Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

Looking *forward* to *our* **future**

Our Strategic Direction: 2013-17

DBH We Care

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Statement from the Board of Governors:

We want a uniformly high standard of patient experience from our first contact with the patient when they are referred to our services, through to providing transport options and car parking amenities, up-to-date entrance and reception facilities and modern, clean, fit-for-purpose outpatient and inpatient accommodation.

Where possible, we want patients to have a choice of when and where they receive their care and be provided with easy-to-understand information about the services, their treatment, aftercare and how they can stay healthy.

We want staff to be developed and trained to deliver the highest standards of clinical care whilst being friendly, honest, compassionate and polite to patients, visitors and their colleagues.

When patients have to stay in the hospitals, we want them to be cared for on the correct ward and for them and their relatives to be kept well informed about their diagnosis and treatment. When diagnosis or treatment is needed urgently, we want appropriate care provided, irrespective of the time of day or day of the week.

When patients are ready to go home, we want discharge at a reasonable time with their medicines ready to take home and clear instructions on any follow-up care. We want good liaison with primary care to ensure a smooth transition to their services, if required.

We want patients to be highly satisfied with the care provided and if care ever falls short of this, it should be straightforward to comment or complain. We expect lessons to be learnt from feedback across the whole organisation and also that good practice is spread and sustained.

1. Introduction

1.1 The context

This document sets out our strategic ambitions for the next five years. Those years will present new and significant challenges for the NHS. The challenges include the demands presented by changing demography, rising patient expectations and empowerment, the continuing progress of medical science and technology and the impact of severe financial constraint.

Patients are living longer due to social and healthcare improvements and will progressively exhibit a greater range of longer-term, chronic and overlapping health needs. We are used to modern means of service delivery in our day-to-day lives, and patients and GPs will in future choose providers that provide easy and effective access to care and information.

We will need to provide fast access to modern services built around the convenience of the patient, who will increasingly become expert regarding their conditions and treatment options. We will need to bring care closer to home where possible and support others to do so through good integrated care. We will need to provide efficient healthcare, so we can reinvest in proven technologies that will create a virtuous circle.

The task of saving £20bn from the NHS budget, and our contribution to that, is a defining challenge that will clearly differentiate organisations by their approach and their success or failure.

District general hospitals have a particular additional challenge in that they will also face attrition of their core 'business' by centralisation of tertiary services at one end and transfer of simpler community and primary care-orientated work through better organised community services and new market entrants, potentially leaving additional stranded cost.

We have a proud history of both service and achievement, but now need to develop rapidly into a modern, efficient and effective organisation that is clear about its direction, purpose and priorities, and consistent and continuous in its drive for improvement. That requirement for improvement is underlined by the Francis report's recommendations for the NHS which challenge all NHS organisations to develop a culture that delivers improved patient safety, experience and outcomes, by design.

1.2 Purpose

The purpose of the Strategic Direction is to ensure that the organisation is positioned to rise to these challenges and achieve our vision and mission, by setting out our key priorities and programmes.

1.3 Process

The strategy has been developed through the process of analysis, involvement and consultation with staff, governors, members and stakeholders. We have taken account of our commissioners' and partners' strategies and the changing future context of the NHS.

We have examined our weaknesses and strengths, opportunities and threats and developed a way forward that respects those contributions and integrates them into a distinctive, coherent and inspiring vision that will frame and direct our actions over the next period.

2. Vision, mission and values

Our **vision** sets out our ultimate ambition and the **mission** sets out the primary purpose of the organisation. Both of these are underpinned by our **values**, which will drive our behaviours towards our patients, carers, public, our partners and each other, in line with the NHS Constitution and values.

2.1 Vision

Our vision is to become recognised as the best healthcare provider in our class, consistently performing within the top 10% nationally.

2.2 Mission

We are here to safeguard the health and wellbeing of the population and communities we serve, to add life to years and years to life. We aim to combine the very highest levels of knowledge and skill with the personal care and compassion that we would want for our friends and families at times of need – in short, ***We Care for You***.

2.3 Values

Values set out the expectations that drive our attitudes and behaviours. The values should resonate with all staff and be an enduring statement of 'how we do things around here'. They have been developed through a wide-ranging staff consultation in 2011 with over 400 responses, indicating a clear centre of gravity.

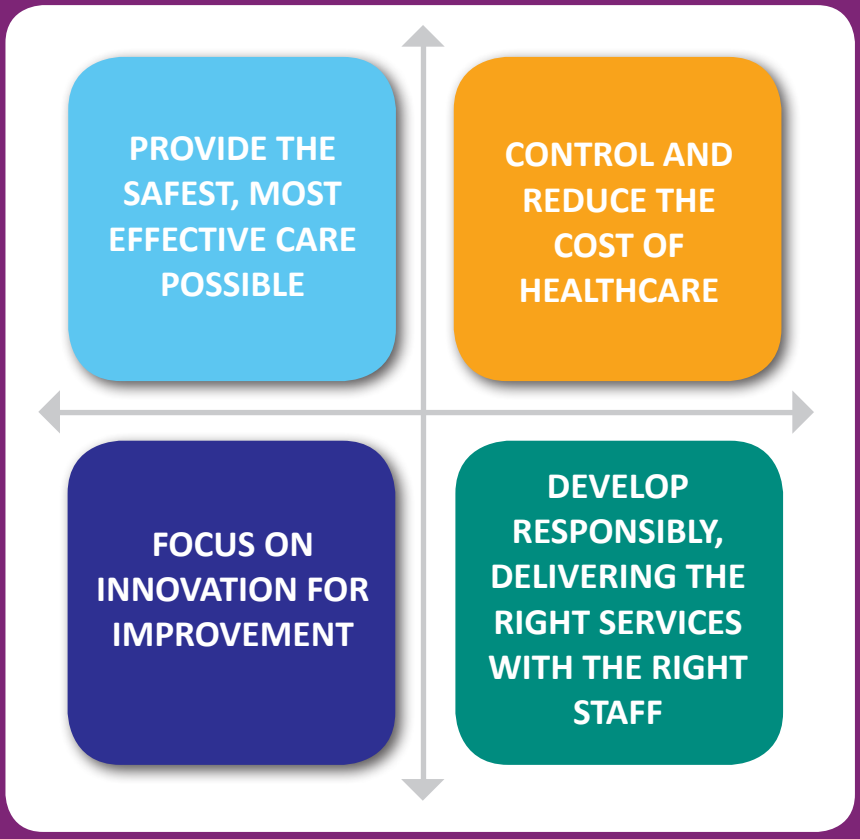
We want the values to be known by all and used as the standard of behaviour we will accept. We want to become a 'magnet' organisation where staff who are like-minded will be attracted to and retained by the organisation; equally others will be progressively challenged.

For this strategy, the values have been restated in a way that is easier to understand and remember.

To show We Care For You:

- **W**e always put the patient first.
- **E**veryone counts – we treat each other with courtesy, honesty, respect and dignity.
- **C**ommitted to quality and continuously improving patient experience.
- **A**lways caring and compassionate.
- **R**esponsible and accountable for our actions – taking pride in our work.
- **E**ncouraging and valuing our diverse staff and rewarding ability and innovation.

3. The strategic themes



The following pages (sections 4, 5, 6 and 7) cover each of these themes in turn.

4. Provide the safest, most effective care possible

PROVIDE THE SAFEST, MOST EFFECTIVE CARE POSSIBLE

4.1 Introduction

We believe that high-quality care is efficient care. We therefore believe that quality (in terms of fitness for purpose) should be our organising principle. As an industry, healthcare is relatively hazardous and every defect and failure in our care and its organisation has both a human and financial cost which is potentially avoidable. Our approach in this area will be characterised by openness, transparency and candour, with ourselves, our patients and our commissioners and regulators.

4.2 Safe

4.2.1 Delivering harmfree care. This is our Trust's highest priority.

We will:

- Ensure our wards and department are harmfree by taking a holistic view of common harms experienced by our patients and systematically reducing them over time.
- Ensure that the Trust complies with the fundamental standards and recommendations by expert bodies and regulators (e.g. CQC, Monitor, NICE).

- Introduce a secure system for responding to the recommendations of external agencies, accreditation and quality assurance processes.
- Use invited and peer-review mechanisms for intractable and contentious issues.
- Ensure our environment has safety as a design principle in terms of flow, cleanliness and functional suitability for clinical process and patient group, e.g. older people.
- Encourage further usage of incident and near-miss reporting, supported by a fair blame culture. In high-safety industries, as we wish to become, reporting of errors and misses assumes critical importance. We will support staff and patients to raise concerns that will help us improve services. Concerns will be treated with the rigour associated with formal complaints.
- Support clinicians by developing electronic record systems and decision-support that interlocks to prevent or flag for personal and ultimately corporate review, contraindicated actions and treatments.
- Develop integrated accountability mechanisms with Clinical Service Units that ensure that there is a consistent approach and one that supports ward-to-board reporting.
- Develop our risk management systems to proactively target highest risk areas for attention.
- We will reduce risk by developing, implementing, monitoring and auditing our policies and ensure this progress is appropriately recognised via NHSLA by premium discount and reduced claims volume and value.
- Support our staff through education and training, particularly in critical teamwork and human factors training.

4.2.2 Recognising patients at risk

- Identify vulnerable patients by systematic assessment and risk scoring and ensure appropriate surveillance.
- Systematically identify deteriorating patients for intervention by use of IT and other means.
- Promote the consistent delivery of both clinical observations and proportionate action on those observations, supported by failsafe handover mechanisms.
- Strike the right balance between specialist and generalist resources to identify and treat patients, all underpinned by education and training.
- Use all indicators available to determine risk at an individual, group or service level, with a high index of suspicion.

4.2.3 Infection prevention and control

- Build on the current policy and practice framework by developing comprehensive assurance mechanisms for compliance with all known vectors of acquisition.
- Work with external agencies – in particular, CCGs – to reduce the pool of avoidable infection within communities and in particular institutional care.
- Take a zero-tolerance attitude to avoidable infection and persistent non-compliance with policy.
- Trial, evaluate, adopt and spread innovation in practice and technology.
- Continually benchmark our approach to maintain best practice.

4.2.4 Mortality reduction programme

We aim to eliminate avoidable mortality and various measures throughout this strategy are designed to support that. Specifically, we will:

- Maintain and develop an annual plan for mortality reduction measures focused on key components of:
  - Appropriate coding to accurately inform adjusted risk.
  - Early decision-making and care planning by consultant staff.
  - Consistent approach between weekends and weekdays.
  - Appropriate decision support in terms of Trust medical records, summary care records from primary care and diagnostic processes and reporting.
  - Use of clinical benchmarking to identify positive and negative outliers in a progressively granular manner across sites/specialities/modalities/procedures and diagnosis/clinical teams.
  - Ensure that information relating to mortality/morbidity/outcomes and patient satisfaction is collected by speciality and consultant team, made available to regulators and progressively published when validated.

4.2.5 Ensuring high professional standards

- Use the development of revalidation to bring together a multidimensional assessment of fitness to practise for medical staff, progressively linking the clinical governance information to annual appraisal processes.
- Ensure that systems for the assurance of professional standards for other professions are developed in parallel, as these are made available.
- Focus on delivering the basics of nursing care as set out in the '6Cs' strategy (Care, Compassion, Competence, Communication, Courage and Commitment).
- Implement specific standards for healthcare support workers, as these are developed locally or made available nationally.

4.2.6 Safeguarding

- Deliver our duties in safeguarding vulnerable adults and children in multidisciplinary collaboration with other statutory and voluntary agencies through clear leadership, expert advice, proportionate staff training and enhanced information and alerting systems.

4.2.7 Older people

- The key demographic change impacting on the hospital service is the increasing proportions of frail elderly patients, including those with dementia.
- We will ensure delivery of a care approach that delivers the basics of:
  - Hygiene;
  - Medicines administration;
  - Food and drink;
  - Observation and actions following observation;
  - Multidisciplinary teamwork; and
  - Good communication including handover.

These matters are essential for all inpatient care, but systems designed to be failsafe for older people will also have wider application.

4.3 Effective

4.3.1 Effective clinical practice

- Develop and systematise our portfolio and application of clinical guidelines and protocols, to guide practice and reduce non-clinically-justified variation, and be ready for incorporation into IT systems when ready.
- Deliver a comprehensive multi-professional audit programme for the Trust that is compliant with national and network requirements and takes a risk-based approach to local issues, including external risk assessments by regulators and commissioners.
- Ensure that current systems for NICE guidance are progressively extended to compliance where relevant with other sources of expert guidance, for example the Royal Colleges and other professional bodies.
- Ensure that effective care is maintained across primary care, community and social care and tertiary care boundaries by using secure and reliable communication systems for level of care progression and effective discharge.
- Disseminate and promote high-quality research findings that will positively impact on our services.

4.3.2 Clinical decision support

- Develop our IT systems to provide clinicians in the hospital and, progressively, the community with easy access to ordering and results reporting.
- Develop an electronic patient record approach that will over time integrate our legacy and new systems and be available through one viewing portal.
- Progressively make available summary care records and equivalent to ensure a holistic approach and provide alerts to safeguarding issues.
- We will develop systems for the electronic recording and sharing of routine observations to enable swift action and escalation as required.

4.3.3 Urgent care

- Work with all urgent care stakeholders to redesign the urgent care system to provide care at the right time and right place, at the lowest level of intensity and resource usage.
- Expect to work with CCGs in the introduction of risk stratification and predictive tools to target interventions when needed for patients with chronic conditions and include in that telehealth and telemedicine systems.
- Help define, implement and refine the 111 system to ensure that it provides a graduated and sufficient range of primary and community services to avoid admission/assessment by the provider of last resort, the hospital, unless definitely required.

4.3.4 Elective care

We will redesign elective care services with the following parameters in mind:

- Highly-developed demand and capacity modelling, feeding through to job plans and sessional requirements for theatres and outpatients and for clinical support services.
- 'One stop' services where possible, supported by local tariff arrangements.
- Top decile performance in new to follow-up ratios, DNA, day case and outpatient procedures performance.
- Comprehensive adoption of enhanced recovery techniques across specialities.
- Integrated preoperative assessment processes for effectiveness and consistent approach.

- Cooperation with commissioners to eliminate procedures of agreed limited clinical value.
- Separate provision of emergency and elective care where possible.

4.3.5 Long-term conditions

- Enhance our approach to long-term conditions to enable patients to self-manage whenever possible, within an integrated pathway approach with other partners.
- Develop a comprehensive dementia strategy that complements health community approaches to position us to effectively and compassionately care for the growing demographic demand, whilst also meeting non-dementia needs.

4.3.6 End-of-life care

- Continue to increase the proportion of patients who wish to die at home or in community facilities being able to do so through developing our approach to advanced care planning and training of our staff.
- Work with other providers to ensure seamless and compassionate care at the end of life.

4.3.7 24/7 delivery model

- Remodel urgent care services to ensure that they are consistently consultant-led across specialities and sites and throughout the week to ensure care is optimally planned and can be expedited through provision of support services.
- This has implications for clinical support services, which also need to reform to support this agenda.

4.3.8 Integrated care

- The public expects the NHS to provide integrated care, whether we provide a small or large part of a care package. We will support the development of integrated care pathways in our key communities, using the expertise of our clinicians to provide leadership and advice when required.
- We will explore opportunities as they arise to provide or coordinate integrated care pathways and services.
- We will work closely with General Practitioners at an individual, practice and CCG level to ensure optimised patient pathways.

4.3.9 CQUINs (Commissioning for Quality & Innovation)

- CQUINs is likely to take an increasingly large portion of contract income and we must take the opportunity where possible to align our CQUINs proposals to further the aims of the Strategic Direction with a particular emphasis on developing better systems for safe and effective care.

4.3.10 Maintaining health and preventing disease

- The NHS in general and hospitals in particular have defined themselves as primarily an illness service. Moving forward, it is important that we act to take all opportunities to maintain health and wellbeing through detection and health promotion and ensuring 'every contact counts'.
- We will enhance the aftercare support given to patients both directly and through collaboration with community partners and also through the provision of high-quality personalised information.
- We will develop the Trust's expertise in screening programmes and ensure that they deliver high levels of quality and performance.

4.4 Care

4.4.1 Patient experience, dignity, respect and choice

- We will set out a strategy for enhancing patient experience throughout our many different services and facilities such as outpatients, inpatients, emergency services and diagnostic and therapy departments.
- We will take every opportunity to involve patients and their carers/families in informed choices about their care: 'no decision about me without me'.
- This will include practical measures such as the Productive Ward and Intentional Rounding and provide training experiences for staff which are based on the Trust's values, drawing on real-life examples.
- We will enhance patient involvement in the development of our services and facilities so that they are designed from both a professional and patient perspective.
- Our estates strategy will have as a core aim the promotion of patient experience and preservation of dignity. We will aim to increase the proportion of single rooms and small bayed areas with doors and en-suite toilet facilities.
- We will progressively eliminate unnecessary waiting for our services, not just in terms of access but also the waits built into our processes: for example, in outpatients, diagnostics and theatre admissions.
- We will pay particular attention to meeting the needs of patients who are vulnerable through disease, disability or learning difficulties.
- We will use the patient experience to more strongly guide our actions and priorities, e.g. though the use of patients' stories.
- Take account of patients' whole needs: cultural, social, religious and pastoral, as required.

4.4.2 Complaints, satisfaction and feedback

- We will develop tools and processes to ensure that we are consistently 'taking the temperature' of our patient population in real time throughout the organisation and publish the results.
- We will continue to learn from complaints, but in future will do so in a more systematic way that enables lessons to be learnt across the organisation, leading to a more proactive stance.
- We will ensure that special emphasis is paid to serious incidents and their prevention.
- We will lead the way in applying the 'friends and family test' as a marker of satisfaction and recommendation of our services.
- We will inform patients of any avoidable death or serious injury caused through action or omission of Trust staff or systems.

4.4.3 Professional development

- The Trust will develop professional staff in a manner consistent with our values and to equip them for the tasks needed in the future through tailored CPD programmes linked to appraisal outcomes.
- It is important that the Trust capitalises on the investments made in the Education Centre and the Montagu Simulation Centre, which provide cutting-edge facilities for staff development, alongside other platforms such as e-learning.
- Building our reputation in this area will ensure that we attract the best staff to develop their career with us.

4.4.4 Standards, regulation, compliance and accreditation

We believe that healthcare will be moving through a phase of more intensive regulation with less space for earned autonomy.

- We must develop an approach to standards and compliance that is ingrained internally through regular peer review and self-assessment and will, as a by-product, provide the evidence necessary for external regulators.
- We will develop a robust approach for anticipating and acting upon the requirements of external inspections, accreditations and visits.
- We will undertake benchmarking reviews to ensure transferable lessons are learnt from key events and inquiries that may be applicable to our services.
- We will constructively challenge the data and evidence we provide to our external regulators and internal governance systems to ensure that it is robust and accurate.
- We recognise the responsibility of regulators and our commissioners to ensure the quality of care we provide through a range of means, including direct inspection.

5. Control and Reduce Cost of Providing Healthcare

5.1 Introduction

CONTROL AND REDUCE THE COST OF HEALTHCARE

5.1.1 National context

- The NHS is in a period where resource increases will be limited and, at best, only very marginally above national inflation, for the foreseeable future.

5.1.2 Local context

- Local commissioners enter the 2013-2016 period in reasonable financial health, albeit remaining under-capitated and with major demographic disease burden challenges.
- The Trust has established a firm base to meet future challenges in terms of both income and expenditure performance and liquidity. Our future requirement is to develop a discipline and mind-set to live within budgets whilst constantly seeking to deliver cost reductions, without affecting care quality.

5.1.3 Structural risks

- We anticipate that operational financial risk will be heightened year on year and therefore it is prudent to lessen risk in other areas. Structural risk is presented by the tariff structure, CQUINs element, non-tariff supplements and relatively low levels of contingency for the nature of the risks. There needs to be a lessening of risk income and greater reserves/ contingency in the next three-year period.

5.1.4 Business challenges

In addition to structural issues in our finances, there are a wide range of business challenges which will come into focus in the next three years:

- The national efficiency savings requirement.
- Unfunded inflationary pressures.

- National tariff development.
- Technology and demographics pressures.
- Clinical practice changes and sustainability.
- Service loss to community developments and centralisation.
- Trust capital in terms of compliance costs, facilities replacement/ refurbishment and equipment replacement.

In summary, the position is that an average 6% year-on-year unit cost reduction, some £54m, is required over the Trust's portfolio of activity. This will provide the offset to the 4% tariff reduction and allow 1% for addressing the structural finance issues and 1% for revenue cost increases and developments.

Generation of revenue surpluses are therefore essential to provide cash for capital expenditure or to support loans on larger items. All of the above mean it is essential to:

- Ensure savings targets are delivered.
- Continue to generate and grow income and expenditure surpluses.
- Reduce structural financial risk.
- Reserve an element of development expenditure.

5.2 Strategic financial framework

- Income and expenditure (I&E) position: The Trust will over time move from generation of a 1% surplus to a 2% surplus to support its activities.
- Earnings Before Interest, Depreciation and Amortisation (EBITDA): Similarly, the Trust will look to increase EBITDA to a minimum of 6% (currently 5% and 1% will arise from the I&E increase).
- Monitor Financial Risk Rating (FRR): Consequential to the increased I&E surplus and EBITDA margin, the Trust will have a more sustainable FRR 3 and could look to move towards 4, although this is not an ambition in itself, unless it is necessary in order to unlock access to more capital.
- Liquidity: In the next three years, the Trust will aim to maintain the current underlying cash-holding as it wishes to utilise any surplus cash generated for capital expenditure.
- Capital Expenditure: The Trust has utilised little of its longer-term borrowing capability. Part of the reason for this is that development and maintenance schemes have been considered together for use of depreciation and revenue surpluses. In the next three years, the Trust will look to separate these and apply depreciation strictly. Developmental schemes will be assessed for use of surpluses and loan funding, using standard investment appraisal techniques and return on capital.
- Supplementary funding: The Trust will also continue to look for other sources of funding and make better use of its Charitable Fund balances.

5.3 Savings and budget discipline

In order to ensure delivery of the financial framework aims and enable the virtuous circle of surpluses and capital investment, there are two fundamental requirements:

- Annual savings requirements are delivered; and
- Resultant expenditure is managed within budget.

The following section sets out the key measures that will be necessary to achieve the financial strategy.

5.4 Approaches

5.4.1 Key cost and income drivers

- We will better understand the key drivers of our organisation's financial balance in terms of income and where income is spent at Trust, speciality, subspeciality, team and individual patient and procedure levels. We will understand which services lose and gain income, as the tariff continues to develop, and make informed choices about the interventions necessary to deliver our financial and service objectives, carefully discerning between avoidable/unavoidable losses and purposeful/fortunate surplus.
- We will make use of comparative analysis, benchmarking, best practice and analytical tools such as patient-level costing to understand our relative and absolute positions and progress.

5.4.2 Tariff

- We will annually scrutinise tariff development to maximise income from good practice elements and CQUINs elements.
- We will work with commissioners to agree local arrangements where national tariff is unsuitable to reimburse local developments and to provide healthy incentives.

5.4.3 Financial discipline

- In addition to individual budget discipline, we will collectively and corporately maintain discipline over bank and agency usage, additional clinical sessions and locum costs and continue to bear down on avoidable absence.
- We will further develop proportionate monitoring and accountability processes.
- We will ensure the maintenance of incentives to early or outperform.

5.4.4 Insourcing/outsourcing

- We will continually review the balance of outsourced services in the light of market and technology development to ensure value for money and business continuity.

5.4.5 Business continuity

- We will develop and maintain business continuity plans to minimise the need to replace lost activity and income at premium rates through avoidable discontinuity and ensure service continuity from a patient safety perspective.

5.4.6 Capacity and demand planning

- Insufficient capacity for demand leads to short-term, expensive marginal increases. Excess capacity for demand leads to underutilisation and income balance deficits.
- The Trust will continually improve its capacity and demand assessments using best practice methodology, in conjunction with access ambitions and contract volumes, to become more accurate and contemporary. These assessments will be used to directly drive job plan content, capital and equipment requirements and strategic workforce plans.

5.4.7 Procurement approach

- The Trust will explore a range of opportunities to significantly reduce the cost of supplies and services provided to the Trust, using approaches which will be set out in a procurement strategy.
- We will take opportunities to moderate demand by rationalising multiple supply lines, providing information on utilisation to consumers.

- We will take account of sustainability issues in procurement and take opportunities for recycling for cost reduction and minimisation of environmental impact.

5.4.8 Workforce

The approach to workforce is described later, but ensuring we have an appropriately formulated and deployed workforce in all areas is vital to both financial and patient safety. It will be essential to review establishments and skillmix on at least an annual basis in patient-related functions such as ward nursing to ensure continued compliance with standards set by the Trust or regulators or national bodies in relation to patient occupancy and acuity, using recognised tools.

5.4.9 Capital

In the context of cost reduction, efficient management of capital is essential.

- The capital programme will take opportunities to rationalise the estate to improve utilisation, take out of service redundant or unsuitable accommodation, anticipate and remove capacity constraints, and ensure a viable building and equipment base through planned replacement, preventive maintenance and observation of relevant regulations.
- We intend to take a longer-term strategic approach to ensure greatest overall impact from spends within set site development control plans. All capital schemes will be reviewed post-implementation to ensure return on investment (ROI) and service benefits have been delivered, as per the business case.
- We will explore the introduction of innovative capital equipment and technology solutions through our own efforts and in collaboration with the Academic Health Science Network (AHSN).

5.4.10 Partnership approach with other healthcare providers

- We will explore with other health organisations (provider and commissioner) the opportunities for collaboration in the provision of services to patients in order to sustain availability of services, whilst reducing unnecessary duplication and poorly-utilised services.
- We will explore partnerships for the provision of clinical services and non-clinical support services.
- We will work with commissioners in their role of validating CIPs (cost improvement programmes) from a quality impact perspective.
- We will review the future opportunities for private healthcare as an individual entity and in collaboration with partner private-sector providers.

5.4.11 Value for money as a business discipline

We recognise that money for service developments will be limited and therefore will be available from the following sources:

- Approved commissioner developments.
- Redirection within existing budgets.
- Investment business cases with defined return on investment.
- Investment business cases with defined associated income.

5.4.12 Patient pathways

We will continuously review patient pathways within the hospital and across the health and social care systems to ensure:

- The right person at the right time.
- Elimination of duplication.
- Avoidance of repeat or redundant tests/investigations.
- Elimination of waste, delays and unnecessary hand-offs.
- Key to the efficient operation of the hospitals will be an annual bed plan that proactively assesses, then accommodates, winter and summer demand and maintains patients within the speciality bed base.

5.4.13 Cost Improvement Programme (CIP) delivery and control system

- The organising principle for cost improvement is that we should strive to reduce cost by improving quality and also avoid the increasing costs of poor quality that manifest through fines, penalties and litigation costs.
- We will continue to use the finance reporting structures as the backbone of CIP delivery, but will introduce further project management techniques and reporting where appropriate to the scale and complexity of projects.
- CIPs will be subject to assessment and approval from the Trust's Medical and Nursing Directors with regards to impact on quality.
- CIPs will be delivered through a set combination of Clinical Service Unit (CSU) and departmental programmes, corporate, enterprise-wide cross-cutting projects and joint external projects with other provider organisations. Cross-cutting projects will be led by a nominated executive director, supported by a project manager using an agreed project reporting methodology.
- All corporate programmes, for example iHospital, will need to demonstrate their 'return plus', prior to capital investment.
- Incentives will remain a key part of the approach, subject to delivering the annual financial plan in composite.
  - All income generated above contract is attributed to the relevant CSU.
  - CSUs and directorates can retain all savings above the annual level required corporately.
  - A pound-for-pound capital allowance for CSUs that have underspent their revenue budgets.

6. Develop responsibly, delivering the right services with the right staff

6.1 Business model

DEVELOP RESPONSIBLY, DELIVERING THE RIGHT SERVICES WITH THE RIGHT STAFF

6.1.1 Clinical management

High-performing healthcare providers are clinically led. Senior clinicians, fully integrated with a professional management function, are essential for ensuring patients are treated safely and rapidly. We have well-established Clinical Service Units (CSUs), each of which is led by a Clinical Director.

- We will support the Clinical Directors and their teams to ensure they continue to make the right strategic and operational decisions.

- For the Trust to become the very best, the CSUs will need to perform to the best of their ability and be fully supported by corporate directorates to share good practice.
- All CSUs and other elements of the Trust must work collaboratively and supportively to maintain the elective, non-elective, cancer and emergency department pathways that engage multiple specialities.
- We will ensure that the clinical management structure is supported to get the best from both independence and interdependence.

6.1.2 Performance management

- There will be clear rules and disciplines for managing both finance and quality, with a system of incentives for outperformance and sanctions for poor performance and targets agreed for improvement in key areas.
- All part of the organisation will be held accountable for their financial and quality performance through corporate, team and individual levels, within a proportionate approach based on performance.
- Accountability will be progressively delivered through a more CSU-based approach to ensure both good support and challenge.

6.1.3 Access targets

Our aim is to ensure:

- All patients on an elective pathway will have their treatment within 18 weeks.
- Outpatient waiting times are kept low as the entry point to our system of care.
- All patients will be treated or discharged from the Emergency Department within four hours, by setting internal standards below this point.
- All patients come into hospital on the day of their treatment unless otherwise clinically indicated.
- Our screening programmes achieve high levels of uptake and meet quality assurance requirements.

6.2 Partnership approach

6.2.1 Clinical Commissioning Groups (CCGs)

- The Trust strongly welcomes the development of clinical commissioning groups at the start of this strategy period. We aim to develop close and collaborative working in the patient's interest, whilst respecting the different roles played by commissioners and provider.
- We will facilitate the engagement of primary and secondary care clinicians to influence each other in developing optimum clinical pathways.
- We will aim to develop win/win solutions that improve care and drive cost from the health system, rather than moving it around from one area to another.
- We will play our part in developing and supporting CCG strategies to deliver their wide-ranging responsibilities for their residents.
- We will increasingly focus our joint work on the outcomes of care and other CCG priorities including joint patient-experience feedback mechanisms that are timely, add value and maximise the impact of public membership of CCGs and the Trust.

6.2.2 NHS England and specialist services

- We will work closely with the Local Area Team of NHS England in the development of specialist, networked, screening services and GP-contracted services.

- We will provide a distinctive offer where appropriate to deliver specialist services, based on our strengths and size as a provider and will do so responsibly in the patient's interest, recognising the opportunities and constraints imposed by national standards and population requirements. We summarise this potential as 'DGH Plus'.
- In collaboration with our commissioners we will look to develop our portfolio of specialist services, particularly in cancer services, vascular services and screening, internal medicine and neonatal care.
- We believe that there is a strong outline business case for the development of local radiotherapy services in conjunction with our partners at Sheffield Teaching Hospitals and will work closely with commissioners to make this a reality.
- We will work to optimise our emergency response and resilience capability through the Local Health Resilience Partnerships.

6.2.3 Local authority

- We will work closely with local authority partners and the newly integrated public health functions to deliver our contribution to the work of Health and Wellbeing Boards, informed by Joint Strategic Needs Assessments.
- We will work to develop enhanced assessment and discharge arrangements that help the patients and prevent unnecessary time and expenditure in institutional care.
- We look to developing services where appropriate in the client's interest through sharing information and integrating care.
- We will be open and honest with regards to any information required by local authorities in order for them to properly execute their scrutiny functions.

6.2.4 Voluntary/independent sectors

- The Trust could not function effectively without the support of hundreds of volunteers and also the institutional support of many in the charity and independent sector. The Trust will continue to develop its volunteer workforce and also strategic alliances with other independent sector bodies where we have shared aims.

6.2.5 Governors and members

- The Trust will continue to support the development of the governing body as it progressively assumes an enhanced role following the changes planned for the regulator, Monitor. We believe a vibrant and well-informed governing body embracing the interests of local communities, staff and stakeholders can only enhance strength of our governance and the Strategic Direction of the organisation.
- We will look to develop innovative ways of communicating with and involving our growing membership to develop their stake in the organisation and seek their views on key policy matters.
- We will support governors to take on their enhanced role in relation to public accountability as defined by the response to the Francis report.

6.2.6 Acute trusts

- We will work with other trusts to develop new service models that are clinically and financially sustainable, following agreed priorities.

- We will work in partnership to find more effective ways of delivering 'back of house' services by joint provision and exploiting economies of combined scale.
- We will contribute to the 'Working Together' project as a key platform within the North Trent/ Mid Yorkshire area.
- We will conduct impact assessments prior to any significant or structural change to minimise unintended/unrecognised consequences.

6.2.7 Academic Health Science Network (AHSN)

- The Trust will support the future development of the Yorkshire and Humber AHSN as a powerful partnership between patients, health services, industry and academia to deliver a significant improvement in the health and wealth of the Yorkshire and Humber region.

6.3 Development approach

6.3.1 Diversification

- It is important that the Trust takes opportunities to diversify its services for growth and sustainability. We will review our current arrangements for the provision of private services and determine the optimum future mix of provision, both internal and external.
- As a foundation trust, we have the power to both acquire and operate companies which may generate cash or reduce operating expenditure and will consider these opportunities throughout the strategy period.

6.3.2 Market development

- The Trust will positively respond to market tenders and the Any Qualified Provider programme, either to advance market share where desirable or protect and sustain existing services. We will do this on a case-by-case basis through careful examination of the risk and benefits of each individual opportunity.
- We will also consider, where appropriate, partnerships with public and private sector providers to access a wider range of opportunities.

6.3.3 Service development

- We will seek new ways of providing services that are consistent with commissioners' requirements for high-quality efficient services by developing our expertise and proposing new ways of working that ensure we deliver care in the least intensive and expensive modalities and environments.

6.3.4 Service retraction

- Whilst there will be opportunities for growth as described above, we may also confidently expect commissioners to seek enhanced value for money by service redesign, which may exclude Trust involvement and/or will reimburse services below our cost base.
- We will therefore act swiftly and aggressively to retract costs, including contribution to overheads, in such circumstances. This will require clear, early decision-making and possibly transitional support from commissioners.

6.3.5 Viability/unlocking reviews

- We anticipate that service reconfiguration within and between providers is likely to be a feature of the healthcare landscape over the next five years and this is supported by Monitor.

- We will consider the use of, and cooperation with, external reviews on a case-by-case basis with the primary aim of ensuring continued delivery of sustainable local services.

6.3.6 Site visions

DRI

- We will develop the DRI site as both the local district general hospital (DGH) for the Doncaster area but also as the primary location for the delivery of specialist services, particularly those that are interdependent and which build critical mass.
- After significant capital investment at the Bassetlaw and Montagu sites over the preceding period, there will be a need to selectively invest in the DRI site to eliminate poor clinical accommodation including the Trauma and Orthopaedic wards and General Outpatients departments, and improve the overall patient and visitor experience. As part of this, we will need to rapidly confirm whether any whole hospital redevelopment is feasible.
- We will consider the development of a new main entrance, possibly enhanced by retail and catering units.
- We will support the development of local access to radiotherapy services.
- We will work to integrate the future release of mental health facilities with the site control plan.

Bassetlaw

- We will continue to maintain the Bassetlaw site as a district general hospital capable of supporting maternity, paediatric, A&E and general medical services in particular.
- We will further develop the range of other elective, daycase, ambulatory and outpatient services appropriate to the hospital.
- We will also maintain our diagnostic and outpatient facilities at Retford Hospital to serve that community.

Montagu

- We will complete the current programme of capital investment and service development at Montagu Hospital and follow through to realise our vision of providing a national centre for rehabilitation services, as part of our wider rehabilitation programme, and deliver a wide range of other daycase, ambulatory and outpatient services appropriate to the hospital.

Community

- The Trust already has an established portfolio of community services which we will continue to develop and enhance, using modern technology and information systems to optimise effectiveness.
- Wherever possible we will bring services closer to the patient, sometimes in collaboration with other agencies.
- We will extend outpatient, diagnostic and therapy services to more distant communities, predominantly around the borders of our catchment.
- We will use technology to provide better support to our General Practitioners in terms of diagnostic results and ordering and other clinical communications.

The whole Trust

- Whilst the Trust operates from multiple sites and locations, a key strand of our Strategic Direction is to use the combined power and expertise of our services and staff to promote an equitable and sustainable delivery of services across our served populations, thereby ensuring the development of both non-specialist and specialist services.

- It will be important to continuously review car parking across the Trust, whilst encouraging the use of public and other transport use.
- We will rationalise the estate in order to release resources, reduce revenue costs and increase utilisation and efficiency.
- We will progressively reduce bed-days through improved care and organisation and reinvest in higher levels of single rooms and small bay areas.
- Where possible, we will develop community 'virtual' wards and day hospital services in conjunction with community partners, releasing resource from acute sites.

6.4 People and organisational development

- We will take steps to create a healthy culture within the Trust that supports our values and ambitions for improved performance and outcomes.
- To underpin the above, we will set out a programme of practical measures to demonstrate and reinforce the adoption of our values throughout the workforce.
- Staff health and wellbeing is important to us to ensure the maximum complement of fit and healthy staff is available to support our patients and other staff. We see opportunities to develop our services across a wider geographical footprint using new models of service.
- We will develop annual workforce plans that ensure we have the right number of skilled staff for our service needs, whilst reducing the overall cost to manage within available budgets. We will develop innovative new roles to better support professional staff in collaboration with educational and training providers.
- We will support leadership development through a variety of programmes, focusing on clinical leadership as a priority.
- Training and education is a major part of our forward programme and training and developing staff at postgraduate and undergraduate levels is consistent with our aims to provide enhanced services and build our reputation as a teaching and research centre. We will ensure our mandatory and statutory training (MAST) requirements are relevant and delivered at critical mass.
- Recruitment, appraisal and reward systems will be reviewed to ensure we are recruiting the right staff with the right values, attitudes and behaviours and then assessing progress, performance and reward in the right way, including annual appraisal and appropriate objective setting for all staff.
- Communication with our staff will have an even higher priority as we will need to change services at an ever faster rate and we will involve staff in developing new and better channels for that two-way communication.
- We will place emphasis on further developing our constructive and professional relationships with Trades Unions and Staff Side organisations though existing and any agreed new mechanisms. We will review each change programme to see how we can improve our joint approach for the future.
- We will consider a variety of means for efficient deployment of staff, using automated systems to plan, roster and direct.
- We will take account of staff's diverse needs: cultural, social, religious and pastoral, as required.

6.5 Corporate governance review

- The Trust will review our corporate governance to ensure that it is fit for the future and there are no overlaps or gaps in our approach.
- We will review director accountability and conduct requirements in response to the Francis inquiry recommendations.
- We will review our committee systems to make sure there is a comprehensive approach that is connected up properly, so that it is clear to all which body deals with which issue and that there are set terms of reference and escalation procedures from ward to board, reinforced by annual effectiveness review and a gateway process for new functions.
- We will review our approach to compliance assurance to complement the enhanced regulatory approach and our internal requirement to implement policy and procedure.
- We will set out our corporate social responsibilities in a new statement covering as a minimum investment, carbon reduction, economic development, business practice and other impacts of the Trust's operations on local communities. We will support the relationship with our communities through links with schools, open days and work experience.

6.6 Communications and engagement

- We will set out a new strategy for communications and engagement which will define our principles for communications and engagement and the channels through which it will be delivered.
- An early priority will be to revise our website and electronic and social media presence.

7. Focus on innovation and improvement

The programme for innovation and improvement will support and facilitate the other three key strands of the Strategic Direction.

7.1 Research & Development (R&D)

- The Trust recognises that research output is used to inform service transformation, underpinning future Trust business development.

  Research supports agendas such as quality and innovation, and continues to be a key driver towards clinical excellence. We will seek to further embed high-quality research in clinical service delivery, in order to improve healthcare outcomes and contribute to evidence-based knowledge and practice within the NHS.

There are four strategic themes to the emerging R&D strategy:

- Develop reputation, recognition and profile: Establish the Trust as a centre of research excellence, through cultivating priority areas of translational and applied health services research, which have clear potential to inform commissioning, service improvement and transformation.
- Develop research capability and capacity: Increase research capacity and capability across all services, encouraging a research culture of critical thinking and enquiry.
- Deliver direct patient benefit: Support a balanced research portfolio of high-quality research.
- Deliver financial benefit: Significantly increase research income, delivering clinical excellence with financial benefit. Primary income will be spent directly on research activity and governance. The Trust will benefit from the purchase of services and secondary effects through recruitment and retention.

The key channels for R&D activity will be the National Institute for Health Research (NIHR) portfolio studies, our own account research dedicated to exploring Trust priorities, and increasing opportunities for delivering commercial research for external companies.

The key partnerships will be the Comprehensive Local Research Network (CLRN), the Collaboration for Leadership in Applied Health Research (CLAHRC) and the emerging Yorkshire and Humber Academic Health Science Network (AHSN) supported by the Innovation Hub (Medipex).

Key actions will include:

- The development of a clinical research facility.
- The introduction of an intellectual property policy and framework.
- The development of research fellow posts.
- The development of R&D within the job planning framework.
- Developing the research nursing infrastructure.
- Identification of research champions as contacts and conduits for the strategy.

7.2 iHospital programme

7.2.1 Introduction

The iHospital programme is a key part of the Trust's strategy to improve quality and reduce costs using technology and innovation. It will be supported by a fit-for-purpose IT architecture, which will allow flexibility in how the systems develop and interact and it will support and follow the process of care, both inside the Trust and ultimately into the community and beyond. The key end points from the initiative will be:

- A Trust-wide, 24/7 electronic patient record (EPR).
- A virtual casenote, real-time activity information.
- Rules-based processes for scheduling, pathways and tasks.
- Provided in a 'paper-light' environment.

7.2.2 Implementation

The first stage will be to ensure that infrastructure is updated to safely run what will become essential, critical clinical process support including updating server rooms, data and switching, server auto fail over, wireless networks, mobile device management and 'single sign on'.

The iHospital operational priorities are:

- Electronic document management / scanning.
- Electronic forms / whiteboards.
- Replacement patient administration system (PAS).
- Replacement A&E system.
- Enhanced data warehouse / reporting system.
- New designs for internet / intranet.

The Trust has endorsed a 'best of breed' strategy for the longer-term EPR concept which will continue to draw benefit from previous ICT investment and, more critically, to allow the choice of technologies to remain in the hands of the Trust's technical teams. The flexibility offered through the modern web-based technologies will ensure the ICT overall architecture will have the capability of responding to the constant pace of change within the NHS as a whole. The best-of-breed approach will allow the full engagement of clinicians in helping to choose the functionality that will be of most benefit to their services and the patients and ensure a minimum-risk approach to this vital area.

7.2.3 Summary

The key underpinning concept is not to use ICT to automate current processes, but to use the capabilities of an IT-enabled clinical environment to allow significantly improved clinical processes with low rates of error, high reliability and safety, and the ability to fully support agreed clinical protocols and recording requirements at overall reduced cost by moving from the current inefficient and ineffective paper-based systems. The environment will also support clinical research and provide high-quality data for service management and improvement and the reporting of clinical outcomes. Information governance becomes even more important as information mobility/access increases with systems development and integration across organisations.

7.3 Innovation programme

We aim to be early adopters across all key high-impact action themes. We wish to deliver a systematic approach to drive innovation through clinical research and service delivery, to make innovation a priority, and to bring about lasting change in culture and behaviour in our leaders and workforce as a whole.

7.3.1 Reducing variation and strengthening compliance

We will ensure future performance reporting includes innovation metrics and variation notifications including NICE compliance and technology appraisals.

7.3.2 Metrics and information

We will support and contribute to the Innovation Balanced Score Card. We will develop strategies to communicate and raise awareness among our patients and public of innovations as we implement them locally.

7.3.3 Creating a system for delivery of innovation

We will establish a systematic delivery mechanism for diffusion and collaboration on innovation and best practice within our organisation. We will continue to invest in the support and development of our clinicians to ensure they are equipped and strengthened to lead this agenda as active members of the Academic Health Science Network.

7.3.4 Incentives and investment

We will work in collaboration with commissioners to support funding flexibilities that encourage the systematic development and adoption of innovative activity. Internally, we will ensure our business processes are not acting as a barrier to the adoption of innovation. We will continue with our shared savings formula encouraging cross-CSU working. We will encourage innovation as part of our staff awards scheme.

7.3.5 Leadership of innovation

We will establish a structure and process that ensures innovation is a priority for the organisation, strengthening leadership and accountability. We will work with commissioners to agree local CQUIN schemes that specifically prioritise the adoption and spread of innovation and good practice. We will build a system to support the adoption and diffusion of innovation across the breadth and depth of the organisation.

7.3.6 High-impact innovations:

We will implement High-Impact Innovations with AHSN support and as part of the i Hospital programme as required, including local aspects of the 3 Million Lives and Digital by Default programmes and high-impact technologies such as inter-operative fluid management.

7.3.7 Service improvement/process re-engineering:

It is important that the Trust establishes a service improvement capability to support CSUs and corporate departments to improve process and outcomes.

8. Implementing the Strategic Direction

The Direction is to guide rather than prescribe the action that the Trust will take over the next five years.

The key vehicle for advancing the Direction will be the Annual Plan, which covers the next three years on a rolling basis and which incorporates the financial plan and capital plan. Further aspects will be included as corporate or individual objectives, as relevant. As noted earlier, there are a number of key supporting strategies that will take forward these aspirations in more detail. It is important in all these areas, that where possible, the strategies set benchmarked aspirations that will allow comparison with similar organisations, so we can track progress towards our vision.

8.1 Supporting strategies

- Quality and Standards;
- People and Organisational Development Strategy;
- Information, Communications and Technology Strategy;
- Communications and Engagement Strategy;
- Research and Development Strategy;
- Estates Strategy; and
- Dementia Strategy.

8.2 Reporting

The key vehicles for reporting progress against the Strategic Direction are the Annual Report and the Quality Accounts. It is very important that both documents reflect a fair assessment of progress made and that the Quality Accounts in particular sets out in an open and transparent manner the progress made against the priorities set nationally and locally for quality improvement.

8.3 Strategic review

Progress will be assessed annually using the corporate objectives and annual plan framework. The Direction is particularly sensitive to government health and social care policy so a three-year formal review point is appropriate.

STRATEGIC DIRECTION 2013-2017

Context:

- Changing workforce
- Progress of medical science and technology
- Francis Report
- Significant financial challenges
- Increasing competition
- Population growing older
- Rising patient expectations and choice
- Changes to commissioning bodies and clinical networks

Vision

Our vision is to become recognised as the best healthcare provider, consistently performing within the top 10% nationally.

Mission

We are here to safeguard the health and wellbeing of the population and communities we serve, to add life to years and years to life. We aim to combine the very highest levels of knowledge and skill with personal care and compassion that we would want for our friends and families at times of need – in short *We Care for You.*

Values *We Care*

We always put the patient first	**E**veryone counts – we treat each other with courtesy, honesty, respect and dignity	**C**ommitted to quality and continuously improving patient experience	**A**lways caring and compassionate	**R**esponsible and accountable for our actions – taking pride in our work	**E**ncouraging and valuing our diverse staff and rewarding ability and innovation

Strategic Themes

Provide the safest, most effective care possible	Control and reduce the cost of healthcare	Develop responsibly delivering the right services with the right staff	Focus on innovation for improvement

We will deliver the strategic themes by focusing on the following priorities:

Priorities

- Taking an holistic approach to common harms, systematically reducing them over time
- Developing our systems that identify patients at risk so staff can respond promptly and take appropriate action
- Supporting staff and patients to raise concerns that will help us improve services
- Adopting best practice and complying with quality and safety recommendations
- Taking a zero tolerance approach to avoidable infections and implementing annual plans for mortality reduction
- Ensuring our staff display the highest professional standards in everything they do
- Delivering our duties in safeguarding children and vulnerable adults
- Ensuring we deliver the care basics for older people on our wards
- Developing and systemising our portfolio and application of clinical guidelines/protocols
- Developing electronic systems to support clinical decision making
- Redesigning our urgent and elective care services and providing 24/7 delivery models
- Enhancing our approach to long-term conditions, including developing a comprehensive dementia strategy
- Providing seamless and compassionate care at the end of life
- Aligning our CQUINs proposals to better support safe and effective care
- Making a positive contribution to health promotion and preventing disease
- Involving patients in decisions about their care, enhancing patient experience, welcoming feedback and learning from complaints and compliments
- Developing an approach to standards and compliance that is ingrained internally through regular peer review, self assessment and benchmarking.

- Aiming to move over time to generating a 2% surplus each year to invest in capital schemes in capital schemes
- Using business intelligence, analysis and benchmarking to better understand and control our costs
- Ensuring we maximise income by achieving incentives linked to quality of care
- Maintaining business discipline, using robust methodology for capacity and demand planning and further developing our business continuity plans
- Maximising value for money by developing a procurement strategy, including taking opportunities for recycling for cost reduction and minimisation of environmental impact
- Ensuring we have an appropriately formulated and deployed workforce in all areas
- Using our borrowing facility to fund building projects and leading-edge technology and equipment
- Using charitable funds in ways that will have a high impact and benefit patients and/or staff
- Managing our capital assets by rationalising our estate and having planned replacement and maintenance schemes for buildings and equipment
- Continuously review patient pathways within the hospital to ensure the right person at the right time, and elimination of duplication and waste
- Working with commissioners and partners to streamline and integrate healthcare delivery across organisational boundaries using secure and reliable communication systems.

- Supporting the Clinical Directors and their teams to ensure they work together and continue to make the right strategic and operational decisions
- Developing clear rules for managing performance and ensuring people are accountable
- Achieving and, where possible, bettering national access targets
- Developing our partnerships with commissioners, local authorities, acute trusts, voluntary, community and independent sectors and our members and governors to continuously improve care and drive down cost
- With our commissioners, seeking to develop our portfolio of specialist services
- Protecting and developing our market share through diversification, responding to tenders, working in partnership, service development and retraction if required
- Being an enthusiastic partner in the proposed Academic Health Science Network for Yorkshire and the Humber
- Implementing the service visions for our hospitals: DRI, Bassetlaw and Montagu Maintaining our services at Retford
- Where possible, extending our work in community settings
- Working together as one team across the communities we serve through greater cross-site working, rationalising our estate, reinvesting savings and promoting the use of public transport whilst reviewing car parking provision
- Developing a healthy workforce, prioritising training and education and supporting leadership development through annual workforce plans.
- Placing a higher priority on communication and engagement with staff and staff-side representatives
- Revising corporate governance to ensure that it is fit for the future.

- Embracing research and development whether it is generated within the Trust or by external partnerships and networks. Our membership of the Academic Health Science Network for Yorkshire and the Humber will be a fundamental element of this
- Delivering an ambitious technology scheme, which we are calling iHospital. It will comprise electronic systems that are seamlessly integrated to support good clinical decision-making and reduce as far as possible paper systems, unnecessary bureaucracy, administrative delays, laborious form-filling and human error
- Implementing core elements of the iHospital programme which will include an electronic patient record, integrated with real-time bed management, ordering and reporting of tests and A&E and theatre systems to provide live, up-to-the-minute information about each patient under our care
- Adopting technology that provides detailed business intelligence and performance information and systems that enable us to reduce variation in clinical practice and strengthen compliance with recommended guidelines and procedures
- Using knowledge effectively to drive improvements
- Providing leadership that inspires and supports high impact innovations
- Delivering transformation as well as ongoing service improvement, supported by robust methodology and a programme management office approach
- Ensuring inpatient beds are used as efficiently and effectively as possible by reducing unnecessary admissions and readmissions and supporting early discharge.

Statement from the Board of Governors

We want a uniformly high standard of patient experience from our first contact with the patient when they are referred to our services, through to providing transport options and car parking amenities, up-to-date entrance and reception facilities and modern, clean, fit-for-purpose outpatient and inpatient accommodation.

Where possible, we want patients to have a choice of when and where they receive their care and be provided with easy-to-understand information about the services, their treatment, aftercare and how they can stay healthy.

We want staff to be developed and trained to deliver the highest standards of clinical care whilst being friendly, honest, compassionate and polite to patients, visitors and their colleagues.

When patients have to stay in the hospitals, we want them to be cared for on the correct ward and for them and their relatives to be kept well informed about their diagnosis and treatment. When diagnosis or treatment is needed urgently, we want appropriate care provided, irrespective of the time of day or day of the week.

When patients are ready to go home, we want discharge at a reasonable time with their medicines ready to take home and clear instructions on any follow-up care. We want good liaison with primary care to ensure a smooth transition to their services, if required.

We want patients to be highly satisfied with the care provided and if care ever falls short of this, it should be straightforward to comment or complain. We expect lessons to be learnt from feedback across the whole organisation and also that good practice is spread and sustained.

Glossary

Academic Health Science Networks – new networks to support research into new treatments and technologies and translate them into frontline patient care

Capital – spending on big items such as medical equipment and construction projects

CCG – clinical commissioning groups, the GP-led groups that replaced primary care trusts in April 2013

CPD – continuing professional development

CQUINs – Commissioning for Quality & Innovation incentives for delivering high-quality care

CQC – Care Quality Commission, which registers and inspects health and social care providers

Clinical Service Units – clinical divisions in our Trust, groups of related specialities

Enhanced recovery – a model of care that enables people to recover more quickly from certain procedures

EPR – electronic patient record (i.e. casenotes)

FRR – financial risk rating from 1-5 (5 is lowest risk; 1 is highest risk)

ICT – information and communication technology

iHospital – the electronic patient record and linked IT systems that we are developing to become a paper-light organisation

NICE – National Institute for Health and Care Excellence

Liquidity – cash flow

Monitor – the body that licenses and regulates healthcare providers

Tariff – the national rates at which hospitals are paid for providing specific packages of care to patients

The text of this strategy document is available on request in large print, either as a hard copy or electronically. Please contact the Communications & Marketing team on 01302 647020 if you would like a large-print version.

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Looking *forward* to *our* **future**

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