2012-2017

Draft Corporate Strategy for Consultation

Sheffield Teaching Hospitals NHS Foundation Trust

1. Introduction

Sheffield Teaching Hospitals NHS Foundation Trust (STH) is now the major provider of adult health care to the city in both community and acute settings. We also provide a substantial range of specialist services to people from South Yorkshire, North Derbyshire and beyond. Our previous strategy "Excellence as Standard" was in place from 2009 to 2012. Now is the time for us to review where we are and where we want to be in the future.

The environment and context in which we provide services is also changing very rapidly and we need to ensure that we are not only resilient but also continue to be highly successful in providing high quality clinical care to our patients, remain at the forefront of research and innovation and continue to be a good employer.

Each and every person who works within STH touches lives on a daily basis and our core purpose is to deliver care to and serve our patients and their needs. We also play a major part in the City of Sheffield and take seriously our role in promoting and improving the health of the population through our actions and leadership in communities and neighbourhoods as well as through work with our staff and patients.

With all of this in mind, we have developed this new strategy to take us through the next five years. As part of this development we have conducted a survey with staff (to which 2,580 of you responded) on our values as an organisation and behaviours as individuals and teams. This is what you said:

- 79% of respondents agreed we should have organisational values and that we should strive to follow them;
- 86% said that values should form part of our recruitment and selection processes; and
- 77% said they should be part of staff's annual appraisal.

This document sets out the values we have agreed are most important in how we work and how we deliver services.

We will engage with patients, the public, staff and our partners in the coming months to further develop our thinking and approach. Please make sure you tell us what you think – the next five years will be hugely challenging in all public services, including the NHS and it is critical that we share and understand the overarching direction of the organisation. We intend to publish our finalised strategy in April 2012 after consideration and approval by our Board of Directors and Governors' Council.

Finally, there is a very specific question where we seek your input. This concerns the title of the strategy. It needs to reflect the content of this document but also capture for us all where we are going as an organisation. Our recent survey of staff sought your views on the following suggestions and we would like to know what you think:

- Touching Lives
- We Care
- Making a Difference
- Proud to Make a Difference
- There for you

Please tell us your views on this specific issue as well as the wider strategy.

Sir Andrew Cash
Chief Executive

Overview of Strategy

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST - 5 YEAR STRATEGY

VISION

To be recognised as the best provider of health care, clinical research and education in the UK and a strong contributor to the aspiration of Sheffield to be a vibrant and healthy city region.

MISSION

We are here to improve health and wellbeing, to support people to keep mentally and physically well, to get better when they are ill and when they cannot fully recover, to stay as well as they can to the end of their lives. We aim to work at the limits of science - bringing the highest levels of human knowledge and skill to save lives and improve health. We touch lives at times of basic human need, when our care and compassion are what matter most to people.

VALUES AND BEHAVIOURS

Treat patients as we would want to be treated	Value diversity	Continually improve
Celebrate success	Be professional	Be respectful and fair
Learn from failure	Be personally accountable for the actions we take	Work in partnership
Be efficient and effective	Be patient centred	Act with integrity

AIMS AND OBJECTIVES

Deliver the best clinical outcomes

- Treat and care for people in a safe environment and protect them from avoidable harm.
- Prevent people from dying prematurely.
- Help people to recover from episodes of ill health or following injury.
- Enhance quality of life for people with long term conditions.

Provide patient centred services

- Treat patients and their families with respect, dignity and care.
- Provide the right care in the right place first time.
- Maximise the quality of patient experience.
- Provide patients with choice, giving them greater involvement and control over their care.
- Move care closer to home where appropriate and evidence based.
- Develop a vibrant system of engagement within the local community.
- Learn from complaints, compliments and other feedback.

Employ caring and cared for staff

- Treat staff with dignity and respect, encouraging them to take responsibility for their own actions.
- Develop a culture which promotes positive attitudes and behaviours.
- Employ engaged and motivated staff to provide high quality care.
- Engage, support and empower all staff to continually improve the services they deliver.
- Promote health and well-being for all our staff, their families and the communities they live in.
- Provide an environment where staff can achieve their potential and develop their leadership skills where appropriate.

Spend public money wisely

- Maintain financial strength and stability.
- Reduce inefficiencies and continually identify more efficient ways of working.
- Ensure our services cost less to deliver than we receive in income.
- Ensure value for money is considered as part of all decision-making processes.
- Learn from other health care providers both in the UK and abroad, where appropriate.

Deliver excellent research, education and innovation

- Become one of the top Research and Development performers in England.
- Become a leading centre for innovation, spread and adoption.
- Lead the development of top quality education and training for all staff, working closely with the Local Education and Training Board.
- Develop research in all disease areas.
- Participate in all National Institute for Health Research, other UK and EU grant funding programmes.

2. What is a strategy?

A strategy should describe where an organisation is trying to get to in the long-term. This needs to cover what services we will provide and to what patients and populations. It sets out how we intend to be the first choice when patients have a choice. It will guide how we will organise our resources, be they financial, people, equipment or estate to ensure that we maximise their contribution for the benefit of our patients. Finally, our strategy must be responsive to the external environment and challenges we face and provides a basis for partnership working and strategies with our key partners, such as commissioners, the City Council and fellow providers.

Ultimately, it should form the basis upon which we shape proposals, take key strategic decisions and formulate our annual plans.

A strategy is not a business plan for every clinical service or care pathway in the organisation. Where specific services or groups are mentioned, this is because the work undertaken provides a basis on which to articulate and understand what it means for the wider organisation and the direction we should pursue.

It also has to be adaptive to changing circumstances – over the coming five years – there will be myriad changes that we cannot foresee at present. The strategy must be as flexible as possible to enable us to shape and define our future and we must be ready to change the strategy if it is no longer suitable or relevant. We will therefore review the strategy regularly to ensure it is still fit for purpose.

3. Why do we need a new strategy?

The current description of the NHS policy environment is variously described as 'challenging', 'unprecedented', 'tough' and 'testing'. It is important that we understand why it is being talked about it in this way. We also need to appreciate how different factors may come together simultaneously. Our strategy must place us in the best possible position to deal with such challenges.

This section describes our environment for the short to medium term and provides a basis for the development of our strategy. It is divided into four sub-sections: regional and national; local; internal; and lateral.

3.1 Regional and national

Probably the most significant feature of the current policy context is the reversal of the financial position of the NHS. Recent years have witnessed a doubling of funding and since 1950 annual average growth in funding in real terms has been 4.04%. When set against this historical position, the close to zero real terms increase for the remainder of the spending review period and potentially beyond it is easy to understand why this will have a significant impact.

Alongside the financial challenge is the ongoing evolution of the NHS reforms first set out in the White Paper "Liberating the NHS - Equity and Excellence". There will be five key issues for STH and organisations like it as the implementation of the reforms unfolds:

- The present commissioning arrangements are currently being dismantled whilst a new reformed architecture is put in place, including Clinical Commissioning Groups and arrangements for specialist services by the National Commissioning Board. During this transition period commissioning is potentially fragile. STH will need to play a key role in developing, supporting and embedding these changes, in particular the shift by GPs to become commissioners as well as providers of primary care.
- The tensions between aspirations for the NHS to benefit both from service integration and stability alongside greater competition and choice.
- The changing role of Monitor and the extent to which it will act as a regulator and therefore require the Boards and Governors of Foundation Trusts to assume greater autonomy and exert greater direction and control.
- How the arrangements for workforce development and training will unfold as Strategic Health Authorities and their previous hosting of Deanery functions are abolished and employers such as STH take responsibility for work place planning, education and leadership development.
- The creation of Health and Well-Being Boards that will set out a strategy for the city that will drive the commissioning plans of local Clinical Commissioning Groups.

The publication of the second Francis Inquiry on Mid-Staffordshire Acute Hospitals NHS Foundation Trust will also have far-reaching consequences for the delivery and governance of quality standards in all health care, and in particular in the acute sector.

Staff engagement will be a critical element of the organisation's leadership ensuring that the Board work closely with and alongside staff not only in facing these challenges but in continuing to develop the organisation and its services.

3.2 Local

STH is not only a highly respected tertiary and specialist centre but also provides the full range of secondary / DGH type services for the city's population. It is surrounded by a range of DGHs that are also FTs. Service sustainability and the desirable levels of co-operation and competition will be key future issues.

As a provider of adult secondary, community and tertiary care as well as dental and maternity services, all of the changes in the commissioning model – be it local or regional will be felt within STH. There is an urgent need to identify, forge and then nurture these key relationships.

Against this backdrop of acute health care supply, the recent public health profiles for the city show that deprivation is higher than average and 26,415 children live in poverty. Life expectancy for both men and women is lower than the England average. Life expectancy is 10.9 years lower for men and 7 years lower for women in the most deprived areas of Sheffield than in the least deprived areas. As a major employer and a provider of health care, it is imperative that we play our part in tackling these inequalities and improve the health of Sheffield in all that we do: as part of care delivery; working with our staff; and as a city partner.

And, following years of industrial decline, Sheffield is now a growing city. It is also an ethnically diverse city, with around 15.5% of its population from black or minority ethnic groups. The largest of those groups is the Pakistani community, but there are also large Caribbean, Indian, Bangladeshi, Somali, Yemeni and Chinese communities.

The population of Sheffield is predicted to grow from the 2011 estimate of 557,000 to 587,000 by 2017 a growth of 30,000. This compares to a growth of 17,500 over the past three years. Within this population growth there will be a significant increase in the population over 75 years old – rising by 9.13% from a current estimated level of 41,600 to 45,400. This population growth could place significant demand on our services, particularly for inpatient care.

If the treatment rate per person remains the same, the overall growth will result in an increase in demand for services of over 10,000 episodes of care, nearly 50,000 outpatient attendances and almost 6,000 attendances at A&E. Of these over 3,700 episodes, 12,700 outpatient attendances and nearly 2,000 A&E attendances would be amongst those aged over 75.

The number of people over 65 in Sheffield is predicted to rise significantly over the next 15 years increasing by 20% from 85,000 in 2010 to over 102,000 in 2025. However, over the same period, the number of people over 85 is predicted to rise disproportionately, increasing 31% from 11,500 in 2010 to 15,100 in 2025. Over the same period, our concept of what constitutes "old age" will change, and notions of "career" and "retirement" will shift in response to longer working lives.

Many older people are well supported by unpaid carers, universal public and community based services, so do not require other formal health and social care support. Nevertheless, there will be significant challenges for older people in Sheffield over the next decade and beyond, and is highlighted by the fact that the prevalence of self-reported, long-term, limiting illness in people over 65 years is 59% (52.6% in the over 60 population) compared to 20.1% of the general population.

A major challenge for us and our partners is to ensure that the growing number of older people maintain the best possible physical health and mental capital, and so preserve their independence and wellbeing.

There will also be an increase in the 20-39 year old population of 18,800 in Sheffield. This will place additional demands on maternity services. The predicted number of births is expected to rise from 6,900 in 2011 to 7,500 in 2017. Taking account of the wider population we serve beyond Sheffield means that the number of births expected increases to over 8,300 compared to the predicted level of 7,400 in 2011.

Reflecting and responding to the diversity of the population we serve as well as being adept at recognising and understanding how it changes over time are critical. This and the significant health inequalities that exist are key challenges for STH. These issues combined with challenging economic circumstances also require STH to make key strategic decisions about its broader role in the communities of Sheffield, Yorkshire and the North of England. We are a major employer and constitute approximately 10% of the Sheffield economy. It is critically that our services and our employment promotes health and well-being and that we play an active role with communities and neighbourhoods in improving health and reducing inequalities.

Whilst most of the health care we provide is delivered to residents of Sheffield, we are also an important provider to services beyond the city boundaries. As such it is important that we are cognisant of the commonality as well as differences that these different geographic catchments bring. Table 3.1 in Appendix 1 provides a high level summary of the key health issues in these areas.

3.3 Internal

The financial year of 2011/12 has seen STH set efficiency savings requirements of £38 million. These are levels that have not previously been achieved. This will require a new approach to meet the new clinical and managerial leadership challenge if the whole organisation is to deliver such ambitious targets and a sustainable future.

This is against a backdrop of significant and specific challenges:

- Preparation for STH to become the major trauma centre for South Yorkshire.
- The need to continue to reconfigure and redesign services across the city to respond to new technologies
- Ensuring access for the population to resilient and sustainable clinical services.
- The merger with community services.
- Delivering a step change in STH's performance in research and development.
- Increasing national evidence, also being experienced locally, of the difficulty in maintaining and achieving targets.
- Ensuring all clinical directorates respond to the challenges.

All of this will require a shift from our tried, tested and previously successful approaches of the past

3.4 Lateral

An inherent danger in difficult times is to look inward and either neglect or actively damage partnerships. This will be compounded by the new requirements for our Board to judge ourselves rather than rely on external assessments, such as "double excellent". As well as the key NHS relationships STH has, the Council and Universities represent important city partners. Both sectors are experiencing challenges of their own. Teaching and education are critical to the creation of the highly skilled workforce required by a modern supplier of health care.

Finally, STH is also likely to experience potentially unforeseeable impacts on its business from ongoing discovery and innovation in:

- health care (e.g. gene therapy);
- how individuals live their lives (e.g. social networking as the preferred means of connection with services);
- expectations by patients of joint decision-making and commissioning alongside enshrined rights and expectations in the NHS Constitution; and
- institutional and governmental expectations of providers (e.g. the publication of the Francis Inquiry).

4. Where are we now?

4.1 Service Performance

As one of the largest and most consistently high performing NHS foundation trusts in the country, we continue to offer some of the best care available in today's NHS providing high quality, value for money services at all of its five hospitals:

- Northern General
- Royal Hallamshire
- Weston Park
- Jessop Wing
- Charles Clifford Dental

In 2010/11 our annual income was £800 million, we employ around 14,200 staff and during the year we carried out 281,898 inpatient episodes and day cases and 978,668 outpatient appointments totalling over 1.2 million patient episodes.

We are one of only a handful of hospital Trusts to have been awarded the highest rating of 'excellent' for both the quality of our services and our financial management, three years running and we are proud to be one of the top 20% of NHS Trusts for patient satisfaction.

On three occasions, including 2011, the Trust has been awarded the title of 'Hospital Trust of the Year' in the independently assessed Good Hospital Guide and is a recognised leader in medical research for bone, cardiac, neurosciences and long term conditions such as diabetes and lung disease.

We have a track record of very high performance against the Compliance Framework against which Monitor regulates our authorisation as an NHS Foundation Trust. Whilst we successfully meet these targets the pressures in the system are making this level of delivery increasingly difficult.

4.2 Financial Performance

In recent years STH has experienced, in common with the rest of the NHS, high levels of growth in income from patient services. These levels of growth allowed the Trust to deliver some of its efficiency requirements through the generation of additional income. The outlook appears to offer minimal likelihood of growth in most services. The implication of this is that we must focus on delivering reductions in our cost base.

The Trust has delivered income and expenditure surpluses since its formation. However, at speciality level there is a wide range of significant surpluses and deficits. It is essential that every Directorate delivers a surplus and does not really on other parts of the organisation to support it.

4.3 Monitor

As one of the two regulators of Foundation Trusts, Monitor plays an important role in overseeing and assessing our performance, as well as how we compare with others. Each NHS foundation trust is assigned with an annual and quarterly risk rating. There are two risk ratings for each NHS foundation trust as follows:

1. Governance - rated red, amber-red, amber-green or green; and
2. Finance - rated 1-5, where 1 represents the highest risk and 5 the lowest.

Since 2005/06, we have always been Amber or Green and have only once received a financial rating of less than 4. These results demonstrate that our performance has been consistent and we continue to be a low risk organisation with regard to our management of finance and governance issues.

4.4 Care Quality Commission

The Care Quality Commission (CQC) is the independent quality regulator of all health and social care services in England. The Trust is registered with the CQC and has no compliance concerns or actions. The five key areas that the CQC assess are:

- Treating people with respect and involving them in their care.
- Providing care, treatment and support that meet peoples' needs.
- Caring for people safely and protecting them from harm.
- Appropriate levels of staffing are in place.
- Appropriate management arrangements are in place specifically with regard to risk and governance issues.

4.5 Hospital Standardised Mortality Ratios (HSMR)

We know that lower mortality ratios are one marker of good quality care. The Trust actively monitors HSMRs and seeks to understand where performance may be falling short. For April 2011- May 2011 our HSMR was "significantly lower than the national benchmark" and this is consistent with how we have been assessed in recent years.

4.6 Patient Reported Outcome Measures (PROMS)

Through the national PROMs programme the NHS now routinely asks patients their views of the outcomes of four common surgical procedures: groin hernia repair, varicose vein surgery; hip replacements; and knee replacements. PROMs are the only programme that seeks to measure clinical outcomes from the perspective of the patient. Our PROMs scores for groin hernia and varicose veins are close to the national average. For knee replacements our scores are high (good). For hip replacements our scores are lower. This means further improvement is possible and necessary.

4.7 Patient Experience

Patient experience is collected from a wide range of information from different sources. Each method has its strengths and weaknesses, however, using all methods of information available enables us to better understand the patient's experience of the services offered and delivered.

During the first quarter of 2011/2012, the top 5 positive and negative themes (collected in unsolicited feedback from patients and their families) show similar results to the previous quarters. Staff attitude has appeared in both the top 5 negative and top 5 positive themes in all reports throughout the year. Staff attitude accounts for 27% of the total number of comments received over the past year, making it the top theme overall. This suggests its importance for patients. In terms of the top 5 issues raised through complaints, staff attitude has doubled compared to the number received in the previous quarter.

4.8 Research

Sheffield Teaching Hospitals NHS Foundation Trust is one of the UK's largest healthcare research institutions. The Trust and the University of Sheffield have formed a partnership to promote, host, facilitate and implement the findings of clinical and healthcare research in Sheffield. The research focus of both institutions range from basic science through to clinical research and clinical application. Research is carried out in a modern, purpose built research environment.

Although the Trust performs reasonably well against national targets, there is room for improvement particularly in the type and number of studies and the breadth of research portfolio for example, we only recruit 24.8 patients per research study, which is almost 37% lower than Cambridge's performance. A more coordinated approach to deliver integrated innovation, research, adoption and spread will be developed.

4.9 Academic Science Health Networks

Academic Health Science Networks are targeted at closing the so called second *translational* R&D gap (the first being to establish centres of research excellence, able to compete globally). Our ambition as a leading teaching centre is to create a sustainable health system that delivers the maximum health gain opportunities and benefits for local people by working in partnership with other local providers.

4.10 Service Developments

The Trust is continually improving its facilities for patients and the following are some examples of new and innovative services which have been recently introduced:

- **The Burns Unit**

This newly-renovated unit caters for a regional population of about two million people.

- **The Hand Unit**

The Sheffield centre is designed to offer world-class treatment of hand and lower arm injuries and offers expertise in orthopaedic and plastic surgery.

- **The Cystic Fibrosis Ward**

The ward is run by a team of specialist doctors, nurses, physiotherapists, dieticians, psychologists and social workers, is the only one of its kind in the UK. The new facilities include 12 en-suite rooms for young patients.

4.11 Merger with Community Services

On 1 April, the services provided by Sheffield Primary Care Trust were successfully transferred to the three local foundation trusts, with the majority of services moving to be part of STHFT. This move provides a unique opportunity to improve the quality of care and overall experience of patients as it will enable community and acute health service professionals to work more closely together and make healthcare journeys more integrated for patients. The planned programme of transformation work will identify areas where we can ensure that this change delivers benefits to patients.

4.12 So where are we now?

STH has an incredibly strong track record as a provider of NHS services as well as for achieving significant improvements. There are some areas where we need to strive to do better, such as patient experience and research. We also need to ensure that we do not assume that strong past performance will be sustained or improved upon in the future environment without us thinking and doings things differently.

5. How we have developed the strategy and its content?

The key stages in developing our draft strategy have been as follows:

a) Reviewing the current performance of the organisation (as outlined in Section 4 of this document);
b) Reviewing what the key challenges of the next five years will be (as outlined in Section 3);
c) Listening to the leadership teams in our Clinical Directorates through a process of reviews by the Executive Team and their visions for their services;
d) Examining the content developed by a range of workstreams about the potential opportunities and future direction in relation to the merger of acute and community services across a range of clinical and non-clinical areas;
e) Conducting a series of workshops where we engaged with staff, stakeholders, Governors and members of the public about what worked well and what needed to change; and
f) A period of internal engagement within the organisation between October and December 2011 that included the Board of Directors, Trust Governors, Clinical Management Board, Nurse Directors, General Managers and a number of Clinical Directorates.

Key themes were:

- The need for a caring culture across all staff.
- Patients need to be cared for as a whole, rather than just focussing on their specific condition.
- Seamless and efficient integrated care pathways need to be implemented across hospital and the community.
- Where appropriate and evidence-based, care should be provided in a community setting rather than the hospital.
- Our role and potential in promoting health and well-being across the city of Sheffield and the need for us to work with the citizens of Sheffield using community asset based approaches.
- Sharing access to records through better use of IT across the hospital and community are essential.

5.1 Working with Directorates

The Executive Team has also engaged with Clinical Directors to begin to describe the strategic priorities and future shape of services, initially via the Care Group Reviews that were undertaken in the summer of 2011.

Building on the strategic priorities outlined by each Clinical Director at the Care Group Reviews, there will be a Clinical Directorate Strategy developed that sets out where the service is going over the next five years and how it will know if it gets there. As part of this there will be a focus on: -

- Improving quality for patients – keeping patients safe in our care, ensuring services are clinically effective, achieving improved outcomes and paying particular attention to the experience of patients in our care.
- Creating clinically and financially viable services – providing services that are resilient, integrated and which offer value for money and are provided through innovative means: new technology, new business, new markets, new partnerships and new strategic alliances and networks.
- Building collaborative approaches – this means that GPs, Social Services, our Staff, other providers and stakeholders will be working together to design and deliver services that benefit patients and the public.
- Aligning research, teaching, training and staff – attracting, retaining and developing a skilled, flexible, professional workforce that places the patient at the centre of decisions about their care.

Directorates (including corporate directorates) will be expected to produce a five year strategy shortly after the approval of the corporate strategy by the Board of Directors (expected to be April 2012).

These strategies will be signed off by the organisation based on the above criteria and the extent to which they deliver the overarching strategy. These strategies will form the basis for each Directorate's Annual Plan, which will in turn form the basis for the system of performance management across the organisation.

5.2 Business opportunities

Each Clinical Directorate has begun to identify potential business opportunities for expanding, developing and entering new markets to ensure that the STH brand is maximised where this is profitable, sustainable and delivers good services to patients. It is critical that STH does operate services at a level that costs less than commissioners pay – this allows us to do two things:

1. Reinvest in the development of new and innovative services that require early investment; and
2. Create capacity to manage financial risk, such as changes in the level of tariff offered for different services.

5.3 Collaborative opportunities

- Integrated services for patients requiring unscheduled or emergency care and those who need care out of normal working hours.
- Joint working with social care and GPs to support appropriate early discharge from hospital and to establish further improvements for the assessment of people with ongoing health and social care needs.
- Provision of diagnostic and therapeutic services on a 7 day a week basis as routine to make the most of the newly integrated community expertise and to help expedite the discharge of patients from hospital.
- Collaboration with other NHS Trusts across a geographic network of 2-3 million population in research, innovation, education, clinical services

provision and non clinical services where appropriate and in the best interests of the organisation and the population we serve.

- Networked Paediatric Surgical and Neonatal Surgical care to give greater resilience to the services provided.
- Strategic alliances with other providers including St Luke's Hospice for people with palliative care needs.
- Improved pathways for patients with long term conditions – heart failure, diabetes, respiratory disease and dementia.
- Collaboration with surrounding District General Hospitals (DGH's) and DGHs and tertiary centres further afield where it is in the organisation's and our patients' best interests.
- Joint Working with Sheffield Health and Social Care FT, GPs and Social Care to improve pathway flow and improve care given to people with dementia whilst they are in hospital.
- Citywide partnership working via membership of the Sheffield Adult Partnership Board and the Transforming Sheffield's Health Steering Group.

5.4 Education and Training

High quality patient care and a positive patient experience are synonymous with investment in the education and training of all our staff to ensure they have the knowledge and skills to undertake their roles effectively. It also depends on high quality practice placements for all our students and good relationships with our education partners.

Within STH we have a good track record in delivering education and training. However the world is changing which brings new opportunities and challenges.

Nationally the model for commissioning education is changing. The creation of Health Education England and provider led Local Education and Training boards (LETBs) will make Trusts more accountable for the education and training of their workforce. As a major Trust in Yorkshire and the Humber it is important that we are at the forefront of these reforms and in turn review how we govern education and training internally as well.

Leadership is at the heart of high quality patient care. STH has made a significant investment in leadership in 2010/11 and it is anticipated that most staff in leadership and/or managerial positions will undertake some form of leadership development in the next 3 years. The Trust needs to capitalise on these staff particularly in light of the challenges we are facing.

5.5 Corporate Strategy 2012-2017

After consideration of the national and local challenges and opportunities likely to impact upon STH over the next five years and listening to what our staff, patients and partners expect from us in terms of service delivery, we have created a draft Vision, Mission Statement, Aims, Objectives and a set of organisational Values and Behaviours which we believe lie at the heart of our new corporate strategy.

The Vision of STH (what we are ultimately trying to achieve) is:

To be recognised as the best provider of health care, clinical research and education in the UK and a strong contributor to the aspiration of Sheffield to be a vibrant and healthy city region.

The Mission of STH (how we intend to deliver on a day to day basis) is based upon the NHS constitution and is:

We are here to improve health and wellbeing, to support people to keep mentally and physically well, to get better when they are ill and when they cannot fully recover, to stay as well as they can to the end of their lives. We aim to work at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. We touch lives at times of basic human need, when our care and compassion are what matter most to people.

To ensure we act in a way that maximises our potential to deliver this Vision and Mission, we are considering adopting the following values and behaviours. These are currently being consulted on with staff across the organisation:

Treat patients as we would want to be treated
Be personally accountable for the actions we take
Be professional
Work in partnership
Value diversity
Celebrate success
Learn from failure
Be efficient and effective
Continually improve
Be respectful and fair
Be patient centred
Act with integrity

Key aims for the organisation in the next five years:

Deliver the best clinical outcomes
Provide patient centred services
Employ caring and cared for staff
Spend public money wisely
Deliver excellent research, education and innovation

These aims have resulted in a range of organisational objectives that should guide the development of directorate business plans as well as personal objectives. These objectives are detailed on page 3 and in Appendix 2.

6. What will we do differently and how will we make decisions?

The fundamental questions which will guide us in implementing this strategy is:

- When should we work collaboratively with our partners for the good of services in the wider NHS? We would advocate this approach in providing unscheduled care, emergency care, and pathways for long term conditions. We will also seek to form strategic alliances with other providers when this is in the best interests of the organisation and the patients we serve; and
- When should we promote our services under Payment by Results in the competitive FT environment, based on the clinical excellence we offer? This approach will shape the future direction of elective and specialist care that we are able to provide to patients who chose STH.

Answering this question leads to the following priorities for action:

a) To pursue relentlessly the improvement of the clinical quality of services our patients receive, setting ourselves goals and objectives and measuring ourselves against such standards which we believe to be important, beyond the standard regulatory and performance requirements.

b) To become the provider of choice:

   - In elective care, for patients selecting their preferred elective care provider
   - In emergency care, for patients to agree that we would be their chosen provider
   - For commissioners when they consider which provider is best placed to serve their population well
   - For staff and prospective staff to be the health care employer of choice
   - For other providers when working in collaboration on integrated pathways and clinical networks
   - For students of nursing, medicine, dentistry, management and other allied health professionals when considering learning, education and development options
   - For research bodies and the pharmaceutical industry when choosing research partners.

c) To support our staff by example and action to ensure that every interaction by every member of staff throughout the Trust is caring, compassionate and responsive to the needs of patients, their families and their colleagues.

d) To systematically examine our services and specialties to ensure they are efficient and make the best use of resources. Where we identify a financial imbalance this will need to be resolved either through new ways of working, alternative service delivery with partners or changing the cost base of the service. We will also maximise the benefits of services where there is a potential to increase income that can then be reinvested into NHS services locally.

e) To increase our market share in elective and specialist health care services where we can differentiate the clinical excellence of the services we provide. Resilience in providing services within national tariff income will be an important consideration.

f) To design and deliver integrated and joined-up pathways for patients across the range of care modalities and settings. This will require a different approach to how health care has been delivered traditionally and will involve joint discussion and working with partner providers.

g) To design and create systems, processes and a culture where we simultaneously pursue quality, service viability and efficiency.

h) To explore the potential for the development of fee-paying services to private patients in some elective specialties.

i) To conduct a detailed analysis of the market for additional clinical research activity and rigorously select those areas where STH has or could develop a comparative advantage.

j) To consolidate and contract the extent of our estate which encompasses a very large number of peripheral properties whilst improving the physical environment at our core locations across the city.

Each of the above approaches will be outlined in more detail through the development of supporting strategies: the Quality Strategy, the Communications and Engagement Strategy, the Workforce Plan, the Organisational Development Strategy, the IT Strategy, the Estates Strategy, the Research Strategy and the Education and Training Strategy.

7. What now?

Each Directorate will be required to develop a five year strategy and an annual business plan on the basis of this strategy. Annual performance assessment will be based on the business plans to ensure that the planning cycle is completed each year.

There will be a parallel performance management framework for the strategy that will allow the organisation to test and assess the extent to which the strategy is being delivered as well as whether it remains adequate for the health care delivery environment.

Finally, this is an organisational strategy, but we will be unable to achieve our vision or play our part in the wider health and well-being of the people we serve without strong and strategic alliances with other organisations and the communities we serve.

8. Conclusions

The current corporate strategy (Excellence as Standard) is extant to 2012.

The recent merger with Community Services has changed the nature of the organisation – it now provides elements of health promotion, public health, community services, primary care, secondary care and specialist acute services.

There is potential in some specialist and planned services where there is a demand by commissioners and / or preferences by patients for activity to grow. Where this is accompanied by our ability to deliver below the tariff provided and capacity, we must pursue these opportunities to provide innovative services or increase our market share. In addition, there is scope for much greater collaboration between us and a range of other providers to ensure clinical and financial resilience of services and make certain that all organisations maximise their strengths and minimise their vulnerabilities.

The health care environment has changed considerably in recent years and months and it is critical that the Board considers the organisation's long term direction and sets out the basis upon which we will shape proposals and take key strategic decisions. That said we should set a strategy that provides a basis for all of our thousands of staff to pull in the same direction whilst also being adaptive to inevitably changing circumstances. This is particularly true when setting our vision for five years in the current context – there are bound to be myriad changes that we cannot foresee at present, but we must still shape and define our own future.

This draft corporate strategy is a consequence of a detailed review in recent months of the current environment, analysis of our current position and engagement with staff, patients, governors and partners on our future. It describes a strategy that, subject to further review and refinement, forms the basis for a robust approach to the next five years. It places at the heart of the organisation the need to treat patients, the public and our colleagues with care and compassion as well as providing a framework for healthy, high quality and financially resilient services to the people of Sheffield, South Yorkshire, North Derbyshire and beyond.

APPENDIX I

Table 3.1 – Key Health Issues in Areas Surrounding Sheffield

Town/County	Population Statistics	Health Issues
Barnsley	Population - 225,900 18.9% under 16 and 19.6% of pensionable age. 67% increase in people over 65 expected by 2031. Percentage of non-white British residents doubled from 1.9% in 2001 to 4.1% in 2007. Largest groups of immigrants are from Poland and Republic of Latvia. Approximately 500 gypsies live in the borough.	Smoking prevalence is high – approximately 50,000 adults are smokers. 28.5% of adults are obese which is significantly higher than the national average. Alcohol related hospital admissions for adult males and females are significantly worse than the England average.
Doncaster	Population - 290,300 Expected to be over 300,000 by 2020. Number of adults over 65 increased by 5,000 by 2012. Birth rate steadily increasing. Proportion of ethnic minorities is small compared to England and Wales. Certain ethnic minority groups have increased – Indian, Pakistani and Black African communities. There are 600 asylum seekers 4,000-6,000 gypsies/travellers and approximately 2,800 prisoners.	Alcohol related misuse mortality is increasing much faster than country as a whole, particularly in the male population. Male life expectancy at birth remains below the national level. New cases of lung cancer and stomach cancer mortality are high and the trend is set to continue. Increase in number of elderly people with mental health problems and dementia.
Rotherham	Population – 197,500. Expected to be 266,900 by 2020. Number of people over 65 is expected to increase by more than half by 2028 and the number over 85 will almost double. Black and minority ethnic community is relatively small, but has been growing increasingly diverse.	22.6% of people smoke, well above the England average of 13.6%. Death rates from alcohol related conditions are higher than national average for males and females. Estimated prevalence of obesity for adults is 28.3%, above the national average of 24.2%.

Town/County	Population Statistics	Health Issues
Derbyshire	Population – 758,200 Expected to rise to 792,300 by 2013. High proportion of middle age (40-59 years) and older (60-85 years). 97.2% is white British. Black minority ethnic groups make up less than 1.5% of the population. Male life expectancy is 77.6 years, better than England at 77.3 years. Female life expectancy 81 years, less than England at 81.6 years.	Major causes of ill health and death are caused by heart disease, stroke and cancer. Smoking prevalence has decreased over recent years, however, smoking is the single greatest cause of premature death. Hazardous and harmful alcohol related illnesses are similar to the national average for Derbyshire overall, however, the rates of hospital admissions are significantly above the national average for Chesterfield and the High Peak.
Nottinghamshire	Population – 766,400. The total population of the county is expected to grow by 3.8% by 2013. There are 16.45% over the age of 65. Black and minority ethnic population is relatively small compared with England overall.	Smoking is the greatest single cause of avoidable illness and preventable death. 1 in 4 people smoke and high prevalence rates are strongly associated with high levels of deprivation. Levels of obesity are higher than the national average. The main cause of premature death in males and females between ages of 18 and 64 is cancer. Circulatory disease was the second commonest cause of premature death in both men and women. Road casualty rates are higher than the national average.

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST - 5 YEAR STRATEGY

APPENDIX 2

VISION

To be recognised as the best provider of health care, clinical research and education in the UK and a strong contributor to the aspiration of Sheffield to be a vibrant and healthy city region.

MISSION

We are here to improve health and wellbeing, to support people to keep mentally and physically well, to get better when they are ill and when they cannot fully recover, to stay as well as they can to the end of their lives. We aim to work at the limits of science - bringing the highest levels of human knowledge and skill to save lives and improve health. We touch lives at times of basic human need, when our care and compassion are what matter most to people.

VALUES AND BEHAVIOURS

Treat patients as we would want to be treated	Value diversity	Continually improve
Celebrate success	Be professional	Be respectful and fair
Learn from failure	Be personally accountable for the actions we take	Work in partnership
Be efficient and effective	Be patient centred	Act with integrity

AIMS AND OBJECTIVES

Deliver the best clinical outcomes	Provide patient centred services	Employ caring and cared for staff	Spend public money wisely	Deliver excellent research, education and innovation
• Treat and care for people in a safe environment and protect them from avoidable harm. • Prevent people from dying prematurely. • Help people to recover from episodes of ill health or following injury. • Enhance quality of life for people with long term conditions.	• Treat patients and their families with respect, dignity and care. • Provide the right care in the right place first time. • Maximise the quality of patient experience. • Provide patients with choice, giving them greater involvement and control over their care. • Move care closer to home where appropriate and evidence based. • Develop a vibrant system of engagement within the local community. • Learn from complaints, compliments and other feedback.	• Treat staff with dignity and respect, encouraging them to take responsibility for their own actions. • Develop a culture which promotes positive attitudes and behaviours. • Employ engaged and motivated staff to provide high quality care. • Engage, support and empower all staff to continually improve the services they deliver. • Promote health and well-being for all our staff, their families and the communities they live in. • Provide an environment where staff can achieve their potential and develop their leadership skills where appropriate.	• Maintain financial strength and stability. • Reduce inefficiencies and continually identify more efficient ways of working. • Ensure our services cost less to deliver than we receive in income. • Ensure value for money is considered as part of all decision-making processes. • Learn from other health care providers both in the UK and abroad, where appropriate.	• Become one of the top Research and Development performers in England. • Become a leading centre for innovation, spread and adoption. • Lead the development of top quality education and training for all staff, working closely with the Local Education and Training Board. • Develop research in all disease areas. • Participate in all National Institute for Health Research, other UK and EU grant funding programmes.