Sheffield Teaching Hospitals NHS
NHS Foundation Trust

OPERATIONAL PLAN

2016/17

PROUD TO MAKE A DIFFERENCE
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

1. APPROACH TO ACTIVITY PLANNING

- ***Demand and capacity approach for 2016/17***

The 2016/17 activity plan for Sheffield Teaching Hospitals NHS Foundation Trust (STH) has been set to clear the remaining waiting list backlogs and to ensure that the 18 week Referral to Treatment (RTT) standard, cancer waiting times and other access targets can be met in a sustainable way throughout the year. The plan was developed at specialty level.

Elective demand and capacity modelling for 2016/17 was prepared using two tools. For demand, the Gooroo tool was used centrally and for capacity, the National Intensive Support Team model was used locally by each Clinical Directorate. Non-elective demand and capacity modelling for 2016/17 is modelled on the projected out-turn with adjustments for any known pathway changes, as well as some specific acknowledgement of demographic changes in particular areas.

- ***Capacity to deliver the level of activity that has been agreed with commissioners.***

The 2016/17 activity plan reflects expected referral growth (due to demographics and other reasons) and the need to reduce queues for planned care to deliver improved performance against the 18 week RTT pathway target. The modelling and activity levels have been agreed with Commissioners, including a relaxation of waiting times at the Commissioner's request. However, Commissioners are seeking further QIPP reductions, largely around non-elective activity. Whilst the Trust supports these initiatives, given the delivery risk it will continue to plan to deliver plan but react quickly if activity levels reduce or waiting lists grow. The main risks to delivery of the planned activity levels are as follows:

- Insufficient capacity for on-site delivery, particularly theatre capacity and staffing, necessitating sub-contracting of planned workload offsite and more expensive non-core hours activity.
- Insufficient intermediate, community and social care capacity in the wider health and social care community.
- Impact of ongoing industrial action by junior doctors on both the level of queues and capacity to deliver activity.
- Emergency activity continues to rise, displacing planned care**.**
- The relaxed waiting times modelling assumptions are insufficient to deliver the 18 week RTT pathway target.

The Trust continues to identify off-site capacity through local private sector providers for a number of specialties including:

- Orthopaedics (through the Musculoskeletal Capitated and Outcome Based Contract (COBIC))
- General Surgery
- Gastroenterology
- ENT
- Urology
- Dermatology
- Ophthalmology

The Trust has worked closely with NHS England (NHSE) colleagues to identify capacity further afield for Dermatology and Cardiology.

- ***Activity plans are sufficient to deliver, or achieve recovery milestones for all key operational standards***

The planned growth in outpatient and elective activity compared to 2015/16 outturn includes the degree of waiting list clearance, which is required to deliver a sustainable 18 week position, as well as a planned increase to reflect the year on year growth in referrals that some specialties continue

to face. This demonstrates the continued growth in referrals throughout 2015/16, which continues to create considerable pressure on the 18 week and A&E 4 hour standards.

Activity levels continue to grow despite the plans of commissioners to reduce overall demand. The Trust has an ongoing process of engagement with commissioners to support the need to move some patient care into a different setting. However, our planning assumption is that any reductions will not compensate for the anticipated increase in demand. The Trust has therefore anticipated the need to provide sufficient additional capacity to cope with this increase in activity within the acute sector as part of our overall operational capacity in the immediate term.

Given the historic service delivery model STH has a larger than expected bed pool and the length of stay for some of our specialities continues to be greater than expected. Whilst the analysis of our elective length of stay compares well with other providers, our current length of stay for emergency patients is above that which would be expected. The development of an Elective and Emergency Flow Programme across the organisation aims to reduce length of stay and improve patient experience.

- ***Extra capacity as part of winter resilience plans***

The Trust has worked closely with partners through the Systems Resilience Group, (SRG) to develop a robust winter resilience plan for 2015/16, which will form the foundation for business continuity and resilience throughout 2016/17. Additional winter funding has focussed on short term increased capacity for STH community, front-door and discharge teams aimed at preventing/reducing admissions and increasing discharges. Short term growth of inpatient (surge) capacity has been constrained by nurse recruitment issues, consistent with the national picture, and therefore internal resilience plans in the face of known surges in demand have been focussed on maintaining flow, particularly at weekends, through senior clinical decision makers in order to reduce the demand on inpatient beds.

- ***Arrangements for managing unplanned changes in demand***

Discussions are underway with NHS Sheffield CCG on the development of referral management plans for seven key specialties with specific demand problems and where a joint approach has identified the opportunity for increased management of patients in primary care. Development of pathways and the governance model is still in an early phase and the impact on activity levels, once a sustainable waiting list size has been achieved, will be agreed with commissioners. Implementation plans and discussions are underway between the CCG and primary care in the city.

2. APPROACH TO QUALITY PLANNING

The Trust's quality priorities connect to the needs of the local population, the NHS Mandate and the fundamental standards published by CQC. In December 2015 the Trust was inspected by the CQC as part of their planned review of STH services. At the end of the review in December the feedback received has been translated into an initial action plan and is being progressed. The formal reports are anticipated mid-April at which point the Trust will finalise the quality priorities for 2016/17.

- ***National and local commissioning priorities***

Since 1 April 2013, the Trust has contracts with two major commissioners (NHSE and NHS Sheffield CCG); a consortium of CCGs in Yorkshire, Humberside and the East Midlands; and, for a range of public health services, Local Authorities principally Sheffield City Council.

NHS England

NHS England (NHSE) published their 2016/17 commissioning intentions for prescribed specialised services on the 30 October 2015, describing the proposed strategic approach they include:

- Taking forward collaborative commission with CCGs, and use of collaborative commissioning processes to resolve significant local service issues.
- Implementation of a rolling strategic service review programme development to specifically include pancreatic cancer, vascular services and neuro-rehabilitation.
- Greater transparency and consistency in contracting for excluded drugs and devices and collaboration to improve the value for patients in the supply chain.
- Continued work with clinicians, commissioners and providers to improve and innovate in pricing arrangements for specialised care in line with flexibilities in the national tariff payment system.

We are working closely with NHSE to better understand what the commissioning approach and the impact of the CQUIN scheme will mean for the Trust in 2016/17 and beyond.

We have reached agreement with NHSE regarding sarcoma services, SABR radiotherapy and TAVI treatments in cardiac surgery. These represent small but important changes in the service offer from STH to patients and will not only prevent considerable travel by those who receive treatment, but it is expected will facilitate treatment pathways for patients who had refused to travel further afield.

NHS Sheffield CCG

The objectives of the CCG for 2014-2019 are:

- All those who are identified to have emerging risk of admission through risk stratification are offered a care plan, agreed between them and their clinicians.
- To reduce emergency admissions by up to 20%.
- To minimise repeated trips to the GP and hospital for specialist diagnosis and monitoring of health problems, replacing them with community and home based services that make best use of technology, and keep people at the centre of their care.
- To reduce the gap in life expectancy for people with mental health problems and learning disabilities.
- To put in place support and services that will help all children to have the best possible start in life.

The plan and stated ambitions describe how services to patients are expected to change over the next 5 years by: identifying patients proactively and managing risk of admission; providing more care closer to home; promoting greater self-care, including clinical and patient led remote monitoring; establishing Integrated Care Teams for patients with long term conditions to deliver supported self- management; and, community based care to reduce emergency admissions.

The CCG have a range of projects and QIPP schemes identified for 2016/17. The value of the CCG QIPP scheme for the Trust is £13m. There is a continued focus on transforming out-patient services to reduce referrals and follow ups for elective care, and plans to further reduce emergency activity. The Trust continues to be an active partner in the reconfiguration of services including a leading role in Active Support and Recovery which is seeking to transform the provision of community based services currently provided by STH's Combined Community and Acute Care Group. The Trust is also working with commissioners to improve urgent care and medicines management.

NHS Sheffield CCG has stated that all Sheffield NHS Providers' Quality Plans will need to comply with national and local requirements for quality. National requirements will be driven via NHSE and CCGs and involve delivering improvements and policy changes required by the DH. In addition, national standards and targets will be delivered as detailed in the planning framework 2016/17 and NICE guidance. Local improvement plans will include quality incentive schemes agreed with the CCG, local service improvement initiatives and actions as a result of patient and relative feedback and learning from serious incidents/safeguarding case reviews. The Trust has plans in place to deliver the CCG requirements detailed above.

Sheffield City Council

Sheffield City Council has made clear its intentions to seek further cost reductions and efficiency savings for these services including Dental, Public Health and Integrated Sexual Health Services. Negotiations are ongoing with Sheffield City Council.

Sheffield City Council and the CCG have a formal pooled budget arrangement to enable the development of integrated health and social care services. The two organisations have agreed, through discussion at the Health and Wellbeing Board, to integrate services in community settings that support people to stay well at home and provide a rapid response to health and social crises that enable them to stay home whenever possible. The plan is that this will lead to a significant reduction in non-elective hospital admissions and in admissions to long term care.

The integrated commissioning and pooled resources provide a focus for Sheffield City Council and the CCG in the following areas of care, which the Trust is supportive of.

- Keeping People Well in their Community – primary care, social care and non-clinical interventions to support people identified as at risk of needing hospital care to stay well.
- Active Support and Recovery (referred to above) – clinical and social care services that provide short term interventions as an alternative to hospital care and help people get home and regain independence following a spell in hospital (including intermediate care and community nursing) as well as preventing admissions.
- Independent Living Solutions – re-commissioning of community equipment services as a genuinely integrated and user focussed service.
- Long Term High Support – integration of assessment and contracting for long term care, including NHS Continuing Healthcare and Funded Nursing Care and SCC funding of residential and home based social care.
- Non-elective (non-surgical) hospital admissions – plans seek to reduce all unnecessary admissions to hospital and reduce expenditure.

As stated above the Trust is supportive of the work to integrate services and an active partner in Active Support and Recovery. Recent action taken by Sheffield City Council to reduce costs in STIT, which is within the scope of Active Support and Recovery, has already impacted on capacity within the system and the services provided by the Trust that have close links to social care provision. Delivery of our activity plans, the Control Total and CCG QIPP plans assumes no significant adverse service impacts from reductions to social care or other out of hospital services and which recent events have highlighted to be at significant risk.

- ***Quality Goals, as defined by the Quality Strategy and Quality Report***

The Trust's Quality Strategy underpins the corporate strategic aims. In 2015 a review of the Corporate Strategy was carried out and concluded that the core principles remained fit for purpose. For the duration of the Quality Strategy (2012-17) the following five goals were agreed:

- Maintain our top 20% position in the Patient Satisfaction National Survey.
- Achieve standardised Hospital Mortality indicators within the top 25% of the National peer group.
- Reduce emergency admissions within 28 days of discharge from hospital and ensure our performance is in the top 25% of the National peer group.
- Reduce hospital average length of stay and ensure our performance is in the upper 25% of the National peer group.
- Achieve top 20% National staff satisfaction.

During 2016 the Trust aims to refresh the Quality Strategy to ensure the core principles remain aligned to local and national strategic approaches. The Trust Annual Quality Report Objectives align to the overall Quality Strategy. They are developed in collaboration with our partners (Sheffield Healthwatch, Overview and Scrutiny Committee, Commissioners and Staff) and therefore include a combination of strategic issues and more operational concerns.

- **Priorities for the 2016/17 Quality Report**

- To improve the safety and quality of care we provide to our patients by emphasising the importance of staff introducing themselves and checking the patient's identity against documentation.
- To improve End of Life Care.
- To improve the environment at Weston Park Hospital.

These objectives reflect only a small proportion of the Trust's development work to improve quality. Across the organisation there are multiple work streams addressing issues such as sign up to safety, harm free care, pressure ulcers, in-patient falls, deteriorating patients and mortality review. During 2016 the Trust mortality review work will be developed to include the national directive regarding participation in the annual publication of avoidable deaths per Trust.

- ***Key Quality Risks Inherent in the Plan***

The Trust's corporate risk register details a number of risks which, should they be realised, may impact on the delivery of high quality services and the objectives outlined within this plan. The following top risks are included in the Integrated Risk and Assurance Report and are presented regularly to the Board of Directors:

- Healthcare Associated Infection
- Care of patients in an inappropriate setting
- Delivery of high quality care for older people in hospital focusing upon known areas of high risk to older people e.g. stroke care
- Care of patients with mental health needs in an acute setting
- Nursing & Midwifery staffing
- Impact of failure to meet Emergency Services 4 hour waiting target
- Medicines Management
- Delivery to carry out planned preventative maintenance

The STH Quality Governance Framework supports the achievement of the Trust's aims and objectives. It outlines the systems and processes designed to assess, monitor and improve the quality and safety of services. Careful monitoring of the outcomes of these processes enables the Trust to take action where there is room for improvement.

The STH Quality Governance Framework is made up of three parts:

- The Directory - Permanent processes designed to monitor quality
- Quality Improvement Workstreams - projects designed to improve quality
- Meeting Map - Summary of meetings held in the Trust

To provide a standardised approach to Quality Improvement, using a microsystem approach and the Model for Improvement, the Trust continues to build internal improvement capability to ensure high quality and efficient care delivery. This systematic approach is led by the Microsystem Coaching Academy, which offers a range of short courses alongside a developing programme of building improvement capability to pathway level teams, working across a number of microsystems across the health economy.

In addition to speciality-level redesign, the Trust has in place system-wide programmes for improvement, which involve many stakeholders across departments and uses continuous improvement as well as project and programme methodologies to meet quality aims.

The Board of Directors are critical in enabling the delivery of high quality reliable care for patients. A review of the structures, processes and effectiveness of the leadership team was undertaken by Capsticks LLP in 2015. The review focused on the key elements of the Well Led domain and provides an overall favourable view of the Trust arrangements. Work is ongoing to ensure that the areas for improvement are addressed in the Trust development plans.

- ***Seven Day Services***

The Trust has been invited to be an early adopter of the 4 priority clinical standards (standard 2, 5, 6 and 8) in the first wave of Trusts committed to the delivery of seven day services and will be participating in the baseline audit in March 2016 in support of this work. We are in the process of redesigning acute assessment and are confident that the reduction in times to see consultants will be achieved by this change of emphasis (to one of assess to admit) and hence deliver standard 2. We are well placed to deliver both standard 5 and 6 later in 2016. These form the main aspects of our plans to make rapid progress in implementing seven day services in an affordable way during 2016/17.

The delivery of standard 8, as written, will be a challenge for the Trust and will therefore need some targeted investment to ensure it is achieved. As an early adopter the Trust has already commented that a modification of this standard is needed. The development of seven day services and rapid deployment of these standards will be achieved with Executive level overview and clinically led change. It is envisaged that the routine arrangements for reviewing consultant job plans will be a key instrument of change and will be overseen by the Medical Directors Office.

- ***Quality impact assessment process***

The Trust has an effective Quality Impact Assessment Process in place. The focus for the Trust's Efficiency Programme is on redesign and transformation and includes an established framework for the delivery of efficiencies that promotes ownership and accountability.

Plans are completed at an early stage, are challenged at an appropriate level prior to approval and throughout the year. An assessment on the impact on patient safety, clinical outcomes, patient experience and staff experience can be demonstrated by the following:

- All cost improvement plans outline any quality benefits and risks within the standard CIP scheme documentation.
- All cost improvement plans have to be signed off jointly by the Operations Director, Clinical Director and Nurse Director within every Clinical Directorate.
- The Board sign off a report summarising the approach to the overall efficiency plan each year, and therefore take Board level oversight of risks to quality.

- In year CIPs are reported monthly by Directorate and at senior Boards throughout the Trust, including the Board of Directors on a regular basis. This is supplemented by a fortnightly CEO led Programme Management Office (PMO) meeting which helps monitor, track and challenge the delivery of efficiency, alongside key quality balance measures.
- At Directorate level, the delivery of the CIP is taken through local PMOs to enable senior oversight and a review of quality and efficiency metrics.

All of this work is underpinned by a clear and unambiguous statement from the Chief Executive that the views of the Medical Director and Chief Nurse have primacy such that any concerns over quality implications have to be addressed before an efficiency scheme progresses

- ***Triangulation of indicators***

The Trust's approach to triangulation is underpinned by the Integrated Performance Report (IPR), which is reported on a monthly basis at the Board of Directors and is collectively delivered by each of the Executive Directors. The IPR contains all of the nationally specified targets as well as those that have been developed and agreed locally by the Board of Directors. The Trust's Executive Group reviews the IPR and the Directorate level heat map prior to every Board meeting. The Board of Directors also consider what is described in the Quality Governance Framework such as the use of 'soft' performance measurement, for example, visits to services, which are supported by mechanisms for capturing, reporting and reacting to this information.

Directorate key performance indicators are aligned to those which are agreed by the Board and include other specific indicators, which are determined by the leadership team to reflect the nature of their business. All agreed performance indicators have a target and where performance is met then a Green rating is given for that indicator where it is not either Amber or Red is apportioned depending on the extent to which it is not met. Each Directorate is then rated overall based on the performance against the agreed key performance indicators.

- ***How the Board uses this information to improve the quality of care and enhance productivity***

The Trust is developing the performance management framework that will feed into the Board assurance process. The Finance, Performance and Workforce Committee (FPW) and the Healthcare Governance Committee (HGC) are formal sub-committees of the Board. The FPW Committee scrutinises the IPR in full, which includes a deep dive section relating to a specific area of performance. The HGC focus on performance indicators that relate to quality and safety. In addition to this regular review of performance, the Trust has a formal Executive led annual review and regular performance review with every Directorate to ensure proactive monitoring and management of performance. The framework will be developed to ensure that quality of care for patients is maintained at all times, performance challenges are identified early and that supportive action is targeted in the appropriate areas.

3. WORKFORCE PLANNING

- ***Approach to workforce planning with clinical engagement***

STH facilitates an annual process where Directorates are required to develop business plans to deliver contracted activity levels, which support the achievement of the Trust's priorities as laid out in the Trust's Corporate Strategy. Embedded within this process is also the delivery of expected productivity and efficiency schemes and changes to workforce profiles and skill mix. Directorates develop their plans through the senior leadership team, which is led by their Operations Director and includes their Clinical Director and Nurse Director, alongside wider engagement and involvement through Directorates.

The Trust continues to develop the role of the HR Business Partner across the organisation and support the implementation of the new HR structure. The structure is designed to strengthen the links between operational managers and HR practitioners, focusing on the development of a culture in the organisation where workforce planning is a continual process. Our aim is to ensure workforce planning involves the designated HR Business Partner, in conjunction with the wider HR Team, and is an integral part of the Trust's annual planning process. This approach is designed to improve workforce planning resilience within the Trust and should facilitate better planning and information collation, which contributes to the planning processes such as Schedule 3.

A summary of all Directorate Business Plans are reviewed by the Business Planning Team whose membership includes the Director of Strategy and Operations and Director of Finance along with colleagues from HR, Operations, Estates, Nursing and Medical Directors office. Additional individual meetings take place with each Directorate management team as the plans are being developed. The output from these business plans feed into the agenda setting for the Business Planning Team monthly meetings where all requests for new staffing models are approved.

- ***Clear link to clinical strategy and local health and care system commissioning strategies***

Through the Trust's quality forum and business planning processes, consideration is given as to how the workforce needs to change; ranging from reductions in staffing levels for certain staff groups, the development of new and extended roles and the level of flexibility required.

The Trust reviews staffing levels on an ongoing basis in line with the demand for services, changes in levels of acuity models and in national requirements. This has led in the past to investment in additional medical, nursing and support staff. Productivity and efficiency plans and the introduction of new technology will continue to impact on the levels of staffing being required and may result in a reduction in numbers, albeit with the predicted requirements in growth the Trust is currently predicting a flat line in total number but with potential changes across staff skill mix (e.g. use of Assistant Practitioners) and shift from agency staff to substantive staff across the administrative staff group.

STH continues to experience a reduction in the number of trainee doctor posts and anticipates a further reduction. The Trust has had a Hospital at Night team fully functioning for just over 5 years, which provides robust and safe care overnight. This service provides weekend coordinated and stratified care to in-patients by a competency lead multi-disciplinary team and is complemented by enhanced consultant presence. As a result of the success of this initiative, it is being expanded in a phased manner and will provide greater resilience to clinical teams who are experiencing the impact of the reduction in junior doctors throughout the organisation.

The Trust has also introduced the roles of Advanced Nurse Practitioners and Physician Associates who will work alongside junior doctors to ensure that safe rotas continue. This piece of work links with the implementation of 7 day services as this area of work continues to take shape. Work is commencing to review work patterns and rotas to take account of the new junior doctor contract. As service plans develop to take account of revised patient pathways, the impact on the workforce is being considered – for example the movement of care from the hospital into community settings will require staff to work more autonomously and may require a different skill set.

As commissioners change their approach to commissioning (for example MSK) the Trust will consider the impact on the way staff work. Through closer working with commissioners and other providers, staff have seen improvements in the way they work with colleagues in other professions and organisations. This approach will continue as we focus on other areas of service improvement. As the Trust makes use of the microsystems approach staff are increasingly involved in making changes to their working practices and are integral to those changes.

Due to the outputs from the nursing acuity modelling, the additional staff required as part of winter planning and the focus on care outside of the hospital, there has been a sustained recruitment campaign to reduce nursing vacancies. Whilst the Trust is continuing to attract registered nursing staff into posts, it is finding that the number of staff that it can recruit is reducing, whilst the number of registered nursing staff who are required is increasing due to the combination of new and replacement posts. The Trust is able to recruit Clinical Support Workers and has ensured that it maintains full recruitment of this staff group. More innovative approaches are being adopted to increase recruitment levels, particularly within community.

- ***Specific reference to local workforce transformation programmes and productivity schemes, including impact on workforce by staff group***

The Trust operates a process of identifying productivity and efficiency schemes including changes to the workforce profile and skill mix. All workforce schemes are categorised into either Medical, Nursing or Other Staff groups so the impact by staff group is understood. The schemes are developed by the Directorate Management Teams, which include the Clinical Director, Nurse Director and Operations Director for the area, and are reviewed by the Trust Executive Group including consideration of the impact of the schemes. The implementation and delivery of schemes is monitored monthly by a Corporate PMO chaired by the CEO.

In addition to the productivity and efficiency schemes, the Trust is also implementing a Trust-wide Transformation Programme across a number of key areas including Outpatients, Surgery, Ambulatory Care and Support Services. The workforce impacts of such a transformation – redesigning the workforce around improved processes, technology and service models - is forming part of the discussion, as is developing the organisation to successfully deliver a transformed future, with a high-engagement, improvement and performance culture.

The Trust has implemented strengths based recruitment profiles for Band 2 Clinical support workers and continues to receive high calibre applications. The Trust has worked with NHS Professionals (NHSP) to recruit overseas nurses and is now moving to direct overseas recruitment. Additionally, services continue to review their workforce profiles with specific reference to the pilot introduction of Assistant Practitioners.

The Trust has embarked on an ambitious IT regeneration strategy, which requires the ongoing review of staffing requirements and the associated skill sets required and staffing numbers. Following the implementation of a new, large scale patient information system, the Trust has effectively utilised redeployment procedures and practices to move staff into new roles across the organisation where existing roles are no longer required thanks to the introduction of new technology. The Trust continues to explore options regarding outpatient services and improving communication flows between the Trust and its patients with a view to improving appointment utilisation. Contact Centre technology is already in use in specific areas of the Trust and has proved successful, next steps involve looking at the use of technology on a Trust wide scale which will require changes to the workforce currently managing outpatient booking functions, this will be facilitated through effective workforce planning utilising the Business Partner role to support Directorate Management Teams.

STH has an appraisal system that embeds and reinforces the Trust's values and behaviours as well as high performance. This approach continues to be rolled out across the Trust and will contribute to more effective succession planning and talent management approaches being in place. Quality audits have been introduced to ensure there are robust and effective appraisals taking place.

The staff survey feedback indicates that the Trust is making progress to ensure that all staff have access to well-structured appraisals. The next phase will see the introduction of e appraisal, team appraisal and 360 degree appraisals. Increasingly, the Trust is using assessment centres to recruit nurses, support workers, admin and clerical posts and hotel services employees which are linked to the Trust's values. Along with the Shelford Group Trusts, the Trust will also be introducing values based recruitment for all applicants in order to ensure that the future workforce is aligned to the Trust's values.

The Trust already recognises the importance of staff engagement through its Let's Talk initiative, the Microsystems Coaching Academy and Listening into Action. The next stage of improving how engaged staff feel at work will be all Directorates holding conversations with their staff to better understand the staff survey and staff FFT results and then to decide which set of tools will facilitate improvements. Work is being undertaken with regard to clinical leadership and talent management across the Trust, which includes training more coaches across the Trust, a Senior Sister Development programme, and development programme for Clinical Directors and Clinical Leads. The major risk for the workforce over the coming 5 years is to ensure that we continue to recruit and retain sufficient numbers with the right skills as patient pathways develop and new technologies are introduced.

The relationship between HR and management teams is being strengthened through the development of the business partner model to ensure that the HR team understand the workforce issues affecting services and that the management teams maximise the HR resource.

- ***The effective use of e-rostering and reduction in reliance on agency staffing***

The Trust introduced an e-rostering system in 2011/12 which is currently used across the nursing workforce. The system is supported by a Nursing and Midwifery Rostering Policy in conjunction with a robust review of nursing establishments. Plans are underway to enhance the alignment of the e-roster system with the Electronic Staff Record and Payroll systems. The Trust continues to have relatively low levels of agency nurse utilisation and is continuing to try to reduce these further. The Trust continues to develop the use of e-rostering as a tool to plan and monitor the effective use of the workforce. In doing so the Trust is able to maintain a central overview of safe staffing compliance and ensure restriction on agency usage to those areas with no alternative options. The Trust will consider the Carter recommendations to ensure it is making most effective use of the electronic rostering system and consider the roll out of the system across other areas working shifts.

- ***Alignment with Local Education and Training Board plans to ensure workforce supply needs are met***

The Trust is a key member of the various LETB groups to ensure close alignment between its future workforce needs and the output from training establishments. In particular, the Trust is working on the introduction of new roles in a number of areas with a focus on assuring appropriate staffing levels in areas where there are known staffing pressures. These include the introduction of Assistant Practitioner roles at AfC Band 4 (including the nursing Associate role).

Close working links with Sheffield Hallam University and Sheffield College have been used to establish a new academic programme at undergraduate diploma level to support the introduction of this role with tasks and competences designed though the Calderdale Framework. These roles will initially be piloted in areas that need to review their skill mix. This academic programme is being set up by the Trust but will be accessible for other local Trusts in the region.

- ***Advanced Nurse Practitioners / Physicians Associates:***

In response to the need to explore the use of different roles to support junior doctor capacity the Trust has participated in a pilot to source qualified Physicians Associates on a fixed term basis to test the potential of this role in local service provision. In addition the Trust has reviewed the use of Advanced Nurse Practitioner (ANP) roles across the organisation with a view to ensure consistency and support investment in training in this area. Currently the Trust is supporting around 70 ACPs in training - funded by Health Education England working across Yorkshire and the Humber (HEYH) and will be supporting placements for trainee Physicians Associates from both universities in 2016. A faculty for Advanced Practice has been created to ensure consistency of quality in placements for these roles.

- ***Plans for new workforce initiatives agreed with partners and funded specifically for 2016/17 as part of the Five Year Forward View***

Specific areas of focus include:

– **Calderdale Framework**

The Trust is currently in the process of training managers in the application of the Calderdale framework, building up managerial expertise in relation to workforce planning and the associated review of skill mix and staffing numbers. This Calderdale framework is a workforce planning tool which supports the creation of new roles which cross traditional professional boundaries based upon the use of set task and skills based competences. The framework utilises multidisciplinary including engagement and involvement with clinicians and patients to determine safe, risk assessed role redesign aligned to clinical pathways. Research into the effectiveness of the Calderdale framework as a workforce design tool has demonstrated that it brings benefits in terms of patient access, quality and safety of treatment, and in turn brings benefits in terms of employee engagement, career development and in some cases as shown a correlation with the reduction of sickness absence rates.

The training is being applied to the introduction of Nursing Assistant Practitioners (band 4) and managers who are being trained in the framework will be applying the tool to a workforce redesign project within their service. This in turn will help managers to formulate workforce plans to present aligned to local pressures. Proposed changes identified through use of the framework will be approved by Care Group Clinical Management teams and through the Business Planning Team or Trust Executive Group as relevant.

- ***Balancing of agency rules with the achievement of appropriate staffing levels***

The Trust considers quality and safety metrics alongside nurse staffing information in quarterly nurse staffing reports which are submitted to the Healthcare Governance Committee and conduct twice yearly review of nursing establishments. The Trust does not use agency nurses extensively, however where we do we are working with suppliers to ensure that we are compliant with the agency rules.

The Trust has focused attention in recent years on the use of bank and agency staff within the organisation and has improved reporting methods, data collection and data quality. This information is reviewed regularly by the newly introduced Business Partners in conjunction with the Trusts Bank & Agency Group, who collate and report information to Trust Board and the Finance, Performance & Workforce Committee. Understanding the reasons for the use of bank and agency staff is key; as such analysis supports the identification of systems and processes to help to reduce the reliance on bank and agency staffing. Such developments include improvements to the recruitment process and reduction of the time taken to fill vacant posts.

4. APPROACH TO FINANCIAL PLANNING

- ***Financial forecasts and modelling commentary***

It is important to note that 2015/16 has been a turbulent year for the Trust given the external financial environment and a number of major internal issues. The Trust is still anticipating meeting its 2015/16 Financial Plan, although this will be due to a variety of non-recurrent gains offsetting a worse than expected underlying position. It is also important to note that we are only part way through our 2016/17 contract negotiations and that there are still a number of other material uncertainties such as the level of Health Education England funding and the impact of the new Junior Doctor and Consultant contracts. The current 2016/17 Financial Plan, therefore, still reflects a number of assumptions.

The key pressures for 2016/17 relate to the difficult underlying position carried-forward from 2015/16, a further 2% national efficiency requirement, expected reductions in MPET funding (the extent is still to be confirmed but is expected to incorporate a significant loss on SIFT tariff transition) and service/cost pressures. The precise implications of 2016/17 contract negotiations (including tariff and CQUIN implications) are not known at this stage and, therefore, neutrality (i.e. neither a gain nor loss on baseline funding) has been assumed at this stage. Attempting to finalise contracts will be the focus of considerable attention in the coming weeks.

- ***The financial assumptions***

The Trust has submitted a Financial Plan. However, it is important to note a number of caveats and assumptions as follows:

- Whilst every effort will be made to identify options to improve the position, the Trust does not currently have a plan to deliver £6.4m of the planned surplus. It is hoped that NHSI will either adjust the Control Total as per the above or will assist the Trust in a technical solution such as a Capital to Revenue transfer.
- The Trust is challenged to deliver a potentially reduced £8.8m Control Total and is assuming £20m of efficiency savings and £3m of in-year non-recurrent gains to reach this position.
- The Financial Plan assumes that the Trust will incur no loss of baseline contract income which it has relied upon in 2015/16 (i.e. reduced payment for the same activity, non-payment of previous funding, etc.). As part of this, it is assumed that the Trust will receive £2m of 2016/17 System Resilience funding, i.e. at the same level as in 2015/16.
- As per national guidance, it is assumed that here will be no contract penalties in 2016/17 but that the Trust will lose income relating to emergency readmissions within 30 days of discharge
- It is assumed that Pharmaceutical savings Gain-share arrangements agreed for 2015/16 will be maintained for 2016/17.
- Linked to the tariffs/contracts neutrality assumption, it is assumed that the Trust is able to secure substantially all of the 2016/17 CQUIN funding available to it without significant additional cost and without it being conditional on delivery of commissioner QIPP savings.
- It is assumed that there are no further MPET income losses other than the £3.5m of SIFT Tariff Transition losses assumed in the NHSI Methodology for calculating the Control Total (i.e. no material losses due to unfunded inflation, reductions to Placement Rates, reductions to student numbers or other funding cuts).
- It is assumed that there will be no significant adverse service impacts from reductions to social care or other out of hospital services and that there are minimal new costs associated with national priorities, e.g. 7 Day Working.
- The Trust's current plan has no provision for any financial or service consequences resulting from the new Junior Doctor and Consultant contracts or consequences of further reductions to Junior Doctor numbers/availability.
- It is assumed that there will be no changes to the method of calculation of PDC dividend payment and no other adverse financial consequences from technical policy or accounting changes mandated nationally.

Delivery of the Financial Plan will also require significant improvement in the Trust's underlying financial position from a combination of improved productivity and efficiency, addressing the operational impact of the Lorenzo implementation and the ability to focus more managerial and clinical time on financial, operational and service improvement.

- ***Efficiency savings for 2016/17***

The Trust has had a corporate Efficiency Programme for over 10 years and continues to drive productivity and efficiency savings on both a top-down corporate and bottom-up service basis. Arrangements are regularly reviewed and a major refresh, the "Making It Better" Programme, is about to be launched to try to enhance delivery in an ever more challenging financial environment.

The Trust is keen to engage with Lord Carter's work on Efficiency and the various recommendations have been mapped to the "Making It Better" workstreams being driven within STH's Transformation Programme. Lord Carter's recommendations are sensible but the Trust is slightly cautious about the extent to which they drive new opportunities. However, we hope that the additional emphasis and information from Lord Carter's work will provide a focus for enhanced delivery, including looking across the STP Footprint.

The Trust has relatively low levels of agency staffing costs but never-the-less is seeking to drive costs down from a combination of local and national measures. The Trust is seeking to follow the national lead on caps and use of framework contracts. This is being monitored closely and all exceptions are authorised by an Executive Director, reflect patient safety or unavoidable service issues and will be reported formally within the Trust. Local measures include plans to reduce sickness and other absence; improve recruitment and retention: and develop alternatives to address Junior Doctor shortages.

The Trust has very active local procurement processes but believes that the bigger future gains will come from broader collective initiatives. We are members of 2 NHS Procurement Hubs, lead the Working Together Procurement workstream and are actively involved in the Shelford Group procurement work. We seek to optimise our relationship with NHS Supply Chain and have an internal Medical & Surgical Group to drive opportunities for product change, rationalisation, waste reduction, etc. We will continue to seek, and engage in, other national collaborative developments.

- ***Capital planning***

The Trust's 2016/17 Capital Plan was approved by the Trust Board at its March 2016 meeting. There will be a range of infrastructure investments in medical equipment replacement, major medical equipment (new and replacement MRI Scanners, CT Scanners, etc.), Weston Park Hospital ward refurbishments, Lift refurbishment and other estate infrastructure investments, etc. More significant developments relate to a new Cataract Unit, completion of the Haematology Siderooms/BMT Facility, relocation and potential expansion of the GP Collaborative, refurbished Dental Hospital Laboratories, a new Frailty Unit, expansion of the SCBU/Neonatal facility, refurbishment of the Royal Hallamshire Radiology Department and additional car parking.

The Trust continues to develop plans which will provide new theatre capacity and enable the full refurbishment of the Royal Hallamshire A Floor Theatres. Outline solutions have been developed but detailed planning, costing and timetabling work is still progressing. The first phase of the Trust's T3 (Electronic Patient Record) Programme will be completed in 2016/17 but there will be a need for continuing significant IT investments in the coming years in respect of further phases of developing the T3 capability, addressing Infrastructure weaknesses and driving further system priorities.

5. Link to 'Sustainability and Transformational Plan' (STP)

- ***An early view of what the vision for the local health and care system's STP***

The Provider Working Together Programme (WTP) is an existing collaborative partnership, established in March 2013, between seven acute Trusts in South Yorkshire, Mid Yorkshire and North Derbyshire covering a 2.3m population. It enables the Trusts to work together and act on a larger scale to achieve transformation of systems and processes not possible at an individual organisational level, and enhance opportunities for additional quality and efficiency benefits. The Vanguard development will build on the important but essentially discrete work streams engaged with so far. These cover informatics, non-clinical support services and procurement as well as clinical projects addressing sustainable quality and service configuration issues.

For the South Yorkshire and Bassetlaw STP, an Executive Steering Group has been established with membership including the Accountable Officers from the local five Clinical Commissioning Group partners, Provider and Local Authority Chief Executives and Executive Director level colleagues acting as Executive leads for each of the individual workstreams. These colleagues will be vital in leading the development of the STP, which will be chaired by Sir Andrew Cash, Chief Executive of STH, who is the named lead for the South Yorkshire and Bassetlaw STP.

There will be five CCG local place-based plans that will form the foundation of the wider STP. Complementing these and based on knowledge of local need and challenges and national guidance, five transformation workstreams have been established for South Yorkshire and Bassetlaw. Each is being led by both a Chief Executive and an Accountable Officer.

The five priority workstreams are:

- Urgent and emergency care
- Elective care and diagnostics
- Cancer
- Mental health and learning disabilities
- Maternity and children's services.

Underpinning this will also be five cross-cutting workstreams as follows:

- Workforce
- Digital/IT (technology and research)
- Carter, procurement and shared services
- Finance
- Economic development and public sector reform across the City region.

Specialised and ambulance services will be planned on a combined STP level, across STP boundaries, with some local CCG level plans also taking place as and where appropriate.

- ***Critical milestones for accelerating progress in 2016/17 towards achieving the triple aim***

Phase 1 to 25th April system-wide event:

- Workstream leads will be working with stakeholders and partners to draw together high level plans for a transformed system to share with wider stakeholders at the regional event on the 25th April.

Phase 2 to 10th June system-wide event:

- Workstream leads will share firm plans with stakeholders and partners in advance of submitting a final STP at the end of June.

Final draft plans will be presented to Boards and CCG Governing Bodies for discussion and approval in May & June.

6. MEMBERSHIP AND ELECTIONS

- ***Governor elections in previous years and plans for the coming 12 months***

Elections to the Council of Governors held in June 2015

Constituency	Vacancies	Candidates	Election Turnout
Patient	3	4	24%
Public: South West Sheffield	1	2	22%
Public: West Sheffield	1	1	-
Public: South East Sheffield	2	2	-
Staff: Nurses & Midwives	1	3	11%
Staff: Admin, Management & Clerical	1	1	-
Staff: AHPs, Scientists & Technicians	1	1	-
Staff: Ancillary, Works & Maintenance	1	1	-
Staff: Medical & Dental	1	1	-

Elections to the Council of Governors to be held in June 2016

Constituency	Vacancies
Patient	2
Public: North Sheffield	1
Public: West Sheffield	1
Public: South West Sheffield	1
Public: South East Sheffield	1

Council of Governors

Constituency	Seats	Vacancies
Patient	7	0
Public	13	0
Staff	6	0
Appointed	7	3

- ***Examples of governor recruitment, training and development, and activities to facilitate engagement between governors, members and the public***

The Trust has worked with governors to design an appropriate programme of training and development opportunities including an induction session for new governors and a bespoke training session provided by NHS Providers Govern well team. The Trust encourages governors to attend relevant ad hoc presentations, seminars and learning opportunities throughout the year. The programme will be reviewed with governors during the coming year.

- ***Membership strategy and efforts to engage a diverse range of members from across the constituency over past years, and plans for the next 12 months***

The Trust recognises the importance of a broad engagement strategy and continues to work with governors to promote membership as widely as possible, with an emphasis on reaching under-represented groups. Trust members and the public are encouraged to attend the Annual Members' Meeting (AMM) and Annual General Meeting (AGM) as these events also provide an excellent engagement opportunity. Governors are currently planning the 2016 AMM. During the year Governors and members were invited to contribute to the development of the Trust's strategic plans with feedback presented by governors to the Board of Directors. On behalf of governors the Trust hosts a number of health talks and information sessions for members. During 2015/16 these have included Depression and Anxiety, Patient and Public Involvement in Research, Mindfulness and Nutrition and Hydration.