

Strategic Direction for 2017-2022

Revised September 2019



Foreword

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

The environment in which we operate has changed considerably since we first published our Strategic Direction 2017-2022 in September 2017. We have therefore refreshed our strategy to reflect local and national changes as well as updating on our progress in the last two years. Our long term vision is ambitious “To be the safest trust in England: outstanding in all we do” and our plan outlines how we are going to get there.

Our vision can only be achieved as a result of the Doncaster and Bassetlaw Teaching Hospitals (DBTH) team commitment to safety and quality, which is reflected so often in the positive feedback we get from patients, visitors and the public. As a Trust, we continue to make excellent improvements in the quality of care we continue to provide for our patients. Patient safety is about maximising the things that go right and minimising the things that go wrong. This is integral to our definition of quality alongside clinical effectiveness and patient experience. We also continue to see rising numbers of patients attending our hospitals, with increasing acuity and dependency. Despite the increasing challenges, we have reduced our rates of Serious Incidents (SI) and maintained low rates of falls with harm, severe, avoidable hospital acquires pressure ulcers & clostridium difficile and over recent years our mortality performance has continued to improve.

Within the first two years of our new strategy we have achieved many of our plans. For example, we have upgraded the footprint of our Doncaster Royal Infirmary Emergency Department with the development of a minor injuries area. We have also started work to create a new building to house an additional CT scanner that has been generously donated by the Doncaster Cancer Detection Trust. This will assist with diagnosis of patients with many conditions and will also be a valuable asset as Doncaster has been designated as one of the two designated hyper acute stroke units in South Yorkshire & Bassetlaw.

We have been successful in our application to be one of the first trusts on a national NHS programme to further develop the work of our DBTH Quality Improvement team. We want to ensure that all our teams have the skills and support to be able to contribute to improvement as part of their everyday work. We have already seen teams using this approach create some exciting and positive benefits in diverse areas including Antenatal Clinic, Emergency Department and Trauma & Orthopaedics.

In January 2017, we were awarded teaching hospital status, becoming Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and this continues to be a huge benefit to both our patients and staff. Since 2017, we have further developed this area appointing our first Professor of Surgery and working in partnership with local school, Hall Cross Academy, to create the nation's first 'Foundation School in Health'.

We have continued to meet our financial targets, despite a difficult environment. 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.

Like many other NHS organisations we 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 Doncaster and Bassetlaw and we are an integral partner in the first wave South Yorkshire and Bassetlaw Integrated Care System (ICS). These established, strong relationships with neighbouring health and social care providers and clinical commissioning groups, are built on the foundations of a proven history of working together to improve health and care for our population. We recognise our role as an “anchor organisation” in our locality and plan to further cement our role in advancing the welfare of the population we serve.

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 refreshed 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 refreshed 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 England 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 440,000 across South Yorkshire, North Nottinghamshire and the surrounding areas.

As one of only six 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.



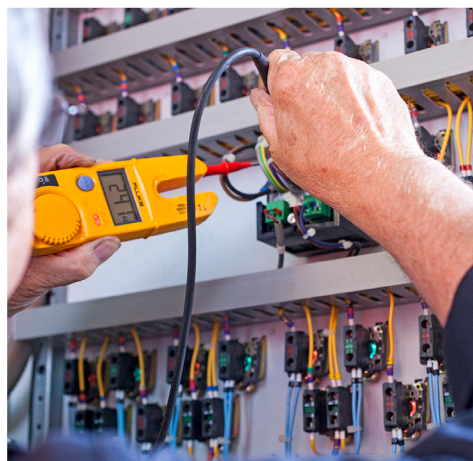
Did you know?

Employing over 6,500 people, every member of staff contributes to patient care, and has a personal stake in our future successes and achievements.

Team DBTH consists of **2,000** nursing and midwifery staff, **600** medical, **2,500** non-clinical and **1,400** clinical support.

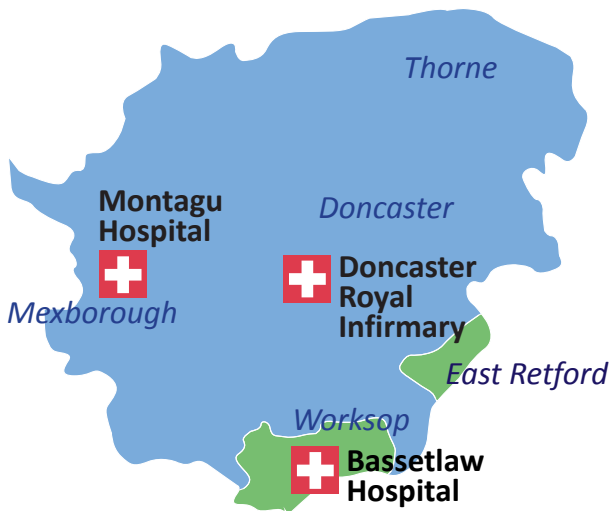
In order to meet our future work force needs, we will be looking to offer more apprenticeships and training posts while investing in current team members to develop, belong and thrive here.

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



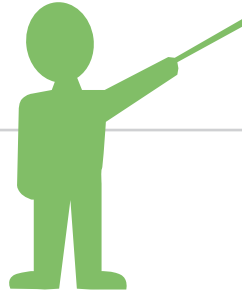
Our Trust

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



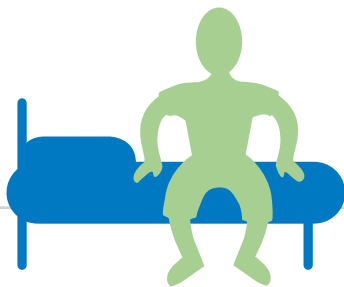
We have a budget of over **£400 million**

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



We have over **6,600 staff** and **16,000 members**

Last year...



We cared for **123,000** inpatients

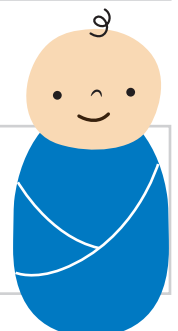
Our **Emergency Department** cared for over **175,200** people



We cared for **472,000** outpatients



We delivered over **4,700** 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 2018/19 teams at the DRI site cared for approximately 500,000 patients.

Bassetlaw Hospital (BH) in Worksop: An acute hospital with over 150 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 2018/19 teams at the BH site cared for approximately 155,000 patients.

Montagu Hospital (MH) in Mexborough: A small non-acute hospital with 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 2018/19 teams at the MMH site cared for approximately 155,000 patients.

We are also registered to provide outpatient and other health services at Retford Hospital. We also provide some services in community settings across South Yorkshire and Bassetlaw.

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 and local plans shape our strategic vision. Core documents include The NHS Five Year Forward View 2015 (FYFV), the subsequent NHS Long Term Plan and Place Plans developed in Doncaster and Bassetlaw.

In 2015, the FYFV set 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. This 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.

This was followed by the 'Next Steps' on the NHS Five year Forward View 2017 setting 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.

More recently, health and care leaders have come together with staff and people using services to develop an NHS Long Term Plan. The plan identifies ways to improve care over the next ten years to turn ambitions into reality. The areas of focus include:

- Making sure everyone gets the best start in life
- Delivering world class care for major health problems
- Supporting people to age well.

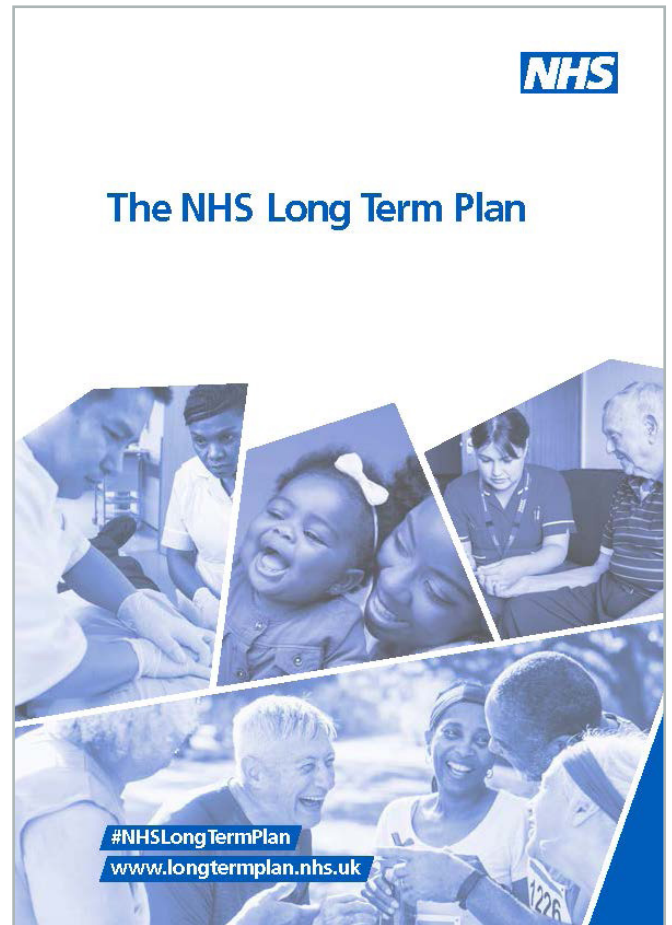
More information is available at: www.longtermplan.nhs.uk

We have incorporated the requirements of the national guidance into our vision and plans for implementation.

Local context and our place in the community

We work with our healthcare commissioners, Local Authorities, voluntary sector and many other partners in both Doncaster and Bassetlaw. As an active partner we have contributed to the development and implementation of local place-based plans and have considered these as part of the development of our own Strategic Vision.

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 and are summarised in the following pages.



Doncaster

Doncaster has a population of 440,000. The health of people in Doncaster is generally worse than the England average. Doncaster is one of the 20% most deprived districts/unitary authorities in England and about 24% (13,300) of children live in low income families.

Overall health and wellbeing is improving in Doncaster for both men and women. However, too many people still experience poor health with too many dying prematurely (i.e. before the age of 75). In fact, Doncaster is ranked 124 out of 150 for premature deaths overall.

Life expectancy for both men and women is lower than the England average by 2 years for men and 1.6 years for women. However, the inequality in life expectancy is starker when comparing the most and least deprived areas of Doncaster, whereby it is 10.7 years lower for men and 7.1 years lower for women.

Where people live, as well as education, housing, work, crime and the environment all contribute to health and wellbeing.

Doncaster Place Plan Refresh 2019-22

Introduction

In 2017 the Doncaster health and social care community published its first Place Plan, setting out the ambitions of the partnership over the next 5 years to 2022. It was the beginning of the journey and much has happened since then. Of course plans need to flex and change as we learn more together and understand more of the challenges we face as a place and the opportunities that brings. The plan is currently being refreshed by all partners including:

- Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH)
- Doncaster Children’s Services Trust (DCST)
- Doncaster Council (DMBC)
- Fylde Coast Medical Services (FCMS)

- NHS Doncaster Clinical Commissioning Group (NHS Doncaster CCG)
- Primary Care Doncaster
- Rotherham, Doncaster & South Humber NHS Foundation Trust (RDASH)
- St Leger Housing.

The vision remains the same:

“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.”

Bringing it all together: Doncaster’s four-layer model

This Refresh supports the Integrated Care Partnership to strengthen its approach to prevention and early intervention by harnessing the resources and support already available in local neighbourhoods. The four-layer model developed by the Partnership gives equal weight and attention to this for the first time. It recognises that improving the health and wellbeing of the local population will not be achieved by strengthening hospital care and general practice in isolation or that schools or social care can address challenges to children and families alone.

The Refresh of the Place Plan puts a strong emphasis on planning, commissioning and delivering across the four layers.



Integrated Health and Social Care Commissioning

To help to deliver this plan, in 2019 NHS Doncaster CCG and Doncaster Council came together to set out how our collective commissioning action can make the most impact, in the first Joint Commissioning Strategy.

The Strategy describes the next stage in an ambitious journey to ensure that Doncaster residents receive care, treatment and support that is person centred, designed around their own strengths and needs and that of their families and carers. Ultimately, creating services that support Doncaster residents to access support and services at the right place, in the right way, at the right time.

A key focus of the strategy is to support a managed shift towards health and care that is increasingly preventive and delivered at community level, rather than in acute settings.

If we get this right it will mean that for our population in Doncaster they will:

- Be able to access support developed within their community
- Have co-ordinated access to different health and care services across the borough
- Receive a holistic approach to care and support needs
- Be able to easily and quickly access support and services when in crisis
- Receive enhanced services where there are complex needs.

In line with the Place Plan, the Strategy identifies three key life stages, which form the framework for our plans:

Starting well: focussed on our children, adolescents and maternity

Living well: focussed on working age people

Ageing well: focussed on older population

Further information about joint commissioning strategy can be found at:

<http://www.doncasterccg.nhs.uk/wp-content/uploads/2019/04/Doncaster-Joing-Health-and-Social-Care-Commissioning-Strategy-2019-21-FINAL-V1.0.pdf>

Bassetlaw

Bassetlaw has a registered population of 116900 (2018) 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. However the numbers of people who view their own health as 'very bad' is high.

Incidence of excess weight in Bassetlaw children is too high, with almost 9% of reception year children (and 20.6% of year 6 children) locally are classified as obese. Compared to other areas, emergency admissions are high. National data identified that 2-16% of all older people experience regular loneliness and although loneliness can be experienced at any age, with a large elderly population and many rural communities, social isolation where this results in loneliness is a concern in Bassetlaw.

There are also significant inequalities within the district. For example, life expectancy for a female born in Worksop South East ward (77.4 years) is almost 9 years less than for a female born in East Markham ward (86.3 years). The local population is increasing, nationally demand and expectations of health and care services are rising whilst there are reduced financial resources for public services. Much has been achieved in Bassetlaw but there is more to do.

Bassetlaw Place Priorities 2019-2021

The Better in Bassetlaw Place Plan 2019-2021 is the document which sets out the vision for the Bassetlaw Integrated Care Partnership (ICP). Underpinned by a Memorandum of Understanding, **the ambition for the Bassetlaw ICP is to deliver improvement in experiences, health and wellbeing for Bassetlaw citizens by 2021, through simpler, integrated, responsive and well understood services which ensure people get the right support at the right time.** This will support local people to stay well in their own homes and communities, reduce inequalities and secure sustainable, effective services. The ICP is a partnership of chief executives and senior leaders, including from Doncaster and Bassetlaw Hospitals NHS Trust, along with BCVS, Bassetlaw District Council, Bassetlaw NHS CCG, Healthwatch, Nottinghamshire County Council, Nottinghamshire Healthcare NHS Foundation Trust and Bassetlaw's three Primary Care Networks.

Using the lived experience of Bassetlaw people, partners are working together on shared projects and initiatives,

measured through a shared outcomes framework, on the following priorities:

- **Integrated support for the wellbeing of Bassetlaw citizens**, including community-based, person-centred approaches, encompassing welfare, housing, social activities, employment and health support
- **Providing the right support at the right time**, through integrated health and care pathways
- **Joined-up communications and engagement**, using shared approaches and putting Bassetlaw people at the heart of service design
- **Joint Transport strategy**, to better understand community needs, make best use of collective resources and improve efficiency and experience
- **Sustainable and effective services** enabled by an integrated workforce, digital and estates infrastructure and making the best use of the Bassetlaw £.

Bassetlaw Together Partnership

The Bassetlaw Together partnership acts as the 'engine room' for the ICP, bringing together change makers from across traditional commissioner and provider divides to deliver transformation of health and care services and pathways. It provides a single forum to oversee the change programme, and to deliver the Place Plan priority of ensuring Bassetlaw citizens get the right support at the right time. The priorities for Bassetlaw Together 2019-2021 are:

- Mental health and emotional wellbeing
- Urgent and emergency care (including physical and mental health)
- Dementia
- Frailty
- Implementing 'home first' principles
- Integrated support for wellbeing in the community
- Cancer.

Further information about the Better in Bassetlaw Place Plan can be found here: www.betterinbassetlaw.co.uk

Our joint vision is:

"To deliver improvement in experiences, health and wellbeing for Bassetlaw citizens by 2021, through simpler, integrated, responsive and well understood services which ensure people get the right support at the right time."

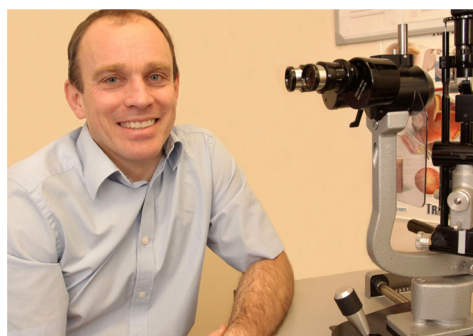


Challenges & Opportunities

We have 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. This provides an opportunity to support the ambitions of Doncaster and Bassetlaw place.
- 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.
- 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.
- We provide a range of services and are uniquely placed within the South Yorkshire and Bassetlaw area with good access routes to and from our hospital sites.
- Technology is constantly developing which provides opportunity for innovation and effectiveness gains.
- Our estate is mixed and there are extensive costs and problems 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.
- We have been successful in a capital bid supported by the Integrated Care System (ICS) and have received support from the Doncaster Cancer Detection Trust to increase CT capacity required for new pathways.
- 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 ICS 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.
- 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 Integrated Care System (ICS). As part of the ICS we work together with many health and social care partners across the South Yorkshire and Bassetlaw footprint as illustrated below.

The goal of the ICS simple, “we want everyone in South Yorkshire and Bassetlaw to have a great start in life, with the support they need to stay healthy and live longer”.

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 ICS was 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 ICS, 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 ICS footprint and main partner organisations are shown below.

As a partner in the ICS we have helped to shape the following ICS plan and this is the ICS offer to South Yorkshire & Bassetlaw:

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.

Further information is available at:
www.healthandcaretogethersyb.co.uk



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 received 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 and are aligned 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, developing 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, promoting health and well-being.

Talking. Listening. **Doing.**

Bugbears

Talking. Listening. **Doing.**

Your say on our future

NHS
Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

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.**



“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 ICS Lead

Our vision

And how we make it reality

To be the safest trust in England, outstanding in all that we do.

Our mission

As an acute teaching hospital trust, 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.

True north objectives

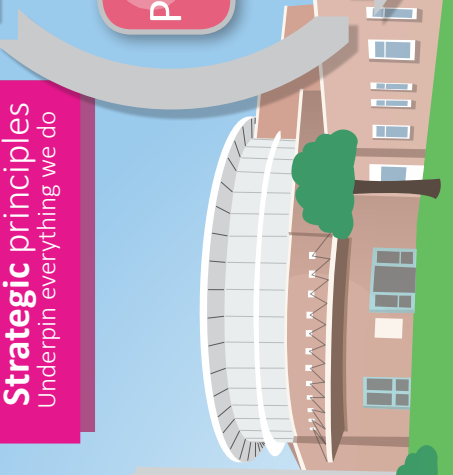
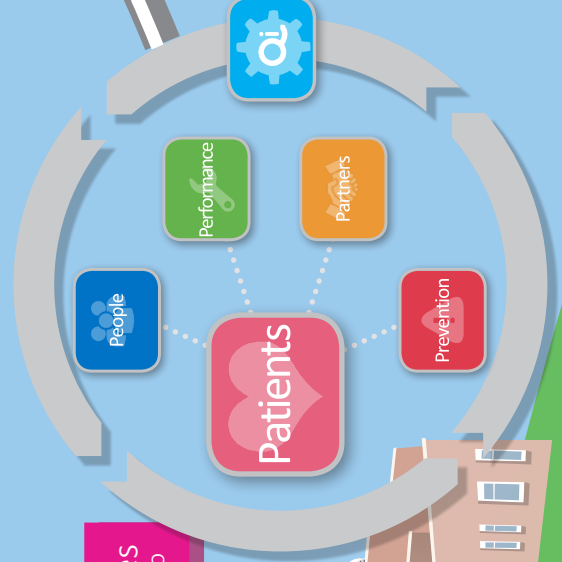
Objective one:
Achieved and maintained CQC outstanding.

Objective two:
100% of staff know how to contribute to vision.

Objective three:
In top 10% for staff and patient feedback.

Objective four:
The Trust is in recurrent surplus.

Strategic principles
Underpin everything we do



Our values

We care

We always put the patient first.

Everyone counts – we treat each other with courtesy, honesty, respect and dignity.

Committed to quality and continuously improving patient experience.

Always caring and compassionate.

Responsible and accountable for our actions – taking pride in our work.

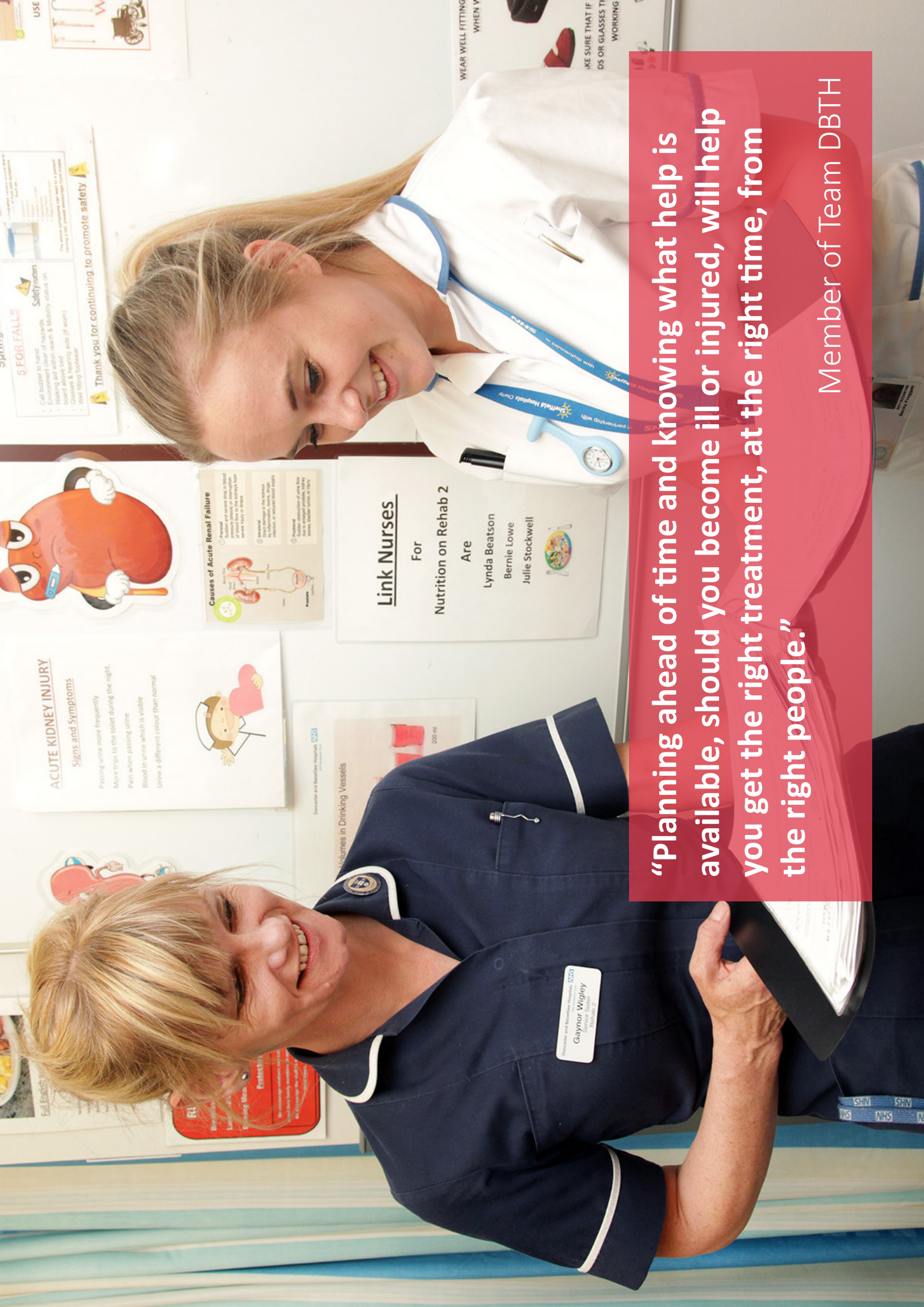
Encouraging and valuing our diverse staff ability and innovation.

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.





ACUTE KIDNEY INJURY
Signs and Symptoms
 Passing urine more frequently
 More trips to the toilet during the night
 Pain when passing urine
 Blood in urine which is visible
 Urine a different colour than normal



Causes of Acute Renal Failure

- 1) **Prevent**
 Reduce and remove drugs (toxic) from your system. Do not take more than the recommended dose. Do not take more than the recommended dose. Do not take more than the recommended dose.
- 2) **Prevent**
 Avoid damage to the kidneys. Do not take more than the recommended dose. Do not take more than the recommended dose. Do not take more than the recommended dose.
- 3) **Prevent**
 Avoid damage to the kidneys. Do not take more than the recommended dose. Do not take more than the recommended dose. Do not take more than the recommended dose.

Link Nurses
 For
 Nutrition on Rehab 2
 Are
 Lynda Beatson
 Bernie Lowe
 Julie Stockwell

Volumes in Drinking Vessels
 200 ml

“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 principles



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



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 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.



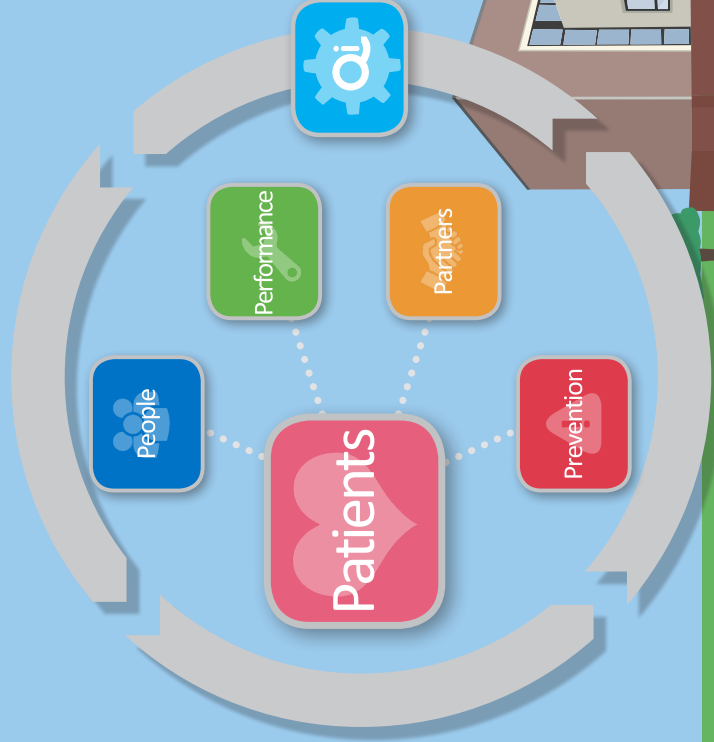
We will increase partnership working to benefit people and communities.



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



Working together using methods, tools, data measurement, curiosity and an open mindset to make improvements in healthcare (Health Foundation).



Our strategic principles



Patients

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 (Qi) tools to empower a culture of continuous improvement and innovation.



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.

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.

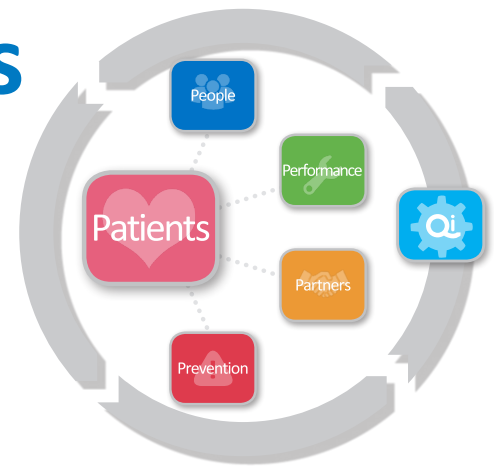
Making our organisation a good place to work improves recruitment and retention of existing staff. We offer flexible working within the context of service demands and are supporting the development of new roles to meet service needs and to address workforce challenges.



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.

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.



Partners

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.



Prevention

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 developed our five year Strategic Plan 2017 - 2022 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 local priorities and those identified in the South Yorkshire and Bassetlaw ICS.

Urgent and Emergency Care

In line with our own and ICS 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. We continue to bid for national funding, to expand clinical areas 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 ICS developments. Part of this development will be the collocation 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 improve streaming pathways and develop greater access to other urgent care services from ED. We plan to develop our acute medicine and paediatric services and co-locate to develop dedicated facilities which combine 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 MH 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 out-patient 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 division review we plan to move appropriate services to Bassetlaw and Mexborough 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.

Any changes considered as significant will be subject to public engagement and consultation.

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. 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 ICS.



Objectives in action

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 | | ✓ | ✓ | |

* Antenatal clinics delivered



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 Divisional 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 now 4 divisions 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 ICS, 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 divisions, 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 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 ICS
- 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 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.



Enabling strategies

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, synergies between Education and Research will be maximised.

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.

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



Enabling strategies

Quality Improvement (Qi)

Continuous quality improvement ensures our patients experience the best care possible by all staff and teams improving quality in their practice, every day.

Our Quality Improvement (Qi) Strategy was developed in 2017 and sets out our vision and our aims to embed improvement into our culture and is fundamental to achieving our True North objectives (5 year goals) and our vision to become the safest Trust in England, Outstanding in all we do.

We refreshed our Qi strategy in 2019 in to acknowledge and celebrate the significant progress made across the organisation on Qi in the previous two years. The refresh also recognises DBTH joining a new national Quality Improvement Programme, called Vital Signs which has enhanced local Qi processes. Involvement in this programme has enabled us to embed Qi more centrally in our organisational strategy and approach so improvement becomes “what we do every day”.

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.



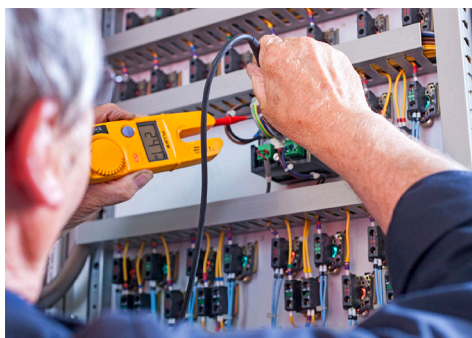
Delivery & monitoring

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.

The plans will need to be flexible to incorporate any new national, ICS or local plans.

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

Progress against existing key milestones and our plans for the future are included as a table in Appendix 1.



Progress on Headline Plan

| Strategic Direction 2017 – 2022 Headline Plan | | | | Update on Strategic Direction 2017 – 2022 progress to date (Sept 19) | Future next steps |
|---|--------------------|--|---|---|--|
| Strategic Workstream | Project | Summary of 3 Year Plans | Key Milestones | | |
| Urgent & Emergency Care | ED Development | <ul style="list-style-type: none"> Streaming Developments with partners ED footprint expansion in line with ICS* 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 ICS timescales yet to be determined | <ul style="list-style-type: none"> Streaming in place across both sites Minor Injuries Unit at DRI established to increase footprint Future model for Urgent & Emergency Care in Doncaster agreed with partners Future model for Urgent & Emergency Care in Bassetlaw agreed with partners. | <ul style="list-style-type: none"> ED Reconfiguration and changes to estate are being planned Doncaster U&EC method of implementation to be agreed and actioned Bassetlaw U&EC model improvements to be implemented Work with partners to implement national mental health 24 hour service |
| | Hyper Acute Stroke | <ul style="list-style-type: none"> Expansion of the service in line with ICS | <ul style="list-style-type: none"> Public Consultation ended February 2017 Outcome of consultation awaited June 2017 ICS Capital funding application made May 2017. Full implementation of HASU developments expected Spring 2018 | <ul style="list-style-type: none"> Outcome of public consultation concluded DBTH would be one of two Hyper Acute Stroke Units in the South Yorkshire and Bassetlaw region Timescales regarding implementation of HASU model across region changed and model implementation has already commenced for Rotherham patients and planned for October 2019 for Barnsley, Hyper Acute Stroke patients to have their first 72 hours of care at either DBTH or STH | <ul style="list-style-type: none"> Evaluate new HASU model across region Review rehabilitation offer across region |
| | 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"> CLG approved operational and clinical aspects of the business case P21+ capital process final approval to be completed following confirmation of funding. ICS Capital funding application made May 2017. Summer 2018 estimated build completion if capital funding secured May 2017. | <ul style="list-style-type: none"> Business Case produced and submitted June 2018 Approval for Capital Funding for CT Development received December 2018 Capital build commenced 2019 | <ul style="list-style-type: none"> New facilities fully operational by March 2020 |

| Strategic Direction 2017 – 2022 Headline Plan | | | |
|---|----------------------------|---|--|
| Strategic Workstream | Project | Summary of 3 Year Plans | Key Milestones |
| Cancer Services | Chemotherapy Development | <ul style="list-style-type: none"> Continue to develop services as key satellite unit | Continuous developments in partnership with STH |
| | | | <ul style="list-style-type: none"> The Cancer Alliance are reviewing options regarding Chemotherapy developments in September 2019 Faster diagnostic standards are being achieved, enabling diagnosis within 28 days with various new clinics established including: <ul style="list-style-type: none"> Vague Symptoms Clinic One Stop Prostate Clinic See and Do Dermatology Clinic Post-Menopausal Bleed Clinic Head and Neck lump one stop clinic |
| Women's & Children's | Implementing Better Births | <ul style="list-style-type: none"> Review and implementation of many actions | <ul style="list-style-type: none"> Timescales to be defined by ICS requirements. Estates plans 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 ICS | <ul style="list-style-type: none"> Timescales to be defined by ICS requirements |
| | | Update on Strategic Direction 2017 – 2022 progress to date (Sept 19) | |
| | | Future next steps | |
| | | <ul style="list-style-type: none"> Upper GI Straight to test pathway to be in place by March 2020 Options explored further and plans developed for a Rapid Diagnostic Centre at Mexborough Chemotherapy plans implemented in line with ICS | |
| | | <ul style="list-style-type: none"> Local Maternity Services (LMS) Plan developed and ongoing for 18/19, Steering group and task and finish groups established taking forward service improvements throughout maternity services; improving care for babies and parents Continuity of Carer models being developed in line with national timescales Transformation midwife commences in post Sept 2019 to continue leading the work of the LMS Plan Quality Improvements (QI) have been made within Antenatal Care across both sites and within the intrapartum pathway including new quiet room established in ANC DR | |
| | | <ul style="list-style-type: none"> Continuity of Carer model implementation QI work to continue within maternity services, establishing a bereavement room at DRI, community midwifery base and an improved Antenatal Clinic environment at Bassetlaw Hospital Central Delivery Suite environmental improvements to be implemented Maternity Triage Model to be implemented at Bassetlaw LMS Plans 2020 – 2022 to be implemented | |
| | | <ul style="list-style-type: none"> Paediatrics will be working closely with Sheffield Childrens' Hospital within a network to agree shared clinical guidelines, best practice, workforce planning, recruitment etc. The network is currently recruiting to a Clinical Lead post and General Manager post to lead and support the development of the network. | |

| Strategic Direction 2017 – 2022 Headline Plan | | | | Update on Strategic Direction 2017 – 2022 progress to date (Sept 19) | Future next steps |
|---|--|--|--|---|---|
| Strategic Workstream | Project | Summary of 3 Year Plans | Key Milestones | | |
| Elective Care | Elective Development – Site review | <ul style="list-style-type: none"> Determine appropriate site(s) for each service | Commenced January 2017, ongoing developments throughout 2017 | <ul style="list-style-type: none"> Theatre changes have occurred across the site, enabling best use of resources whilst maintaining a quality patient experience QI work in orthopaedic theatres underway | <ul style="list-style-type: none"> Outpatient services review and modernisation to be undertaken |
| | 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"> Develop plan for outsourcing Develop plan for future private delivery of care | <ul style="list-style-type: none"> Contract re-negotiated | <ul style="list-style-type: none"> Future options appraisal |
| 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 Project Board meeting monthly work ongoing | <ul style="list-style-type: none"> Rapid Response services implemented Intermediate Care principles agreed | <ul style="list-style-type: none"> Option appraisal for service model Mobilisation in line with place plan requirements |
| | 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 | <ul style="list-style-type: none"> Plans underway to improve intermediate care offer within Bassetlaw | <ul style="list-style-type: none"> Continuous improvement of the Integrated support for the wellbeing of Bassetlaw citizens |

ACS has now become ICS (Integrated Care System)



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust