.	
OPA transformation group TORs/work plan to be updated for Q2 New transformation groups governance and TORs being developed in line with OPA & Safe Waiting List The Trust has made great progress against GIRFT with a full update to the Board of Directors planned across the year. Cardiac Board continue to support regional improvement work driven by Model Hospital Data Model hospital data packs progressing through Executive and Operational Leads, with highlight reports and action plans to be scheduled for Executive Group review. Model hospital data submission for 2023 progressing.	Transformational groups TOR drafted for Operational Board sign off and implementation in November. Finance & Performance group continue to review key performance indicators with a dedicated slot for benchmarking. The Trust has made great progress against GIRFT with a full update to the Board of Directors planned across the year. Cardiac Board continue to support regional improvement work driven by Model Hospital Data Model hospital data analysis for 2023 progressing.	Focus on transformation continues to be a key priority, and the groups will be established in Q4. Delays in data and capacity have impacted the enablement of workstreams in Q3. The Trust continues to make great progress in respect of GIRFT with further updates to be reported to Operational Board in Q4. CEO discussions ongoing regarding role of Cardiac Board in the system. Continued focus on model hospital with the new data analysis to be reviewed by leads in Q4.	
Baseline reviews have been completed against the new Code of Governance, new Provider Licence, and Addendum for Governors. These have been reported to respective meetings (e.g. COG, Board, Audit Committee etc.) and progress against action plans is taking place. A comprehensive review of the Corporate Governance Manual has been undertaken in July 2023 for Audit Committee review and Board approval. Further work is underway in respect of the Joint committee arrangements, and also the update of the Trust constitution.	Baseline reviews demonstrate good compliance against new governance requirements. Corporate Governance Manual has been updated and amendments approved. The Trust Constitution has been amended and approved (September 2023). A system governance update was reported to the Audit Committee in October 2023. We are continuing to work with the system to ensure alignment.	The majority of actions from the baseline assessments have been completed. The Council of Governors assessed it's arrangements and effectiveness at the Joint COG and Board development day in November 2023. The Audit Committee have received the quarterly compliance checklist against the new Provider Licence. The year end compliance statements will be drafted in Q4. The CQC well led self assessment has been finalised following a range of sessions, mock interviews and final review. Actions from this are aligned to strategic objectives.	

Developing People

	A	WHO
	Director Objective	
DP 1	Improve recruitment and retention	Jane Royds
DP 2	Development of a Culture and Wellbeing Strategy and commitment to the NHS Wellbeing framework	Jane Royds
DP 3	Further development and achievement of the EDIB action plan	Jane Royds

2023/24			
Q1	Q2	Q3	Q4
<p>Turnover continues to fall</p> <p>Benefits videos has started to be filmed working with Communications</p> <p>Supporting Theatres with Internal Recruitment Day</p> <p>Met Sharon Blaney - LCR - to discuss getting LHCH job adverts into the wider community and to attract more ethnic minorities</p> <p>Long Service Lunch booked for 20th July</p> <p>Nominated for HSJ Patient Safety in Education and Training</p> <p>EDIB Wellbeing officer recruited and will start on the 17th July</p> <p>Stay Conversations have been taking place for staff who have worked at LHCH for more than 20 years</p> <p>AfC pay award successfully implemented</p>	<p>Turnover is now below target (9.78%). Benefits videos are well under way (lease car/child benefits/gym/EDM). Website launched - internet due Q3). Patient safety awards finalists - HSJ.</p> <p>Supporting hard to recruit areas such as therapies and theatres. Part of C&M retention group to share LHCH best practice.</p> <p>Preceptorship Quality Mark achieved.</p>	<p>Turnover continues to remain below target (9.26%). Retirement and Pension sessions tookplace across Sept / October to promote a positive and flexible culture.</p> <p>Targeted recruitment support in Theatres and Physiotherapy which included successful Theatre Recruitment Day in November</p> <p>Four LHCH Benefit Videos have been launched to promote a positive culture and recruitment materials are being redesigned to incorporate accreditation and KITE marks to promote LHCH as an employer of choice.</p> <p>Continued development in HR Digital process to improve employee experience</p> <p>Achieved appraisal compliance (90%) with a TNA being developed in Q4</p> <p>Apprenticeship First policy ratified and published</p> <p>Aspiring clinical leads programme commenced in September 23</p>	
<p>Culture & Wellbeing Strategy created in alignment with NHS health & wellbeing framework, currently being circulated and shared with key engagement groups before finalisation by 31 July 2023.</p> <p>Enabling our diverse NHS people to be healthy with a sense of wellbeing is crucial to high-quality patient care. To help us achieve this we have hosted several 'Live Well, Work Well' events with a focus on holistic wellbeing, providing on-site health checks, physical and wellbeing champions, mindful wellbeing therapies and psychological support, financial wellbeing guidance and mental fitness workshops to promote personal development and resilience.</p> <p>Time out to train remains a challenge for us to develop our people due to operational demands. We are attempting to combat this with bite-sized learning and live recordings at every opportunity to create content that is accessible online and on replays.</p> <p>Created the 'Staff Health & Wellbeing' hub on HR front door with a wealth of wellbeing resources available for all</p> <p>We continue to work across the trust to promote civility and kindness via our Be Civil, Be Kind Mantra, Civility Charter and pyramid. We are running a roadshow across the trust inviting all staff to attend impactful, drama-based scenario learning sessions to encourage civility, kindness and belonging. In addition, the HR, Learning & Development Team continue to support divisions with targeted interventions to improve culture.</p>	<p>Live Well Work Well event in September - collaboration continues to be progressed with Broadgreen. Increased training sessions with internal psychologist (debrief and managers reflections). Launched Culture & Wellbeing strategy. Held a range of events and awareness sessions - world mental health day, menopause awareness month and launched a tobacco dependent treatment service. Successful Schwartz rounds continue. Appraisals reach 92% completion - mandatory training stayed above 95% with recovery plans for bank mand training (although improved to 60%). Substantial assurance on Recruitment audit by MIAA.</p>	<p>Collaboration continues to progress with Broadgreen - plans are being progressed for the next LWW event scheduled for Feb 24 (Q4).</p> <p>Engagement event planned in line with the national campaign 'Brew Monday' (Q4)</p> <p>Further training for 'hot debriefs and Manager Reflection has been delivered by the Staff Support Psychologist.</p> <p>ODIHR have started a diagnostic to help develop a 'Managers Essentials' Programme which will build leadership confidence and capability</p> <p>De-escalation leaflet launched as part of the 'Its not okay' campaign which includes tools and techniques to support conflict resolution</p> <p>Menopause Staff Network / Lounge is established and continues to grow, helping to influence policy and practice</p>	
<p>Year 1 of the EDIB strategy has been delivered - the impact of the strategy can be evidence through improved staff retention, increased diversity in our workforce composition, improved staff experience as measured by the NHS staff survey and improved scored in the people promise themes 'we are compassionate and inclusive' Year 2 action plan is under development through think tank sessions - actions will be aligned to the NHS England EDI Improvement recently published (six high impact actions) WE have met all our national requirements including submission of our WRES / WDES - Good progress has been made against our WDES indicators and we have improved against 2 of the WRES indicators. Engagement with employees from protected characteristics will be progressed to understand lived experiences and how we can improve</p>	<p>BAME Assembly have visited and presented to Clinical leads event (end Q2) and for Board awareness Q3. Finalised Y2 EDIB action plan.</p> <p>Set up staff network groups - Endometriosis/ LGBTQ+ and start of a disability network.</p> <p>Celebrated black history month and Anti Racist framework went to BOD with an implementation plan. Secretary of State issued a letter regarding designated EDI resource which will be discussed at People Committee in Q3.</p>	<p>EDI Staff Networks have been established.</p> <p>Action Plan developed to support the implemented of the NHS Implemented Plan</p> <p>Board Awareness Session on the Anti Racism Framework took place in Q3</p> <p>EDI Board Objectives agreed</p> <p>Lived Experience 'Drama Based Training' to be rolled out across 24</p> <p>Staff Survey/WRES/WDES expected in Q4</p>	

Leading Collaborations

	A	WHO
	Director Objective	
LC 1	Lead the integration of the Cardiac Board and Cardiology Clinical network	Jonathan Develing
LC 2	Take a systems leadership role within the ICS, CMAST, Provider collaboratives and PLACE including Liverpool Clinical Services Review	Jonathan Develing
LC 3	Lead the CVD Prevention Board	Jonathan Develing

2023/24

Q1	Q2	Q3	Q4
<p>The clinical network and cardiac board is now aligned with a single workplan and revised teams of reference. Highlight reports are now integrated into a single report provided to the ICB and form part of the quarterly reviews with the network and the national team. The Board has successfully secured £180k on a non recurrent basis for the first two quarters of the year and has submitted new bids for transformation funds for there balance of 2023/24 and 2024/25</p>	<p>Transformation funds have now been secured for the remainder of 2023/24 and there is confirmation that we have been succesfull in part for 2024/25 enabling the CVD Prevention and FH services to be continued.</p> <p>National funding for clinical networks are subject to review and as such it is likely that a reduced network offer will be in place across C&M and C&L. This is resulting in additional work being undertaken by the LHCH Partnership Team.</p>	<p>National funding for clincial networks are yet to be confirmed. A reduced network structure has been implemented resulting in the LHCH Strategic Partnership Team picking up additional work until confirmation has been provided. Wider Strategic piece of work is underway in partnership with Health Innovation NWC to align existing Cardiac Board within ICB governance structures.</p>	
<p>LHCH is an active member of CMAST and local leadership forums within Liverpool, Sefton and Knowsley. Within Liverpool the Director of Strategy leads the Long Term Conditions segment of the One Liverpool Plan.</p>	<p>LHCH is an active member of CMAST and local leadership forums within Liverpool, Sefton and Knowsley. Within Liverpool the Director of Strategy leads the Long Term Conditions segment of the One Liverpool Plan.</p>	<p>LHCH is an active member of CMAST and local leadership forums within Liverpool, Sefton and Knowsley. Within Liverpool the Director of Strategy leads the Long Term Conditions segment of the One Liverpool Plan.</p>	
<p>CVD Prevention Group continues to flourish with good representation from respective leads in Place. The group has also developed and published the prevention 'Advancing CVD Prevention'.</p>	<p>Prevention Group is faciliating a workshop with the Voluntary Sector in November to explore the contributions that may be made through local groups in championing CVD Prevention.</p>	<p>Successful workshop delivered in Q3 including key stakeholders and Voluntary Sector colleagues. A successful network bid application has resulted in £6k being awarded to each of the 9 Places across C&M to progress new partnership working arrangements with Voluntary sector, focusing on health inequalities within the context of CVD.</p>	

Improving Population Health

	A	WHO
	Director Objective	
IPH 1	Implementation of our approach for health inequalities	Jonathan Develing
IPH 2	Develop ourselves as an anchor institution	Jonathan Develing

2023/24

Q1	Q2	Q3	Q4
Two strategies have been developed and presented to the BOD. These include a Trust wide approach to health inequalities and an approach to population health. Examples included interrogation of the Trust PTL for those with protected characteristics and the LHCH led schools projects, respectively.	The Trust now has access to the enhanced case finding tool within the CIPHA platform and will use this information strategically to lead and target areas of preventative work in the future.	The Trust now has access to the enhanced case finding tool within the CIPHA platform and will use this information strategically to lead and target areas of preventative work in the future.	
The Trust has invested in the social portal, is part of the prevention network and submits data on Quarterly basis to OKTA demonstrating progress against the Green Plan. The Trust also has participated in ICB Green events and workshops exploring how, at scale, Providers can support single green solutions	The Trust is working towards Bronze level social value accreditation. The Trust continues to progress delivery against the prevention plan and green plan.	Application for Bronze (Level 2) Social Value accreditation to be submitted by the end of January 2024. The Trust continues to deliver against the prevention and green plan agendas.	