

Our Forward Plans



Summary Strategic Directions 2007-2012

Respond, Deliver & Enable



“I think that the overall vision as set out in the forward plans sounds brilliant and has great general focus.”

Introduction

As part of the application to become one of the first NHS foundation trusts in April 2004, the RD&E prepared a service development strategy which outlined our forward plans for three years. More recently the Trust has been reviewing these plans, to take account of developments in the NHS and the local healthcare community, and ensure that we are able to meet the challenges of the next few years. This summary document describes the process to develop the strategy, and the key elements of the strategy itself.

Why we need a strategy

It is important for all organisations to be clear about purpose, sense of direction, aspirations and key goals. We need a plan against which we can measure ourselves and report progress to our patients, members and local community, and to Monitor, the organisation that oversees foundation trusts.

Our forward plans help the RD&E to:

- ensure everyone with an interest in the Trust, including the public, members, staff, managers, clinicians and commissioners have a clear view of what the Trust is seeking to achieve;
- ensure that all of these individuals and groups and the RD&E itself have a clear sense of direction;
- ensure long term objectives are clear and measurable 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;
- provide a benchmark against which to measure progress and improvement.

How the RD&E strategy has been developed

The development of this strategy has been led by the RD&E Board of Directors, with the close involvement of the Council of Governors. Our members newsletter and constituency meetings have been used to publicise progress and take account of the wider views of the public. A survey and an invitation to respond to some of the key elements of the strategy, via the newsletter, have also given valuable information about public and user priorities. Following on from the survey, a series of focus groups was held, so that members could tell us their thoughts and ideas about how the RD&E should tackle these top five priorities and make improvements to our services. When a progress report was included in the membership newsletter many members wrote to tell us what they thought of key aspects of the plans as they were being developed. Some of their comments appear in this summary, to illustrate the level of interest taken in the process.

Staff have likewise been involved, with information being made available through the Trust intranet and staff newsletter. A series of meetings has been held with staff selected from throughout the 6,000-strong workforce to represent all grades and professions, and obtain as wide a range of ideas and opinions as possible. Their views have been taken into account alongside those of senior clinicians and managers, and very specifically influenced the development of the Trust's vision and values.

The RD&E strategy also takes account of the strategic thinking of Devon Primary Care Trust. As our principal partners in the local healthcare community and our main commissioners, Devon PCT will continue to influence and inform decisions made at the RD&E.



“my main worry... is hospital infection and the newsletter has helped put my mind at rest as you all appear to be getting on top of the problem”

National and local influences

Our plans have been influenced by NHS plans developed at a national level and, as mentioned in the previous section, by our main partner in the local healthcare community - Devon Primary Care Trust. It is vitally important that we take account of all of these plans, so that we stay in step with latest developments and thinking for the NHS, nationally and in Devon, which in turn will ensure that we continue to be at the leading edge of healthcare.

National influences:

The NHS Plan: Published in 2000, the NHS Plan outlined a significant 10-year programme of investment and modernisation, based around an investment programme which intended to bring about a one-third real-term growth in the NHS over the first five years.

National Service Frameworks: The programme to create National Service Frameworks (NSFs) was launched in April 1998 and covers Coronary Heart Disease, Cancer Services, Older People, Diabetes, Long term conditions, Renal Services, Children, and Chronic Obstructive Pulmonary Disease (COPD).

Operating Framework: The Operating Framework sets out how local organisations will work in-year and clarifies health and service priorities for the forthcoming year. This guidance is updated on an annual basis.

Healthcare Commission Standards: The Department of Health's 'Standards for Better Health' were published in August 2004. For the first time, all organisations across healthcare are working to a common set of quality standards.


Our health, our care, our say: a new direction for community services: Published in January 2006 as part of the wider reform programme, 'Our health, our care, our say' sets out a framework for the delivery of more effective health and social service outside hospital.

10 high-impact changes: The NHS Modernisation Agency identified ten high-impact changes that organisations in health and social care can adopt to make significant, measurable improvements in the way they deliver care.

Emerging national models for the future design of hospitals: The recently published report by Lord Ara Darzi gave some indication of current Government thinking on how hospital services will develop in future. The second stage of the review is to be published in 2008, and should guide the Trust's thinking over the next few years.



“the shorter the
waiting time
for an appointment
the better”



“care closer to home sounds sensible if it could be under the watchful eye of a specialist”

Main local influence: Devon PCT's strategic aims

Devon PCT has recently embarked on the production of a strategic framework to inform the future commissioning of services for the local population. In formulating this strategy the PCT has set out a number of strategic aims:

- health as good as it can be;
- care as local as possible;
- the most effective treatment and care;
- the right support for people;
- making the best use of our resources;
- a say and an influence.

Additionally the PCT view is that acute hospitals will be:

- smaller than they are currently;
- more specialised and networked together;
- provide a more focussed range of services;
- be better integrated with primary and community services;
- increased focus on chronic disease management.

Taking account of a wide range of opinions, views and influences has enabled the RD&E to describe the **vision and values** of the organisation, to identify a list of **key milestones**, and to define our **top five priorities** as identified by our members and staff.

Vision and values

The RD&E has a long and proud history of delivering quality care to the population it serves. Its success in part rests on its ability to adapt and respond positively to change. The desire to continue our excellent tradition lies at the heart of our aspiration, vision and values.

Our vision:

The RD&E wants to be at the leading edge of healthcare; a modern organisation that is competitive, smart, flexible and distinctive in every way. To do this we will focus our attention and build our service around three key themes: **Respond, Deliver & Enable**.

In **responding** we aim to:

- be the provider of choice, delivering care in the most convenient and appropriate location, with no delay;
- eliminate all avoidable hospital infections;
- deliver services in a comfortable, friendly environment in which staff can care for patients effectively;
- recognise our wider responsibility to the environment and local community by using resources wisely.

We aim to **deliver**:

- a high standard of care delivered by experts, which meets the needs and aspirations of patients, staff, carers and the public;
- a full range of cost-effective accessible local hospital services;
- a range of excellent specialist services.

We aim to **enable**:

- staff to do their jobs to the best of their ability, by valuing them, ensuring they have the right skills and giving them the opportunity to focus on meeting the needs of patients, so making the RD&E the employer of choice;
- staff to have a good work/life balance, and achieve their full potential;
- research and innovation;
- future and sustained success through good financial management.

Out of this vision come our values - which are to foster a culture of:

- inspiration, research, innovation, learning and development;
- openness, honesty, transparency and integrity;
- fairness, equity and trustworthiness;
- inclusion, collaboration and openness to scrutiny;
- caring patient focussed professionalism;
- equality, respect and dignity;
- safety and quality;
- striving for excellence in everything we do.



**“expand the
use of community
operating and
outpatient facilities.
Definitely.”**

Key milestones

Delivery by

1. Waiting:

- At least 85% of patients of patients admitted wait no longer than 18 weeks from initial referral until they have received treatment. March 2008
- At least 90% of patients who do not require admission wait no longer than 18 weeks from initial referral until they have received treatment. March 2008
- At least 85% of patients admitted wait no longer than 15 weeks from initial referral until they have received treatment. Dec. 2008
- At least 90% of patients who do not require admission wait no longer than 15 weeks from initial referral until they have received treatment. Dec. 2008
- At least 90% of patients admitted wait no longer than 8 weeks from initial referral until they have received treatment. March 2011
- At least 95% of patients who do not require admission wait no longer than 8 weeks from initial referral until they have received treatment. March 2011
- Patient waiting is eradicated (measured by patients being able to be given a date of their choice for either an outpatient appointment or admission within a month). March 2011
- Ensure that at least 98% of accident and emergency patients are either admitted or treated and discharged within 2 hours. March 2011

2. Privacy and dignity:

- Patients are accommodated in single sex wards (apart from agreed emergency areas). March 2010
- Patients are accommodated in single rooms (if they wish). March 2012

3. Efficiency and effectiveness:

- Ensure all elective patients are pre-assessed prior to their date of admission and at least 90% of such March 2009

Delivery by

patients are admitted on the same day as their operation where clinically appropriate.

- Where operational requirements dictate, all facilities will operate routinely on evenings and weekends where demanded. March 2010
 - Ensure that the follow up outpatient ratio is better than the national average in all specialties. March 2009
 - Ensure that the follow up outpatient ratio is in the upper quartile nationally in all specialties. March 2012
 - Deliver an operational 'Emergency Hub' for the care of emergency patient admissions. March 2009
 - Length of stay in all specialties to be within top 25% of performance nationally. March 2012
 - Increase overall day case rate to over 70% (including work undertaken in community hospitals). March 2009
- 4. Delivery of care closer to home:**
- Increase the proportion of daycases undertaken in a community setting from 13% to 25%. March 2010
 - Hold at least 25% of outpatient clinic appointments in a community setting. March 2012
- 5. Communications:**
- All discharge summaries are completed and dispatched to GP within 24 hours of discharge (where clinically appropriate). March 2009
 - All clinical communications to be completed and dispatched within 7 days. March 2009
- 6. Infection control:**
- To eliminate avoidable hospital acquired infections. March 2010
- 7. Risk management:**
- Achieve significant reduction in risk in accordance with risk management targets. Various

Our top priorities

As an NHS Foundation Trust, the RD&E benefits from its membership of almost 20,000 people, including about 6,000 staff, represented by the Council of Governors. As described at the beginning of this document the Board of Directors and the Council of Governors have sought to actively engage the membership in developing the thinking that has contributed to the RD&E vision, values and objectives.

A key activity in this process has been a membership survey, for both public and staff members, to identify the top five priorities they would like the Trust to focus on. These are:

- control of infection;
- clean and tidy hospital;
- continuing to meet national targets;
- ensuring patients get the food and nutrition they need;
- less time waiting (whilst at the hospital).

These top five priorities were identical for members and staff. Though most appeared in a different order for each group, control of infection was the top priority for both. This high level of consistency means the RD&E can make plans that genuinely take account of public and staff views.



"I think surgery in the evenings and at the weekends is an excellent idea"

In-year planning and performance

So that the Trust's strategy has an impact on year-by-year plans it must link with planning and performance at all levels in the organisation. To achieve this goal the Board of Directors approved a planning and performance framework in September 2007, its key features being that:

- strategy forms the beginning (and the end) of the annual planning cycle;
- strategy drives the operational plan for each year;
- performance management processes monitor progress in meeting strategic objectives;
- strategy is reviewed and updated annually before the start of the new annual planning cycle.

In this way the strategy remains relevant and up-to-date as a key part of the planning and performance process, and can keep pace with the ever changing national and local demands of healthcare.

Next steps

This summary document is being sent to members, and will be widely available within the RD&E.

Members and staff will continue to be involved as the strategy is updated year by year, with progress reports in the newsletter, and invitations to further meetings. In this way you will continue to influence the Trust's plans as they develop and evolve.

Thank you

To the Council of Governors, and the members and staff who participated in the process of putting this strategy together. Their ideas and suggestions, involvement in meetings and letters have added immeasurably to the Trust's understanding of what matters to people who live in our local communities, and work at the hospital.



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ما برای کمک شما ترجمه زبان بمنظور استفاده از خدمات که شما نیاز دارید فراهم کرده می‌توانیم. لطفاً به بخش روغتون بر نمره تلفون رابطه کنید که در نامه شما داده شده است.

Dari

અમે તમને જરૂરી સેવાઓ મેળવવા માટે ભાષાંતરણી વ્યવસ્થા કરી આપીશું. ક્યા કરીને પત્રમાં તમને આપવામાં આવેલ નંબર ઉપર ઇસ્પીતાલ વોડને ડેલિફોન કરો.

Gujarati

ہم آپ کی مطلوبہ خدمات کو ہانے میں آپ کی مدد کے لئے زبان کے ترجمہ کا انتظام کر سکتے ہیں۔ برائے مہربانی آپ کے خط میں دئے ہوئے نمبر پر اسپتال کے وارڈ کو فون کریں۔

Urdu

我們能夠為您安排語言翻譯，以協助您獲得需要的服務。請撥打信中提供的電話號碼以便與醫院病房聯絡。

Chinese

ما قادر هستیم برای شما امور مربوط به ترجمه را انجام دهیم تا خدمات مورد نیاز خود را بدست آورید. لطفاً با بیمارستانی که شماره تلفن آن در نامه ذکر شده تماس حاصل نمایید.

Farsi

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For more information or to get involved:

- visit the RD&E website, www.rdehospital.nhs.uk, or call 01392 403977;
- write to 'FT Membership', Noy Scott House, RD&E, Barrack Road, Exeter, Devon EX2 5DW;
- receive our free quarterly newsletter with information about developments and new services at the RD&E or find out about foundation trust membership and how to put forward your ideas by calling the above number or emailing bernadette.coates@rdeft.nhs.uk