In hospital and in the community

proud to make a difference

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Making a Difference

2012-2017

Sheffield Teaching Hospitals NHS Foundation Trust's Corporate Strategy

CONTENTS

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 makes a difference on a daily basis and our core purpose is to deliver care to and serve our patients and their needs. We are 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 with through work with our staff and patients. We have a duty and responsibility to play our part in improving the lives of the people of Sheffield through all that we do as an organisation.

With all of this in mind, we have developed this new strategy to take us through the next five years, and, we intend to review it annually to ensure it remains fit for purpose. 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 have also spent considerable time talking to and listening to our patients, governors, members, partners and staff. There is no question that many of our services are truly excellent and world leading. People recognise this particularly in our tertiary and specialist services and would not want to receive their care anywhere else. However, we have also heard a number of comments that some of the more common types of care and some of the basics could be improved. As a result, at the heart of this strategy is a need for every part of our organisation to make sure that we get every contact with patients and visitors right, first time. This is not just about the health care we deliver but the way we work as an organisation and applies to **EVERY** member of staff.

The next five years will be hugely challenging in all public services, including the NHS, and it is critical that we all own and drive the same overarching strategy to ensure that we thrive.

Sir Andrew Cash
Chief Executive

OVERVIEW OF "MAKING A DIFFERENCE"

VISION

To be recognised as the best provider of health, 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 well-being, 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.

VALUES

Be kind, respectful, fair and value diversity

Celebrate our successes, learn continuously and ensure we improve

Be efficient, effective and accountable for our actions

Work in partnership and with the people we serve at the heart of all that we do

AIMS & 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. Maximise the health of those who use our services. Enhance quality of life for people with long-term conditions. Ensure clinical practice is evidence-based.	Treat patients and their families with respect, dignity and care. Provide the right care in the right place, first time, working in partnership where we need to. Maximise the quality of the 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 that promotes positive attitudes and behaviours. Employ engaged and motivated staff. 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 R&D performers in England. Become a leading centre for innovation, spread and adoption, working with industry to create jobs and wealth. Lead the development of top quality education and training for all staff. Develop research in all disease areas. Participate in all NIHR, other UK and EU grant funding programmes.

2. What is a strategy?

A strategy describes where an organisation is trying to get to in the long-term. It 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 provide a basis for partnership working and the development of plans 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.

A strategy 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 remains 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 are the reforms to the NHS embodied in the Health and Social Care Act 2012. 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 and a new reformed architecture will be put in place, including Clinical Commissioning Groups and arrangements for commissioning specialist services by the National Commissioning Board. During the 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 of care 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 (FTs) 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 training, 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 FT 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 for STH.

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 improving 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 is expected to increase 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 critical that our services and our employment promote 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 (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:

- STH being the major trauma centre for South Yorkshire and working with trauma units across the area to deliver high quality care.
- 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 and corporate directorates respond to these 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 second Francis Inquiry).

4. Where are we now?

4.1 Service performance

As one of the largest and most consistently high performing NHS FTs 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 Hospital

In 2011/12 our annual income was in the region of £850 million, we employ around 14,200 staff and during the year we carried out over 280,000 inpatient episodes and day cases and when taken together with outpatient appointments, our patient contacts totalled over 1.2 million.

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 FT. 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 rely on other parts of the organisation to support it.

4.3 Monitor

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

STH is one of the UK's largest healthcare research institutions. The Trust, together with the University of Sheffield and Sheffield Hallam University, has formed a partnership to promote, host, facilitate and implement the findings of clinical and healthcare research in Sheffield. The research focus of both institutions ranges 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 (ASHN's)

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.

- **The Surgical Assessment Centre**

The Centre was established in November 2010 to assist with the assessment of emergency surgical patients. Emergency patients who may need admission for surgical reasons are assessed by a team of specialists in the unit, rather than being admitted automatically to a ward. This prevents unnecessary admissions for patients to be assessed.

4.11 Merger with Community Services

On 1 April 2011, the services provided by Sheffield Primary Care Trust were successfully transferred to the three local FTs, with the majority of services moving to be part of STH. 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 developed the strategy and its content

The key stages in developing our 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 and their visions for their services through a process of reviews by the Executive Team;
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;
f) A period of internal engagement within the organisation that included the Board of Directors, Trust Governors, Clinical Management Board, Nurse Directors, General Managers and a number of Clinical Directorates; and
g) A period of wide staff and partner engagement across the city.

Key themes that emerged were as follows:

- The need for a caring culture across all staff from Board to ward.
- 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.
- The need for a step change in our innovation and research performance.
- Sharing access to records through better use of IT across the hospital and community are essential.
- To examine systematically the performance and future direction of all of our Directorates.

5.1 Working with directorates

To build on this overarching strategy for the organisation, there will be a strategy developed for each clinical and corporate directorate 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, innovation, 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.

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 will be in place by September 2012. 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. To create capacity to manage financial risk, such as changes in the level of tariff offered for different services.

5.3 Collaborative opportunities

There are a number of areas where we need to work collaboratively with our partners to ensure that we deliver the best care possible to our patients and the people of Sheffield.

In particular we need to integrate services for patients requiring unscheduled or emergency care and those who need care out of normal working hours. We need to establish a system of 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. To support this we need to ensure that we provide diagnostic and therapeutic services on a seven 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.

To help achieve this, we have embarked on an ambitious programme across the city called ***Right First Time***. Over the next five years this will transform the care we provide from the NHS, social services and primary to ensure that we deliver the right care to people as well as operate as efficiently as we can. Already we are focussing on unscheduled care, the care of older people, improving pathways for patients with long term conditions (such as heart failure, diabetes and respiratory disease) and improving the care of people with dementia, particularly when they have other health and care needs.

As well as our Right First Time partnership we need to establish fruitful collaborations in a number of other key strategic areas:

a) 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.
b) Working with Sheffield Health and Social Care, the Police and the City Council on presentations at Accident and Emergency Services; drugs and alcohol; domestic abuse; mental health and illness; and sexual health.
c) Networked Paediatric Surgical and Neonatal Surgical care to give greater resilience to the services provided.
d) Strategic alliances with other providers including St Luke's Hospice for people with palliative care needs.
e) Collaboration with surrounding District General Hospitals (DGHs) and tertiary centres further afield where it is in the organisation's and our patients' best interests.
f) Pursuing economic opportunities that promote the local employment market, health technology and assistive technology.

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 will adopt the following values and behaviours:

Be kind, respectful, fair and value diversity
Celebrate our successes, learn continuously and ensure we improve
Be efficient, effective and accountable for our actions
Work in partnership and with the people we serve at the heart of all that we do

Key aims for the organisation to deliver in the next five years are as follows:

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 in Appendix 2. Staff appraisal will be based not only on the delivery of objectives but the extent to which the expected values and behaviours are demonstrated. Recruitment of staff will also be developed to ensure that people with the right values and behaviours for a health care provider are recruited – not just those with the necessary qualifications and experience.

6. Where do we want to be?

Our Vision and Mission will be as outlined above. This needs to represent a step change for us as an organisation. By the measures used to rate us, we are doing well. We know that we can get better and that if we are to thrive as an organisation in the future we will need to change and be better. One of the things we heard very clearly in developing this strategy was a message given to us by a regular user of many of our services. She told us that the national, very specialised services were superb, as good, with highly motivated staff, if not better than anywhere else in Europe. The regional specialist services were very good with well motivated staff who always go the extra mile for their patients. And then we have our general hospital services where she said they were ok, occasionally very good, occasionally not very good at all. This picture received universal support during our engagement both within the organisation and with our partners in the city. It is all of our jobs to make sure that every contact, be it clinical or non-clinical, that a patient or visitor has with any member of STH is as good as it can possibly be – this is the key challenge for every one of the services we provide over the next 5 years.

6.1 Priorities for action

In implementing this strategy it will be important for us to strike the right balance between competition and collaboration:

- Times when should we work collaboratively with our partners for the good of services in the wider NHS. We will 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.
- Instances when we should promote our services under Payment by Results and through patient choice 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 choose STH.

To ensure that we get this balance right, there are a number of priorities for action that flow:

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 that we believe to be important, beyond the standard regulatory and performance requirements.

b) To ensure that we play a full and active part in the city wide transformation programme represented by ***Right First Time***.

c) To become the provider of choice:

- In elective care, for patients selecting their preferred elective care provider
- In emergency care, whilst patients do not have choice in these circumstances, we want 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 and midwifery, 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.

d) 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.

e) 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.

f) 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.

g) To respond to the needs being expressed by people for greater personalisation and bespoke information to inform choice and joint decision-making.

h) 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.

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

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

k) 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.

l) 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 is outlined in more detail through our supporting strategies on Quality, Communications and Engagement, Organisational Development, IT, Estates and Research. An Executive Summary of each is provided in Appendix 3. Further detail will also be provided in the strategies to be developed for each clinical and corporate directorate.

7. What now?

A performance dashboard will be developed for Making a Difference capturing a series of metrics that will be presented to the Board at least six monthly to provide assurance that the strategy is being implemented in the organisation and that the strategy remains relevant to the environment we are operating in.

Each supporting strategy will also develop a performance framework that will be presented to the Trust Executive Group on a regular basis. Summaries of this performance will be provided to the Board on an annual basis.

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.

Objective setting, appraisal and recruitment processes will be based upon this strategy to ensure that every member of staff plays their part in delivery.

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 strategy is the culmination of a detailed review 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.

This strategy provides a framework for healthy, high quality and financially resilient services to the people of Sheffield, South Yorkshire, North Derbyshire and beyond. The heart of this strategy, and what must be at the core of our organisation if it is to thrive and we are to make a difference, is the need for every member of staff to treat patients, the public and our colleagues with care and compassion.

APPENDIX 1 – HEALTH PROFILES

Table 3.1 – Key Health Issues in Areas Surrounding Sheffield

Town/County	Population Statistics	Health Issues
Barnsley	Population – 227,610 One third of the population still live in areas ranked in the 100 most deprived areas of England in terms of health, incapacity and disability. The life expectancy gap between Barnsley and rest of the country is growing. Ethnic minority growth has centred on rises in the Muslim community (particularly from Eastern European nations) as well as members of the Indian and Chinese communities.	24% of adults are smokers. 28.4% of adults are obese which is significantly higher than the England average of 24.2%. Alcohol related hospital admissions for adult males and females are significantly worse than the England average.
Doncaster	Population – 292,000 Expected to be over 300,000 by 2018. 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.	Rates of smoking related deaths and hospital stays for alcohol related harm are higher than average. Life expectancy for both men and women is lower than the England average. Early death rates from cancer and from heart disease and stroke have fallen but remain worse than average for England. Increase in number of elderly people with mental health problems and dementia. Estimated levels of adult 'healthy eating', smoking and obesity are worse than the England average. Priorities for Doncaster include smoking in pregnancy, alcohol misuse and childhood obesity.

Town/County	Population Statistics	Health Issues
Rotherham	Population – 254,600 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 at relatively small, but has been growing increasingly diverse.	24.5% of people smoke, well above the England average of 23.6%. The health of people in Rotherham is generally worse than the England average and life expectancy for men and women is also lower. Rates of hip fractures, smoking related deaths and hospital stays for alcohol related harm are higher than average. Estimated prevalence of obesity for adults is 27.6%, above the national average of 24.2%. Priorities in Rotherham include improving life expectancy, breast feeding and tackling smoking in pregnancy.
Derbyshire	Population – 763,700 Expected to rise to 779,000 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.	Priorities in Derbyshire include inequalities in avoidable mortality, alcohol and obesity. Smoking prevalence has decreased over recent years; however, smoking is the single greatest cause of premature death. Estimated levels of adult obesity are worse than the England average. Road injuries and deaths and hospital stays for alcohol related harm are higher than average.
Nottinghamshire	Population – 779,900 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.	An estimated 20.4% of adults smoke. Smoking is the greatest single cause of avoidable illness and preventable death. . 24% of the population are obese which is just below the England 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. Rates of hip fractures and road injuries and deaths are higher than the average. Priorities in Nottingham include smoking, obesity and alcohol.

APPENDIX 2 – OVERVIEW OF MAKING A DIFFERENCE

VISION

To be recognised as the best provider of health, 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 well-being, 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.

VALUES

Be kind, respectful, fair and value diversity

Celebrate our successes, learn continuously and ensure we improve

Be efficient, effective and accountable for our actions

Work in partnership and with the people we serve at the heart of all that we do

AIMS & 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. Maximise the health of those who use our services. Enhance quality of life for people with long-term conditions. Ensure clinical practice is evidence-based.	Treat patients and their families with respect, dignity and care. Provide the right care in the right place, first time, working in partnership where we need to. Maximise the quality of the 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 that promotes positive attitudes and behaviours. Employ engaged and motivated staff. 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 R&D performers in England. Become a leading centre for innovation, spread and adoption, working with industry to create jobs and wealth. Lead the development of top quality education and training for all staff. Develop research in all disease areas. Participate in all NIHR, other UK and EU grant funding programmes.

APPENDIX 3 - SUPPORTING STRATEGIES – EXECUTIVE SUMMARIES

ESTATES
QUALITY
COMMUNICATIONS & ENGAGEMENT
RESEARCH
IT
ORGANISATIONAL DEVELOPMENT

Executive Summary

Estate Strategy

Executive Director Sponsor – Kirsten Major

Author - Phil Brennan

1. Background

STH has a large and complex estate and it is critical that this important resource is used to deliver the key aims and objectives of Making a Difference. There are some particular drivers that mean an Estates Strategy is necessary:

Responding to the financial environment.
Seizing the opportunities for change following the merger with Community Services.
Enabling clinical change programmes.
Enabling changes in working practices.
Ensuring our services are as sustainable as possible.
Delivering continuous programmes to retain the estate in a safe and fit for purpose condition.

The estate currently comprises two major campuses: Central and Northern. The Central campus comprises the Royal Hallamshire Hospital, Jessop Wing, Weston Park Hospital and Charles Clifford Dental Hospital along with a number of smaller buildings around the perimeter of the campus. The Northern is the Northern General Hospital, which is a dispersed and large site containing multiple buildings. Subject to approvals in 2012, STH is likely to acquire responsibility for a number of Community premises under the Transforming Community Services (TCS) initiative.
The current estate has an asset value of: £320M. The cost of occupancy in 10/11 was £101M.

The Estate Strategy will support the organisation in delivering the following particular aims of Making a Difference:

- Deliver the best possible outcomes.
- Provide patient centred services.
- Spend public money wisely.

2. Where do we want to be?

The Estate Strategy sets out an ambition to minimise our use of buildings and estate to ensure that we are as efficient as possible in delivering services. It also describes the need to drive new practices such as more technology facilitated working and the use of space more flexibly and responsively. Estates and buildings also create the environments in which people work and patients receive care – there is a need for us to focus much more clearly on the contribution the environment makes to the way we feel, recover and work. This will become central to the way we manage our resources.

Moreover, the estate strategy will need to work with and respond to the Directorates' Strategies and supporting business cases as they are developed over the course of the strategy.

The strategy outlines a number of central initiatives, specifically intended to enhance patient centred services across the estate.

The following sets out the grounding principles which will provide the direction of travel of the Estate Strategy over the next five years:

- To improve the quality of the estate to ensure a positive experience of care, in the right place which treats patients and their families with respect, dignity and care.
- To reduce the overall size of the estate, improve space utilisation to deliver financial and carbon savings to create a more sustainable organisation.

- To ensure estate development plans maximise the opportunities arising from the merger with Community Services in terms of service change, in particular, in moving care closer to home and estate rationalisation.
- The Trust will continue to operate from a two campus and community estate model over the term of this strategy.
- Compliance with statutory and mandatory obligations.

3. Benefits

The benefits of this Strategy will be as follows:

- The provision of good quality healthcare environments, which aid patient outcomes/satisfaction levels and staff retention /morale.
- Estate developments that support service/capacity requirements, which meet local, regional and national commitments.
- An opportunity to dispose of surplus and/or poorly used assets and reinvest released resources.
- The provision of safe, secure and appropriate buildings.
- A plan for change that enables progress towards goals which can be measured.
- A clear commitment to complying with sustainable development and environmental initiatives.
- A means of targeting investments to minimise the risks associated with the built environment.

4. How will we get there?

The Estate Strategy will be informed by sustainable business cases for change which deliver the Directorates' Strategies over the next five years and which provide the following:

- Situational analysis of the functional suitability of the estate.
- Clear service improvement objectives which consider the existing estate along with new and developing service requirements.
- A number of centrally driven initiatives that change the way we utilise our estate and it's contribution to how staff work and patients feel and recover.
- Business plans which set out how we will maintain or improve the functional suitability of the estate.

A number of Trust policies relating to the management of the estate will be developed to address the following:

- Healing environment: Ensure that the contribution of the physical environment to patient and visitor as well as staff well-being is embedded in how we manage the estate.
- Space utilisation: Floor space across the Trust needs to be considered as a resource which incurs significant cost and liabilities. All directorates (clinical and corporate) need an incentive which encourages the effective use of the estate.
- Whole life assessment: A methodology will be established which considers the cost of maintaining the premises for the whole of their operating life and which centres on service and effective use of the estate.
- New ways of working: harnessing the capacity of technology to increase the flexibility of how we work and therefore the need for the estate to respond appropriately.
- Organisational structure: A Trust wide organisational structure is required for premises management which requires the definition of explicit roles, responsibilities and authority levels which are clearly understood by senior managers.

- Performance assessment: There is a need for continuous and proactive assessment of the Estate Strategy to ensure alignment with the Corporate Strategy. This assessment should consider the results and outputs of supporting strategies, policies and procedures. Evaluation will include, but not be limited to, peer comparisons, KPIs and best practice.

5. Key recommendations

- The Estate Strategy recognises clinical practice for the delivery of patient centred services as the principle drivers for the development of the physical estate. Directorates' Strategies and change plans will be essential to informing the Estate Strategy.
- A number of central initiatives have been identified, which will enhance services provided by the Trust and compliment the above strategies.
- The Estate Strategy outlines a number of initiatives relating to estate strategic planning and governance.

Executive Summary

Quality Strategy

Executive Director Sponsor – Mike Richmond

Co-Authors - Suzie Bailey, Des Breen, Sandi Carman, Tom Downes, Chris Morley

1. Background

The Health and Social Care Act requires an ambitious change programme at the same time the NHS is required to deliver efficiency savings up to £20 billion.

Locally, the challenge to deliver greater efficiency will affect all areas of public services and STH is no exception. The best evidence shows that improved efficiency is realised and sustained by focussing on value, with value defined as health outcome achieved per pound spent. STH will improve health outcomes by building the Trust's capability and capacity for quality improvement.

The integration of community services with acute hospital services is an exciting opportunity for us to work together and harness the skills and expertise of our staff to develop better ways of delivering services for our patients.

Quality and outcomes should guide everything we do and every patient contact is therefore important. We are fortunate to employ some of the best staff in the NHS and through this Strategy we seek to enable them to innovate and look for ways to improve services.

We recognise the need to exploit all the opportunities available to us and aim to learn from the best nationally and internationally to bring measurable improvement in care to patients. We will work actively with partners to identify innovative ways of delivering high quality services which meet patients' needs, and which are sustainable from both an economic and an environmental perspective.

2. Where do we want to be?

Quality goals

By March 2017 we will:

- Achieve a Standardised Hospital Mortality Indicator (SHMI) within the upper decile performance of the national peer group with an emphasis on avoidable harm
- Reduce emergency re-admissions within 28 days of discharge from hospital and ensure our performance is in the upper quartile of the national peer group
- Reduce hospital average length of stay and ensure our performance is in the upper quartile of the national peer group
- Achieve top 20% national staff satisfaction and maintain top 20% patient satisfaction

3. Benefits

The quality of the services we deliver is the cornerstone of our purpose as an organisation. Quality does not happen without being driven at every level of the organisation and by every member of staff. Implementation of this strategy will allow us to improve and enhance the services we deliver and ensure that the care we provide to the people of Sheffield and beyond is of the highest possible quality.

The implementation of this Strategy will have a significant impact on the quality of services delivered to patients and support the organisation in '*pursuing relentlessly the improvement of the clinical quality of services our patients receive, setting ourselves goals and objectives and measuring ourselves against such standards that we believe to be important, beyond the standard regulatory and performance requirements*'

4. How will we get there?

The Quality Strategy will be supported by a detailed implementation plan outlining milestones, lead responsibilities and resource requirements. To support this approach seven key objectives have been agreed:

i) Quality Improvement Objectives

a) Over the duration of this strategy we will develop a formal work programme focused on the primary and secondary drivers in order to achieve the stated *Quality Goals*.
b) We will develop a comprehensive programme of leadership for quality which will align with the other supporting strategies: Communication & Engagement Strategy; Education & Training Strategy and Organisational Development.

ii) Quality Governance Objectives

a) Over the duration of this strategy we will systematically review and document all components of the *STH Quality Governance Framework*.
b) Within the first year we will create a Quality Report based on the NHS Outcomes Framework and other pertinent indicators; that will be regularly reported to the Board.
c) We will develop a 'Quality Impact Analysis' tool to be used across the organisation to assess the impact of any significant service changes on quality.
d) With clear information, and by example, we will help staff to understand their role in, and contribution to, quality and safety in the care of our patients and introduce a formal process for the communication of lessons learnt.
e) We will benchmark our performance against internal (self assessment) and externally available data to assist in identifying areas for improvement.

5. Key recommendations

- Develop an implementation plan for the Quality Strategy
- Develop and initiate a programme of leadership for quality in the organisation
- Develop a Quality Report to be reported regularly to the Board
- Develop and embed a Quality Impact Analysis tool in the organisation and its decision-making processes
- To benchmark continually performance both nationally and internationally

Executive Summary

Communications & Engagement Strategy

Director Sponsor - Julie Phelan

Author – Julie Phelan

1. Background

The complexity of national and local NHS reforms, increasing public and staff expectations, coupled with significant economic challenges means the transformation agenda outlined in Making a Difference is significant and marks the beginning of a new era for healthcare in the City. We require a significant shift in our patients', staff and partners' understanding, and more importantly the level of their engagement, in what we are aspiring to achieve over the next five years.

Therefore the imperative for effective communications and engagement has never been more important. STH must develop a culture in which our patients, public, stakeholders and staff are encouraged and empowered to influence and implement a significant transformation agenda.

We must also consider the changing nature of the NHS, particularly commissioning, and the concept of any qualified provider which is now established in a more competitive market arrangement. A more strategic approach to marketing the services of the Trust is required. Reputation management and brand expansion will also be key areas for development as part of an experiential marketing strategy. Looking forward, patient information will need to be seen in the context of: greater patient choice: greater competition in the delivery of health services, and societal moves to greater personalisation.

Set against this context the Trust must review and refresh existing communication techniques and embrace modern technologies. The growing popularity and mainstreaming of 'e' communication, through social networking, podcasts, blogs etc, present new ways for our patients, staff and partners to access information, form opinion and for us to gauge and influence them. We are currently a long way from the interactive conversation with every patient, employee and member. The potential impact on reputation, the maximisation of Choose & Book and the public hunger for web-based information to inform decisions on choice make this a significant priority.

The aim is to move from an 'inform' to 'engage' communications culture grounded on 'dialogue instead of dictate'.

In summary the communications and engagement strategy will seek to promote and create an environment where we have more informed patients/commissioners, more engaged staff and partners, a more efficient organisation and, ultimately, improved outcomes.

2. Where do we want to be?

The vision is:

To establish and embed a vibrant communications and engagement approach that supports Sheffield Teaching Hospitals NHS Foundation Trust to achieve its corporate objectives, goals and vision.

The principal aims of the Trust's communications strategy for 2012-2017 are to:

- Ensure patients are well informed about the quality, safety and availability of clinical services delivered by STH so that they are empowered to make an informed choice about what treatment/care they chose to have and who they want to provide it.
- Ensure access to information is given the same priority as enabling people to access our services.
- Create a dynamic culture of staff engagement supported by two way effective communications at directorate/department level and horizontally across the Trust.
- Embrace patient and public engagement as standard practice as outlined in the Patient and Public Involvement strategy.
- Bring about deep understanding of the Trust's vision, values and objectives to support patient care, staff well being and the efficient use of resources.

- Ensure all staff are fully engaged in the Trust's commitment to deliver high quality safe care, by keeping them informed about what is changing, why change is needed and most importantly involving them in the decisions that affect them.
- Ensure GPs, Commissioners and Regulators are well informed about the services delivered by STH, and that the Trust is clearly aware of the priorities and requirements of those who refer to, purchase or regulate acute care.
- Develop the brand and reputation of the Trust through proactive and reactive media management, marketing, high quality patient information, and effective engagement so that staff, members and patients want to be ambassadors of the Organisation.
- Ensure patients, staff, partners, stakeholders, members, governors and the public understand STH's vision, and the part they can/need to play in achieving it.
- Nurture new and existing relationships to enable partners be engaged and involved in transforming services, delivering care and shaping future developments.
- Ensure STH plays an active part in the local community leading debate about the healthcare it delivers, the strategy for healthcare in Sheffield and South Yorkshire, health promotion and illness prevention.
- Recruit and retain a vibrant, representative and active membership for the Trust.

3. Benefits

Effective implementation of the communications and engagement strategy will help support the Trust to realise its vision and corporate aims by:

- fostering a culture in which patients, public and staff are empowered to influence and implement a significant transformation agenda.
- creating a dynamic culture of staff engagement which will benefit staff health and well being, service innovation and productivity.
- having a good reputation to ensure patient, commissioner and partner confidence which then translates into STH being trusted and chosen to be the Provider of Choice.
- having a robust marketing approach in place to help shape future service provision and generate new income.
- fostering a culture where the provision of accessible and transparent information is given the same priority as enabling people to access services.
- strengthening relationships with our partners in health, social care, commissioning, education, the voluntary sector and industry.

4. How will we get there?

- We will need to evoke a step change in internal communications to move from an 'inform to engage' approach through Directorates. A full review of internal communications and engagement activities will be carried out. For example a new interactive intranet will be developed to allow dialogue and ideas to flow more effectively. New media communications will be implemented including the use of video-casts, forums and other web based tools as part of our communications armoury.

- Develop a culture which embraces patient and public engagement as standard practice.

- Development of a marketing strategy in order to effectively compete with other providers and build solid relationships to secure new and existing business.

- Exploit the full potential of new media in our communications and engagement activities moving towards an 'on-line first' ethos.

- A stakeholder engagement plan will be developed focussing particularly on enabling effective communication and engagement with GPs and other health/social care partners to support positive and effective relationships.

5. Key recommendations

- Review internal communications and engagement activities and make improvements in response to this.
- Develop associated supporting strategies and action plans.
- Develop a series of key metrics to monitor and evaluate the strategy's implementation.

Executive Summary

Research Strategy

Executive Director Sponsor - Mike Richmond

Author – Simon Heller

1. Background

Research and innovation are a cornerstone of STH's purpose as a health care provider – delivering good care, high quality outcomes and cutting edge health care for the people of Sheffield and beyond relies on continuous research and the implementation of best practice.

The overall aim of the STH research strategy remains one of increasing the profile, quality and quantity of clinical research and ensuring that research is viewed as an essential and valued activity by all members of the organisation and the wider Sheffield community.

Since the previous research strategy was endorsed in December 2006, STH has made progress in pursuing its overall aim of increasing both the quantity and quality of research. Awards of two Biomedical Research Units in Cardiovascular Medicine and Metabolic Bone, a CLAHRC and programmes of research in Devices and Diabetes are tangible signs of progress but the failure of our applications to renew both Biomedical Research Units and relatively low recruitment of patients in some areas into research studies indicates that more needs to be done if we are to reach and exceed the level of our competing institutions.

As a consequence of this disappointing outcome a joint clinical research strategy between the Trust and the Faculty of Medicine, Dentistry and Health has been developed to act as a key vehicle for delivery of the fifth aim: to 'Deliver excellent research, education and innovation'.

The strengths of Sheffield Teaching Hospitals have to be re-defined as we look forward to the next 5 years. The cornerstone that is clinical research must be built upon and added to, particularly in the fields of applied research, informatics and emerging innovations. Links beyond the conventional boundaries to include engineering and the developing work centred around the "Virtual Physiological Human" project must be targeted. The excellent work undertaken by CLAHRC must act as a driver for the emerging Academic Health Sciences Network with our partners in South Yorkshire particularly focussing on the areas of long term, chronic disease where the opportunities including those in the area of telehealth are as yet untapped.

2. Where do we want to be?

We need to ensure that research is core business of the Trust and that we are in a strong position to lead a South Yorkshire Academic Health Science Network. We need to ensure that our staff have the skills and expertise to undertake and exploit research and that STH maximises the income available from research. Finally, and most importantly, we know that patients who are part of research programmes tend to have better outcomes and we want our patients to benefit from new advances and evidence in medicine and health. For this reason, improving our performance in research and innovation will benefit our patients and the health outcome that are possible for them.

3. Benefits

- people in Sheffield are the first to benefit from clinical discovery and new treatments and approaches to health care;
- a strong national profile attracts and retains the most able employees to both the hospitals and associated Universities;
- provides an environment of scientific challenge and reflection which feeds into improved clinical practice;
- encourages local basic scientists to undertake work that sees their discoveries translated into clinical interventions which benefit patients;
- generates income from patentable discoveries and partnerships with commercial organisations, particularly the pharmaceutical industry.

4. How will we get there?

1. In moving forward we will create Academic Directorates. Clinical Directorates with a

significant critical mass of research activity and capability and producing a high quality and volume of internationally recognised clinical research will be considered for the award of Academic Directorate status. Those designated will contain existing high performing clinical research units which have previously been BRUs or have the potential to become BRUs in their own right with discrete clinical research themes.

2. Working with The Faculty of Medicine, Dentistry and Health, STH will develop jointly a Clinical Research Office. This will provide a unified service for the stimulation, governance and costing of clinical and applied health research across the two institutions and the training and support of those involved. It will be researcher-centred, providing a comprehensive "one stop shop" service supporting the research strategies of both organisations and their researchers in the continual drive for research excellence and success now and in the future.

3. A proposal for a Clinical Research Facility on the NGH site was an important component of the BRU bid. The Trust has applied successfully to NIHR for £3.1 million of funding to support the Experimental Medicine work of the CRF, which will maintain the current level of support after funding for the BRUs ceases. Work is also needed to ensure that all clinical research within the Trust is conducted under the auspices of the CRF.

5. Key recommendations

1.
   - To appoint and develop Academic Directorates to ensure that one or more are in position to bid for BRU status by the time of the next call.
   - To establish and develop closer links between the Academic Directorates and key partners in fields beyond clinical research including ScHARR, CLARHC, D4D, VPH and informatics.
2. To work actively to build rapidly a portfolio of observational studies to ensure that both the Trust and the SYCLRN become one of the top 10 recruiting institutions/networks in England.
3. To work with: a) Faculty of Medicine, Dentistry and Health and b) STH directorates to establish a functional Clinical Research Office and Clinical Research Strategy Board.
4. To incorporate clinical research into the core business of STH by:
   - ensuring that support services meet the need of researchers
   - developing a research communications strategy working with the University and STH communications team
   - developing a research informatics system to underpin all activities
   - providing an efficient Research Finance service to ensure costs of studies are calculated accurately and rapidly and maximum income is recouped
5. To develop commercial research
6. To develop the CRFs to ensure a balanced profile and extend best practice across STH
7. To persuade the Sheffield public and STH workforce of the value, benefit and need for clinical research
8. To ensure a framework for continuing good and efficient governance, rapid approval of projects and that the Trust can meet standards of MHRA and HTA inspection
9. To commission an invited external review from a more successful NHS University Teaching Hospital to modify and improve our strategy

Executive Summary

IT Strategy

Executive Director Sponsor – Kirsten Major

Author – Steve Leggetter

1. Background

IT is now a fundamental part of the way society operates and this is also the case for health care, not only in the way we can deliver care and diagnostics but also how we behave as an organisation and interact with patients, visitors and our staff. IT programmes in the public sector are notoriously complex and expensive and for this reason we must be clear as an organisation how we will navigate the future and ensure that the organisation is supported appropriately in delivering Making a Difference.

STH currently has over 20 Terra Bytes of data which equates to over 44 billion pages of text. Work is in progress to bring together this data, for example in a single Patient Administration system. However, the data in STH still remain, predominantly, spread over disparate systems. Current industry trends indicate that the amount of data we hold could grow by 50 fold in 5 years through, for example, advances in medical imaging. It is critical that we plan to manage these challenges.

The IT strategy needs to support all of the aims set out in Making a Difference.

The premise of the IT strategy is that successful patient outcomes are a result of quality decisions based on accurate and timely information that we have to hand. The goal of Information Technology is to turn the data we collect into information that supports clinical and administrative decisions that result in successful patient outcomes.

2. Where do we want to be?

The IT strategy provides vision statements for 'a day in the life' of various key roles within STH in 5 years time showing how IT, the data and, most importantly, the information, will support decisions that affect patient outcomes.

We want patients to be able to access online, securely, details of their scheduled appointments and admissions as well as the names of their care team. We want patients to be able to amend their booking if required. We want patients to be able to check themselves into clinics via kiosks using a card with a magnetic stripe that we provide them. We want patients to be able to phone a single number to access STH's Contact Centre.

We want clinicians to be able to access clinical information securely from a Trust notebook or third party device. We want clinicians to be able to collaborate online using voice and video technology. We want clinicians to be able to have video clinic sessions with patients. We want clinicians to have access to telemedicine information and to collaborate with colleagues in the community to derive the best possible patient outcome.

In short we want all of our services to be technology enabled where this will add value and for no processes to be corrupted to serve our systems rather than patients, visitors and our staff.

3. Benefits

The benefits of this Strategy will be as follows:

- People in STH will be able to collect patient related data electronically and to store the data in conjunction with information within the context that it was collected (e.g. which patient, which consultant, which pathway...)
- People in STH will have access to secure, timely and accurate information in order to support decision making
- Staff will not have to manage disparate systems generating complex work-arounds and fail safe manual approaches
- STH will maximise the use of technology to deliver the most efficient care pathways possible
- The IT department will be able to deliver the IT work programme while maintaining the existing IT cost base

4. How will we get there?

The IT service in STH is already pursuing a series of key projects that are either existing schemes or have been approved recently. These include:

- Corporate Wi-Fi to support mobile working in all areas
- Contact Centre Telephony
- eDischarge
- ePrescribing
- Patient Centre roll-out to standard ways of working for bed management, patient letters, outpatient and inpatient management and waiting list management
- Electronic orders and results
- Blood tracking
- Electronic nursing forms
- Document Management

We will bring forward a new scheme for a single data warehouse for research, clinical and operational decision making.

6. Key recommendations

- STH will maintain an approach of having integrated, commercially available systems whilst it remains economically feasible to retain its existing core Patient Administration System (PAS)
- Plans will be brought forward to replace the PAS system at the appropriate point if required- possibly with an EPR
- "Paperless" is not achievable in five years. However, when patient notes are retrieved for either 'request for patient access' or new referrals then they will be scanned and made available in the Document Management System for electronic access
- Patient letters to GPs will be issued electronically and copies for internal use will be stored securely in the Document Management System
- We will move to a 24 x 7 IT service desk and service 'bridge' to monitor and manage services
- We will have a rolling schedule that tests our IT disaster recovery readiness plans for each system

Executive Summary

Organisational Development Strategy

Director Sponsors – Mark Gwilliam, Andrew Riley

Authors – Mark Gwilliam, Andrew Riley

1. Background

It is clear that the next five years are likely to be times of unprecedented change for the NHS and for Sheffield Teaching Hospitals NHS Foundation Trust (STH). During such times, we will need: a clear strategy; a strong set of values; innovative leaders; staff with the skills to be the best they can at their job; and structures and systems that support the rapidly changing internal and external environment. Throughout this period, leadership styles will be key to ensuring that leaders have the opportunity to make the changes needed to continue to deliver the success STH has enjoyed in the past.

The Organisational Development strategy pulls the threads of other strategies together and sets the overall tenor for the way the organisation deals with the people dimension of a complex strategy. If we are to succeed in delivering the ambition set out in Making a Difference we will need to work closely and successfully with all our staff and our partners.

2. Where do we want to be?

By March 2017 we will:

- Embed throughout the organisation and the way it works, the values contained in Making a Difference.
- Fully implemented performance and behavioural appraisal and personal development system for all staff employed by STH.
- Established new systems of working with Local Education and Training Boards (LETBs) to establish a fully integrated training and skills programmes for all STH staff.
- Implemented agreed delivery programmes in improving staff engagement through the staff journey (experience), staff involvement and staff health and well being workstreams.
- Established Electronic Staff Records (ESR) as repository for all workforce information and increased accessibility of the system to managers.
- Have improved the health and wellbeing of staff employed through a systematic improvement process and achieving SEQOHS accreditation by the end of 2013.
- Established partnership working arrangements with the collective trade unions, underpinning a healthy employment relations environment.
- Respond to the proposed changes in medical training grade numbers over the coming years ensuring STH continues to retain and attract the quality of medical staff it has enjoyed.
- Create leadership teams throughout the organisation that are able and willing to respond to the challenges we face over the next five years.

3. Benefits

Any corporate strategy that does not embrace: how it will ensure that staff pull in the same direction; the need to create structures and processes that are fit for purpose; and the need to review and develop decision-making processes and approaches will not succeed. The benefits of delivering the OD strategy will be in the delivery of Making a Difference.

4. How will we get there?

The OD strategy has a development plan underpinning each of these objectives setting out a five year delivery trajectory as follows:-

Shared Values
Following consultation with patients, key stakeholders and over 4,000 staff during the period between September 2011 and March 2012, including a subsequent working group of 52 staff from across the Trust, STH values and behaviours were established. They re-state the idea of what is right and desirable in corporate and individual behaviour, recognising and rewarding preferred behaviour whilst taking decisive action to minimise unacceptable behaviour.

This will define our culture i.e. the way things are done around here. We will use the values/behaviours to assess individuals through appraisal and as part of our recruitment process and induction programme. Thus creating a culture where we hold each other to account to consistently behave in a way that reflects our values.

Appraisals
The introduction of performance and behavioural appraisal will induce a significant cultural shift for both the appraiser and the appraisee. For that reason we are rolling out the new appraisal in a staged process, starting with senior leaders first and then adopting a cascade effect through the hierarchies.

As we roll out through the organisation we plan to invest in significant training for both the appraiser and appraisee, to ensure confidence and capability in conducting quality appraisals. We anticipate that it will take up to 2 years for us to complete the roll out.

The performance and behavioural appraisal requires an assessment against expectations and the captures the individuals potential and aspirations. The former will allow us to plot our workforce capability and the latter allows us to generate a Trust wide talent and succession database, which will support a succession planning process.

Education and training
Nationally the model for commissioning education is changing. The creation of Health Education England and provider led 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.

Staff Engagement
Staff engagement is a key priority for the Trust and three work streams are in place to deliver improvements in the following areas:

- The staff journey (experience)
- Staff involvement
- Staff health and well being

Action plans will be developed for each work stream and progress will be measured using a set of defined metrics which include key indicators in the NHS national staff survey and follow up with annual internal audits.

Workforce Information
Develop ESR as a tool for managers through the use of self service thereby increasing the timely flow of workforce data between, directorates, payroll and HR.

Occupational Health and Wellbeing
Provide more general health and wellbeing events and activities to visibly engage the workforce in key public health agenda issues and implement national initiatives required of NHS organisations – ie. Boorman report.

Increase the range of alternative areas for salary sacrifice schemes ie. purchasing annual leave, university fees cover, lease car schemes.

Medical Workforce
Medical Education England (MEE) will be transformed into Health Education England (HEE) as a special health authority from summer 2012 and take on a shadow role by October, assuming full operational responsibilities by April 2013. The purpose of HEE will be to ensure the delivery of an appropriate workforce to support the delivery of excellent healthcare, it is therefore, essential that STH is involved in shaping this reform.

Leadership development
Through significantly investing in leadership development we aim to create an environment in which all staff are engaged, committed and encouraged to reach their full potential, whilst continuously enhancing and improving the services we deliver.

5. Key recommendations
The Board of Directors is asked to approve the OD Strategy, thus approving:-

- The roll out of the performance and behavioural appraisal during the next 2 years helping to embed the STH values and behaviours. It will act as a conduit to connect every employee to the Trust vision and objectives through their appraisal discussion. Staff will feel valued as their contribution is recognised and will be more engaged in working for the Trust.

  All leaders will have a responsibility for talent spotting and developing potential leaders. This will be principally driven through the performance and behavioural appraisal.

- The development of ESR as the repository for all workforce information.

- Development of a fast track pathway for staff with sickness absence attributed to MSK, stress, anxiety and depressive conditions.

- The development of a partnership working agreement with Staff Side colleagues.