

## AMBITIONS FOR THE FUTURE

In our fourth year as an NHS foundation trust, we face unprecedented challenges. In summary, these challenges are:

- the reform of the NHS which strengthens commissioning, increases competition, and brings in new providers of healthcare
- the need to spend NHS finances effectively and efficiently and maintain financial health
- a new way of training doctors – Modernising Medical Careers.

These challenges mean that we need to ensure a healthy future for the Trust, the services we provide and the staff who provide those services. Ambitions for the Future involves a systematic review of clinical and support services across the hospital sites, and will make recommendations to the Board of Directors about possible changes.

*Ambitions for the Future* is a Trust-wide project. It began in September 2006. It is a considered review of our services, taking into account national initiatives. Including the review of the NHS by Prof Sir Ara Darzi, and the views of staff.

## KEY MESSAGES

The following key messages underpin Ambitions for the Future:

1 The Trust's strategy is to provide services that are *Local, Sustainable and Excellent*. We want to be the hospitals and employer of choice, and to provide safe, effective and efficient services as close as possible to where people live.

2 The NHS is changing rapidly, and the Board of Directors has to ensure the continued service and business health of the Trust as these reforms take effect. *Ambitions for the Future* will prepare us and our services to make sure we succeed in the reformed NHS.

3 Modernising Medical Careers means that the number of doctors in training will fall, and the type of training will change. The amount of time these doctors spend on direct clinical work is going to reduce. This will add significantly to the costs of providing continuous clinical cover. Some services may not be professionally or financially sustainable in their present form. We have to devise and implement different service models to adjust to these changes.

4 The reform of the NHS strengthens commissioning, increases competition and brings in new providers of healthcare. Government policy encourages the commissioners - new Primary Care Trusts (PCTs) and Practice Based Commissioners (groups of GPs) - to be demanding of their providers, and enables them to commission services from the private and voluntary sector as well as established NHS trusts. Some PCTs want to expand the services they provide, and GPs can commission some services traditionally provided by NHS hospitals from other sources. Overall, hospital services like ours will not expand, except for the planned introduction of new services like renal medicine at Doncaster Royal Infirmary. The competition for the amount of money currently spent on acute hospitals will increase. We have to be competitive, and attractive to patients.

Already, patients can choose where they receive hospital care and treatment. Within 25 miles of our hospitals, there are six foundation trusts and five independent sector providers, all competing for the same groups of patients. Independent treatment and diagnostic centres will expand in numbers.

5 NHS finances must be spent effectively and efficiently and we must maintain financial health. The Trust has an excellent record of meeting its financial targets.

Nationwide, the rate of growth of expenditure on the NHS has slowed down, and trusts are still absorbing the effects of substantial pay awards of the last three years. We have entered the second year of slowdown in financial growth, while facing the increased costs of pay awards, huge increases in energy costs, and the price of new drugs and technologies. The tariff, the basis for Payment by Results, is not growing at the same rate as costs. To remain within budget, the Trust has to beat the tariff - this means that further savings are essential.

Increased competition to provide services and the arrival of new aggressive providers means that the prospects for further real growth in income are limited. Where there is an opportunity to increase turnover by competing with other trusts to provide services, there is also nothing to stop them competing with us.

6 The case for change is straightforward: we have to make sure that we continue to survive and prosper in the new NHS.

We have begun systematic market research and will strengthen our promotion of our services. We will work very closely with commissioners on their agendas to deliver the NHS reforms.

7 We have involved staff and staff organisations from the outset, as well as working with stakeholders, service and statutory partners.

On behalf of the Board of Directors, the Trust Executive Group will work through clinical directors and general managers to involve staff, members and governors in the debate about change, and the actual process of implementation. Plans will be developed in accordance with current requirements on consultation with statutory and representative bodies. There may not always be agreement about the way forward, and there will be difficult decisions for the Board.

We will listen to the public about what they want from the services the Trust is able to provide, and local commissioners are able to afford. The project plan will include a process for communication and involvement at every stage of this work.

*Ambitions for the Future* is about the business of the Trust, the services we provide and the future of all the staff. We have to work together to define those ambitions and make them a reality for the people we serve.

8 The European Working Time Directive and the desire for work-life balance and more flexible working will continue to add pressure. The Consultant contract, non-training medical grades contract, Agenda for Change, and the GP contract, with changes in the provision of unplanned care, all add to this complexity.

9 Pharmaceutical and technological advances, demography and epidemiology of disease all affect the type and location of health services and facilities. In addition, NICE guidance, Improving Outcomes Guidance for cancer, and National Service Frameworks set new targets and standards, as well as influencing the structure of services for the NHS.

10 *Our health, our care, our say* (published in 2008) set out a vision to provide people with good quality health and social care in the communities where they live. It sets out changes to traditional district general hospital services and suggests new partnerships with other providers.

## **HOW YOU CAN CONTRIBUTE**

The views of staff, members, governors, patients and the public are essential to *Ambitions for the Future*. There will be regular information in local health, members', governors' and staff publications. We will be talking to a whole range of individuals and organisations during the course of the project. If there are changes, we will be formally consulting on them.

A dedicated e-mail address has been set up: [ambitionsforthefuture@dbh.nhs.uk](mailto:ambitionsforthefuture@dbh.nhs.uk). You can use this address to request information or to give us your views.

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