

Providing better services for patients

There are a number of existing targets, most of which we have already met and will continue in 2007/08 to provide better services, including:

- all cancer patients wait no more than 1 month from diagnosis to treatment
- every hospital appointment booked for the convenience of patients
- patients will spend no more than four hours in A&E before admission, transfer or discharge.

Then there are new targets for hospitals like ours:

- provide access to Genito-urinary Medicine clinics within 48 hours
- improve patients' experiences by 2008
- reduce referral to treatment time to a maximum of 18 weeks ahead of the national target
- reduce incidents of MRSA (Methicillin-Resistant Staphylococcus Aureus) year-by-year
- help reduce adult smoking rates to 21% or less by 2010.

Reducing infection

Reducing healthcare-associated infections remains a priority, improving on our already-low rates of serious infections. A pilot project in the Women's Hospital aims to improve signage on the need to clean hands; if successful, it will roll out across the Trust.

Staff are working on a visitors' code, which sets out ways in which visitors can help reduce infections in hospital. Members and governors will be consulted on the wording of this code during the year.

Matrons have a key role to play in helping to reduce infection – and improving ward cleanliness and patients' environment. Matrons will continue their weekly ward rounds throughout our hospitals, talking to patients and getting their views on the care we provide.

Smoke-free premises

We introduced smoke-free buildings and grounds last year. We did this to improve health and the environment – less litter and cigarette ends. Bassetlaw and Doncaster have high levels of smoking-related illnesses so we are stopping opportunities to smoke and working with the two health communities to improve the health of local people.

Over the limit?

For men over 40 and for women past the menopause, drinking a small amount of alcohol (1–2 units per day) helps to protect against heart disease and stroke. But drinking more than the safe limits can harm your health and, in the UK, around 33,000 deaths a year are related to drinking alcohol, a quarter due to accidents.



Renal care

Phase 1 of the new £7m Department of Renal Medicine is open; it consists of 12 inpatient beds and outpatient clinics. As building work progresses, we will continue to expand. In Phase 2, another six inpatient beds will open when outpatient clinics move into their purpose-built accommodation in the Summer.

Cancer

Caring for patients with cancer is the responsibility of a number of different clinical teams. Future plans for all cancer services are influenced by national guidance, *Improving Outcomes Guidance*. This may mean patients with some less common types of cancer being treated in Sheffield or other centres, and staff are drawing up plans to keep as many services local as possible.

During the year, the recommendations of 2006's independent peer review of cancer services will be implemented. We will also draw up plans to implement *Improving Outcomes Guidance* in Gynaecology, Upper gastrointestinal surgery, Urology, and Head & Neck surgery.

Breastcare services

The number of people needing breast cancer services is increasing. The facilities at Bassetlaw Hospital are cramped so new facilities will be built and the Bassetlaw Breastcare Appeal was launched to raise £250k. The Board has approved a breastcare strategy; implementation will begin in 2007/08.



Walk your way to health

Just 30 minutes brisk walking four times a week can make all the difference to health. Walkers have less incidence of cancer, heart disease, stroke, diabetes and other killer diseases. They live longer and get mental health and spiritual benefits. Every little helps:

- walk, don't drive, to the local shop
- if you have children, walk them to and from school
- get off the bus a stop early – and walk the rest
- take a walk during your lunch hour
- once a week, take a longer walk on a different route to keep things interesting.

Have your say

To help our hospitals improve, we are recruiting local people to become members of this NHS foundation trust. Membership gives local people a say about their local hospital. Membership costs nothing; forms are available from the Membership Office, Doncaster & Bassetlaw Hospitals NHS Foundation Trust, Doncaster Royal Infirmary, Armthorpe Road, Doncaster DN2 5LT. Phone (01302) 381355. E-mail: foundation.office@dbh.nhs.uk.

Further information

For further information or a full copy of the Patient Services Plan 2007/08, contact Ian Greenwood, Director of Strategic & Service Development, at Doncaster & Bassetlaw Hospitals NHS Foundation Trust (address above).
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Your Services

Summary of the Patient Services Plan 2007/08





Introduction

The Patient Services Plan summarises our aims and objectives for 2007/08. It describes what we have to do to make sure that we are the hospitals and the employer of choice – for patients and staff.

We have an exceptional record of providing patients with what they need, when they need it. And over the next year, we will achieve more and continue to improve the quality of our services.

In the new competitive NHS when patients choose to use our services, we earn income. To remain successful means that each member of staff must have a personal responsibility to provide the quality and speed of service that patients want.

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 make every pound count will continue.

Our hospitals spend nearly £700,000 of public money daily. Every treatment opportunity lost is money down the drain, with no effect on health. The single most important objective is that staff work together to improve patient care. Working together, we can achieve so much more for the patients we serve.

Nigel Clifton
Chief Executive

Planning for 2007/08

There are six priorities in 2007/08:

- clinical improvement
- communication
- hospitals of choice
- employers of choice
- performance improvement and financial control
- using the opportunities as a foundation trust.

Clinical improvement means delivering safe services for patients through assessing and managing risks and a robust process of monitoring and improving clinical quality.

Being able to communicate clearly and quickly with patients and between health professionals is one of our priorities. We will also involve governors and members, to help to shape the delivery of our services.

As hospitals of choice, we need to look at the major changes facing the NHS. We will be bringing in the 18-week target from referral to first appointment a year earlier than the national deadline. We will also:

- implement Phase 2 of our cancer centre for upper gastrointestinal surgery
- open a new orthopaedic theatre at DRI
- develop breastcare services, supporting the Bassetlaw Breastcare Appeal launched last year, which aims to raise £250k to help improve and expand facilities at Bassetlaw Hospital
- work with PCTs to develop unplanned care services in both Doncaster and Bassetlaw with respective PCTs
- improve nutritional standards
- improve written communication with patients
- open Phase 2 of the Department of Renal Medicine.

To be the employer of choice, we have worked hard – and will continue – to make sure staff understand our business.

Setting up business units will help us monitor income, activity, targets and agreed performance plans to meet our goals as well as meet national standards. This will improve quality, performance and financial control, empowering clinical leadership. We will make the most of our NHS foundation trust status to push forward developments to benefit local people and will work in partnership with governors and members to shape our future.

Giving you control

To make sure we remain hospitals of choice, giving patients control is very important. Now, thanks to Choose & Book, 95% of appointments are made by patients with their general practitioner at their GPs' surgery. Patients can choose a date and time convenient to them for their first hospital appointment.

To encourage patients to choose our hospitals, we offer some of the shortest waiting times. During the year, we will continue to meet our health targets and we will introduce the 18-week target (18 weeks maximum wait from GP referral to the commencement of treatment) a year before the rest of the NHS.



Ambitions for the Future

The NHS has been going through many changes. Significant guidance has come from the Department of Health and other bodies on the delivery of healthcare in the future.

These challenges are at the heart of *Ambitions for the Future*. We are looking at the quality of services we provide; how we operate as a business; making ourselves more competitive and not relying on patients always choosing us.

There are now many different places where patients can have treatment. Some are in the community and other services are based in hospitals: NHS as well as private hospitals, offer a free service to NHS patients. It is not possible to duplicate these services, so the choice of a bed in a private hospital has a direct impact on our NHS services.

In addition, some services are moving from hospitals into the community. Freeing up this activity can help hospitals to become centres of excellence.

Investment

We plan to invest in services, buildings, equipment and improvements to the hospital sites in 2007/08, including:

- new surgical suite in the Outpatients Department, Montagu Hospital (£300,000)
- catering and restaurant facilities at Bassetlaw Hospital (£2m)
- computer systems across all sites (£1.7m)
- blood tracking system, and Pathology system modernisation across all sites (£437,000)
- replace the telephone system at Bassetlaw Hospital (£400,000)
- medical equipment across all sites (£600,000)
- continue provision of digital hearing aids at Chequer Road (£586,000)
- Phase 2 of the renal development at DRI (£1m)
- new orthopaedic theatre at DRI (£1.5m).

Budget

Our income in 2007/08 comes from primary care trusts and general practitioners with the budgets to 'buy' services for their local populations. We are paid for the number of patients treated. If patients choose our hospitals, we get income: if they don't, we lose income. Our income relates directly to what we do and how we do it. We have budgeted for income of £261m in 2007/08.

