

# Patient Services Plan **2007/08**



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## Introduction

The Patient Services Plan summarises our aims and objectives for 2007/08. The plan describes what the Trust must achieve to ensure that we are the hospitals and the employers of choice. It explains the tasks that have to be done, and who will be doing them. Each part of the organisation needs to know what it must contribute to ensure our continued success as a foundation trust.

We have an exceptional record of providing patients with what they need, when they need it. Staff throughout the Trust have made tremendous achievements to develop services, and provide outstanding patient care. In 2007/08, we will achieve more, and continue to improve the quality of our services.

The national emphasis on commissioning and reform in the NHS has already had profound effects on the ways that we organise and provide patient care. Patients now choose where they have their treatment, and when they go to hospital. The length of time patients wait for a hospital appointment before diagnosis or treatment influences those choices. Patients expect efficient and effective care. They demand clean and safe hospitals, which is why stringent prevention and control of infection is essential. Patients and their families want to know what is happening to them, and why, so constant and accurate communication is vital. The quality of clinical care, the attitude of staff and the environment all influence patient choice.

When patients choose to use our services, we earn income. To remain successful means that each of us has a personal responsibility to provide the quality and speed of service that patients require. Achieving the national 18-week target from referral to the start of treatment is critically important, but is also about being credible, and convincing local people and taxpayers why we are their hospitals of choice. If patients choose to go elsewhere, income drops. Less money may mean fewer jobs, and no new services.

We must use our resources efficiently. This year we have to reduce costs by £8m to ensure that expenditure does not exceed our income. There has been excellent progress to cut out waste. These efforts to reduce costs and to make every pound count will continue. Clinical services must work within the tariff, which sets the price we are paid as income. We need to make certain that our costs and overheads – expenditure – are less than we earn, otherwise we will go into debt. We have to understand and justify every cost of providing effective safe care. Efficiencies range from simple good housekeeping to fundamental changes in the way things are done. All of these measures are necessary to ensure we remain competitive and use public money wisely.

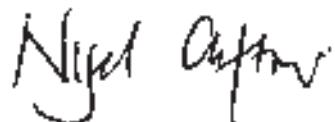
Commissioning decisions could affect the shape of services, the types of jobs and even the number of people we employ. Ambitions for the Future is the project that examines what we do, where and why we do it. Negotiating and implementing internal changes will enable us to respond to the needs of clinically-led commissioning, and continue to flourish as leading NHS hospitals. Commissioners will only contract with us for services that reflect local need, are clinically safe and affordable. This means that there will be fundamental changes in the way we deliver care, and where those services are provided. Ambitions for the Future will drive those changes.

Our hospitals spend nearly £700,000 of public money daily. Every day wasted or every treatment opportunity lost is money down the drain, with no effect on health. So efficiency and effectiveness are inseparable. Smooth organisation of the patient journey is better for the patient, uses scarce resources and skills well, and prevents waste. Simple examples include ensuring that clinics start and finish on time, theatre lists are used, staff sickness and absence is managed. For those patients who need to be in hospital, each step of the journey should be planned and managed carefully. Reducing the length of stay is about better quality of care as well as about efficiency.

This plan sets the clear direction for the year ahead. It translates national requirements from Monitor and the Department of Health, the expectations of local commissioners, and the ambitions and aspirations of teams throughout the Trust into realistic and achievable objectives. Taken together, the Patient Services Plan, and business unit performance agreements summarise the activity and the income that is required, define the limits on expenditure, and describe the developments and patient service improvements to be achieved.

The way staff work together to deliver patient care is at the heart of this plan. It requires understanding of the risks and challenges we face together, and acceptance of the need for change to improve efficiency and effectiveness. The 2007/08 Patient Services Plan sets challenging targets so that our hospitals are competitive and the places that patients choose.

The single most important objective is that staff work together to improve patient care. This depends on mutual trust and teamwork, communication, leadership and motivation. It also requires commitment to change, to improve efficiency and effectiveness. Working together we can achieve so much more for the patients we serve.



**Nigel Clifton**

Chief Executive

## Section 1

# Purpose

The 2007/08 Patient Services Plan sets out a framework of organisational requirements and business unit objectives that bring together national and local requirements and our own ambitions.

The framework is based on the Trust's strategic direction, which sets a clear central purpose devolving responsibility and accountability for the delivery into business units. Continued strong leadership that motivates, empowers, involves and ensures delivery is needed. Real devolved responsibility for managers and clinicians in the Trust is essential in order to deliver the organisational objectives. Clinical directors will be accountable for sustained improvement and financial balance.

The Patient Services Plan is not an exhaustive list of all the Trust's tasks and issues, but it does summarise our priorities for 2007/08.

The Annual Plan to be published in June 2007 will set our intentions for the next three years and the Annual Report, to be published in September 2007, will review the achievements and challenges of 2006/07.

## Section 2

# Review of 2006/07

Doncaster & Bassetlaw Hospitals NHS Foundation Trust achieved its objectives for 2006/07. The Trust delivered quality standards, the agreed performance targets and an ambitious capital programme, achieving financial balance at 31 March 2007.

In the Trust's first Annual Health Check, based on measuring performance within a framework of national standards and targets, we were rated 'good' for our quality of services and use of resources. We were one of the top 40 hospitals as assessed by CHKS for the 6th year running, and received an excellent report on a peer review of our cancer services.

There was good progress in developing clinical services within the Trust. At Doncaster Royal Infirmary, these included the first phase of the renal development, a new diagnostic day unit and a six-bedded extension to the critical care unit. The Trust invested in improving the environment for patients, visitors and staff. The Trust also invested in the first phase of the new energy management system, which replaced the old coal-fired boiler-house, and a fourth operating theatre was opened at Montagu Hospital.

Bassetlaw Hospital launched its £250,000 appeal to improve facilities for breast services, and a new multi-million pound Picture Archiving & Communication System (PACS) across the Trust means that clinicians on all sites can get access to film-less electronic X-ray images using computers.

We were joined by a number of important senior clinical staff, who will support the Trust in developing clinical services.

There were challenges, too, as staff in the Trust rose to the challenge of the Efficiency Gains programme and the need to develop even more effective services for local people.

## Section 3

# Delivering strategic intentions

The Service Development Plan (SDP): Local, Sustainable Excellent (2004-08) describes how the Trust intends to continue to develop hospital and community services for people in Bassetlaw and Doncaster over the current four-year period. It underpins our terms of authorisation as a foundation trust and so is the blueprint for our services. It sets our six strategic aims over four years.

The Trust's objectives for 2007/08 follow through the strategic direction set in 2005. The objectives will deliver national requirements including the 18-week priority but also reflect the financial reality within the wider NHS. This will mean we will need to deliver £8m of savings through improved productivity and greater efficiency and new ways of working.

The chart below shows how our SDP aims are translated into in-year objectives:

<b>SDP Aim</b> <b>2007/08 objective</b>	<b>Clinical Improvement</b> Deliver safe services for patients through effective risk management and robust clinical governance, maintaining core standards for better health and making progress within developmental standards
<b>SDP Aim</b> <b>2007/08 objective</b>	<b>Communication</b> Communicate clearly and quickly with patients, and between health professionals and involving governors and members
<b>SDP Aim</b> <b>2007/08 objective</b>	<b>Hospitals of Choice</b> Develop the business to reflect commissioning intentions and patient choice and safe and effective services – Ambitions for the Future
<b>SDP Aim</b> <b>2007/08 objective</b>	<b>Employers of Choice</b> Involve all staff to understand the business, to work to the full potential of their pay grades and contracts and deliver the objectives of the Trust
<b>SDP Aim</b> <b>2007/08 objective</b>	<b>Performance Improvement and Financial Control</b> Establish business units with income, activity and efficiency targets and agreed performance plans to achieve national standards and the Trust's aspirations
<b>SDP Aim</b> <b>2007/08 objective</b>	<b>Using the Opportunities as a Foundation Trust.</b> Working within the regulatory and compliance framework for foundation trusts, use the freedoms and opportunities to push forward services and standards to benefit local people and the future of the Trust with governors and members

This strategic direction will be reviewed during 2008 and will reflect the Ambitions for the Future project.

## Section 4

# Our plans for 2007/08

This section describes each of the business unit objectives for 2007/08 to achieve the Trust's corporate objectives. They combine corporate objectives, local delivery plan objectives, and national objectives and have been agreed following extensive consultation.

**Table 1 Clinical Directorate and Business Units**

<b>Directorate</b>	<b>Business Unit</b>	<b>Clinical Director</b>
Children's	Neonates	Dr Mukhlis Madlom
Children's	Children	Dr Mukhlis Madlom
Children's	CAMHS	Dr Mukhlis Madlom
Women's	Gynaecology	Mr Magdy Michel
Women's	Maternity	Mr Magdy Michel
Surgery	Breast	Mr Sewa Singh
Surgery	Urology	Mr Sewa Singh
Surgery	Vascular	Mr Sewa Singh
Surgery	General Surgery/GI	Mr Sewa Singh
Special Surgery	ENT	Mr Rai Kolli
Special Surgery	OMFS/Orthodontics	Mr Rai Kolli
Special Surgery	Ophthalmology	Mr Rai Kolli
Orthopaedics & A&E	Orthopaedics	Mr Philip Fagg
Orthopaedics & A&E	A&E	Mr Philip Fagg
Anaesthetics	Critical Care	Dr Richard Harris
Anaesthetics	Anaesthetics	Dr Richard Harris
Anaesthetics	Pain Management	Dr Richard Harris
Facilities	Theatres/Day Surgery	Roy Tyson
Medical Imaging	Medical Imaging	Dr David Ward
Clinical Therapy	Physical Therapy	Chris Ellingworth
Clinical Therapy	Nutrition & Dietetics	Chris Ellingworth
Clinical Therapy	Speech & Language Therapy	Chris Ellingworth
Pharmacy	Pharmacy	Andrew Barker
Pharmacy	Medicines Management	Andrew Barker
Pathology	Cellular Pathology	Dr Jean Wardell
Pathology	Clinical Biochemistry & Immunology	Dr Jean Wardell
Pathology	Microbiology	Dr Jean Wardell

Pathology	Haematology (Laboratory)	Dr Jean Wardell
Medicine	Clinical Haematology & Oncology	Damian Hughes
GUM	HIV/AIDS & Genito-urinary Medicine	Dr Tim Moss
Medicine	Emergency Medicine	Damian Hughes
Medicine	Stroke Medicine	Damian Hughes
Medicine	Rheumatology	Damian Hughes
Medicine	Care of the Elderly and Rehabilitation	Damian Hughes
Medicine	Cardiology	Damian Hughes
Medicine	Gastroenterology	Damian Hughes
Medicine	Respiratory Medicine	Damian Hughes
Medicine	Neuro-rehabilitation	Damian Hughes
Medicine	Dermatology	Damian Hughes
Medicine	Neurology	Damian Hughes
Medicine	Endocrinology/Diabetes	Damian Hughes
Service Development	Renal	Ian Greenwood

## Section 4.1

# Children's Services

### **Business Units**

- Children's Services (inpatient, outpatient, community and child protection)
- Neonatal              • Adolescent Mental Health Services (CAMHS)

### **Children's Services**

Acute paediatrics and community children's services, provided in Bassetlaw and Doncaster.

#### **Actions for 2007/08 to include:**

- 1 Achieve greater efficiency to achieve Choose & Book and the 18-week target. Date: December 2007.
- 2 With the Director of Nursing, review the provision of the child protection/safeguarding children service in Doncaster and Bassetlaw. Date: March 2008.
- 3 Review children's diabetic pathways and services. Date: September 2007.
- 4 Work with Orthopaedics and Surgery to agree a model of surgical care for children. Date: December 2007.
- 5 Maintain accreditation and training in medical staff at the DRI site. Date: Review September 2007.
- 6 Develop a Trust-wide action plan to address the issues of the Children's Services improvement reviews. Date: June 2007.
- 7 Review the children's emergency pathway. Date: March 2008.
- 8 Contribute to the project to address the split-site issue on the Doncaster Royal Infirmary site. Date: March 2008.

## **Neonatal Services**

There are two units, a Neonatal Unit at Doncaster Royal Infirmary and a Special Care Baby Unit at Bassetlaw Hospital.

### **Actions for 2007/08 to include:**

- 1** Consider the commissioners' neonatal strategy and how this impacts on the Doncaster Royal Infirmary unit.  
Date: September 2007.

## **Child & Adolescent Mental Health Services (CAMHS)**

The Trust provides Child & Adolescent Mental Health Services in Doncaster.

### **Actions for 2007/08 to include:**

- 1** To explore the provision of a CAMHS learning difficulties service in Doncaster. Date: May 2007.

## Section 4.2

# Women's Services

## **Business Units**

- Gynaecology
- Obstetrics

Inpatient and outpatient gynaecological services are provided from Doncaster Women's Hospital and Bassetlaw Hospital. Maternity services are provided from Doncaster and Bassetlaw with the option of support for home births. Antenatal care is provided within the community setting.

### **Actions for 2007/08 to include:**

- 1** Review efficiency to achieve Choose and Book and the 18-week target. Date: December 2007.
- 2** Develop an implementation plan for the Improving Outcomes Guidance Gynaecology Cancer Action Plan. April 2007.
- 3** Review the scope, nature and configuration of gynaecology services. Date: September 2007.
- 4** Contribute to the project to address the split site issue on the Doncaster Royal Infirmary site. Date: March 2008.
- 5** With the Medical Imaging Directorate implement an Ultrasound Assessment – Nuchal Translucency service.  
Date: May 2007.

## Section 4.3

# Surgery

### **Business Units**

- Gastrointestinal (GI)/General Surgery
- Vascular
- Breast
- Urology

### **Generic issues**

#### **General directorate actions for 2007/08 to include:**

- 1 To review the elective surgical pathways in order to reduce the length of stay and increase day surgery rates through the provision of a dedicated elective admissions unit. Date: March 2008.
- 2 To review the outpatient surgical services in order to increase new patient capacity. Date: September 2007.

### **Gastrointestinal (GI)/General Surgery**

Emergency and elective general inpatient and outpatient surgery is provided at Bassetlaw Hospital and Doncaster Royal Infirmary. In addition, day surgery and outpatient surgery is provided at Montagu and Retford Hospitals.

#### **Actions for 2007/08 to include:**

- 1 Improve GI theatre throughput to achieve further efficiency. Date: Review September 2007.
- 2 Implement the peer review recommendations for Colorectal Cancer Services. Date: December 2007.
- 3 Deliver the Improving Outcomes Guidance for upper GI surgery milestones for gastric cancer. Date: June 2007.
- 4 Review general surgery and colorectal outpatient capacity and maximise the use of nurse-led clinics. Date: March 2008.
- 5 Work with Orthopaedics and Surgery to agree a model of surgical care for GI/General Surgery. Date: December 2007.

### **Breast**

Breast Services are provided in the Jasmine Centre based at Doncaster Royal Infirmary and the Diana, Princess of Wales Breastcare Unit at Bassetlaw Hospital. Breast screening is provided in Chequer Road and Bassetlaw Hospital.

#### **Actions for 2007/08 to include:**

- 1 Improve breast theatre throughput to achieve further efficiency. Date: June 2007.
- 2 Implement the business case for breast services. Date: from April 2007.

### **Vascular**

The main inpatient centre for vascular services is Doncaster Royal Infirmary. In addition, outpatient and daycare services are offered at Montagu Hospital and Bassetlaw Hospital.

#### **Actions for 2007/08 to include:**

- 1 Improve theatre throughput to achieve further efficiency. Date: Review September 2007.
- 2 Review the potential for the expansion of outpatient capacity. Date: September 2007.

## **Urology**

Urology services are provided at Doncaster Royal Infirmary, and Bassetlaw and Montagu Hospitals. The main centre for major cancer services is Doncaster Royal Infirmary.

### **Actions for 2007/08 to include:**

- 1** Develop an implementation plan for the Improving Outcomes Guidance Urology Cancer Action Plan. Date: April 2007.

## Section 4.4

# Special Surgery

## **Business Units**

- Ear, Nose and Throat (ENT)
- Oral and Maxillo-facial Surgery (OMFS)/Orthodontics
- Ophthalmology

## **Ear, Nose and Throat (ENT)**

The main department is based in Doncaster Royal Infirmary where inpatient care is provided. Outpatient services are provided at Bassetlaw Hospital, Doncaster Royal Infirmary, Montagu Hospital, and Retford Hospital.

### **Actions for 2007/08 to include:**

- 1** Improve theatre throughput in order to achieve further efficiency. Date: Review September 2007.
- 2** Develop an implementation plan for the Improving Outcomes Guidance Head & Neck Cancer surgery. Date: June 2007.
- 3** Prepare proposals for a Clinical Assessment and Treatment (CAT) service for ENT referrals in Doncaster, operated and controlled by the Department. Date: September 2007.
- 4** Review efficiency to achieve Choose & Book and the 18-week target. Date: December 2007.

## **OMFS/Orthodontics**

The Oral & Maxillo-facial Surgery Department is based in the Oral Health Unit at Montagu Hospital, Mexborough. Inpatient services are provided at Rotherham District General Hospital with Day Unit facilities at Montagu Hospital.

### **Actions for 2007/08 to include:**

- 1** To develop with the Primary Care Trusts an orthodontic gateway for the assessment of orthodontic referrals. Date: March 2008.

## **Ophthalmology**

Services are offered at Doncaster Royal Infirmary, and Montagu and Bassetlaw Hospitals.

### **Actions for 2006-07 include:**

- 1** To review the configuration of ophthalmology services across the Trust's sites and explore the provision of an ophthalmology outpatient service within the Doncaster LIFT facilities. Date: July 2007.
- 2** To develop a case for an Optical Coherence Tomography service at DRI, which links with the Macugen treatment therapy. Date: September 2007.
- 3** To establish a Saturday morning outpatient service. Date: June 2007.

## Section 4.5

# Orthopaedics and Accident & Emergency

### **Business Units**

- Orthopaedics
- Accident & Emergency

### **Orthopaedics**

Inpatient, daycare and outpatient services are provided at Bassetlaw Hospital and Doncaster Royal Infirmary. Daycase and outpatient services are provided at Montagu Hospital, and outpatient services are provided at Retford Hospital.

#### **Actions for 2007/08 to include:**

- 1 Improve theatre throughput in order to improve efficiency. Date: Review September 2007.
- 2 To establish models for the provision of elective and trauma services across all sites. Date: July 2007.
- 3 Work with Children's Services to agree a model of children's orthopaedic surgery. Date: December 2007.
- 4 Working together with the Medical Directorate to assess models of care for Care of the Elderly support within Orthopaedics. Date: December 2007.
- 5 To review the impact of the Ward 4 environment. Date: September 2007.
- 6 Review MRSA screening and guidance and suggest a speciality approach. Date: September 2007.
- 7 Commission the new orthopaedic theatre at Doncaster Royal Infirmary. Date: October 2007.

### **Accident & Emergency**

The Trust has two Accident & Emergency Departments at Doncaster Royal Infirmary and Bassetlaw Hospital. There is also a nurse-led Minor Injuries Unit at Montagu Hospital, Mexborough.

#### **Actions for 2007/08 to include:**

- 1 To work with Doncaster Primary Care Trust to implement the strategy for Unplanned Care in Doncaster. Date: during 2007/8.
- 2 To work with Bassetlaw Primary Care Trust to implement the strategy for Unplanned Care in Bassetlaw. Date: to be confirmed.
- 3 To establish a clinical decision unit on the DRI site. Date: during 2007/08.

## Section 4.6

# Anaesthetics

### **Business Units**

- Anaesthetics
- Pain Management
- Critical Care

### **Anaesthetics**

Anaesthetics provide services on the three main hospital sites at Doncaster Royal Infirmary, Bassetlaw Hospital, and Montagu Hospital, Mexborough.

#### **Action for 2007/08:**

- 1 To support the delivery of improved efficiency and productivity in theatres. Date: Review September 2007.

### **Pain Management**

The chronic pain management service is based at Montagu Hospital and provides outpatient services on the three main hospital sites.

#### **Actions for 2007/08 to include:**

- 1 To develop a strategy for chronic pain services. Date: September 2007.

### **Critical Care**

There are two critical care units, one in Doncaster Royal Infirmary and one in Bassetlaw Hospital.

#### **Actions for 2007/08 to include:**

- 1 To prepare a post-project review of the critical care development at DRI. Date: September 2007.

## Section 4.7

# Theatres & Day Surgery

Theatre and day surgery units are provided on the three main hospital sites at Doncaster Royal Infirmary, Bassetlaw Hospital and Montagu Hospital, Mexborough.

#### **Actions for 2007/08 include:**

- 1 To re-introduce the Daycase Steering Group to assist surgical directorates to improve daycare rates and theatre efficiency. Date: April 2007.
- 2 To work with surgical directorates to improve theatre efficiency and further reduce patient cancellations in theatres. Date: Review September 2007.
- 3 To work with surgical and children's directorates to progress the adult and paediatric day unit project on the DRI site. Date: September 2007.
- 4 To deliver dedicated theatre lists for children where possible. Date: Review September 2007.

## Section 4.8

# Medical Imaging

### **Business Unit**

- Medical Imaging

The Medical Imaging directorate operates on all the Trust's hospital sites.

### **Actions for 2007/08 to include:**

- 1 Working with the Medical Directorate, implement the strategy for addressing thrombolysis and stroke management.  
Date: November 2007.
- 2 Explore and assess options for nerve conduction testing. Date: June 2007.
- 3 Review efficiency to achieve Choose & Book and 18-week wait target. Date: December 2007.

## Section 4.9

# Clinical Therapy

### **Business Units**

- Physical Therapies
- Nutrition & Dietetics
- Speech & Language Therapy

### **Physical Therapy**

Physical Therapy includes Physiotherapy, Occupational Therapy and Orthotics.

### **Actions for 2007/08 to include:**

- 1 Review the demand for the orthotic service. Date: September 2007.
- 2 Establish a 7-day Physical Therapy service. Date: May 2007.
- 3 To prepare a post-project review of the CAT service. Date: September 2007.

### **Nutrition & Dietetics**

Dietitians contribute to the care of both inpatients and outpatients. They work with children and adults across a wide range of specialities.

### **Actions for 2007/08 to include:**

- 1 Develop a proposal for a Diabetes Specialist in Dietetics and develop education sessions in line with the Diabetes NSF.  
Date: September 2007.
- 2 Implementation of the NICE guidelines of nutritional screening. Date: Review September 2007.

## **Speech & Language Therapy**

Speech & Language Therapy is offered on all hospital sites and in community settings.

### **Actions for 2007/08 to include:**

- 1** Contribute to the review of the Speech & Language Therapy service. Date: September 2007.

## Section 4.10

# Pharmacy & Medicines Management

### **Business Units**

- Pharmacy
- Medicines Management

### **Pharmacy**

Pharmacy departments are situated on all three main hospital sites and dispense medicines to inpatients and outpatients as well as supplying bulk medicines to wards and departments across all the hospital sites and various community locations.

### **Actions for 2007/08 to include:**

- 1** To undertake a full review of pharmacy services and out-of-hours provision across all sites. Date: March 2008.

### **Medicines Management**

Medicines Management is the term used to describe the systems in place to ensure that medicines are handled safely and securely and that their use is both clinically and cost effective.

### **Actions for 2007/08 to include:**

- 1** To implement the recommendations, guidance and audit programme following the Shipman Enquiry for the safer management and control of drugs. Date: March 2008.
- 2** To improve the process for the supply of discharge medication by addressing communication mechanisms between primary and secondary care on medicines information and with patients on their discharge medication.  
Date: March 2008.
- 3** To devise a system to include the introduction of new medicines pre and post-NICE approval, the reporting of non-tariff drugs and implementation of an Audit Programme to comply with NICE guidance. Date: March 2008.
- 4** Contribute to the prevention and control of infection review of antibiotic prescribing policy. Date: September 2007.

## Section 4.11

# Pathology

### **Business Units**

- Haematology
- Cellular Pathology
- Clinical Biochemistry & Immunology
- Microbiology

The majority of pathology services are located at Doncaster Royal Infirmary and Bassetlaw Hospital. The exceptions are Virology, which is based at Bassetlaw Hospital, and Immunology & Cellular Pathology, which are solely at Doncaster Royal Infirmary.

### **Actions for 2007/08 to include:**

- 1 Review of phlebotomy services across the Trust. Date: June 2007.
- 2 Start to implement the blood-tracking system. Date: Review September 2007.
- 3 To develop a proposal for an order communication system to manage workload. Date: December 2007.
- 4 Implement version 10 of the pathology system upgrade. Date: January 2008.
- 5 Implement multi-disciplinary out-of-hours for Clinical Biochemistry/Haematology in Bassetlaw Hospital. Date: May 2007.
- 6 Participate in a strategic review of blood sciences service. Date: March 2008.
- 7 Review the implications of double reporting in histopathology. Date: June 2007.

## Section 4.12

# Medicine

### **Business Units**

- Emergency Medicine
- Gastroenterology
- Dermatology
- Respiratory
- Rheumatology
- Cardiology
- Care of the Elderly and Rehabilitation
- Clinical Haematology and Haemato-oncology
- Stroke Medicine and Neuro-rehabilitation
- Endocrinology/Diabetes

Inpatient and outpatient services are provided at Bassetlaw Hospital, Doncaster Royal Infirmary, Montagu Hospital and Tickhill Road Hospital sites. Neurology services are provided by Sheffield Teaching Hospitals.

### **Generic Issues**

#### **General directorate actions for 2007/08 to include:**

- 1 To review outpatient capacity at DRI and Bassetlaw Hospitals. Date: Review September 2007.
- 2 To address office accommodation issues at DRI. Date: October 2007.
- 3 To explore the provision of medical outpatient services within the LIFT facilities. Date: June 2007.

## **Emergency Medicine**

### **Actions for 2007/08 to include:**

- 1** To work with the Doncaster Primary Care Trust to implement the strategy for Unplanned Care in Doncaster.  
Date: during 2007/08.
- 2** To work with the Bassetlaw Primary Care Trust to implement the strategy for Unplanned Care in Bassetlaw.  
Date: during 2007/08.
- 3** Reduce emergency length of stay in line with the top quartile performance. Date: Review September 2007.
- 4** Implement the revised emergency patient pathway for the new co-located medical and surgical assessment unit at DRI.  
Date: June 2007.

## **Cardiology**

### **Actions for 2007/08 to include:**

- 1** Explore further options to develop the cardiac arrhythmia service in line with the NSF requirements. Date: June 2007.
- 2** Prepare a case for Primary Coronary Angioplasty at DRI. Date: September 2007.
- 3** Reduce length of stay in line with the top quartile performance. Date: Review September 2007.
- 4** Develop a case for Biventricular pacing and defibrillator implantation linked to NICE guidance. Date: September 2007.

## **Gastroenterology**

### **Actions for 2007/08 to include:**

- 1** Carry out a post-project review for Implementing Outcomes Guidance for the upper GI cancer service.  
Date: September 2007.
- 2** Undertake a review of Hepatitis C services. Date: December 2007.
- 3** Implementation of the service improvement action plan for Endoscopy. Date: March 2008.

## **Respiratory**

### **Actions for 2007/08 to include:**

- 1** To explore provision of respiratory Outpatient services within the LIFT facilities. Date: June 2007.

## **Care of the Elderly and Rehabilitation**

### **Actions for 2007/08 to include:**

- 1** To review the provision of services of older people's services. Date: December 2007.
- 2** Work together with the Orthopaedic and A&E Directorate to assess models of care for Care of the Elderly support within Medicine. Date: December 2007.

## **Dermatology**

### **Actions for 2007/08 to include:**

- 1** Develop a strategy for future provision of care within Dermatology. Date: December 2007.
- 2** Implement the Skin Cancer Improving Outcomes Guidance action plan. Date: December 2007.

## **Clinical Haematology and Haemato-oncology**

### **Actions for 2007/08 to include:**

- 1 Develop a case of need to provide single accommodation for neutropenic patients. Date: December 2007.
- 2 To evaluate the chemotherapy service and level of care at Doncaster with a view to expansion of the volume and range of chemotherapy provided. Date: June 2007.

## **Stroke Medicine & Neuro-rehabilitation**

### **Actions to include:**

- 1 Progress the action plan for the reduction of length of stay. Date: September 2007.
- 2 With the Medical Imaging Directorate, implement the action plan for thrombolysis to meet national guidance. Date: March 2008.

## **Rheumatology**

### **Actions for 2007/08 to include:**

- 1 To undertake a review of the Rhemos Monitoring System. Date: September 2007
- 2 To develop a strategy for the future provision of care within Rheumatology. Date: December 2007.

## **Endocrinology/Diabetes**

### **Actions for 2007/08 to include:**

- 1 Review the impact that the current Diabetic Specialist Nursing Team has on the Service's efficiency. Date: December 2007.

## Section 4.13

# **Genito-urinary (GU) Medicine**

### **Business Unit**

- Genito-urinary Medicine and HIV/AIDS

The Genito-Urinary Medicine Service offers confidential advice, counselling, investigation and treatment of sexually-transmitted infections and other disorders of the Genito-urinary system. The department offers specialised HIV/AIDS services in collaboration with other specialities.

### **Actions for 2007/08 to include:**

- 1 To implement the action plan to achieve the 48-hour national target of 100% compliance. Date: March 2008.
- 2 Working together with commissioners to identify and address health care provision within the local prisons. Date: March 2008.
- 3 To develop a plan to improve the use of the current environment at DRI. Date: September 2007.

## Section 5

# Corporate directorate objectives

This section describes the actions the corporate directorates will deliver in 2007/08 to achieve the Trust's corporate objectives.

## Section 5.1

# Human Resources

**Actions for 2007/08 include:**

## Workforce Issues

- 1** Monitor and report sickness absence and support the Trust in working towards a sickness rate of 4.3%.  
Date: March 2008.
- 2** Implement the Electronic Staff Record. Date: October 2007.
- 3** Implement Modernising Medical Careers. Date: August 2007.
- 4** Maximise the benefits realisation and opportunities of the Consultant Contract and Agenda for Change to increase workforce productivity and contribute towards service modernisation. Date: Review September 2007.
- 5** Implement the revised regulation for healthcare professionals. Date: Review September 2007.

## Regulation and compliance

- 1** Ensure the Trust meets the requirements of The NHS Foundation Trust Code of Governance and The Compliance Framework. March 2008.
- 2** Move towards compliance on equality schemes as required by the relevant legislation. Date: April 2007.
- 3** Achieve the relevant core and developmental standards in the Annual Health Check. Date: March 2008.
- 4** To ensure that all corporate and clinical directorates review their business continuity plans, including their preparedness for pandemic influenza and untoward incidents such as a major emergency. Date: Review September 2007.

## Section 5.2

# Medical Director

### **Actions for 2007/08 include:**

#### **Professional medical leadership**

- 1 Ensure that the consultant appraisal and job plan review process is implemented. Date: March 2008.

#### **Medical education and staffing**

- 1 Implement Modernising Medical Careers. Date: August 2007.
- 2 Implement the revised regulation for healthcare professionals. Date: Review September 2007.
- 3 Oversee the development of effective systems for ongoing accreditation of junior medical posts and undergraduate training. Date: ongoing.

#### **Clinical research, audit and effectiveness**

- 1 Progress the Clinical Audit, Research & Effectiveness Strategy. Date: March 2008.
- 2 Monitor the implementation of NICE Guidance. Date: Review September 2007.

#### **Clinical and Information governance**

- 1 Take overall responsibility for clinical governance and prepare the annual Clinical Governance Report. Date: April 2008.
- 2 Ensure the Trust complies with the requirements of the Human Tissue Act 2004. Date: ongoing.
- 3 Act as Caldicott Guardian and prepare and submit the Information Governance Toolkit. Date: March 2008.

## Section 5.3

# Nursing

### **Actions for 2007/08 include:**

#### **Professional leadership**

- 1 Implement Year 2 Action Plan – Strategy for Nursing and Midwifery. Including:
  - Increase efficiency and effectiveness of the nursing/midwifery workforce through the use of performance indicators and benchmarking. Review September 2007.
  - Undertaking a staffing and skill-mix review to maximise the benefits of Agenda for Change. Review September 2007.
  - Finalising and implementing management arrangements for non-medical temporary staffing. Date: March 2008.
  - Implement the revised regulations for healthcare professionals. Date: Review September 2007.

## Patient experience

- 1 Facilitate the development of best practice and learning in the following:
  - Implementing the Mental Capacity Act (2005) code of practice
  - Safer blood transfusion
  - Dignity in Care
  - Prevent and control healthcare associated infection
  - Review Drug and Alcohol Liaison services for DRI. Date: September 2007.

## Communication

- 1 Actively contribute to work leading to improved discharge communication. Date: Review September 2007.
- 2 Implement revised processes to improve timeliness and quality of responses to complaints. Date: June 2007.

## Safeguarding vulnerable people

- 1 Review the model of safeguarding children to accommodate:
  - Changes in best practice for reviews of unexpected child deaths and the role of the paediatrician
  - The provision of services where there are allegations of child sexual abuse
  - Increasing requirements of the roles of Designated Doctor and Named Doctor for Safeguarding Children.  
Date: Review September 2007.
- 2 Identify resources to ensure that systems, processes and education to safeguard vulnerable adults are embedded within the Trust. Date: December 2007.

## Patient safety

- 1 To review the systems and processes that reduce or prevent the risk of harm to patients using the Seven Steps to Patient Safety assessment tool (NPSA 2007). Date: July 2007.

## Section 5.4

# Performance

### Actions for 2007/08 include:

#### National targets

- 1 Work with directorates to deliver the key national targets and the new performance targets for 2007/08.  
Date: March 2008.
- 2 Deliver the 18-week referral to treatment wait 'Early achiever' requirements. Date: December 2007.

## **Efficiency**

- 1** As part of the performance agreements, define and deliver the efficiency gain for 2007/08 by cutting waste, reducing costs, improving productivity and re-designing services. Date: March 2008.

## **Hospitals at night**

- 1** Implement the Hospitals at Night recommendations. Date: August 2007.

## **Booking and Choice**

- 1** Ensure service capacity meets demand and income targets by delivering robust directory of services and e-booking facilities. Date: Review September 2007.

## Section 5.5

# Strategic & Service Development

## **Actions for 2007/08 include:**

### **Implementation of service development projects**

- 1** Open the new renal service. Date: April and September 2007.
- 2** Implement the breast services development. Date: March 2008.
- 3** Implement the bowel screening programme. Date: November 2008.

### **Strategy, service development and business planning**

- 1** Progress Ambitions for the Future. Date: Review October 2007.
- 2** Work with commissioners to agree and implement an action plan to deliver the sexual health strategy. Date: during 2007.

### **Business development, including hospitals of choice**

- 1** Using a business development approach, sustain and develop key services. Date: Review September 2007.
- 2** Maintain and build on the reputation of the Trust. Date: Review September 2007.

### **Membership development**

- 1** Develop the membership strategy and action plan for 2007/08. Date: March 2008.

### **Communication and marketing**

- 1** Review and refresh the Trust's communications 'products'. Date: March 2008.
- 2** Support the business units in delivering their objectives with special reference to Ambitions for the Future and the Trust's business development projects. Date: Review September 2007.

## **Cancer services**

- 1 Refresh the Trust's Cancer Strategy. Date: August 2007.**

## Section 5.6

# Facilities & Commercial Development

### **Actions for 2007/08 include:**

#### **Estates services – capital and site development**

- 1 Develop detailed site control plans for each of the hospital sites within the context of a 5 year capital strategy. Date: November 2007.**
- 2 To deliver the capital programme. Date: March 2008.**

#### **Estates services – operations and management**

- 1 Undertake a review of all Trust wide patient transport services. Date: March 2008.**

#### **Hotel Services**

- 1 Implement a phased roll out of the NHS Cleaning Standards. Date: Review September 2007.**
- 2 Progress the Protected Mealtimes Policy. Date: Review September 2007.**
- 3 Develop a Laundry Strategy. Date: March 2008.**
- 4 Develop and implement a Trust Car Parking Policy. Date: March 2008.**

#### **Commercial development**

- 1 Develop commercial opportunities across the Trust. Date: Review September 2007.**
- 2 Progress the Bassetlaw breastcare appeal. Review March 2008.**

#### **Supplies**

- 1 Agresso procurement system: roll out web requisitioning and include capital expenditure procurement. Date: Review September 2007.**
- 2 Develop a procurement cost improvement schedule in lieu of participation with Regional Commercial Procurement Collaborative. Date: Review September 2007.**
- 3 Renegotiate service contracts for a variety of clinical and non clinical services. Date: Review September 2007.**
- 4 Progress the Capital Procurement Specialist Workplan. Date March 2008.**

## Section 5.7

# Finance & Commissioning

### **Actions for 2007/08 include:**

#### **ICT Systems Development**

- 1** Implement the blood tracking system across all sites. Date: Autumn 2007.
- 2** Upgrade the Pathology system in order to realise the benefits of all the system modules. Date: Autumn 2007.
- 3** Roll out the E-prescribing system through planned phases by sites and wards. Date: June 2007 to May 2008.
- 4** Procure and implement a replacement Theatre system. Date: Throughout 2007/08.
- 5** Work with Connecting for Health in order to resolve long-standing operational issues with the Accident & Emergency system on the Doncaster Royal Infirmary and Montagu Hospital sites. Date: June 2007.
- 6** Investigate options and develop business cases for an order communication system and single sign-on functionality. Date: October 2007.

#### **Commissioning and Information**

- 1** Effectively respond to additional demands arising from practice-based commissioning. Date: Review September 2007.
- 2** Further develop consultant staff input into providing accurate information for clinical coding purposes. Date: Review September 2007.
- 3** Work with business units to ensure that all work carried out by the Trust is identified in order that the appropriate income can be charged. Date: Review September 2007.

#### **Financial Performance**

- 1** In conjunction with the Efficiency Gain Group, introduce business unit performance reporting which will aggregate to 'Service Line Reporting' as required by Monitor. Date: Review September 2007.
- 2** Continue to work with directorates to achieve 2.5% efficiency gain as required by the 2007/08 tariff. This will be based principally on targeting sub-optimal performers on productivity and patient pathway delays. Date: Review September 2007.
- 3** Implement the business phase of the Corporate Information System responding to key stakeholders' information requirements and priorities. Date: Review September 2007.
- 4** Implement the next phase of the AGRESSO finance and purchasing system on a Trust stand-alone basis. Date: Review September 2007.

## Section 6

# Capital Proposals

The Trust aims to ensure that all building and engineering services are operated and maintained to an acceptable service level to allow each department to fully function. In doing so, it adheres to a planned maintenance strategy. Assets are kept in a condition that reflects their function, age, utilisation and anticipated life. In order to achieve this, systematic planned approaches to the management of physical assets is being adopted, utilising an Asset Management System and Capital Investment, together with the introduction of Patient Pathway Centred Maintenance as part of a roll-out programme.

The capital proposals are set out in summary in Table 2 below and a more detailed description of these proposals in Appendix 2.

Capital Proposals	£000's	Capital Proposals	£000's
<b>Ongoing Schemes Carried Forward</b>		Medical Equipment	600
Ear Nose & Throat Outpatient Development (DRI)	100	Orthopaedic Theatre (DRI)	1500
Ward 27 - Specialist Single Accommodation (DRI)	300	Clinical Decision Unit/A&E 4 Hour Wait	140
Catering and Restaurant Facilities (Bassetlaw)	2050	Unscheduled Care	500
Pathology System Upgrade	60	South Block/Split Site/Site Development	919
Pathology Modernisation	377	Improved Car Parking (DRI)	3000
Electrical Infrastructure	500	Chapel/Multifaith Facilities - (Montagu Hospital)	134
Winter Ward Demolition (Montagu Hospital)	68	Office Accommodation	500
Renal Development (DRI)	1085	Telecommunications Strategy (Trustwide)	400
Day Surgery (DRI)	1000	Outpatients (Montagu Hospital)	300
Diagnostic Day Case Recovery/Elective Medicine (DRI)	15	Medical Imaging	
Cardio-Respiratory Department (Bassetlaw)	47	- Fracture Clinic	132
Clinical Environment/Education Facility (DRI/Bassetlaw)	43	- Montagu Hospital	132
<b>Other Allocations</b>		Digital Hearing Aids	586
Fire	100	Capital Team - Design Time	395
Health and Safety	150		<b>17735</b>
Disability Discrimination Act	100	<b>Funds Available</b>	
Asbestos Removal	250	Internal Sources	
Estates Investment	600	Depreciation	9646
Computer Systems		Funds Brought Forward	1623
- General/NPFT	1263	Capital Contribution (Doncaster PCT)	500
- Additional Allocation	200	Property Sale - Barrowby House	2000
- Generator	129		<b>13769</b>
- CAMHS Computer System	60	<b>Over(-)/Under(+) commitment</b>	<b>-3966</b>

## Section 7

# Delivering the Patient Services Plan

Excellent and sustainable performance depends not only on achieving our objectives but also on robust and responsive planning and review arrangements and information. This is in a framework of clear lines of responsibility and accountability.

We will continue to implement the business unit model as a vehicle to deliver our performance in 2007/08 enabling us to deliver the 18-week wait target.

### **Performance agreements are divided into five sections:**

- activity, targets and income: this provides the business units with clear, key targets including payment by results income
- capacity: to enable business units to understand gaps between capacity and demand to redesign, expand or retract services accordingly
- efficiency gain target: each business unit is required to deliver an efficiency gain target
- budgetary control: each business unit is required to deliver balanced budgets or make a surplus
- staffing and physical resources: required to deliver the above performance objectives.

Doncaster & Bassetlaw Hospitals NHS Foundation Trust will deliver the key national targets in 2007/08.

Attached as Appendix 1 are the national target indicators and treatment targets for 2007/08.

The NHS Improvement Plan gave a commitment that by December 2008 no one will have to wait longer than 18 weeks from GP referral to hospital treatment. The Doncaster health community has been selected as the Yorkshire and the Humber Strategic Health Authority 'Early achiever' for these challenging access times.

### **The requirement for Early achiever is:**

- 90% of admitted patients completing their pathway within 18 weeks by December 2007.
- 95% of non-admitted patients completing their pathway within 18 weeks by December 2007.

In 2007/08, we will work with primary care to significantly improve effective patient pathways. The Trust aims to reduce all unnecessary waits in specialities while maintaining appropriate and quality services for patients. These are expressed through Local Delivery Plans for the two health communities that have been used to inform this Patient Services Plan.

## Section 7.1

# Efficiency Gain Programme 2007/08

A major element of achieving the Trust's objectives during 2007/08 and in subsequent years is delivering an efficiency gains programme with the support of the Efficiency Gains Group. Set out below in table 3 are the plans for 2007/08.

**Table 3 Efficiency gains programme**

		<b>Recurrent £m's</b>	<b>2007/08 £m's</b>
1	Achieving 2007/08 6-6-6- targets	1.0	1.6
2	Length of stay initiative – Medicine	0.8	0.3
3	Tarrif uplift issues:		
	Capital charges	0.9	0.9
	Non-pay procurement savings	0.7	0.7
	Improved risk rating on CNST	0.3	0.3
	Other tarriff issues	0.8	0.8
4	Agenda for Change – protection reductions	0.2	0.1
5	Tickhill Road Hospital		
	SLA changes	0.3	-0.1
6	Hearing aids – continue to capitalise in 2007/08		0.6
7	Maintenance contracts and the asset register	0.1	0.1
8	Improved cash flow management	0.1	0.1
9	Corporate and diagnostic/therapies: 2% efficiency gain	1.5	1.2
10	Joint orthopaedic and surgical rota (assume in place for August 2007)	0.3	0.2
11	Counting (case mix issues). Net improvement from assumed position after investment of staff.	0.9	0.7
12	Work to reduce CNST risk rating as in maternity	0.2	0.0
13	Redirection of patient out-flows	0.5	0.5
	<b>Grand total 2006/07</b>	<b>8.6</b>	<b>8.0</b>

'No sleepers out' policy is essential. Robust plans are required from directorates on how they will achieve this.

## Section 8

# Conclusion

The Trust has delivered significant success in providing local, sustainable and excellent services for the people who choose to use our hospitals. The Patient Services Plan sets out our ambitions and objectives to continue this success during 2007/08 and to maximise patient choice for local people.

The way that staff work together to deliver patient care is at the heart of this plan. It also requires understanding and acceptance of the risks and challenges we face together, and the need for change to improve efficiency and effectiveness. The 2007/08 Patient Services Plan sets challenging targets so that our hospitals remain competitive and the places that local people choose.

The single most important objective is that staff work together to improve patient care. This depends on mutual trust and teamwork, communication, leadership and motivation. It also requires understanding of the risks and challenges we face, and commitment to change to improve efficiency and effectiveness.

Working together we can achieve so much more for the patients we serve.

## Section 9

# Further Information

**For copies of the:**

- summary Patient Services Plan (leaflet)
- information on supporting documents

**please contact:**

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April 2007

# Appendix 1

## Existing national target indicators for acute and specialist trusts

Performance Indicators	Target
All cancers: one month diagnosis (decision to treat) to treatment	Ensure a maximum waiting time of one month from diagnosis to treatment for all cancers by December 2005
All cancers: two month GP urgent referral to treatment	Achieve a maximum waiting time of two months from urgent referral to treatment for all cancers by December 2005
All cancers: two week wait	Maintain a two week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals
Cancelled operations and those not admitted within 28 days	From April 2002 all patients who have operations cancelled for non-clinical reasons to be offered another binding date within 28 days or fund the patient's treatment at the time and hospital of the patient's choice. By December 2005, patients will be able to choose from at least four different health care providers for planned hospital care, paid for by the NHS
Convenience and choice - elective (inpatient and daycase) and outpatient booking	Ensure that by the end of 2005 every hospital appointment will be booked for the convenience of the patient, making it easier for patients and their GPs to choose a hospital and consultant that best meets their needs. By December 2005, patients will be able to choose from at least four different health care providers for planned hospital care, paid for by the NHS
Convenience and choice - provider information in place to support choice	Ensure that by the end of 2005 every hospital appointment will be booked for the convenience of the patient, making it easier for the patients and their GPs to choose a hospital and consultant that best meets their needs
Delayed transfers of care	Delayed transfers of care to reduce to a minimal level by 2006
Number of inpatients waiting longer than the standard	Maintain a maximum wait of 20 weeks for inpatients
Number of outpatients waiting longer than the standard	Maintain a maximum wait of 11 weeks for an outpatient appointment
Patients waiting longer than three months for revascularisation	Three month maximum wait for revascularisation by March 2005
Thrombolysis - 60 minute call to needle time	Deliver a ten percentage point increase per year in the proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help
Total time in A&E: four hours or less	Maintain the four hour maximum wait in A&E from arrival to admission, transfer or discharge
Waiting times for rapid access chest pain clinic	Maintain a maximum two-week wait standard for Rapid Access Chest Pain Clinics

## New national target indicators for acute and specialist trusts

<b>Performance Indicators</b>	<b>Target</b>
Access to genito-urinary medicine (GUM) clinics within 48 hours	Reducing the under 18 conception rate by 50% by 2010, as part of a broader strategy to improve sexual health
Data quality on ethnic group	Reduce health inequalities by 10% by 2010 as measured by infant mortality (from a 1997 - 1999 baseline) and life expectancy at birth (from a 1995 - 1997 baseline)
Drug misusers: information, screening and referral	Increase the participation of problem drug users in drug treatment programmes by 100% by 2008; and increase year on year the proportion of users successfully sustaining or completing treatment programmes
Emergency bed days	To improve health outcomes for people with long term conditions by offering a personalised care plan for vulnerable people most at risk; and to reduce emergency bed days by 5% by 2008 (from the 2003/2004 baseline) through improved care in primary care and community settings for people with long term conditions
Experience of patients	Secure sustained national improvements in NHS patient experience by 2008, ensuring that individuals are fully involved in decisions about their health care, including choice of provider, as measured by independently validated surveys
Indicator on stroke care	Substantially reduce mortality rates by 2010 from heart disease and stroke and related diseases by at least 40% in people under 75, with a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole
Infant health & inequalities: smoking during pregnancy and breastfeeding initiation	Reduce health inequalities by 10% by 2010 as measured by infant mortality (from a 1997 - 1999 baseline) and life expectancy at birth (from a 1995 - 1997 baseline)
18-week referral-to-treatment target (inpatient)	To ensure that by 2008 nobody waits more than 18 weeks from GP referral to hospital treatment
MRSA Bacteraemia	The overall policy is to achieve year on year reductions in methicillin resistant Staphylococcus aureus (MRSA) levels, expanding to cover other health care associated infections as data from mandatory surveillance becomes available
18-week referral-to-treatment target (outpatient)	To ensure that by 2008 nobody waits more than 18 weeks from GP referral to hospital treatment
Participation in audits	Substantially reduce mortality rates by 2010 from heart disease and stroke and related diseases by at least 40% in people under 75, with a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole
Self harm: compliance with NICE guidelines	Substantially reduce mortality rates by 2010 from suicide and undetermined injury by at least 20%.
Smoke-free NHS	Reducing adult smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups (from 31% in 2002) to 26% or less

## TARGETS 2007/08

### Early Adopter 6-6-6 Referral to Treatment Targets

Target	Date
90% of admitted patients completing their pathway within 18 weeks	By Dec 07
95% of non-admitted patients completing their pathway within 18 weeks	By Dec 07
Outpatient appointment: 5-week maximum wait	By Dec 07
Diagnostic appointment: 6-week maximum wait	By Dec 07
Inpatient appointment: 11-week maximum wait	By Dec 07
Maximum RTT time (including all above components): 18 weeks	By Dec 07

### National 6-6-6 Referral to Treatment Targets

Target	Date
85% of admitted patients completing their pathway within 18 weeks	By Mar 08
90% of non-admitted patients completing their pathway within 18 weeks	By Mar 08
Outpatient appointment: 5-week maximum wait	By Mar 08
Diagnostic appointment: 6-week maximum wait	By Mar 08
Inpatient appointment: 11-week maximum wait	By Mar 08
Maximum RTT time (including all above components): 18 weeks	By Mar 08

Target	Date
90% of admitted patients completing their pathway within 18 weeks	By Dec 08
95% of non-admitted patients completing their pathway within 18 weeks	By Dec 08
Outpatient appointment: 5-week maximum wait	By Dec 08
Diagnostic appointment: 6-week maximum wait	By Dec 08
Inpatient appointment: 11-week maximum wait	By Dec 08
Maximum RTT time (including all above components): 18 weeks	By Dec 08

### Targets in Year 07/08

Target	Date
<b>Existing</b>	
Outpatient appointment: 11-week maximum wait	By Mar 07
Diagnostic appointment: 13-week maximum wait	By Mar 07
Inpatient appointment: 20-week maximum wait	By Mar 07
All cancers: 1-month diagnosis to treatment 100%	Live
All cancers: 2-month to GP urgent referral to treatment 95%	Live
All cancers: 2-week wait 100%	Live
Cancelled Operations and those not admitted within 28 days 100%	Live

Convenience and Choice – elective (inpatient and daycare) and outpatient booking 90%	Live
Thrombolysis: 60-minute call to needle time 68% 06/07. 07/08 target to be advised	Live
Total time in A&E – 4 hours or less 98%	Live
Waiting times for rapid access chest pain clinic 100%	Live
<b>New</b>	
Access to GUM 73% 06/07. 07/08 target to be advised. 100% by March 2008	Live
Data quality on ethnic group. Milestone 07/08 target to advised 95% by 2010	Live
Emergency bed days. Reduce emergency bed days by 5%	by March 2008
MRSA bacteraemia total hospital tolerance <4 incidents per month	By Jan 08
<b>Special Collections</b>	
Drug misusers: information, screening and referral	Ongoing
Experience of patients	Ongoing
Indicator on Stroke Care – patients spent more than 50% of their stay in hospital on a stroke unit 06/07. 07/08 target to be advised	Ongoing
Smoking during pregnancy 07/08 target to be advised, anticipate to be a significant improvement on previous years performance	Ongoing
Breastfeeding initiation 07/08 target to be advised	Ongoing
Participation in audits (heart disease and stroke)	Ongoing
Self Harm: compliance with NICE guidelines	Ongoing
Smoke-free NHS	Ongoing

## Appendix 2

### Capital developments

Implementation of the Trust's Capital Plan is achieved through a combination of, predominantly, the skills and resources contained within its own in-house Design Team, supplemented by external consultants.

Scheme timetables are matched to meet the Trust's strategic objectives in providing clinical services in response to health commissioned needs, within the framework of the planned capital allocation. Significant importance is attached to the formulation of key processes, with regard to the development of any proposed scheme, particularly with regard to the production by end users of their Operational Policies and evidence-based needs and to input from carers and patients. A comprehensive capital planning service is provided to support all scheme sponsors by the Directorate, to assist in the development of Business Plans.

**Schemes planned to be progressed in 2007/2008 include:**

**Ear, Nose and Throat Development (DRI)**

Work will be progressed to develop and enhance the ENT outpatient facility.

**Ward 27 – Specialist Single Accommodation (DRI)**

This allocation is to adapt and develop part of Ward 27 to provide specialist single accommodation.

**Catering and Restaurant Facilities (Bassetlaw Hospital)**

This allocation will see a start on site for the main scheme to provide a new kitchen and dining room on the Bassetlaw Hospital site.

The Catering Department currently operates from a stand-alone, time expired, 'portable' building and both the kitchen and dining room are totally unsuitable for providing a modern catering service.

**Pathology System upgrade**

To implement the second phase of the Pathology System software upgrade.

**Pathology modernisation**

This allocation supports the procurement and installation of a Pathology blood-tracking system. Funding has been made available through the North Trent Pathology Network.

**Electrical infrastructure**

This allocation is to support a phased approach to upgrading the electrical supply infrastructure on all the main hospital sites.

It will include the replacement and upgrade of existing life expired high voltage, low voltage and emergency generated infrastructure.

Consideration has also been given to future site growth and to providing a 'normal mains' facility using local on-site emergency generators on failure of supply – thus providing a higher level of resilience and ensuring business continuity.

**Winter Ward demolition (Montagu Hospital)**

To carry out the second phase of the programme – the disconnection and re-routing of existing heating and service mains.

**Computer System investment**

This allocation is to support computer system replacement and the pre-commitments and preparation for the National Programme for IT.

### **Medical equipment**

Funds have once again been made available for replacement medical equipment to be purchased, where appropriate, from the approved 'Best Buy Guide', as agreed by the Medical Equipment Group. The amount identified for 2007/2008 will be used to replace equipment as it approaches the end of its useful life, or becomes unserviceable.

### **Renal development (DRI)**

This investment sees the completion of the Renal development. The Department of Renal Medicine now comprises an acute ward and outpatient facility, together with a dialysis ward. It will also achieve the co-location of the two inpatient Paediatric Wards adjacent to the Paediatric Assessment Unit (PAU).

### **Orthopaedic theatre (DRI)**

This scheme is to develop a fourth Orthopaedic Theatre on the Doncaster Royal Infirmary site to enable the Trust to meet current demand for its services.

### **Clinical Decision Unit/A&E four-hour wait (DRI)**

This scheme will provide a Clinical Decision Unit in the A&E Department (DRI) to assist with achievement and sustainability of the four-hour wait target.

### **Unscheduled Care (DRI)**

This allocation will be required to develop the Unscheduled Care facility for Doncaster on the Doncaster Royal Infirmary site. The Doncaster Unscheduled Care Strategy ensures access to additional facilities on the DRI site, ideally co-located with the present Accident & Emergency service.

### **Day Surgery (DRI)**

This scheme will create a new Day Surgery Unit providing a twin facility for children attending for elective surgery and adults attending for day surgery. Although a twin facility, each patient group will follow a separate pathway and be cared for in dedicated facilities.

### **South Block/Split Site/Site Development (DRI)**

This allocation is to support a phased approach to developing the Doncaster Royal Infirmary site over the next few years.

The vacation of South Block by Doncaster & South Humber Healthcare Trust has given the Trust the opportunity to work towards achievement of its business goals by rationalising and developing the estate without significant new build.

#### **The first phase of this major redevelopment is influenced by a number of factors including:**

- the need to resolve Children's split-site working by the co-location of Children's Services with Women's Services
- co-location of these services require the relocation of the Jasmine Unit, the nurse-led Low Dependency Unit and the Urology Ward, together with the reconfiguration of the Obstetrics and Gynaecology wards. South Block would provide sufficient accommodation for a new expanded Breast Care Centre

- upgrading the two ward floors in South Block could provide temporary accommodation for displaced wards
- the co-location of Unscheduled Care and Accident & Emergency services can only be achieved by relocating one of the existing services in the area. The proposal is to relocate the Chest Clinic to the lower ground floor accommodation within South Block.

### **Improved car parking – Park & Ride (DRI)**

The Trust recognises the need to continue to address the significant car parking problems, both on and around the Doncaster Royal Infirmary site. It is seen as a priority to improve access, both for patients and visitors and for the workforce. To this end the Trust is exploring a number of initiatives, including 'Park & Ride' facilities in conjunction with the local authority.

### **Chapel/Multifaith Facility (Montagu Hospital)**

This scheme is to create a chapel/multifaith facility on the Montagu Hospital site.

### **Office accommodation**

There is a need to supplement existing accommodation to meet the clinical and non-clinical requirements of the Trust.

### **Telecommunications Strategy**

This investment is to replace the telephone system at Bassetlaw Hospital.

### **Outpatients (Montagu Hospital)**

To develop a Special Surgery Suite in the Outpatients Department at Montagu Hospital, utilising and redeveloping the old Day Hospital accommodation.

### **Medical Imaging**

This allocation supports the upgrade of Medical Imaging rooms across the Trust (Fracture Clinic, DRI, and Room C, Montagu Hospital).

### **Digital Hearing Aids**

This allocation funds the provision of digital hearing aids.

### **Estate investment**

From the appraisal of all property within the Trust, the Trust is aware of the level of outstanding backlog maintenance.

Investment in backlog maintenance is seen as an essential requirement to maintain the estate to the standards and targets defined by the Department of Health. Furthermore, the 'value for money' audit carried out by the Audit Commission recommended that the NHS should critically appraise existing policies for the reduction of outstanding backlog maintenance costs.

In pursuit of the above, areas of investment have been identified to ensure that the building and engineering services operate to acceptable levels. In order to achieve this, a systematic planned approach to the management of the physical assets is being adopted, utilising the Asset Management System.

All capital developments contribute to the reduction of the amount of backlog maintenance and further provide elements of cost avoidance as part of the business planning process.

### **Fire, Health & Safety**

Following the continued appraisal of the estate, the Trust is aware, through its Estate Minimum Data Set, of works required to meet statutory requirements, including Health & Safety and Fire precautionary measures. As a consequence a strategy has been developed to ensure that these issues are dealt with on a programmed basis:

#### **Fire**

The 'Way Forward' document is a consolidated overview of all known fire safety issues within the Trust and it is from this that a priority list of fire safety requirements is established. A proportion of the capital allocation funds is used for these purposes.

#### **Statutory and safety compliance**

A strategic overview of key aspects of estate rationalisation is undertaken annually to produce forecast outturns and subsequent plans over a five year period.

The Directorate's Strategic Plan is based upon the Fire, Health & Safety allocation and the Trust's approved capital developments, which provide some elements of cost avoidance in these key areas.

#### **Disability Discrimination Act**

This allocation is to work towards the implementation of Section 21 of the Disability Discrimination Act. From 2004, service providers have had to take reasonable steps to remove, alter or provide reasonable means of avoiding physical features that make it impossible or unreasonably difficult for disabled people to use the service.

#### **Asbestos clearance**

Following an extensive survey to determine the location and type of asbestos on Trust properties, a priority programme has been drawn up for asbestos clearance. Investment will be required over a number of years to allow for complete eradication.

#### **Capital Team – design time**

This allocation allows the capitalisation of the Project Team through the integration of the amount pro rata into schemes completed on the basis of their capital value.

### **Site development control plans**

The nature of the service and how it is provided is constantly changing and, as demand for healthcare and advances in medicine increases, so the need to use facilities and resources more effectively becomes of greater importance.

The estate and its assets must be kept under constant review to ensure that they meet the requirements of the service and are managed efficiently and effectively. The advent of capital charges underlines this requirement and the estate must now be looked at with a view to the enhancement of existing stock, rather than new build and expansion.

**Site development control plans are being developed for each site. These are a tool for bringing together all the information on the estate and informing future development plans in terms of:**

- current assets
- known developments/strategic issues
- anticipated future service/capital needs.

These plans will be developed and will include an element of scenario planning where various options for site development can be explored. There is, therefore, a requirement to assess the future needs for any nature of re-development within the Trust as a whole.

**April 2007**



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