

# Strategic Direction 2010-2015



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**Appendices available on request:**

1. Horizon Scanning Document
2. Maternity, Gynaecology & Sexual Health Business Units Strategy
3. Children's Business Units Strategy
4. Orthopaedics Business Units Strategy
5. General Surgery Business Units Strategy
6. Urology Business Unit Strategy
7. Goole Business Unit Strategy
8. Head & Neck Business Unit Strategy
9. Trustwide Medical Specialties Strategy
10. General Medicine SGH Business Unit Strategy
11. General Medicine DPOW Business Unit Strategy
12. A&E SGH Business Unit Strategy
13. A&E DPOW Business Unit Strategy
14. Pathlinks Strategy
15. Nursing & Patient Services Directorate Strategy
16. Finance, Information & Performance Directorate Strategy
17. Facilities Management Strategy
18. Medical Directors Directorate Strategy
19. Human Resources Directorate Strategy

## 1. Introduction

In 2005 Northern Lincolnshire & Goole Hospitals Trust (NLaG) set out its vision for the services provided by Diana Princess of Wales Hospital, Scunthorpe General Hospital and Goole & District Hospital for the five years to 2010 in its' Strategic Direction document. Building on continued delivery of high quality patient services and significant progress in the delivery of NHS standards and targets, the Trust, now a Foundation Trust, has reviewed the Strategic Direction to take into account changes in the NHS and local health economy and the national changes that are now influencing the delivery of health services.

The strategy for 2010-15 sets out the Northern Lincolnshire & Goole Hospitals NHS Foundation Trust's (NLaGFT) future direction with 5 strategic goals. It reiterates why the Trust needs a Strategy, the way the Strategy has been re-cast, describes the national and local influences that have shaped the development of the strategy, the 5 strategic goals - including the objectives that contribute to them, and how the strategy will be implemented. The detail of each Services' strategy is available in the appendices.



## 2. Why a Strategy is needed

It is important for all organisations to be clear about their purpose, sense of direction, aspirations and key goals. The Trust needs to be able to measure achievements and report progress to our patients, members and local community, and to Monitor, the independent regulator of foundation trusts.

Our Strategic Direction aims to:

- Ensure everyone with an interest in the Trust, including the public, members of staff, members, managers, clinicians and commissioners have a clear view of what the Trust is seeking to achieve.
- Ensure that all these individuals and groups and NLaGFT itself have a clear sense of direction.
- Ensure long term objectives are clear and measureable so that everyone can see whether the Trust is making progress towards those goals.
- Enable short-term decisions to be taken in the clear knowledge that those decisions move the Trust in the direction necessary to meet its long-term objectives.
- Ensure day-to-day operational decisions are sound, objective and represent value for money.
- Give everyone with an interest in the Trust a sense of ownership in its' future direction.



### 3. How the Strategy has been developed

A summary "Horizon Scanning" document of the main aspects of challenge in delivering health services over future years, including the potential threats and opportunities, was provided for each Business Unit, Branch & Directorate in the Trust. This enabled those planning and delivering services in NL&GFT to consider their individual service strategy for the next 5 years in the context of the known and anticipated influences upon the NHS and the way in which the healthcare system in the UK is likely to develop.

It is recognised that strategic planning is underpinned by a range of judgements rather than fact. Asking teams to prepare outline strategic direction statements reflects the view that judgements formed by those within a service are more likely to offer the most informed view of what the future holds. The main themes the teams considered are outlined in the following section (the full Horizon Scanning document is available in the appendices). The emerging thinking was shared and feedback gained from key stakeholders such as the Care Trust Plus, PCT, Overview & Scrutiny Committees and LiNKs during the development of the document.



## **4. National & Local Influences**

The influencing themes of customers, population, economy, workforce, technology, environment and regulation have been considered in re-casting the Strategic Direction. A summary of each of these themes is provided below.

### **4.1 Customers**

The NHS has differing consumers of its' services. Users of NHS services are patients and their families and the public as potential future users of NHS services. Commissioners of NHS services are those organisations who purchase NHS services on behalf of the local population they represent, i.e. such as Primary Care Trusts and Practice Based Commissioners. Reflecting on each of these customers in turn;

#### **4.1.1 Patients and Public**

Noting the semi rural nature of Northern Lincolnshire and the distances to major alternative providers, coupled with the fact that within North East Lincolnshire in particular there are significant aspects of social deprivation (e.g. low levels of car ownership) that make travel to alternative services difficult for some (in itself a form of inequality) NL&GFT is committed to ensuring that services meet the needs of the local population and are consistently delivered at a high standard so patients have no reasons to go elsewhere for their care.

Understanding what patients think about services is key to ensuring services continue to improve. Gaining feedback on patients' experience in real time is needed if services are to continually improve in a timely manner. NL&GFT needs to engage, market and respond to users of our services. To do this requires the development of a customer care culture, where work is undertaken in partnership with patients, enabling them to make informed choices. This objective also reflects the most recent statements by the Department of Health in their publication '2010 -2015, From Good to Great', and the commitment to linking hospital income to patient satisfaction.

#### **4.1.2 Commissioners**

In light of the future economic climate and as stated in 'From Good to Great' what will be more of a challenge for NL&GFT as a provider of hospital based care is commissioners increasingly seeking to purchase services delivered in community or other non hospital settings.

Significant reductions in hospital based workloads potentially threaten the viability of local acute services, and NL&GFT will therefore need to work with Commissioners and with other

providers to develop alternative forms of provision and service delivery that reduces the utilisation of hospital facilities to those occasions where this is most cost effective, whilst maintaining the 'critical mass' of clinical expertise in order to maintain the viability of local services. These alternative approaches will also have to reflect local commissioners commitment to the delivery of Lord Darzi's vision through the Yorkshire & Humber SHA objectives set out in 'Healthy Ambitions'.

In addition to these differing perspectives both patients and commissioners expect services to be of high quality. The thrust of Lord Darzi's Next Stage Review is to improve the quality of services in areas such as, clinical effectiveness, patient safety and patient experience. Increasingly it will not be enough for NHS Trusts to be providing average services and NL&GFT will need to be committed to providing better than average quality of care.

## **4.2 The population**

The profile of our local population in Northern Lincolnshire varies from locality to locality but can be characterised as changing, with an increase in average life expectancy, birth rates slightly increasing or remaining similar, a decline in the number of under 16 and 16-19 year olds living in the area and a significant increase in older people by 2029.

Northern Lincolnshire has some of the highest average rates of people diagnosed with heart disease, stroke, cancer and diabetes and deaths related to smoking. The strategic development of the Trust's clinical services is taking account of these changes. Many of these diseases are linked to lifestyle and as part of the thrust to reduce the burden of these diseases upon society and individuals there will be investment in education and advice on obesity, mental health, drug addiction, smoking, alcohol and sexual health as particular priorities.

As a provider of services, the impact will be varied and may include increased demand on services due to raised awareness, changing requirements on doctors, nurses, midwives and therapists in terms of advice or services they provide or a decrease in services provided in hospital as community based services are developed in response to these priorities.

## **4.3 The Economy**

The UK recession in 2009 means there is likely to be minimal if any investment in the NHS in the next few years. NHS Trusts are working with efficiency targets of 5-6% (compared with the traditional 3%). For Northern Lincolnshire & Goole Hospitals NHS FT the impact of this and the 2010/11 Operating Framework is resulting in the organisation requiring savings of approximately £80m over 3 years from 2011/12. NL&GFT needs to continue to deliver the same workload with no increase in costs, recognising that two thirds of the Trusts budget is

staff. The strategic objectives for the Trust are therefore based on improvement in productivity and efficiency, flexible use of resources, re-design of services including the development of alliances and partnerships with other providers to deliver re-designed services in different ways, to avoid significant rationing of healthcare.

#### **4.4 Workforce**

The public sector represents a fifth of the national workforce. The NHS, including the Trust, is a major employer in the local health community. In common with the experience of the public sector, NLaGFT faces particular challenges due to the age profile of the workforce, with the loss of experienced staff and replacement with less experienced staff, and other age related trends, for example, less than 10% of apprenticeships are in the public sector. This presents a particular challenge in a recession when services need to continue to invest in training and development of staff to ensure succession planning is in place.

NLaGFT recognises the role of clinical leadership as key, as well as the use of clinical networks to ensure the maintenance of clinical skills in individuals and to challenge traditional ways of working. The impact of the working time directive in the provision of services (particularly the final implementation for medical staff in 2009) has been a challenge. NLaGFT sometimes finds it difficult to recruit key groups of staff, however as an organisation there is a low turnover of staff. There continues to be commitment to training for all staff groups despite these challenges.

What will also be essential is an increasing responsiveness and flexibility from our workforce to change, such as flexibility over role and location of service provision to match the need for innovation and re-design, and improved productivity and efficiency.

In addition there is also an increasing focus on the wellness agenda, as commissioners of services aim to keep the costs of medical care for their population to a minimum. As an employer NLaGFT needs to ensure access for its staff to support their own health.

#### **4.5 Technology**

Technology is simultaneously pulling healthcare in different directions:

##### **4.5.1 Communications technology**

Communications technology is providing patients with increasing access to information about both their health and the way in which they can access healthcare.

In addition telemedicine or assistive technologies provides opportunities for diagnosis and care to be provided in or closer to the patients' home, e.g. diagnosis of skin lesions in primary care, monitoring of BP in patients homes. Increasingly technology will therefore be used to develop a more informed population and minimise the need for them to attend hospitals to access healthcare. It will also be used to market services, provide general information and support effective and efficient service delivery.

#### **4.5.2 Medical Technology**

Technological advances will continue to change the ability to diagnose and screen for disease and offer earlier and alternative treatments to patients, e.g. PET, HPV vaccine for cervical cancer, and treatments for rare genetic disorders. Challenges will rest on a combination of the continued displacement of older drugs and treatments with newer more expensive ones, and the ability to intervene in a wider range of situations through, for example, the 'medicalisation' of the preventive health agenda, (e.g. anti-obesity drugs and genetic screening/modification) and the ability to diagnose and intervene in new ways (e.g. virtual endoscopy). At times these technologies can be deployed in community settings, in others the high cost of equipment will drive centralisation.

#### **4.6 Environment**

The Department of Health published the NHS Carbon Reduction Strategy for England in January 2004. This strategy sets all NHS organisations a carbon reduction target of 10% by 2015, 20% by 2020 and 80% by 2050. The Trust strategy considers further use of sustainable technologies in all areas of its business in order to meet its corporate citizen and carbon reduction targets. The reduction in carbon emissions will be targeted in NLaG under the headings of energy, procurement and food, transport and waste. The initial targets will be:

- 1) energy reduction in useage by 5%
- 2) procurement & food reduction in carbon by 10%
- 3) transport reduction by 15%
- 4) waste reduction by 10%

These will be run through to 2015 based on 2007/08 usage but the targets will be reviewed on a yearly basis.

#### **4.7 Regulation**

Healthcare operates in an increasingly regulated environment. As a foundation Trust, NLaGFT has it's own constitution of govenors and members to whom it is accountable. It is regulated by Monitor (the independent regulator of Foundation Trusts) and has to comply with certain obligations to retain authorisation as an FT.

In addition the services it provides are regulated via registration with the Care Quality Commission, the independent regulator of health and adult social care services in England. Demonstration of compliance with service standards will be required relating to areas such as "Involvement and Information", "Safeguarding and safety" and "Quality and Management".

In addition the Trust has to meet the contractual obligations set out in it's contract with commissioners such as waiting time targets, quality and financial requirements. The challenge to services continues to be how to ensure they meet regulatory requirements while maintaining service delivery within constrained resource.



## 5. Our Vision

The Trust's vision is to provide the very best accessible healthcare and to constantly improve what we do.

The Trust's core business is to provide a range of high quality clinical services that is financially viable and which together allow us to deliver a broadly comprehensive range of emergency services to our local populations.

To do this, and for our services to be sustainable, we also need to deliver a range of elective services which are required by commissioners, and which allow us to maintain the critical mass necessary for those emergency services to remain viable.

Some of these services may need to be delivered in traditional hospital settings, with links to specialist tertiary centres where required; others may be delivered in community settings. Our aim is to work with commissioners to ensure all services are developed with a focus on keeping people well. To do this we will develop alliances and partnerships with other providers to deliver re-designed services in different ways where appropriate or to secure appropriate facilities and support services for the delivery of integrated services, recognising that location of service delivery will be a variable and therefore kept under constant review.

Local services for local people continues to be our focus. We will however consider extending services beyond our current perimeters when to do so is viable and beneficial for NLaGFT, meets commissioner needs and will not compromise our local services.



## 6. Strategic Goals & Objectives

The future development of the Trusts services can be grouped into 5 strategic goals:

1. Quality, patient experience & safety
2. Clinical Service Transformation
3. Effective and efficient use of resources
4. Investment in staff, leadership, management, teaching & training
5. Accountability and regulation

### 6.1 Quality, Patient Experience and Patient Safety

The Trust will:

- Implement the Trust's "*Simply the Best*" strategy which describes how NLaGFT aims to be amongst the best providers of healthcare in England.
- Provide high quality clinical services by delivering *QUEST* (*Quality, Excellence Standards*) - the part of the Trust's strategy for improving quality of care that focuses on patient safety. By addressing the major causes of avoidable mortality and harm, it aims to reduce the Hospital Standardised Mortality Ratio to that of the top 10% of acute trusts and at the same time, to reduce harm to patients. *QUEST* has been designed to address issues of patient safety, clinical effectiveness and efficiency.
- Deliver the key objectives of Healthy Ambitions
- Invest in the patient environment to ensure patients continue to choose our services and to ensure infection control and carbon reduction requirements are met
- Listen and respond to what patients tell us about their experience in our hospitals by capturing 'real time' feedback alongside periodic surveys and patient reported outcome measures (PROMS)
- Continue to ensure our services are accessible and patients do not have to wait longer than necessary for any element of their care
- Roll out the "Productive" series (designed to improve productivity, efficiency and job satisfaction) to all areas of the Trust
- Evidence through our governance programme that risk assessment and quality improvement is embedded in everything we do.

### 6.2 Clinical Transformation

The Trust will:

- Work with local commissioners (including GP's and practice based commissioners) and local clinicians on a series of strategic initiatives aimed at transforming the

way a range of core services are provided and commissioned. The first 3 areas to be undertaken are Unscheduled care, Planned care and Women's & Children's services. Lean techniques have been adopted across the health community as the methodology for reviewing and changing services.

- Continue the development of services to be delivered as a day case rather than on an inpatient basis
- Continue the development of services which can be transferred from hospital to community settings
- Develop services in response to the increasing elderly (and particularly very elderly) population.
- Develop services that respond to lifestyle related illnesses
- Review relevant services to respond to the reduction in young people living in Northern Lincolnshire
- Build on the opportunities that research and technology provide for new services or different ways of delivering services, such as telemedicine.
- Work with Commissioners and other providers to deliver aspects of therapy services, palliative care, and Long Term Condition management in settings closer to the patient's home. There may be aspects of all of our services which could be delivered in different settings, therefore we will look to develop alliances and partnerships with other providers to deliver re-designed services in different ways where appropriate or to secure appropriate facilities and support services for the delivery of services, recognising that location of service delivery will be a variable and therefore kept under constant review.

### **6.3 Effective and Efficient Use of Resources**

The Trust will:

- Have a major focus on improving productivity co-ordinated by the Trust's Innovation & Improvement Programme (IIP).
- Recognise the inter-relationship between quality improvement and sustained financial performance, and not manage them separately, particularly acknowledging the need to downsize and the implications this has for NLaGFT where over 70% of its resources are its workforce.
- Ensure service re-design delivers improvement on better value indicators such as reduce lengths of stay, same day admissions, improved follow-up to new outpatient clinic ratios
- Continue to benchmark all our services against the top 25 performing Trusts
- Continue to generate a financial surplus to support investment where necessary to ensure benefits are realised and future costs are released

- Work with Primary Care teams to harness technology to support the transfer of services into non-hospital settings or to avoid the need for hospital attendance.
- Meet carbon reduction targets by pursuing initiatives around energy generation, procurement & conservation
- Use part of the spare clinical capacity generated through the IIP to allow the Trust to accommodate changing referral flows from the Louth, Gainsborough and Doncaster areas.
- Look for opportunities to work with new and existing partners in the potential use of staff and building resources in different ways.
- Maintain regular benchmarking of backroom functions, explore opportunities for shared services and use advances in information technology to support more opportunities for increased effectiveness.

## **6.4 Investment in Workforce Leadership & Management**

The Trust will:

- Invest in developing clinical leaders, in Board development and in identifying future leaders and responding to their development needs
- Continue to develop roles within the service that are innovative and attractive, working imaginatively with other partners, to assist with recruitment and retention of staff and reduce reliance on 'rare birds'.
- Build flexibility into the workforce to allow rapid contraction or expansion in response to market factors or clinical transformation without incurring one-off costs.
- Invest in training and development of staff to manage retirement profiles and ensure an adequate supply of labour and to support the changes required in working practices to realign with these with new models of service delivery.
- Ensure staff feel valued and are encouraged to contribute to the development of their services.
- Develop initiatives to support staff wellbeing.
- Maximise job security within the health community by working with local NHS organisations to ensure that as services change and relocate, opportunity exists for staff expertise to move with the service.

## **6.5 Accountability & Regulation**

The Trust will:

- Continue to reflect the views of our members, governors and staff
- Consult and engage stakeholders and the public on service changes as required
- Ensure the continued growth of a representative membership

- Fulfil our contractual obligations and review of our capacity to do this in a well managed way.
- Maintain registration with the Care Quality Commission and use the review of performance against standards set by them to continually learn and improve on the care provided to users of services.
- Ensure we continue to fulfil the 'terms of authorisation' as required by the independent regulator of foundation trusts



## **7. Implementation of the Strategy**

The Strategic Goals have been developed to both inform and be informed by the Strategies of those planning and delivering our frontline services. These, together with the Contractual and regulatory obligations that govern our services, translate into Business Plans and objectives for each service and the staff who deliver those services.

In addition, the Trust will deliver QUEST through the Quality Group and deliver an integrated Innovation & Improvement Programme (IIP) of all Trust initiatives aimed at improving patient experience, delivering quality care, redesign and service innovation, prevention of waste and generation of long term financial stability through the IIP Board. NLaGFT aims to support staff in improving the quality and effectiveness of care whilst creating an organisation which is able to manage the financial challenges that the NHS is facing.

NLaGFT, along with the health community has adopted the implementation of Lean thinking and techniques as the overarching framework for the delivery of its goals and objectives. Pathlinks has been leading the way with the implementation of Lean techniques and has demonstrated immense potential to improve in productivity and efficiency. Lean philosophies are now being mainstreamed within the NHS in the form of the 'Productive' series. The approach supports the continuous improvement culture of empowering staff and giving them the authority and responsibility to make changes to the way they deliver services to improve the patient experience.

The Trust is developing a marketing strategy to support the consolidation and strengthening of our market position, ensure the Trust is the provider of choice for the local population and has a brand that provides a consistent, professional and unified identity which distinguishes it from its competitors, embeds the Trusts vision and values within the organisation and inspires loyalty and credibility both internally and externally.