

EXECUTIVE SUMMARY**REPORT TO THE COUNCIL OF GOVERNORS****HELD ON 25 JUNE 2019**

Subject	Operational Plan 2019/20
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Status¹	A

PURPOSE OF THE REPORT

To provide the Council of Governors with the 2019/20 Operational Plan submitted to NHS Improvement (NHSI) on 4 April 2019.

KEY POINTS

The attached is the 2019/20 Operational Plan submitted to NHSI on 4 April 2019.

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY 2017-2020		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	✓

RECOMMENDATIONS

The Council of Governors are asked to note the 2019/20 Operational Plan submitted to NHSI on 4 April.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
TEG	20 March & 10 April 2019	Y
Board of Directors (Private)	26 March & 30 April 2019	Y

OPERATIONAL PLAN

2019/20



1. Introduction

- **Overview of the Trust**

Sheffield Teaching Hospitals NHS Foundation Trust (STH) has considered all aspects of the 2019/20 planning guidance that cover activity, capacity, workforce and finance. Our response is a plan that confirms our continued focus on high quality clinical care and the intention to deliver core performance standards. We will do this through the framework of our Corporate Strategy – ‘Making a Difference’, which has played a significant role in setting the context for the success of the organisation over many years, ensuring the continuation of high quality, operationally resilient and financially sustainable services.

- **Past Years Performance at a high level**

The Board of Directors is provided with a detailed assessment of performance against indicators and measures linked to the Trust’s five key strategic aims each month. In shaping our plan for 2019/20, we have considered how we have performed during 2018/19, which includes;

- The Trust has consistently delivered the referral to treatment (RTT) waiting time incomplete standard of 92%.
- The percentage of patients waiting < 6 weeks for a diagnostic test increased to over 99% within the year.
- Whilst we did not consistently achieve the national standard of 95% 4 hour wait time standard in Accident and Emergency, on average we did treat/discharge 87.41% of patients who came to the emergency department within the required 4 hour timeframe.
- Outpatient and inpatient activity levels remain high. New and Follow up attendances were consistently above contract targets, as were the number of A&E attendances. The number of elective and emergency inpatient episodes was just below contract target, but higher than the same period in 2017/18.
- During 2018/19, we had only one case of MRSA bacteraemia and the number of cases of C.difficile remained relatively low and are lower than the previous year.
- We met or exceeded the national standard for urgent cancer referrals being seen within two weeks. However, we underachieved for some of the subsequent treatment standards including First cancer treatment within 31 days and the 62 day standard from a GP referral.
- The Trust met its finance control total.
- FFT scores for inpatient, A&E and maternity services were consistently above target. FFT scores for community services were slightly below target with 97% of complaints meeting the agreed response timeframe.
- Staff retention figures have been consistently better than target.
- The number of patients recruited to portfolio adopted grant and commercial studies was consistently above target.

- **Emerging System & Partnership Working**

The Trust is one of the 23 partnership organisations within South Yorkshire and Bassetlaw who look after the health and care of the 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield and is one of a number of areas across the country developing as an Integrated Care System (ICS).

A Memorandum of Understanding is in place to guide the development of the ICS ways of working and has a clear governance structure, which includes a number of programme boards responsible for delivering a range of ongoing priorities for improvement through the agreed transformational workstreams. Each ICS partner, continues to make decisions for their own organisation.

During 2018, the ICS has progressed changes in relation to Hyper Acute Stroke Services (HASU) and completed a Hospital Services Review. The full implementation of the changes regarding HASU services will take place in 2019/20 and the series of recommendations on the configuration of services arising from the Hospital Services Review are the basis of a business case for further service development.

We understand that the ICS will continue to evolve over time as described within the NHS Long Term Plan. However, despite the precise details of what will change in 2019/20 being unclear at present, the Trust remains committed to working in partnership and to engage with key stakeholders. The focus for this plan is to support the Trust in delivering its financial, activity and performance for the services for which it is commissioned.

The Trust is also a key partner in the Accountable Care Partnership (ACP) within Sheffield to strengthen the local relationships that underpin those at a regional level. Within the ACP, there are six priority areas for 2019/20:

- Improving the experience of older people in the care system
- Building community resilience through effective neighbourhood working
- Reducing smoking prevalence
- Reducing obesity and promoting physical activity
- Early years – developing more resilient families and communities

The Trust's plans incorporate and inform the transformational programmes of work across the ICS and ACP.

2. Operational Planning

- **Working with our commissioners**

The NHS Long Term Plan outlines a number of overall themes for the next five years and initial requirements for 2019/20, which will necessarily form the basis of commissioning priorities both nationally and locally. Given that this has only been published recently, how the Trust's commissioners, the ACP and the ICS will translate national 'must do's' into local or regional commissioning plans is not yet known and will continue to take shape during 2019/20.

As well as contracts with the two major commissioners (NHS England and NHS Sheffield CCG) the Trust has contracts with a consortium of CCGs in Yorkshire, Humberside and the East Midlands, led by NHS Sheffield. For a range of public health services, the Trust has contracts with Local Authorities, principally Sheffield City Council. The CCG commissioners will agree a new one year contract for 2019/20. The NHS England contract originally agreed in 2017/18 will continue for a further year to March 2020.

Commissioner	Position
NHS Sheffield CCG	<p>NHS Sheffield CCG, along with a range of stakeholders, has worked to develop the plans underpinning the ACP. The ICS are developing their plans for the wider South Yorkshire and Bassetlaw footprint. Both the ACP and the ICS will incorporate the requirements of the planning guidance and the Long Term Plan into their commissioning priorities for 2019/20. The Trust will fully engage with the commissioners in the development and implementation of those plans.</p> <p>NHS Sheffield CCG has stated that all Sheffield NHS Providers' quality plans will need to comply with national and local requirements for quality. National standards and targets will be delivered as detailed in the planning framework 2019/20 and NICE guidance.</p>
NHS England	NHS England has not published any further commissioning intentions for 2019/20. This is in context of the intention outlined in the national planning guidance, to move to integrated specialised commissioning with local health and care systems. This will see local and national commissioners working together to develop place based commissioning. The Trust is engaging with commissioners to progress this work.
Sheffield City Council	Sheffield City Council has not published commissioning intentions for the public health services it commissions from the Trust, although the range of services commissioned are now limited with the provision of Integrated Sexual Health Services currently subject to a competitive procurement process.

- **Activity Planning**

Elective demand and capacity modelling for 2019/20 was prepared using two tools. For demand, the Gooroo tool was used and for capacity, each clinical Directorate has undertaken bottom-up capacity reviews. Non-elective demand and capacity is modelled on the projected 2018/19 out-turn with adjustments for the assessment of year on year growth and has been reduced for SCCG QIPP schemes.

The 2019/20 activity plan reflects expected referral growth (due to demographics) and the need to maintain or reduce queues for planned care to deliver the required performance against 18 week Referral to Treatment (RTT) pathway targets, cancer waiting time targets and waiting list size.

Overall, demographic growth of 1% has been factored into the modelling for elective activity. The modelling and activity levels have been agreed with commissioners. The activity plan has been set at the following levels compared to the 2018/19 planned activity for these main points of delivery:

- Outpatient attendances 2.88%
- Total elective spells 1.75%
- Non-elective spells 1.26%*

The changes in outpatient and elective activity compared to the 2018/19 forecast outturn, includes a degree of the waiting list backlog clearance required to deliver a sustainable 18 week RTT position and waiting list size, a planned increase to reflect demographic growth and for a few specialities a reduced level of referrals. The planned activity levels compared to the 2018/19 forecast outturn levels are as follows:

- Outpatient attendances 0.61%
- Total elective spells 3.32%
- Non-elective spells 0.72%*

For non-elective activity, an assessment of year on year growth based on an agreed methodology has been built into the plan, and will be updated based on 2018/19 actuals once known. In line with the planning guidance requirements, a blended payment approach will be adopted with NHS Sheffield CCG to inform the agreement of a realistic assessment of non-elective demand.

(* Excludes maternity and obstetric NEL spells)

- ***Capacity Planning***

The 2019/20 activity plan for STH, has been developed with the aim of delivering waiting lists in line with the planning guidance, for 18 week RTT pathways, cancer waiting times and other access targets so they can be achieved and/or sustained throughout the year.

Activity plans are developed at specialty level, and with corporate oversight, to test their robustness and ensure consistency. An assessment of the resources required to deliver this level of activity has identified gaps in the capacity plans of a small number of specialties. With this in mind, the plans for these specialties have been set at realistic levels, with commissioner agreement. This means there are risks that with insufficient capacity it will not be possible to maintain current waiting times unless referrals are reduced to these services. The key services at risk are Neurology, Clinical Neurophysiology, Restorative Dentistry, Vascular Surgery and Vascular Radiology. The Trust will work with commissioners to manage demand in these specialties.

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 critical care capacity due to increasing demand and staffing levels.
- Recruitment to the clinical workforce in sub speciality areas where there are national shortages. These include Neurology, Restorative Dentistry, Gastroenterology, Vascular Surgery and a number of the diagnostic specialties.

Additional Capacity Requirements

Where there are identified capacity gaps, the Trust continues to utilise additional working/weekend working and accesses limited capacity through a framework contract for elective activity. This includes other private sector and NHS providers for a number of specialties either as a core element of the delivery plan or as a contingency to mitigate the risks identified above. The use of other providers through the framework includes contracts in place for General Surgery, Gastroenterology, Spinal Surgery, Endocrine Surgery and Dermatology. It should be noted that both the private sector and NHS providers approved under the framework have limited capacity and in some cases, capability. For some specialties, sub-contracting activity is therefore, not a realistic option.

The Trust acts as lead provider for the Musculoskeletal (MSK) Capitated and Outcome Based Contract (COBIC) and has contracts agreed with a number of private sector providers for Orthopaedics. Patients choose which MSK provider to deliver their treatment rather than the Trust sub-contracting activity.

Winter Resilience Plans

The Trust has built on the success of previous years to develop a robust winter plan for 2019/20, which forms the foundation for business continuity and resilience across elective and emergency pathways. This included plans for two winter wards in addition to existing surge capacity, as well as escalation triggers to known pressures caused by seasonal demand and capacity constraints. The plan was discussed and built in to a city wide Health and Social Care winter-plan at the Sheffield System Resilience Group.

In November 2018, the Trust's winter resilience plan was reviewed following the requirement to decant from the Robert Hadfield building. Whilst the decant plan did support the creation of additional winter ward bed capacity, this was not in the original locations, with both core and winter bed capacity being transferred to the Royal Hallamshire Hospital from the Northern General Hospital site. Further work has been required to expand pathways for the appropriate transfer of patients between sites to support patient flow.

The original 2018/19 plan identified a number of risks for winter including the availability of resilient transport services, delayed transfers of care associated with social care capacity and nurse staffing to support the surge areas. Following the requirement of the decant plan, a review of contingencies that were in place was carried out with additional mitigating actions identified. The winter plan for 2019/20 will be developed based on the experience of the current winter, in line with national planning guidance and submitted by the end of April 2019.

- ***Delivering Key Operational Standards***

The Trust continues to maintain the delivery of the 18 week RTT standard despite increasing demand and challenges in clinical capacity for a number of specialties. The Trust will continue to deliver the standard throughout 2019/20.

Cancer waiting times (CWT) performance will continue to be a challenge. Performance against these standards remains variable, in part driven by rising activity levels and our ability to flex our capacity to meet this demand. It is noticeable that some patients being investigated are more complex with multiple co-morbidities and, on occasions, more than one cancer being diagnosed and treated. Treatments for cancer are becoming more complex and patient choice is influenced throughout the diagnostic and treatment phase of pathways. In striving to achieve the CWT standards, the Trust is engaged in a number of internal improvement activities and across the Cancer Alliance to expedite pathways and improve patient experience.

The Trust works to support cancer improvement in multiple ways including membership of the Cancer Alliance Board, the Cancer Alliance Operational Group and weekly STH Cancer Executive Team Meetings. From these groups, the Trust is advancing tumour site level recovery plans across the organisation, which involves clinical and senior management leadership and engagement.

Trajectories for 2019/20 indicate non-compliance with the 31 and 62 day standards for the first two quarters as a backlog of prostate cancer cases are cleared. The Trust is prepared for the introduction of the 28 day Faster Diagnosis Standard and FIT testing.

A significant amount of improvement work has been undertaken within the A&E department to streamline processes and work towards the delivery of the 4 hour waiting time standard. This work will continue with performance levels gradually improving to meet the necessary thresholds by the end of the year.

The delivery of the diagnostic waiting times standard was challenging in the early months of 2018/19 with performance recovering from September 2018. Since then the Trust has maintained strong performance against this standard and will continue to deliver this during 2019/20.

3. Quality Planning

- **Quality Leadership and Governance**

As a high performing NHS Foundation Trust, we have clear structures and processes to support governance from ward to board. The Board of Directors are responsible for the overall delivery of high quality, reliable care for patients through effective leadership and a strong focus on continuous learning, innovation and improvement, at all levels of the organisation. The Medical Director is the named Executive Lead who, along with the Chief Nurse, has primacy over any quality matters in relation to Trust business.

The Trust's Corporate Strategy is supported by a Quality Strategy, which facilitates large scale involvement of patients and staff in the agreement of the annual quality priorities. There is a clear committee structure in place that supports delivery of the Trust's strategic objectives and specifically for quality, the Healthcare Governance Committee as a sub-Committee of the Board, has an annual work plan and oversees quality and the risks within the Integrated Risk and Assurance Report.

- **Quality goals**

Good progress was made against the thirteen 2018/19 Quality Report Objectives, which have been monitored by the Trust's Quality Board throughout the year. To ensure the Trust is constantly moving forward to improve our patient experience and care, new improvement goals for 2019/20 have been selected. This year for the first time a new process for the selection of quality objectives has been implemented. This new approach incorporates wider consultation and engagement, involving our patients, visitors, Foundation Trust members, and staff. A total of 1,478 responses were received.

Four quality objectives, listed below, have been selected for 2019/20, which have been aligned to the three quality domains within the Quality Strategy. It is recognised that these proposed objectives represent only a small proportion of the significant improvement work taking place across the organisation to drive quality improvement.

Safety

- Identify opportunities to detect and respond to potential emerging safety or risk issues.

Patient Experience

- Evaluate new in-patient and out-patient patient letters, consulting widely with patients, including those from seldom heard or hard to reach groups. Use the Trust's new engagement hub as the vehicle for the consultation.
- Learn from an area that displays best practice in relation to 'customer service' and staff attitudes and share learning Trust-wide.

Effectiveness

- Reduce the number of referrals logged on Lorenzo after 30 days of receipt in order to reduce delays in patient journeys.

- **Key risks to quality and how these will be managed**

Maintaining the quality of our care in the face of increased demands, financial challenges, pressure on our workforce and a changing strategic environment requires managing and balancing risks to ensure that patient care remains uncompromised. The Trust's quality governance structure ensures that the quality of care is routinely monitored across all services with risks identified and managed effectively. 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 to maintaining and improving quality of care are included in the Integrated Risk and Assurance Report. These risks and mitigating action plans are presented and discussed regularly at meetings of the Board of Directors and its Committees:

Nurse Staffing

A key challenge for the Trust is recruiting sufficient numbers of appropriately qualified clinical staff, particularly nursing staff. We continue to mitigate this risk through a range of actions including:

- Proactive review of staffing levels using triangulation of evaluation against best practice models, including Safer Nursing Care Tool (SNCT) and Professional Judgement and Care Hours per Patient Day (CHPPD).
- Effective implementation of eRostering system and policy.
- Routine reporting of Nursing and Midwifery Quality Dashboard to monitor nurse sensitive indicators.
- Implementation of a Nurse Staffing Escalation Policy.
- Engagement in partnership working with higher education providers to maximise recruitment of high quality qualifying nurses and develop a Return to Practice Programme for registered Nurses.
- Improving the profile of the Trust by refreshing the website, exploring the use of social media and reviewing job adverts to promote the Trust as an attractive employer.
- A number of workstreams in place to improve the nurse staffing position, collaboration with the South Yorkshire Regional Excellence centre and have received Health Education England funding to support the first cohort of trainee Nursing Associates with 61 trainees having commenced their training at the end of 2018.
- An international overseas procurement process to facilitate the recruitment of skilled registered nurses from overseas. Whilst we are currently, the second highest retainer of registered nurses in the country we are also engaged with NHS Improvement's retention collaborative and are in the process of agreeing some high level actions to meet this agenda.

Under delivery of planned preventative maintenance and refurbishment of wards

Delivery of a programme of preventive maintenance and refurbishment is essential to retaining the current Trust estate in a safe and fit for purpose condition. Whilst we are currently working to resolve the issues associated with the Hadfield Building, we will continue to mitigate risks through the following measures:

- Development of a Planned Preventative Maintenance (PPM) system and Essential Maintenance Programme (EMP).
- Management oversight of delivery of the above programmes and robust governance including routine reporting through to Board Committee level.
- Capital Planning and prioritisation process.
- Internal compliance and assurance programmes.
- Commissioning of external consultants as required.
- Subject to routine external visit and inspections, including CQC and Health and Safety Executive.

Healthcare Associated Infection

The prevention of healthcare associated infection to safeguard the safety and quality of care is a high priority for the Trust. We continue to work hard to minimise the chances of patients acquiring hospital acquired infections. The Trust's rigorous infection prevention and control measures include:

- Comprehensive Infection Control policies.
- Infection Control Screening.
- Deep Clean Programme.
- Infection Control Programme and Action Plan.
- Infection Control Accreditation Programme.
- Management oversight groups including the Infection Control Committee.
- Scrutiny and challenge undertaken by the Healthcare Governance Committee.
- Public Information and Staff Engagement campaigns.
- The Trust's CQC Compliance workstream.

- **Approach to quality improvement**

The Trust is committed to continuously improving the quality of care through the delivery of organisational transformation programmes alongside building improvement capability into the workforce. This work is overseen by the Medical Director and the Organisational Development Director.

To provide a standardised approach to quality improvement, the Trust continues to use the Microsystem and Flow Coaching Academies (MCA and FCA) to build improvement capability and redesign care systems across the organisation and system. The MCA and FCA are underpinned by the Institute for Healthcare Improvement (IHI) Model for Improvement and focus on team coaching to enable front line teams to improve the quality of care. This methodology ensures high quality and efficient care is delivered by developing internal improvement capability. This systematic approach, led by Organisational Development, offers a range of courses forming a programme of building capability for quality improvement. Staff across the organisation are enabled and supported to engage in system and process redesign and take ownership for improvements. This can be on a small scale, or with pathway level teams, working across a number of microsystems across the health economy.

MCA and FCA teams focus on making measured improvements that can be sustained and case studies are used to demonstrate impact and share good practice. Since 2012, the MCA has trained 307 improvement coaches, 156 being Trust staff, with 66% of these coaches actively coaching improvement work. In addition, the Sheffield MCA works with all the main health agencies across Sheffield, including Primary Care, Sheffield Children’s NHS Foundation Trust Hospital and Sheffield Health and Social Care NHS Foundation Trust, who have all adopted the microsystem approach to improvement. The FCA is in its third year and is focused on pathway level improvement across the Trust and FCA Yorkshire, which commenced in 2019 and will look at further pathway improvement across Sheffield and the regional care system. This shared language and approach to improvement will be supportive to the partnership working ambitions of the ACP and ICS.

In addition to speciality-level redesign, the Trust has in place system-wide transformation programmes for improvement and sustained change across elective surgery (Seamless Surgery), emergency care (Excellent Emergency Care) and Outpatients (Outstanding Outpatients). These programmes are governed through the Trust’s ‘Making it Better’ Programme, which aims to systematically drive the quality of care forward through spreading best practice and innovation at scale. Each programme has multiple projects within it, each with specific improvement aims and metrics to demonstrate impact.

Each transformation programme is governed by a Board and led by a member of the Trust Executive Group (TEG). In addition, each programme reports to the Finance and Performance Committee (a sub-committee of the Trust Board) and the programmes also provide twice yearly updates to TEG. This process provides a clear oversight of programme delivery, challenge and assurance of implementation.

- **Other Quality Matters**

Area	Plans
CQC Compliance	<p>In 2018, the CQC carried out a comprehensive inspection of services and care provided by the Trust. The Trust’s inspection report was published on the 14th November 2018 with the Trust achieving an overall rating of ‘Good’ and a Trust-level rating of ‘Outstanding’ for the Responsive domain. The report detailed six requirement notices relating to breaches of legal requirements at a Trust-wide level and in the four core services inspected (End of Life Care; Medicine; Surgery; and Urgent and Emergency Care).</p> <p>Alongside this, the CQC identified forty-one ‘must do and ‘should do’ recommendations. This is a significant reduction compared with the number of recommendations made in the 2016 report and a number of these were addressed at the time of the inspection or as part of the factual accuracy checking process. Work is now underway to implement the remaining actions. To support this each recommendation has a detailed quarterly work plan and these are integrated into the Trust’s agreed monitoring and assurance process.</p>
Learning from deaths	<p>Learning from any national report that is specific to a care group or speciality such as cardiac surgery for example, would be reviewed within the governance structure of that directorate. More general learning that affects the whole organisation, such as from the Francis report or the Gosport Independent panel, would be reviewed within the Medical Director’s office and any required actions considered and tracked at the Healthcare Governance Committee, which is a sub-committee of the Trust’s Board of Directors.</p>

Area	Plans
Seven day services	The Trust has a mature seven-day services strategy coordinated and led from within the Medical Director's Office. The Trust has significantly improved its position on the four key clinical standards in 2018. The Trust has achieved 81%, 100%, 100% and 91% compliance with clinical standards 2, 5, 6 and 8 in 2018. The Trust is moving to a Board level assurance process in 2019 in line with the national NHS Improvement strategy. The Trust will be required to undertake self-assessment of performance twice each year, once in spring and one in autumn. NHS England and NHS Improvement suggest that Board assurance requires at least 90% compliance with clinical standards 2 and 8.
Structured judgement reviews	There is a published policy in STH, which describes the partnership working between Trust governance, the use of Structured Judgement Retrospective (SJR) reviews of notes and the Medical Examiner's Office (MEO). Deaths are initially reviewed by the Medical Examiner (ME) and MEO, which identifies cases for further review either by the SJR method, the Coroner or the Trusts Serious Incident Group, which meets weekly. The learning from these reviews is within directorates and thematic learning is collated by the Mortality Governance Group and discussed at the Healthcare Governance Committee.
Reduction of Gram-negative bloodstream infections	STH are working collaboratively with colleagues in the CCG on delivering the action plan to reduce Gram-negative bloodstream infections. A summary of the early actions include: <ul style="list-style-type: none"> • Provide signposting to the Sheffield formulary for Urinary Tract Infection (UTI) antimicrobial prescribing - including adjusting sensitivities. • Collate a full review of 6 months of E-coli Blood Stream Infection (BSI) data identifying themes, trends and risk factors. • Continue to progress the action plan from a re-audit of urinary catheter management in community nursing. • Consolidate the improving hydration work already commenced following participation in the NHS improvement UTI collaborative. • Continue targeted monitoring of antibiotic prescriptions for UTIs on Brearley 5 and 7 as part of the improvement work underway. • Undertake a review of urinary catheterisation in patients identified as septic and continue reduction of antibiotic usage plan in place in Geriatric and Stroke Medicine.
National Early Warning Score (NEWS2)	STH have been using a bespoke Sheffield Hospitals Early Warning Score for a number of years. There is a full training and implementation plan for the roll out of National Early Warning Score (NEWS2), with cascade trainers and clinical champions already trained and delivering the training to all relevant clinical staff in the organisation. The changeover date for trust wide use of NEWS2 was March 25 th 2019, (in line with the national patient safety alert requirements). Separately a trust deteriorating patient committee chaired by the Medical Director has been convened to establish that the ongoing response to NEWS2 and deterioration is appropriate and timely for patients

- **Quality impact assessment process**

The Trust has Quality Impact Assessment (QIA) processes in place for the development and implementation of cost improvement programmes and selecting quality improvement priorities. The Trust annual cost improvement programme (Productivity and Efficiency plans – P&E) is focused on transformation and includes an established framework for the delivery of efficiencies that promotes ownership and accountability. Quality improvement initiatives are selected against the priorities outlined in the Trust's quality strategy.

Guidelines for requesting quality improvement priorities	✓ or x
Patient-focussed: an aspect of care that is high priority for our patients or staff	
Well-informed: performance data highlights scope for improvement or variation in performance	
High-impact: affects a large number of patients; achieves a significant improvement	
Innovative: original; introduces new ideas; takes advantage of an emerging opportunity	
Challenging: stretching; ambitions; tackles a long-standing or difficult problem	
Achievable; realistic; has a defined end point	
Aligned: supports Trust priorities and values; does not duplicate other work	
Measurable; impact or outcomes can be measured and demonstrated	

This framework enables a process for identifying the priorities for improvement across the organisation. Improvement activities that are high priority may then seek and receive support from the Patient and Healthcare Governance Team and the Organisational Development Department to deliver change and improvement.

Throughout 2019/20, further work will be undertaken to build on the above criteria through a new business partner model, to ensure alignment between corporate resource and improvement priorities.

P&E plans are completed by Directorates at an early stage in the year, in advance of the following financial year. Plans are then challenged at an appropriate level prior to approval and throughout the year. An assessment of the impact on patient safety, patient experience, clinical outcomes and staff experience can be demonstrated by the following:

- All P&E plans outline any quality benefits and risks within the standard efficiency scheme documentation.
- All P&E plans are reviewed and signed off by the Operations Director, Clinical Director and Nurse Director within the clinical directorate to ensure ownership, agreement and alignment with Directorate business and service development plans.

The Board of Directors sign off a report that summarises the approach to the overall efficiency plan each year, and therefore ensures oversight of risks to quality and implementation tracked as follows:

- In year P&E schemes are reported monthly by the Directorates and at senior Boards throughout the Trust. This is supplemented by monthly Chief Executive Officer (CEO) led PMO meetings, which help monitor, track and challenge the delivery of efficiency, alongside key quality balance measures.
- At Directorate level, the delivery of P&E plans is overseen through a local PMO to enable senior oversight and a review of quality and efficiency metrics. All individual P&E schemes have to describe the metrics that will be used to track quality and financial impact.
- This is underpinned by an increasing focus throughout the trust on building capability around quality improvement, and therefore measuring baselines pre-change, alongside a clear and specific focus on outcome measures and balance measures (i.e. for quality and patient experience) of schemes over time.

4. Workforce Planning

As part of the Trust's annual business planning cycle, the planning of our workforce identifies staffing pressures, proposed service changes and other factors affecting our workforce provision. The inclusion of workforce planning is critical to this annual process and results in plans that require workforce interventions to align with service need, financial budgets, quality and activity plans.

In July 2018, the Trust launched its People Strategy. A key element of this strategy is the Workforce Redesign, Innovation and Planning (WRIP) workstream. As part of this programme of work, we plan to further expand and improve the quality of our workforce planning capability and expertise by training key individuals within our Care Groups to ensure that workforce planning is further embedded as an iterative and responsive process throughout the year that feeds into the annual process.

The Trust People Strategy provides the strategic vision for spreading improvement capability and leadership qualities throughout the organisation. During 2019/20, the Trust will continue to develop leadership capability through existing and new programmes, recognising the need for building leadership skills throughout all levels of the organisation to enable the delivery of effective patient care through teams. In addition, a combined leadership and quality improvement programme will be trialled recognising the importance of leaders enabled to drive change.

The People Strategy has ten workstreams (with two focusing specifically on Leadership and Improvement) and these are governed through the Trust PROUD forum, and the HR strategy group reports into the Trust Executive Group with Board Assurance through the Human Resources and Organisational Development Committee.

The responsibility for the transformation programmes and building improvement and leadership capability lies within Organisational Development, who work to the following principles:

- Supporting work that helps improve people (patients and staff) and the organisation.
- Aiming to build capability through all work.
- Agreeing clear expectations with stakeholders, including expected duration of work, roles and responsibilities and potential outcomes and impact.
- Underpinning work with agreed metrics.
- Supporting sustained improvement, enabling transition away from the work at an agreed time.
- Objectively evaluating work and using this to refine the future support offer, learning from success and failure.

A summary of the main workforce challenges are described below:

Workforce Challenge	Impact on Workforce	Initiatives in Place
Shortage of registered nurses and midwives (circa 300)	Long term vacancies leading to: <ul style="list-style-type: none"> • Inability to fill rota's • Use of agency or higher cost alternatives • Negative impact on staff in relation to health and wellbeing • Potential for negatively impacting attendance levels and consequently costs of absence and resulting need for backfill 	<p>The Trust has recently agreed to undertake an international recruitment campaign and has also recruited a cohort of Trainee Nurses Associates who commenced employment in January 2019; this approach will be reviewed to identify further expansion.</p> <p>The Trust has embarked on new models of working e.g. Integrated Wards initiative, enabling Therapists and Nurses to deliver collaborative care by sharing core competencies and skills. The Trust is undertaking continual recruitment for registered nurses and midwives and trialling alternative methods to attract new employees; this includes an increased use of rotational roles, the trialling of one-stop-shop recruitment events, and improved clarity in how we promote STH as an employer of choice.</p>
Posts which are difficult to recruit to; these include both clinical and non-clinical (corporate service) roles.	Long term vacancies leading to: <ul style="list-style-type: none"> • Inability to fill rota's • Use of agency or higher cost alternatives • Negative impact on staff in relation to health and wellbeing • Potential for negatively impacting attendance levels and consequently costs of absence and resulting need for backfill 	<p>The Trust has compiled a matrix of posts, which are defined as difficult to recruit and the associated action plan will be monitored and co-ordinated by the WRIP workstream group aligned to the Trusts People Strategy.</p> <p>Actions for addressing this issue include the implementation of Apprenticeship and Advanced Practice roles to bridge the gaps in our workforce created by long term vacancies.</p>
Junior Doctors staffing shortages	Negative impact potentially leading to: <ul style="list-style-type: none"> • Even further reduction in Junior Doctor numbers in the remaining workforce due to poor staff experience 	<p>The Trust aims to retain and be competitive in attracting Junior Doctors to our workforce. The Trust has an on-going improvement programme, which includes improving facilities, access to professional development and improved communication initiatives.</p> <p>At STH, the Chief Registrar aims to develop individuals who will be emergent leaders of the future and may continue training in leadership and management after receiving their certificate of completion of training (CCT). The Chief Registrar reports to and is mentored by one of the deputy medical directors. To maximise their effectiveness, the role has access to a leadership programme delivered jointly by the Faculty of Medical Leadership and Management and the Royal College of Physicians education department.</p>
Uncertainty created by the Brexit process.	Negative impact potentially leading to: <ul style="list-style-type: none"> • Reduction of our current EU workforce • Impact on our EU recruitment supply routes • Requirement to identify and undertake (with all other providers) new routes of recruitment 	<p>Through our Business Continuity Group, the Trust has established an executive led co-ordinated approach to formulate a strategy and plan to address the impact of Brexit upon our workforce.</p>

Workforce Challenge	Impact on Workforce	Initiatives in Place
NHS Long Term Plan/Workforce Implementation Plan	<p>Whilst the co-ordination of a national approach is welcomed, an increase in activity will require capacity from within the Trust to:</p> <ul style="list-style-type: none"> • Co-ordinate our response • Contribute to the national agenda e.g. an increase in voluntary workforce would require additional co-ordination, training and management • Provide an increased number of placements 	<p>The CEO has made early contact with The Chief Executive of Leeds Teaching Hospitals NHS Trust (who has been appointed to lead the new Workforce Implementation Plan for the NHS) to initiate early communications regarding the Workforce Implementation Plan requirements.</p>
Employing a fully representative workforce	<p>A non-representative workforce reduces our ability to shape and deliver services appropriate to the communities, which we serve.</p> <p>We risk failing to both attract and retain the 'best' talent in our workforce.</p>	<p>Promoting and Valuing Difference is a key element of our People Strategy. This is demonstrated by the following:</p> <ul style="list-style-type: none"> • Delivered a 12 month 'Reverse Mentoring' programme • A WRES action plan is in place • An EDI Board is established • Staff networks are under development • Gender pay gap analysis and publication has been undertaken • Participated in the Athena Swan initiative • Registered and participates in a range of programmes and initiatives aimed at supporting minority groups. This includes - Stonewall, Mindful Employer, Disability Confident, Age Positive and Step into Health programme
Staff retention	<p>Whilst the overall retention rate at the Trust is good compared to other Trusts, there are higher turnover levels in some key staff groups.</p> <p>High turnover affects the work experience of the remaining workforce and affects our ability to plan and deliver services.</p>	<p>The Trust has established an Attraction, Recruitment and Retention group as part of our People Strategy. This group is leading a review of the Trusts leaver process, including an evaluation of reasons for leaving.</p> <p>The Trust is launching the use of 'retention interviews' for all new starters which will provide regular conversations about their roles and future development during their first year of employment. The Trust is participating in the NHSI retention workstream on nursing and midwifery. This will support the development of a dedicated 2019/20 retention plan for these staff groups.</p>
Bursary removal	<p>Where numbers of applications nationally fall and less training places are filled, the supply of quality candidates will be fewer over the coming years. This will reduce supply in key staff groups and add further to the on-going national shortages.</p>	<p>The Trust works closely with HE providers and will continue to monitor the impact locally and nationally.</p>

- **Current workforce risks**

The Trust has captured what we consider to be our greatest risks associated with workforce as part of our Trust level risk register. These risks have fully articulated key controls and associated assurances. These workforce risks, their impact, our response strategy and progress to date are outlined below:

Description of workforce risk	Impact of risk	Risk response strategy	Timescales and progress to date
<p>Workforce sub-risk 1 A requirement to further develop our approach to workforce planning to enable us to effectively plan, design and train our workforce to align with service need both at present and in response to future healthcare system requirements and changing external environmental factors.</p>	High	<ul style="list-style-type: none"> • Dedicated Workforce lead appointed to lead the workforce agenda and manage the associated risk • A dedicated Workforce Redesign, Innovation and Planning Group established under our People Strategy to oversee this agenda; reporting to Trust level groups 	<p>Work commenced summer 2018 and will be on-going. Progress to date includes:</p> <ul style="list-style-type: none"> • Integrated workforce planning process developed and launched as part of the annual business planning cycle commencing 2019/20 • Outputs will be assessed and challenged as part of the Trusts annual business planning process • HR & OD colleagues work collaboratively with system partners (ACP and ICS) to ensure visibility of wider healthcare system developments through participation in key workforce programmes of work
<p>Workforce sub-risk 2 A requirement to employ a sufficiently diverse and inclusive workforce that enables us to capitalise on the opportunities that such a workforce offers; consequently allowing us to design and deliver the highest possible quality of services that reflect the needs of everyone within our community.</p>	High	<ul style="list-style-type: none"> • Dedicated EDI lead role created to lead the EDI agenda and manage the associated risk. • Dedicated Promoting & Valuing Difference Group established under our People Strategy to oversee this agenda; reporting to Trust level groups. 	<p>The agenda will be on-going, progress to date includes:</p> <ul style="list-style-type: none"> • 12 month 'Reverse Mentoring' programme delivered, • WRES action plan in place • EDI Board established • Staff networks under development • Analysis and publication of gender pay gap undertaken • Participation in the Athena Swan initiative • Registration and participation in a range of programmes and initiatives aimed at supporting minority groups including- Stonewall, Mindful Employer, Disability Confident, Age Positive and Step into Health programme.
<p>Workforce sub-risk 3 A requirement to further develop leadership throughout our organisation to enable us to achieve a culture of high engagement and improvement where staff feel valued and respected by their colleagues and are able to reach their full potential for the benefit of both themselves and the level of care provided to our patients.</p>	High	<ul style="list-style-type: none"> • The Trusts Leadership & OD Manager is dedicated lead for this agenda and responsible for managing the associated risk • Several key themes under our People Strategy underpin this work, all report into Trust level groups and are led by dedicated leads 	<p>The agenda will be on-going, progress to date includes:</p> <ul style="list-style-type: none"> • Creation of a new OD Department headed by a newly appointed OD Director that sits within the Trust Executive Team • Three dedicated workstreams are established under our People Strategy to lead on this agenda; 1] Team Work & Leadership for Excellence 2] Talent Management and Development 3] Culture, Improvement and Engagement • The Trust offers comprehensive leadership development including - ILM courses at 2 levels and an in-house Effective Management Series of learning modules • A comprehensive service improvement offering is established including the Microsystems Coaching Academy and Quality Improvement courses • Mandatory and role related training is provided to all staff to ensure up-to-date skills and knowledge, an internal Graduate Management Scheme is in place and annual staff appraisals are undertaken to monitor performance and identify talent

Description of workforce risk	Impact of risk	Risk response strategy	Timescales and progress to date
<p>Workforce sub-risk 4 A national staffing shortage in key professions affects our ability to attract, recruit and retain a workforce sufficient in both numbers and capability to deliver safe and efficient care for our patients.</p>	High	<ul style="list-style-type: none"> • Trust level Committee (HR and OD) acts as internal governance body to monitor recruitment issues • Chief Nurse holds ownership of Nursing/midwifery vacancy management and recovery position • A dedicated Attraction, Recruitment and Retention Group are established under our People Strategy to lead on the recruitment agenda, reporting into Trust level groups and with a dedicated lead 	<p>The agenda will be on-going, progress to date includes:</p> <ul style="list-style-type: none"> • Application of new roles within the Trust e.g. Physician Associates, Trainee Nurse Associates • Development of a ‘Hard to recruit posts’ matrix to track and action plan against issues arising • Available tools and processes are utilised e.g. SNCT, NHSP Framework agreement, E-Rostering system and policy, monitoring of nurse sensitive indicators and escalation policy is applied by Duty Matrons • Capacity management of Midwifery establishment is undertaken including monitoring of staffing levels on Labour Wards through acuity tool, a rolling recruitment programme and management of attendance levels is on-going • Chief Nurse works in partnership with HE providers to maximise the recruitment of high quality nurses and to develop return to practice programmes for Registered Nurses
<p>Workforce sub-risk 5 A requirement to further develop the provision of tools and support to improve the physical and mental health of our workforce, enabling us to positively impact their well-being and consequently their ability to attend work regularly.</p>	High	<ul style="list-style-type: none"> • A dedicated Promoting Wellbeing Group is established under our People Strategy to lead on this agenda; reporting into Trust level groups. 	<p>The agenda will be on-going, progress to date includes:</p> <ul style="list-style-type: none"> • A programme of health and wellbeing services, initiatives and communications aimed at improving the wellbeing of staff including - Occupational Health Services, resilience training, mindfulness classes, twitter activity and annual interventions e.g. Move More campaign. • A new 24 hour confidential support service has been launched which includes confidential counselling, CBT and a range of supportive workbooks. • Wellbeing of our staff is monitored through the NHS Staff Survey on an annual basis

- ***Workforce transformation and support to the current workforce***

The above tables describe much of the workforce transformation and support to the current workforce. In response to shortages in key staff groups and national role developments, the Trust has embarked on introducing a variety of workforce interventions, which include:

- The introduction of a Trainee Nurse Associate role to work with our registered nurses.
- The further increase in the number of Physician Associates to work alongside our medical staff.
- The increase of Trainee Assistant Practitioners within our operating theatres workforce.
- Utilisation of apprenticeships to create new roles to address the shortages in particular staff groups and to aid future succession planning.
- Exploration of new ways of delivering care through the Integrated Ward system i.e. aligning core skills and competencies of our nursing and therapy staff.
- Launching a co-ordinated approach to maximise the support, development and effectiveness of our workforce through our People Strategy.
- Redesigning/centralising the delivery of outpatient appointment bookings via the launch of a centralised Patient Booking Hub; providing business and workforce resilience and support, consistent and quality service provision, standardisation and workforce efficiencies.
- Exploration of options and associated benefits of creating a centralised local shared bank for workforce provision.

As a Trust, we are committed to ensure that all our staff are focused on their own health and wellbeing in order that they can concentrate on the same for our patients. Absence levels are below 4% and have been consistently lower for the last 12 months. We follow the national NHSI Health and Wellbeing Framework and have a comprehensive package of measures to support staff that include;

- Health assessments.
- A physiotherapy service.
- An employee assistance programme, which offers a free phone advice and counselling line 24 hours 7 days a week.
- Resilience training.
- Health and wellbeing awareness training for Managers.

5. FINANCIAL PLANNING

- *Overview*

As with much of the NHS Acute Provider sector, the starting point for the 2019/20 Plan is very challenging given several years of austerity and significant service, workforce and IT investment pressures. The Trust's 2018/19 Financial Plan had a gap of £4.2m to deliver the 2018/19 Control Total and it contained a number of risks. From a combination of good management of these risks, a variety of non-recurrent in-year gains and an exercise to revalue the estate/review residual asset lives, the Trust now expects to achieve and improve on the 2018/19 Control Total. This gives a relatively strong starting point for 2019/20. The late issue of/incomplete guidance, the many changes in the funding systems and the rapid progression/conclusion of contract negotiations means that there is still some detail to resolve. However, every effort has been made to give a good representation of the position for 2019/20 in the Financial Plan. As always, the plan reflects a number of risks and assumptions, which will need to be managed in the year ahead.

- *2019/20 Control Total*

The Trust sees delivery of the 2019/20 Control Total (£0.5m surplus) as a challenge and has some concerns about aspects of its construction. However, the Board supports the ambition for a financially sustainable provider sector and recognises the significant financial consequences of not accepting the Control Total. It has, therefore, again confirmed its acceptance of the Control Total in the Plan.

The Trust is particularly concerned that the Control Total appears to assume a significant (£6m) gain on tariffs for 2019/20. The Trust's analysis suggests that this gain is overstated by over £5m. This largely relates to the assumption of a gain on tariffs for Stereotactic Radiosurgery, which the Trust will not receive given that it has a separate NHSE contract with "local prices" for this service. This was identified to NHSI last autumn but no adjustment has been made. **The Trust has noted NHSI's unwillingness to consider changes to Control Totals but regards this as a significant issue and would wish to discuss further with NHSI colleagues in-year if it becomes material.**

- *Activity*

The financial plan reflects the activity figures referred to earlier in this document. To the extent that margin is deliverable, this has been identified at service level and reflected in the plan. Underlying demand continues to grow but there are risks relating to commissioner QIPP aspirations/affordability issues and internal delivery capacity. However, final planned activity levels have reflected these issues.

- *Financial pressures and key movements*

The Trust's 2019/20 Financial Plan was approved by the Board at its March meeting. It is balanced, delivers the Control Total and reflects the agreed patient service contracts. The Trust has faced a variety of funding gaps to address in 2019/20, ultimately totalling around £27m. These include a small underlying Financial Plan deficit from 2018/19; removal of the previous assumption around external winter plan funding; the 1.1% national efficiency target; expected MPET funding losses; a shortfall on funding for inflation within the tariff uplift; £5m of unavoidable cost pressures/investments (largely IT, workforce and governance requirements); a significant CNST Premium increase; reductions in tariffs related to the adjustment for over-funding CNST costs in previous years; the New Operating Model procurement top-slice; and reduced PSF compared to 2018/19; offset by a gain on the national MRET payment. The majority of these items are expected or adjusted for in the Control Total. **However, the additional £4.7m of efficiency savings built into the Control Total and the failure to receive the £5m of the tariff gains assumed in the Control Total calculation create a significant financial challenge for 2019/20.**

The Financial Plan assumes that Directorate 2019/20 Plans, having delivered another 2% of efficiency savings, will show no deterioration on 2018/19 plans. The latest submissions at the end of March are close to this position but need some further work. As always, delivery of these plans is a key risk.

Contracts were agreed with NHSE for Specialised Services and the Sheffield CCG led Consortium just before the 21st March 2019 deadline. As always, contract negotiations were challenging and there are potential commissioner affordability issues in-year. However, the agreements were fair and unidentified QIPP will largely be at commissioners' risk. There is still a fair amount of clarification required on the CQUIN schemes, which creates an income risk.

- **Key assumptions**

In submitting the 2019/20 Operational Plan, the Trust has identified a number of risks and assumptions as follows:

- Activity, efficiency and financial plans will be broadly delivered.
- There will be no contract penalties in 2019/20.
- The Trust will receive no System Resilience/Winter funding.
- Losses on MPET funding will be limited to £1.5m.
- CQUIN income losses/costs to achieve schemes will be reduced to £1m (£2m in previous years).
- There are no further unfunded costs associated with national priorities and other unavoidable pressures/investments can be constrained to the assumed level.
- There are no adverse service impacts from social/continuing care or other out of hospital services.
- The cost of the Medical and Dental pay award for 2019/20 is as per the assumption in the tariff uplift calculation.
- The net cost of the New Operating Model (Procurement) is as assumed when 2019/20 prices (net of historic margin) are known.
- There are no additional costs from the new Junior Doctor Contract or the potential new Consultant Contract.
- CNST Maternity Incentive Scheme costs of £0.5m can be recovered through delivery of the scheme.
- The current assumption on the gain from the 2018/19 revaluation of the estate/asset lives review is correct once further validation and audit work are completed.
- There are no additional capital charges costs from the further (5 yearly) estate revaluation required in 2019/20 as per the Trust's Accounting Policies.
- There are no adverse consequences of the Hadfield Block closure.
- There are no adverse consequences of Brexit.
- There are no other adverse financial consequences from technical policy or accounting changes mandated nationally.

- **Further actions**

The Trust will now turn its attention to delivering the Financial Plan. The Trust is clear on the risks but it should be noted that the Plan has no identified contingencies. To deliver the Plan, therefore, the Trust will need to manage the risks well and identify all possible one-off gains/contingencies in-year. The Trust has been successful in this approach in previous years but this will still be a challenge in 2019/20.

- **Efficiency savings**

The Trust has identified around £20.6m of efficiency savings for 2019/20. This equates to around 2.5% of patient services turnover (excluding pass through items). The Trust has had a corporate Efficiency Programme for well over a decade and continues to drive productivity and efficiency savings on both a top-down corporate and bottom-up service basis. Its 2017/18 Reference Cost Index was 97 having reduced steadily from 109 in 2003/04. The position is likely to improve further as the Market Forces Factor changes. The Trust drives productivity and efficiency through its Making It Better Programme workstreams, covering Emergency Care, Surgery, Outpatients, Workforce, Organisational Development and Commercial, Corporate and Support Services.

The recommendations of the Lord Carter Report on Operational performance and productivity in English NHS acute hospitals were all mapped to the various workstreams and the Trust continues to develop its systems to effectively use Model Hospital and GIRFT information. The Trust produces good quality Service Line Reports underpinned by a Patient Level Costing System and makes full use of this information in driving Service Line Improvement Plans. A new systematic approach to driving improvement at service/directorate level was implemented in 2018/19 and will continue to be a key initiative for 2019/20.

The Trust has developed an Organisational Development Department, which incorporates the previous Service Improvement function, and also continues to develop its performance management arrangements, underpinned by robust information.

We also continue to seek partnership opportunities via the Integrated Care system and Accountable Care Partnership particularly around clinical pathways, back-office functions, estate, pathology, imaging and procurement.

- **Agency rules**

The Trust has relatively low levels of agency staffing costs but continues to drive costs down. All exceptions to national caps, use of frameworks, etc. have to be authorised by an Executive Director and reflect unavoidable service requirements. Local measures include reduction targets at Directorate level; plans to reduce sickness and other absence; improved recruitment and retention; and development of alternatives to address Junior Doctor rota gaps. Medical staff shortages continue to be the biggest challenge to reducing agency costs but work continues to be focused on effective recruitment approaches. Despite the major reduction in the Trust's ceiling for 2019/20, expenditure in 2018/19 should be below that level and every effort will be made to continue to reduce expenditure alongside meeting service imperatives.

- **Capital planning**

The Trust's 2019/20 Capital Programme and updated 5 Year Plan were approved by the Board at its March meeting. There will again be a range of infrastructure investments in medical equipment replacement, major medical equipment, estate infrastructure, Hotel Services and so on. More significant developments are highlighted in section 6. Subject to confirmation of national funding, we will start the expanded and upgraded Regional HASU during 2019/20. There will also be many other minor schemes.

The Trust has made significant progress on its IT Development Programme but there is a need for on-going investment. Investment demands on capital are likely to be manageable as the nature of IT investment becomes more revenue driven.

Proposals for a major upgrade of Weston Park Hospital, including the potential development of an Institute of Oncology, are continuing to progress. Following a fundamental review of the potential options, there is now general agreement on the way forward. The expected cost of the scheme will be around £50m. The Trust's bid for £35m of STP capital funding via the Integrated Care System was not approved in the latest round but we will continue to pursue this and any other potential funding options.

Programmed capital expenditure for 2019/20 is approaching £55m. A reasonable estimate of capital slippage has been assumed in the plan but spend of over £44m still seems high. However, part of the reason for the high level of 2019/20 spend is slippage from 2018/19 and most of the significant schemes have already started.

After a year of high capital expenditure in 2019/20 the Trust expects a very difficult capital funding position thereafter. This is as a result of the consequences of the estate revaluation/asset lives review for internally generated resources and the lack of national funding availability. This is going to require a fundamental review of the capital programme/plans but will almost certainly need additional funding solutions to maintain appropriate capital investment.

- **Working capital**

The Trust should commence 2019/20 with a stable and relatively healthy working capital position, although the final PSF position for 2018/19 will have a material impact. Maintaining this in 2019/20 will necessitate managing revenue pressures and securing appropriate settlement of intra-NHS debts. Given the consequences of the 2018/19 estate revaluation/asset lives review for internally generated capital funding, it seems likely that the working capital position will deteriorate significantly in the following years.

6. Service Developments

The Trust has a range of service developments planned to start, continue or end in 2019/20.

- ***Royal Hallamshire Hospital and Northern General Hospital Theatres***

In 2018, the Trust completed the new Q Floor theatres at the Royal Hallamshire Hospital, which created the capacity for the A Floor theatres to be refurbished as a safe, high quality theatre operating environment for all patients who undergo surgery. This scheme will continue into 2020. In parallel with this, operating theatres at the Northern General Hospital have commenced their refurbishment programme. A business case for the refurbishment of the theatres in the cardiothoracic centre will be completed during the year for commencement in 2020.

- ***A new Musculoskeletal (MSK) Integrated Outpatient Hub***

The development of a Musculoskeletal (MSK) outpatients department for rheumatology, pain, therapy and orthopaedics at the Royal Hallamshire Hospital commenced in December 2018 and will continue through 2019/20. This integrated outpatient facility will support the transfer of orthopaedic hip and knee sub-specialties and the pain service from the Northern General Hospital, and enable the further integration of the MSK clinical pathways.

- ***Specialised Cancer Services Strategic Development***

The Trust has continued to support in the transformation of cancer services during 2018/19, which includes service reconfiguration and significant capital investment. A pilot has recently commenced across the Cancer Alliance on the provision of Systemic Anti-Cancer Treatment (SACT), to test the concept of a network wide service for Breast oncology patients. Other workstreams are focussed on developing the workforce, radiotherapy services and research.

The Trust will complete a linked walkway between Weston Park Hospital and the Royal Hallamshire Hospital, the refurbishment works to the brachytherapy suite and the upgrade of the pharmacy aseptic unit during 2019/20. The Trust will also continue to develop the business case for a new dedicated outpatient department and work with the University of Sheffield to incorporate a new Cancer Research Centre.

- ***Radiology Department Improvements***

This project aims to update the imaging department on D floor at the Northern General Hospital site with a view to improve patient privacy and dignity and improve patient flow. This scheme is planned to start April 2019 and be completed July 2020.

- ***Expansion of the Clinical Immunology and Allergy Department***

This proposal aims to expand the estate, and work force of the Clinical Immunology and Allergy Department. Demand for this service is increasing, and this investment aims to future proof the service for this growing demand. It will support the directorate with improved compliance with RTT targets. A full business case is currently being prepared with a view to work on the project starting December 2019.

- ***Diabetes Inpatient Team***

The Trust is supporting the investment in a Diabetes Treatment and Care Programme to deliver an enhanced hospital-wide diabetes inpatient service. The aim of this programme, is to improve care for patients with diabetes through increased access to specialist diabetes inpatient support. Specifically, avoiding the need for hospital admissions, reductions in length of stay, improvement in the review of diabetic inpatients, discharge planning and reduced levels of patient harm are all areas that the investment will improve.

- ***Chesterfield Renal Satellite Unit***

The haemodialysis satellite suite at Chesterfield Royal Hospital provides a local service for STH patients in the Chesterfield area. Additional space has been identified and the proposal is to redesign the existing space and incorporate the additional space to provide a modern suite, which is compliant with infection control guidance, and to improve privacy and dignity and patient confidentiality. Two isolation areas will also be provided in the redesign, which currently is only available on the Northern General Hospital site.

- ***Purchase of Longley Lane***

Following the decision by the Department of Health to close the NHS Blood and Transplant centre on Longley Lane, the Trust have expressed interest in purchasing the freehold of this site. It is thought its location adjacent to the Northern General Hospital could provide an alternative entrance as well as additional parking.

- ***New Community Dental facilities***

This scheme aims to provide additional accommodation for community dental services. It will provide paediatric and special care dental provision in the community setting, with a potential to free up resource at Charles Clifford Dental Hospital.

- ***Histopathology Service Improvements***

There has been a continued increase in the requirements placed on the histopathology services within the Trust, which impacts on the ability to perform at a consistently high level. The laboratory team has developed an improvement plan and the investment will drive this work forward, with the additional capacity focussing on implementing changes to processes and specifically improve the turnaround times to assist clinical decision making.

- ***University of Sheffield funded PET/MRI facility***

This is a collaboration between the University of Sheffield (UoS) and STH to procure a PET MRI scanner. The capital funding has been provided by the UoS, and it will be sited on the Royal Hallamshire Hospital campus. The system will provide improved research opportunities for STH and will be used as a source of additional clinical MR scanning capacity. The unit is expected to be in full clinical use Q2 2020.

- ***Capacity to provide operational resilience - 2 Modular Wards and 5 Beech Hill Road Accommodation***

Modular wards

The Trust has procured two modular wards to provide resilient inpatient capacity. They will be based on the Northern General Hospital site and are expected to be in use September 2019. The aim is to improve the flexibility of the overall use of the cross site bed capacity, and to provide surge capacity for the winter period. They will also be utilised as decant accommodation for essential ward maintenance schemes and ward refurbishment projects.

5 Beech Hill Road

The scheme aims to convert underutilised residential accommodation at 5 Beech Hill Road into additional office accommodation. This will be used as decant space for offices in the tower block at Royal Hallamshire Hospital, which can be used for additional clinical activity.

- ***Regional Hyper Acute Stroke Services (HASU) Reconfiguration***

Hyper acute stroke services across South Yorkshire and Bassetlaw will change in 2019 following the agreement made with providers and commissioners. As one of the first areas of major partnership working across the Integrated Care System, the project will reorganise the first 72 hours of specialist critical care for stroke patients to ensure they have access to the right number of specialist staff, a consistent access to scans and for tests to give the best chance of survival for patients.

These changes will require an expansion of the current HASU facilities at the Royal Hallamshire Hospital due to expected increases in activity levels, provide for additional beds and a development of a neuro assessment Hub.

- ***IT Development Programme***

The Trust is supporting a number of IT development schemes:

- EPR-Implementation of a fully comprehensive EPR is an essential requirement for the Trust to achieve its goal of being paperless by 2020.
- PACS- Ongoing provision of a Trust wide PACS service with robust future planning of storage requirements
- Window 10 migration- all systems to be upgrade to the Windows 10 platform, as this will be unsupported from January 2020. The will ensure that the Trust is compliant with NHS Digital mandates.
- Infrastructure/Cyber security-aim to provide increased Trust resilience to cyber security threats.

7. Membership and Elections

The Trust aims to add value to the role of governors and continues to work directly with them to offer an appropriate and meaningful programme of training and development to equip them with the skills required to undertake their role. All governors are expected to attend a comprehensive induction session prior to joining the Council of Governors. This session complements the individual skills that governors bring to the role. The Trust encourages governors to attend informative, ad hoc presentations, seminars and appropriate learning opportunities throughout the year.

The Trust encourages governors to make connections with members and the public and endeavours to provide a range of engagement opportunities including the Annual Members' Meeting, staging health talks and information sessions. Governors are also enthusiastic contributors to the editorial group that produces the Trust's magazine for members and the Trust's annual business planning process.

The Trust recognises the value and importance of a broad engagement strategy and the newly formed Trust Membership Engagement Group aims to oversee and steer the development of membership engagement across the Trust, championing and promoting public engagement, particularly in respect of volunteering, membership and providing opportunities to enable individuals to become more involved and included in the organisation. The group is developing a framework around the recruitment of governors from the membership and is promoting equality, diversity and inclusion in the recruitment of governor representation with a particular emphasis on hard to reach groups.

There have been a number of elections over the last 12 months and further are planned for later in the year. These are set out below.

Elections to Council of Governors held in May-June 2018			
Constituency	Vacancies	Candidates	Election Turnout
Patient	2	2	N/A
Public: South West Sheffield	1	2	20.7%
Public: South East	2	2	N/A
Public West	1	1	N/A
Public: Outside Sheffield	1	1	N/A
Staff: Nurses & Midwives	1	2	13.1%
Staff: Management, Admin & Clerical	1	2	15.2%
Staff: Primary & Community Services	1	1	N/A
Staff Doctors & Dentists	1	0	N/A

Elections to Council of Governors to be held in May-June 2019	
Constituency	Vacancies
Patient	4
Public: North Sheffield	2
Public: East Sheffield	1
Public: South West Sheffield	1
Public West Sheffield	1
Staff: Medical & Dental	1

Council of Governors		
Constituency	Seats	Vacancies
Patient	7	2
Public	13	1
Staff	6	1
Appointed	7	3

8. Research and Innovation

The Director of Research & Development (R&D) and the Director of Innovation have developed a joint Trust Research & Innovation Strategy in December 2018 to facilitate joint working and exploit opportunities to grow the Trust's Research and Innovation profile and portfolio. The overall aim of the new STH Research & Innovation strategy continues to be one of increasing the profile, quality and quantity of clinical research and innovation, viewed as an essential and valued activity by all members of the organisation and the wider Sheffield community, as exemplified below.

The Trust's aspiration is to provide the very best in healthcare outcomes, clinical research and innovation for our local communities and wider population; research and innovation are the fifth pillar of the Trust's corporate strategy. The Trust aims to be a leading centre for innovation, spread and adoption, working with industry to create jobs and wealth and to maximise the benefits from the use of technology.

To facilitate this we want to have a comprehensive understanding of our innovative capacity and capability and to realise the opportunities therein, either individually or in partnership with others.

- During 2019/20, a baseline assessment of the innovation activities underway will ensure a better understanding of the priorities for innovation, adoption and implementation into clinical practice.
- Our Clinical Directorates will assess their innovation capability, capacity and future aspirations and plans that require a partnership approach, particularly where these may involve industry collaboration.

The Trust is one of only ten UK site alliances working with Parexel to increase commercial research activity and strengthen partnerships with international commercial companies. NIHR metrics demonstrate that we are improving both the volume and efficiency of our commercial studies.

- A key aim of our future strategy is to continue to maintain if not expand our portfolio of commercially sponsored clinical trials and other commercial partnerships for delivery of research; this will be evidenced by the number of commercial studies and organisations we are engaged with.

The coming year will see the Trust continue with the engagement with the implementation of the Life Sciences Industrial Strategy and other national regional and local initiatives to ensure that with our regional partners, we exert influence and benefit from any opportunities that arise.

- Senior leadership will continue to be involved in the relevant Research Forums such as the Shelford Group, Northern Health Science Alliance, Academic Health Sciences Network, Clinical Research Network, Health Research Authority and NHS R&D Forum to inform consultations and explore opportunities for the Trust as the Life Sciences Industrial Strategy evolves
- We will be actively explore the opportunities for greater industry engagement, subject to approval and the implementation of governance frameworks within STH to support this

The Trust has invested in a Clinical Research Academy (CRA), which has been established with the University of Sheffield School of Health and Related Research to support researchers to write and bid for national research grants awards.

Clinical Directorates will continue to be supported and monitored to ensure that they increase research activity. The Academic Directorates model is deemed a success and we will continue to look to these directorates to lead the Trust in:

- Meeting NIHR metrics.
- Increasing research capacity and output.
- Generating NIHR grant and other income to conduct research, which is nationally leading and internationally competitive.

Building on the comprehensive infrastructure of patient panels and training packages already in place, we will continue to increase the involvement of patients in all parts of the research and innovation process, and to involve individuals that are harder to reach.

To address this we will:

- Involve patients/public in the implementation of the Trust Research Patient & Public Involvement (PPI) Strategy.
- Exploit Trust social media mechanisms such as Twitter to reach out to the public and staff to promote research studies, local and national research and innovation events and news, and link to local and national forums and other organisations commissioning or undertaking research and innovation.
- Adopt the principles of co-production in research and innovation involving patients in the development of priorities and ideas, all the way through to study delivery and dissemination of findings, including the Clinical Research and Innovation Office (CRIO) website.
- Continue to grow our existing patient panel base, with CRIO staff offering bespoke advice to investigators involving patients/public in their research and innovation.

The above objectives will support our work as one of the nationally recognised UK Test Beds for the new UK Standards for Public Involvement in Research.

In 2018, the CQC set out their intention to include an assessment of research activity within their inspection framework. The CQC have also updated the Well-Led Inspection Framework and research is now recognised within this through the inclusion of key research-related questions. Overall, the Trust is well placed in relation to research and the CQC assessment questions.

- We will continue to review our position and explore further opportunities for more visibility of research across the Trust, such as posters in main foyers.