

**Item 5.i**

<b>Report to:</b>	Trust Board	<b>Date:</b> 2 March 2023
<b>Report from:</b>	Chief Operating Officer Director of Strategic Projects	
<b>Principal Objective/ Strategy and Title:</b>	Delivering the Trust Five Year Strategy – Year One Review	
<b>Board Assurance Framework Entries:</b>	Delivery of the Trust 5-year Strategy	
<b>Regulatory Requirement:</b>	None	
<b>Equality Considerations:</b>	Equality has been considered but none believed to apply	
<b>Key Risks:</b>	Failure to prioritise activities that drive the delivery of the Strategy ICS Strategy conflicting with Trust Strategy Projects and resources are not aligned to Trust objectives	
<b>For:</b>	Information	

**1. Summary**

The aim of this document is to provide an update towards the delivery of the Trust Strategy 2020 - 2025, on the second anniversary of its official launch.

**2. The Strategy**

The Strategy was developed during 2019 and received final approval in December 2019 with a planned launch date of March 2020. The launch date was delayed due to the COVID-19 pandemic. The Strategy was reviewed after the COVID-19 first wave and launched formally in September 2020.

The Strategy focuses on six strategic objectives and sets out within each objective the key planned deliverables identified at the time that sought to meet that objective. Each objective also sets out what this will mean for our patients, staff and partners. The Strategy additionally outlines key risks to delivery and the enabling strategies that underpin its delivery.

This review outlines progress towards delivery of the intended deliverables; any unplanned changes and initiatives that have taken place over the last year; an assessment of risks to Strategy implementation: and progress on the enabling strategies.

The Strategy year runs from September to August and this review covers the period September 2021 – August 2022. During this period COVID-19 continued to challenge and test our clinical services and our staff, particularly during Q3 and Q4 2021/2022 and this has had a direct impact on our delivery of the Strategy. However, overall good progress has continued to be made.

**3. Second Year Progress**

Progress towards delivering each of the strategic goals is set out below, by goal.

### 3.1 Strategic Goal 1: Clinical Excellence

To ensure that we maintain our CQC 'Outstanding' rating and move remaining domains from 'Good' to 'Outstanding' we have refreshed our approach to the Fundamentals of Care and provided skills support to staff to be able to undertake peer reviews of services. Internal reviews conducted this year include Dignity and Respect (28/02/2022) and Self Care and Treatment (November 2021).

Long-term national shortages in the echo physiology workforce have impacted locally in the past twelve months and has created backlogs in echo investigations across the system. In response, the ICB and East of England Cardiac Network have highlighted the risk in relation to the echo workforce as a priority. Plans such as Digital Staff Passporting and harmonised R&R, standardisation of practice and a system-wide bid for ETP's were presented to the ICB steering group in December 2021 and are being worked through to implementation.

Cardiology GIRFT implementation is incorporated in the ICS Cardiovascular Disease Strategy, the development of which was led by the Trust and approved in summer 2022. Examples of initiatives to improve patient outcomes include:

- The physio team participation in the East of England Deconditioning Games, improving patients' strength and mobility pre and post operatively. The initiative won an Improving Care for Older People award at the Health Service Journal, Patient Safety Awards.
- Building on the success of the electronic referral system for ECMO, this has been extended to the heart failure service streamlining referrals from any other hospital centres.
- Commissioners agreed to fund the Percutaneous Mitral Valve Repair (PMVR) service in Q1 2022/23, which was previously funded by the Trust. Building on this success the cardiology service has submitted a proposal to Commissioners to develop a less invasive Left Atrial Appendage Occlusion service.
- The Balloon Pulmonary Angioplasty service is now more resilient with a full consultant establishment in post. Similarly, funding has been secured to continue to provide the DCD national organ retrieval service for a further year.

New ways of working developments this year include:

- In respiratory physiology, the team have continued to streamline investigations undertaken in conjunction with referring Trust clinicians, to only undertake those necessary for clinical management. This process started as a result of COVID-19 and has continued in to BAU practice.
- The Cardiac Physiologist team have reduced the detection time of arrhythmias such as Atrial Fibrillation (AF) which could put a patient at risk of stroke through the use of remote monitoring. The detection time was reduced from 137days to 90days for new AF diagnosis. 93% of patients accepted remote monitoring, and the failure rate to attend appointments fell from 9.6% to 8%. Additionally, having a remote box transmit data to the hospital gives equality to those patients who are carers, house bound or cannot afford to drive to the hospital.
- The PPE decontamination team established during COVID-19 have been established as a permanent service within the hospital and continue to support the safe reuse of PPE, in particular masks.
- The physiotherapy team commenced and trialled a non-medical consultant post in Critical Care.

- The CPAP service has established outreach clinics run by specialist nurses to bring the service closer to patients homes.
- 3N have also set up home visits for MND patients with a tracheostomy as patients were reporting an overall poor patient experience coming to the hospital including transport.
- Embedding virtual CPAP follow ups and Attend Anywhere video consultations within Thoracic Medicine in to BAU process.
- The CCA team continued to develop the role of critical care scientist into the team providing a vascular access service for the whole hospital and many chronic patients.

Online and virtual outpatient appointments have continued to be reviewed throughout the year in particular with the relaxing of the rules for face-to-face consultations and these have been rebalanced to reflect clinical need and are in a steady state.

Areas where less progress than anticipated has been made include surgical site infections, which increased during Q1 2022/23 and have been the subject of renewed activity and oversight to reduce these to expected levels. Options for developing a quality improvement and transformation methodology have been considered in year with a plan to develop a Quality Improvement Strategy for Q4 2022/23 with associated resources and leadership.

The frailty service project remained on hold through the year with plans to reinvigorate this work in 2023/24 working with campus and ICS partners.

Finally, there has been slower than anticipated development of rapid specialist pathways e.g., Rapid TAVI and pacing, due to the need to balance activity recovery and reduction in waiting lists.

### **3.2 Strategic Goal 2: Working with our Partners**

We have continued to share our expertise with local and national colleagues in a more structured way by providing specialist advice, assessment and guidance. The Clinical Decision Cell established during the first waves of COVID-19 continued to meet through subsequent waves and then weekly to support new ways of working, new clinical opportunities and support clinical risk management, both within the Trust and within the ICS.

With the opening of the second bronchoscopy room, we have worked with CUH for their consultants to utilise this capacity to reduce their patients waiting times. Similarly, we have provided mutual aid to CUH for cardioversion procedures through Day Ward.

We provided a COVID vaccination booster service during December 2021 for members of the public, Campus staff and local health and social care staff at the request of the ICS. We also offered first and second vaccinations as part of this service.

We have maintained high levels of representation on national and international platforms, clinical reference groups, royal colleges including at SCTS Executive Committee, NHSBT and in particular:

- Critical Care & ECMO Nurse Consultant is a member of UK Intensive Care Society Nurse Advisory Group (elected by peers) responsible for providing advice and expertise in matters relating to their profession to the Intensive Care Society Council.

- New appointed Chief Allied Health Professional participates in the ICS AHP Council and East of England AHP Board, working in collaboration with system and regional leads across a range of issues and sharing best practice.
- Co-Chair of International committee developing joint guidelines with SCCM and ELSO on ECMO for respiratory failure in adults.
- One of the Cardiothoracic consultants is President of Society for Cardiothoracic Surgery in Great Britain & Ireland (from 30<sup>th</sup> September 2022).
- Deputy Medical Director is President of the Intensive Care Society.
- STA Clinical Director is the national lead for the ECMO service.
- AHP representatives also attended conferences including the Intensive Care Society and Society for Cardiothoracic Surgery with poster presentations sharing their work here at the Trust.

Building on the successful development of the Cardiovascular Disease Strategy we have worked closely with secondary and community heart failure services across the ICS and region to ensure that patients are seen in the most appropriate setting. On 16<sup>th</sup> June 2022, the ICS Management Executive approved a Case for Change regarding the development of a fully integrated care model for community management of heart failure (HF) and this work is being led by a system wide Heart Failure group.

We have continued in year to develop and test novel approaches to excellent care with commercial partners using new technology in the following ways:

- Royal Papworth Hospital has been working with Philips UK&I to explore the opportunities presented by new technologies to improve the clinical offer at Royal Papworth. In late 2021, the Royal Papworth Hospital and Philips partnership won the Health Sector Award at the Institute for Collaborative Working's 2021 Collaboration Awards. This reflects the success the collaboration has achieved in improving outcomes for patients and improving the clinician experience. Current priorities for the Philips partnership include maximising the potential of the hybrid theatre through use of cone beam CT and exploring newly developed procedures for endobronchial biopsy, ablation and iVATS.
- Royal Papworth Hospital has also established a partnership with Amazon Web Services (AWS) to develop the new version of Laudit. The two organisations will continue to work together to roll out Laudit to other organisations. Laudit has played a significant role in creating a culture where success and innovation are rewarded.

We have sustained our work with local secondary care providers and clinical networks to develop/devolve services that best fits the patient and their local provider as follows:

- One of the Consultant Radiologists is the Clinical Lead for the E1 Imaging Network, one of two network The Trust is part of developing Imaging Network, East 1 (E1) which is one of 2 networks for the East of England and is part of a national programme of developing imaging networks.
- The Respiratory Physiologists commenced work developing a first line investigative and testing pathway within the East Cambridgeshire & Fenland Community Diagnostic Centre to be based in Ely and Wisbeach (Hub and Spoke model).
- The Principal Cardiac Physiologist shared the remote monitoring experience with cardiology operational managers, cardiologists, and lead cardiac physiologists in the ICS. This was a fantastic opportunity for shared learning and promotion of protocols and systems that could be adopted across system partners to ensure equality of up to 14,000 patients care. In addition, this shone a spotlight on the potential for unique job role opportunities.

- The cardiothoracic surgical team have provided mentoring support to Essex and Basildon to support the development of an acute emergency aortic service locally.

Finally, we attended (and continue to attend) the daily system resilience calls to see how the Trust can support the region and ICS in terms of post COVID recovery and relieve system pressures.

### **3.3 Strategic Goal 3: Positive Staff Experience**

The development of the People Strategy is underway but is not expected to be finalised for approval until Q4 2022/2023. This will provide the focus and framework for the new bimonthly Workforce Committee which will be established in 2023.

Equality, Diversity and Inclusion has continued to be front and centre in the delivery of this goal. The Trusts own Reciprocal Mentoring Programme commenced in June 2022, with 15 pairs of mentors formed and plans are in place to extend this to a second cohort in 2023.

An EDI Network and Compliance Officer post has been recruited to, to support the EDI work programme. A programme of events has taken place through the year to create a sense of belonging include Black History Month, Pride, Eid and more recently Diwali. Additionally, 12 Cultural Ambassadors have been trained to engage in the HR processes such as employee relations, disciplinary process to ensure fairness and bring their expertise to these processes. Trans Awareness Training has continued through the year.

Development of the staff networks has continued in this year, with a skills development programme for leads taking place to support them in this role. Awareness of the networks has increased, and each network is well attended and running awareness events through the year, either online or in the hospital atrium.

The Trusts Values and Behaviour Workshops were launched in Q4 2021/2022 and at the end of November 2022 65% of employees had attended the sessions. Targeted supplementary work has taken place in Critical Care, with the roll out of Civility Workshops for all CCA staff as part of the Critical Care Transformation Programme. These programmes are now being extended to the theatres.

We have continued to maximise the opportunity for flexible and remote working alongside the recovery plan following the winter 2022 COVID 19 wave.

Initiatives aimed at supporting the overall wellbeing of staff this year include the appointment of a Psychological Wellbeing Practitioner, trained Mental Health First Aiders and we provided Health and Wellbeing training for Healthcare Support Workers. A Health and Wellbeing Management Group has been established and a self-assessment against the NICE Mental Health and Wellbeing guidelines highlighted that we meet 35 of the 57 recommendations and actions plans have been developed to address the remaining 22 recommendations.

There is now a dedicated intranet page for Health and Wellbeing and a Health and Wellbeing Project Officer is now in post. Our offer for staff extends to services outside of the Trust linking to provision in the ICS, popular courses include Tai Chi and Art classes. The financial welfare scheme has continued into year 2 and the COVID and Flu vaccination programme planned for Autumn 2022.

The triumvirate development programme has been scoped with an initial diagnostic undertaken with a plan to roll out the programme in 2023.

We have continued our focus on recruitment and retention, albeit in the context of a more challenging local labour market, low unemployment, and wage competition:

- Use of international recruitment has continued and extended to radiographers.
- The AHP team have opened up recruitment with return to practice posts advertised and successfully recruited three more staff using this route.
- Posts are now being opened up to wider professional groups at advertising stage to offer more career choices and development for staff e.g., Safeguarding Lead.
- The apprenticeship scheme has also been extended this year to AHP staff, including physio, OT and social work and plans are to extend this to dietitians and radiographers. This is open to existing and new staff and provides staff with further career and development opportunities.
- The Cardiac Physiology lead developed a local programme for improving staff recruitment, retention and health, and wellbeing with the team. Key to this was flexibility, ability to work from home or remotely and joining the Bank has meant that highly trained staff have stayed with us rather than leaving due to relocating, becoming a mother or carer, etc.

It has been recognised that there is more work to do within recruitment and retention and a diagnostic of our processes has been undertaken in year with a plan to launch a transformation programme in 2023.

We have worked with ICS partners on joint recruitment initiatives and jobs promotion events, utilised social media promotion of vacancies and worked with schools and colleges to promote the Trust and the NHS as an employer of choice.

In terms of training, supporting and empowering line managers to deliver the challenges of the strategy, the Collaborative and Collective Leadership Line Managers Programme was launched this year with 50 leaders attending the course. The Critical Care Transformation Programme has provided more local leadership support and development for the senior nursing team.

The Line Managers Induction Programme has also undergone a refresh to reflect changes in HR procedures, values and processes and the Trust's Disciplinary Procedure has been updated to reflect a just culture.

Induction processes moved back to face to face in the summer 2022 and also now include sessions on the Trusts Values and Behaviours Framework and Civility as part of the onboarding process.

Areas where less progress than anticipated has been made include growing our own, regular performance reviews and workforce planning. These have all been impacted by staff redeployments during the COVID wave in winter 2021, with some staff only returning to their base ward/department in early summer 2022. Staff vacancy rates are at a historical high rising to 18% in year and areas of focus have included the recently launched Theatres Transformation Programme. Finally, staff appraisal rates have not returned to the pre pandemic levels and there are plans to roll out a new appraisal process and paperwork in Q4 2022/23.

### 3.4 Strategic Goal 4: Share and Educate

The development of the Royal Papworth School has progressed in year but at a slower pace than anticipated. A concept paper setting out the vision and direction of travel for the School was developed and then agreed in Q4 2021/2022. The concept paper also outlined the operating model and approach to the school and establishment of the School Management Group took place in July 2022, bringing together all elements of education provision in to one management group. From this concept paper the school strategy, vision and strategic goals have been developed and the strategy is planned for approval in Q4 2022/2023.

The School Management Group, and the governance structures and groups supporting education have been reviewed and terms of reference drafted. The School Management Group feeds into the Quality and Risk Committee. The physical move in to the HLRI has brought together the clinical education, workforce education and the Papworth Professional Development teams in to one location, improving communication and joint working.

Whilst outline discussions have been held with the University of East Anglia (UEA) and Anglia Ruskin University (ARU) the development of a formal academic partnership will not be realised until the academic year 2023/2024, and pending desired partnership arrangements may require a formalised tendering process.

Working with Cambridge University (CU), the Clinical Education Team have been invited to progress the opportunity for 'teaching partners status' with CU which is a Kite Mark recognition of the quality of training we provide.

It is worth noting here that outside of developing these formal partnerships the AHP team have expanded their student capacity and are accepting students from more local universities, increasing the awareness of the Trust and supporting future recruitment in the services. In addition, the Respiratory Physiology team train healthcare sciences workforce through Health Education England (HEE) and provide external courses through their national body, locally and internationally. The team also provide spirometry courses in the community to support the reintroduction of this service. In addition, we are working with Anglia Ruskin University (ARU) to develop a specialist perfusion programme and ECHO physiologist apprenticeship which would support recruitment to these disciplines.

The Trust already has accredited post graduate training but there has been delays in extending this to other disciplines but will be a key goal in the future strategy. We have received reaccreditation for the training of Cardiac Scientists from School of Science at Health Education England this year.

Whilst the pandemic and its impact has receded during the year, the demand for flexible on line or virtual learning has not. The current offering on Learn Zone has been extended to include training for vaccinators, M.abscessus awareness training and the majority of mandatory training but is now at capacity. The provision of a new virtual learning environment to support the enhancement of education provision is a key part of the new School Strategy.

Other examples of the progress towards this goal this year include:

- The education team supported the redeployment of staff during the winter 2021 COVID wave with the use of a buddying system which is an embedded internal

practice and supported students undertaking paid work at the Trust during the COVID pandemic.

- There has been investment in the Continued Professional Development Team who have successfully supported overseas recruits to pass their OSCE examinations, with a 100% pass rate.
- Three international fellow posts have been established, where PTE training is provided allowing the skills learnt to be implemented overseas and then this is supported by a mentoring programme.
- Implementation of a Matron Development Programme, underpinning the Collaborative and Collective Leadership Programme.
- The Nurse Consultant, Critical Care & ECMO is a guest lecturer at ARU and UEA.

We also facilitated observer-ships within the Critical Care Unit to enhance learning and share practice as well as internal training and assessment of ECMO Specialist Nurses and Cardiac Surgery Specialist Nurses providing a highly skilled cost-effective workforce in Critical Care.

The market for external training provision has opened up in year and the first CALs and ECMO courses have taken place for the first time in three years. They continue to be oversubscribed by delegates from around the world.

In November 21, Papworth Professional Development launched its website/learning platform/eCommerce: <https://online.royalpapworth.nhs.uk/> and during 2022 worked on transitioning all of our courses from using EventBrite for booking management, onto a Trust own booking system, and this work will continue into 2023.

From February 2022, Papworth Professional Development have started a project of digitalisation of our educational offering. Project leads are Director of Medical Education and Deputy Director of Medical Education with quality assurance provided by a further 24 consultants. Content of the courses is being provided by colleagues at all levels of clinical engagement.

The team have also collaborated with our on-campus neighbours in organising several educational evenings aimed at primary care practitioners in the region, re-established annual East of England cardiology update and developed a Senior Clinical Leadership Programme in collaboration with The Royal College of Physicians.

The development of the Royal Crest has progressed in year, the Trust petitioned the College of Arms for a full coat of arms following the granting of its 'Royal' honorific. In 2020 the Garter of the King of Arms and the Norfolk Herald Extraordinary approved Royal Papworth's petition and the process of designing the Coat of Arms was undertaken in liaison with the Windsor Herald and his team. The final design was completed in September 2021 and presented to Royal Papworth in November 2021. In 2022 charitable funding enabled the creation of the crest and badge and the coat of arms is now situated in the main atrium of the hospital with accompanying plaque depicting its meaning. Brand guidelines for the coat of arms have been created to inform usage at Royal Papworth Hospital.

Finally, initiatives that have not progressed this year include the development of an alumni scheme, developing a training offer that seeks to 'grow our own staff' and using the talent pool to enhance staff retention have been impacted by the delay in the establishment of the School.



### 3.5 Strategic Goal 5: Research and Innovate

The focus of this year has been the development of the Trusts Five Year Research and Development Strategy. The Strategy was approved at the December Board and sets out the priorities for research and innovation, embodied within 11 objectives for the next five years.

The key achievement for research and development this year was the commissioning and opening of the Heart and Lung Research Institute, opening in April 2022 with the Trust's Research and Development Team and Education team moving in, in that month. The University's research teams have moved in gradually since then and benefits from closer working and collaboration are expected to realise from this colocation in 2023/24.

A key component of the HLRI is the development of the Clinical Research Facility, a joint venture between the Trust and the University, which saw its first participant on 24<sup>th</sup> November 2022. The CRF is being road tested with business-as-usual research activities as the team secure first in patient studies with a plan to fully open the Facility in Q4 2022/23.

Work continues but at a slower pace than anticipated, to foster an environment that encourages all staff groups to participate in and lead research activities. The Steering Group to encourage and mentor non-medical staff has been formed and is developing its workplan for the next year.

Work to include research activities in all job descriptions and to ensure that a research representative is part of the consultant recruitment process is a priority for Q4 2022/23, together with expanding the Research Fellowship Programme to include other staff groups.

The Innovation Fund was launched this year from Charity funding, and two funding rounds have allocated £350,000 to five applications. Several exciting new projects have begun to be explored including studies into sputum biomarkers to identify sudden clinical deterioration of patients with cystic fibrosis; exploring the use of new additional diagnostic tools prior to lung transplantation to increase organ utilisation; and evaluating the optimal strategy for Interprofessional Education in Specialist Cardiothoracic Intensive Care. Presentation of the studies will take place over the next 12 months to evidence their impact.

The Charity will provide £2M in funding by 2027 to the Innovation Fund to pump-prime new ideas and support development.

Support for innovators has been strengthened this year as the Commercial Innovation Group, established in 2021, continues to meet regularly and to drive commercial projects at Royal Papworth Hospital. The Trust's Intellectual Property policy has been revised to support the commercialisation of ideas and inventions. The new policy simplifies several elements of the previous policy and provides a clear pathway for innovators within the organisation to progress their ideas and to access seed funding. The new policy is also better aligned with the Trust's NHS neighbours. Furthermore, in the last 12 months the opportunity matrix to assess commercial projects has been revised and improved to better evaluate commercial ideas and to enable the Commercial Team to prioritise their workload effectively. Supported projects include the successful commercialisation of Laudit, and ongoing support for the mOrgan Device and Euroscore 2.

Finally, several consultants have been awarded Associate and Assistant affiliations with the University of Cambridge and is one result of the continued collaboration between the two organisations.

### **3.6 Strategic Goal 6: Sustainability**

During the year we continued to deliver the Financial Strategy, in the following ways:

- Exceeding the delivery of the 2021/22 CIP target at £5.9m against a target of £5.4m
- Transformational programmes commenced in Critical Care and Theatres to increase capacity, utilisation and recovery of waiting list backlogs. The Critical Care Transformation Programme delivered the opening of commissioned critical care bed base (36 beds) and increased occupancy of critical care beds. The Theatres programme commenced in August 2022 and is at the early stages of implementation.
- Outpatients reopened to face to face consultations, and we now operate a mixed model of face to face and virtual/telephone consultations.
- Commissioning of the Meridian review of theatres and cath labs to increase productivity and introduce new ways of working.
- Private patients' income continued to make a positive financial contribution to the Trust financial position.
- The Trust has continued to experience benefits from the change in financial architecture. These are driven partly by the national approach and partly by the significant work the Trust undertook with NHSI/E to ensure appropriate baseline remuneration for the Trust through the top-up arrangements, now subsumed into the national architecture. During 2021/22 the Trust secured additional funding for its expanded ECMO capability and secured a change in the national transplant tariff resulting in financial gains for the Trust; this additional funding has continued through to 2022.
- Through the legal transition to Integrated Care Boards (ICB) in July 2022, the Trust has continued to work in an open and collaborative manner with ICB partners and NHSI/E. We have provided thought leadership on the national delegation of specialised commissioning and continue this work through work with the Federation of Specialist Hospitals.

We also revisited ways by which to optimise all the hospital facilities in particular:

- Conducted a room utilisation audit of all outpatient areas and specialities to align demand and capacity and improve the oversight and utilisation.
- External review of clinical administration services including the centrally managed teams and those managed within Divisions, to review organisational effectiveness and processes.
- Commenced the Hybrid Mail project which seeks to automate the generation of outpatient letters and provides a patient portal for patients to view letters online therefore improving patient access to their information and reducing paper and postal costs.
- Improved staff rostering, matching demand and capacity forms part of the Critical Care Transformation and Theatres Transformation Programmes. The former has seen an increased publication period for critical care roster, together with reduced CCA nursing staff vacancies and increasing bed capacity available on a consistent basis.
- Commenced the Patient Initiated Follow Up project, a NHSE initiative within RSSC, with a view to reducing the need for follow up appointments.

In terms of developing further our external supplier contract management processes, we are working through a re-tender exercise for our procurement functions, due to conclude by March 2023. There have been improvements made in core processes, however, this is a work in progress as the new regional, national and ICB architecture is changing the landscape for local procurement teams. There have been large scale procurements over the last year which has fostered learning for the Trust’s teams and external teams and suppliers. Contract management remains challenging in the national economic context and we continue to work with SBS and Trust teams to make improvements in these areas.

The Estates team continue to monitor the PFI contract on an ongoing basis, with additional support brought to site to increase capacity for monitoring within the Trust team. Monthly reporting, review and reports from provider services have aided the monitoring of contractual parameters, allowing the Trust to challenge issues robustly. A number of larger scale ongoing issues were highlighted during this period, many of which remain in place currently. Ongoing escalations of concerns are in place and will continue until an appropriate resolution has been achieved. The way that the Trust manage the PFI contract has been recognised as exemplary by the PFU, P2G and Bevan Brittan in the past year.

We have optimised our investments in digital infrastructure and systems by:

- Commencing a desktop hardware refresh programme.
- Implemented GP Connect providing the ability to see structured patient data including medication from patients’ primary care records.
- Introduction of Office 365 across the Trust.
- Migrated data storage from physical data centre to the cloud improving speed and resilience and having a positive impact on carbon reduction.
- Near complete deployment of a backup service (BAAS), now in the optimisation phase, which improves recovery in the event of a cyber-attack.
- Introduction of the Somerset cancer system.
- Established digital systems to support the opening of the HLRI.
- Introduction of a new PACS system for diagnostic imaging.

The development of an ICS shared care record continued to progress in year and is now at live patient data testing phase.

The Lorenzo Digital Exemplar programme completed 6 out of 8 projects to date and self-service analytics was the last project to be come to fruition.

Further developments and optimisation of Lorenzo were put on hold with the ownership and support of the system transferring to Dedalus.

#### 4. Enabling Strategies

A number of enabling strategies underpin the delivery of the 5-Year Strategy and progress towards delivering these is summarised in the table below:

Enabling strategy	Status
People Strategy (new)	In progress. Expected delivery Q4 2022/23.

Finance Strategy 2019 -2029	Approved in 2019.
Digital Strategy 2012 - 2025	Approved October 2021.
Quality Strategy 2019 - 2022	Approved in 2019.
Education Strategy 2019 - 2022	Approved in 2019.
Research & Development Strategy 2023 - 2028	Approved December 2022.
Estates Strategy 2021 – 2025	Approved June 2021.
Sustainability Strategy 2021- 2026	Approved August 2021.

The Quality Strategy coverage period has been extended to March 2023, (agreed at Quality & Risk Committee) with a view that a new strategy is in place from April 2023. The Education Strategy is currently under a review with a revised version anticipated in Q2 2023/24.

Finally, each clinical Division is preparing their own 3-year strategy to set out how they will meet the challenge of delivering the Trust Strategy and their priorities for the next three years. These are expected for approval at SPC at its June 2023 committee meeting.

## 5 Risk to Delivery

At the time of the Strategy development, it was recognised that there were several risks to successful delivery (See Appendix 2).

COVID-19 continued to hinder our ability to progress the Strategy, in particular during the second half of the year. There are also several materialised risks that have continued from year one into year two as follows:

- Inability to meet RTT and cancer waiting targets could result in poor patient outcomes, poor patient experience, damage to the Trust's reputation and reduced income. Our ability to meet these targets has been initially impacted by the treatment of COVID-19 patients, and latterly the large volume of patients on the waiting that have built up during the pandemic. The divisional teams are working to mitigate this as much as possible through clinical priority reviews and working to utilise existing hospital capacity.
- Failure to release staff to undertake educational activity due to workload constraints and capacity pressure. Again, in stepping up to meet the challenges of caring for COVID-19 patients and staff redeployments educational activities were scaled back in the first half of the year and these are proving challenging to regain previous levels of compliance.
- Interim financial structures placing pressure on overall financial sustainability. The impact of this has been managed through staffing establishment reviews, performance reviews and the CIP delivery programme. Our excellent activity recovery, over performance in

private patients' activity and operational underspends has positivity impacted on our overall financial position.

No new risks to delivery have been identified as part of this review.

Finally, BAF Risk 2901 (Risk to delivery of Trust Five Year Strategy due to potential misalignment of priorities between the development of the ICS and the 5-year strategy) is also formally reviewed monthly and reviewed by SPC at its meetings. The Trust is represented at ICS Board level as well as numerous planning and delivery groups and was engaged in the development of the ICS Health and Wellbeing and Integrated Care Strategy 2022 – 2030 and is currently participating in the development of the ICS Joint Forward and Operational Plans.

The Board is requested to:

- 1) Note the contents of the paper.