

Dorset HealthCare
University NHS Foundation Trust



Strategic Plan Document for 2013-14

Dorset HealthCare University NHS Foundation Trust

Strategic Plan for y/e 31 March 2014 (and 2015, 2016)

This document completed by (and Monitor queries to be directed to):

Name

Mr Paul Sly

Job Title

Chief Executive Officer


e-mail address

Paul.Sly@dhuft.nhs.uk


Tel. no. for contact **01202 443276**

Date **31 May 2013**

Approved on behalf of the Board of Directors by:

Name <i>(Chair)</i>	Mr Jonathan Walsh
Signature	

Approved on behalf of the Board of Directors by:

Name <i>(Chief Executive)</i>	Mr Paul Sly
Signature	

Approved on behalf of the Board of Directors by:

Name <i>(Finance Director)</i>	Mr Roy Jackson
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Signature

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1. Introduction

The past two years have seen substantial changes for Dorset HealthCare Trust (DHC). In 2011 we brought together our mental health services with the community services provided by others in Dorset, Bournemouth and Poole. The Trust has nearly trebled in size and became a very different organisation. Those changes are now complete, and it is time for us to look to the future as a new organisation.

The Trust operates from one of the largest estates of any NHS Trust in England. It includes a wide range of different properties ranging from small to medium sized mental health in-patient hospitals to single ward community hospitals located in market towns. The services provided by the Trust are diverse and constantly evolving to meet the changing needs of the local population.

We run Dorset's 11 community hospitals and the minor injuries units - as well as providing adult and children's community and mental health services, healthcare in Dorset's four prisons, specialist learning disability services, community brain injury services, addiction services and community dental services.

Our community health services encompass: district nurses, health visitors, school nursing, end of life care, sexual health promotion, safeguarding children, diabetes education, audiology, speech and language therapy, dermatology, podiatry, orthopaedic, wheelchair services and breastfeeding support services.

Although widely anticipated, the recent findings of the Francis Report (following the Mid Staffordshire NHS Foundation Trust Public Enquiry) were still shocking and very saddening. The Trust held a joint workshop with Governors and the Board to review the national findings and recommendations and identify priorities for local action.

As with all NHS organisations, the Trust recognises it will be operating in a changing and challenging environment with a number of economic, political, social and technological challenges.

Financial pressures for the NHS, both nationally and locally, along with rising public

expectations, will mean that there has to be a sustained focus on quality, innovation, productivity and prevention. We will continue to develop individual, personalised care that maintains independence, provides choice and promotes recovery.

We have developed our Strategy for the coming years and were determined that this should be a process that was informed by feedback from our stakeholders, and driven 'bottom-up' by the people best placed to design the future: patients, service users and carers, and the staff, clinicians and managers working in our services.

The Trust is improving its leadership through the implementation, during 2013/14, of its Leadership Strategy.

2. Context

In developing the Strategic Framework and this Annual Plan, the Board gave careful consideration to three things.

- The population we serve, and how it is expected to change in future
- The feedback that we gathered from stakeholders through three major engagement events and a survey of our Members
- The stated priorities of the organisations who commission our services

The strategic financial context within which our planning is being undertaken is as set out at separate Appendix 1.

2.1 The population we serve

The direction of travel for our services must be right for the people we serve. Our main commissioners have undertaken detailed work to understand how the population of Dorset may change in future; their conclusions are set out in their Health Community Strategy. In summary, they say the following:

'Dorset has a particularly high proportion of older people compared with the

rest of England; this is projected to increase and the advancing age of our population is also expected to increase. These population changes are likely to require an increased need for both formal and informal care. The age groups of 20-39 are significantly under-represented across the county, due to a period of low birth rates and the outward migration of this group. Dorset is therefore gaining an ageing population but losing its workforce and those with the ability to deliver informal care. This means the requirement to deliver the required level of care, arising from the expected increase in the ageing population, will be challenging.'

2.2 Feedback from Stakeholders

As the first step in developing its Strategy, the Trust held three major stakeholder engagement events. Nearly three hundred people took part - mostly staff from all areas of the Trust, but also governors and our partner organisations. We also carried out a survey of our members. The purpose was to ask stakeholders what was important to them, and what they thought should be reflected in the Trust's strategy. A huge amount of feedback was received and there were some key themes which emerged, which the Board has considered carefully when developing this document.

Figure 1: Themes emerging from stakeholder events and Members' survey

Priorities for 'what' the Trust should focus on	Priorities for 'how' the Trust should work
<ul style="list-style-type: none"> • Supporting people at home • Clinical excellence and delivery • Equity of service provision • Integration - from the patient's perspective 	<ul style="list-style-type: none"> • Valuing, developing, empowering staff • Better IT and communications • Reducing bureaucracy • Measure the right things - outcomes • Innovate, and take measured risks • Market DHC services

2.3 Commissioner priorities

The Board has carefully considered the priorities of our key commissioners and a Health Community Strategy was published in May 2012, which sets out clear priorities for the next few years. There are a number of recurring themes in this document that are particularly relevant to DHC.

Figure 2: Themes emerging from Health Community Strategy (May 2012)

What our commissioners are aiming to achieve	How they seek to achieve the aims
<ul style="list-style-type: none">• Promoting independence / wellbeing• Developing a 'whole person' approach• Avoiding dependency• Promoting and enabling choice• Striking an appropriate balance of benefit and risk• <i>'Returning home is always the first choice'</i>• Ensuring equitable services across Dorset	<ul style="list-style-type: none">• Locality based teams• Integrated teams• Joint commissioning• Involving GPs• Increased use of personal budgets• Improved working with mental health services

Recently the newly formed Dorset Clinical Commissioning Group has published its outline five year strategic framework and as shown in the figure below, this very much builds on the previous priority areas of the Primary Care Trusts.

Figure 3: Dorset Clinical Commissioning Group Strategy

Strategic Principles	2013/14 Priorities
<ul style="list-style-type: none">• Services designed around patients	<ul style="list-style-type: none">• Improving dementia diagnosis

- | | |
|---|--|
| <ul style="list-style-type: none"> • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home | <ul style="list-style-type: none"> and services • Reducing avoidable emergency admissions • Reducing preventable deaths |
|---|--|

3. Strategic Direction

3.1 Trust Vision and Values

The touchstone for all of our work, and the foundation of every decision we make, is our Trust Vision:

“Providing care all of us would recommend to family and friends.”

Underpinning this vision is a set of Values that have been developed with input from staff from all areas of the Trust. These describe the way in which we intend to work, and will shape our behaviour and actions. They are:

- **Respect and Dignity**
- **Commitment to quality of care**
- **Compassion and Kindness**
 - **Improving Lives**
- **Working together for patients**
 - **Everyone Counts**
- **Learning Organisation**

4. Challenges and next steps

4.1 Quality Leading Strategy

Dorset HealthCare Trust is refreshing its overarching Quality Strategy. The Strategy sets out a framework for quality and safety that will be implemented to enhance the care of all our patients.

The Quality Strategy drives the Annual Plan and is integral to the 8 clinical strategies. It sets out the direction of travel for the Trust services over the coming years in providing services that are responsive to local need, put the patient at the heart of what we do and that provide high quality care.

We have identified 4 key areas that we will deliver on during the life of this Annual Plan in relation to the Quality Leading Strategy. They are:

1. To implement the agreed recommendations arising out of the review of the Trust Quality Governance review within the timescales prescribed by Monitor.
2. To implement the Friend and Family Test across Community Hospitals, Minor Injury Units and Adult Mental Health inpatient wards.
3. To develop and implement Team based outcome reports for 80% of teams.
4. To implement a programme of routine assessment across all service areas in respect of compliance with the CQC essential standards.

4.2 Strategic Framework – Clinical Strategies

Supporting the strategic framework, there are eight Clinical Strategies, each detailing SMART (Specific Measurable Achievable Relevant Timely) priority Annual Plan objectives for 2013/14. These 8 clinical strategies are as follows:

- Mental Health strategy
- Offender Health Services
- Community Health Services
- Dental Services
- Children and young people Services

- IAPT services Pan Dorset and Southampton
- Dementia Services
- Public Health Services

Progress against achieving the Annual Plan objectives within each of the clinical strategies will be presented monthly to the Trust Board to provide assurance on progress with the implementation of the Annual Plan.

4.3 Mental Health Services

Mental health is the emotional and spiritual resilience, which enables us to enjoy life and to survive pain, suffering and disappointment. It is a positive sense of well-being and an underlying belief in our own and others' dignity and worth.

Mental health problems have very high rates of prevalence; they are often of long duration, and have adverse effects on many areas of people's lives, including educational performance, employment, income, personal relationships and social participation. No other health condition matches mental ill-health in the combined extent of prevalence, persistence and breadth of impact.

Up to one in four people suffer from a mental health problem over the course of their lifetime, while 630,000 people have severe mental health problems at any one time, ranging from schizophrenia to deep depression. Beyond this, mental health has a far wider impact on families: there are over 1.5 million carers supporting people with mental health problems.

The Mental Health Directorate aims to promote people's positive mental health and ameliorate mental distress, through the process of earlier intervention and recovery, by actions that:

- Enhance well-being.
- Prevent mental illness from occurring.
- Treat mental illness when it is present.

We have identified 3 key areas of delivery for 2013/14:

1. To deliver consistent high quality care pathways.
 - a) To launch and implement the Acute Care Pathway by December 2013
 - b) To launch the Community Care Pathway by December 2013
 - c) To ensure all service users on CPA with a diagnosis of psychosis have an Annual Physical Health Screen undertaken by 31 March 2014.
2. To support carers.
 - a) To launch a Carers Strategy including young Carers by 31 March 2014.
3. To co-locate services with colleagues from other directorates.
 - a) To develop a Strategy and Implementation Plan for the co-location of Mental Health Services by 31 March 2014.

4.4 Offender Health Services

The Dorset and Devon Prison clusters cover wide geographical areas; with four prisons in Dorset and three within Devon. Healthcare services within the Dorset Prison cluster are currently commissioned through NHS Dorset and within Devon, NHS Devon. Dorset HealthCare deliver services to the four Dorset prisons, and will commence from April 2013, the delivery of healthcare services to the Devon cluster.

Many offenders enter the criminal justice system in poor physical and mental health because they have had limited access to, or uptake of, health care services within their own community. As well as pre-existing health needs, offenders are also at risk of health problems created as a consequence of imprisonment: through overcrowding, isolation and exposure to violence and access to illicit drugs.

We have identified 3 key areas of delivery for 2013/14:

1. Care Pathway development.
 - a) To launch the Primary Care Pathway for Offender Health Care by 31 March 2014.
 - b) To launch the Mental Health Care Pathway for Offender Health Care by 31

March 2014.

- c) To launch the Substance Misuse Care Pathway for Offender Health Care by 31 March 2014.

2. To develop Medicines Management.

- a) To carry out a review of prescribing across 7 Prisons and implement the recommendations by 31 March 2014.

3. To develop a workforce development plan within offender healthcare by 31 March 2014.

4.5 Community Health Services

Our Community Health Services are principally provided to the 770,000 patients registered with GPs in Dorset, and also to some people living in neighbouring counties (Wiltshire, Hampshire, Somerset and Devon). Not all services provided by Dorset HealthCare are provided to people everywhere in Dorset; some services may be unavailable in some areas or are supplied by other providers dependent on historical commissioning patterns.

Community Health Services will be making approximately 1.5 million contacts with patients in 2013/14, mostly face-to-face. There will be about 6,600 admissions into Community Hospitals, and about 6,000 outpatient appointments will take place there. There will be around 50,000 visits to the Trust's Minor Injuries Units.

There is an over representation of all 50+ age groups in Dorset, whilst the age groups 20-39 years are significantly under-represented. Dorset has, for several decades, had a relatively high proportion of older people. However, the low proportion of younger adults is a more recent change. This is partly due to the lack of a higher education establishment in the County and partly due a decline in birth rates, seen across the country. Dorset has a particularly high proportion of older people. Over 29% are over the retirement age (65+ males/60+ females) compared with just 19.5% across England & Wales.

In 2033, it is projected that numbers of all adults aged over 85 years will have more

than doubled since 2008. This will have a major impact on the future provision of care services in the County.

We have identified 3 key areas of delivery for 2013/14:

- 1. Consistency and equity of services to patients.** By February 2014, we will have implemented an agreed evidenced pathway in:
 - a. District nursing, wheelchair and community matron's services including end of life care and long-term conditions.
 - b. Review these services for equity of provision in line with local and national benchmarking
 - c. Further to this, by October 2013, we will have established comprehensive locally based Intermediate Care Teams with medical support.
- 2. One Trust One Mind.** To improve patient care between the physical and mental health services in the Trust by:
 - a. Developing and implementing a clear health and well-being pathway within each service area to ensure the access to the right services by an individual patient by December 2013.
 - b. Implementing a single point of access within the Trust by January 2014.
- 3. Integrated Locality Models.**
 - a. To participate fully in the development of the Purbeck Healthcare Locality model to deliver a short list of options by June 2013, with consultation in November 2013.
 - b. To plan and implement an integrated locality model for mid Dorset based around Blandford Hospital by March 2014.

4.6 Dental Services

Salaried Dental Services for Dorset residents are provided by two separate services, based on historic Primary Care Trust boundaries.

West Dorset residents are served by the salaried dental service which is hosted by Dorset County Hospital NHS Foundation Trust.

East Dorset residents are served by the Dental Services, which is hosted by Dorset Healthcare University NHS Foundation Trust (DHC). Approximately 27% of the services provided by the Dental Services total annual activity relates to Dorset residents (based on January - December 2012 data).

The Dental Service provides four dental services; they are:

- Community Dental Service
- Primary Care Dental Service
- Intermediate Minor Oral Surgery Service
- Urgent Care Dental Service

We have identified 1 key area of delivery for 2013/14:

1. Dental Services: Clinical Strategy. We will have created an additional dental facility at Blandford Hospital to improve access for patients in Dorset by March 2014.

4.7 Children and Young People Services

The demography of Dorset is highly diverse with areas of affluence alongside areas that are amongst the most deprived nationally, as well as the urban / rural geography. Within this context, there are significant challenges for our services to deliver care to highly complex children, young people and families.

Services for vulnerable children, for example Children in Care and children requiring Protection Plans have been under increasing pressure, with around 700 children in the care system Pan-Dorset. Generally rates for Children in Care and children subject to Child Protection Plans are significantly above the national average.

The Children and Young Peoples Directorate provide over 400, 000 contacts in any one year. Of this, around 57% is within physical health services e.g. Health Visiting,

Sexual Health and 43% in Emotional Health including Eating Disorders and Early Intervention Service.

We have identified 5 key areas of delivery for 2013/14:

- 1. Deliver improved services to the 0-5 age group** – With expected increase in establishment of Health Visiting, to remodel the Health Visitor workforce and model of service delivery in partnership with Local Authorities.
- 2. Development of All Age Neurodevelopmental Care Pathway** – To produce a detailed proposal for reconfiguration of service model and delivery of Trust wide All Age Pathway.
- 3. Developing and expanding Community Sexual Health Services** – To work in partnership with community and GU medicine to introduce symptomatic treatment pathways in community based services.
- 4. To develop all age specialist Eating Disorder Service** – To agree with Commissioners in both the CCG and SCG the future service model and funding streams for a Trust wide all age Eating Disorder Service.
- 5. Children and Young People's IAPT Service** – To continue to be actively involved in the National Programme including full implementation of Goal Based Outcomes and self referral across all CAMHS services.

4.8 IAPT Pan Dorset and Southampton

The Trust has provided Improving Access to Psychological Therapies (IAPT) Services since their inception in September 2008 in Bournemouth, Poole and East Dorset. Since October 2009, the Trust, in partnership with NHS Southampton City and Southampton City Council has provided a Talking Therapies Service to the population of Southampton City.

The IAPT services were commissioned as part of a government agenda to improve access to talking therapies for people experiencing mild to moderate common mental health disorders. The people accessing the services present with depression and / or

a variety of anxiety disorders such as Obsessive Compulsive Disorder, Post-Traumatic Stress Disorder, Specific Phobias, Social Phobia, Generalised Anxiety Disorder and Panic Disorder.

We will develop and roll out the Children and Young Peoples National Service model for access to psychological therapies.

We have identified 4 key areas of delivery for 2013/14:

- 1. To transform pan-Dorset IAPT Services** – To agree with Commissioners Service Improvement Plan and funding to support transformation of pan-Dorset IAPT services during 2013/14 and 2014/15.
- 2. Improving access to IAPT for Older People and Carers of People with Dementia** – To actively promote access including home visits and measure quarterly uptake by locality area including achievement outcomes and recovery rates.
- 3. To develop integrated working with Long Term Conditions and IAPT services** – To improve accessibility of referral pathways for people with different Long term Conditions and to monitor achievement outcomes and recovery rates by locality.
- 4. To improve relationships between IAPT and Secondary Care Mental Health Services** – To produce new clinical pathway between Step 2/3 and Step 4 services (CMHTs) and agree audit to measure effective implementation.

4.9 Dementia Services

Services for patients and their carers are delivered across the spectrum of health, social care and third sector organisations. Integration of delivery of these services is

essential for positive outcomes for patients and their carers.

Within Dorset Healthcare delivery of services to individuals suffering from dementia and their carers is mainly focused on the Older Peoples Mental Health Services, the community Services and the Community Hospitals.

The development and investment in Older Peoples Mental Health Services has historically differed across the country. With the coming together of the Dorset-wide services in July of 2011, the extent of the differing models of care, service delivery and investment became apparent.

Restructuring of services to achieve consistency across the country is an ongoing process, taking into account the need to invest appropriately in specific professional groups to deliver aspects of the care pathway, ensure linkage with Primary Care and other agencies and to deliver national expectations, measurable outcomes and quality standards.

It must be acknowledged that due to the demographic challenge of the ageing population and the associated increased prevalence of dementia in Dorset, Bournemouth and Poole, the overall provision of services for this group will need to increase. The Trust is in an ideal position to co-ordinate delivery of services to maximise efficiency. To achieve this aim, dialogue with commissioners needs to occur around commissioning pathways of care and enabling subcontracting of services to other appropriate sectors for service delivery.

We have identified 5 key areas of delivery for 2013/14:

- 1. To develop consistent high quality care pathways across all agencies for dementia services.** By March 2014, a Pathway for Memory Assessment Service will be in place with available targets for response times.
- 2. To improve treatment, care and support of people with dementia in the community, in their own homes and in care homes.** By November 2013, Dementia Assessment beds will be on site in East Dorset with clear inpatient pathways in place.

- 3. To work to develop consistent referral rates for diagnosis and support post-diagnosis.** By March 2014, we will have decreased the overall diagnosis gap to below average for the UK.
- 4. To improve availability of education and information for the public, the wider Health and Social Care Community and Trust staff.** By March 2014, we will have established a baseline referral rate in the Memory Assessment Service from staff within Community Services and Community Hospitals.
- 5. Supporting Carers.** By March 2014, we will have established a baseline showing increased access to IAPT services for carers of individuals with dementia.

4.10 Public Health Services

Dorset HealthCare Trust is in a strong position to make a significant contribution to the public health of Dorset through influencing the health and wellbeing of our 5,000 strong workforce and through our workforce the direct contacts they make every day with individuals and families across Dorset; between January and December 2012 our organisation exceeded 1.2 million face to face contacts, not including inpatient services.

Improving the health and wellbeing of our staff could have a significant impact on reducing sickness levels and improving morale which would directly benefit our staff themselves as well as our Trust's productivity.

One of the greatest challenges presented to securing better population health is that of health inequalities whereby the health of the most disadvantaged in society is generally worse than those more fortunate. A large proportion of the patient contacts made by Dorset HealthCare are with those in lower socio-economic groups and as such has potential to make an even larger contribution to a healthier Dorset.

As the Public Health Clinical Strategy takes a Dorset-wide 'all people' approach to health improvement, it provides a platform to bring together key areas of delivery from the other clinical strategy areas and this is reflected in some of the priorities

below. Delivering on the key areas will support DHC in developing as a 'Public Health Organisation'.

We have identified 4 key areas of delivery for 2013/14:

1. To improve physical health of mental health patients.

All service users on CPA with a diagnosis of Psychosis will have an annual Physical Health Screen undertaken by 31st March 2014.

2. The early assessment of mental health of physical health patients.

One Trust One Mind. To improve patient care between the physical and mental health services in the Trust by:

- a. Developing and implementing a clear health and well-being pathway within each service area to ensure the access to the right services by an individual patient by December 2013.
- b. Implementing a single point of access within the Trust by January 2014

3. 'Making Every Contact Count' is the workforce and service redesign initiative to equip all staff with the necessary competencies and skills to support behaviour change.

- a. To engage and participate in the Wessex 'Making Every Contact Count' Pilot project supported by the Medical Research Council, University of Southampton by May 2013.
- b. To introduce the Prevention and Lifestyle Behaviour Change evidence-based framework within the three operational directorates through the Healthy Conversations Train the Trainer programme by December 2013
- c. To review the impact and effectiveness of this framework in supporting front line staff to have a positive influence on patients lifestyle choices by March 2014.

4. Being an excellent employer, protecting and promoting staff wellbeing.

To improve staff uptake of the seasonal flu vaccination by a minimum of 10% from performance in 2012/13 (22% uptake) by March 2013.

5. Strategic Framework – Supporting Strategies

In addition to the 8 clinical strategies, there are number of supporting strategies, which include:

- HR and Workforce Development
- Information Management and Technology
- Facilities & Estate
- Communication
- Innovation
- Sustainability

5.1 HR and Workforce Strategy

The existing HR and Workforce Development Strategy has been updated to ensure that the existing People Management Aims capture the priorities that have been identified within each of the Clinical Service Strategies. The People Management Aims are focussed on supporting line leaders and employees in fulfilling their roles and, in doing so, ensuring that the Trust meets not only its strategic aims but also its regulatory requirements and quality agenda.

We have identified 4 key areas of delivery for 2013/14:

1. To improve and develop leadership at all levels within Dorset HealthCare through approval and investment in a Leadership Development programme, and implementation of the component parts of the programme during 2013/14.
2. To create a unified in house bank service to supply nursing and support (by September 2013) and administrative staff (by December 2013) and a

professional register (by March 2014) to improve the supply of staff to services and reduce reliance on agency staffing.

3. To reduce the time taken to hire staff to below an average of 8 weeks.

4. To improve employee engagement and achieve an above average score in the staff survey.

5.2 Information Management and Technology Strategy

The Trust's Information Management and Technology Strategy has been developed to support the key theme arising from clinical services strategies, which was mobile working.

We have identified 4 key areas of delivery for 2013/14:

1. To implement the Community Information System.

2. To enable 'on the road'/remote working.

3. To improve the use of IM&T to enhance trust services and provide support to staff & management in their delivery of care management.

4. To enable patient access to data & information.

5.3 Facilities and Estates Strategy

The Trust's Estates Strategy has been developed to support the key theme arising from clinical services strategies, which have influenced the Facilities and Estates strategy.

We have identified 4 key areas of delivery for 2013/14:

1. Movement towards working in an integrated way out of Locality Hubs in Mental Health, Community Services, Children's Services (including Eating Disorders), and IAPT Services.

2. Having a more sophisticated/real-time centralised way of accessing information in order to locally manage space to best effect across multiple sites.
3. Improved access to specialist Estates advice when pursuing new ventures.
4. An urgent need to identify bases for IAPT services.

5.4 Communication Strategy

The Trust's Communication Strategy is focused on helping the Organisation deliver safe, effective, high quality patient services.

We have identified 3 key areas of delivery for 2013/14:

1. To develop a robust Social media policy and review requests for standalone websites through the Communications working group.
2. To develop a vibrant website and communications materials.
3. To review access to Twitter/Facebook accounts and monitor use of branding to ensure appropriate representation.

5.5 Innovation Strategy

The Trust's Innovation Strategy has been developed to support the key theme arising from clinical services strategies and is focused towards enablement. Successful innovation holds the potential to transform outcomes whilst simultaneously improving quality and productivity. The innovation strategy targets the very core of our clinical service strategies and our supporting strategies.

We have identified 4 key areas of delivery for 2013/14:

1. To communicate clear goals to engage our staff in innovation.
2. To make it easy to find and share knowledge about innovation.
3. To demonstrate our commitment to innovation with dedicated resources, tools and systems.

4. To create an environment where it is good to try out new ideas.

5.6 Sustainability Strategy

Although not specifically mentioned within the detailed clinical strategies there are a number of reasons as to why the Trust is focused and committed to the sustainability, including:

- **Efficiency**, behaving and delivering in a sustainable way can deliver improved financial performance, maximise the use of resources, improve the day to day working lives of our employees, and reduce waste
- **Compliance with regulation**, increasingly sustainably is required to comply with the law and statutory obligations, as well as increasingly routine reporting
- **Enhancing reputation**, the Trust's visions and priorities allude to a community and social responsibility, the Trust needs to be an exemplar in this area as its communities will expect this
- **Resilience**, the carbon agenda is here to stay it needs to be part of future proofing our services and strategic planning.
- **Health protection, health improvement**, is key to many of our objectives and to truly embrace an agenda for the Community of Dorset it will be as important to care for the environment as it is its people.

We have identified 3 key areas of delivery for 2013/14:

1. The development of a robust Estate's plan is imperative for the organisation's future, and presents an opportunity to embed energy and carbon efficiency throughout the Trust.
2. To focus on new ways of working for both clinical and corporate staff maximising the opportunities through embracing modern communications technology for mobile and home working as well as hot-desking.
3. To ensure the Trust's procurement processes are aligned to carbon

reduction.

