

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST
EXECUTIVE SUMMARY: REPORT TO THE BOARD OF DIRECTORS

Wednesday 20 March 2013

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| Subject: | Sheffield Teaching Hospitals NHS Foundation Trust – Directorate Strategies |
| Supporting Director: | Kirsten Major, Director of Strategy and Planning |
| Author: | Kirsten Major, Leonie Redfern, Sue Humphrey |
| Status (see footnote): | A |

PURPOSE OF THE REPORT:

To present to the Board a summary of the Directorate Strategies which have been developed in line with the Corporate Strategy “Making a Difference”.

KEY POINTS:

- Following Board approval of the Corporate Strategy “Making a Difference” in April 2012, all directorates developed their own five year strategies in line with the Corporate Strategy. This enables the strategic thread of the organisation to run from the high level organisation wide position to the implications and requirements at a specific Directorate level.
- Each Directorate Strategy provides information on the current position of the directorate, where the directorate wants to be in five years’ time, how it will achieve this and what benefits it will provide. It also details how the directorate will know it has achieved its strategy. The strategies will also serve to provide Board members with a ‘snapshot’ of each directorate.
- These strategies will be used to inform the annual Directorate Review meetings held in early summer as well as the development of objectives for Clinical Directors, Nurse Directors and General Managers. Directorates will also be expected to use their strategies as the basis for the development of annual business plans.
- Key themes from the strategies are outlined in the attached Appendix 1. Appendix 2 provides further information regarding organisation wide actions to address common themes or issues.

IMPLICATIONS:

| AIM OF THE STHFT CORPORATE STRATEGY 2012-2017 | | TICK AS APPROPRIATE |
|--|--|----------------------------|
| 1 | Deliver the Best Clinical Outcomes | ✓ |
| 2 | Provide Patient Centred Services | ✓ |
| 3 | Employ Caring and Cared for Staff | ✓ |
| 4 | Spend Public Money Wisely | ✓ |
| 5 | Deliver Excellent Research, Education & Innovation | ✓ |

RECOMMENDATION(S):

To note the ongoing development and implementation of Making a Difference.

To approve the actions being undertaken across Directorates to address common themes and issues.

APPROVAL PROCESS:

| Meeting | Presented | Approved |
|-----------------------|------------------|-----------------|
| Trust Executive Group | 13 March 2013 | Y |
| Board of Directors | 20 March 2013 | |

Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

Key themes from Directorate Strategies

| 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 |
|--|--|---|---|---|
| <p>Implications of Francis Report.</p> <p>Capacity to provide medical support to other hospitals (hub and spoke model).</p> <p>Review of input to MDTs to ensure best use of resources.</p> <p>Increased complexity of patients.</p> <p>Impact of Major Trauma Centre and opportunities this provides to the Trust.</p> <p>Improved theatre planning and usage.</p> <p>Challenges and pressures of meeting targets.</p> <p>Improving outcomes.</p> | <p>Improved working with primary and community services.</p> <p>Development of outreach services including ambulatory care and e-monitoring.</p> <p>Improvement of facilities and environment.</p> <p>Changes in patient demand complex/routine.</p> <p>Development and Implementation of Right First Time.</p> <p>Improved public and patient involvement.</p> <p>Consider the development of facilities and provision for fee-paying patients.</p> | <p>Junior Doctors New Deal Compliance/Working Time Directive.</p> <p>Shortage of medical staff in some areas and difficulty in recruiting.</p> <p>Provision of 7 day working, expanded days and where appropriate 24 hour services.</p> <p>Improvements to job planning process.</p> <p>Improve staff survey results.</p> <p>Expanded roles for Nurses and Allied Health Professions.</p> | <p>New contracting arrangements and changes to tariff.</p> <p>Improve SLR position</p> <p>Introduction of Any Qualified Provider Contracts.</p> <p>Commercial competition.</p> <p>Using marketing and promotion to ensure we are provider of choice.</p> <p>Development of working relationships with new Clinical Commissioning Groups.</p> <p>Maximise use of technology.</p> <p>Improve stock management, contracting arrangements and consumable spending.</p> <p>Efficient decontamination processes.</p> <p>Timely access to SLR and benchmarking data.</p> | <p>Impact of new technology and drug developments.</p> <p>Aspirations for Academic Directorate Status.</p> <p>Strengthen links with the Universities.</p> <p>Develop a research culture.</p> <p>Improve research portfolio.</p> |

How the Trust is addressing the key themes from Directorate Strategies

| Deliver the best clinical outcomes – Key Themes | How the Trust is addressing these |
|---|---|
| Capacity to provide medical support to other hospitals (hub and spoke model). | Working with local District General Hospitals to ensure best patient pathways and use of medical staff resource, at an organisational wide level through “Working Together” and on specific service and health care issues e.g. Major Trauma Network. |
| Review of input to MDTs to ensure best use of resources. | Trust wide review of clinical input into MDT’s, including improved use of technology. Being led by Cancer Executive including specific actions such as MDT training, room realignment etc and support for MDT specific actions. |
| Increased complexity of patients. | Improved monitoring to ensure better understanding of how to care for patients with complex needs including appropriate staffing ratio and accurate clinical coding. |
| Impact of Major Trauma Centre and opportunities this provides to the Trust. | Implementation of action plan from peer review visit in March 2013. Business Case to be considered by Board of Directors. Plan to ‘go live’ on 2 April and on-going structures and governance across all relevant specialties and groups. |
| Improved theatre planning and usage. | Establishment of Trust Surgical Board to ensure joined up discussion and action on best use of theatre resources. |
| Challenges and pressures of meeting targets. | Improved analysis of data relating to targets to ensure focus on appropriate areas. |
| Implications of Francis Report. | Trust Secretary providing leadership to organisational response, to be reviewed by Health Care Governance Committee, TEG and Board of Directors. |
| Improving outcomes. | Consideration of roll out of Patient Reported Outcome Measures (PROMs) to all appropriate clinical areas. Implementation of Friends and Family Test across organisation. |

| Providing patient centred services – Key Themes | How the Trust is addressing these |
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| Improved working with primary and community services. | Work underway on cross boundary patient pathways with all relevant stakeholders. Specific actions underway in relation to sexual health services and models for Allied Health Professionals. |
| Development of outreach services including ambulatory care and e-monitoring. | Work underway with primary and community colleagues on the implementation of outreach services. Specific models being developed within Directorates. |
| Improvement of facilities and environment. | Trust Capital Programme in place which includes specific funding for non-clinical public areas and upgrading of clinical facilities as prioritised. |
| Changes in patient demand complex/routine | Improved monitoring to ensure better understanding of how to care for patients with complex needs including appropriate staffing ratio and accurate clinical coding. |
| Development and Implementation of Right First Time. | Extensive engagement in the implementation of the citywide Right First Time project. |
| Improved public and patient involvement | Patient and public involvement team in place whose aim is to improve involvement in all areas of Trust business. Friends and Family test now in progress. |
| Consider the development of facilities and provision for fee-paying patients | Commercial department being established within Strategy and Planning Directorate to take forward proposals. |

| Employing caring and cared for staff – Key Themes | How the Trust is addressing these |
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| Junior Doctors New Deal Compliance/Working Time Directive. | Continued compliance of the directive by the introduction of innovative working practices, including enhanced roles for Nurses and Allied Health Professionals. |
| Shortage of medical staff in some areas and difficulty in recruiting. | Plans in place to ensure retention of staff following training. Project being developed to manage impact of reduction in junior doctors in specific specialties in coming years. |
| Provision of 7 day working, expanded days and where appropriate 24 hour services | Pilot schemes in place in various clinical areas across the Trust to evaluate the benefits of extended working hours for both patients and staff. |
| Improvements to job planning process. | Implementation of e-job planning system and process through roll out of e-job planning. |
| Improve staff survey results. | Workforce development strategy in place. Programme of staff involvement established. Action plan being developed in light of most recent results. |
| Expanded roles for Nurses and Allied Health Professions. | Consideration of enhanced roles for nurses and allied health professionals in clinical areas as appropriate and in specific Directorates. |

| Spend public money wisely – Key Themes | How the Trust is addressing these |
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| New contracting arrangements and changes to tariff. | Contracting team in place leading on contract negotiation and new commissioning arrangements. Close working with Directorate General Managers to identify impacts. |
| Improve SLR position | Access by Directorates to timely data and close working with finance to address specific issues. Use of Performance Management Framework, Business Planning and Care Group Review process to drive improvements. |
| Introduction of Any Qualified Provider Contracts | Team established within Strategy and Planning to assist in bid writing for AQP contracts. Improved understanding amongst directorates on implications of AQP contracts. Regular updates to Board members regarding activities. |
| Commercial competition | Commercial department being established within Strategy and Planning Directorate to provide expertise on developing commercial business opportunities. |
| Marketing and promotion of services. | Communications Team in place to provide advice and guidance to services as required. Close working with the commercial department to enhance this support. |
| Development of working relationships with new Clinical Commissioning Groups. | Specialist Contracting Team within Strategy and Planning working with new Commissioners to establish working relationships. |
| Maximise use of technology | IT Strategy being developed which addresses the Trust's future plans for making optimal use of technology. |
| Improve stock management, contracting arrangements and consumable spending | Review of current arrangements is underway to ensure best value for money. Detailed and specific work to be undertaken under auspices of Surgical Board. |
| Efficient decontamination processes | Contractual arrangements personally led and managed by Deputy Chief Operating Officer. |
| Timely access to SLR and benchmarking data | Directorates working in collaboration with finance colleagues to ensure improved access to data on a regular basis. SLR Project Board overseeing drive to more timely and frequent updates. |

| Deliver Excellent Research, Education and Innovation – Key Themes | How the Trust is addressing these |
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| Impact of new technology and drug developments. | Leadership encourages clinical directorates to identify areas of best practice on a national and international level and to use this knowledge to improve services. |
| Aspirations for Academic Directorate Status. | Corporate support and advice available to Directorates on attaining academic status. |
| Strengthen links with the Universities. | Strengthen the joint research group to build on the research culture within the Trust at all levels. Key leadership role in developing Academic Health Sciences Network. |
| Develop a research culture. | Academic Directorates in place. Development of Joint research Office underway. Research and Development Strategy in place. . |
| Improve research portfolio | Participation in clinical trials increasing |