

Trust strategy (Refresh) 2018-2021



DHCFT



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Making a
positive
difference

Introduction and Background

Welcome to our refreshed Trust strategy (2018 – 2021)

We find ourselves at an exciting point in the development of our Trust. This strategy is important because it identifies the common purpose all of us who work in the Trust share, the way we go about doing business and what outcomes people can expect to see from us over the next few years.

It is important to refresh our strategy because as a Board of Directors we have recognised the absolute need to focus on 'people first' and by that we mean colleagues who work in the Trust. We are clear that only by doing this, can we together, create a culture that supports continuous improvement, that learns from mistakes and promotes innovation. Focusing on people will enable us to attract colleagues to work with us and will ensure we create new and exciting roles to give more opportunity for personal development.

Whilst we have identified four broad strategic objectives or areas for action (see P10), we will, together, constantly review what the 2 or 3 key priorities under each area are, if we have made improvements and if we need to change our focus.



Things are changing in our wider health and social care environment too, a focus on delivering care as close to home as possible, more collaboration across clinical pathways and a focus on prevention; all things we need to take into account when working together to refine and improve how we deliver our services

Our strategy should be read in conjunction with our Divisional 'plans on a page' that add more detail to how each area will deliver the vision and objectives (available on Connect)

I look forward to working together to make our strategy a reality for the people of Derbyshire

Ifti Majid
Chief Executive

Background and context

What is a trust strategy?

Our strategy was developed in early 2016 to meet the needs of our service users and to help colleagues understand their role in achieving the vision. It set out the direction of travel for Derbyshire Healthcare NHS Foundation Trust for the five years 2016-21 within the context of the wider health and care agenda, both nationally and locally. The strategy was written to provide a clear and concise vision for the future in order to deliver a “...*proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services*” (*Five year forward view for Mental Health – Feb. 2016, NHS England*).

However, since that time a number of things have happened which has meant that it is important to update the strategy to make it appropriate to our colleagues and external stakeholders. There were three key reasons for refreshing the strategy:

- The Trust’s vision was updated in December 2017 as a result of feedback from our colleagues. Colleagues told us that they wanted a simpler, clearer vision of what the Trust will achieve in the years ahead. This was taken into account along with ideas on what makes Derbyshire Healthcare special.
- The proposed merger with Derbyshire Community Health Services NHS FT was not progressed following a Board decision in July 2017. It was agreed that with the proposed changes at a system level many of the clinical benefits could be achieved without a full merger. Therefore the strategy needed to reflect this change.
- In the original strategy (2016) reference was made to how the Sustainable Transformation Partnership (STP - now Joined-up Care Derbyshire) objectives would be delivered. However, much of the STP progress was stalled. The STP structure was reformed in the spring/summer of 2017 and this has made it clearer on the part Derbyshire Healthcare plays in the wider health and care economy.

There is now an opportunity through the strategy refresh, to more clearly articulate intentions around:

- How we aim to put people first in order to live our values
- How we develop our leaders to create the environment where people experience our values
- How the work of Derbyshire Healthcare fits within system-wide and partnership working.

How has the trust strategy been developed?

We have considered our commitment to colleagues, our performance, what services are core and which are strategically important to us (core plus). We have consulted with our colleagues, stakeholders, commissioners, governors and Trust Board members to gather ideas for strategic direction and these are detailed in this document. We have circulated the draft content to our colleagues, via the Staff Forum, to ensure that it clearly represents the views of the whole organisation.

We have also ensured that our strategy takes into account the wider health and care environment in which we work.

Our vision

The Trust’s vision was updated in December 2017 as a result of feedback from our colleagues.

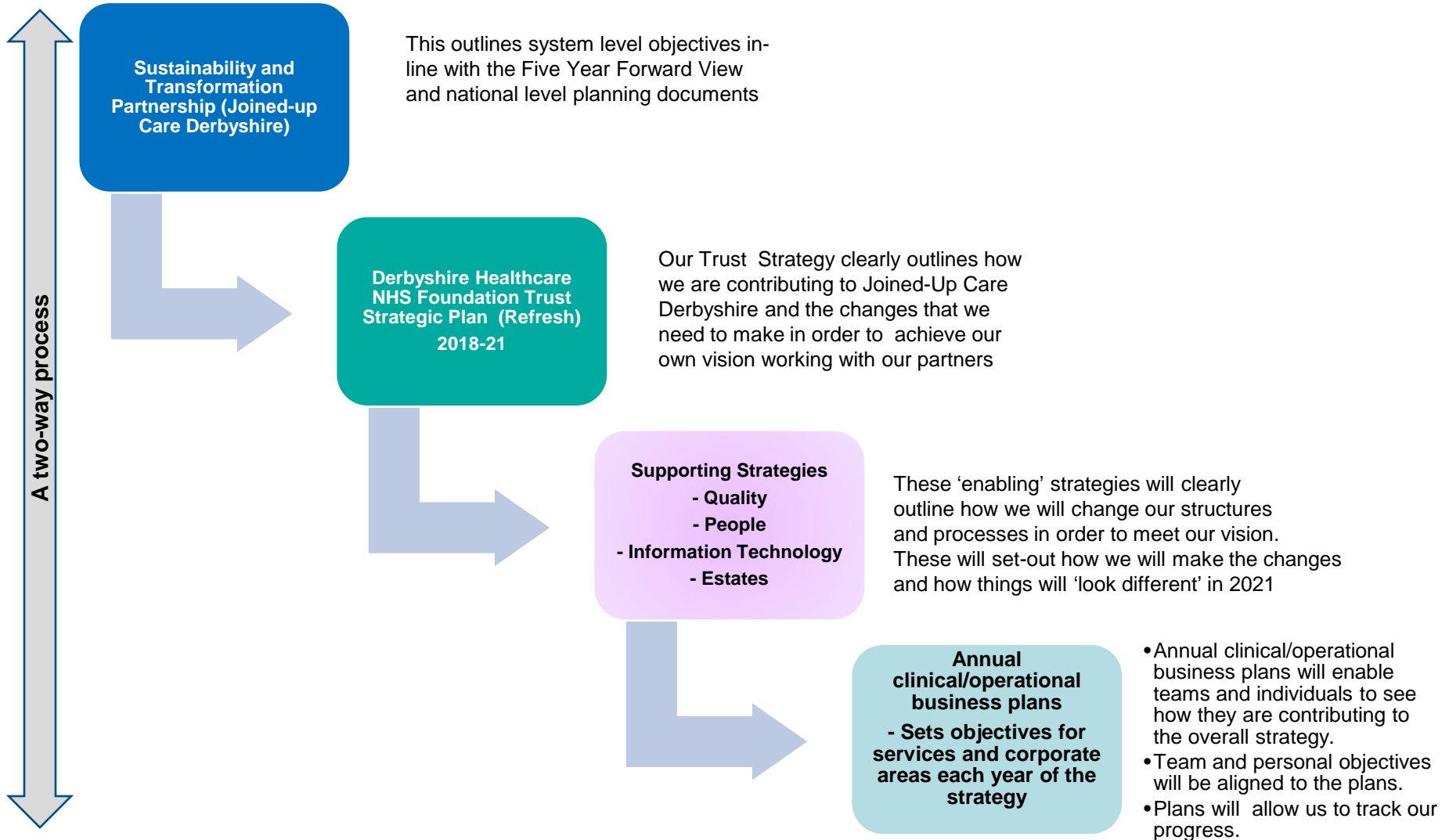
Colleagues told us that they wanted a simpler, clearer vision of what the Trust will achieve in the years ahead. This was taken into account along with peoples’ ideas on what makes Derbyshire Healthcare special. Therefore the revised Trust vision is:

‘To make a positive difference in people’s lives by improving health and wellbeing.’

This strategy covers the period 2018 - 2021

Background and context

How will the Trust Strategy be implemented?



Derbyshire Healthcare NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust (DHCFT) is a provider of community, children's and mental health services across the city of Derby and wider county of Derbyshire. We also provide a range of children's physical and mental health services in Derby and specialist services across the county including substance misuse, eating disorders and learning disabilities.

The Trust provides services to a diverse population, including areas of wealth alongside significant deprivation. The Trust's catchment includes both city and rural populations, with 71 languages being spoken. To demonstrate the diversity of our population it should be noted that 4% of the population of the County and 25% of population of Derby City are Black or another ethnicity. We have the second largest Deaf community outside of London. It is estimated 4-7% of local population are lesbian, gay or Bisexual.

The Trust works to the Equality Delivery System 2(EDS2) which is the national NHS performance framework designed to deliver better outcomes for patients, communities and better working environments for colleagues, which are personal, fair and diverse'. We have adopted EDS2 framework and will use it as a key enabler to support the delivery of this strategy, to ensure we consider equality in everything we do, including ensuring services and employment are equally good for everyone.

Successful partnership working is key to the delivery of many of our services. The Trust works in close collaboration with our commissioners and fellow providers of local healthcare services, together with local authority colleagues at Derby City Council and Derbyshire County Council, and voluntary and community sector organisations.

Our services

The Trust started to restructure its clinical services during 2015/16, following a large scale transformation programme that commenced in July 2013, when nearly 500 people took part in sessions to define how our services across Derbyshire might look in the future. From there, a vision was developed:

- Services will be wrapped around the needs of the patient and their community, they will be easy to access and re-access. The way in which we deliver care will be in line with an individual's needs and not simply dictated by how the service pathway is designed. We will not 'discharge' patients but will support their transition between services based on the individual's needs.
- Models of care will be service receiver needs led, not simply diagnostically led. Services will interconnect with other organisations to ensure that care is delivered in a truly integrated co-produced way.
- We will have fewer beds and instead care for service receiver within their communities as much as possible; services will support and enable the development of community, family and service receiver resilience. Our workforce will be flexible to support the service receiver's journey.

To date, hundreds of colleagues, service users, carers and external partners have been involved in deciding how this vision could be achieved. This has resulted in the identification of:

- A neighbourhood-based, needs-led approach to our community mental health services, with neighbourhood team members working closely with each other and other local health professionals, wrapping care around the person to keep them at home as long as possible. The teams draw on local community resources to help people rebuild their lives after an episode of mental ill health; and
- A campus based approach where our inpatient mental health services and the wider teams that support inpatients will focus on delivering high-quality care, as well as support within the community to prevent hospital admissions.

Derbyshire Healthcare NHS Foundation Trust (Continued)

78,244 service users seen



271 Inpatient beds



Number of staff 2,384

189 Scientific and technical



398 Additional clinical services



503 Administrative and clerical



117 Estates and ancillary



889 Nursing and midwifery



137 Medical



148 Allied health professionals



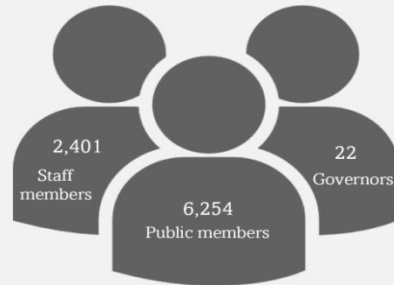
3 Students



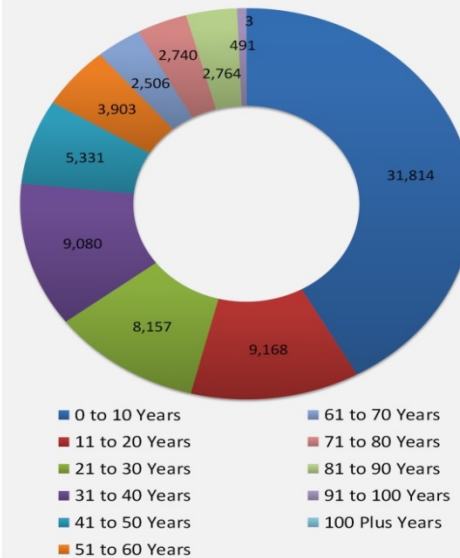
The Trust cared for 3,172 babies born in Derby City



8,629 members



75,957 service users open to Derbyshire Healthcare services on 31 March 2017



6 years ago we were licensed as an NHS Foundation Trust



1,014 Square miles covered

£ 136 million Annual operating income

During 2016/17 we reported an overall financial surplus



Background and context – to ‘make a positive difference’ we must understand the wider system

Developing the Sustainability Transformation Plan

In response to the *NHS Shared Planning Guidance* (December 2015) it was agreed by health and care leaders across both City and County that all parties would contribute to the Sustainability Transformation Plan (STP) making it a truly system wide plan. The 12 organisations (NHS and Local Authority) agreed to create an ambitious local blueprint for accelerating the implementation of the Five Year Forward View (5YFV). The plan was submitted in October 2016. However, owing to a number of changes nationally there was a ‘pause’ which meant that the STP was relaunched in spring/summer 2017 as the Sustainability and Transformation **Partnership**. This has since been rebranded ‘Joined-up Care Derbyshire’.

Joined-up Care Derbyshire continues to be developed based on the needs of local citizens and communities. Clinicians, professionals, colleagues and wider partners are central to the development of the plans. The Trust strategy needs to be in-line with the emerging system wide plan and be flexible in its approach. The strategy is aimed at providing the framework for the next three years whilst recognising that the health and care landscape will change for providers, commissioners and service users. A key feature of the system plan will be the move towards ‘place based systems of care’. The emerging STP can be diagrammatically shown as:



Moving to Place Based Systems of Care

The move towards place based systems of care will enhance the concept of ‘the team around the person’ leading to a more integrated service, a reduction in duplication and greater efficiency. For a **defined geographical community with similar characteristics** all services – primary care, mental health, community services, social care and third sector sectors will operate as a **single team to wrap care around a person and their family**. There will be an equal focus to **empowering citizens** to self care and participate in shared decision making and promoting healthy lifestyles and well being, as there is to providing direct care. Links with the local community will be fostered, recognising that communities have a range of complex and inter-related needs, but also have **assets at the social and community level** that can help improve health and strengthen resilience to health problems. This integrated approach will meet the specific needs of local communities it will be **not one size will fit all** and will recognise that different communities will start with different services and facilities (including general practice)

Introduction

Our communities

Derby City perspective

Derby City public health profile summary: Source narrative from Public Health England published June 2015.

Derby at a glance:

Health in summary - The health of people in Derby is generally worse than the England average. Deprivation is higher than average and about 23.8% (12,100) children live in poverty. Life expectancy for both men and women is lower than the England average.

Living longer - Life expectancy is 12.4 years lower for men and 8.9 years lower for women in the most deprived areas of Derby than in the least deprived areas.

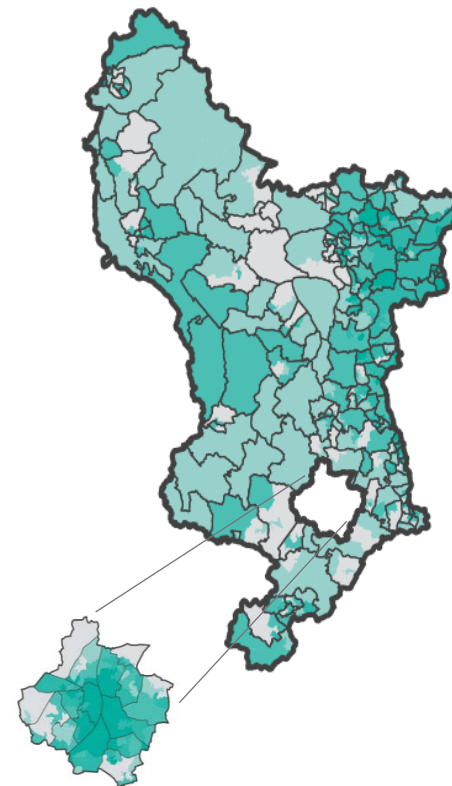
Child health - In Year six, 20.5% (545) of children are classified as obese. The rate of alcohol specific hospital stays among those under 18 was 44.1*. This represents 25 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking at time of delivery are worse than the England average.

Adult health - In 2012, 24.3% of adults are classified as obese. The rate of alcohol related harm hospital stays was 801*, worse than the average for England. This represents 1,856 stays per year. The rate of self-harm hospital stays was 291.0*, worse than the average for England. This represents 760 stays per year. The rate of smoking related deaths was 303*. This represents 374 deaths per year. Estimated levels of adult smoking are worse than the England average. The rate of sexually transmitted infections is worse than average. The rate of people killed and seriously injured on roads is better than average.

Local priorities - Priorities for Derby include reducing inequalities, giving children the best start, risky behaviour change and substance misuse.

* *Mental health locality profiles - Derby City overview (East Midlands Public Health Observatory)*

Deprivation in Derbyshire: darker wards represent areas of higher deprivation.



Source: Derby City and Derbyshire County 2014 Public Health Profiles

Introduction

Our communities

Derbyshire County perspective

Derbyshire public health profile summary: Source narrative from Public Health England published June 2015.

Health in summary - The health of people in Derbyshire is varied compared with the England average. Deprivation is lower than average, however about 16.3% (21,900) children live in poverty. Life expectancy for both men and women is similar to the England average.

Living longer - Life expectancy is 7.9 years lower for men and 5.8 years lower for women in the most deprived areas of Derbyshire than in the least deprived areas.

Child health - In Year 6, 17.1% (1,258) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 45.4*. This represents 70 stays per year. Levels of GCSE attainment, breastfeeding and smoking at time of delivery are worse than the England average. Levels of teenage pregnancy are better than the England average.

Adult health - In 2012, 24.7% of adults are classified as obese, worse than the average for England. The rate of alcohol related harm hospital stays was 718*, worse than the average for England. This represents 5,632 stays per year. The rate of self-harm hospital stays was 274.2*, worse than the average for England. This represents 2,076 stays per year.

The rate of smoking related deaths was 283*. This represents 1,301 deaths per year. Estimated levels of adult excess weight are worse than the England average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness, violent crime, long term unemployment and drug misuse are better than average.

Local priorities - Priorities for Derbyshire include reducing smoking in pregnancy, reducing inequality in life expectancy and healthy life expectancy within the area and increasing breastfeeding.

In England:

One in ten children aged 5-16 has a diagnosable problem.

People with long term physical illnesses suffer more complications if they also develop mental health problems.

One in five mothers suffers from depression.

One in five older people living in the community and 40 per cent of older people living in care homes are affected by depression.

* Mental health locality profiles - Derbyshire overview (East Midlands Public Health Observatory)

Drivers for change

We have assessed the internal and external drivers for change in the development of this strategy. Examples of the drivers for change are listed below.

Internal	Our service users and families
<ul style="list-style-type: none"> • Need for clear direction - clear message to all colleagues, service receivers, partners and stakeholders. Promote a can do and creative approach in setting mutual expectations. • A strategy that assists with decision making. • Understand the direction of travel – how we can change to work in a changing health and care system. • Changing the culture of our organisation – putting our people first. • Embedding a listening, learning and solutions focused approach to all aspects of the organisation. • Managing and reducing the demand for our services. • Developing appropriate partnerships and collaboration. 	<ul style="list-style-type: none"> • Services that put people at the centre – joined up and easy to access. • ‘I tell my story once’. • Local services where possible. • Services within my own home where possible. • People that understand me and my needs. • Choices for service users and their carers. • Developing and embedding family and care inclusive practice. • Developing and setting mutual expectations. • ‘Nothing about me, without me’.
System Level	National
<ul style="list-style-type: none"> • System wide sustainability – meeting the ‘three gaps’ - health and wellbeing, care and quality and finance and efficiency. • Move towards an Integrated Care System • Not progressing the merger with DCHSFT • Greater alignment of physical and mental health – parity of esteem. • More integrated services – ‘I tell my story once’. • Developing seven day services. • Delivering high quality services. • Increasing demand for services linked to demographic change e.g. ageing population. • Delivering financial sustainability 	<p>A number of documents have been produced by NHS England, NHS Improvement and other national bodies which either provide guidance or are clear on the things we must do over the next five years. Examples of important documents are:</p> <ul style="list-style-type: none"> • Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 (December 15). • Five Year Forward View for Mental Health (February 2016) and 5YFV One Year On (March 17) • NHSE MH Delivery Plan (Summer 17) • NHS Constitution. • NHS Outcomes Framework. • Carter Review (February 2016). • National Standard Contract and National tariff • National ‘must do’s’. • The ‘three gaps’ - health and wellbeing, care and quality, and finance and efficiency . <p>N.B. Documents available via NHS England or NHSI website</p>

**Creating
our vision**

Our Vision

Our vision, values and strategic objectives

Our Vision

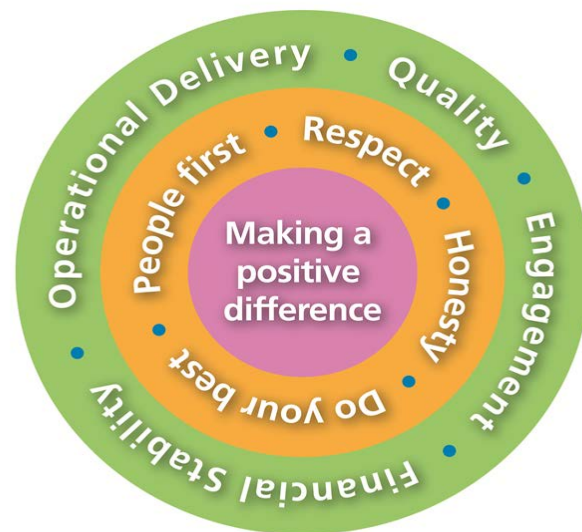
'To make a positive difference in people's lives by improving health and wellbeing'

Our Values

Our vision is underpinned by four key values, which were developed in partnership with our patients, carers, colleagues and wider partners. Our values were launched in May 2012, following consultation with colleagues, service users and partner organisations. They were refreshed in December 2017 as a result of feedback from colleagues. We can only provide good quality services through our dedicated colleagues, working together with a common purpose. Our values reflect the reasons why our colleagues choose to work for the NHS and Derbyshire Healthcare.

Our Trust values are:

- **People first** – We put our patients and colleagues at the centre of everything we do.
- **Respect** – We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment.
- **Honesty** – We are open and transparent in all we do.
- **Do your best** – We work closely with our partners to achieve the best possible outcomes for people.



Our Strategic Objectives

1.
**Quality
Improvement**

2.
Engagement

3.
**Financial
Sustainability**

4.
**Operational
Delivery**

Our Vision

Engaging and Respecting Colleagues

To deliver our shared commitment to make a positive difference, we must work in capable teams where colleagues feel empowered, confident to be themselves and to raise concerns, share ideas for innovation and make decisions as close to the front line as possible. Our Team Derbyshire Healthcare engagement initiative provides a range of opportunities for engagement, support and development.



- Colleague Forum
- Team Brief
- Team Derbyshire Healthcare – Leaders
- Colleague magazine – ‘Employee Voice’
- CEO drop in sessions
- Schwartz Rounds

We are committed to active inclusion to support colleagues to have the opportunities to ‘do their best’ and succeed in their ambitions

- BME colleagues network
- Commitment to LGBT+ inclusion
- Charter for British Sign Language (British Deaf Association)
- Reverse mentoring
- BME reverse commissioning.
- The Armed Forces Covenant



Trust Board members signing the Commitment to LGBT+ inclusion

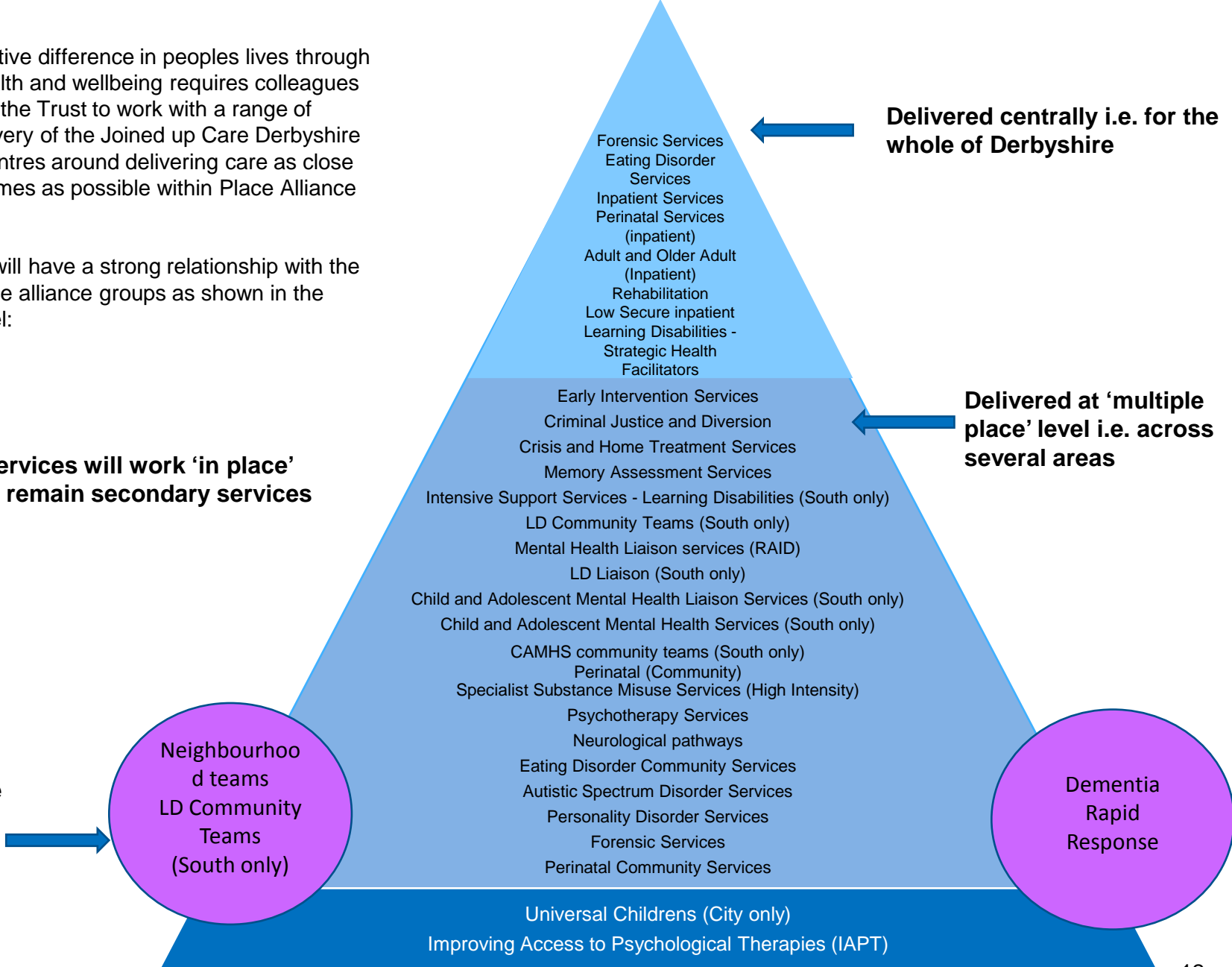
Derbyshire Healthcare NHS Foundation Trust in 2021

Making a positive difference in peoples lives through improving health and wellbeing requires colleagues at all levels in the Trust to work with a range of partners. Delivery of the Joined up Care Derbyshire plan (STP) centres around delivering care as close to peoples homes as possible within Place Alliance Groups.

Our services will have a strong relationship with the emerging place alliance groups as shown in the pyramid model:

 **These services will work 'in place' but they remain secondary services**

Delivered at 'Place Alliance Group' level (TBC pending outcome of 'places')



Closing the Gap - Health isn't just about health and care

We know that peoples health and wellbeing is effected by many things in todays society. To make a positive difference means thinking differently and if we are truly going to put people first we need to contribute to wellbeing as early as possible in peoples lives, as well as deliver services when things don't go so well.

The table below gives some examples of how we can make a difference under the four key areas that have been identified as contributing to peoples wellbeing.

How can Derbyshire Healthcare make a difference to the health and well-being gap?

Worklessness and Low Skills	Children and Young People	Crime and Offending	Health and Social Care
<ul style="list-style-type: none"> Development of the Recovery College – learning new skills 	<ul style="list-style-type: none"> Early diagnosis of mental illness to allow young people to take ownership of their health 	<ul style="list-style-type: none"> Work closely with the police to help them understand the issues people with a mental illness or learning disability may face 	<ul style="list-style-type: none"> Making our services as accessible as possible – links to GP's and local facilities
<ul style="list-style-type: none"> Individual Placement and Support (IPS) – helping people with serious mental illness or a learning disability back into work 	<ul style="list-style-type: none"> Working with other organisations to ensure we 'join-up' and know the whole person 	<ul style="list-style-type: none"> Work with people who have high levels of need so that they get support from mental health, the police and social care 	<ul style="list-style-type: none"> Making the links with other organisations so that people feel supported and not 'lost in the system'
<ul style="list-style-type: none"> Rehabilitation in community settings for people who have had long periods of inpatient care 	<ul style="list-style-type: none"> Working with families and helping parents to give their children a good start in life both with their mental and physical health e.g. childhood obesity 	<ul style="list-style-type: none"> Support people who are in the criminal justice system 	<ul style="list-style-type: none"> Linking physical and mental health – making sure that people with a mental health or learning disability get good physical health checks
<ul style="list-style-type: none"> Adopt best practice around personal and community resilience 	<ul style="list-style-type: none"> Continue to develop our Family first initiative 	<ul style="list-style-type: none"> Help people who have offended re-integrate into society by giving them the right support 	<ul style="list-style-type: none"> Work with our Commissioners to deliver the Five Year Forward View for Mental Health

What we need to achieve

'To make a positive difference in people's lives by improving health and wellbeing'

Meet our strategic objectives

Our Focus for 2018/19

National 'must do's'

1. **Quality improvement**
2. **Engagement**
3. **Financial sustainability**
4. **Operational delivery**

1. **Quality improvement**
 1. Completing the CQC action plan and the preparedness plan for next year
 2. Deliver physical healthcare CQUIN
2. **Engagement**
 1. Developing empowered and compassionate leaders
 2. Enhancing colleague voice through action
3. **Financial sustainability**
 1. Create and deliver a recurrent cost improvement plan
 2. Achieve agency ceiling
4. **Operational delivery**
 1. Reduce vacancies to 5%
 2. Redefine our Urgent Care and Neighbourhood Pathways.

- **Focus on quality** – achieving the best results for service users within the resources available. Reducing variation in services and achieving 'good' or 'outstanding' in the Care Quality Commission ratings. Services will be delivered services seven days a week.
- **Focus on access** – meet the access standards for Improving Access to Psychological Therapies (IAPT) and Early Intervention. Improve access to other services.
- **Focus on finance** – rise to the efficiency challenge both internally and working with system partners to implement the Carter Review recommendations.

**Achieving our
vision**

What we need to achieve - quality

Quality

Delivering a quality, people focused service through regulatory compliance

Delivering improvements in physical healthcare


Other areas we want to achieve

- We will continue to change the balance of power in our clinical services and embed a contemporary inclusive health service, based upon **informed choices, time limited care, with focused measured outcomes** in line with regulatory standards
- We will maintain patient safety in our clinical care services, we will review levels of service and **focus expectations**, which may ultimately impact on patient experience
- We will reflect on our care delivery, learn the lessons and adopt our knowledge and systems from this learning.
- We will do our best **to improve our performance**, maintain our compliance with CQC clinical quality standards and embed them into the fabric of our organisation.

- We will implement our **Physical Healthcare Strategy**, both in our Mental Health and **Child Health plans (Education, Health and Care Plans - EHCP)** and implement **the Green light toolkit**
- We will eliminate **unwarranted variation** in the delivery of clinical services.
- We will use data and analysis to understand the **mortality gap** affecting those with serious and enduring mental ill health, working in an integrated way with our physical health and care partners.
- We will continue to develop our clinical interventions and embed our approach to **treating people in their community as close to home as possible.**
- We will **work with primary care** on a focused approach to annual health checks. Learning from our Health facilitators and our intensive focused support in Substance misuse

- We will deliver a consistent, accessible and quality service. We will improve our knowledge and application of working with people with Autism
- **We will focus on our effectiveness**, both in adopting known research, NICE guidelines and sharing other teams good practices within our Trust
- We will refine our **clinical leadership**, ownership and **performance management** through a **defined accountability model** which champions an outcomes focus and **quality improvement.**
- We will continue work in improving clinical outcomes, and reducing the impact of ill health, through focused work on **reducing the likelihood for relapse**

What we need to achieve - engagement



Develop empowered, compassionate and inclusive leaders

- Development of a new, focused management and leadership development programme for Team Derbyshire Healthcare Leaders
- Provide a management development offer that supports all managers of people and services to have the skills and knowledge to be able to successfully fulfil their role
- Build leadership capacity and capability to take Team Derbyshire forward
- Provide continuous learning and support; coaching mentoring and peer to peer support
- Revitalise our recruitment ,induction and appraisal process to the Team Derbyshire Leaders expectations
- Deliver on our inclusion ambitions by focused leadership, aligned actions through executive sponsorship, supported and developed networks, reverse commissioning and mentoring

Engagement – Focusing on our people

Enhancing colleague voice through action

- Provide mechanisms to recognise and celebrate employee achievements
- Co-create with colleagues a set of agreed expectations and responsibilities about what is required of members of Team Derbyshire Healthcare
- Provide clear opportunities for Trust employees to share their views, ideas and suggestions
- To ensure robust processes are in place for colleagues to raise concerns
- To develop mechanism for two-way communication to flow throughout the organisation at all levels
- To feedback to colleagues, demonstrating how their contributions have made a difference
- Increase visibility and access to Board members

Deliver Year 1 of our 2018 -2021 People Strategy

- **Retain-** Focus on the annual colleagues survey and the quarterly pulse checks to drive organisation and team improvement; all leaders will have colleague engagement as an annual objective; provide a benefits package that supports the needs of colleagues at every stage of their career; support and focus on colleagues wellbeing
- **Develop** – Offer a flexible approach to induction, preceptorship and development to meet the needs of new joiners, build flexible career pathways per occupation to grow and retain colleagues, ensure all colleagues have a meaningful and engaging annual appraisal that supports their personal development, align succession planning with workforce and business planning
- **Attract** - Strengthen the DHCFT brand ensuring that we are seen as a first choice place to work and develop innovative and targeted recruitment campaigns to reach a diverse range of applicants, provide an employment offer that is flexible to meet the needs of colleagues at all stages of their career

What we need to achieve – financial sustainability



- Services will be planned in such a way that they **deliver the vision** for our people using them in 2021 – we will work across boundaries, linking physical and mental health.
- We will review **clinical and operational best practice** to ensure that services meet the needs of service users and their carers, who access our services
- Transformation will have **quality, access and affordability** at the heart of service change.
- We will use sound clinical evidenced based practice and business principles to achieve the transformation of our services – **clinically led and managerially supported changes**.
- We will follow a **clear and transparent process** for any service change
- We will work with our **partners** to deliver joined-up care.

- We will all be **encouraged to contribute ideas** which will help transform services to meet our vision.
- **Thinking differently** - there are no wrong ideas – we will develop a culture of innovation and embracing change.
- We will **continuously review our everyday working practices** to ask if we are doing things in the most efficient and effective way. Is what we are doing enhancing people's care and their experience?
- We will adopt '**lean principles**' – getting things right first time, working with partners to stop duplication, no waste and no wasted time.
- Everything we do will put people first.

- **Continuous business improvement** will be fundamental for us to meet our statutory requirements and deliver our financial plans.
- We expect to be able to **achieve a similar level of overall surplus** as in our current financial plan, following NHS guidelines.
- We will continue to work with **operational and clinical teams** to ensure everyone can make financially well-informed decisions.

What we need to achieve – operational delivery

Operational delivery

Meet our operational targets

Transform our services

Other things we want to achieve

- We will develop a new Urgent Care model for Adult Mental health Services across Derbyshire
- Continue to improve the consistency and purposefulness of inpatient care across the Trust by implementing and building on best practice
- Review our current Neighbourhood care model and deliver a revised model of care for Community Mental Health Services
- Fully implement a Dementia Rapid Response Team in North Derbyshire
- Review pathways for other services such as personality disorders
- Develop new models of care for patients who are currently in Locked Door Rehabilitation

- Deliver national waiting time targets for our services
- Review our service specifications with Commissioners so that they meet our patients needs and reflect the work we are doing
- Deliver our contractual targets as set out in our contract with Commissioners
- Delivering the performance requirements associated with the Five Year Forward View

- We will continue to work with our commissioners to deliver the 5 Year Forward View for Mental Health and Children
- We will implement the Transforming Care agenda in Learning Disability Services
- We expect to develop a new Community Forensic Service
- We will enhance our Community Perinatal service in line with national expectations set in the 5 year forward view
- We will work with Public Health to deliver enhanced joined-up pathways for people who require support from our substance misuse services

How will we measure our achievements?

In delivering our strategy we need to be able to show that we have achieved our priorities. With our focus on people, we want to measure how colleagues and patients will know that things have changed. Below we have added the high level changes that we want to see. Our monthly Board Reports will have more detailed measures to help us monitor progress.

Strategic Objective	What will it mean for colleagues in the Trust?	What will it mean for patients?
Quality		
<ul style="list-style-type: none"> Delivering a quality, people focused service through regulatory compliance 	<ul style="list-style-type: none"> Everyone will understand what is required to deliver services that comply with core standards Work in an environment that helps deliver core standards 	<ul style="list-style-type: none"> We will give greater public assurance to the community of Derbyshire that we have received and acted on feedback following external assessments of our quality.
<ul style="list-style-type: none"> Delivering improvements in physical healthcare 	<ul style="list-style-type: none"> We will have the skills and tools, within teams to deliver improved physical healthcare. 	<ul style="list-style-type: none"> We will implement the evidence, and focus upon the public health concerns that individuals with specific conditions have worse outcomes. We will contribute to the public health knowledge gap, on the outcomes of smoking, high alcohol consumption, substance misuse, (prescribed and illegal) lack of effective exercise, occupation and diet.

How will we measure our achievements?

Strategic Objective	What will it mean for colleagues in the Trust?	What will it mean for patients?
Engagement		
<ul style="list-style-type: none"> Developing empowered, compassionate and inclusive leaders 	<ul style="list-style-type: none"> Leaders who create an environment where people can experience the values A positive and engaging work environment for all colleagues making the Trust a place where people choose to work. Developing inclusive and compassionate leadership A caring and progressive organisation that promotes equality, values and celebrates diversity and has created an inclusive and compassionate environment for receiving care and for employment 	<ul style="list-style-type: none"> Less bank and agency colleagues ensuring greater continuity of care Inclusive services that are delivered with kindness, dignity and respect and meet the needs of service users and patients
<ul style="list-style-type: none"> Enhancing colleague voice through action 	<ul style="list-style-type: none"> A well-developed colleagues engagement programme with a focus on two-way communication. Vibrant and connected networked colleague to help everyone make a difference 	<ul style="list-style-type: none"> A happy, motivated and well supported workforce who give good patient care.

How will we measure our achievements?

Strategic Objective	What will it mean for colleagues in the Trust?	What will it mean for patients?
Operational Delivery		
<ul style="list-style-type: none"> Transform our services 	<ul style="list-style-type: none"> Working in more joined-up pathways of care which are easy to understand Ability to develop new skills and work in new roles for example Advanced Clinical Practitioners and Nurse Associates 	<ul style="list-style-type: none"> Easier access to care – ‘I tell my story once’ New Pathways developed as part of the Five Year Forward View Services will be developed using evidence and feedback from a variety of sources to ensure we meet peoples diverse needs and considered impact
<ul style="list-style-type: none"> Meet Operational Targets 	<ul style="list-style-type: none"> Expectations about performance are clearly articulated at all levels of the organisation. 	<ul style="list-style-type: none"> Access to care in a timely way
Financial Sustainability		
<ul style="list-style-type: none"> Create and deliver a recurrent cost improvement plan (CIP) 	<p>Recurrent CIP delivery through continuous cost and quality improvement helps us get things right first time which means less waste of resources and time</p>	<p>Continuous cost and quality improvement means CIPs are well planned and effective which help services to become more efficient for patients and better value for money for the public purse</p>
<ul style="list-style-type: none"> Achieve agency ‘ceiling’ through reduced temporary colleague using usage 	<p>Less use of temporary colleagues means more substantive colleagues. Reducing the expensive agency costs means better quality of care, better team cohesion and better overall workforce planning. It also reduces the need to find savings from substantive roles</p>	<p>Less use of temporary colleagues means more substantive colleagues and that enables better patient experience through improved consistency of clinical contacts as well as better value for money</p>