Service Development Plan:
Local, Sustainable, Excellent

March 2005
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Introduction

The *Service Development Plan: Local, Sustainable and Excellent* (The Plan) describes how the Trust intends to continue to develop acute hospital services for people in Bassetlaw and Doncaster. It builds on the Trust’s *Service Development Strategy* and *Strategic Direction*, and aims to achieve the values and principles already agreed by the Board of Directors and the Governing Body. Importantly, it underpins our terms of authorisation as a Foundation Trust and so is the blueprint for our portfolio of services. The next step is to prepare detailed operational plans to implement the general strategy throughout the Trust. The annual Patient Services Plan, to be published in April 2005 is the first year of practical implementation. The rolling three-year Financial Plan which is produced annually in the format determined by the Independent Regulator of NHS Foundation Trusts (Monitor), explains the Trust's financial planning assumptions. The Financial Plan and Service Development Plan should be treated as complimentary documents.

The Plan explains how this NHS Foundation Trust will continue to develop local services to ensure that these are the Hospitals of Choice for local people. The Trust intends to invest in all of the hospital sites and to secure our position as the Employer of Choice to attract the best staff.

Supporting and developing the Foundation Trust membership and marketing the Trust’s services to reflect patient preferences through the national policy of *Choose and Book* are at the heart of the Plan. Success depends on making decisions based on effective risk assessments and realistic analysis of the external influences, including the Trust’s financial position. This may mean that the Board of Directors have to apply a test of affordability when deciding the priorities for the Trust’s strategic ambitions.

The Plan describes what investments we will make, and where. The Governors and Board of Directors will work together with the Foundation Trust members and community to improve services for patients. We value the contribution local people already make to the design and evaluation of our services. We will be even more responsive to patients to ensure local accountability, and demonstrate continuous improvement and sustained achievement.

We have achieved Three Star standards of performance for four years running because of the efforts, skills and commitment of our staff and volunteers, and the partnerships and support of stakeholders including local Primary Care Trusts, Social Services, and other statutory partners.

The *Service Development Plan: Local, Sustainable and Excellent* sets out the aims and actions for Doncaster and Bassetlaw Hospitals NHS Foundation Trust for the next four years. The Plan will enable the Board of Directors to assess risk and to direct the business, and is also the basis for the Governors to monitor progress. It is intended to be helpful to the people we serve, our staff, and our colleagues in partner organisations working with us to achieve excellence in health care.
Doncaster and Bassetlaw Hospitals

The Trust provides services at five hospitals, and in a number of community locations throughout Bassetlaw and Doncaster. The Trust was a ‘first wave’ NHS Foundation Trust, and has achieved three stars in the NHS Performance Ratings for four consecutive years.

Acute in-patient and out-patient medical services, with associated clinical backup are provided at Bassetlaw District General Hospital, Doncaster Royal Infirmary, and Montagu Hospital. In addition, outpatient services are provided at Retford Hospital, and rehabilitation services for older people and stroke patients at Tickhill Road Hospital. The Trust serves a population of over 410,000 people in the areas covered by Doncaster Metropolitan Borough Council (MBC) and Bassetlaw District Council (DC), as well as from parts of North Derbyshire, Barnsley, Rotherham, and north-west Lincolnshire. The Trust employs over 5500 staff. The revenue budget for financial year 2005/06 is £224 million.

Much of the operational management of the Trust is delegated to senior doctors, nurses and other health professionals, with specialist management support. These management teams or clinical directorates, each with a clinical director, general manager, and matron, also contribute to strategic planning. There are twelve clinical directorates, working across all five hospital sites, which manage staff and resources to deliver patient services:

- Anaesthetics & Critical Care, including intensive care, high dependency units, and Pain Management Unit
- Children’s Services, including the Neonatal Unit, Special Care Baby Units, children’s wards and, in Doncaster, community services and the Child & Adolescent Mental Health Service
- Clinical therapy includes Dietetic services, Physiotherapy, Speech and Language Therapy and Occupational Therapy
- General Surgery, including Gastro-Intestinal, urology, vascular and breast surgery
- Genito-urinary Medicine responsible for sexual health and sexually transmitted diseases, and HIV/AIDS
- Medical Imaging has well-established facilities for X-rays (radiography), ultrasound, CT scanning and nuclear medicine, magnetic resonance imaging and mammography units
- Medicine, including medical assessment, coronary care, dermatology, endoscopy, stroke medicine and care of the elderly
- Pathology, including histopathology, haematology, cytopathology, microbiology and clinical chemistry
- Pharmacy & Medicines Management responsible for pharmaceutical services and professional support to patients and clinicians.
- Special Surgery, including ophthalmology, oral & maxillo-facial surgery, ear, nose and throat (ENT) surgery, dental surgery and orthodontics
- Trauma & Orthopaedics, including the Fracture Clinics, Accident & Emergency and Minor Injury
- Women's Services, including obstetrics and gynaecology, central delivery suites and community midwifery
Bassetlaw District General Hospital

This 240-bed hospital on the north side of Worksop provides a range of acute general medical and surgical services. Recent additions include the staff day nursery, an extension to the outpatients department, with a dedicated dermatology unit, a new coronary care unit, a day surgery unit and an upgraded orthopaedic operating theatre. The site also hosts the Nottinghamshire Healthcare Trust adult Mental Health Unit for Bassetlaw. Patient activity in the last full year (2003/4) is summarised in the table below.

Doncaster Royal Infirmary

Doncaster Royal Infirmary, close to the centre of Doncaster, is a general hospital, treating acute medical and surgical patients. There are two main ward blocks plus the Children's Hospital and Women's Hospital, with around 850 beds in total. The breast care unit, the Jasmine Centre, is an NHS ‘beacon’. Recent clinical service developments include the chemotherapy unit, state-of-the-art Digital Subtraction Angiography and CT suites, Endoscopy Suite, and the Stroke Unit. The DRI site also hosts the Doncaster and South Humber Healthcare Trust Mental Health Unit.

Montagu Hospital

Montagu Hospital in Mexborough is 10 miles west of Doncaster. It serves patients from the Dearne Valley, including Rotherham and Barnsley. Three consultant physicians are based at Montagu Hospital, providing an integrated general medical and elderly care service catering for acute medical admissions as well as rehabilitation, and endoscopy. The hospital has around 100 beds, with a new, integrated primary and secondary care general dental and specialist oral health unit. There is a nurse-led Minor Injuries Unit, a day surgery centre, and Pain Management Unit, and an intermediate care unit. The nationally renowned clinical simulation centre provides training for staff from across the Trust and South Yorkshire.

Retford Hospital

Retford Hospital, owned by Bassetlaw Primary Care Trust, is an important base for a range of local outpatient, therapy and diagnostic services provided by this Trust.

Tickhill Road Hospital

The hospital which is owned by Doncaster and South Humber Healthcare Trust includes nearly 100 rehabilitation beds for stroke patients and the elderly, managed within the Medical Directorate, and with a dedicated matron.

Patient Activity summary – 2003/4

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<thead>
<tr>
<th>Hospital</th>
<th>Inpatients &amp; day cases</th>
<th>Outpatient attendances</th>
<th>A&amp;E/MIU attendances</th>
<th>Operations and day cases</th>
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<tr>
<td>BDGH</td>
<td>23417</td>
<td>98061</td>
<td>45358</td>
<td>11439</td>
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<tr>
<td>DRI</td>
<td>76211</td>
<td>216766</td>
<td>76061</td>
<td>36465</td>
</tr>
<tr>
<td>MH</td>
<td>13892</td>
<td>33884</td>
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<td>RH</td>
<td>X</td>
<td>11801</td>
<td>X</td>
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<td>TRH</td>
<td>1142</td>
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1 **Strategic Direction and Context**

Developments in clinical practice, national changes in the way the healthcare system is organised, such as the introduction of patients’ choice (Choose and Book) and expanding services provided by the independent sector providers; changes in the Payment By Results tariff structure, and the implications of National Guidance such as Improving Outcomes Guidance for Cancer, all influence the context and environment in which Doncaster and Bassetlaw Hospitals NHS Foundation Trust now operates, and will shape the Trust’s strategy through to 2009.

The Service Development Strategy, submitted as part of the 2004 Foundation Trust application, established the initial direction. The *Service Development Plan: Local, Sustainable and Excellent* brings that strategy up-to-date, refreshes the principles and describes our plans for the next four years.

1.2 **Context and External Environment**

**National Context**

The main influences on the strategic direction are national policies adjusted to reflect local health needs and priorities, and reflecting patients’ preferences. National policy for the NHS was described in *The NHS Improvement Plan*, and recently reinforced in *Creating a patient-led NHS*. The *Service Development Plan: Local, Sustainable and Excellent* summarises these policy objectives as:

- making measurable progress against national targets, especially in high priority areas
- developing the number and range of staff, facilities, equipment and service providers
- changing how the system works to give patients and users greater choice
- more freedom for high-performing organisations.

*Appendix 2* summarises the national policy themes that influence the local context.

**Local Context**

There is a long history of effective collaboration in Bassetlaw and Doncaster between NHS partners, and with other agencies and organisations, including the Primary Care Trusts, local authorities, the universities and the voluntary sector – *Partner Organisations Appendix 3*. This Plan has to take account of many factors. Thoroughly understanding the system and the policies, and using all the opportunities available will enable the Trust to achieve the aims of this Plan.

The factors that shape this Plan are:

- using the freedoms and duties as a Foundation Trust to benefit patients, staff and the community, working with members and governors
- public involvement and the increasing involvement of members and governors. Maximising the benefits of the Trust’s Membership Development Strategy and Action Plan
Section 1

- clinical governance and quality - patients will increasingly make choices based on reputation and clinical quality
- national guidance – Improving Outcome Guidance for cancer, National Service Frameworks
- financing – Payment by Results, tariff and cost efficiency and control, assessment of risks
- developing and changing clinical practice – e.g. increase day case rates
- system reform – the extension of plurality and choice, and introduction of Choose and Book
- maintaining emergency services
- collaboration and the duties of partnership
- commissioning – the introduction of specialist and practice based commissioning
- Choosing Health – the government’s approach to public health, and changes in the way of managing patients with long term conditions will drive the move to more services being led and delivered in primary care
- workforce and pay modernisation – the demand for scarce staff in key disciplines, training, the effects of working times legislation and optimising the benefits of pay modernisation
- Information Management and Technology – Public access to better information, and the National Programme for IT will change how patients make decisions about their care, and the speed and the way patients are referred into NHS care
- Regulation, compliance and inspection: Monitor, the Healthcare Commission and others set and apply new standards which the Trust must achieve
- competitive environment, with several NHS Foundation Trusts and independent sector providers within 20 miles of this Trust’s hospitals

1.3 Principles

The Board of Directors and the Governing Body are committed to ensure that Doncaster and Bassetlaw Hospitals are the Hospitals of Choice for patients, and the Employer of Choice for our staff. Working together with patients, staff, volunteers, members and governors to achieve these goals will enable the Trust to implement the Plan. These two aims will drive future success and sustainability.

We intend to promote services that are genuinely responsive to the needs and preferences of our patients and are of the highest standard. As a very large Trust offering district general hospital services from several sites, we have the critical mass and the skills and expertise to expand a number of specialist services, working on the clinical hub model. The cases for renal and vascular services and solid tumour
chemotherapy are well developed, with children’s orthopaedic surgery early in discussion.

We also recognise and accept that the consequence of National Guidance, for example the implementation of Improving Outcomes Guidance for Cancer, will also mean changes in service configuration for populations larger than currently served by this Trust. The commissioning intention that radical surgery for urological cancer will be concentrated at a single site in Sheffield will change the nature and extent of services the Trust will offer. The principle the Trust will follow is to ensure that the services we contribute to the patient journey are well organised and of the highest standard.

The principles that underpin the Plan to establish Doncaster and Bassetlaw Hospitals as the hospitals of choice include:

- providing easily accessible services, as close as possible to where patients live
- use the Standards For Better Health, the framework on which the NHS will be assessed and inspected, to achieve further improvements in the way we care for patients, and manage services
- achieve national targets, and the shortest possible waiting times, in ways that are sustainable
- hospital emergency care remains the cornerstone of the clinical strategy, on which we can build a range of elective and diagnostic services to secure income and ensure sustainability
- capital plans that deliver the service priorities set by the Strategic Direction, focused on the environment for patient care, and the needs of staff, to secure benefit for clinical services, or additional income for the Trust
- business cases for capital investment for in-patient facilities must be consistent with health community wide strategies for chronic disease management, and unscheduled and emergency care
- respond to the planned expansion of independent sector provision in a way that benefits finances and service configuration, and explore every opportunity for joint working and business alliances
- continuous improvement, competitiveness, review and redesign of existing services and the means of provision, and innovation will secure the current position, and ensure effectiveness and efficiency
- maintaining expenditure within income, and a commitment throughout the organisation to control costs
- as a major contributor to the local economy, we will contribute to regeneration and seek best value purchasing services, goods and materials locally
• expansion is not always an indication of success, and may not always be a realistic option. Where income is not sufficient to sustain the model of care, or ensure clinical governance and maintain skills and competence, then the Trust must examine alternatives that may include establishing partnerships with other providers, or hosting services offered by another lead provider.

To secure our position as Employer of Choice, the Foundation Trust will continue to have staff training, education and workforce development at the core, supported by appropriate investment in staffing, and staff facilities. Open, effective communication and consultation, and staff involvement across the Trust are essential characteristics of this strategy.

The Service Development Plan: Local, Sustainable and Excellent must build on these principles, and drive a debate about whether it is reasonable, practicable or sustainable to deliver all services across all the Foundation Trust’s sites. The challenges could very quickly become problems unless we manage this debate strategically, and engage with members and stakeholders.
2 Vision and Values

2.1 Our Vision

Our vision for the future is based on our commitment to be *Local, Sustainable and Excellent*, achieved through continuous improvement of services, investing capital to support the strategic direction, and staff development and education. We are accountable to individual patients, and through the Governors, to the communities we serve.

We intend to deliver our vision in ways that are innovative and effective, working through partnerships, and with genuine local patient, public and staff involvement.

Our vision is patient service driven. As a Foundation Trust, working with our community we want to play our part in creating a future where the patient experiences *the right care, at the right time, by the right professional, in the right place*. This means that we will work with other partners involved in the pathways of care and improve care even faster than before. We will work hard to be the Hospitals of Choice and the Employer of Choice.

2.2 Our Values

**Staff** - To recognise staff as our most important asset through promoting personal and professional development.

**People** - To treat patients and colleagues in a manner, in which they, as individuals, would expect to be treated, taking into account physical, psychological and spiritual needs.

**Teamwork** - To acknowledge that modern healthcare is only delivered through effective multidisciplinary teamwork between the professionals involved and with the patient.

**Partnership** - To listen, and respond to the needs of our partners, and clearly articulate our own needs and requirements to them.

**Confidence** - To provide services that inspire public confidence that the services will be there when they are needed and delivered to the highest standards.

**Best Practice** - To provide services based on evidence and professional standards.

**Environment** - To contribute to the preservation and improvement of the environment.

**Ethics** - To behave ethically in every area of the Trust’s work and business dealings.

*Appendix 3* summarises the Trust’s responsibilities, goals and objectives set out in the original Foundation Trust application document, the *Service Development Strategy*. 
3 Assumptions within the Plan

The Service Development Plan makes the following assumptions that the Trust believes will be relevant over the next four years:

- we will meet all national targets
- we will remain in financial balance, and optimise income based on payment by results, in co-operation with commissioners
- we will maintain and improve capital assets
- we will continue to be full partners in the health economy
- our broad vision and values remain unchanged, but we will also respond to emerging needs and priorities.

While making these assumptions, we have re-assessed our current strengths, risks and the related challenges as follows:

3.1 Strengths

- excellent professional workforce with a number of clinicians who are leaders in their respective fields
- clinical services provided from a number of hospital sites, ensuring, where practical, local, appropriate and rapid access
- excellent levels of performance, securing 3 stars four years running
- competent, experienced and stable management teams
- highly developed and devolved clinical leadership within clinical directorates, and the Operational Board
- excellent reputation for service quality
- excellent long term financial record
- experience of operating successful contracts with NHS and commercial partners
- continuous modernisation of patient accommodation across the hospital sites
- staff loyalty to the organisation and to individual hospitals
- comparatively efficient clinical services underpinned by a tight regime of cost and budgetary control
- leading edge approach to staff welfare, development and training
- embedded private hospital facilities and independent sector Treatment Centre
- strong partnership orientation and excellent relationships with local PCTs
- accreditation for numerous facilities, support and clinical services
- major legacy beneficiary, in the top 10 such Trusts nation-wide
- served population sufficiently large to develop broad range and depth of clinical services.
3.2 Weaknesses

- pressures to re-configure or establish partnerships in a number of specialities and services, such as cancer
- hosted mental health services in strategically important locations on two sites, preventing acute service development, but with potential loss of income when these relocate
- complying with the requirements of the Royal Colleges for recognising training
- physical and workforce capacity constraints
- high cost base in some elective services
- limited future PCT investment flexibility due to significant LIFT commitments

3.3 Threats

- effect on opportunities and income, and staffing of independent sector growth
- tariff that does not cover all inflation pressures or new mandatory requirements e.g. NICE guidelines
- pay modernisation
- patient choice may reduce income
- underachievement of efficiency targets and cost controls
- detrimental impact on income of successful reductions in emergency activity and outpatient referrals
- maintaining emergency services whilst also complying with European Working Time Directives (EWTD) requirements on multiple sites
- consequences for capacity of delayed transfers of care
- community alternatives to acute services not being delivered in a timely, clinically and cost effective manner
- difficulties in recruiting additional staff with the skills or in the numbers required to expand service access and provision
- knock-on effects of centralising some cancer surgery as a result of implementing the national Improving Outcomes Guidance.

3.4 Opportunities

- develop proactive marketing to provide services closely aligned to need and patient preferences, and advertising to support Hospitals of Choice and Choose and Book
- use the discipline of commercial contracts, Payment by Results and the tariff to focus on cost control and cost reduction
- optimise the direct link between the investment in pay modernisation and the productivity of the organisation
- grow the Foundation Trust membership, and working with governors, promote Hospitals of Choice
- reduce waiting times as a strategy to influence selection as the Hospitals of Choice, based on reputation and quality, to an increased catchment area
• use the benefits of retained surpluses where costs are lower than national tariff as a powerful stimulus to internal teams to drive down costs and reinvest in better clinical services

• through Agenda for Change, create opportunities for new reward systems to attract and retain highly skilled and well trained staff with the necessary skills

• work with adjacent trusts to reconfigure services in partnership, with this Trust acting as clinical hubs for an increasing range of services

• expand the role as an associate teaching hospital

• proceed with *Invest to Save* schemes using the limited term effect of the national tariff and internal cost base differential

• use new capital freedoms to accelerate service availability and improvements
4 Our Plans

The Service Development Plan will be turned into operational plans that will implement the general strategy within the organisation. The Trust’s Patient’s Services Plan, to be finalised in April 2005 will be the first year of practical implementation. Set out below are the six corporate objectives on which the Patient’s Services Plan will be based.

4.1 Corporate Objectives

Clinical Improvement

The Trust will continue to treat people better by improving quality and efficiency in hospital treatment and care. Improved quality is driven by Clinical Governance and the Trust will continue to ensure that clinicians maintain and improve the quality of their work. Patients’ choice will enable patients to have access to more information, including clinical information and patients will choose based on quality of care, reputation, patient satisfaction and access. The Trust will explore opportunities to provide services that offer patients an alternative to hospital, and to support the management of patients with long term conditions better. The goal is to improve the health of the population.

This is supported by research and development, teaching, audit and the implementation of new information management and technology, through the National Programme for Information Technology (NPfIT).

Priorities:

- **cancer**: maintain accreditation as a cancer unit. Achieve designation as a surgical centre for some cancer services, in line with the cancer Improving Outcomes Guidance. Expand the solid tumour chemotherapy services
- **critical care**: work in partnership with the critical care network to continue to develop critical care services within the Trust
- **renal medicine services**: implement the plan to establish the renal service clinical hub at Doncaster Royal Infirmary
- **children’s services**: work in partnership with Sheffield Children’s Hospital to ensure a sustainable approach for children’s surgical specialities
- **vascular services**: implement the local plan to establish a sustainable emergency vascular surgery service
- **stroke medicine**: implement the local plan to improve stroke services across the Trust.

Communication

Effective and clear communications are vital to every aspect of the work we do. We will continue to improve how and what we communicate to our patients, staff, volunteers, partners, governors, members and the public.
We will continue to work to develop our mechanisms for engaging with and listening to patients and public views. We will ensure that we have processes and structures that enable us to respond to what they say. Part of this is to ensure that we bring together information from complaints and suggestions so that there is an overall view on which we can respond and use this information to further improve our services.

**Hospitals of Choice**

We aim to be the Hospitals of Choice for our existing communities, and also offer an excellent alternative choice to more distant communities. This is rooted in our strategic direction and Choose and Book, Payment by Results, and clinical networks will enable it to happen. Our aim of forming clinical hubs for certain specialised secondary care services is already being realised.

Our aim is to ensure that when the need arises, local people make a positive choice to use the services of Doncaster Royal Infirmary, Bassetlaw District General Hospital, and Montagu Hospital, Tickhill Road and Retford Hospital and our community services. We need to ensure that we promote the services we offer and are responsive to the needs of our patients. Marketing will increasingly become an important aspect of our work.

The environment in which we treat and care for our patients will be a key factor on which patients make their choices. The Trust’s capital programme is key to our success. In the short term we plan to improve the Trust’s physical environment and efficiency as we:

- continue our programme to refurbish inpatient areas (all sites)
- relocate the children’s hospital (DRI)
- improve patient and staff catering, with a start on site before April 2006 (BDGH)
- improve car parking and access (all sites)
- open the new renal medicine unit (DRI)
- develop the ear, nose and throat surgery out patient department (DRI)
- relocate elective medicine unit (DRI)
- build a New theatre (MH)
- Agree plans for combined heat and power during 2005 (DRI)

**Employer of Choice**

We will ensure that we have a Consultant and clinical workforce that reflects our priorities, for example, increasing the number of Consultants in stroke medicine, care of the elderly, general surgery, accident and emergency and in renal medicine. The Trust must ensure we have the right people with the right skills in the right place and that we successfully recruit and retain staff. The way the Trust implements the pay modernisation agenda is crucial, and the Trust needs to be prepared to be flexible with the size and skills base of the workforce.
The environment in which staff work is a major influence on where they choose to work, and whether they stay. In addition to the clinical and patient focussed developments described above, from which staff also benefit, in the short term we plan to:

- open the staff nursery in Bassetlaw Hospital in the spring of 2005
- invest in extended education and training: multi-professional education centre (DRI)

**Performance Improvement and Financial Control**

We will work to implement the NHS Improvement Plan and use the Standards for Better Health to direct our strategy. We are committed to further reductions in the length of time patients wait for diagnosis and treatment, and to reducing the total numbers of patients waiting. Offering short waiting times is a major element of our strategy for Choose and Book. Our aspirations are to offer and honour choice though booking and to offer highly competitive access times across all clinical services.

Sound and robust financial processes and control will underpin all our objectives. The Trust will ensure that we deliver financial objectives, cost effectiveness and efficiency and the cost reduction programmes.

A rolling three-year financial plan which describes the Trust's financial planning assumptions will be produced annually, in the format required by the Independent Regulator of NHS Foundation Trusts (Monitor). The Financial Plan and Service Development Plan should be treated as complimentary documents.

The Trust will plan to achieve an optimum level of income, currently in excess of £200m per annum, from the provision of services and facilities. Following a successful first year in 2004/05 operating the new Payments by Results arrangements, the Trust will continue to work closely with Commissioners to earn sufficient income to fund planned service capacity, including the development of services, within the affordability constraints of the local health economy.

The Trust intends to influence the national tariff used for the Payments by Results system, particularly regarding the elements currently working to the detriment of the Trust in relation to actual costs.

Through rigorous cost control and service redesign, the Trust will operate effective budgetary control systems, deliver planned efficiency savings and contain in-year cost pressures in order to break even on income and expenditure annually.

**Using the Opportunities as a Foundation Trust**

There are significant opportunities presented to the Foundation Trust. The previous and current success of the organisation together with the size of the Trust and the local population present a comparatively stable platform. Even with the expansion in the independent sector and the potential changes to cancer services, the substantial majority of the current activity is stable. There is, however, much more that can be done to secure the current position and our effectiveness and efficiency will be improved. Confident clinical and managerial leadership, seeking opportunities and
strong systems, processes and governance will enable the Trust to succeed in an increasingly competitive health care arena.

Building on our community base, and expanding Foundation Trust membership is part of our wider strategy to promote understanding and knowledge by providing regular information about local hospital services and encouraging members to tell the Trust what they think, and influence direction through the Governors.

Early entry to the Payment by Results system, and the introduction of contracts based on the tariff has been an organisational challenge, but also a major opportunity to learn about the benefits and the risks of systems reform in the NHS. This knowledge and experience must be applied to competitive advantage in a pluralistic commissioner and provider market place.
5 Implementing the Plan

We will ensure that the Plan is communicated widely and is readily accessible within the Trust and the local community.

We will use the Plan as the starting point for all discussions relating to the development of our clinical services, supporting functions and systems.

We will constructively collaborate with Primary Care Trusts, as commissioners of our service, to ensure our Service Development Plan develops to reflect their strategic intentions for the delivery of acute hospital based services for their populations. These will be reflected in the Local Delivery Plans of each of the Primary Care Trusts.

5.1 Supporting Systems and Process

We recognise that we are working in a new and evolving health economy, and so will keep our overall governance and management arrangements under constant review to make sure that they are up to the task. Governance systems must be capable of identifying, minimising and managing risk of all kinds. It is important that we have the supporting systems and processes to deliver the Service Development Plan. Each of these aspects requires realistic analysis of risks and thorough assessment of constraints, as well as understanding and using all the opportunities. These are:

- Governance
- Performance
- Marketing
- Finance
- Leadership

5.2 Governance

Effective governance, both clinical and corporate, is a fundamental requirement for the Trust to maintain patient and public confidence. It relates to the way we assure that we make sound decisions, our compliance with stated policies and procedures, and ensuring that everyone acts with probity and delivers value for money. Governance, therefore, involves various systems but specifically:

- Clinical governance: this is the framework which assures that our clinical services consistently achieve the highest standards by incorporating best practice, learning from adverse incidents and addressing systematically areas of risk
- Corporate governance: this includes the way decisions are made, compliance with legislation, external inspection and compliance regimes, external guidance and internal protocols; and procedures for the identification and management of risk

Our strategic intention is to achieve greater convergence of these processes to provide the Board of Directors with a cohesive, comprehensive overview of governance and to ensure The Trust operates with explicit accountability.
The Clinical Governance Framework recognises the strength of creating a clear distinction between the responsibilities for delivering quality clinical services and for monitoring and reporting on the extent to which standards are met.

5.3 Performance

Good, sustainable performance depends not only on achieving objectives but also on robust and responsive planning and review arrangements.

We will develop a planning, performance and financial management framework with the following characteristics:

- clear lines of accountability
- clear roles and responsibilities
- collective ownership of decision making
- clear arrangements for monitoring and reviewing performance incorporating the existing nationally agreed indicators of success
- clear structures and processes to ensure that inspection and compliance requirements are met, through the Healthcare Commission, Monitor and others

We will support the clinical directorates as the ‘building blocks’ of the performance management framework, to enable clinicians and managers to work collectively to solve problems. We will concentrate on measures that focus on the quality of services and outcomes for patients locally. These will be expressed in directorate Service Plans.

5.4 Marketing

The most important objective is to ensure that patients and referring clinicians recognise the Trust’s hospitals as the Hospitals of Choice by the time when Choose and Book is introduced across the NHS in England. This is essential for the Trust to sustain income, particularly for elective work. The continuing success of Doncaster and Bassetlaw Hospitals depends on making make services relevant, and achieving a competitive edge so that we secure the flow of patients and the associated income for the Hospitals within the Trust.

A coherent and clear marketing strategy, underpinned by the necessary behaviours that maximise the Trust’s resources will be implemented. The decisions the Trust makes will require clear understanding of the needs and wants of our patients, and a thorough appreciation of the dynamics and direction of the local healthcare community. This should include reputation management, understanding of the services with which the Trust should be involved (market segmentation) and an explicit link made between the potential opportunities for investment and the financial and governance risks.

5.5 Finance

The overarching objective is to establish and maintain sound financial control of all Trust resources. The Trust will ensure that sound systems and processes for financial flows are maximised to underpin the Trust’s income, and that these influence delivery of the Service Development Plan.
Managers will be responsible for the work to continuously improve the efficiency of Trust services, and particularly to ensure recurring expenditure commitments do not exceed recurring income, while continuing to establish sufficient flexibility to meet unforeseen in-year cost pressures and achieve financial break even.

The capital programme must be driven by the Service Development Plan. The guiding principles are clear criteria for investment, and comprehensive assessment of the opportunities and the risks involved, while ensuring maximum value is obtained from available resources.

5.6 Leadership

The implementation of the *Service Development Plan: Local, Sustainable and Excellent* will require continued strong and visible clinical and managerial leadership.

New skills, behaviours and priorities are required to operate as an NHS Foundation Trust and to succeed in the rapidly changing business environment. We plan to review the organisation’s fitness for purpose, and to ensure we have the people with the skills, supported by the appropriate processes and structures to deliver that success.
Summary

The *Service Development Plan: Local, Sustainable and Excellent* sets the direction for how the Trust will develop during the next four years.

The fundamental aims are to be the local Hospitals of Choice, and the Employer of Choice.

The success of the Plan depends on the growing partnership between the Trust and patients and staff, and with the Foundation Trust members and Governors, and the statutory and voluntary organisations within the health and social care community.

Investment will concentrate on improving services which reflect local health needs, and where possible, the preferences of the patients who use those services. The managerial priorities are to ensure the effective and efficient use of public money, being accountable to local people, and to use every opportunity of health services systems reform, and our freedoms as a Foundation Trust, to provide the best of healthcare for the people of Bassetlaw and Doncaster.
Glossary

**Accessible**
This means that information is readily available about healthcare services in formats that suit different needs, buildings should be suitable for all users regardless of any disability, and services should be friendly and welcoming.

**Allied health professional**
Term used to describe clinical staff such as physiotherapists, occupational therapists, dieticians and speech and language therapists.

**Choose and Book**
A national initiative to offer patients a choice of up to fifty hospitals or other providers of healthcare at the time of booking the appointment, when the referral is made.

**Choosing health**
*Choosing health: making healthier choices*, was published by the Department of Health in 2004. It sets out principles to help the public make more informed choices about their health.

**Clinical governance**
A systematic way of monitoring and improving the quality of services to patients.

**Clinical hub**
Central point for the provision of the usual range of services provided by a district general hospital, together with selected more specialist services.

**Critical care**
Intensive care and high-dependency care.

**Day case**
A patient admitted, treated and discharged in 24 hours. Most day cases are surgical patients.

**Diagnostic services**
Services such as Pathology and Medical Imaging (X-ray) that help to diagnose patients’ conditions.

**Elective services**
Planned services for patients, i.e. not emergencies.

**European Working Time Directive (EWTD)**
The EWTD is a regularisation of working hours across Europe that has particular implications for doctors in training. It limits their weekly working hours to 56 with entitlements to daily and weekly rest breaks. NHS trusts have been developing solutions to cover for the absence of junior doctors, including advanced training of nursing staff. By 2009 all junior doctors will have to further reduce their working hours to a total of 48 hours per week.
Governance
Governance describes the 'rules' that govern the internal conduct of an organisation by defining the roles and responsibilities of individuals and groups and the relationship between them, as well as the process for decision making and the internal accountability arrangements. Governance arrangements are set out in the Foundation Trust's constitution, and in the Terms of Authorisation- the licence - issued by Monitor.

Governing Body
Comprised of 38 governors, representing the following constituencies:
- 5 elected public governors from Bassetlaw
- 12 elected public governors from Doncaster
- 2 elected patient governors representing patients from outside Bassetlaw and Doncaster
- 12 appointed governors representing organisations with which the Trust works.

The Governing Body is responsible for representing members’ views on the strategic direction of the Trust, appointing the chairman and non-executive directors, and approving the appointment of the external auditor.

Healthcare Commission
Launched in 2004, it provides independent assessment of the standards of services provided by the NHS, independent sector, or voluntary sector. Its full name is Commission for Healthcare Audit & Inspection (CHAI).

Healthcare Resource Groups (HRGs)
A way of categorising patients’ treatment in order to monitor and evaluate the use of resources.

Improving outcomes guidance (IOG)
National guidance that describes how and where patients with the most common cancers should be treated.

Independent sector treatment centres (ISTCs)
Independent (private) sector providers of services to NHS patients, contracted by the Department of Health. The original scheme has been expanded (hence ‘2’) to provide services additional to those provided by the NHS to help reduce waiting times.

Inpatient
Patient occupying a hospital bed for more than 24 hours.

LIFT
LIFT (Local Improvement Finance Trust) is a partnership scheme between primary care trusts and the private sector to modernise health centres and allow possible expansion of the range of services.

Monitor
Formerly known as the Independent Regulator for NHS Foundation Trusts, it is responsible for authorising, monitoring, and regulating NHS Foundation Trusts.
National Programme for Information Technology (NPfIT)
NPfIT is a 10-year programme to modernise NHS computer systems to improve patient care and services. It will connect over 30,000 GPs in England to 300 hospitals and give patients access to their personal health and care information. Information will move around more quickly with healthcare records, appointments, prescription information, and up-to-date research into illnesses and treatments accessible to patients and health professionals whenever they need it.

National Service Frameworks (NSFs)
Long-term strategies that set standards for a defined service or care group. NSFs published so far are on coronary heart disease, cancer, mental health, diabetes, paediatric (children's) intensive care, older people, children and maternity services, long-term conditions, and renal services.

NHS Improvement Plan
Published by the Department of Health in 2004, it sets out the priorities for the NHS up to 2008 and focuses on putting patients at the heart of the NHS. This was further reinforced in Creating a Patient-led NHS - Delivering the NHS Improvement Plan, published in March 2005.

NICE
National Institute for Clinical Excellence makes recommendations on treatments and care using the best available evidence. Recommendations are mandatory.

Outpatient
Patient visiting a hospital, usually for an initial consultation or follow-up after treatment, during a short appointment.

Patient and public involvement
Systematic approach to involving patients and the public in all aspects of hospital care and future developments.

PALS
Patient Advice and Liaison Service, offering patients, visitors and staff an independent information and support service, particularly when making or dealing with complaints about the Trust’s services.

Pathways of care
Patients with common conditions follow a similar route through referral, diagnosis, treatment and aftercare. These are known as pathways of care and are documented in patients’ clinical notes.

Payment by Results (PbR)
New system of paying trusts for patients treated, linked to activity and adjusted for casemix (the range and complexity of patients' illnesses). Trusts are paid on the basis of a national price tariff.

Pay modernisation
The NHS is implementing a new pay system, based on a single pay spine instead of numerous different pay scales. Called Agenda for Change, the jobs of all staff are evaluated; changes to salaries are back dated to October 2004.
**Practice-based commissioning**
Commissioning (buying) services by general practitioners for their patients instead of by PCTs.

**Primary care trusts (PCTs)**
Trusts that commission (buy) services for their local populations and manage those services provided by general practitioners (family doctors), dentists, and opticians.

**Reference costs**
The unit cost of individual treatments. The national reference cost index gives a single figure for each NHS provider. This compares the actual cost of its activity with the same activity at national average costs. An organisation with costs equal to the national average for this activity will score 100. An organisation with a score of 80 will have costs that, overall, are 20% below the national average, while a score of 115 shows costs that are, overall, 15% above the national average. This Trust’s costs were rated at 93 in 2003 and 90 in 2002.

**Renal**
Relating to the kidney.

**Royal College**
Medical staff in the clinical specialties are represented by a Royal College, which is responsible for clinical standards and for overseeing aspects of higher professional or postgraduate training for doctors. Among these are the Royal Colleges of Surgeons, Physicians, Pathologists, Radiologists, and Paediatrics and Child Health.

**Social Services departments**
Run by local authorities (councils), they commission and provide a range of social care services.

**Stakeholders**
People or organisations that have an interest in the development and well-being of the Trust.

**Standards for Better Health**
Published by the Department of Health in 2004, it sets the standards of healthcare that the NHS, independent sector, and voluntary sector are expected to meet.

**Strategic Health Authorities (SHAs)**
Responsible for performance, health service strategy, professional leadership, and financial stewardship within their areas. There are 28 SHAs in England. NHS Foundation Trusts are independent of SHAs but maintain contacts with them.

**Tertiary provision**
Healthcare services provided by teaching and specialist hospitals.

**Three star standards**
Annual NHS Performance Ratings awarded to trusts between zero and three stars (the highest ranking) when assessed against a range of standard criteria.
Appendix 1

**Upper GI**
The upper gastro-intestinal tract including the oesophagus (gullet) and stomach.

**Urological**
Relating to the kidneys, bladder and urinary tract.

**Vascular**
Relating to the blood vessels.
Major Policy themes

- **choice and access**: dealing with the factors which influence the way in which patients and General Practitioners choose services – e.g. reputation, access times and car parking.

- **reform of emergency care**: integrating all the services involved in caring for emergency patients, and developing alternatives to hospital admission.

- **National Programme for Information Technology (NPfIT)**: using the opportunities presented by national investment in IT to prioritise those areas that enable the development in clinical services.

- **reform of elective care**: transferring the responsibility for managing referral, booking and waiting times to PCTs, working alongside treatment centres and facilities provided as part of LIFT (Local Improvement Finance Trust) and increased capacity in the independent sector (ISTC).

- **reform of mental health**: working with partners in mental health trusts to facilitate new models of inpatient care by releasing facilities for acute physical care at DRI and BDGH.

- **clinical configuration**: working with partners to adapt models of care to meet the challenges of training requirements and reducing doctors hours, while providing services as close as possible to where people live, in line with *Keeping the NHS Local – a New Direction of Travel*. We also have to help ensure the LIFT programmes are part of a seamless patient journey between community and hospital care. We expect to work closely with Sheffield Teaching Hospitals NHS Foundation Trust in particular to develop viable local alternatives to current tertiary provision.

- **long-term conditions**: assisting patients to manage their own condition and care.

- **improving the health of the population**: Increasing the profile of the public health agenda with public health targets, such as the commitments to reduce:
  - mortality from heart disease
  - mortality from cancer
  - inequality of health outcome
  - suicide rates
  - smoking and tackle obesity
  - teenage pregnancies
The NHS community in Bassetlaw and Doncaster includes eight partner NHS organisations:

1. Bassetlaw Primary Care Trust (PCT)
2. Doncaster West Primary Care Trust (PCT)
3. Doncaster East Primary Care Trust (PCT)
4. Doncaster Central Primary Care Trust (PCT)
5. Nottinghamshire Healthcare NHS Trust
6. Doncaster and South Humber Healthcare NHS Trust
7. South Yorkshire Ambulance Services NHS Trust
8. East Midlands Ambulance Services NHS Trust
Appendix 4

Our Responsibilities

We accept the responsibilities of operating as an NHS Foundation Trust, and continue to exemplify:

- the values of the NHS
- the prime duty to deliver NHS services to the communities we serve
- the duty of co-operation with Monitor, the Healthcare Commission and existing statutory bodies
- the duty to educate, train and develop our staff and contribute to the development of the wider NHS workforce
- the duty of partnership with other NHS bodies, public services and education establishments.

Our Goals

The vision of Local, Sustainable and Excellent service reflects the very special requirements and opportunities in Bassetlaw and Doncaster, and emphasises the Trust’s commitment to achieve the NHS Improvement Plan. This is set within the framework on which we deliver services, working with staff, members and governors and developing partnerships with patients and the communities we serve.

As a major employer in the area, and significant contributors to the local economy, we intend to play a full part in the work and planning of our local communities. We will continue to encourage community involvement in the way that we plan and deliver our services.

This Trust is determined to provide services that are clinically excellent. This means services organised in a way that inspire public confidence, as well as being easily accessible and which allow our staff to achieve their goal of improving health. We will continue to take a systematic and innovative approach to ensure consistent quality in every service that we provide.

Achieving our ambitions and delivering the objectives of the NHS Improvement Plan depends on collaboration and openness with our partners, in particular, the primary care trusts and local authorities. Working in strategic partnerships, we can develop new models of care that meet local requirements across the health and social community.

Our Objectives

Patient Focus – Ensuring that services are designed around individual patient needs.

Hospitals of Choice – Providing services that patients will choose.

High Quality Care – Delivering the service to consistently high standards, informed by clinical audit, research and education.
Appendix 4

**Fast and Convenient** – Services that are in the right place at the right time, delivered by the right person as quickly as possible.

**Employer of Choice** – Recognising the fundamental importance of developing and supporting staff to provide the service.

**Partnership Foundation** Working with partners to ensure services are planned, scrutinised, organised and integrated effectively.

**Organised to Deliver** – Driving organisational change to achieve our goals.

**Best Value** – Publicly accountable stewardship of financial, capital, information and other resources, following best practice in planning, delivery and improvement of services.