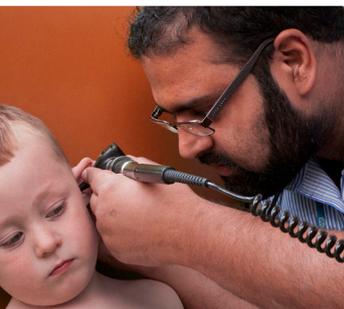


Strategic Direction for 2017-2022



Foreword

An introduction from the Trust's Chief Executive and Chair of the Board

Over the past eighteen months, we have gone through some substantial changes as a Trust, some challenging, and others exciting, but all pointing towards a bright future for our patients, services and staff. As we move forward together, our new strategy describes what we want to achieve over the next five years and how we are going to get there.

As a Trust, we are extremely proud of the excellent improvements in the quality of care we continue to provide for our patients, an achievement we have sustained for the fourth year in a row. As part of this achievement, we have seen further reductions in severe avoidable pressure ulcers, falls and infections and our mortality rate has also reduced in comparison to last year and well within the expected range. Maintaining quality of care is fundamental to our future plans and lies at the heart of all we do.

In January 2017, we were awarded teaching hospital status, becoming Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH). We gained this accreditation due to our long-standing commitment to improving education and growing research, as well as ensuring that we are an integral partner in the training of clinical and medical staff in the region. Becoming a teaching hospital is of huge benefit to both our patients and staff, with further improvements to be made in innovative and quality health care, delivered by our professional team that is actively teaching and involved in research initiatives.

Following financial challenges which became apparent in Autumn 2015, we have also made great progress in our cost saving and efficiency efforts and these will continue into the future. The progress we have made has been due to a number of factors, but can be mostly attributed to the 'can-do' attitude and enthusiasm of our staff, who have been working in different and innovative ways. Throughout this process it has been our goal to ensure that the patient remains our focus and we believe that, despite increased demands and challenges, we have achieved this.

Thanks to our identified savings, and a one-off support payment from NHS Improvement for our strong performance against our financial plan, we have started this planning period in a better

position than expected. Like many other NHS organisations we will continue to face significant changes and challenges, and in order to meet these, we have developed our strategic direction in anticipation to ensure we work effectively both internally and with partners to develop solutions.

Over recent years we have strengthened our links with health and care partners in South Yorkshire and Bassetlaw, working as part of the Working Together Vanguard to develop new care models. We are also an integral partner of the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP) which has now become a first wave Accountable Care System (ACS).

This is thanks to established strong relationships with neighbouring trusts and clinical commissioning groups, and is built on the foundations of a proven history of working together to improve health and care for our population.

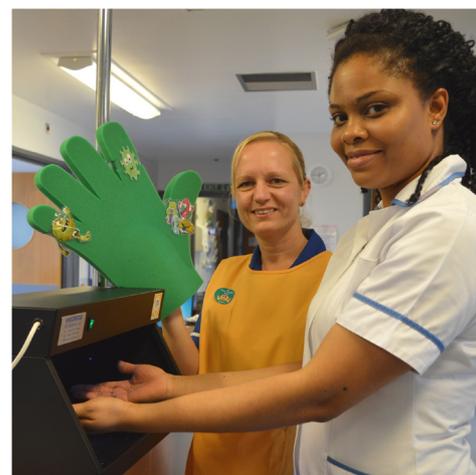
We have engaged with staff, external partners, patients and other stakeholders to ensure that our revised strategic direction continues to fit with the changing needs of the wider health community we serve, while working in tandem with national and regional directives.

We would like to take this opportunity to thank everyone who has contributed to the development of our revised strategic direction 2017-2022. Your engagement and feedback has been invaluable and has helped to shape the direction of our Trust for the next five years.

The following document outlines our strategic direction and our plans for the future and we look forward to working with you to implement them to provide a high quality service for the population we serve in Doncaster, Bassetlaw and beyond.

Richard Parker
Chief Executive

Suzy Brain OBE
Chair of the Board



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“Patients are at the heart of everything we do. As a member of the team I always try to ensure that patients in my care receive the best quality care and have a good experience while at the Trust.”

Member of Team DBTH

Who we are

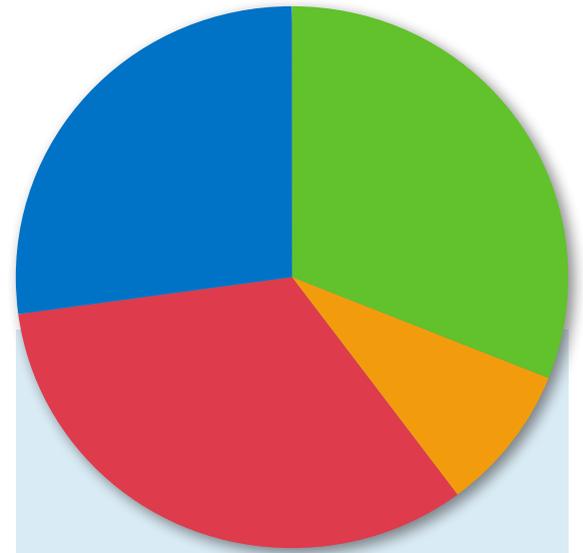
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) is one of Yorkshire's leading acute trusts, serving a population of more than 420,000 across South Yorkshire, North Nottinghamshire and the surrounding areas.

As one of only five teaching hospitals in the Yorkshire region, we have close working relationships with the University of Sheffield and Sheffield Hallam University. As a Trust we also maintain strong links with Health Education England and our local Clinical Commissioning Groups in both Doncaster and Bassetlaw.

We are fully licensed by NHS Improvement (formerly Monitor) and fully registered (without conditions) by the Care Quality Commission (CQC) to provide the following regulated activities and healthcare services:

- Treatment of disease, disorder or injury
- Nursing care
- Surgical procedures
- Maternity and midwifery services
- Diagnostic and screening procedures
- Family planning
- Termination of pregnancies
- Transport services, triage and medical advice provided remotely
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.

We provide the full range of district general hospital services and some specialist tertiary services, including vascular surgery. We also provide a number of community services including: sexual health services, therapies, aortic aneurysm screening and audiology.



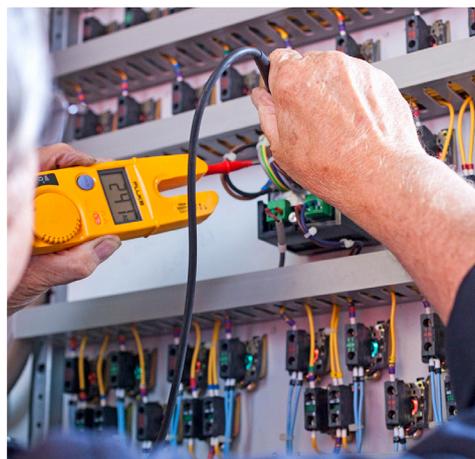
Did you know?

Employing over 6,000 people, every member of staff contributes to patient care, and has a personal stake in our future successes and achievements.

Team DBTH consists of **1,600** nursing and midwifery staff, **450** medical, **2,500** non-clinical and **1,400** clinical support.

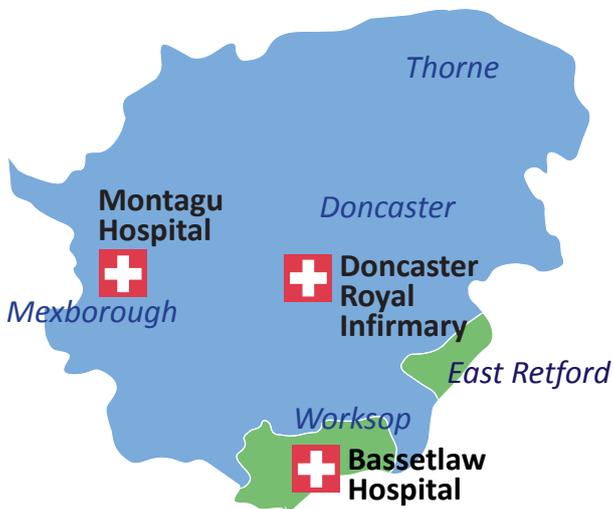
In order to meet our future work force needs, we will be looking to offer more apprenticeships and training posts while investing in current team members to develop, belong and thrive here.

In the area we serve, we employ around 1.5% of the population.



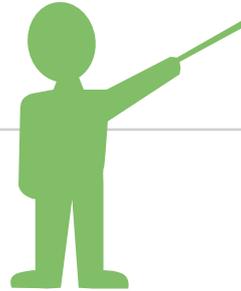
Our Trust

We operate **three hospital sites** in two counties



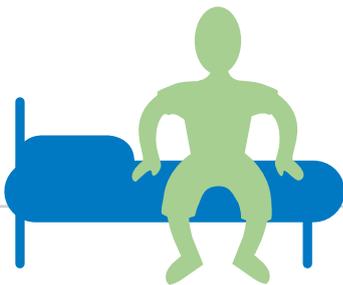
We have a budget of over **£350 million**

We are one of **five teaching hospitals** in the region



We have over **6,000 staff** and **16,000 members**

Last year...



We cared for **63,825** inpatients

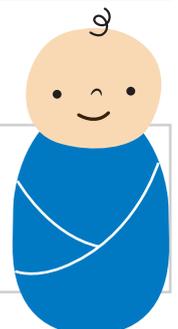
Our **Emergency Department** cared for over **170,000** people



We cared for **539,023** outpatients



We delivered over **5,000** babies



Providing Care

Hosting three main hospital sites and a number of additional services, we are proud to serve the people of Doncaster, Bassetlaw and beyond.

Doncaster Royal Infirmary (DRI): A large acute hospital with over 500 beds, a 24-hour Emergency Department (ED), and trauma unit status. In addition to the full range of district general hospital care, DRI also provides some specialist services including vascular surgery. It has inpatient, day case, diagnostic and outpatient facilities.

In 2016/17 the site saw 500,163 patients.

Bassetlaw Hospital (BH) in Worksop: An acute hospital with over 170 beds, a 24-hour Emergency Department (ED) and the full range of district general hospital services including a breast care unit and renal dialysis. BH has inpatient, day case and outpatient facilities.

In 2016/17 the site saw 154,816 patients.

Montagu Hospital (MH) in Mexborough: A small non-acute hospital with over 50 inpatient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led minor injuries unit, open 9am to 9pm. It also has a day surgery unit, renal dialysis, a chronic pain management unit and a wide range of outpatient clinics. Montagu is the site of our Rehabilitation Centre, Clinical Simulation Centre and the base for the abdominal aortic aneurysm screening programme.

In 2016/17 the site saw 85,352 patients.

We are also registered to provide outpatient and other health services at Retford Hospital, including clinical therapies and medical imaging.

Our site at the Chequer Road Clinic in Doncaster town centre offers audiology and breast screening services. We also provide some services in community settings across South Yorkshire and Bassetlaw. The rehabilitation beds we used to have at Tickhill Road Hospital in Doncaster transferred to Montagu Hospital in August 2012 however we still provide outpatient care of older people at this site.

In 2004, Doncaster and Bassetlaw Hospitals became one of the first 10 NHS trusts in the country to be awarded foundation trust status. This means we have more freedom to act than a traditional NHS trust, although we are still very closely regulated and must comply with the same strict quality measures as non-foundation trusts.





“Everyone at DBTH was so helpful - even when they had a million other jobs to do they still took the time to show me where things were and explain anything I queried.”

Medical student at the Trust

National & local context

A number of national documents are shaping our strategic vision. Core documents include The NHS Five Year Forward View 2015 (FYFV) and Place Plans developed by the two local Clinical Commissioning Groups (CCGs).

The FYFV sets a clear and positive vision for the NHS, underpinned by strong collaboration across health and care systems and the necessity to develop new models of care. The vision places integrated, person-centred support at the heart of health and care systems with an emphasis on public health, ill health prevention and empowering patients and communities.

The recent 'Next Steps' on the NHS Five Year Forward View 2017 reviews progress and sets out a series of practical and realistic steps required for the NHS to deliver a better, more joined up and responsive health service in England. The plans and measures in this document are based on issues that matter most to the public and we have incorporated the requirements into our vision and plans for implementation.

Local context and our place in the community

We work with our CCGs and Local Authorities in both Doncaster and Bassetlaw. As a Trust, we have a role within the health and social care community to respond to the priorities of the local and regional commissioners and meet local population needs. The communities we serve have slightly different health related needs and challenges and the actions set out to address these are outlined in the respective commissioner intentions and Place Plans.

As an active partner in both Bassetlaw and Doncaster we have contributed to the development of local place-based plans and have considered the priorities identified in these as part of the strategic vision development process. The health priorities and the actions to address them are identified in the local place plans and are summarised in the following pages.



Doncaster

Doncaster has a population of approximately 304,000, with a life expectancy 10.7 years lower for men and 7.1 years lower for women in the most deprived areas of Doncaster than in the least deprived areas. Life expectancy for both men and women is lower than the England average. We have significant challenges to tackle in this area including:

- Health in Doncaster is improving, but not as fast as the rest of the country
- In general the people of Doncaster lead less healthy lifestyles than the rest of the country – this is true for children as well as adults
- Delayed transfers of care are impacted on by the fragmentation and complexity of health and social care services
- There is rising demand for health and social care services impacting negatively on emergency admissions
- There are workforce shortages across the local health and social care services, with some shortages in some specialities replicated regionally and nationally
- The cost of delivering health and care services is increasing.

In Doncaster diseases such as cancer, cardiovascular disease, liver disease and respiratory diseases account for 80 to 90% of all preventable deaths. However, local work over the past two years to increase awareness of cancer symptoms, early identification and treatment has resulted in some improvement. There is also an increasing numbers of older people in the borough, many live alone and require help and support to maintain their independence.

Doncaster Place Plan

Key leaders from across health and social care in Doncaster have come together to articulate a shared vision and to develop a plan for the whole of Doncaster. The Place Plan describes the joint focus over the next five years to 2021, building upon the existing body of work and plans already in place.

Care and support will be tailored to community strengths to help Doncaster residents maximise their independence, health and wellbeing. Doncaster residents will have access to excellent community and hospital based services when needed. The Plan has been developed across the three areas below:

1. Prevention and Early Help: This is focused on developing community assets and resilience, bringing together our response to the wider determinants of health and social care. It recognises the prevention step needed before all others, but also extends to early help and intervention to support children and families.

2. Integrated Intermediate Health and Social Care: Support independence in people's own homes, test and push forward integration commissioning and provision, and avoid hospital admissions. The focus of this cohort is on managing existing demand better. The offer will be focussed around the development of four types of response for intermediate care:

- Rapid response
- Short term response
- Medium term response
- Health and social care bed base for Doncaster.

3. Enablement and Recovery Services: This is focused on shifting services out of hospital and into the community where appropriate care is delivered closer to home through redesigned services

Further information on the Doncaster Place Plan and CCG can be found here: <http://www.doncasterccg.nhs.uk/wp-content/uploads/2016/10/Doncaster-Place-Plan.pdf>

Doncaster CCG Commissioning Plans

In addition to the priorities identified in the place plan, the following health commissioning priorities have been identified by the CCG in Doncaster and each of these has a delivery plan:

- Cancer
- Community and end of life care
- Intermediate care
- Medicines management
- Planned care
- Urgent care
- Children and maternity
- Dementia
- Learning disabilities
- Mental health
- Primary care.

Our joint vision is:

“Care and support will be tailored to community strengths to help Doncaster residents maximise their independence, health and wellbeing. Doncaster residents will have access to excellent community and hospital-based services when needed.”

Bassetlaw

Bassetlaw has a registered population of 114,389 (January 2016) and is projected to increase by just over 2% to 2021. Life expectancy at birth for both men (78.8 years) and women (82.2 years) living in Bassetlaw is lower than the England average (79.4 and 83.0 years respectively). Life expectancy is 5.7 years lower for men and 8.1 years lower for women in the most deprived areas of Bassetlaw than in the least deprived areas.

In the last 10 years, the all-cause mortality rate for men and women has fallen. Early deaths from heart disease, stroke and smoking have fallen and are now similar to the England rate.

Rates of road injuries, deaths and hospital stays for alcohol related harm are worse than the England average. We have significant challenges to tackle in this area including:

- The number of people over 65 living with dementia is anticipated to increase by 20% between 2015 and 2021
- The number of patients with a long term limiting illness is projected to increase by 20.8% between 2015 and 2025
- Early deaths from cancer are significantly worse than the England average
- Patients from deprived communities are more likely to be admitted as an emergency rather than a planned admission. In Bassetlaw, emergency hospital admissions for coronary heart disease, myocardial infarction, chronic obstructive pulmonary disease, alcohol-related harm and hip fracture in the over 65 are all significantly worse than the England average.

Bassetlaw Place Priorities 2017/2021

The Bassetlaw Place Plan has been working with its partners, including DBTH, on the concept of Accountable Care since 2015/16 following the successes of joint working through the Integrated Care Board (ICB) to improve outcomes for local people and develop services to ensure the Bassetlaw place has a sustainable health and care system for the future. The transition from the Bassetlaw ICB to the Bassetlaw Accountable Care Partnership (ACP) took place in October 2016.

The Bassetlaw Place Plan represents the joint vision to improve outcomes for the local population through better prevention, high quality and sustainable services and a continued focus on efficiency value for money. The Bassetlaw ACP Board oversees the development and delivery of this plan.

The Bassetlaw Accountable Care Partnership

The ACP Board is an alliance partnership and does not require organisations to cede sovereignty of decision-making. The main purpose of the ACP Board will be to:

- Oversee the continued development and delivery of the Bassetlaw Place Plan
- Develop, support and evaluate:
 1. Provider innovation and new models of care
 2. Outcome-led commissioning and provision
 3. Integration of personal care and support that brings together professionals to work across traditional organisational and professional boundaries
- Position the Bassetlaw health system to align with the South Yorkshire and Bassetlaw ACS to maintain sustainable services and anticipate and respond to national changes in policy.

It is anticipated that the delivery of these priorities will require and lead to five important benefits:

- New ways of caring for and supporting patients underpinned by holistic integrated care
- A more efficient health and social care system that seeks to maximise added value for the tax payer
- New ways of allocating financial resources with incentives aligned to improve care and patient outcomes
- New ways of transacting business for example contracts
- Health and social care professionals working across and outside their employing organisation.

The following priorities are outlined in the Bassetlaw Place Plan with associated timeframes:

- Care of the frail and elderly
- Integration of general practice
- Long-term condition management
- End of life care
- Intermediate care
- Urgent care
- Mental health and learning disabilities
- Maternity and children services.

Further information on the Bassetlaw Place Plan and Bassetlaw CCG can be found here:

<http://www.bassetlawccg.nhs.uk/>

Our joint vision is:

“To create a community of care and support.”



Challenges & Opportunities

We have recently undertaken engagement events within the Trust, including with our Board and Governors to identify our organisation's strengths, weaknesses, opportunities and threats.

In summary, the main areas identified in the analysis that impact on our plans are included below:

- We have recently achieved teaching hospital status providing many opportunities for further enhancing education, research and recruitment.
- Our CQC rating is good in caring and well-led and despite 74% of all areas being judged to be good, we were also judged as requires improvement in safe, effective and responsive therefore robust plans are in place to address these issues.
- We have made good progress relative to our peers in delivering care in line with national standards and have seen improvements in mortality statistics and other quality markers, despite considerable financial difficulties.
- We have award-winning, established professional teams and services with committed, efficient and resilient staff with good Trust membership and governor influence.
- We have had recent financial difficulties with a breach in our licence conditions but we have worked hard to address these with a 2016/17 year-end deficit significantly below our control total. We continue to experience challenges with this given our significant underlying deficit, efficiency requirements and increasing demand for our services.
- We have good local partnerships and are always looking for new and innovative ways to deliver care and achieve efficiencies at a local level and within the South Yorkshire and Bassetlaw area.
- South Yorkshire and Bassetlaw is part of the first wave of ACS providing the opportunity to take on delegated powers, bringing the potential for new relationships between partners including health regulators and

assurers to better achieve the ambitions set out.

- We provide a range of services and are uniquely placed in the north of the South Yorkshire and Bassetlaw area with good access routes to and from our hospital sites.
- Our multiple sites provide a number of benefits in terms of access and flexibility but can also create difficulties in providing staffing, especially given national and local shortages in appropriately qualified staff.
- Our estate is mixed and there are costs associated with older facilities and infrastructure, particularly at DRI and parking is also limited although a local park and ride is well used by staff and visitors.
- Sustainability and Transformation Partnership (STP) funding is likely to be available to support capital investment requirements associated with new models and changes to pathways.
- Changes to clinical pathways and increased demand puts pressure on our diagnostic facilities, which we are addressing but we are also constantly looking for ways to ensure these are used as efficiently as possible.



Sustain & transform

We are an integral partner of the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP) which has now become a first wave Accountable Care System (ACS). As part of the ACS we work together with many health and social care partners across the South Yorkshire and Bassetlaw footprint as illustrated below.

Being part of this wider system provides a number of benefits to DBTH and the population we serve, as well as further strengthening our work with our local clinical commissioning partners and our local authorities.

Before the STPs, then the ACS, were established we already worked together as part of a Working Together Programme developing good relationships, sharing practice across sites and providing services on behalf of other hospitals to ensure local provision, for example chemotherapy.

As an active partner in the ACS, we continue to work together to share best practice in improving the services that are needed to provide health education and prevention and to enable improved access to high quality care in hospitals and specialist centres when this is required – so that no matter where people live they get the same standards, experience and outcomes for their care and treatment.

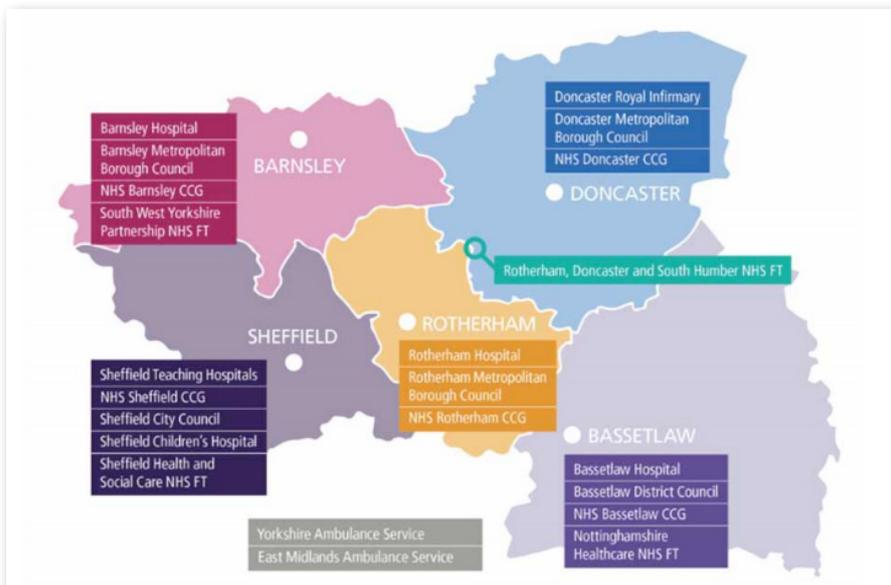
Working together we can also help the partners to achieve more efficiency when we buy services or goods together to provide better value for money. The ACS footprint and main partner organisations are shown above. As a partner in the ACS we have helped to shape the following ACS priorities and objectives that are displayed below. We have therefore also aligned our Strategic Vision and plan with these priorities and objectives.

Priorities

- Healthy lives, living well and prevention
- Primary and community care
- Mental health and learning disabilities
- Urgent and emergency care
- Elective and diagnostic services
- Children's and maternity services
- Cancer
- Spreading best practice and collaborating on support services.

Objectives

1. We will reduce inequalities for all and help you live well and stay well for longer
2. We will join up health and care services so they are responsive to your needs and accountable
3. We will invest in and grow primary and community care, with general practice at the centre
4. We will treat care for whole person, looking after their mental and physical health
5. We will standardise acute hospital and specialised care – improving access for everyone, reducing inequalities and improving efficiencies
6. We will simplify urgent and emergency care, making it easier for people to access the right services closer to home
7. We will develop the right workforce, in the right place with the right skills – for now and in the future
8. We will use the best technology to keep people well at home, to support them to manage their own care and to connect our people so they can provide joined up care
9. We will create a financially sustainable health and care system
10. And we will work with you to do this.



Developing our plan

We wanted to make sure we worked with our staff, public and partners to develop our Strategic Direction and we have engaged with people using a variety of methods. We have had over 600 responses using the following ways of communicating.

- Social media
- Postcards
- Posters and presentations
- Meetings with teams in the hospital
- Meetings and presentations with partners.

Our Governors have played a vital role in shaping the strategy.

We changed a number of areas in the plan in line with feedback, including changes to our initial vision and objectives. People felt the values were still the right ones to have and we need to continue to work hard to ensure that they underpin everything that we do.

The following vision, values and objectives are in line with the views we have heard align to local and national priorities

Our Vision

"As a sustainable Acute Teaching Hospitals transform services so DBTH can maintain a high quality integrated care as a crucial, leading in health and social care across South Yorkshire Bassetlaw."

Talking. Listening. Doing.

Our Values

We always put the patient first.
 We work together with courtesy, honesty, respect and dignity.
 We are committed to continuously improving patient experience.
 We are always caring and compassionate.
 We are accountable for our actions – taking pride in our work.
 We value our diverse staff and rewarding ability and innovation.

Doing.

Strategic Objectives

We will: work with our staff supporting their health and well-being, and the skills, values, and leadership they need to provide high quality and effective care.

We will: develop and enhance elective care facilities at Montagu Hospitals and increase the capacity for specialist care at Doncaster Royal Infirmary.

We will: increase partnership working to benefit people.

We will: support increased community-based services, primary care.

Talking. Listening. Doing.

Your say on our future

We are coming to the end of our five year strategic direction and as the Trust moves from a period of Turnaround to Transformation, we would like your views on our organisational plans for the next five years.

Have your say on our vision, values and strategic objectives as well as any bright ideas and bugbears you have at the Trust.

Get involved
 fill in a postcard and pop it in the internal post

Talking. Listening. Doing.

Bugbears

Talking. Listening. Doing.



“We want everyone to have access to high quality care in hospitals and specialist centres if and when they need it. To do this, we plan to work as a network – so that no matter where people live, they get the same high quality care and experience.”

Sir Andrew Cash, SY&B STP Lead

Our vision



As an Acute Teaching Hospitals Trust, and a leading partner in health and social care across South Yorkshire and Bassetlaw, we will work with our patients, partners and the public to maintain and improve the delivery of high quality integrated care.

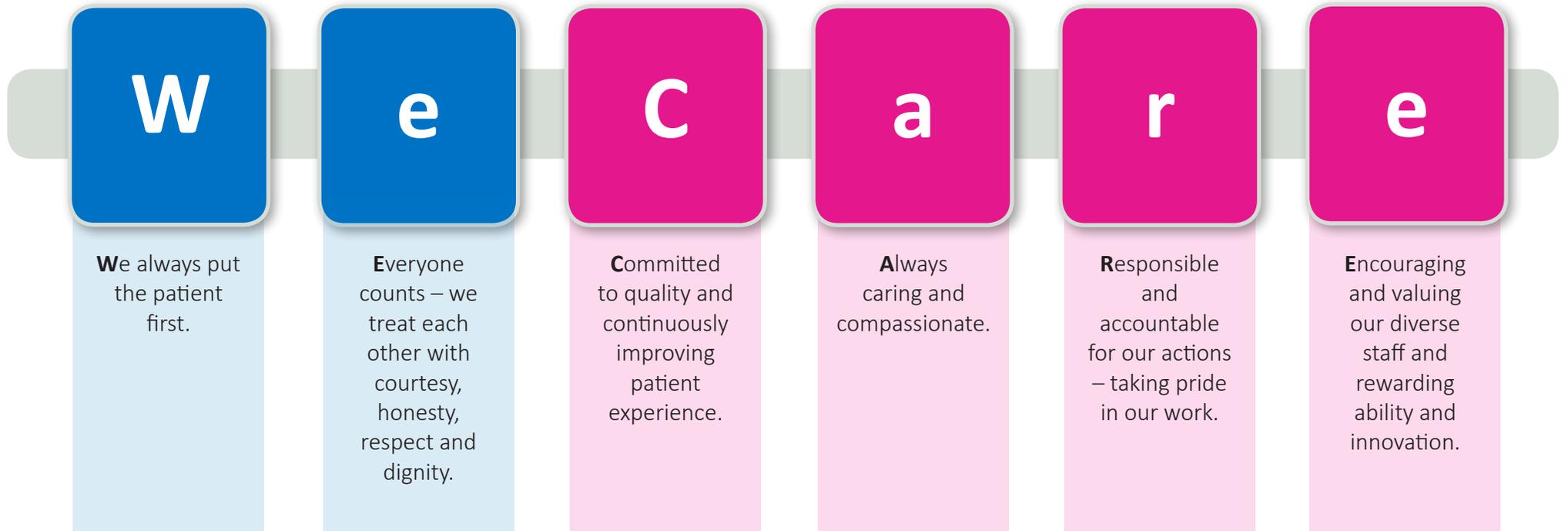
Providing high quality care to the local population we serve will always be our main focus. We are proud of our record of continuing to maintain and improve standards of care, despite the financial difficulties of recent years.

Gaining teaching hospital status in 2017 was a huge achievement and creates a wonderful opportunity to develop our education and research portfolios to benefit patients and will help us to continue to attract and retain high calibre staff.

DBTH has been through a recent period of financial turnaround and are now moving into a period of transformation where we will look to see how we can deliver quality patient care in the most effective and efficient ways possible.

To achieve this transformation we recognise the need to be the best partner we can to work with other health and social care partners across Doncaster and Bassetlaw and South Yorkshire so our patients experience seamless and integrated care and we make best use of resources across the area.

Our values



To realise our vision we will remain true to our core values. Our values underpin all that we do and we expect that they will be evident in all that we say and do.

Our values are well received and this has been confirmed by an engagement process to confirm that our staff and patients feel that they remain central to our future.

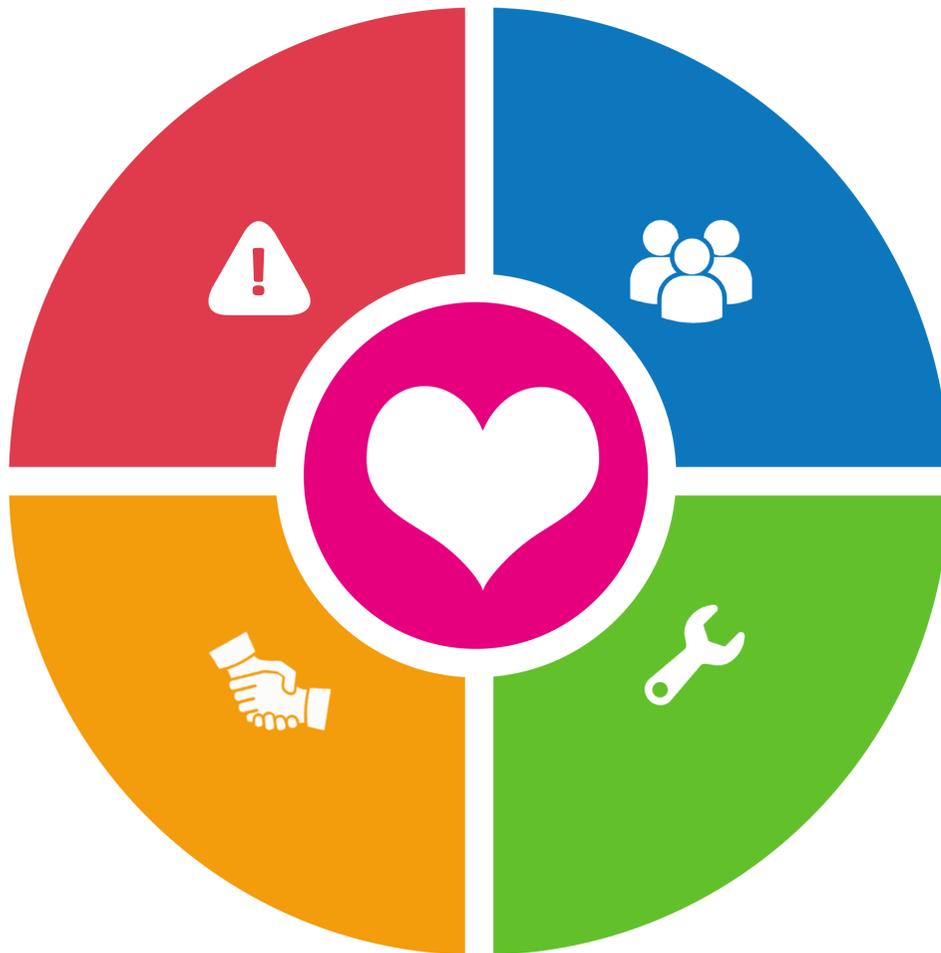
What we will endeavour to do throughout the next strategic direction is to embed these values and ensure they are part of all that we do from how we behave to how we chose the people who join our teams and undertake appraisals.



“Planning ahead of time and knowing what help is available, should you become ill or injured, will help you get the right treatment, at the right time, from the right people.”

Member of Team DBTH

Our strategic objectives



Patients

We will work with patients to continue to develop accessible, high quality and responsive services.

People

As a Teaching Hospital **we are** committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.

Performance

We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary.

Partners

We will increase partnership working to benefit people and communities.

Prevention

We will support the development of enhanced community based services, prevention and self-care.

Our strategic objectives



Work with patients to continue to develop accessible, high quality and responsive services.

Maintaining quality of care is fundamental to our future plans and is at the heart of all we do. Our CQC rating is good in caring and well-led. Despite 74% of all areas being judged to be good, we were also judged as requires improvement in safe, effective and responsive therefore robust plans are in place to address these issues and continue to improve.

We have made good progress relative to our peers in delivering care in line with national standards and have seen improvements in mortality statistics and other quality markers, despite considerable financial difficulties. We strive to maintain and improve this position in the future by investing in improving access for all our staff to Quality Improvement and Innovation (Qii) tools to empower a culture of continuous improvement and innovation.

Our strategic objectives



As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.

We have a vibrant and resilient workforce that has remained dedicated to maintaining high standards of care through a very difficult financial period and beyond. Our workforce has been engaged to shape the strategic vision and re-visit our values.

We recognise that to deliver our vision we need to invest in the people in the organisation at all levels to make sure we have the leadership and skills necessary for delivering care now, and into the future. Building on our recent teaching hospital status, we will continue to develop our education, research and leadership offer.

Making our organisation a good place to work improves recruitment and retention of existing staff. We offer flexible working within the context of service demands and are supporting the development of new roles to meet service needs and to address workforce challenges.

Our strategic objectives



We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary.

To be able to deliver high quality and high performing, efficient and effective care we need to make best use of the facilities on each of our sites.

We aim to improve pathways for patients who require planned care and we want to make sure that all of our expensive theatre, clinic and diagnostic resources are utilised to optimal levels.

We also need to respond to changes resulting from implementing national best practice that are likely to result in increased pressure on emergency capacity at the DRI site and make sure that front door emergency services on both BH and DRI sites are functioning as efficiently and effectively as possible to deliver the right care in the right place.

Our strategic objectives



We will increase partnership working to benefit people and communities.

To achieve all of our objectives we need to be the best partner we can be to other health and social care providers, our local communities and most importantly our patients and service users.

We will continue to work in a 'place-based way' to provide the right services in the right place. We will effectively promote our organisational values and achievements, working with our stakeholders and staff to engage with the public we serve.

Our strategic objectives



Support the development of enhanced community based services, prevention and self-care.

We provide a number of screening and community based services and intend to continue to do so. We will work in partnership to develop and implement appropriate models to provide care with the best outcomes in the right environment for patients and families.

In our services we will support and encourage self-care and reablement, as appropriate. We will also continue ongoing work to make sure that we maximise health promotion and wellbeing opportunities for our workforce, patients and visitors.

Objectives in action

We have developed our three year Strategic Plan 2017 - 2020 to identify the objectives for the way in which services will be developed and provided in a sustainable way.

The strategic objectives will be delivered across all of our services and the main plans will impact on services as described below. The categories are in line with the priorities identified in the South Yorkshire and Bassetlaw ACS.

Urgent and Emergency Care

In line with our own and ACS objectives, we will continue to work with health and social care partners to make it easier for people to access the right services in the right place.

The Trust will continue to develop the Emergency Department (ED) at DRI which is the second largest in South Yorkshire. In addition to the further development of front door streaming and co-located urgent care facilities, the Trust plans to transfer minor injuries to a separate area to create additional space in the main department to expand the ED. Dependent on national funding, the expanded area will include a nine bedded resuscitation room and a further 10 cubicles in the majors area to address the demand of the service as pathways to DRI increase with the proposed changes to the South Yorkshire and Bassetlaw stroke pathways and the potential impact from ACS developments. Part of this development will be the colocation of a CT scanner to improve patient pathways within emergency care.

At Bassetlaw Hospital we are committed to a 24/7 ED and will continue to work with the CCG to review streaming pathways and develop greater access to other urgent care services from ED. Funding has been agreed for improvements to the front door and streaming

environment. In addition we will plan to develop our acute medical service increasing the provision of acute physicians and developing a dedicated facility which combines acute assessment, short stay beds and ambulatory care.

We constantly aim to provide care for the whole person and we continue to work in partnership with Rotherham, Doncaster and South Humber (RDaSH) and Nottinghamshire Healthcare NHS Foundation Trusts to further enhance the mental health urgent care offer at both DRI and BH. We will also continue to develop services to respond specifically to the needs of frail older people, including access to specialist assessment skills and appropriate assessment areas.

We will continue to provide the well-used minor injuries service at Montagu Hospital and look to enhance the nurse led model in this area.

Elective Care

DBTH will continue to deliver a comprehensive portfolio of planned care which is complementary to the delivery of our core acute services. As part of our efficiency programme we will improve the utilisation and productivity of our outpatient services and theatres.

We will transfer day cases to outpatient procedures and inpatient work to day-case in line with best practice to be top performing in all areas. As part of the Care Group review we plan to move appropriate services to Bassetlaw and Montagu sites to ensure high quality estate and theatre capacity is used effectively at the same time as developing urgent surgical and trauma capacity at DRI.

Women's and Children's Care

As a Trust we are committed to providing both maternity and children's services on both DRI and BH sites.



Objectives in action

These services will be in-line with 'Better Births' and 'Facing the Future' to ensure a sustainable service in line with proposed models in the South Yorkshire and Bassetlaw ACS.

Cancer

The delivery of effective cancer care remains a core service for the hospital. We will continue to work as part of a cancer network seeking to deliver as much care locally as possible.

Intermediate Care and Rehabilitation

Across both Place Plans we are reviewing the requirements for intermediate care to ensure that alternatives to admission and appropriate non acute bed based pathways are effective.

How will this affect all of our sites?				
	Doncaster Royal Infirmary	Bassetlaw Hospital	Montagu Hospital	Other community sites
Urgent and emergency care	✓	✓	✓	
Elective care	✓	✓	✓	✓
Maternity and children's services	✓	✓	✓	Maternity and children's community services
Cancer services (including two week wait)	✓	✓	✓	
Intermediate care and rehabilitation		✓	✓	



Enabling strategies

To implement our objectives we also need a number of ‘enabling’ strategies and these are as follows.

Clinical Service Strategy

In September 2016, we embarked on a detailed review of our clinical services at speciality level, led by the Care Group Directors and supported by the senior clinical and managerial staff. This enabled detailed plans for each of the services to be developed in line with national best practice and local need. This helped us to form our vision and objectives.

The plans for each of our six Care Groups provide the basis of a framework for the Site Development Strategy, where each clinical service has been reviewed – taking account of feedback from a number of sources, engagement with clinical commissioners, other partners and the wider community. We are also working alongside clinical colleagues as a key partner in the ACS, to make best use of clinical collaboration and we already provide a number of services on behalf of partner organisations on our sites.

We are reviewing a range of options to address issues and opportunities in each service element within the Care Groups, such as development and expansion, partnership models of working or providing care in a different way. A key element of this has been to ensure our three main sites are utilised effectively and efficiently by the services.

Information

The creation of a full Electronic Patient Record across the Trust remains a strategic objective for 2020 in line with the Five Year Forward View requirement as published by NHS Digital. The Trust’s previous ‘best of breed’ strategy for the purchase of replacement time-expired systems means that

patient data now resides in multiple systems.

An appropriate approach will be identified and designed to bring the data sources together, along with the digitisation of relevant historic paper based patient information, to create a single patient overview that can be used by clinical staff and the wider health community. While not a full and complete Electronic Patient Record (EPR), it will have the same outcomes and benefits.

This Information Management and Technology Strategy has been developed to articulate a vision for both Information and Technology that supports the development of health services as identified in the overarching Trust strategy. The IT programmes, projects and activities described within it will fully support the achievement of the Trust strategic goals. Specifically the strategy addresses the following areas:

- Movement towards a digitally enabled healthcare environment within the Trust, within the Doncaster and Bassetlaw healthcare communities and within the ACS
- Improving the patient experience
- Supporting Agile Working and care in the community
- Eliminating or considerably reducing the use of paper
- Reducing administrative overheads.

Estates and Facilities

The five year Estates and Facilities Strategy ensures that the Trust provides safe, secure, high quality healthcare accommodation to support current and future needs.

The strategy identifies where we are now, where we want to be, and how we will get there. Identifying the current state is achieved by evaluating the condition of the existing estates through 6/7 facet condition and performance surveys, and identifying backlog costs linked to estates risks. Our future state aligns with the clinical site development plans and



Enabling strategies

reflects local and national drivers for change. Key estates aims will be derived from this work, which will form the basis of estates development plans detailing how we will get to our future state position taking account of key financial assumptions and risks to achievement.

We intend to explore innovative partnerships with both the public and private sector to attract investment as appropriate. The Estates and Facilities Strategy provides the physical framework with which the Trust will ensure sustainability into the future.

Patient Experience and Engagement Strategy

With the required components of 'quality' widely accepted as being the combination of safe, effective care and a positive experience for patients, the Patient Experience and Person Centred Care Strategy sets out the Trust's intention to ensure the best possible experience of care for all patients.

The strategy describes how staff will understand their responsibility in ensuring each patient not only receives excellent clinical care, but that it is delivered in a manner that treats them as an individual, recognises their needs and cares for them with empathy and compassion.

The strategy outlines how this will be achieved, how progress will be monitored and within the implementation plan describes a structured approach to involving and engaging patients and working with stakeholders in the development and improvement of service delivery.

Governance and Assurance Strategy

The Trust has significantly improved patient safety and care quality for patients over the last three years. This is evidenced by sustained improvement across a range of

patient outcomes and care quality metrics.

We aim to:

- Sustain and consolidate the trajectory of improvement in care quality
- Deliver evidence based care
- Improve patient experience
- Embed a culture of transparency and openness.

In order to deliver the above objectives, staff will be trained, empowered and supported to enable them to innovate and improve the care they are delivering. This will be underpinned by accurate care quality data available to all.

Research and Development

The Trust's Research & Development Strategy 2013-18 identifies key strategic aims and objectives. As the strategy is in line with the revised Trust vision and strategic objectives and progress with associated delivery plan is extremely positive, the strategy will be reviewed towards the end of 2017/18, as planned.

The Research and Development Strategy supports care quality improvement, innovation and service transformation. It will embed high quality research in all aspects of clinical care delivery so as to contribute to the evidence base that leads to improved patient outcomes. This will also enhance our ability to teach, train and develop staff. Key objectives will be:

- Consolidation and further development of the Trust as a research centre of excellence
- Increasing capacity and capability to undertake research
- Maximising research income.



Enabling strategies

Achieving these stated objectives will enhance our ability to recruit high quality clinical staff and enable the Trust to thrive as a Teaching Hospital.

Quality Improvement and Innovation (QII)

Providing the best possible care and outcomes for patients means continuous improvement and at DBTH we always want to do things better tomorrow than today. Building on the existing good practice within the organisation, our recently appointed Head of Quality Improvement and Innovation has worked with our staff and stakeholders to co-produce a strategy to increase capacity and capability in Qii to support delivery of our strategic vision.

The Quality Improvement and Innovation Strategy outlines the processes for developing and embedding a QII culture and is underpinned by an action plan for implementation across the organisation.

People and Organisational Development

The current People and Organisational Development Strategy has been refreshed to align with the Trust's revised strategic direction. The strategy takes account of national initiatives and strategies such as Developing People – Improving Care. Key areas of focus include workforce productivity, planning and development to ensure we have the right workforce to deliver our refreshed strategy. To this end, we continue to explore opportunities to innovate our recruitment strategy in addition to maximising local recruitment into nurse training programmes.

We recognise the importance of staff having a positive experience and feeling supported by their managers so we will refresh our leadership strategy and talent management plan to identify staff at all levels who have the potential to develop. Our refreshed strategy will also include more

effective use of our workforce systems to free up managers' capacity.

Finance and Commercial

Our Financial Strategy outlines the underlying planning assumptions used in the plan including inflation, national efficiency rates, income growth etc. Based on a recurrent run rate position it identifies any expected gap between income and expenditure over the planning period.

This is then adjusted for strategic changes outlined in the overall Trust plan. Finally efficiency and effectiveness plans are identified to close any further gap with hypothecated schemes suggested for later years of the plan.

The financial modelling then identifies cash flows and balance sheets to support the Trust. Where cash borrowing is required either to support revenue or to fund capital schemes included in the delivery of the Trust's strategic aims possible sources of funds will be identified.

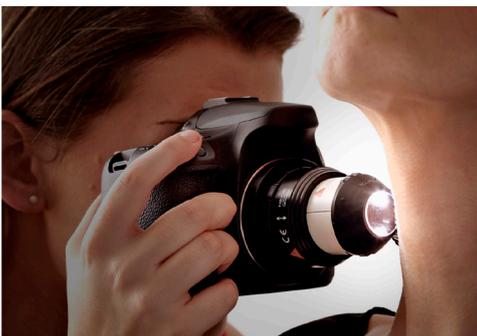


Delivery & monitoring

The strategies above will ensure that our organisation has the capacity and capability to be able to deliver our strategic objectives. Progress will be measured against a three year plan with headline milestones and clear measures to indicate what success looks like.

Implementation of the plan will be closely monitored by our Strategy and Improvement team to ensure that progress goes according to plan and any areas of concern are escalated to the Board.

The key milestones are included as a table in Appendix 1.



Appendix 1 – Headline Plan

Strategic Workstream	Project	Summary of 3 Year Plans	Key Milestones
Urgent & Emergency Care	ED Development	<ul style="list-style-type: none"> • Streamlining Developments with partners • ED footprint expansion in line with ACS* • Development of MIU 	<ul style="list-style-type: none"> • Implement actions following Bassetlaw FDASS Pilot in March 2017 – April 2017 • National requirement full FDASS by October 2017 • Development of ED footprint in line with ACS timescales yet to be determined
	Hyper Acute Stroke	<ul style="list-style-type: none"> • Expansion of the service in line with ACS 	<ul style="list-style-type: none"> • Public Consultation ended February 2017 • Outcome of consultation awaited June 2017 • ACS Capital funding application made May 2017. • Full Implementation of HASU developments expected Spring 2018
	CT Development	<ul style="list-style-type: none"> • Development of business case for increased activity* and co-location with ED 	<ul style="list-style-type: none"> • CIG approved operational and clinical aspects of the business case • P21+ capital process final approval to be completed following confirmation of funding. • ACS Capital funding application made May 2017. • Summer 2018 estimated build completion if capital funding secured May 2017.
Cancer Services	Chemotherapy Development	<ul style="list-style-type: none"> • Continue to develop services as key satellite unit 	<ul style="list-style-type: none"> • Continuous developments in partnership with STH
Women's & Children's	Implementing Better Births	<ul style="list-style-type: none"> • Review and Implementation of any actions 	<ul style="list-style-type: none"> • Timescales to be defined by ACS requirements. • Estates plans to be developed in 2017 in terms of Neonatal and Labour unit developments
	Acutely Unwell Child	<ul style="list-style-type: none"> • Development in line with ACS 	<ul style="list-style-type: none"> • Timescales to be defined by ACS requirements
Elective Care	Elective Development – Site review	<ul style="list-style-type: none"> • Determine appropriate site(s) for each service 	<ul style="list-style-type: none"> • Commenced January 2017, ongoing developments throughout 2017
	Future provision of outsourcing of operations/ Private Provision review in line with lease expiry	<ul style="list-style-type: none"> • Develop plan for outsourcing • Develop plan for future private delivery of care 	<ul style="list-style-type: none"> • Underway • Contract negotiations and options appraisals in development to confirm timeline
Intermediate Care	Doncaster	<ul style="list-style-type: none"> • Continue to be an active partner in review • Work in partnership to review new models of care 	<ul style="list-style-type: none"> • Rapid response pilot January 2017- May 2017 • Timescales in line with • Project Board meeting monthly work ongoing
	Bassetlaw	<ul style="list-style-type: none"> • Development of independence & re-ablement unit 	<ul style="list-style-type: none"> • Confirm specification with Commissioners • Mobilisation from Autumn 2017 – April 2018, subject to commissioning timelines



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