

 <p>We each have a voice that counts</p>	<p>STHK</p> <ul style="list-style-type: none"> • Obstetrics • Paediatrics • COE 	 <p>We work flexibly</p>	<p>STHK</p> <ul style="list-style-type: none"> • Obstetrics • COE 	 <p>Morale</p>	<p>STHK</p> <ul style="list-style-type: none"> • Pharmacy Department • Paediatrics
	<p>S&O</p> <ul style="list-style-type: none"> • Pharmacy • Facilities 		<p>S&O</p> <ul style="list-style-type: none"> • Emergency Care 		<p>S&O</p> <ul style="list-style-type: none"> • Pharmacy Department • Support Services
			<p>Staff Groups</p> <ul style="list-style-type: none"> • Add Prof. • Scientific and Technical • Estates and Ancillary 		

Service/Team based initiatives

- The staff survey highlighted some services/departments that have consistently flagged low scores across a range of themes/questions:
- Obstetrics STHK
- Care of Elderly Nursing STHK,
- Paediatrics S&O,
- Estates and Facilities S&O,
- Medirest STHK,
- Emergency and Critical Care S&O,
- Pharmacy Department S&O.

The OD team will work with service leads to develop a targeted intervention plan for each of these areas utilising other workforce and performance data engaging other HR and Subject Matter experts as necessary.

Sharing the results

- Analysis shared with the CEO.
- The management and full reports available on the Intranet.
- L&OD team did a 'team takeover' of Trust Brief Live on Thursday 15 March, sharing a summary of findings and suggested areas of focus.
- Organisation level posters showing our top results based by theme and the strategic focus for the next 12 months. Posters for each directorate and area of concern, showing their top results by theme and areas on which they need to take an immediate focus.
- Access to detailed data via the easy to use, interactive dashboard available to all staff and managers allowing interrogation of data
- Summary with links to staff survey pages on intranet on Global emails.
- Copies of reports and actions to the local Staff Side representatives.
- Publication in News 'n Views.

Next Steps

GOVERNANCE AND MONITORING

Staff survey results have identified Trust-wide themes and specific service areas as needing further support, as previously described.

There are several other workforce and other metrics that could inform suitable interventions.

Proposed new working group, the Organisational Development Multi-Disciplinary Group to be established. Will analyse all the information working with the service managers and the Chief Operating Officer: This group will expand upon the work of the Staff Survey Operational Group and will seek to use the staff survey data in conjunction with workforce metrics to continuously drive improvement

Learning and Organisational Development has already engaged with several of the teams above and all teams will have had a meeting and identified any further action by end of April 2024.

-Staff Survey results and additional workforce metrics with associated actions will be reported and monitored on a quarterly basis at Valuing our People Council.

Title of Meeting	Trust Board		Date	27 March 2024
Agenda Item	MWL TB24/027			
Report Title	Trust Objectives 2024/25			
Executive Lead	Ann Marr, Chief Executive			
Presenting Officer	Ann Marr, Chief Executive			
Action Required	X	To Approve		To Note
Purpose				
For the Board to agree the proposed Trust objectives for 2024/25.				
Executive Summary				
<ol style="list-style-type: none"> This will be the first year that the Board will be setting trust objectives for MWL. The objectives (appendix 1) are aligned to the Trust vision to deliver Five Star Patient Care: 5 representing the Five Star Patient Care criteria of care, safety, pathways, communication, and systems. A further 4 categories covering; organisational culture and support for the workforce; operational performance; financial performance, efficiency, and productivity; and strategic planning are also included. There are 30 objectives proposed. The Quality Account quality improvement objectives are incorporated into the proposed Trust objectives. These have been agreed following a consultation exercise with staff and stakeholders. The 2024/25 Trust objectives will be launched at the Start of the Year Conference on 19 April 2024. 				
Financial Implications				
Included in 2024/25 budgets				
Quality and/or Equality Impact				
Not applicable				
Recommendations				
The Trust Board is asked to approve the Trust Objectives for 2024/25.				
Strategic Objectives				
X	SO1 5 Star Patient Care – Care			
X	SO2 5 Star Patient Care - Safety			
X	SO3 5 Star Patient Care – Pathways`			
X	SO4 5 Star Patient Care – Communication			
X	SO5 5 Star Patient Care - Systems			
X	SO6 Developing Organisation Culture and Supporting our Workforce			
X	SO7 Operational Performance			
X	SO8 Financial Performance, Efficiency and Productivity			
X	SO9 Strategic Plans			

Mersey and West Lancashire Teaching Hospitals NHS Trust

Proposed 2024/25 Trust Objectives

No	Objective	Lead Director	Measurement	Governance Route	Comments
1. 5 STAR PATIENT CARE – Care					
We will deliver care that is consistently high quality, well organised, meets best practice standards and provides the best possible experience of healthcare for our patients and their families					
1.1	Continue to improve the overall experience for women using the Trust's Maternity Services	DoN	<ul style="list-style-type: none"> Demonstrable improvements in the key areas from previous national surveys shown through regular inhouse surveys and feedback from women receiving maternity care and delivery of the agreed action plan. Create a MWL Maternity Strategy to support delivery of the national three-year maternity plan. 	Quality Committee	Quality Account Improvement Priority
1.2	Ensure patients in hospital remain hydrated to improve recovery times and reduce the risk of deterioration, kidney injury, delirium, and falls.	DoN	<ul style="list-style-type: none"> Monthly audits on every ward and ED to ensure all patients identified as requiring assistance with hydration have red jugs in place. Monthly audits on every ward and ED to ensure fluid balance charts are up-to-date and completed accurately. Quarterly audit of a sample of patients presenting with AKI to ensure appropriate treatment plans in place, including IV fluids/fluid balance 	Quality Committee	Quality Account Improvement Priority
1.3	Launch and deliver the Trust wide <i>Nursing Pride</i> quality programme to support and deliver consistently high-quality compassionate care.	DoN	<ul style="list-style-type: none"> Re-launch back to basics best practice programme by September 2024 Measure improvement in nursing quality indicators in the IPR (Quality Committee CPR) 	Quality Committee	

No	Objective	Lead Director	Measurement	Governance Route	Comments
			<ul style="list-style-type: none"> Evaluate the impact of the programme via the new MWL ward accreditation scheme. Achieve substantial assurance in the internal audit quality ward spot checks. 		
2. 5 STAR PATIENT CARE – Safety We will embed a culture of safety improvement that reduces harm, improves outcomes, and enhances patient experience. We will learn from mistakes and near-misses and use patient feedback to enhance delivery of care					
2.1	Continue to ensure the timely and effective assessment and care of patients in the Emergency Department.	COO	<ul style="list-style-type: none"> % of patients with triage >15 minutes who have observations undertaken prior to triage First clinical assessment median time of <2 hours over each 24-hour period Compliance with the Trusts Policy for National Early Warning Score (NEWS), with appropriate escalation of patients who trigger confirmed via regular audits. Compliance with sepsis screening and treatment guidance confirmed via ongoing monitoring. 	Quality Committee	Quality Account Improvement Priority
2.2	Reduce the incidence of methicillin-resistant Staphylococcus aureus (MRSA) healthcare associated bacteraemia infections to meet the zero-tolerance threshold and a 15% reduction of avoidable hospital onset MSSA bacteraemia's.	DoN/ Med D	<ul style="list-style-type: none"> Maintain high levels of awareness and compliance with all IPC policies and best practice as evidenced by regular audits e.g., cannula care. Deliver the agreed Peripheral Vascular Cannular improvement plan. Align ANTT training and competencies across MWL and achieve 85% compliance. 	Quality Committee	Quality Account Improvement Priority
3. 5 STAR PATIENT CARE – Pathways As far as is practical and appropriate, we will reduce variations in care pathways to improve outcome, whilst recognising the specific individual needs of every patient					
3.1	Continue to improve the effectiveness of the discharge process for patients and carers.	COO	<ul style="list-style-type: none"> Improved Inpatient Survey satisfaction rates for receiving discharge information. 	Quality Committee	Quality Account Improvement Priority

No	Objective	Lead Director	Measurement	Governance Route	Comments
			<ul style="list-style-type: none"> Improved audit results (minimum 75%) for the number of patients who have received the discharge from hospital booklet. Achievement of 20% target for patients discharged before noon during the week. 		
3.2	Cancer waiting time reductions.	COO/ Med D	<ul style="list-style-type: none"> Achieve the NHS Faster Diagnosis Standard (FDS) for Cancer to ensure that 77% of patients referred with a suspicion of cancer have a this diagnosed or ruled out within 21 days of referral by March 2025. Ensure that local pathways support the delivery of the FDS through the FDS Prioritisation Group. Achieve the 62-day standard for Cancer to ensure that 82% of patients who receive a cancer diagnosis after an urgent suspected cancer referral are treated within 62 days by March 2025. 	Finance and Performance Committee	
3.3	Implement unified clinical pathways across MWL, aligned to best practice guidance for SDEC, Fractured neck of femur and Day Case Surgery	Med D	<ul style="list-style-type: none"> Patients follow the same pathway for common conditions irrespective of where they present across MWL 	Quality Committee	
4. 5 STAR PATIENT CARE – Communication We will respect the privacy, dignity and individuality of every patient. We will be open and inclusive with patients and provide them with more information about their care. We will seek the views of patients, relatives and visitors, and use this feedback to help us improve services					
4.1	1 Implement a new speech recognition system to improve the turnaround times for clinic letters.	DoI/MD	<ul style="list-style-type: none"> Implement the new system and train staff in its use. Achieve a 48-hour (working week) turnaround for urgent letters and 7 days for routine letters, 	Finance and Performance Committee	
4.2	Continue to align the internal and external communications systems across MWL to ensure they are effective.	Deputy CEO	<ul style="list-style-type: none"> Encourage and support staff to be part of the new MWL culture programme and to share stories, ideas, successes, and suggestions for improvement. Develop innovative and creative digital communications channels to ensure staff and patients can access clear information conveniently and with ease. 	Executive Committee	

No	Objective	Lead Director	Measurement	Governance Route	Comments
			<ul style="list-style-type: none"> Enhance the use of digital and social channels and continue to grow engagement with staff, stakeholders, patients and people across all our communities 		
4.3	To complete the implementation of technology to support and improve patient engagement, and experience with the trust	Dol	<ul style="list-style-type: none"> To complete the implementation of phase 1 of the patient engagement portal (PEP), enabling patients to view their outpatient letters on the NHS app. 	Finance and Performance Committee	
5. 5 STAR PATIENT CARE – Systems We will improve Trust arrangements and processes, drawing upon best practice to deliver systems that are efficient, patient-centred, reliable and fit for their purposes					
5.1	To progress the convergence and unification of clinical digital systems to ensure collaborative working across MWL.	Dol	<ul style="list-style-type: none"> To complete the procurement of a new EPR, so that the FBC is approved, and the contract signed. To review clinical digital systems across the trust and understand the clinical prioritisation for system convergence and develop a programme that complements the EPR implementation programme. To support the ongoing development of the St Helens Care Record, including the onboarding of additional places – Knowsley, Southport, Sefton, Halton, and the migration to the C&M cloud 	Finance and Performance Committee	
5.2	Improve access to patient information via the implementation of Narrative Digital Clinical Documentation	Dol	<ul style="list-style-type: none"> Clinicians can access the patient information they need. Patient information entered electronically only entered once. 	Finance and Performance Committee	
5.3	Achieve the same level of technology across all Trust sites which is safe, secure, and available, this will allow staff to work from any sits and access the systems they need to carry out their roles, from any device	Dol	<ul style="list-style-type: none"> To have a fully reviewed and updated information asset register with highlighted consolidation opportunities. Complete the email migration work to ensure all staff have a single-branded email address for MWL. To consolidate the server and storage infrastructure across the data centres allowing for the removal of one or two of the data centres. 	Finance and Performance Committee	

No	Objective	Lead Director	Measurement	Governance Route	Comments
			<ul style="list-style-type: none"> Setup infrastructure to facilitate shared working with a single set of network drives across the whole organisation. Move the networking over to a single outbound network link which will reduce the need for further investment in firewalls and other associated networking equipment. Agree opportunities to expand Single Sign On, resulting in easier/ quicker log ins. 		
6. DEVELOPING ORGANISATIONAL CULTURE AND SUPPORTING OUR WORKFORCE					
We will use an open management style that encourages staff to speak up, in an environment that values, recognises and nurtures talent through learning and development. We will maintain a committed workforce where our people feel valued and supported to care for our patients.					
Looking after our people					
6.1	Continue to support the standardisation of our staff support services and policies ensuring that all staff have access to the same levels of support wherever they work	DoHR	<ul style="list-style-type: none"> Continue to harmonise workforce policies across MWL Review the wellbeing support offer so it continues to be accessible, proactive and meets the needs of staff and managers. 	Strategic People Committee	
Belonging to the NHS					
6.2	Create a culture of compassionate leadership and one that celebrates inclusivity and embraces flexibility through the embedding of the new values and behaviours of the organisation.	DoHR	<ul style="list-style-type: none"> Agree the priority actions from the 2023 staff survey to improve staff experience, confidence in speaking up and engagement for delivery during 2024/25. Launch the new Trust values and promote and explain them to all staff. Increase access to immediate line manager training programmes such as Making the Transition Improve access to flexibly working opportunities for all staff groups across MWL. Deliver the Equality Diversity and Inclusion operational action plan. 	Strategic People Committee	

No	Objective	Lead Director	Measurement	Governance Route	Comments
			<ul style="list-style-type: none"> <li data-bbox="954 225 1673 312">• Maximise the potential of the Trust as an anchor institution in our communities to improve health, education, and employment. <li data-bbox="954 347 1673 406">• Work with Places to turn data into action through targeted programmes with a focus on health inequalities 		