



Improving Lives, Strengthening Communities, Getting Better Together



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Foreword



Thousands of people across Derbyshire rely on our mental health, learning disability, substance misuse and children's services. We are here with one vital purpose and that is to consistently provide excellent, personalised health care to each and every one of those people. In so doing we aim to become one of the country's leading providers of health care and wellbeing services. We will demonstrate this through the quality, range and cost effectiveness of the care and treatments we provide. We will develop and maintain a reputation for providing the highest quality, recovery focussed care across a comprehensive range of mental health and wellbeing services. The care that we provide will always be in line with or exceed current best practice. The experience of care will always be one that is positive and based on compassionate relationships that support recovery.

Our reputation for excellence will be based on robust evidence. In the future we will demonstrate that our services are as good as, if not better than, our competitors in terms of clinical effectiveness, patient safety and patient experience. The measures we use to demonstrate clinical quality will be routinely monitored and communicated to demonstrate our commitment to being an open and well governed trust.

We are proud of our achievements over the last few years. We have listened to people who use our services, their families and carers, and made our services better in response. For example we have introduced our new values and have won a national award for our core care standards.

Our services will be delivered by compassionate and caring, well-trained, motivated and clinically engaged staff working in highly performing care teams. Our staff will be committed to excellence in all they do and to providing patient centred care of the highest quality. They will be proud to work for our Trust and will understand their contribution to it becoming one of the best foundation trusts in the country. We will recruit, retain and develop staff of the highest calibre.

Our new strategy sets out our plans for 2013 to 2016 and has at its heart the people who use our services, their families and carers. People have told us that they want us to view them as whole people with strengths, ambitions and goals to have a life worth living beyond their illness, and to remember their physical and mental health needs are combined. People want safe, recovery enhancing services that support inclusion in communities of their choice.

Above all, people want to be at the centre of decisions made about their lives. They want to be fully and actively involved in their care and to have positive experiences of the care they receive. They also want the organisations that support them to work closely together so that pathways of care feel seamless and easy to follow.

Our strategy sets out our commitment to providing excellent quality services – with people at the centre of them. We are doing this against a backdrop of an increasing and changing population, including an increase in older people and greater ethnic diversity. There are also financial challenges locally in Derbyshire and nationally in the NHS. We aim to be responsive and flexible to these changing needs and to work closely with commissioners and partner organisations to provide the best care.

We believe we are well positioned to make a real difference to people's health and wellbeing, and in so doing help them have hope for the future and to fulfil their ambitions. We look forward to working with people to support them to improve their lives and to make our communities stronger by working together.

Our Community



Key Facts

- Population of 1.05m
- Dementia rates in adults are significantly worse than the England average.
- The percentage of adults with learning difficulties is significantly higher than the England average.
- About 12.6% of adults diagnosed as suffering from depression, this is significantly worse than the England average.
- About 19.2% of Year 6 children are classified as obese.
- Levels of alcohol specific hospital stays

among those under 18, breast feeding initiation and smoking in pregnancy are worse that the England average. The level of teenage pregnancy is better than the England average.

- The estimated level of adult obesity is worse than the England average. The rate of sexually transmitted infections is better than the England average.
- Deprivation is lower than average, however about 24,000 children live in poverty
- Life expectancy for men is higher than the England average
- Over the last 10 years, all-cause mortality rates have fallen.
- Early death rates from cancer, from heart disease and from stroke have fallen.

Our Trust

We became a Foundation Trust in February 2011. This means we are accountable to our membership's public, elected and appointed governors. Supported by a workforce of approximately 2,500, we have 6,150 members and 27 Public and Appointed Governors. As part of our normal approach we will engage our governors, members and stakeholders in the detail of the strategy.

We operate from over 100 sites across Derbyshire with up to 30,000 people accessing our services at any one time. This represents over 367,000 community contacts and 121,000 bed days. As a Trust we are regulated by Monitor and inspected by Care Quality Commission.

Our Vision, Core Values and Core Services

Our Vision

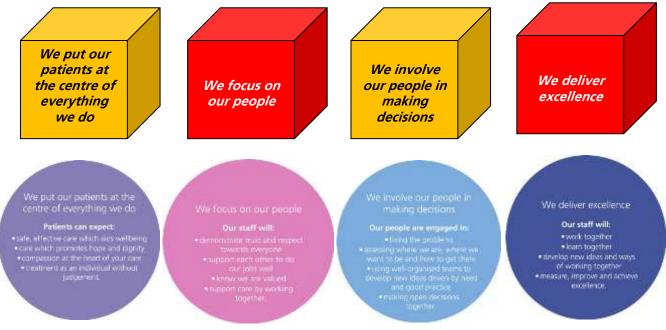
It is essential that we articulate the sort of organisation we hope to be in the future in order for us to put in place the necessary plans to achieve our ambition. This vision must resonate and inspire our staff to ensure their full engagement and support as we embark on what will be a challenging journey towards our ultimate goal of becoming one of the country's top five providers of health care. Our vision is aspirational, yet realistic, and is based on a thorough understanding of our strengths and weaknesses as well as those of our competitors.



Our Trust will become the provider of choice within Derbyshire and beyond for the delivery of high quality services that improve the health and wellbeing of the people we serve.

Core Values

Our vision is underpinned by our core values. They were developed through consultation and will ensure:



Our Core Services

The local market for our core services will continue to be challenging as a result of ongoing financial constraints, the on-going tightening of regulatory standards related to both financial management and quality, and a desire by commissioners to redevelop key care pathways. In all of our services we will ensure that physical and mental health is given equal priority. We will work tirelessly to address the prejudice and stigma associated with the services we provide by joining with local and national campaigns to portray positive and optimistic stories of recovery.

Over the past few years the NHS has changed shape with competition becoming increasingly prevalent in our environment. We will need to ensure that our services are the services that our patients want to use and our commissioners want to buy. We have been a Foundation Trust for the last two years and during this time have maintained a healthy financial position and retained a very positive rating of green for our quality.

Our core values provide the foundation from which we continue to build on our strong track record of delivering the following services:



We are the largest provider of all age mental health services across Derbyshire. We will continue to improve and grow these services ensuring that the pathways provided to patients are easily accessible, have minimum transitions and are close to home.

We will continue to transform our community and inpatient services to ensure that they reflect the on-going needs of our local communities and the best evidence available to ensure they remain recovery focused and promote hope, personal control and opportunities for living a meaningful life.



We deliver Multidisciplinary Community Learning Disability Teams serving Derby City and Southern Derbyshire along with 24 hour non bed-based Assessment and Treatment Services, also serving Derby City and South Derbyshire, working with clients in their own homes. To support people with a learning disability to access mainstream services we work closely with GPs and other health and social service providers through our health facilitator programme.



Our City and County services are delivered with independent sector partners providing high and low intensity drug treatment services. Clinical leadership is offered throughout our service provision for those people with a dual diagnosis. We also support the local health system through our HALT (Hospital Alcohol Liaison Team).



Children and Universal specialist services joined the Trust in 2011 and we actively promote an approach that supports early detection and early intervention across all health conditions and all age groups. Many people who come into contact with mental health services do so as a result of distressing or traumatic life experiences in their childhood and we believe that having these services in our portfolio strengthens our ability to build healthier communities for Derbyshire in the future and to reduce the future demand on adult mental health services. By working in a public health model with young people and their families at an early stage we aim to tackle the known contributors to mental distress and mental illness that may show in later years. The Trust has well-established Child and Adolescent Mental Health Services (CAMHS) in Southern Derbyshire and our priority is to ensure that young people receive local care and when needed have a positive transition to adult services.

We will look for continual quality improvements and opportunities to increase the market share of all of these services. We will be proactive in seeking new opportunities for healthcare development and growth in areas of healthcare that complement our core service portfolio. We will continue to defend, develop and invest in our core services.

How We Manage Our Finances

Over the last three years we have consistently achieved our statutory requirements for Monitor which demonstrates our financial viability. Each year we continue to significantly invest in our capital funds which allows us to improve our estates and facilities as well as being able to support the introduction of new technology in our clinical services.

We work in partnership with our commissioners and have made progress in new developments such as Payment by Results (PbR). PbR will introduce a different way in which we will be funded by our commissioners. We have also implemented financial systems such as service line reporting to make us more responsive. Service line reporting allows us to have detailed understanding of the financial position of each and every service delivered within the Trust.

What Will Our Success Look Like?

Success will be reflected in the safety of our services, the clinical and personal outcomes our service users achieve and the feedback we receive from them and our other stakeholders on their experience of care. Our success will be reflected in our ability to continually improve our existing services as well as develop new services and to compete successfully against other organisations for new healthcare opportunities. Success will be demonstrated by maintaining financial viability as a consequence of our continually improving our services and developing our research profile and activities.

Locally we will be recognised as a flexible, responsive and influential provider and opinion leader. Our expertise will be recognised in our position as a lead provider in integrated pathways of care. Our services will use all the resources available to them as efficiently and effectively as possible. We will deliver value for money to our commissioners whilst delivering care that results in excellent outcomes for our patients at the best value.

We will be known regionally as an exemplar organisation for our highly engaged workforce, leadership development, contemporary Human Resources practices and use of technology to enhance service delivery. We will continue to build on our reputation in regionally recognised services such as eating disorder services, perinatal services, and services for women.

In our position as a top five Foundation Trust we will be known nationally and internationally for our quality of care and our contribution to research and development. We will influence national policy in areas such as PbR, compassion and recovery.

Our Ambition for People Who Receive our Services

This strategy has been developed by listening to the people who use our services, to their families and carers, and to our workforce, governors and commissioners. Working in partnerships we aim to achieve our vision which is:

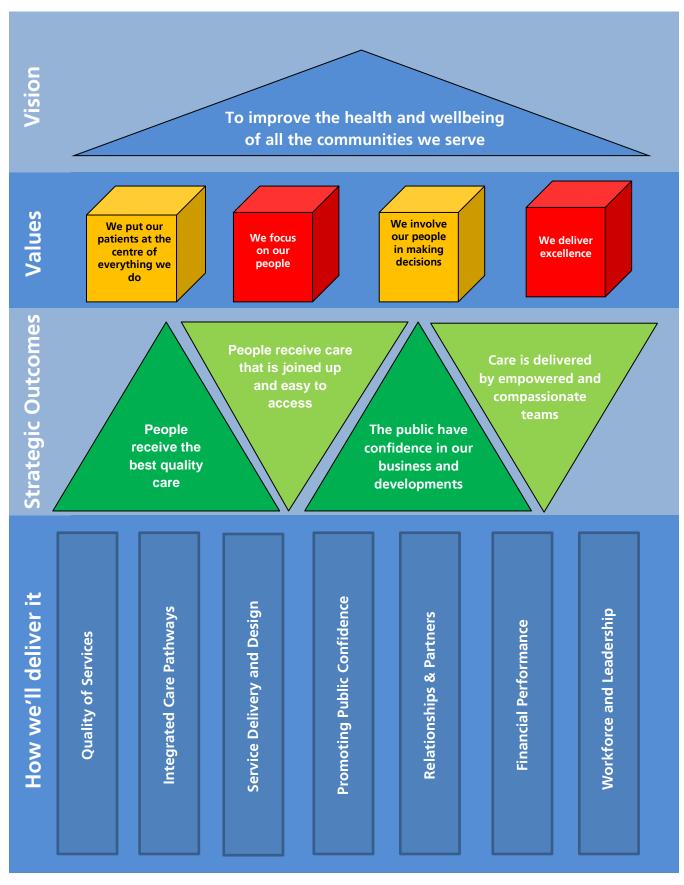
"To improve the health and wellbeing of all the communities we serve."

We have thought about what this will mean to the people who receive our services and have developed four strategic outcomes that are all about the nature of care that people who use our services should experience. These strategic outcomes represent the direction of travel and things we must do to achieve our ambition. They will help us to become better across all service areas and differentiate us from other providers. As a result, the strategic outcomes are all about the people who receive our services. They are:



Sitting below these outcomes are a set of enabling strategies or work programmes that have specific objectives and resources (people, money, time) allocated to them. We have called these our pillars of improvement and they will guide the work of senior managers and the Board of Directors. The pillars of our strategy will enable us to deliver the Trust's Vision and to enable us to provide consistent care in the right way, at the right time and in the right place.

The following diagram illustrates our Vision, the outcomes we want to achieve and how we will deliver it. It is a plan on a page of our direction over the next three years to create a Trust we continue to be proud of.



The following pages explain why these outcomes are important to us and how we will measure our progress. For each aim and within each pillar we have set ourselves some measures of success, some standards we want to achieve by 2016 and some milestones to track our progress every year until then.

Outcome 1: People receive the best quality care

We put our patients first and foremost not only in the quality of services that we deliver but in the way we assess the quality of our services. We strive to give every patient, service user and carer who comes into contact with us the safest, most effective care and the best experience possible. We do this by ensuring that we listen and learn directly from our patients and carers. By listening to our patients and carers experiences we can continually improve and provide care that is experienced as positive and safe. Therefore, we will continue to use a range of interventions to ensure we are systematically obtaining and acting on the feedback from our patients and carers in real time.

For many years we have had in place a robust process whereby concerns can be raised to the highest level and we call this 'whistleblowing'. We want to ensure that we fulfil our 'duty of candour' which means we are open and transparent in the way the trust is managed and services are delivered. Whilst the whistleblowing process has been accessed and utilised on a number of occasions in the past we will undertake a review with our staff, patients and carers to make sure that anyone who has concerns about the quality and safety of our services can raise their concerns in a supportive way. This will help to ensure that improvements can be made and we can continue to support organisational learning.

We have put in place the foundations from which to build our quality culture such as the publication of our Clinical and Quality Strategy, Integrated Quality Governance arrangements and the development of the Quality Framework. The Quality Framework articulates how we will sustain and improve the quality of care we provide from the perspective of each and every person. We are proud of the external recognition from Monitor and the Care Quality Commission for our quality systems and processes. However, we will not be complacent and will use the outcomes from external reports (such as the Francis report published on 6th February 2013) to make continual improvements.

Core to our approach to quality is setting and maintaining professional standards. The Multi Professional Philosophy and the Nursing People to Health and Wellbeing Strategy details clearly how we plan to improve nursing across all our settings. Creating a

compassionate caring culture will be central to this work ensuring that care is delivered in accordance to our values, behaviours and attitudes.

One of the cornerstones in striving for continual improvement and quality is the creation of our Research and Development Centre. Research and Development will enable us to inform our practice to ensure we are providing the most innovative, contemporary methods to our patients. Our people, patients and carers will play a key role in shaping our thinking in the areas of research and development.

To improve the Quality of Services we want them to feel personalised, outcomefocussed and delivered to the best evidence and highest standards.

	Improving Quality of Services				
	Pillar Goals	Baseline 2012/13	2013/14	2014/15	2015/16
1	Patients will report that they are involved in their Care Plan and that it reflects their needs, strengths and aspirations (Community Survey and CQC benchmarking provides the baseline for this indicator)	7.20	7.53	7.86	8.20
2	Friends and Family test (The Golden Question)	37.71%	65%	80%	85%
3	Establish a Research and Development Centre with a national reputation for driving research into practice to enhance quality, improve patient outcomes and improve the experience of those who use our services	Develop and launch R&D Centre	2 Centres of Excellence developed	1 further Centre developed	1 further Centre developed
4	Did we take enough care of patients physical health?	47%	64%	82%	100%
5	'Very clean' hospital ward or room (inpatient survey)	59%	79%	90%	90%

This is what we'll do to deliver this outcome:

Outcome 2: People receive care that is joined up and easy to access

As is the case with all NHS organisations we are facing some significant challenges over the next few years both financially and from the changing demography of our population. Therefore, it is important that we work with other providers to support closer working and better integration of services to meet these challenges. We want to be at the forefront of influencing and setting the pace around the integration agenda. Our approach to integration is one that is wrapped around the patient and the patient pathway to support early detection, easy access and effective treatment.

Our first step on this journey is to provide integrated pathways of care internally. We will be reviewing our pathways to optimise clinical synergies between services. Our aim is to ensure that all our pathways are easy to navigate; they avoid duplication as well as unnecessary delays and provide the best patient outcomes.

The second stage of this approach will be to work proactively with our commissioners to identify pathways to see how best patients can be managed seamlessly between care settings and providers. This will require us to have an increased focus on partnerships, including the private and voluntary sector, ensuring that the most appropriate evidence-based care is followed.

The third strand to this strategic aim is information integration. The use of information and technology in providing excellent care to our patients is fundamental. Information will be the glue that binds the pathways both internally and externally and allows our patients to move effectively between services. Therefore, we must develop information services that not only interface amongst our internal services but also allow information to be shared safely and securely linking care providers.

To ensure that care is joined up and that we have Integrated Care Pathways we will support our teams to work *better* and working closely with external partners to ensure flexible and responsive care is delivered as close to home as possible.

This is what we'll do to deliver this outcome:

	Integrated Care Pathways				
	Pillar Goals	Baseline 2012/13	2013/14	2014/15	2015/16
1	To ensure that all information to support clinical delivery for all our services is held on a single electronic record	0%	40%	60%	100%
2	Establish ourselves as the lead provider for all older peoples mental health services within Derbyshire	70%	85%	100%	100%
3	Enhance the degree of integration with our children's services % of staff reporting good communication between senior management and staff % of staff feeling there are good opportunities to develop their potential at work	Baseline from 2012 staff survey Baseline from 2012 staff survey	10% increase from baseline Baseline from 2012 staff survey	51% (Linked to quality strategy) 58% (Linked to quality strategy)	65% 65%
4	Fully implement the RAID model of mental health support into Derbyshire Acute Trusts	0%	65%	100%	100%

Service Delivery and Design

We will optimise our service delivery structure so as to support the integration of our care pathways through enabled Service Line Management and Clinical Leadership. We will embrace contemporary models of service delivery through optimising our use of technology and estate.

This is what we'll do to deliver this outcome:

	Service Delivery and Design				
	Pillar Goals	Baseline 2012/13	2013/14	2014/15	2015/16
1a	Reduce the average number of internal team transfers as part of a patients journey	identify s	urrent base tep down 1 o 0 by 201	trajectory	0
1b	Demonstrate positive outcomes through use of PBR linked outcome measures likely to be HONOS (CROM), the Warwick & Edinburgh Mental Health Well Being Scale (PROM) and a yet to be agreed Patient Experience Outcome Measure. (<i>ref: Draft MH Clustering guidance 2013/14</i> <i>Department of Health 18540</i>)	Nationally Agreed PBR Outcomes not routinely used	Nationally agreed outcomes routinely used in 95% of patients	Able to demonst- rate and publish improve- ments in outcomes for each cluster	An average 5% improvem ent from previous year
2	Implement Recovery Education Colleges to enhance the experience and outcomes for people who have used our services	0	1	2	3
 Redesign the urgent care model to optimise locally delivered community focussed care: Reduce the number of urgent care patients treated outside of Derbyshire Reduce the Average size of Trust Urgent Care Wards (average excludes enhanced care) 		9 <i>Radbourne</i> 25 <i>Hartington</i> 23	4 <i>Radbourne</i> 20 <i>Hartington</i> 23	2 <i>Radbourne</i> 20 <i>Hartington</i> 20	1 <i>Radbourne</i> 20 <i>Hartington</i> 20

Outcome 3: The public have confidence in our healthcare and developments

It is everyone's responsibility within the Trust to foster public confidence in the services that we deliver. Therefore, it is important that all our people, no matter where they work, understand and are able to articulate their contribution to providing high quality care. It will be all our business to promote the excellent care and work we undertake.

We want our brand and reputation to be one of delivering compassionate care, care that is safe and responsive to our patients and carers needs. We want to be recognised nationally for our work on quality, organisational development and our contribution to research. We want to be acknowledged regionally for being a leader of integrated pathways of care and locally as a provider who delivers high quality care and excellent patient outcomes at best value. All of this equates to a well governed, individually focussed health care 'business' that people in our local communities choose to use, and will recommend to their friends and family.

Whilst we expect all of our people to be Trust ambassadors we recognise that they will need be supported to enable them to undertake this role. Therefore, we will be seeking to strengthen the infrastructure around our communication and market-promoting capabilities. Communication is a vital component in this strategy. Engagement with our patients, staff, partners and other stakeholders is vital. Promoting the excellent work that our workforce deliver day-in and day-out is key for our future success in the competitive environment that we now operate in.

We will also be reviewing our services to ensure that they are sustainable, efficient and as productive as possible. We have, therefore, developed a process that we have named VIBE. The acronym VIBE comes from **VI**able, sustainable services delivered through an integrated model and demonstrate **B**est value and outcomes. This process will be undertaken through **E**ngagement (the last letter of our acronym) of all our stakeholders driving whole community ownership.

During this period of challenge in the NHS economy our prime imperative is to maintain the quality of their services, whilst complying with the requirement to deliver efficiency savings. However, in a well-managed and financially viable organisation with effective procedures providing effective governance and control of risk, this does not mean that sensible opportunities for growth should be ignored.

When all NHS commissioners and providers are dealing with a common significant problem, such as providing improving healthcare within finite financial resources, it is

essential that we all work together in a spirit of partnership if we are to continue delivering success. We commit ourselves to this collaborative approach.

So our ambitions to grow are firmly grounded in a few simple principles:

- 1. We will only seek to win new business in services where we can demonstrate current expertise and where we can provide quality and a positive financial return.
- 2. Our opportunities are likely to arise from outside Derbyshire but in easily accessible locations close to County boundaries.
- 3. An exception would be an acceptance (or an exchange) of services with a fellow Derbyshire provider where both parties believe that the transaction would deliver more effective healthcare to the communities we serve.
- 4. We are forecasting that incremental revenue in 2013-16 will amount to approximately 3 4% per annum. We believe that the important development is to invest in resource now to extend our commercial expertise, so that we are well placed in future years to seek larger new healthcare opportunities or to professionally defend ourselves against possible increasing competition for our core services by NHS or private sector providers.

Promoting Public Confidence

It is now more important than ever to maintain public confidence in our services. The experience of consistent high quality of our care will be the cornerstone of what we are recognised for. We will be known for compassion, recovery and our highly skilled staff working *better together* to deliver excellent outcomes for Derbyshire.

This is what we'll do to deliver this outcome:

	Promoting Public Confidence				
	Pillar Goals	Baseline 2012/13	2013/14	2014/15	2015/16
1	Develop an infrastructure to build capacity and capability including marketing, communications and healthcare development.	Agree model, start recruitment	100% functionin g	100% functionin g	100% functionin g
2	Increase physical and virtual presence locally, regionally and nationally. • Local • Regional • National	25% 15% 10%	50% 35% 30%	80% 60% 60%	100% 100% 85%
3	Scope, understand and promote unique trust assets, projects and processes.	Agr	Scoping c ee measure	complete es and publ	ish
4	Deliver effective services that provide value for money (via implementation of VIBE)	25%	60%	100%	On-going

Relationships & Partners

We will develop dynamic, authentic and transparent relationships with patients, carers, members, governors and commissioners. We will engage proactively and influence partners providing credible and expert leadership, locally, regionally and nationally.

	Relationships and Partners				
	Pillar Goals	Baseline 2012/13	2013/14	2014/15	2015/16
1	Visible and active engagement in Derbyshire communities.	Agree scope and performance criteria	100% attendance	100% attendance	100% attendance
2	Achieve positive ratings and feedback from key partners linked to Quality Account.	Agree scope and performance criteria	80%	90%	10%
3	Host or be key partner in local and regional events	Agree scope and performance criteria			teria
4	Strengthen organisational brand and recognition	Develop marketing plan	Implement marketing plan	Evaluate benefits and value	Continue to implement

Financial Performance

Robust financial performance and full compliance with regulatory requirements to support and evidence the delivery of best value clinical care.

We are already seen as an exemplar in managing, assuring and delivering our efficiency requirements. This, coupled with our developments in VIBE and Service Line Reporting, will enable us to continue to maintain our financial viability, to meet our regulatory requirements and to make well-informed healthcare decisions.

We choose to reinvest surplus funds into making our services better for our patients, as opposed to generating excessive profits.

This is what we'll do to deliver this outcome:

	Financial Performance					
	Pillar Goals	Baseline 2012/13	2013/14	2014/15	2015/16	
1	Develop responsive and proactive financial modelling capability	Annual production	6 monthly production	Quarterly production	Quarterly production	
2	Increase speed of production of Service Line Reports	8 week turnaround	6 week turnaround	4 week turnaround	4 week turnaround	
3	Develop and embed bespoke Financial Key Performance Indicators in line with VIBE roll out	In cost per case areas only	60% of services	100% of services	100% of services	

Outcome 4: Care is delivered by empowered and compassionate teams

The relationship between people working in well-led teams who are engaged and empowered to work autonomously within clearly accountable systems and positive patient care outcomes is well known. We will continue with our approach to leadership and management development based on our Trust's values to encourage compassionate relationships, compassionate teams and a compassionate culture of care. We will continue to strengthen the organisational performance framework to strengthen service line management leading to further de-centralisation, bringing decision making closer to teams and patient care.

Over the next three years the Trust will be shaping processes that will ensure that the organisation has the right level of capacity, the right people, with the right skills, values, attitudes and behaviours that are in tune with those of the Trust, in the right place. This will require all of our workforce to undertake a value based assessment at some point during this time. In addition, our talent management framework will identify our people who exceed both in demonstrating the values, as well in their technical competence.

The structure of the organisation will be transformed in a way that enables decision making to be made closer to direct patient care. The organisation design and culture will facilitate explicit clinical leadership that is linked into the senior operational management and will be clearly involved in decision making at a service level. Operational managers and clinical leaders will have the freedom to make service improvements and determine resources in line with service line management best practice.

This system of delegated authority will move teams to become more empowered and have greater authority in a model of earned autonomy. This results in operational managers and clinicians becoming more empowered and in executives becoming more strategic and externally facing.

We will create leaders at every level of our organisation who are able to continually improve the quality of care provided and enhance our patients' experience by driving forward innovation, transformation and modernisation of our services. Therefore, we will continue to build on the work the Leadership Strategy launched in 2010.

Coaching competencies and development will form a significant facet in our leadership approach by developing a culture where coaching is the preferred leadership and management style. Fostering this preferred approach, we will be continually equipping our leaders with the skills and competencies to develop a compassionate culture.

Workforce and Leadership

We will develop a highly engaged, compassionate and skilled workforce, focussed on recovery. Our leaders will be empowered with the best tools to ensure the best delivery of patient care.

	Workforce and Leadership				
	Pillar Goals	Baseline 2012/13	2013/14	2014/15	2015/16
1	Create across the organisation a compassionate culture firstly by identifying the characteristics of such a culture which will assist in understanding success.	0% of Trust teams	30% of Trust teams	60% of Trust teams	100% of Trust teams
2	To design a framework that supports decision making closer to direct patient care and create autonomous teams	0% of Trust teams	30% of Trust teams	60% of Trust teams	100% of Trust teams
3	To design a process that facilitates all of our workforce undertaking a value based assessment over the next three years	0% of Trust staff	40% of Trust staff	60% of Trust staff	80% of Trust staff

This is what we'll do to deliver this outcome:

Being Open, Honest and Accountable As We Go Forward

This strategy document has set out our vision, values and the outcomes we hope to achieve for the people who receive our services. We have set a clear path to do this. We will report back to our communities, partners and commissioners on our progress. We have at the heart of our plans the people who receive our services, their families and carers.

We have been clear about how we will measure our progress, including the areas that need measures to be developed where they don't yet exist. We are clear that we cannot improve lives and make the communities we serve stronger by working in isolation. We are better together. We are dependent on our partners to work with us on our shared purpose of improving the health and wellbeing of residents living in Derbyshire.

We will review our strategy each year and report progress through our Annual Report and Quality Accounts as well as though updates to the Board which are available to the public.

We will adopt a regular reporting process whereby we constantly compare our various core services and healthcare support functions to the National leaders thereby continually striving to be within the top five.

Working in partnership with local communities through our Council of Governors and key stakeholders we will ensure full accountability to meeting the identified needs of those we serve.

Glossary

CAMHS	Childhood and Adolescent Mental Health Services
PbR	Payment by Results (PbR) is the transparent rules- based payment system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient's healthcare needs. PbR promotes efficiency, supports patient choice and increasingly incentivises best practice models of care.
Governors	Appointed and Publically elected governors act collectively to hold the Directors to account and ensure that the interests of the Trust's members are taken into account. Governors show great commitment in representing the views of local people and helping the Trust to shape its plans for the future.
Commissioners	Commissioners are required to be advocates for health and wellbeing, encouraging and enabling individuals, families and communities to take greater and shared responsibility for staying healthy and managing their health and conditions. This means understanding better what affects health, effective engagement and enablement of people and populations and strengthened partnership working to improve health and wellbeing.
Board of Directors	The executive and non-executive directors representing all areas of the trust
Trust	The body of Derbyshire Healthcare NHS Foundation Trust
Clinical and Quality Strategy	clare granger
Integrated Quality Governance	clare granger
Quality Framework	Articulates how we will sustain and improve the quality of care we provide from the perspective of each and every person

Monitor	Monitor authorises and regulates NHS foundation trusts and supports their development, ensuring they are well-governed and financially robust
Care Quality Commission	The Care Quality Commission (CQC) regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisation. It also protects the interests of people detained under the Mental Health Act.
Francis Report	The final report published in 2013 into the care provided by Mid Staffordshire NHS Foundation Trust
Compassion	Dictionary : 'a strong feeling of sympathy and sadness for the suffering or bad luck of others and a wish to help them .
	Buddhist: The desire to act upon the suffering of others: an ethical behaviour involving patience and generosity with action.
	Nursing Theory: Nursing theorists suggest that what distinguishes compassion from related qualities such as sympathy, empathy and kindness and caring is the intention to act upon the suffering of others.
Recovery	"a deeply personal unique process of changing one's attitudes, values feelings, goals, skills and roles. It's a way of living a satisfactory, hopeful and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness." <i>Anthony, 1993</i>
	Recovery is not what services do to or for people.
	Recovery is what people experience themselves as they become empowered to manage their mental illness and/or substance misuse in a manner that allows them to achieve a meaningful and a positive sense of belonging in their community.

National Institute for Mental Health in England (NIMHE) Guiding Statement on Recovery

VIBE

The acronym VIBE comes from **VI**able, sustainable services delivered through an integrated model and demonstrate **B**est value and outcomes. This process will be undertaken through **E**ngagement (the last letter of our acronym) of all our stakeholders driving whole community ownership