NHS
The Leeds Teaching Hospitals
NHS Trust

Clinical and Operational Services Strategy

2027-2030



FOREWORD

This refreshed Clinical and Operational Services Strategy sets the direction for our clinical services over the next three years.

It builds on the foundations of our 2024–2027 strategy, and responds to a changed national context: the NHS 10 Year Health Plan for England and the shifts it demands - from hospital to community, from analogue to digital, and from sickness to prevention.

Our approach starts from a simple principle: we will focus our work where it will have the greatest impact on people's health. That means preventing ill health before it takes hold, tackling the wider determinants and inequalities which shape health outcomes long before a patient reaches our door, and delivering the highest quality healthcare when they need it.

This strategy also reaffirms what patients and families can expect from us. When care goes well, we want it to be exceptional. When things go wrong, we will apologise, explain, and learn - and we will be able to show the evidence that we do. None of this is possible without a multi-professional workforce that is well trained, supported by a genuine culture of learning, and given the time and resources to deliver it.

We are grateful to everyone across Leeds Teaching Hospitals who has contributed to shaping this strategy, and to our partners across the city and region who will help us deliver it.



Dr Elizabeth Garthwaite
Chief Medical Officer



Tim Hiles
Chief Operating Officer

OUR PURPOSE

Excellent, safe and sustainable care for every patient, every time.



EXECUTIVE SUMMARY

Our patients experience one pathway and one Trust, not separate clinical and operational functions. This strategy therefore brings together the clinical outcomes we seek, the service models through which care will be delivered, and the operational capability we need to provide safe, timely, equitable and sustainable care.

Our strategic intent is clear. By 2030, LTHT will provide more proactive and personalised care, deliver consistently high quality urgent and planned pathways, diagnose and treat people earlier, strengthen specialist networks, and use its scale in research, digital technology and improvement to reduce inequalities and improve outcomes.

Delivery will depend on productive partnerships with primary care, community and mental health providers, the West Yorkshire system, Voluntary, Community and Social Enterprise sectors and universities. These partnerships will have shared outcomes, explicit decision rights and a clear test of value: better outcomes and experience for the patients we serve, delivered by sustainable and productive integrated pathways.

THE PATIENT PROMISE

Wherever patients enter our services, they will receive the same high standard of safe, timely and compassionate care, with decisions and delivery coordinated around what matters to them.

How this strategy will be delivered

Organisational strategy	Clinical & operational strategy	Annual delivery plan	CSU delivery contracts	Team objectives
Purpose: Defines LTHT's purpose, values and four organisational priorities.	***Purpose:*** Defines the future clinical model, transformation priorities and outcomes.	***Purpose:*** Translates three-year commitments into annual milestones, capacity, workforce and financial plans.	***Purpose:*** Specify contribution, trajectory, risks and benefits for each Clinical Service Unit.	***Purpose:*** Translate priorities into standard work and measurable improvement at pathway and team level.
Primary accountability: Trust Board	**Primary accountability:** Executive team	**Primary accountability:** Executive sponsors	**Primary accountability:** CSU triumvirates	**Primary accountability:** Clinical and operational teams

1. PURPOSE, VALUES AND STRATEGIC ALIGNMENT

Our purpose is the provision of excellent, safe and sustainable care for every patient, every time. We are enabled by our values; we are Open & Honest, Kind, Responsible and we work as One Team. These values inform how we will make decisions, lead change and work with patients, communities and partners.

This strategy underpins the Organisational Strategy 2026-2029 and its four priorities: People, Improvement & Innovation, Partnerships and Outcomes. It aligns with the national shifts from hospital to community, analogue to digital and sickness to prevention, while recognising LTHT's responsibilities as a major local hospital provider, regional centre and research-intensive teaching trust.

Our ambitions extend beyond the specific targets set out for 2029 and will continue to evolve in line with future iterations of the organisational strategy, ensuring this strategy remains aligned with Trust priorities through to 2030 and beyond.

2. PRINCIPLES FOR SERVICE DEVELOPMENT

Our approach is built around five principles which guide every service redesign and investment decision:

Equitable Care	A Genuine Learning Organisation	Multi-Professional Care	Networked Care	Leading Edge Care
What it means in practice: Universal services designed to reach everyone, with targeted action for groups experiencing poorer access or outcomes.	***What it means in practice:*** We will listen and respond to our service users. We will learn from mistakes and seek to improve all the time.	***What it means in practice:*** Teams designed around patient need, with each profession working at the top of its capability.	***What it means in practice:*** Care delivered at the right level: home, neighbourhood, local hospital, Leeds specialist centre or regional network.	***What it means in practice:*** Evidence-led care that translates research, genomics, precision medicine and innovation into improved outcomes.
Test for decisions: Will this narrow or widen inequalities?	**Test for decisions:** Is this change consistent with feedback from our service users and past learning?	**Test for decisions:** Is the pathway safe, effective and using skills well?	**Test for decisions:** Is this the right place and scale for the service?	**Test for decisions:** Does this improve outcomes and reduce unjustified variation?

Every material service change and investment proposal will demonstrate alignment with these five principles, patient and workforce impact, affordability, equality impact and measurable benefit.

3. THE NATIONAL CONTEXT

This strategy is set against a clear national backdrop. Current NHS priorities focus on operational recovery, financial stability, and implementing the 10 Year Health Plan for England.

Operational recovery and access

- Elective care: reduce waiting times, targeting 65% of patients waiting under 18 weeks and nearly eliminating 52-week waits.
- Urgent and emergency care: improve A&E performance and lower Category 2 ambulance response times.
- Primary and dental care: enhance general practice access and expand urgent dental appointments.
- Cancer and mental health: accelerate cancer diagnosis standards and improve children and young people's mental health access.

Long-term strategic shifts

- Neighbourhood Health Service: shift care delivery closer to people's homes to prevent hospital admissions.
- Digital transformation: expand use of the NHS App and modern technology to streamline patient access and cut administrative burden.
- Prevention focus: address health inequalities through targeted initiatives such as Core20PLUS5 and proactive cardiovascular risk management.

Productivity and finance

- Financial balance: deliver balanced net financial positions across integrated care systems.
- Efficiency gains: reduce agency staff spending by at least 30% and drive clinical productivity improvements.

Our clinical service strategy is designed to deliver against this national agenda while reflecting what matters most for the population we serve in Leeds and the wider region.



4. OUR STARTING POSITION

LTHT begins this strategy with exceptional clinical expertise, strong research partnerships, a recognised improvement method and an anchoring role in Leeds, Yorkshire and Humber region, and national specialist care. It also faces challenges which increase year on year: rising demand, persistent health inequalities, constrained capacity, ageing infrastructure, workforce pressures and a need for both financial and carbon sustainability. At the same time, advances in medicine, technology and research create new opportunities to improve care.

Our baseline:

	Baseline	Implications for strategy
Urgent and emergency care	Strong national performance, but overcrowding, delayed flow, corridor care and limited social care access persist.	Deliver a responsive front door, alternatives to admission, same-day pathways and reliable discharge through neighbourhood and system-wide working.
Elective care	Long waits are reducing but remain significant; inefficiencies affect patient experience and productivity.	Protect capacity, standardise pathways, increase day-case care and improve core productivity.
Cancer	28- and 31-day standards are consistently met, but too many patients wait over 62 days for treatment.	Enable earlier diagnosis, sufficient treatment capacity, and routine personalised care and genomics.
Diagnostics	Rising demand driving long waits. Diagnostic hubs are established, with capacity to expand.	Harness network capacity, expand hubs and seven-day services, embed AI and digital reporting, and optimise demand.
Outpatients	Long waits and low-value appointments waste patients' time and capacity; digital Waiting Well support is not yet widespread.	Reduce low-value contacts, provide timely review, and expand digital self-management and access to reduce DNAs.
Quality and Equity	Major health inequalities persist across Leeds. Improvements are needed to provide quality care to all maternity patients.	Targeted pathway redesign, train staff, report outcomes by population, and embed targeted action on maternity care inequalities.
Workforce	Demand and capacity are often misaligned. Roles, responsibilities and capacity are not fully matched to future need.	Deploy a sustainable multidisciplinary workforce around to meet patient demand and maximise its potential.
Productivity and Finance	Improvement governance and financial control are established, with scope to embed the Leeds Improvement Method further.	Deliver benefits-led transformation, stop low-value activity and work with partners to spend every Leeds pound wisely.
Estates and Digital	Estates backlogs, ageing technology and estates affect patient and staff experience and do not support future models.	Prioritise estate and digital investment that enables clinical and operational objectives.

5. OUR FUTURE CLINICAL SERVICE MODEL

By 2029, LTHT will organise care in a new way a ladder of care from home to hospital, rising up from a single point of access to all levels of care in the patient's pathway. Our default position will be to hold and care in the least intensive setting where safe and effective care can be provided. Complex activity will be concentrated where specialist expertise and scale improve outcomes.

The Ladder of Care



Role in the future model: Lead research, education and highly specialised services, translating discovery into care.	***Examples:*** Clinical trials, robotic surgery expertise, genomic medicine, innovation partnerships and national specialised commissioning.
Role in the future model: Provide shared standards, capacity, workforce and pathways across organisational boundaries.	***Examples:*** WYAAT diagnostics, clinical networks, mutual aid and network-wide pathways.
Role in the future model: Concentrate complex and highly specialised care where expertise, technology and multidisciplinary scale improve outcomes.	***Examples:*** Complex surgery, transplantation, specialist cancer, maternity, paediatrics, cardiac and neurosciences.
Role in the future model: Provide reliable acute, diagnostic, outpatient and elective care as quickly as possible, prioritising pathways which de-escalate to neighbourhoods or home.	***Examples:*** Urgent Treatment Centres, Same Day Emergency Care, ambulatory pathways, day surgery and standardised outpatient care.
Role in the future model: Prevent illness, identify deterioration early and provide accessible diagnostics and treatment through integrated teams.	***Examples:*** Primary care, neighbourhood teams, community diagnostics, therapy, pharmacy, frailty and long-term-condition services.
Role in the future model: Support independence, recovery, monitoring and rapid access to advice.	***Examples:*** Patient portal, remote monitoring, Electronic Patient-Reported Outcome Measures, virtual wards, Patient Initiated Follow Up and supported self-management.



How patients will experience the model

- One coordinated pathway, even when several organisations or specialties contribute.
- A meaningful clinical decision or intervention at every contact.
- Clear information, shared decision-making and transparent waiting-time expectations.
- Digital access where it adds value, with accessible alternatives for people who need them.
- Care closer to home unless specialist concentration improves safety or outcomes.
- Proactive review and escalation when delay or deterioration creates clinical risk.
- Practical waiting-well support, including optimisation, prehabilitation and help to remain in or return to work where relevant.

Aisha, 42, needing specialist treatment for a rare cancer

Aisha is diagnosed with a rare cancer at her local hospital. Her results are shared with the specialist cancer team in Leeds, where genomic testing identifies a treatment targeted to her cancer. Aisha comes to Leeds for specialist treatment and is offered the opportunity to take part in a clinical trial. Alongside her treatment, she is connected to practical, emotional and wellbeing support to help her live well during and after cancer, based on what matters to her.

Once specialist treatment is complete, Aisha returns to her local team for ongoing care and monitoring closer to home, with rapid access to Leeds' expertise if needed.

Aisha receives cutting-edge specialist care when she needs it, while spending as much time as possible at home and receiving care locally alongside personalised support to live as well as possible with and beyond cancer.

Margaret, 84, living with frailty and multiple long-term conditions

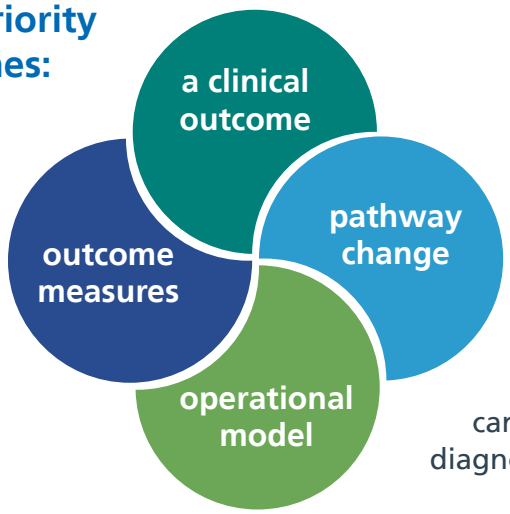
A neighbourhood frailty team are able to use data to proactively identify Margaret before she has a fall or hospital admission. A Comprehensive Geriatric Assessment is coordinated in their local neighbourhood by a multidisciplinary team of professionals. Together they review her health, medicines, mobility, home environment and personal goals.

A single personalised care plan is developed with Margaret, including medication optimisation, strength and balance support, and technology enabled care where possible. Everyone remains connected through regular multidisciplinary reviews and updates to the care plan. By coordinating specialist expertise at multi-neighbourhood level, Margaret avoids further emergency admissions, retains her independence, and experiences improved support.

This model shifts care from reacting to crises towards preventing deterioration, improving outcomes while reducing demand on hospital services.

6. CLINICAL AND OPERATIONAL TRANSFORMATION PRIORITIES

Each priority combines:



This supports our ambition to deliver top-quartile operational performance across urgent & emergency care, referral to treatment, cancer, diagnostics and interface pathways.



6.1. Prevent ill health and intervene earlier

OUR 2029 COMMITMENT

We will work with partners to prevent avoidable illness, identify disease earlier and support people to remain independent.



Many of the conditions treated by LTHT are influenced by deprivation, delayed diagnosis and unequal access. Every patient contact is an opportunity to improve future health as well as address the immediate clinical need.

What will change

- Embed prevention, smoking cessation, healthy-weight support and secondary prevention in priority pathways.
- Use the Core20PLUS5 approach to reduce healthcare inequalities.
- Use population-health data to identify groups in underserved populations, experiencing later diagnosis or poorer outcomes and provide targeted outreach in high-need communities.
- Provide proactive support to populations at greatest risk through integrated care models, helping people stay well and independent and receive care closer to home.
- Collaborate with system partners to address wider determinants of health.
- Measure reach and outcomes by deprivation, ethnicity, disability, sex, age and other relevant characteristics.
- Work with partners to develop supportive care models to keep people at home with support as much as possible.

Strategic measure	2029 ambition
Increase the number of Leeds patients on a proactive pathway	More patients are supported with earlier intervention, resulting in better outcomes

6.2. Transform urgent and emergency care

OUR 2029 COMMITMENT

We will provide safe, responsive and integrated urgent and emergency care, reducing avoidable admission and unnecessary time in hospital.



Too many of our patients experience delays when accessing urgent care, leading to an unacceptable risk of harm and a poor patient experience. The future model must combine a responsive front door with early senior decision-making, alternatives to admission, reliable inpatient care and discharge designed from the point of admission.

What will change

- Expand Same Day Emergency Care, frailty, rapid specialty advice, virtual wards and Hospital at Home.
- Provide new pathways which enable early senior clinical decision-making aligned to patterns of demand.
- Use expected-date-of-discharge, criteria-led discharge and daily multidisciplinary review consistently.
- Agree complex-discharge standards, capacity assumptions and escalation routes with system partners.
- Strengthen specialist emergency networks and shared protocols with partner hospitals.

Strategic measure	2029 ambition
More patients receive emergency care within four hours	Timely assessment and treatment when it matters most
Faster ambulance handover times	Patients receive prompt access to emergency care, ambulance response times meet constitutional standards
Fewer patients wait more than 12 hours after decision to admit	Patients quickly access best place of care
Significantly fewer patients will experience care in a corridor environment	Care is delivered in appropriate, dignified environments
Improved GIRFT Clinical Operational Standards	Reduction in waiting times for patients needing acute mental health care

6.3. Deliver reliable planned and outpatient care

OUR 2029 COMMITMENT

We will provide timely, equitable and productive planned care, protecting capacity and making every patient contact count.



Patients should wait no longer than clinically appropriate, understand their pathway and receive treatment in the setting best suited to their needs. Recovery must be delivered through reliable core capacity and productivity, not sustained dependence on premium activity.

What will change

- Protect elective capacity from avoidable emergency disruption and expand the elective hub at Chapel Allerton Hospital.
- Standardise high-volume pathways, reduce unwarranted variation and use GIRFT and Model Health System evidence.
- Expand Shape Up for Surgery, comprehensive pre-assessment and shared decision-making.
- Increase day-case and procedure-room care where clinically appropriate, using BADS benchmarks.
- Expand volume and variety of robotic procedures across all major specialties.
- Improve theatre scheduling, list utilisation, cases per list, turnaround and cancellation management.
- Transform outpatient pathways using advice and guidance, one-stop care, patient-initiated follow-up, remote monitoring and discharge to primary care with clear re-access routes.
- Maintain active clinical oversight of long waits and overdue follow-up risk, with transparent harm-review arrangements and PIFU escalation when clinical needs change.
- Provide a consistent waiting-well offer, including condition-specific advice, optimisation, prehabilitation, safety-netting and support to maintain independence, remain in or return to work.

Strategic measure	2029 ambition
More patients treated within 18 weeks	Constitutional standards are met, 92% of patients receive treatment within 18 weeks of referral
Fewer patients waiting over 52 weeks	No patient experiences an unacceptably long wait for treatment
Fewer patients will experience delays in follow up	Reliable and valuable follow-up care that gives patients confidence in their ongoing treatment
Improved access to first outpatient appointments	Patients experience timely access to specialist care, supported by effective clinic utilisation, improved productivity and fewer missed appointments
Embed equity of treatment	Patients in our most deprived communities will experience shorter waits and more equitable access to care

6.4. Diagnose earlier and faster

OUR 2029 COMMITMENT

We will provide timely, accurate and increasingly personalised diagnostics through productive, networked services closer to home.



Diagnostics determine the pace and quality of almost every clinical pathway. We will treat diagnostic capacity, reporting and clinical interpretation as an integrated service rather than a series of isolated tests.

What will change

- Expand Community Diagnostic Centres, diagnostic hubs and direct-access models where they shorten pathways, support one-stop care and improve equity.
- Agree modality-level demand, capacity and workforce plans with seven-day use where clinically and operationally beneficial.
- Use the Centre for Laboratory Medicine, digital pathology, genomics and point-of-care testing to improve turnaround and accuracy.
- Deploy artificial intelligence only where clinical safety, evidence, information governance and measurable benefit are established.
- Develop shared WYAAT standards, reporting capacity and mutual-aid arrangements.
- Diagnostic demand optimisation reduces duplication and low-value testing through decision support and pathway review.

Strategic measure	2029 ambition
More patients receiving diagnostics within six weeks	Timely diagnostics that reduce uncertainty and support faster care, aiming for more than 99% of patients to meet constitutional standards
Increased access to diagnostics closer to home	Patients have faster, more convenient access to diagnostics closer to home, reducing travel and inequalities in access

6.5. Improve cancer outcomes

OUR 2029 COMMITMENT

We will prevent more cancers, diagnose them earlier, provide timely and personalised treatment, and support people to live well during and beyond cancer.



Cancer outcomes depend on prevention, early diagnosis, rapid pathway coordination, sufficient diagnostic and treatment capacity, access to innovation and effective support following treatment. We will build on our strong and improved foundation of faster diagnosis to provide proactive, innovative and effective cancer care pathways.

What will change

- Expand targeted prevention, screening and case-finding for populations at greatest risk of late diagnosis.
- Standardise timed pathways and use prospective pathway control to prevent avoidable delay.
- Align diagnostic, surgical, systemic anti-cancer therapy and radiotherapy capacity to forecast demand.
- Strengthen personalised care and support planning, prehabilitation, rehabilitation and symptom control.
- Enable more patients to access cutting edge cancer research and novel treatments including cancer vaccines and personalised therapies.
- Increase equitable access to clinical trials, genomic testing, robotic surgery access and precision treatments.
- Provide coordinated living-with-and-beyond-cancer and palliative/end-of-life pathways with partners.

Strategic measure	2029 ambition
More patients meet the Faster Diagnosis Standard	Patients receive answers quickly and can start treatment sooner
More patients receive treatment within 62 days	Patients begin cancer treatment without unnecessary delay
More cancers diagnosed at stage 1 or 2	More cancers are detected early when treatment is most effective
Increased five year survival rates	More people survive and live well after a cancer diagnosis
More eligible patients offered research participation	More patients benefit from access to research and innovation

6.6. Strengthen specialist and networked care

OUR 2029 COMMITMENT

We will concentrate complex care where expertise and scale improve outcomes while enabling more care to be delivered safely through local and regional partners.



As a major specialist provider, we must use our expertise for the whole region, shaping pathways that provide the best care for patients. Networked care should improve outcomes, resilience and equity for all patients across the systems we work within.

What will change

- Work with commissioners to define which services should be local, networked, consolidated in Leeds or delivered through nationally commissioned pathways.
- Develop common clinical standards, referral criteria, multidisciplinary decision-making and outcome reporting across networks.
- Support partner organisations through outreach, shared workforce models, education, digital advice and repatriation pathways.
- Shared system capacity is used to reduce inequity of access for long-waiting patients.

Strategic measure	2029 ambition
Reduced repatriation Delays	Patients will be transferred back to a local hospital closer to their home after they have been stabilised or finished receiving specialist care in our network. Delays are measured quarterly

6.7. Improve outcomes across the life course;

pregnancy, birth, babies, children and young people

OUR 2029 COMMITMENT

We will provide coordinated, safe and personalised care from pregnancy and childhood through to teenage and adulthood.



Our strategy must address the needs of babies, children and young people; women and families; people with multiple long-term conditions; and those needing rehabilitation, palliative or end-of-life care.

What will change

- We will deliver on our promises to deliver high quality, safe and compassionate maternity and neonatal outcomes, with family voices embedded in improvement so that pathways are co-designed to be respectful and responsive to their needs.
- We will continue to evaluate the best use of our estates to deliver our maternity and neonatal services.
- We will shorten long waits for children more quickly, acting with urgency to ensure we never compromise their future health, development or life chances.
- Develop integrated children's pathways, working with system partners to intervene earlier and minimise time spent in hospital for children.
- Strengthen transition between paediatric and adult services and coordinate care for children with complex needs.

Strategic measure	2029 ambition
Improved Saving Babies' Lives compliance	Women and babies receive consistently safe, evidence-based maternity care, with sustained compliance with the Saving Babies' Lives Care Bundle
Improved perinatal outcomes	More babies are born healthy and thrive, with fewer stillbirths, neonatal deaths and preterm births. Fewer mothers experience adverse outcomes related to pregnancy and birth
Reduction in paediatric length of stay	Children are supported to live full and active lives, with care provided closer to home wherever possible and hospital stays kept to a minimum

6.8. Improve outcomes across the life course;

delivering high quality care for all of our inpatients, patients with complex illness, frailty, rehabilitation and at end of life

OUR 2029 COMMITMENT

We will provide integrated, high quality and holistic care, promoting independence and choice at every stage of life.



Our strategy must address the needs of babies, children and young people; women and families; people with multiple long-term conditions; and those needing rehabilitation, palliative or end-of-life care.

What will change

- Collaborate with partners to develop multidisciplinary models for frailty, multimorbidity and long-term conditions across acute, community and primary care.
- Integrate Perioperative care of Older People undergoing Surgery, rehabilitation and recovery goals into surgical, medical, stroke and cancer pathways.
- Identify patients approaching end of life earlier and support timely, compassionate advance-care planning and preferred place of care.
- Use outcome sets that include survival, complications, function, quality of life and what matters to patients.

Strategic measure	2029 ambition
Fewer avoidable admissions/ readmission in selected long-term conditions	Patients with long term conditions are supported in staying well at home
End-of-life care plan and preferred-place measures	Patients receive end of life care in their preferred place, we are able to measure this and monitor progress
Deteriorating patient metrics	Earlier recognition and intervention in deteriorating patients, improving outcomes
Increased sepsis screening compliance	Sepsis is identified and treated as quickly as possible, in line with NICE guidance
No never events	Patients receive consistently safe care free from preventable harm

7. ENABLING STRATEGIES

Health Equity & Public Health (2025-28): aims to embed fairness across all services by reducing health inequalities, improving access, experience, and outcomes - especially for deprived and high-risk populations.

People Priorities (2024-28): inclusive recruitment; wellbeing linked to LIM; sustainable talent pipeline; e-rostering and job-planning; reduced agency reliance.

Research & Innovation (2024-28): aims to embed research and innovation in care, advance data, partnerships and workforce, reduce inequalities, improve outcomes, and drive economic growth.



Nursing, Midwifery & AHP (2024-28): competency frameworks; leadership development; After-Action Review; ward accreditation; harm-free care; clinical academic pathways.

Learning, Education & Training (2024-28): five-theme improvement programme (Content & Style; People; Infrastructure; Culture & Policy; Governance) with protected learning time and board oversight.

Estate (2024-28): This strategy reflects an ambitious plan to build an outstanding healthcare environment for our patients and colleagues. reduce backlog risk; improve use; provide digital/ SMART buildings aligned to clinical needs and patient experience; reduce non-clinical space.

Finance (2026-29): rolling three-year plan; daily financial governance; procurement strategy; commercial capability and Innovation Village growth.

Improvement (2024-28): This strategy defines our commitment to improve the quality and timeliness of care whilst delivering first class patient experience and improving outcomes.

Digital (2024-28): resilient infrastructure; maximise existing platforms; equity in digital access; structured patient feedback; governed data use; digital literacy for staff and patients.

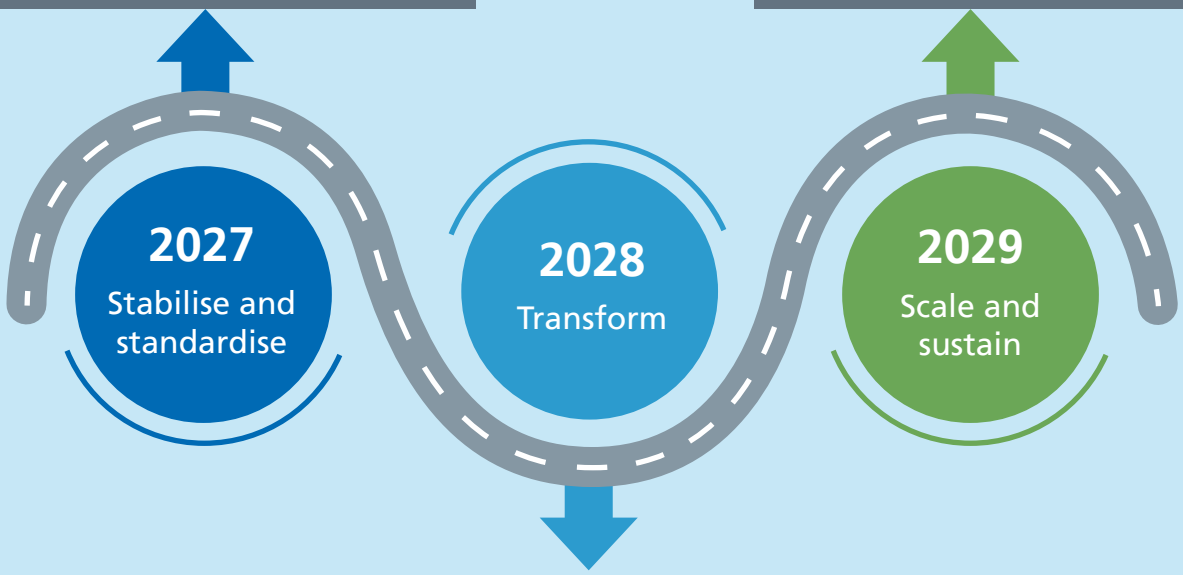
The Green Plan (2025-28): Green Plan and Sustainable Action Plan across leadership, clinical transformation & medicines, digital, travel, estates, biodiversity, supply chain, food and adaptation.

Corporate Communications (2024-28): sets out how LTHT will deliver clear, consistent, and inclusive communications to engage staff, patients, and stakeholders, build trust, and strengthen its reputation.

8. THREE-YEAR DELIVERY ROADMAP

Trust-wide focus:
Confirm baselines and targets; establish pathway controls; address immediate safety and access risks; standardise priority pathways; align annual activity, workforce and finance plans.

Expected evidence:
Named programmes, trajectories, standard work, controls and initial benefit delivery.



Trust-wide focus:
Spread proven models, close inequality gaps, embed new operating arrangements and realise full recurrent benefits

Expected evidence:
Sustained outcomes, reduced variation and independently assured benefits.

Trust-wide focus:
Expand elective, diagnostic, community and digital models; implement service configuration decisions; reshape workforce and deploy agreed capital.

Expected evidence:
Material improvements in access, outcomes, capacity and recurrent run rate.

This approach will underpin the development of localised delivery plans in each Clinical Service Unit, translating our strategic ambitions into targeted, achievable objectives that collectively deliver our organisational goals.

9. NEXT STEPS

We will work with colleagues within the Trust and our system partners to realise the ambitions set out in this strategy to keep our patient promise -

THE PATIENT PROMISE

Wherever patients enter our services, they will receive the same high standard of safe, timely and compassionate care, with decisions and delivery coordinated around what matters to them.

Each Clinical Service Unit will develop their annual delivery plan aligned to this strategy, identifying the service developments, improvement priorities and locally relevant measures required to deliver and evidence progress towards our shared organisational ambitions.

We will utilise existing Trust governance arrangements to oversee the delivery of this strategy, which will be reviewed at least twice yearly through the Board Assurance Frameworks.

This strategy, alongside our Patient Safety and Quality Strategy, will set the direction for our Trust Enabling Strategies which will all be renewed by 2028 creating a coherent framework through which all parts of the Trust will work together to deliver our ambitions.

Together, we will build services that are clinically excellent, operationally effective and financially sustainable, ensuring that every patient receives the right care, in the right place, at the right time, now and for future generations.

