## **Our Aims**



## OUR VISION:

the very best care for every patient, every day

Our success will depend on the continued commitment of all of our staff to the delivery of quality care ~ we will support them in every way we can. We will also listen carefully to what our patients and local residents tell us about how we can improve care and learn from our mistakes. We will work in partnership with our commissioners (Herts Valley CCG and NHS England), with local councils and with other local NHS providers to make sure we deliver joined up care for our patients.

## 2017/18 objectives

AIM	OBJECTIVES	
AIM ONE: To deliver the best quality care for our patients	To sustain 'expected' or 'better than expected' performance on key mortality indicators (SHMI & HSMR).	CO1
	To meet all national standards.	CO2
	To improve patient experience.	CO3
	To further strengthen and embed quality improvement processes through the development of a quality strategy and delivery of quality priorities set out in the 2017/18 quality account.	CO4
	To agree and implement plans to improve our estate and IM&T . (To bid for additional capital funding to support urgent improvements to our estate.)	CO5
AIM TWO: To be a great place to work and learn	To improve staff satisfaction as measured by the national staff survey and local WHHT temperature checks.	CO6
	To reduce staff turnover rates, vacancies and use of agency staff.	CO7
	To ensure all staff have annual appraisals and personal development plans.	CO8
	To strengthen our clinical and managerial leadership.	CO9
AIM THREE: To improve our finances	To deliver our 2017/18 financial plan.	C10
	To deliver our efficiency savings programme, including opportunities highlighted in the Carter review.	C11
AIM FOUR: To develop a strategy for the future	To identify and implement priorities to support delivery of our strategy and further develop service line strategies;	C12
	To work with regulators to secure approval of our strategic outline case for the redevelopment of our hospitals and progress the development of the outline business case.	C13
	To work with STP partners and local stakeholders to deliver system wide transformation priorities; to agree a partnership strategy to support the long term clinical and financial sustainability of our services including consideration of the benefits of closer collaboration with the Royal Free Hospital.	C14

## **Principal Risks**

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Principal Risk	Description	Executive Lead(s)	Board assurance
PR1	Failure to provide safe, effective, high quality care	Chief Nurse / Medical Director	Clinical outcomes & Effectiveness Safety & compliance
PR2	Failure to recruit to full establishments, retain and engage workforce	Director of HR & OD	Patient & Staff Experience
PR3	Current estate and infrastructure compromises ability to deliver safe, responsive and efficient patient care	Director of Environment	Safety & Compliance
PR4	Underdeveloped informatics infrastructure compromises ability to deliver safe, responsive and efficient patient care 4A) IM&T 4B) information and information governance	Chief Information Officer	Finance & Investment
PR5	Inability to deliver and maintain performance standards 5A) Emergency Care 5B) Planned Care (including RTT, diagnostics and cancer)	Chief Operating Officer	TEC
PR7	7A) Failure to achieve financial targets, maintain financial control and realise and sustain benefits from CIP and Efficiency Programmes 7B) Failure to secure sufficient capital, delaying needed improvements in the patient environment, securing a healthy and safe infrastructure	Chief Financial Officer	Finance & Investment
PR8	Failure to engage effectively with our patients, their families, local residents and partner organisations compromises the organisation's strategic position and reputation	Deputy CEO / Communications Director	TEC
PR9	Failure to develop and deliver a long term strategy for the delivery of high quality, sustainable care	Deputy CEO	TEC
PR10	System pressures adversely impact on the delivery of the Trust's aims and objectives	Chief Executive	TEC

Note: PR6 – business continuity has been closed (incorporated into PR1) but the current numbering system retained to maintain cross referencing to the CRR