SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY: REPORT TO THE TRUST BOARD

Wednesday 19 October 2011

Subject:	Sheffield Teaching Hospitals NHS Foundation Trust – Draft Corporate Strategy 2012 – 2017 – "Touching Lives"
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Status (see footnote):	A*

PURPOSE OF THE REPORT:

This document has been drawn up to provide the basis for a full discussion about the future strategy of the Trust at the November Board Time Out. It provides the Board of Directors with a draft corporate strategy for review, comment and approval prior to a period of further stakeholder engagement and consultation. The final version will then be developed for consideration by the Board in April 2012.

KEY POINTS:

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.

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 destiny.

"Touching Lives" is a consequence of a detailed review in recent months of the current environment, analysis of our current position and engagement with staff, patients, governors and partners on our future. It describes an approach that, subject to further review and refinement, forms the basis for a robust approach to the next five years.

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IMPLICATIONS:

Money:	Sets out a strategic approach and a key aim of spending public money wisely.
Access:	Ensures providing patient centred services is a central aim of the organisation.
Quality:	Provides the basis for further development of a supporting strategy to deliver the best clinical outcomes and sets a vision for the organisation to aspire to be the best provider of integrated health care in the UK.

RECOMMENDATION(S):

1. Provide comment on the draft strategy.
2. Approve the draft strategy, subject to amendment, as the basis for wider consultation and engagement.
3. Approve the next steps to achieve a revised strategy for consideration in April 2012.

APPROVAL PROCESS:

Meeting	**Presented**	**Approved**	**Date**
Trust Executive Group	28 September 2011	✓	28 September 2011
Board of Directors	19 October 2011		
Trust Executive Group	March 2012		
Board of Directors	April 2012		

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

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2012-2017

Touching Lives…

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Sheffield Teaching Hospitals NHS Foundation Trust's Draft Corporate Strategy

1. Preamble

Sheffield Teaching Hospitals NHS Foundation Trust 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 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 continue to be highly successful.

We have heard a range of voices about the need for us to ensure a balance between excellent and cutting-edge clinical care with the care and compassion that our patients, their carers and families not only want but need in times of poor health and uncertainty. For this reason we have called our strategy "Touching Lives", to remind us that each and every person who works within STH touches lives on a daily basis and that our core purpose is to deliver care to and serve our patients and their needs.

For all of these reasons we have developed this new strategy to take us through the next five years. We will engage with patients, the public, staff and our partners in the coming months to further develop our thinking and approach. We intend to publish our finalised strategy in April 2012 after consideration and approval by our Board of Directors.

Finally, we need to consider in light of the recent merger with community services and the change in the way we now deliver care and our aspirations to do this differently in the future whether we still have the right name. We want your views on whether we should change our name from Sheffield Teaching Hospitals NHS Foundation Trust.

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2. What is a strategy?

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

Ultimately it should form the basis upon which we shape proposals, take key strategic decisions and formulate our annual plans. It is therefore fundamentally important that it is a useful and accurate document. If it does not adequately capture what we are trying to do or inform our decision-making then it will be a fruitless set of efforts to create a document. More importantly, a poor or non-existent strategy will mean that proposals be developed behind a veil of ignorance about the organisation's direction and decisions will be made based on past experience and the opinion of individuals. Whilst in many cases such an approach can deliver, it is high risk particularly in an organisation of this scale and scope, providing services of such critical importance to the population it serves.

A strategy is not a business plan for every clinical service or care pathway in the organisation. Readers should not undertake a search to see how often their service or condition is mentioned. 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.

Finally, strategies need to be adaptive to changing circumstances – whilst they should be robust to the inevitable changes and challenges, we should not cling to them in the face of compelling evidence that we should do the opposite. The strategy must be specific enough to ensure we all pull in the same direction, but avoid being restrictive or counter-productive. This is particularly true when setting our vision for five years – there will be myriad changes that we cannot foresee at present, and the strategy must enable us to still shape and define our own destiny.

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3. Why do we need a new strategy?

'"Excellence as Standard' has stood us in good stead, we should stick with it" or "Why do we need yet another strategy?"

The current description of the NHS policy environment as 'challenging', 'unprecedented', 'tough' and 'testing' whilst all true, these adjectives verge on clichés that can at times limit a serious examination of the policy context in which we find ourselves. Moreover, there is an important interface and potential compounding of the position when the national, regional and local situations are brought together. We also need to combine the key internal features of our organisation and consider how they may interact with aspects of the environment.

This section describes our environment for the short to medium term and provides a basis for the design and implementation of solutions and contingencies later in this document. It is divided into four sub-sections: regional and national; local; internal; and lateral. These are indeed challenging times for the NHS and for STH, arising from a whole host of simultaneous factors and changes – it is critical that we develop a strategy that places us in the best possible position to deal with such challenges.

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 in the decade from 1999/2000 and analysis of the entire period between 1950 and 2011 ("How Cold Will it Be" – Kings Fund and Institute of Fiscal Studies) demonstrates an annual average growth in funding in real terms of 4.04%. When set against this historical position the close to zero real terms increase for 2011/12 and the remainder of the spending review period it is easy to understand why this will have a significant impact. Whilst major financial challenges have been met by various organisations within the NHS in the past, the effect of every organisation within the NHS facing this level of challenge simultaneously is genuinely unprecedented.

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

- The fragility of the commissioning model as the present arrangements are dismantled and the new architecture put in place including Clinical Commissioning Groups and arrangements for specialist services by the National Commissioning Board. Strong providers are most likely to appear in the current environment where there are also strong commissioners and STH will need to play a key role in developing, supporting and embedding GPs as commissioners as well as providers of care.
- The tensions between aspirations for the NHS to benefit both from service integration and stability alongside greater competition and choice.

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- The changing role of Monitor and the extent to which it will act as a regulator and therefore require the Boards and Governors of Foundation Trusts to assume greater autonomy and exert greater direction and control.
- How the arrangements for workforce development and training will unfold as Strategic Health Authorities and their previous hosting of Deanery functions are abolished.

The public has always regarded providers as the embodiment of the NHS. It is likely that during these times of uncertainty that providers – be they acute, mental health or community - will be viewed as 'harbours of certainty' by politicians, the public and the NHS workforce. This is likely to take the form of minimal public appetite for change within the NHS which has been 'protected' from the wider government austerity measures, especially in the approach to the next General Election in 2014/15.

Early 2012 is when we expect to see the publication of the second Francis Inquiry on Mid-Staffordshire Acute Hospitals Trust. We anticipate that this will have far-reaching consequences for the delivery and governance of quality standards in all health care, and in particular in the acute sector.

Our workforce is dealing with pay freezes and proposals for pension reform and there is a mood of unrest which has not been experienced for many years. 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.

Local

As noted above, the national financial position is challenging. Within STH, our main commissioner (NHS Sheffield PCT) ended the final year of growth experiencing significant financial challenges.

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 and such a market structure raises difficult questions such as the number of providers and the range of autonomous services they provide. Service sustainability and the desirable levels of co-operation and competition will be key future issues.

As a provider of adult secondary, community and tertiary care as well as dental and maternity services, any fragility in the shape of the commissioning model – be it local or regional is likely to 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.

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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. More recently, Sheffield has seen an increase in the number of overseas students and in economic migrants from within the enlarged European Union.

The population of Sheffield is predicted to grow from the 2011 estimate of 557,000 to 586,000 by 2017 a growth of 29,000. This compares to a growth of only 17,500 over the past three years. Within the population growth there will be a significant increase in the population over 75 years old of 9.13% from it current estimated level of 41,600 to 45,400. This population places significant demand on our services, particularly for inpatient care.

If the treatment rate remains the same this will result in an increase in demand for services overall at STH of over 10,000 finished consultant episodes (fces), nearly 50,000 outpatient attendances and nearly 6,000 attendances at A&E. Of these over 3,700 fces, 12,700 outpatient attendances and nearly 2,000 A&E attendances will be for the over 75 year olds and within that number there will be 975 fces for the over 90 year olds.

There will also be an increase in the 20-39 year old population of 18,800. Within that the female population will increase by 7,000 that will place additional demands on Maternity services. The predicted number of births rises from 6,900 in 2011 to 7,500 in 2017. The Sheffield population accounts for 90% of our births so if we take into account the wider population we serve then the number of births increases to over 8,300 compared to the predicted level this year of 7,400 (*Sheffield City Council website, 2008-based subnational population projections, Local Authorities in North East, North West and Yorkshire and the Humber GORs, quinary age groups, persons, last accessed October 2011*).

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. This 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.

Two major challenges are:

- How 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.

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- How to address the massive under-utilisation of the mental capital of older adults, and how to reverse the continued negative stereotyping of older age.

Achieving these would benefit everyone: older people themselves, business and the economy, and the rest of society. However, failure could result in a spiral of poor wellbeing, physical and mental ill health and exclusion, as well as disenchantment in this large and growing sector of the population (*Sheffield First Partnership website: http://www.sheffieldfirst.org.uk/the-partnership/health-and-well-being-partnership/jsna/life-stages/older last accessed 4/10/11*)

Reflecting this diversity and responding to the health needs it encompasses as well as the significant 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.

Internal

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

This is against a backdrop of significant and specific challenges:

- Preparation for STH to become the major trauma centre for South Yorkshire.
- The need to continue to reconfigure and redesign services across the city to respond to new technologies
- Providing resilient access to emergency and elective 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.

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

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 with the significant reduction in local authority spending and the major reforms to university funding arrangements. Teaching and education are

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critical to the creation of the highly skilled workforce required by a 21st century 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 means of connection with services bringing a need for new skills and awareness of the Sheffield Teaching Hospitals 'brand');
- expectations by patients of joint decision-making and commissioning alongside enshrined rights and expectations in the NHS Constitution; and
- institutional and governmental expectations of providers (e.g. the publication of the Francis Inquiry).

4. Where are we now?

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.

The Trust has been awarded the title of 'Hospital Trust of the Year' in the Good Hospital Guide twice in three years and is a recognised leader in medical research for bone, cardiac, neurosciences and long term conditions such as diabetes and lung disease.

The following provides an overview of our current position across a number of key areas:

4.1 Monitor

Monitor's analysis of quarter one data has been completed and our current ratings are:

- Finance risk rating 3
- Governance risk rating Amber-Green

We have been assigned an Amber-Green governance risk rating as we have breached the C.Difficile target in Q1 (71 cases against a trajectory of 34). An action plan is in place and is being monitored on a weekly basis by our Chief Executive. These arrangements will remain in place until we are back on, or below, trajectory. *(STHFT, Q1 2011/12 Monitor Reporting - Executive Summary).*

4.2 Hospital Standardised Mortality Ratios (HSMR)

Preventing people from dying due to illness or injury is, perhaps, the most fundamental aim of healthcare. Sometimes it is not possible, but by always delivering the best care, it is possible to reduce the chances of death. We know that lower

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mortality ratios are one marker of good quality care. The Trust actively monitors HSMRs and seeks to understand where performance may be falling short.
Dr Foster reports the Hospital Standardised Mortality Ratio (HSMR) in their Hospital Guide to enable comparison of mortality rates across all hospitals in England.

Statistical models enable them to estimate the number of deaths at a trust. The following shows the position between April – May 2011 for STHFT:

STH NHSFT	**April 2011- May 2011**	**Rolling 12 months June 2010-May 2011**
All Admissions	79.3 (71.6-87.6)	81.0 (77.8-84.2)
Elective Admissions	80.7 (46.1-131.1)	71.5 (57.8-87.4)
Non Elective Admissions	79.0 (71.2-87.5)	81.4 (78.1-84.8)

For April 2011- May 2011 an HSMR of 79.3 is "significantly lower than the national benchmark". 56 diagnoses comprise the HSMR. Mortality for 55/56 diagnoses currently show no significant variation from the national benchmark and for 1/56 mortality is significantly better than the national benchmark. (*STHFT, HSMR Report to the Trust Healthcare Governance Committee, 26/9/11).*

4.3 Patient Reported Outcome Measures (PROMS)

Through the national PROMs programme the NHS now routinely asks patients their views of the outcomes of four surgical procedures; groin hernia repair, varicose vein surgery, hip replacements and knee replacements. PROMs is the only programme that seeks to measure clinical outcomes from the perspective of the patient. Between April 2009 and January 2011, 3960 out of a possible 5042 patients from our Trust participated in the PROMs programme, giving a 78.5% response rate. The Trust has been commended for achieving high participation rates and the PROMs team from the Department of Health visited the Pre Operative Assessment Clinic, where the pre-operative PROMs questionnaires are given to patients, to observe best practice which will now be shared nationally.

Our PROMS scores for groin hernia and varicose veins are close to the national average. For knee replacements our scores are high and on the EQ5D measure the Trust is a positive outlier. For hip replacements our scores are lower and we are a negative outlier on both the EQ5D and the Oxford Hip Score measures. Work is underway to explore in more detail the possible reasons for these outlier scores. (*STHFT Patient Experience Report 1 April to 30 June 2011).*

4.4 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.

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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 (*STHFT Patient Experience Report 1 April to 30 June 2011).*

4.5 Responding to Patients needs and treating them with dignity and respect

The Care Quality Commission (CQC) visited the Trust in March 2011. This visit was part of a targeted inspection programme in acute NHS hospitals to assess how well older people are treated during the hospital stay. In particular, Outcome 1 (People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run) and Outcome 5 (Food and drink should meet people's individual dietary needs). The wards visited were Hadfield 3 and Hadfield 6 at the Northern General Hospital.

Overall, patients said that staff offered them appropriate support to meet their personal care needs. Patients the CQC spoke to said they had no concerns or complaints about their care or treatment at the hospital. On the wards visited they had strategies in place to ensure patients' nutritional needs were met. They have 'protected meal times', which means that patients are not disturbed during their meals. Overall, these wards were meeting the essential standards of Outcome 1 and Outcome 5.

In addition, Sheffield LINk recently completed a number of 'enter and view' visits across the City including a visit to Huntsman 5 at the Northern General Hospital. A number of recommendations were made including the need to engage the staff in the Dignity in Care campaign. LINk also recommended that a review of nutritional care be undertaken, particularly looking at how patients are fed. The importance of asking patients and relatives how their meals and mealtimes was also highlighted, something which Hadfield 3 and Hadfield 6 wards were already addressing as indicated by the CQC. (*STHFT Patient Experience Report 1 April to 30 June 2011).*

4.6 Awards

The Trust's achievements have been recognised through receipt of a number of external awards across a variety of services. The following provides an overview of these.

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Name of Award	Category
BMJ Group Awards 2011	Awarded best Improvement in Quality and Safety
National Apprenticeship Awards (Regional Final)	Highly Commended Large Employer
NHS Innovation Awards, Medipex	Winner of the Software and Telehealth Category – Telewound management service
Medical Futures Innovation Award	Respiratory
Shared Learning Awards, NICE	"Stopping the Clot": Implementation of Thromboprophylaxis in patients undergoing major abdominal and pelvic cancer surgery
SHINE Award 2010, Health Foundation	£75,000 funding for ambulatory haematology cancer care service
Safety and Health Practitioner (SHP) IOSH Awards	Estates Management – Best Health and Safety Achievement in Health Care and Emergency Services

In addition, we have our own internal "Thank You Awards" which recognise members of staff who have made a difference across a variety of categories, including innovation, value for money and behind the scenes.

4.7 Merger

On 1 April, the services provided by Sheffield Primary Care Trust were successfully transferred to the three local foundation trusts, with the majority of services moving to be part of STHFT. This move provides a unique opportunity to improve the quality of care and overall experience of patients as it will enable community and acute health service professionals to work more closely together and make healthcare journeys more integrated for patients. It also marks a significant change in our business as we aim to provide more support and treatment for patients in or near to their home, rather than in a hospital setting.

Work is already underway within the city through the development of clinical pathways shaped by forums such as the clinical super summits. Joint forums for the city leaders are also in place, providing the direction for the future of integration of health and social care services.

On 1 October 2011, a ninth Care Group was created for Primary and Community Services. A Clinical Director has been appointed to develop the infrastructure and to implement a three year plan. The creation of a ninth care group is important within this context because it:

- provides focus
- gives identity for services

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- recognises the need for different models of delivery within community settings.

The services within the Care Group will be both those that transferred on 1 April and current STH services that could be provided in community settings. It is expected that the planned programme of transformation work will identify any services from community or acute that would more appropriately be managed elsewhere.

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

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

a) Reviewing key metrics about 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 our clinical directors through a process of reviews by the Executive Team and their visions for their services;
d) Examining the content developed by a range of workstreams about the potential opportunities and future direction in relation to the merger of acute and community services across a range of clinical and non-clinical areas; and
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.

Feedback from Clinical Directorates

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

Building on the strategic priorities outlined by each Clinical Director at the Care Group Reviews, there will be a Clinical Directorate Strategy developed that sets out where the service is going over the next three 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

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- Aligning Research, Teaching, Training and Staff – attracting, retaining and developing a skilled, flexible, professional workforce that places the patient at the centre of decisions about their care

The Clinical Strategies will be iterated during the period of the refresh of the Strategy to ensure clinical engagement prior to sign off.

Business opportunities

Each Clinical Directorate has begun to identify further potential business opportunities for expanding, developing and entering new markets to ensure that the STH brand is maximised where this is profitable and sustainable. This list covers just some potential opportunities: -

- Expansion of Ophthalmology Services to new markets to increase access to the high quality service provided by STH staff. This includes the potential for a mobile facility to improve access for patients.
- Expansion of the Hand Unit to a wider catchment into West Yorkshire, North Derbyshire and beyond.
- Expansion of Spinal Surgery to patients from further afield to provide access to the service where there are known gaps in provision across the region and nationally.
- Expansion of services for patients with Head and Neck Cancer to a greater population in line with Improving Outcomes Guidance.
- Expansion of ENT surgical services to offer an excellent surgical service to more GPs and Patients.
- Expansion into a wider range of services being offered by the Charles Clifford Dental Hospital to meet need and address demand for additional services.
- Offering Dermatology Services to areas where the service is not meeting the requirements of commissioners.

Collaborative opportunities

- Integrated services for patients requiring unscheduled or emergency care and those who need care out of normal working hours.
- Joint working with social care and GPs to support Early Discharge from hospital and to establish further improvements for the assessment of people with ongoing health and social care needs.
- Provision of diagnostic and therapeutic services on a 7 day a week basis as routine to make the most of the newly integrated community expertise and to help expedite the discharge of patients from hospital.
- Networked Paediatric Surgical and Neonatal Surgical care to give greater resilience to the services provided.
- Strategic alliances with other providers including St Luke's Hospice for people with palliative care needs.
- Improved pathways for patients with Long Term Conditions – Heart Failure, Diabetes, Respiratory Disease and Dementia.
- Collaboration with District General Hospitals on the Vascular surgical service.

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Engagement Workshops

On 1 April, the community services provided by Sheffield Primary Care Trust were successfully transferred to the three local foundation trusts, with the majority of services moving to be part of STHFT. This move provided 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. It also marked a significant change in our business as we aim to provide more support and treatment for patients in or near to their home, rather than in a hospital setting.

It was clear from this initial work that a refreshed strategy was required to create an updated vision for the organisation.

A programme of events was held over the summer to involve staff, key stakeholders and patients (members and Governors) to help shape our strategy and vision over the next three to five years. The timetable was as follows:

7 June	Meeting of General Managers and Nurse Directors (hospital and community based)
16 June	Board of Directors Strategic Session
8 July	Presentation at Adult Partnership Board
13 July	Workshop for acute & community staff and key stakeholders to gain feedback on the current vision, aims and objectives of the organisation and develop a series of workstreams.
16 Aug	Workshop for governors and members to gain user and patient feedback on the overall organisation vision and workstreams
Sept	Attendance at Consultant Forums
13 Sept	Confirm and Challenge event for governors, members and staff and external stakeholders to present work during summer on refreshed vision, aims and objectives and workstreams.

All events were very well attended and evaluated well.

Clinical Workstreams

A total of seven clinical workstreams were established, underpinned by three non-clinical workstreams(covering Information Technology, Workforce and Estates). The key themes running through the workstreams were:

i) A caring culture is required across all staff groups.
ii) Patients need to be cared for as a whole, rather than just focussing on their specific condition.

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iii) Seamless and efficient integrated care pathways need to be implemented across hospital and the community.
iv) Where appropriate, care should be provided in a community setting, rather than the hospital.
v) Shared IT and access to records across hospital and the community are essential.

A summary of the outputs is provided in Appendix I.

Staff Engagement

A staff engagement steering group chaired by the Chief Executive was established in April and a staff engagement lead has been identified for every directorate. The steering group is supported by leadership development and three specific workstreams i.e

- Health and wellbeing
- The staff journey (experience)
- Staff involvement

As well as trust wide initiatives such as the health and wellbeing festival held in the summer, Directorates are working on various aspects of the 5 factors the Department of Health recently identified as essential for good staff engagement i.e

Delivering great management and leadership
Involving staff in the decisions that affect them
Supporting personal development
Ensuring every role counts
Promoting a healthy and safe work environment

Directorate priorities are identified via the ongoing programme of 'Let's talk' staff engagement events held within directorates/departments which give staff the opportunity to suggest improvements in their working life/environment and to make suggestions for efficiency savings. Directorates are working on addressing what they can within financial constraints although of course some things staff raise are Trust wide e.g. car parking and beyond the directorates control. For this financial year most of them are working on improving appraisal rates and increasing the visibility of senior staff.

Organisational Strategy

All of the above stages of input and review have been assimilated to feed up to a Vision, Mission Statement and set of organisational Values and Behaviours. See attached at Appendix 2.

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The Vision of STH is:

We aspire to be recognised as the best provider of health care, clinical research and education in the UK.

The Mission of STH 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 have set the following values and behaviours:

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

The outputs have also been used to set the four key aims for the organisation in the next five years as follows:

Deliver the best clinical outcomes
Provide patient centred services
Employ caring and cared for staff
Spend public money wisely

These aims have resulted in a range of organisational objectives that should guide the development of directorate business plans as well as personal objectives that are provided at the start and end of this strategy.

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

We can agree a set of such statements that will underpin the approach that the Trust will take, but what is more difficult is to agree how this translates into priorities for action and how we will make decisions. As we have noted earlier, it is critical in the current climate that we take these overarching strategic decisions to ensure as an organisation of such complexity and scale that we are fit for the future challenges we will face.

The fundamental question which will guide us in developing this strategy is:

- When should we work collaboratively with our partners for the good of services in the wider NHS. This approach we would advocate in providing unscheduled care, emergency care, and pathways for long term conditions.
- And when should we promote our services under Payment by Results in the competitive FT environment, based on the clinical excellence we offer. This approach will shape the future direction of elective and specialist care.

Answering this question leads to the following priorities for action:

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

b) To become the provider of choice:

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

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

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d) To systematically examine our services and specialties to determine the balance between cost and income. Where we identify a financial imbalance, to decide how we will resolve this, either by changing the cost base, by re-designing services, or in extreme circumstances considering the future viability of the service.

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

f) To design and deliver integrated and joined-up pathways for patients across the range of care modalities and settings. This will require a radical review of how health care is delivered and will reach out to other partner providers.

g) To explore the potential for the development of fee-paying services to private patients across all elective specialties.

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

i) To consolidate and contract the extent of our estate whilst improving the physical environment.

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

The overarching strategic framework which is developed in this way will direct the priority setting and strategic decision making of the organisation at the corporate level, particularly through the annual Business Plan and the longer term Capital Plan. In addition this strategy will lead the areas for development by each of the Clinical Directorates.

7. What now?

This overarching strategy requires the development of the library of supporting strategies which will be critical to its success. These will be developed between now and April 2012 to allow the organisation to consider the entire suite of documents to ensure they are fit for the future.

Each Clinical Directorate will be requested to develop the 2012/13 Business Plan on the basis of this draft strategy. In this way, these plans will inform and be informed by the developing strategy iteratively in the period up to March 2012. Annual performance assessment will be based on the business plans to ensure that the planning cycle is completed each year.

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We will undertake a much wider programme of consultation within the organisation to finalise the strategic framework and test the priorities for the next five years.

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

Finally, this is an organisational strategy – it requires to be explored with those organisations and individuals without whom who will be unable to deliver our aspirations. In this regard we will develop an approach that ensures the ladder of partnership:

Information Providing information. (e.g. about the existence of a service, results of a decision).

Education Explaining or raising awareness

Consultation Asking opinions.

Involvement Where more than just opinions are sought – participants are part of the solution

Partnership Direct involvement in decision making and action

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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.

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 destiny.

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

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Appendix 1

Sheffield Teaching Hospitals NHS Foundation Trust

Transformation Programme

Health & Wellbeing	Urgent Care	Care of Older People	Hospital Care	Outpatients, Diagnostics & Therapy	End of Life Care	Culture of Care
The Trust will be an organisation that promotes and supports the health and well being of the patients and families we serve, as well as the wider community. The staff who are a part of the wider community will be supported by the Trust to improve and maintain their health and well being at work and in their life	To provide a range of urgent/unscheduled/emergency care services by a range of health professionals all available from a single access point	To maximise the potential for older people to make their own informed choices about their health. To support them to stay as healthy as possible, receiving the care they require from their own home and to access responsive hospital and community care when it is required through an integrated health and social care approach.	To ensure that if patients require hospital care that they receive high quality care in a safe and caring environment, consistent with a positive experience and an excellent clinical outcome.	Outpatients: To significantly improve the quality of care and services delivered to patients treated in an outpatient setting. Ensure that the care delivered is safe, timely, effective, efficient, equitable and patient-centred, and that it is delivered in the location that most meets the needs of the individual patient. Diagnostics/Therapy: To further develop health care delivery in order that investigations to aid clinical decision-making are offered wherever possible, in community settings in a one stop environment.	To provide high quality dignified care for a dignified death, in place of choice wherever possible	For all staff to take personal responsibility for providing care to patients and carers that is not only high quality but is the care that staff themselves would wish to receive if they were in the same position.

WORKFORCE, LEARNING AND DEVELOPMENT

INFORMATION TECHNOLOGY

ESTATES

SHEFFIELD TEACHING HOSPITALS NHS FT - EVOLVING 5 YEAR STRATEGY

MISSION VISION

We aspire to be recognised as the best provider of healthcare, clinical research and education in the UK.

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

VALUES AND BEHAVIOURS

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

AIMS

OBJECTIVES

Deliver the best clinical outcomes

- Prevent people from dying prematurely.
- Enhance quality of life for people with long term conditions.
- Help people to recover from episodes of ill health or following injury.
- Treat and care for people in a safe environment and protect them from avoidable harm.
- Deliver top quality research, innovation and development.
- Become first choice provider for educating healthcare professionals

Provide patient centred services

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

Employ caring and cared for staff

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

Spend public money wisely

- Ensure our services cost less to deliver than we receive in income.
- Reduce inefficiencies and continually identify more efficient ways of working.
- Ensure value for money is considered as part of all decision-making processes.
- Maintain financial strength and stability.