



West Hertfordshire
Teaching Hospitals
NHS Trust



**Our
strategy**
2024-2029

Excellent patient care, together

 Empowered  Compassionate  Professional  Inclusive

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Introduction from the Chair and Chief Executive

It is a privilege to lead the West Hertfordshire Teaching Hospital NHS Trust. We are surrounded by talented, committed and compassionate colleagues who strive every day to provide excellent care to the patients we serve.

This strategy sets the Trust's ambition for improving everything we do with, and for, our patients, colleagues and partners. We are setting ourselves high expectations with major projects, including building a brand-new hospital at Watford. But we are also focusing on the everyday care for individual patients and delivering brilliant basics in everything we do.

Thank you to everyone who helped shape the strategy and the refresh of our vision and values; which we are launching alongside the strategy. Hundreds of people have contributed thousands of ideas, and our plans are better for it.

Our simple new vision is **Excellent patient care, together**. And our new values are to be **empowered, compassionate, professional and inclusive**. They capture an important balance across what we must all do as individuals and to support others.

Delivering this strategy will be a team effort, and in doing so, we must pay attention to strengthening a culture

where everyone feels empowered to drive change; feels pride in what they deliver; and feels able to share their views and express their true self.

We are confident that we will rise to the challenges across strategy and culture, because we see the amazing work our colleagues do every day and how they are continuously improving how we care for patients, how we support colleagues and how we work with partners. Examples of our achievements include the award-winning work on virtual hospitals; our rapid progress on robotic surgery; the successful roll-out of a new electronic patient record; achieving Teaching Hospital status; improving patient journeys through our hospitals; and supporting staff wellbeing.

We could list many more examples of the positive difference our West Herts teams make every single day, but we will close by saying thank you to everyone for your continued commitment and we look forward to working with you on this exciting new chapter in the Trust's story.



Matthew Coats CB
Chief Executive



Phil Townsend
Chair

Excellent patient care, together

Empowered



We are all listened to and are accountable for what we do. We achieve our potential through continuous learning, teaching and education.

Compassionate



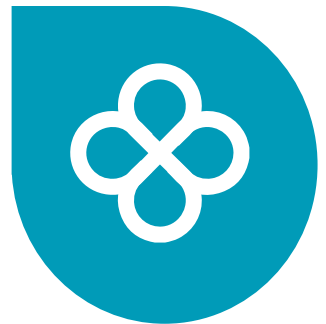
We care about patients and colleagues. We always support each other and show kindness by considering the impact of our actions and decisions.

Professional



We set high standards for ourselves and others, delivering brilliant basics every day. We are calm, measured, fair and respectful; and commit to continuous improvement.

Inclusive






We value diversity and individuality in all its forms. We actively seek contributions from patients, partners, and colleagues. We speak out against discrimination.

What we need to do

-  Provide safe, high quality, timely and sustainable care
-  Redevelop our hospitals for patients and staff
-  Design and deliver services with our local partners

How we need to do it

-  Embed improvement in everything we do
-  Clinical and wider collaboration across teams and organisations
-  Maximise data and technology opportunities

About us

West Hertfordshire Teaching Hospitals NHS Trust has over 5,800 staff and volunteers working across four locations to provide care for over 600,000 people living in and around Watford, Three Rivers, St Albans, Harpenden, Dacorum and Hertsmere. We provide emergency and planned care across more than 50 specialities. A range of more specialist services also support people living in North London, Bedfordshire, Buckinghamshire and East Hertfordshire.

We gained Teaching Hospital status in 2021 and have bold ambitions to deliver training and education for the next generation of clinicians.

Key facts and statistics



Over 5,800 staff



600,000 people



More than 50 specialities

We are part of the New Hospital Programme and will be building a new Watford General Hospital during the life of this strategy.

Every day we take care of **500** people through our urgent and emergency care services, see **1,900** people in our outpatient clinics and undertake **70** operations across all of our sites.

The population we serve

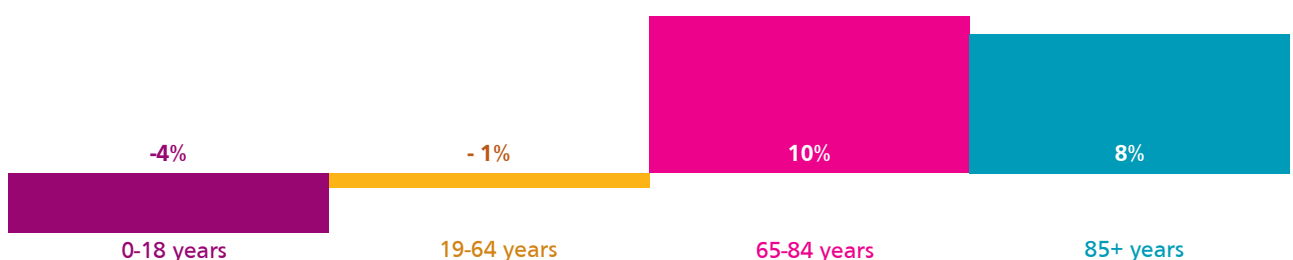
West Hertfordshire Teaching Hospitals NHS Trust is part of a wider health and care system covering Hertfordshire and West Essex, our Integrated Care System (ICS) covering around 1.6 million people.

Over 90% of the services we provide are for our local catchment population of 600,000, which broadly sits within the Dacorum, Hertsmere, St Albans, Three Rivers, and Watford district boundaries. In developing our strategy, we are grateful for the expert advice of our public health colleagues at Hertfordshire County Council who have shared insights on our local population profile and how that is expected to change:

- The population is slightly younger and more diverse than other areas of Hertfordshire and West Essex Integrated Care System.

- The deprivation levels are low on average, with some more affluent areas and some areas with higher levels of deprivation, contributing to poorer health outcomes. For example, women in the most deprived areas live 5.25 years fewer compared to the least deprived. For men the difference is even greater at 6.95 years. This is primarily caused by deaths from cancer and cardiovascular diseases.
- The population will become more ethnically diverse over time and increasingly better at using digital tools.
- There will be a significant shift to a higher proportion of people aged over 65 (graph below) and the number of people living in more deprived areas. These two trends will lead to increased demand for health services, especially for urgent and emergency care.

Population forecast by age group in our catchment area (2024–2029), % growth





The district boundaries



What we have learnt

Our priorities for 2024-2029 build on the many successes from our previous strategy, as well as insights from our teams, patients and partners about how we might need to adapt to the shifting context within health and care both locally and nationally.

Building on solid foundations

We look to the future with confidence as we build on significant successes in recent years.

Approved a clinical model in May 2022, outlining how services will be delivered across Watford, St Albans and Hemel Hempstead, after which we have:

- Secured the Government's commitment to funding a new hospital in Watford.
- Progressed proposals for an Elective Care Hub at St Albans in partnership with other acute hospitals in Hertfordshire.
- Explored options in Hemel Hempstead, working across NHS and council services to deliver improved services and regenerate the town centre.

Improved services within the Trust and in partnership with other NHS providers, including:

- Introduced a new virtual hospital service at the height of the pandemic in 2020 that has grown to be a nationally recognised and an award-winning example of best practice.

- Successfully introduced robotic surgery in 2022, becoming one of the fastest growing robotic surgery centres in the UK and a specialist centre for training the surgeons of the future.
- Transformed how we manage patient journeys through the hospital to improve both patient care and staff wellbeing, reducing unnecessary delays.
- Improved theatre utilisation and productivity from 65% to 84%, enabling us to treat more of the patients on our waiting list with the same resources.

Investment in our workforce and our learning and development offer, including:

- Reduced vacancies across medical, nursing and support roles.
- Developed a work experience pilot and enhanced volunteering opportunities.
- Introduced a new leadership development programme and wider career development initiatives.
- Improved support for staff wellbeing and a greater focus on equality, diversity and inclusion.

Invested in our workforce and our learning and development offer, including:

- Introduced an Electronic Patient Record in 2021.
- Launched an online patient portal and online notes for our maternity service in 2023.
- Upgrades of all computers to improve performance and security.

Greater collaboration with patients to drive service improvement, including:

- Established a sensory experience group in 2021.
- Continued work to expand the diversity of our patient panel.
- Launched a Caring for Carers service in 2022.
- Expanded the use of patient surveys and focus groups.

Progressed our Green Plan as we work towards net zero, including:

- Adopted alternatives to an environmentally harmful anaesthetic gas.
- Upgraded LED lighting across our sites.
- Adopted the Green Kitchen Standard.



Developing our strategy together

To develop this strategy, we worked closely with patients, carers and families, along with our own staff and partners. This helps set a strategic direction that will more effectively meet the needs of the population we serve and create a sense of shared ownership and accountability for delivery. The following strategy reflects what we have heard:

Listening to our patients and the public:

We reviewed service user feedback (friends and family test, patient experience surveys, feedback from carers partnership group) as well as discussed priorities with Healthwatch and other groups representing patients and the public.

Service users put emphasis on:

- Communications between patients and staff: providing sufficient information, considering cultural sensitivity, courtesy and respect, being transparent about waiting times and managing expectations of patients and carers.
- Inpatient experience: a pleasant ward environment, timely discharge, working with carers, wider family and out of hospital services.
- Caring staff: sufficient support, highly skilled and capable workforce.
- Transport / access to sites: location of services and parking availability including drop-off and disabled spaces.
- Digital access / use of shared care records: positivity on modernisation and use of technology, alongside caution on not excluding those without digital access and security of personal information.
- Equitable access to care, particularly for people from ethnic minority backgrounds.
- Integration between physical and mental health care offers.

Listening to our staff:

We engaged our staff through online sessions, face-to-face drop-ins at all sites, and surveys. We collected views from more than 500 staff. In addition, we held diagnostic sessions with each division to understand the problems we need to address strategically. Finally, we established a Strategy Advisory Group with representatives from various departments across the Trust to review the feedback received and to sense check the consistency of the new strategy with wider staff experiences.

Our staff highlighted:

- The fundamental importance of investing in supporting our staff, recognising the pressure our colleagues have been under over recent years and the impact the pandemic has had on staff wellbeing, including their physical and mental health.
- The impact of sustained demand for urgent and emergency care, which has led to more frequent enactment of surge policies which negatively impacts our ability to provide best care and can result in staff being moved between departments to keep our patients safe.
- The importance of staff finding time to identify and work together on sustainable improvements to address our challenges.



- The difficulties associated with under investment in our estate and the challenges that poses to staff providing care to our patients. As we progress with our redevelopment plans, we need to ensure we manage current issues with our estate to enable our services to continue to deliver for patients.
- The need to work with system partners to deliver integrated services which are fit for future demands – our organisation should demonstrate leadership, facilitate sharing of best practice and help establish clear responsibilities.

Listening to our system partners:

As we work towards an increasingly joined-up way of providing health and care across the system, we must align our strategy with our partners. The priorities in this strategy reflect challenges we must address in partnership. They rely on joint working for strategic decision making, on issues like our redevelopment programme, and operational delivery, on issues like patient journeys through the hospital and developing more community-based services.

In developing this strategy, we met with a wide range of partners across Hertfordshire and West Essex to share our emerging ideas, discuss priorities and seek feedback. Our partners highlighted:

- That we have continued to improve how we work together with partners in the local system to support our patients, for example working with our colleagues in adult social care to help our patients get home as soon as they have finished treatment in hospital.
- Our continued efforts with our colleagues in the education sector to help develop the workforce of the future, for example through our partnership with West Herts College.
- The importance of working effectively with partners across the system, and with our local community, to address the wider determinants of health and to understand and respond to inequitable outcomes, for example in different ethnic groups, more deprived communities, or people with learning disabilities.
- The importance of continuing to invest in our joint work with primary care colleagues through the primary-secondary care partnership group, enabling us to work together to fix issues affecting our patients as they move between different parts of the health and care system.
- The need to be ambitious in working with District Council and Voluntary Sector partners on prevention, helping to keep people well and reducing the need for future reliance on hospital services.



Considering our opportunities over the next five years:

Besides these challenges, there are also opportunities we should capitalise on:

- We know our greatest asset are the 5,800 colleagues working across our services. Attracting, retaining and developing people with the passion, skills and experience to provide excellent care to our patients will need to be a fundamental strand of our strategy over the next five years.
- The announcement that our proposals for the rebuild of Watford General Hospital will be fully funded represents a huge opportunity for the Trust, our staff and most importantly for our local community.
- We are starting to see major shifts in the application of data and technology to the delivery of health care, from predictive algorithms enabling us to intervene and support patients before they become acutely unwell to robotic surgery that minimises complications and promotes speedy recovery.
- We are fortunate to work with a range of fantastic partner organisations, within the Hertfordshire and West Essex Integrated Care System and further afield. In particular, we have close working relationships with our colleagues at the Royal Free, University College London, Guys and St Thomas, Imperial Healthcare and Great Ormond Street Hospitals. This enables our patients to access world-leading specialist care and provides training and education opportunities for our staff. Harnessing the benefits these relationships can have for our patients and staff is an important consideration for our strategy.

Our strategic priorities



Priority 1

Provide safe, high quality, timely and sustainable care

Strategic objectives

- 1 Develop a safety and learning environment where staff are empowered to share their concerns and feel reassured that organisation will respond.
- 2 Support our staff to excel in their role and provide excellent care to patients.
- 3 Improve the journeys of patients through our urgent and emergency care services and our productivity of planned care services.
- 4 Continue to develop and run sustainable services – financially, clinically and environmentally.

We will seek to deliver the best possible outcomes for our patients by providing services that our staff are proud of. This means creating the culture and environment where our teams are supported to achieve our vision of **Excellent patient care, together.**

1 Develop a safety and learning environment

We want to drive higher standards of care for our patients. We recognise that a strong safety and learning culture is fundamental in pursuing this. We have many examples of excellence, but like the rest of the NHS, we sometimes see examples of poor culture and behaviour. As a Trust we must acknowledge that and focus on making improvements.

Over the duration of this strategy, we will:

Embed a Quality Improvement (QI) approach across all levels of the organisation, in line with the national priority to adopt the NHS IMPACT¹ approach .

This means:

- Adopting a consistent methodology that works for West Herts.
- Utilising data and observations generated through tests of change and pilots.
- Leadership demonstrating unwavering commitment to safety and visible support for improvement initiatives.
- Developing clear, well-defined protocols for common procedures and processes, ensuring consistency and accuracy in care delivery.
- Supporting the delivery of QI through a core team, improvement leads, QI coaches and fellows.

¹Improving Patient Care Together (NHS England, 2023)

Case study: Frailty pathway

Evidence shows that the longer patients spend in hospital, the more likely they are to become deconditioned, making recovery and regaining independence more difficult. This especially applies to older, frail patients. We have introduced a multi-disciplinary team to help identify these patients as soon as they arrive and help them get home as quickly as possible by fast tracking key test results, timely transportation and referral to the Frailty at Home service. The multidisciplinary frailty team now reviews over 200 patients a month, and discharges almost 70% of the patients on the same day with appropriate care packages back to their normal place of residence. In the first three quarters of 2023/24 the frailty service reduced occupied bed days at Watford General Hospital by 4,761 days.



Empowering teams to make decisions and improve the care they deliver, supported by a clearer Accountability Framework. This means:

- Delegating accountability and responsibility to divisional and service teams alongside the support to deliver.
- Nurse leadership setting standards for patient safety and creating an environment of trust.
- Moving away from a command-and-control approach towards a Management System that works for us at West Herts.

Adopt the Patient Safety Incident Reporting Framework. This means:

- Demonstrating compassionate engagement and involvement of those affected by patient safety incidents.
- Applying a system-based approach to learning from patient safety incidents.
- Responding proportionately and considerably to patient safety incidents.

- Ensuring early detection and intervention for deteriorating patients to improve outcomes and reduce avoidable harm.
- Providing supportive oversight.

Embed the principles of speaking up, listening up and following up. This means:

- Promoting an environment where all staff feel empowered to report concerns and incidents without fear of reprisal.
- Fostering transparent and open communication enabling us to identify areas for improvement and prevent future errors.

Foster collaboration amongst all staff groups – support services, allied health professionals, nurses, midwives and doctors. This means:

- Promoting interdisciplinary working and shared accountability for patient safety.

2 Support our staff

Evidence shows that investing in our colleagues and creating a positive working environment improves services for patients². To deliver the wider ambitions of this strategy, we must attract, develop and retain a talented workforce. This will mean developing a culture that is inclusive and committed to the wellbeing of all colleagues, supports innovation and improvement and contributes to the highest standards of care.

Over the duration of this strategy, we will:

Use our refreshed values and behaviours to create a more inclusive and compassionate environment that actively supports improved staff wellbeing.

This means:

- Demonstrating our values at all levels of our organisation, making them visible in the way we work together and communicate and being honest when we fall short.
- Embedding the refreshed values and behaviours in organisational processes from recruitment to appraisals and talent management.

Attract and retain the best local talent and further develop our reputation as a centre of excellence for development. This means:

- Working with University of Hertfordshire, West Herts College and other prominent partners in education, and system partners, on attracting local residents into training and roles in health and care services.

- Realising the benefits associated with our Teaching Hospital status. This will be driven by our Education Strategy, focusing on becoming a true learning organisation, empowering staff, embracing innovation and developing our talent.
- Introducing a new clinical research facility with protected time for research activities and develop joint roles with universities and colleges. In the later years of this strategy, we will consider when and how to progress with our ambition to gain University Hospital status.
- Implementing digital development passports that can be utilised across the system to support broader staff development and seamless work of teams across organisational boundaries.
- Adopting new roles which extend across traditional professional boundaries, e.g. clinical associates, advanced care practitioners.
- Implementing succession planning for key roles in the Trust and developing our pipeline of future leaders across clinical and non-clinical roles.
- Strengthening career opportunities for advanced data and analytical roles reflecting the importance of harnessing the potential of artificial intelligence to improve how we plan, target and deliver health care for our population.

²The relationship between leader support, staff influence over decision making, work pressure and patient satisfaction: A cross-sectional analysis of NHS datasets in England. (West, T.H.R.; Daher, P.; Dawson, J.F. et al., 2022).

Case study: End Sexism in Medicine

We believe that creating a great place to work is one of the best ways to ensure that we look after our employees, and our staff networks are critical in helping us to achieve this. The End Sexism in Medicine Network provides support and practical solutions to tackle sexism affecting predominantly female doctors.

One way we have reduced instances of staff being misidentified and not having their role or seniority recognised is through the use of a colour-coded lanyards. After the introduction of the lanyard scheme, 65% of female doctors at our Trust reported improvement in how they were addressed. Since then, the British Medical Association has recommended the adoption of the colour-coded lanyard scheme to other trusts across the NHS.



3 Improve patient journeys through our urgent and emergency care services and our productivity of planned care services

In recent years we have seen higher levels of activity, traditionally associated with winter, become the norm throughout the year. This has meant sustained pressure on services which has a negative impact on patient care and staff wellbeing. Looking at population changes alone, by 2030, annual visits to our emergency department are expected to rise by 2,500, the emergency admissions by 1,500 and emergency bed days by 15,000. We are building more capacity with our new hospital, but we

Continuously strive to ensure everyone feels welcome, included and supported in achieving their full potential. We will address discrimination – direct and indirect – through behaviour, policies, practices and cultures.

This means:

- Demonstrating inclusive and compassionate leadership behaviours, proactively advocating the inclusion agenda and challenging unwanted behaviours.
- Building an inclusive, anti-discriminatory workplace by combatting racism, bullying, discrimination and harassment.
- Improving proportional representation of ethnicity, gender, disability and sexual orientation in all roles and bands.
- Debiasing recruitment and access to development to drive career progression, leadership, and promote diversity of thought.
- Continuing to invest in staff health and wellbeing to reduce health inequalities, increase resilience, and engagement.
- Fostering collaborative relationships across the Trust.

Support teams through change and difficult times.

This means:

- Offering a comprehensive physical and mental health support package, focusing on psychological safety.
- Working with the West Herts Hospitals Charity to grow our workforce wellbeing initiatives.
- Building digital literacy skills to adapt to the new ways of working.
- Developing estates, environment and IT capabilities to align with future requirements of the new hospitals.

Engage our staff and listen to them. This means:

- Strengthening our approach to staff engagement with more visibility, transparency and more innovative and accessible ways to share information and receive feedback.
- Improving our transparency of decision-making.

must also change how we work to ensure efficiency in planned and unplanned care across our services.

We have made good progress, with new approaches helping to shift our response from using surge beds to focussing on improving patient journeys through our hospitals.

This is fundamental to addressing issues raised by our patients and staff, helps to ensure our services are safe, and provides an excellent patient experience. It also means we have the capacity we need in our hospitals to deliver planned care services and tackle the backlog that now exists after the pandemic.

What are the different stages involved in improving patient journeys through our hospitals?

Supporting ambulance crews to access support for patients in the community and helping them offload quickly and safely when they arrive at our front door.



Team work in our emergency department helping to treat patients quickly and efficiently, and where needed drawing on expertise elsewhere in the hospital.



Ensuring we are using space within the hospital in the most efficient way possible, working flexibly to ensure that our patients are being cared for by the teams with the skills to provide the best possible treatment.



Maximising the use of our virtual hospital capacity to enable our patients to recover at home or to avoid hospital altogether by accessing remote support and monitoring from expert teams at the Trust.



Working with our partner organisations, patients, carers and their families to ensure our patients are supported to get home as soon as they no longer need treatment in hospital.



Over the duration of this strategy, we will:

Deliver excellent services within the available capacity.

This means:

- Continuously improving patient journeys through our hospital by adopting national best practice and using a patient-centred approach where all involved in a patient's care understand their contribution to the patient journey.
- Working with system partners to continue to transform services outside of the hospital, in line with available capacity before and after the opening of the new Watford General Hospital.
- Developing our Stage 3 Control Centre with real-time patient tracking and prescriptive response planning capabilities – linked with partner organisations within the ICS.
- Adopting sophisticated demand-capacity modelling approaches to inform strategic and tactical resource allocation decisions.
- Work with our partners at Hertfordshire Partnership NHS Foundation Trust and the wider system to support people suffering from a mental health crisis, combining our expertise to ensure we are addressing the physical and mental health needs of the population that we serve.

Deliver excellent services consistently seven days a week. This means:

- Enhancing weekend capacity, with a particular focus on patient pathway bottlenecks.
- Embedding increasing levels of consistency in the way we run our services during the week and at weekends.

Achieve and sustain improved productivity, especially in our planned care pathways. This means:

- Ringfencing elective capacity to limit disruptions to elective pathway, including through our new elective care hub at St Albans.
- Maximising our elective capacity through improved scheduling of theatre sessions and outpatient clinics, high session / clinic utilisation, reduced cancellations, and reduced length of stay through innovations such as same-day discharges for orthopaedic procedures.
- Utilising AI tools in diagnostic imaging and administrative processes to free up capacity to treat our patients.

Maximise opportunities offered by digital tools.

This means:

- Maintaining the country-leading status of the Virtual Hospital by continuously expanding the scale and impact of our Virtual Hospital offer and adopting increasingly advanced remote monitoring tools.
- Coordinating the majority of patient interactions through the patient portal: booking, rescheduling, cancelling, tracking appointments, accessing health information, interacting with care team through direct chat.
- Deliver care virtually as the first option, where both appropriate and requested by the patient.

Case study: Control Centre

Within the last six months, the Trust has created a centralised operational hub, allowing for better patient journeys throughout the hospital using live data.

This hub provides coordination of data, co-located operational staff, better prediction of upcoming pressures and the ability to enact faster decision making. This operational hub facilitates the management of emergency and electives admissions, ward movements and discharges. Staff have access

to real time data of where patients are, highlighting outliers, surge and bed capacity to improve patient safety.

This enables efficient capacity management to get the right patient, to the right bed, at the right time.

“The establishment of the Control Centre enables 24/7 control and observation of patient flow in, around and out of hospital in a timely, efficient and safe manner. The Control Centre is pivotal in the ability of the Trust to provide the best experience for our patients and staff on a daily basis”

– Control centre staff

4 Develop and run sustainable services

Sustainable services are firstly about delivering great service quality and excellent patient safety. We can only provide that if we deploy our resources effectively, develop the right service offer at appropriate scale, and create a predictable environment for our teams to work within for the long-term. For the five years of this strategy, we need to re-look at how we maximise the value of our limited resources and deliver services that are financially, clinically, and environmentally sustainable.

The Trust has a good track record of consistently delivering efficiency improvements since 2020. At the time of publication, we are on track to deliver £12m through our efficiency programme in 2023/24. We must build on this as we face an extremely challenging medium-term financial outlook for the NHS, both nationally and locally.

We will have to work with our system partners to tackle our clinical sustainability challenges by looking for shared solutions to address the most challenged specialties and seek to repatriate services from outside of our system where it improves access and quality for our patients.

We are also committed to improving environmental sustainability and continue to strive to meet the NHS’s national decarbonisation commitments of achieving net zero by 2040 for the emissions we control and by 2045 by those associated with our wider supply chain.

Over the duration of this strategy, we will:

Operate financially sustainable services. This means:

- Setting budgets informed by demand-capacity modelling.

- Managing budgets effectively at all levels of the organisation, enabled by the integration of finance and workforce data into high quality management information, supported by robust governance processes.
- Implementing a rolling 3-5-year business planning produced in collaboration with system partners.
- Maximise efficiency opportunities offered by digital technologies, for example using voice recognition to support note taking within clinical settings.
- Maximising value for money of our non-pay procurement activities through collaboration with ICS partners.

Operate clinically sustainable services that meet the demand of our local population, are consistently delivered at excellent quality, and are supported with required staffing. This means:

- Working with ICS partners to address unsustainable services where we cannot achieve consistency.
- Seeking to repatriate services that our patients have to travel further afield for, where it works better for the patients and the system.
- Achieving a well-balanced mix of generalist and specialist skillsets and empowering all clinical roles to act at the top of their license.

Operate environmentally sustainable service by minimising our carbon footprint. This means:

- Incorporating sustainable practices and social-value/net-zero requirements in our tenders.
- Redeveloping our hospitals with net-zero, green space and biodiversity-duty commitments.
- Delivering of our Green Plan including decarbonising our fleet, increasing our capacity for onsite energy generation, decarbonising our heating systems, decommissioning piped nitrous-oxide infrastructure, minimising medication wastage, challenging and re-evaluating habitual practices that are wasteful.

Priority 2

Redevelop our hospitals for our patients and staff

Strategic objectives

- 1 Redevelop Watford General Hospital into a new state of the art acute and specialist care facility.
- 2 Redevelop St Albans City Hospital to focus on planned surgery and diagnostics.
- 3 Redevelop Hemel Hempstead services to provide chronic and complex care to our population, working alongside partners.
- 4 Continue to ensure we maintain our current estate across all sites.

We confirmed our future clinical model in May 2022 and are progressing with our redevelopment plans across each of our major sites, at Watford General Hospital, St Albans City Hospital and Hemel Hempstead.

The three streams will be active projects throughout the period of this strategy. The complexity of the programmes and dependencies on national and local policy decisions will influence our delivery plans.

Up-to-date information on progress will be provided on our website.

1 Redevelop Watford General Hospital

The new Watford site will act as a catalyst for the redesign of services across our local health and care system. It is central to our wider Watford Health Campus vision, where we will seek to co-locate services that will benefit our local population, offer improved key worker accommodation, develop bioscience infrastructure and offer excellent training and education facilities.

Over the duration of this strategy, we will:

Bring the construction of the new Watford General Hospital close to completion. This includes:

- Entering the commissioning phase of the programme.
- Implementing decant plans – clearing the site for construction and relocating affected services.

Prepare our staff to maximise the benefits of the new site. This means:

- Develop and prepare to deliver the new operating model associated with / enabled by the new hospital, including new ways of working, improved patient pathways, clinical and digital innovation.

Develop and deliver our plans for the remainder of the Watford site.





2 Redevelop St Albans City Hospital

St Albans City Hospital will be the focus for our planned surgery and diagnostics. This will improve patient experience through better access and reduce elective waiting lists and cancellations.

Over the duration of this strategy, we will:

Build a system-wide facility for elective surgery (Elective Care Hub) and diagnostics (Community Diagnostics Centre).

Expand endoscopy services offered in St Albans.

Consolidate urology services on the St Albans site.

3 Redevelop Hemel Hempstead services

Hemel Hempstead will become a focal point for chronic and complex care, working alongside partners in other NHS and social care services as an example of the benefits the maturing Health and Care Partnership offers.

Over the duration of this strategy, we will:

Work with Dacorum Borough Council and other partners to find the best long-term solution between the current site and the town centre.

Progress with the redevelopment planning, develop the Final Business Case (FBC) and agree funding mechanisms.

4 Maintaining our current estate

Before the redevelopment schemes are complete, we must continue to manage our current estate to ensure services continue to run smoothly.

Over the duration of this strategy, we will:

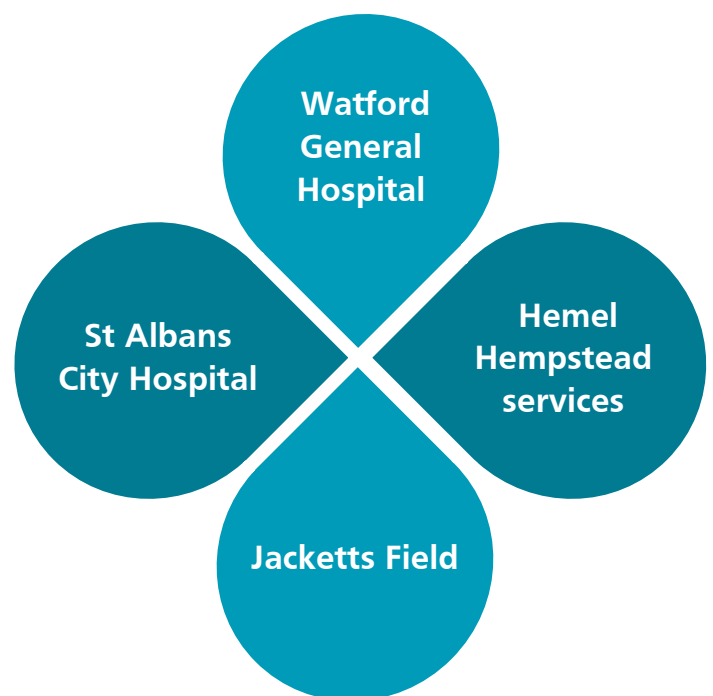
Develop and implement our Estate Strategy.

This means:

- Comprehensively assessing our current assets.
- Establish a long-term vision for the configuration of our estate, which reflects and supports the clinical strategy.
- Making strategic decisions to invest, maintain or close down parts of our estate, informed by a clear focus on patient and staff wellbeing and with reference to the redevelopment timelines.

Maintain a proactive maintenance approach which minimises urgent incidents, improves staff experience and quality of care.

Work with West Herts Hospitals Charity to improve the environment we work in, including wellbeing spaces, green spaces, arts and comforts for staff.



Priority 3

Design and deliver services with our local partners

Strategic objectives

1 Develop and deliver our vision for place-based care.

2 Devolve decision making.

3 Shift to preventative and proactive model of care.

Responding to changes in underlying population need, capitalising on new technologies and treatments, developing the workforce of the future and addressing underlying health inequalities. These are all major challenges for health and care services and can only be tackled through working together with our community and partners across the local system.

We have developed a Health and Care Partnership (HCP) serving local people living in and around Watford, Three Rivers, St Albans, Harpenden, Dacorum and Hertsmere. The HCP builds on successful collaborations with our partner organisations including the Integrated Care Board (ICB), Central London Community Healthcare NHS Trust (CLCH), Hertfordshire Community Trust (HCT), primary care, District and Borough Councils and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. This has enabled the HCP to establish successful integrated working through new and innovative models of care such as the Integrated Discharge Teams and the Virtual Hospital. The HCP Board has been expanded to include primary care and District Council partners in recognition of their essential role in supporting population-based health and care and addressing the wider determinants of health.

We have agreed an ambitious vision to become **'a single team, responsible for planning, improving and delivering population-based health and care services for the population of South and West Hertfordshire, delivered through a locality working model'**.

We will also contribute to the delivery the ambition outlined in the ICS Joint Forward Plan 2024-2029³ - reduced health inequalities, integration of services and preventative care.

1 Develop and deliver our vision for place-based care

We have made significant progress on improving services, driven by previous clinical strategies that lifted the Trust out of special measures and moved many of our services to a Good Care Quality Commission rating. As we look ahead to the challenges we face over the next 5-10 years, we know success will depend on continuing leadership by clinical and care professionals and working in collaboration; both across our own services and in partnership with other health and care providers.

Over the duration of this strategy, we will:

Co-develop and co-deliver the HCP's clinical and care strategy with system partners and our patients.

This means:

- Detailing services delivered across the HCP and by each partner organisation (number of patient contacts by method of delivery and service).
- Working closely with system partners to identify opportunities for transforming primary and community services to enhance proactive and preventative care, including providing care within and close to home.
- Supporting the HCP in describing and delivering its future clinical and care operating model and working together to achieve this agreed model over the duration of this strategy.
- Agreeing how we collectively resource the change required to delivery our vision of a population-based health and care services and initiate delivery through an annual, shared planning cycle.
- Engaging our patients, hearing what is important to them in our new clinical model and addressing drivers of health inequalities – all building on the foundations of the co-production board.
- Working with West Herts Hospitals Charity to build community partnerships and raise money for HCP-wide programmes that improve the quality of care.

³Hertfordshire and West Essex Joint Forward Plan 2024-2029 [DRAFT]

Case study: Virtual Hospital

In 2020, we opened the first Virtual Hospital in the UK to care for patients with COVID-19. Since then, this service has been successfully extended to heart and respiratory conditions and is considered a national exemplar. Patients who would have otherwise been admitted are instead monitored remotely and receive at home care if required.

Treating patients in the Virtual Hospital has clinical benefits such as, decreased risk of deconditioning, fewer hospital-acquired infections and maintaining a safe and familiar environment for the patient. Between April 2023 and February 2024, we treated almost 5,000 patients, saved an estimated 4,500 bed days and scored on average 9/10 on patient experience questionnaires. Our Virtual Hospital is delivered with our partners Central London Community Health Care (CLCH) and is an example of how innovative clinical collaboration can be used to support patients to deliver fantastic results.



NHS
West Hertfordshire
Teaching Hospitals
NHS Trust

Amanda Pritchard, CEO of NHS England, visits West Herts virtual hospital hub

Virtual hospital hub

Find us online @WestHertsNHS

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www.westhertshospitals.nhs.uk

81414_20070_Virtual Hospital Review_Aug23 v04.01

'I am writing to thank you all for the support, dedication and care that I have been given. The nursing staff all go that extra mile to make this experience a positive one. They are friendly, helpful and carry out their responsibilities with much humour. I get the privilege to talk every day to them or one of the doctors. Time is never rushed and their listening skills are superb. Through all of this I get to be at home where recovery is, in my opinion, easier. Thank you, thank you, thank you. You are fantastic.' – Patient feedback to PALS

'I don't know how long the virtual hospital has been going for but for me I could not praise it enough, I could recover in my own home comforts, at the same time knowing I would have the nurse and or doctor call me daily and my readings were being kept an eye on. This must be more cost- effective way of doing things than having a stay in hospital and for me the healing process is quicker.'
– Patient feedback to PALS

Introduce a single service planning approach within the HCP. This means:

- Understand population health needs for each locality.
- Understand available resources and capacity to meet current population health needs and identify gaps in capacity and opportunities for transformation.
- Sharing safety, quality, performance and business information with our partners.
- Working towards shared goals with aligned incentives.
- Leveraging our network of partnerships to deliver coherent, joined up clinical services that meet our population's needs. This will include continuing our strong collaborative working with HCP partners to deliver services in the most appropriate settings.

Embed population health management approach and use of data. This means:

- Identifying gaps in service provision and health inequalities, and designing interventions to close these shortfalls, including those addressing wider determinants of health.
- Understanding the impact of our services and that of our partners to health outcomes of our local population. This will include indirect impacts and long-term impact on health and care outcomes.

2 Devolve decision making

The Hertfordshire and West Essex ICB has agreed that HCPs will be more effective in identifying opportunities, solving problems and improving health and care outcomes for our residents than single organisations working alone. As a result, the ICB operating model is changing to break down barriers between commissioners and providers, working together in new ways to share responsibility for improving services and outcomes. The HCP is evolving its operating model to promote collaboration in problem solving and improving health and care outcomes.

Over the duration of this strategy, we will:

Work with the Hertfordshire and West Essex NHS Integrated Care Board to enable the devolution of decision-making and associated resources to our Health and Care Partnership. This means:

- Working through our localities and empowering front-line teams to work across organisational boundaries.
- Balancing the implementation of ICS-wide models of care with local interventions identified at HCP and locality-level to ensure we are responsive to our local population's health and care needs.

Establish our Trust as a host provider for health and care services in the HCP. This means:

- Supporting the Health and Care Partnership Board to take on delegated formal accountability for quality, safety, operational and financial performance of health services for our population.
- Establishing the underlying relationships, ways of working and enabling contracting agreements to facilitate a move to place-based working.

Support the establishment of Integrated Neighbourhood Teams (INTs) within each of our localities, providing same-day access, chronic and complex care and preventative care with our partners in the HCP. This will mean enabling INTs to identify and deliver local priorities for transformation alongside acting as the delivery arm for system-wide priorities.

Proactively sharing information on safety, quality, performance and finance to enable the HCP to identify opportunities for collaboration and improvement across the HCP.

3 Shift to preventative and proactive model of care

There is overwhelming evidence showing that if we invest in supporting people to live healthy lives and access early support when they do become unwell, we can significantly reduce the chances of repeated and unplanned visits to hospital, and the impact that has on individuals, their family and on the services we provide.

National guidance such as the Fuller stocktake⁴ provides a blueprint for how we can move to a more holistic, joined up health and care system, as well as a wealth of good practice examples from across the NHS in England.

Over the duration of this strategy, we will:

Seek to become an exemplar site for this more proactive, preventative way of working. This means:

- Delivering health and care services that build on proactive outreach into communities.

- Working with partner organisations, including District and Borough Councils and the VCFSE sector to improve access and experience to underserved citizens.
- Delivering better care within the physical and workforce constraints within the HCP.

Work with partners across the HCP to support the development of communities and environments that promote healthy lifestyles.

Use data and digital tools to manage population health. This means:

- Maximising the value of the Hertfordshire and West Essex Shared Care Record and improving our demand management capabilities (improved workflow, automated alerts, population risk segmentation, etc.).
- Expanding our patient portal functionality to include digital care plans and a suite of self-care tools.
- Establishing a single, integrated health and care platform for our Health and Care Partnership, providing seamless access to patients, carers and care teams to enable joined up services and improved patient outcomes and experience.

⁴Next steps for integrating primary care: Fuller stocktake report (NHS England, May 2022)

Find out about our People Promise

News and updates

- What is the Patient Portal and what can it do?
- Find out about our People Promise

Business / clinical applications

- Radiology Reports
- Refer
- Carestream PACS
- Acorn 2 - Learning management system
- Pathology Results and Radiology Requesting
- Remote Clinical Applications
- Electronic staff record (ESR)
- Blood360

Key documents

- Document / Policy / Guideline Search
- Policy and guideline information
- Trust Board Papers
- Patient information leaflets
- Referrals
- West

Communications portal

- Communications home page
- Live for Five
- Staff app
- e-update
- Chief Executive Emails
- Latest news and media releases
- Tools and templates

For staff

- Electronic Staff Record – view your payslip
- Our people promise
- Information for new starters
- Developing you (training)
- Occupational Health
- Freedom to Speak Up
- HR Toolkits for Managers and Employees
- Staff networks
- Freeshare
- Latest job vacancies

Admin

- ICT Services
- Worthington
- Homecare
- or Dr
- ICT /
- NHS

Logos: DynaMed, BMJ Best Practice, QlikView, Shared Care Record



How we will deliver our strategy

In publishing this strategy, we are setting out the three main components of our approach to strategy delivery which we believe will make the biggest difference – our three ‘Hows’.

1 Embed improvement in everything we do

We will apply quality improvement (QI) methodology to tackle the challenges we face and unlock the opportunities we have. This is a scientific method which utilises data and an iterative approach to identify improvements that will make a difference in practice. It is the best way to achieve sustainable, positive change.

Our QI approach will build on the Institute of Health Improvement (IHI) methodology⁵ we have already begun to roll out which includes defining clear aims for improvement, promoting idea generation, using data to measure the outcomes and testing. Plan-Do-Study-Act cycles will be used to accelerate and embed change in a consistent way.

At the heart of our approach is empowering our teams to improve, recognising that the people who do the work every day are best placed to identify improvement opportunities that make the biggest difference to patients. To make that happen, we will upskill our staff ranging from core QI knowledge for everyone to advanced delivery methodology for our QI leaders. We will also work on our culture. We want to empower people to take ownership of their departments, for everyone to be involved in improvement and know that they have permission to do so.

An important part of embedding this change is to re-look at our systems and processes that enable effective decision-making across the organisation. Therefore, alongside publication of the strategy will be launching a refreshed Accountability Framework. It will improve the way we work together to tackle issues, simplify our processes and clarify responsibilities. The framework will help to coordinate our efforts through more distributed decision-making, promote individual ownership over goals and standards, and a more balanced approach between supporting autonomy within our teams and ensuring we are all working together to deliver the organisational strategy. We will continue to review and improve our Accountability Framework over the course of the strategy in response to feedback from teams across the Trust.

⁵How to Improve: Model for Improvement (Institute for Healthcare Improvement)

2 Clinical and wider collaboration across teams and organisations

To deliver excellent services to our patients, it is essential to continue our development as a clinically-led organisation and strengthen our clinical partnerships.

We will work with community and primary care providers, District and County Councils and the VCFSE sector to design and deliver services that meet the current and future needs of the population that we serve. We will utilise a population health approach where we use data to identify the needs of the population, trends in health outcomes and gaps in service delivery. It also means working with partners to impact the wider determinants of health.

We will also ensure we hear and respond to the patient voice. We will work with patients to review and co-produce the elements of our clinical collaboration plans which are most important to them and reduce barriers to accessibility and inclusion.

To set this on the right track, we will develop a new clinical strategy which outlines a clear vision and plan to achieve it for each service. The strategy will build on the lessons from the pandemic, our new status as a Teaching Hospital and the increasing opportunities offered by technology to deliver better care within hospitals and in patient's homes. It will also inform the design decisions of our new redevelopment programmes to capitalise on the potential leaps in service delivery offered by the new builds. In line with our commitment to designing and delivering services with local partners, our clinical strategy will be co-produced with our local community and our partners in the Health and Care Partnership and designed specifically to meet the needs of the population we serve.

3 Maximise data and technology opportunities

We will use data and technology to improve patient access their health information, to improve the quality our services and capture opportunities to be more efficient as an organisation.

We have made significant progress with our Patient Portal. By 2024, more than 50,000 people had registered,

and our maternity services are making appointment and other information available through a dedicated app. We will continue to expand these services, making it easier for patients to book, change and cancel appointments, access personalised advice on their health conditions, and interact with their care team. Priority developments include enabling emergency department patients to register on the portal, radiology appointments, integration with remote video consultation software, waiting list validation, and integration with the NHS App. We also recognise the need to make clear concise information easily accessible for patients and carers using our services and to support staff to work safely and efficiently. We will update the Trust's public website and intranet as part of improvements in this area.

We have also expanded our use of virtual consultations, adopting new approaches pioneered during the pandemic. Video and telephone consultations for appropriate conditions offer greater convenience and reduce unnecessary travel onto hospital sites. They can also support improving work-life balance for our staff and reduces emissions associated with travelling into our hospital sites. We will continue to improve our use of these technologies whilst recognising that digital solutions are not suitable for all patients and must be combined with alternatives to avoid exclusion.

We have pioneered the use of remote monitoring technology through our Virtual Hospital, working in collaboration with Central London Community Healthcare NHS Trust, to provide a range of convenient and user-friendly remote monitoring devices. We will continue to develop our use of these technologies, including use of devices to help track routine chronic conditions and enabling patients, carers and teams across the Health and Care Partnership to recognise and respond to any deteriorations in health status earlier.

We have made excellent progress in adopting robotic-assisted surgery at record pace, improving care outcomes and helping the Trust to attract talented clinical professionals. We will continue to invest in this technology to expand our offer to more patients.

The development of our Control Centre at Watford General Hospital is increasingly allowing us to respond in real-time to pressures across our local health and care system and ensure that patients are seen quickly by the most appropriate professional to meet their needs. The next phase will see the same methodology rolled out across all our wards, digitising key operational processes and reducing the use of analogue and outdated systems. We will seek to expand this approach to incorporate datasets from across the health and care system, enabling our teams to track the movement of patients through clinical pathways, and to plan for and respond to fluctuations in demand.

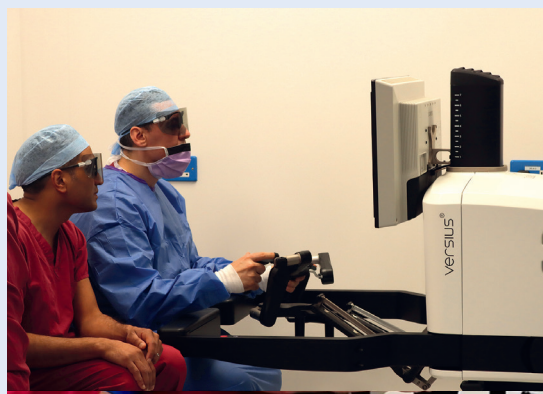
We will seek to automate processes using AI technology where we can help our staff excel at their roles. We will focus on standardised administrative tasks, clinical aids in radiology and predictive capabilities in our Control Centre.

Maximising the use of data and digital technology within the design of our hospitals will also be a key part of our redevelopment programme. We will seek to learn from the emerging international evidence base on digitally-enabled health care and capitalise on the opportunity associated with the redevelopment programme to affect a step-change in our use of technology to support our patients.

Case study: Robotic-assisted surgery

West Hertfordshire Teaching Hospitals Trust was the first in the country to install two Versius robots to assist with surgical operations. Robotic-assisted surgery brings major benefits to patients including reduced post-operative pain and faster recovery. The patient experiences less pain as the robot creates a virtual pivot point around the small incisions through which the robotic instruments are inserted, minimising trauma, and putting less strain on the patient. Since July 2022, we have performed approximately 340 robotic-assisted surgeries, and we are further expanding our robotics programme to include an aquablation and orthopaedic robot to treat even more patients.

We are the first NHS trust to have a robotic surgical training programme for specialist trainees in colorectal and upper gastrointestinal surgery and we are an international reference site for our robotics programme, surgeons from the rest of the UK, Europe and globally visit to see our achievements in RAS. This training was shortlisted for a prize at the annual Association for Surgeons in Training (ASIT) conference this year to recognise its achievements.



How we will know if we have achieved our aims

Alongside qualitative feedback from our staff, patients and partners, we will measure our success using data. We have set out groups of metrics that we will use to understand our progress and identify areas of improvement. The specific metrics selected demonstrate the areas that are most important to us and where we want to push ourselves every day to seek the very best for our patients and staff. Achieving what we aspire to may take more than the period of this strategy, but we aim to see sustained and material improvement over the duration of the strategy.



True North metrics

These goals reflect where we want to get to as an organisation. They are rightly aspirational and will require a sustained effort across the organisation and local system to achieve. It will take time to achieve these ambitions, but it is right that we set goals that give us clear direction.



Driver metrics

These are goals that inform our day-to-day work in the organisation, helping us to move toward the True North. These metrics are more responsive to individual interventions and are reported more frequently. If we improve our driver metrics, we can be more confident that we will see improvements in our True North.



Watch metrics

These are measures that help us to understand what is happening across all of the services and teams we are responsible for. We watch them to ensure we understand trends, identify new issues or unintended consequences of our efforts. Having visibility across the Trust means we need a large number of watch metrics and review them by exception.

Our aspiration under each metric include:

- specific values where it is linked to a national standard.
- tracking to agreed delivery plans where target values change over time.
- relative performance where we seek to see sustained improvement and a positive change in our relative position against other acute providers.

In addition to the above, we will track and report on the delivery of our Year 1 programmes. We will focus on hitting the specific milestones agreed at the launch of each programme.



Measurement framework

Provide safe, high quality, timely and sustainable care

Strategic objective	True North metrics with aspiration	Driver metrics with aspiration	Watch metrics (list not exhaustive)
<p>Develop a safety and learning environment</p> <p>Selection rationale: We seek to reduce hospital-linked mortality and ensure our staff and regulators see our service as safe and high-quality. In the short term, we aim to minimise the number of patient safety incidents and respond to them effectively.</p>	<p>Summary Hospital-level Mortality Indicator (SHMI) [<100 and 'as expected' for all diagnosis groups].</p> <p>Staff survey: If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation [Sustained absolute and relative improvement].</p> <p>CQC rating: Safe and Caring [Outstanding].</p>	<p>Proportion of national patient safety alerts actioned [100%].</p> <p>Serious incidents closed within 60 days [Sustained absolute and relative improvement].</p> <p>Moderate and above incidents count [Sustained absolute and relative improvement].</p>	<p>Never events count.</p> <p>Patient safety incidents count.</p> <p>Formal complaints per £100m income.</p> <p>VTE risk assessment rates.</p> <p>Healthcare acquired infections:</p> <ul style="list-style-type: none"> • MRSA bacteraemia count • C. Difficile infection count • E. Coli bacteraemia count • Klebsiella bacteraemia count • Pseudomonas bacteraemia count <p>Proportion of patients with harm from fall.</p>
<p>Support our staff</p> <p>Selection rationale: We seek for our staff to feel motivated, included and proud to belong in our organisation. In the short term, we aim to create positive experiences at work, strengthen our training offer and progress with our ED&I agenda.</p>	<p>Staff survey: I would recommend my organisation as a place to work [Sustained absolute and relative improvement].</p> <p>Staff survey: In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public? [Sustained absolute and relative improvement].</p> <p>Pay gap across different staff groups [Sustained absolute and relative improvement].</p>	<p>Global majority representation at senior bands (8A and above) [>40%].</p> <p>Reasons for leaving:</p> <ul style="list-style-type: none"> • Incompatible working relationships • Work-life balance [Sustained absolute and relative improvement]. <p>Apprenticeship levy utilisation by staff groups [>65%].</p> <p>Uptake of Apprenticeship First Scheme [>100].</p>	<p>EDS activities.</p> <p>Vacancy rate.</p> <p>Voluntary turnover rate.</p> <p>Sickness-absence rate (both long-term and short-term).</p> <p>Appraisal compliance rate.</p> <p>Staff survey: Staff engagement score.</p> <p>Staff survey: Morale theme score.</p> <p>Staff survey: We are always learning theme score.</p>
<p>Improve our urgent and emergency care and planned care services</p> <p>Selection rationale: We seek to demonstrate improvement in line key with national standards. In the short term, we aim for timely discharge, reduced waits our Emergency Department and improved patient journeys through the hospital.</p>	<p>ED 4-hour target [In line with national standards towards 95%].</p> <p>RTT 52-weeks waiters [0].</p> <p>Cancer 62d waiting time target [Consistent with national standards].</p>	<p>Adult G&A bed occupancy in Watford General [Consistent with national standards].</p> <p>Average non-elective length of stay (1+ days) [Sustained absolute and relative improvement].</p> <p>Mean time in ED for admitted patients [Sustained absolute and relative improvement].</p> <p>Proportion of discharges by 12:00 [33%].</p> <p>Virtual hospital utilisation [On track compared to plan].</p> <p>Value-weighted activity [On track compared to plan].</p> <p>Outpatients follow up ratio [Sustained absolute and relative improvement].</p>	<p>Surge bed days.</p> <p>Emergency ambulance handover delays.</p> <p>Delayed discharge.</p> <p>Ratio between admissions and discharge per day.</p> <p>Case-mix standardised length of stay.</p> <p>ED conversion rate.</p> <p>Proportion of >7-day patients reviewed by MDT.</p> <p>Proportion of ward patients reviewed by senior clinician by 10:00.</p> <p>Theatre utilisation.</p> <p>Waiting list clearance rate.</p>

Provide safe, high quality, timely and sustainable care

Strategic objective	True North metrics with aspiration	Driver metrics with aspiration	Watch metrics (list not exhaustive)
<p>Develop and run sustainable services</p> <p>Selection rationale: We seek to be sustainable as system as move towards shared accountability. In the short term, it is important we improve our financial position where it is in our control.</p>	<p>System financial sustainability [Achieved].</p> <p>Acute service productivity compared to 2019/20 [Sustained absolute and relative improvement].</p> <p>Total clinical waste carbon emissions [Sustained absolute and relative improvement].</p>	<p>Trust's in-year financial performance [Breakeven].</p> <p>Cost-weighted out of area activity [On track compared to plan].</p>	<p>Trust's financial performance against budget at divisional level.</p> <p>Temporary staff spend.</p> <p>Cost Improvement Plan delivery %.</p>

Redevelop our hospitals for our patients and staff

Strategic objective	True North metrics with aspiration	Driver metrics with aspiration	Watch metrics (list not exhaustive)
<p>All</p> <p>Selection rationale: Our focus is to successfully deliver the redevelopment programme. In the short term, we aim to improve our responsiveness to maintenance issues and environmental sustainability.</p>	<p>Redevelopment programme timeline [On schedule].</p> <p>Redevelopment programme costs [Consistent with projections].</p>	<p>Proportion of proactive maintenance [>60%].</p>	<p>Estates and facilities related incidents.</p> <p>Clinical service incidents caused by estates and infrastructure failures.</p> <p>Critical infrastructure risk.</p> <p>Thermal energy consumption.</p> <p>Electrical energy consumption.</p>

Design and deliver services with our local partners

How we measure success will be limited to driver metrics for Year 1. As part of the delegation agreement with the ICB, we will be working up a set of metrics to capture the success of the partnership in a more comprehensive way. This must be approved by the ICB and the Trust board by Q4 of next year and there will be incorporated in the Year 2-5 of the strategy.

Strategic objective	Driver metrics (aspiration will be aligned with wider HCP ambition for 2024/25)
<p>All</p> <p>Selection rationale: Our focus with our system partners will be on citizens with frailty and multimorbidity. It is for us important to minimise emergency admissions to hospitals where it is preventable.</p>	<ul style="list-style-type: none"> • Rate of emergency admissions for people living with frailty or on End-of-Life Register. • Readmission rate within 7 and 30 days for people living with frailty. • Emergency admissions from care homes. • Average length of stay for people living with frailty. • Rate of emergency admissions for falls within the community for people aged 65+

Our next steps

We will embed strategy delivery into our daily activities, utilising the teams and structures that are already working to improve the way we operate. In practice it means hardwiring strategic delivery into annual business planning and transacting the strategy through our new Accountability Framework. The things people are doing daily should all contribute to the delivery of our strategic priorities.

In circumstances where we identify that the mechanisms within our business-as-usual processes are insufficient to achieve the aims described in the strategy, we will put in place supplementary programmes to support this, that help to assure the Board that we will deliver on our priorities.

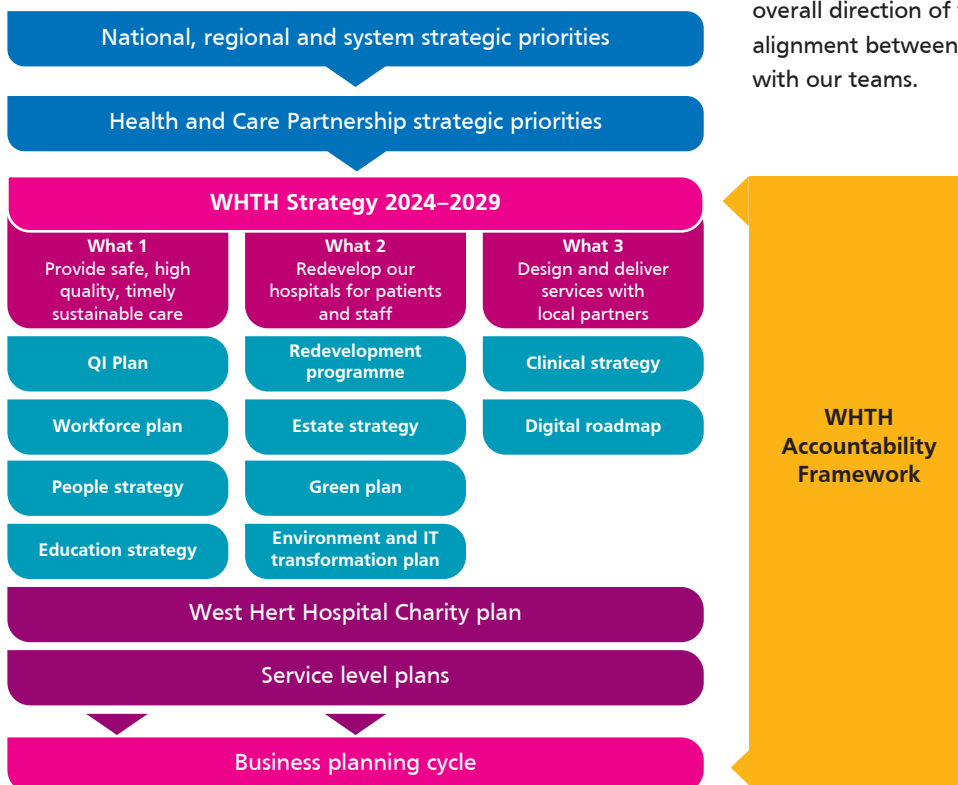
The Measurement Framework will cascade from delivery into our oversight frameworks and into teams across the organisation. Our implementation approach gives a clear and agreed understanding of how the metrics that we are using on a day to day, will drive us towards the True North metrics, agreed in the Strategy.

We have agreed the following principles that will guide our approach to delivery:

- Integration with business planning process.

- Executive level sponsorship of strategic programmes to build momentum, provide oversight and equip the teams with the right tools.
- Distributed leadership where the wider Trust’s leadership team will have the opportunity to lead on strategic programmes.
- Central allocation of transformation and improvement capacity to support key programmes.
- Embedding our QI approach in programmes to ensure we use data, iterate and develop improvement skills across the organisation.
- Working collaboratively with system partners – from information sharing to co-delivery.
- Reinforcing our new values in the way we deliver our strategy.

Strategy delivery will also be supported by Trust plans in individual service areas, operating in harmony with the overall direction of travel we set out here. We will ensure alignment between our strategy and the priorities we set with our teams.



This strategy sets out our vision, values and priorities for the next five years. Whilst this describes our overall destination, it is important that we commit to reviewing our strategic priorities and delivery programmes on an annual basis, reflecting progress to date and requirements to ‘course correct’ in response to shifts in national and local strategic context and the resources we have available to support delivery.



Excellent patient care, together

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