

Making a Difference  
Corporate strategy  
2017-2020

PROUD TO MAKE  
A DIFFERENCE



We are pleased  
to present  
our **Making a  
Difference**  
corporate  
strategy  
**2017-2020**

## Introduction

I am immensely proud to have led Sheffield Teaching Hospitals over the last sixteen years, thirteen of which have been as a successful NHS Foundation Trust. I have seen the Trust's corporate strategies play a significant role in setting the framework for the success of the organisation; from Excellence as Standard through to Making a Difference, these have all ensured the continuation of high quality, operationally resilient and financially sustainable services through a changing health and social care environment.

In recent times, the NHS and the public sector has been faced with delivering services with reduced funding and increasing levels of demand. The Board of Directors and the senior leadership team are now faced with a different set of challenges that will require new solutions. In light of the changing environment nationally and locally, we have refreshed our Making a Difference corporate strategy and the key elements are outlined in this document.



To deliver our ambitions will require complete engagement with our staff and partners.

The Trust make a difference every day and it is only with their continued commitment to providing the best possible care to our patients that the organisation will remain sustainable.

We have set a timeframe of three years for this updated strategy with a commitment to review annually as we expect further change within the health and social sector as new partnerships, structures and accountability arrangements emerge.

As a large, stable and successful organisation, the Trust has an important role to play in leading this change and shaping it for the population we serve. However, we must ensure that we are not complacent nor closed to the lessons and innovations that many of the organisations around us can evidence. Collectively, the health and social care system must develop new approaches that bring the strength and stability we will need in order to continue to provide the very best in healthcare, clinical research and innovation for our local communities and wider population.



*Andrew Cash*

**Sir Andrew Cash OBE**  
Chief Executive



We are proud to deliver safe, high quality care for our patients.

## Who We Are

Sheffield Teaching Hospitals NHS Foundation Trust is one of the UK's biggest and most successful providers of hospital and community based healthcare. We provide a comprehensive range of local services to the residents of Sheffield, South Yorkshire, Mid Yorkshire and North Derbyshire and also some highly specialist services to all parts of England.

**FIVE**  
HOSPITALS 

**ONE OF THREE**  
major trauma centres in  
Yorkshire and the Humber 

**OVER 16,500** MEMBERS  
OF STAFF 

**OVER 2 MILLION**  
PATIENTS PER YEAR 

**OVER 150,000** ACCIDENT &  
EMERGENCY ATTENDANCES 

**£1 BILLION BUDGET**

**OVER 40** COMMUNITY LOCATIONS &  
CARE IN PEOPLE'S HOMES 

### The Northern General Hospital

Home to Sheffield's Adult Accident and Emergency department and is one of three Major Trauma Centres in the Yorkshire and Humberside region. It provides a number of specialist medical and surgical services including cardiac, orthopaedics, burns, plastic surgery, spinal injuries, gastroenterology and renal. A state of the art laboratory complex providing leading edge diagnostic services is based here.

### Royal Hallamshire Hospital

Provides a dedicated neurosciences department, intensive care unit for patients with head injuries, neurological conditions such as a stroke and for patients undergoing neurosurgery. The Sheffield Stereotactic Radiosurgery Centre is based here. We also have a large tropical medicine and infectious diseases unit, ophthalmology centre, gynaecology and a specialist haematology centre, alongside other leading medical and surgical services.

## **Charles Clifford Dental Services**

A large dental teaching hospital linked to the University of Sheffield School of Clinical Dentistry and providing specialist dental services for Sheffield and the surrounding areas. Community & special care dentistry provides dental care in various community settings for patients who do not receive their dental treatment in local dental practices.

## **Jessop Wing**

A purpose built maternity unit where approximately 7,250 babies are born each year. The Jessop Wing provides a comprehensive range of tertiary maternity services. There is a consultant led labour ward area, advanced obstetric care unit and midwifery led care unit. In addition there is one inpatient antenatal ward and there are two inpatient postnatal wards. The Jessop Wing also provides neonatal intensive care and special care facilities for sick and premature babies born in Sheffield and those transferred from other units in the region. It is also home to the Jessop Wing Assisted Conception Unit.

## **Weston Park Hospital**

One of only four dedicated cancer hospitals in the country, Weston Park includes one of the best radiotherapy departments in the UK (and the only one in the vicinity of South Yorkshire, North Nottinghamshire and North Derbyshire). It is equipped to support the new cases of cancer diagnosed annually in this region, providing outpatient and inpatient care including provision of Chemotherapy and Radiotherapy treatments for patients from across the region.

Outreach services are provided within other local hospitals and there are nearly 160,000 patient visits each year across the whole service. Our purpose built Cancer Research Centre, is fully integrated within Weston Park Hospital and is a pioneer of numerous modern advances within the field of cancer research.

## **Community Services**

We deliver a range of adult community and primary healthcare services across the local community to make accessing services more convenient to patients. The core purpose is to support people in their own homes and in their communities by providing high quality health services that promote independence and improve quality of life.

# Why we have refreshed our strategy?

Our Making a Difference corporate strategy was originally developed in 2012 and has enabled the Trust to be successful in providing high quality clinical care to our patients; being financially sound; and, remaining at the forefront of research and innovation. The rising challenges associated with maintaining the highest standards of healthcare delivery, responding to new government policy frameworks and major change initiatives within the organisation has required a revisit of our corporate strategy.

Addressing these and all future challenges in a flexible way, will we believe, enable us to shape and define our future as an ongoing leader in providing healthcare services.

During the last 12 months the Board of Directors has considered how well the Trust has performed and whether Making a Difference will continue to drive the on-going sustainability of Sheffield Teaching Hospitals as a successful NHS Foundation Trust. We have done this through Board and Executive discussions, engagement with a wide range of stakeholders who helped shape our strategy five years ago and specific engagement sessions held with our Governors and staff.

In carrying out this work, we wanted to reaffirm our commitment to the vision and values that have shaped our organisation.

Having reviewed all the feedback the Board has agreed that Making a Difference remains the best framework to guide the Trust during the next three years. Our Vision, Mission, PROUD values and five key strategic aims remain and as a result of the specific comments received some modest amendments have been made to our strategic objectives to reflect the challenges we are facing.

## Vision

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

## Mission

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

## Patient-first

Ensure that the people we serve are at the heart of all we do

## Respectful

Be kind, respectful to everyone and value diversity

## Ownership

Celebrate our successes, learn continuously and ensure we improve

## Unity

Work in partnership and value the roles of others

## Deliver

Be efficient, effective and accountable for our actions

## Our aims



### **Deliver the best clinical outcomes**

Treat and care for people in a high quality, safe environment and protect them from avoidable harm.

Help people to recover from episodes of ill health or following injury.

Maximise the health of those who use our services.

Enhance the quality of life for people with long-term conditions.

Ensure clinical practice is evidence-based.

Contribute to the development of locally tailored public health prevention strategies.

Ensure person centred and coordinated care for our patients near the end of life.



### **Provide patient-centred services**

Treat patients and their families with respect, dignity and care.

Provide the right care in the right place, first time, working in partnership.

Maximise the quality of the patient experience.

Provide patients with choice, giving them greater involvement in and control over their care.

Move care closer to home where appropriate and be evidence based.

Communicate effectively and develop a vibrant system of engagement within the local community.

Learn from complaints, compliments and other feedback.



### **Employ caring and cared for staff**

Treat staff with dignity and respect, encouraging them to take responsibility for their own actions.

Ensure staff seek feedback from patients, visitors and colleagues.

Develop a culture that promotes and demonstrates PROUD values.

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.



### **Spend public money wisely**

Ensure financial strength and stability.

Reduce inefficiencies and continually identify more efficient and productive ways of working.

Ensure our services cost less to deliver than we receive in income.

Ensure value for money is central to all decision-making processes.

Learn from other health care providers both in the UK and abroad.



### **Deliver excellent research, education and innovation**

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.

To maximise the benefits from the use of technology.



## Regional and national

The current financial and operational pressure observed within the NHS comes after a number of years of funding restraint and rising demand. This has meant that it is increasingly challenging for NHS organisations to maintain standards of care, waiting times and key performance targets.

These pressures are being felt right across the health and social care system. In parallel there has been a contraction in funding to local authorities, which has impacted upon social care provision for older people. These factors can be tracked through to a direct impact on the NHS.

The NHS Five Year Forward View remains the national policy backdrop for the future NHS changes and advocates investment in preventative approaches and better integration of care to manage the gap between resources and population needs. With the publication of the Next Steps on the Five Year Forward View it is evident that further change is needed at pace to take the NHS forward.

Similarly, there is an increased emphasis on prevention and that better coordination between organisations will be needed to reduce the determinants of ill health, to prevent health deterioration and hospitalisation as we all strive to live longer healthier lives.

Preventing and managing demand for services by supporting people to keep healthy will feature more as the NHS aims to get better value from the available health and social care funding. A greater emphasis on redesigning services and investing in new ways of providing joined up care in a more clinical and cost-effective way for patients and their carers will become more evident.

The Forward View requires commissioners to consider how best to integrate services in the light of competition, choice and procurement regulations. Greater collaboration between providers, implementing changes that will benefit patients and progressing different contracting models will arise resulting in providers taking greater responsibility for commissioning. This will also be the case for primary care and local authorities as they also seek new ways to implement different models of services in the community to improve care.

We have always recognised the opportunities that working with partners brings but the scale and pace of collaboration has taken a significant step forward in the last few years. Across the NHS and specifically within South Yorkshire and Bassetlaw, organisations have come together in greater numbers and with a redefined purpose of bridging the gaps associated with health and wellbeing, quality and finance. These discussions have involved acute, community and mental health providers; local authorities; Clinical Commissioning Groups (CCGs); GPs; ambulance services and voluntary organisations and have been shaped around the previous work within the Working Together Programme and through the development of Sustainability and Transformation Plans in 2016/17. Arising from this recent work are eight identified priorities:

- Healthy lives, living well and prevention
- Primary and community care
- Mental health and learning disabilities
- Urgent and emergency care
- Elective care and diagnostics
- Maternity and children's services
- Cancer
- Standardising back office functions

Developing these priorities further and implementing them will take a number of years. We expect to refine and update them as we learn more about the possibilities of working collaboratively, see the benefits that

arise and understand the lessons from early work. A new integrated leadership structure with the necessary governance arrangements will be required to ensure all partners are clear on how we will make important decisions that span the region. The move to a system of accountable care will help provide the opportunity to design and deliver services for the population served to a much greater degree than at present.

An Accountable Care Organisation (ACO) is a group of health providers that accepts accountability for the cost and quality of care provided to a defined population. The ACO also shares risks and savings; on condition of meeting quality metrics. This requires co-ordination of care across a network of providers. The significance of Sheffield Teaching Hospitals as a key player in these emerging arrangements will become more apparent in the next year. We see the major benefits of developing new models of care with our partners to address the priorities we collectively face and at the same time will ensure we manage any risks to the high quality services the Trust has always provided.

The regulatory framework within the NHS has changed with the coming together of Monitor, the NHS Trust Development Authority and National Patient Safety to form NHS

Improvement. There is greater co-operation envisaged between NHS Improvement and the Care Quality Commission that will see a shared view of performance, the intent to remove duplication between organisations and ensure there is a focus on quality alongside financial sustainability. Whilst Foundation Trusts retain autonomy there has been a change in the degree of central scrutiny over aspects of finance, workforce and operational performance. The policy framework within the Forward View has provided the emphasis on greater integration and is providing earned autonomy for NHS providers and the freedoms of the Foundation Trust model to allow for the necessary changes in governance and leadership structures.

## Local

Our Trust is amongst the most effective and well recognised providers of secondary and specialist services to the city's population and beyond. Over recent years the Trust has worked across the region to develop new relationships and seek opportunities for providing services in new ways. However, these are now more critical than ever and the health and wellbeing of our population is a guide to where our efforts must be focussed.



The health profiles for the city show that deprivation is varied compared with the England average. With a population of 564,000, Sheffield is amongst the 20% most deprived districts/unitary authorities in England with 24% (22,800) of children living in low income families. Overall, Sheffield's population is expected to increase by around 1% per year over the next 5 – 10 years. Health profiles for the surrounding areas are included in Appendix 1 and all show a mixed picture of deprivation, health issues and priorities.

Life expectancy continues to increase in Sheffield and now stands at 78.9 years for men and 82.5 years for women. This compares favourably with the other major English cities but for both males and females is lower than the England average. However, life expectancy is 10.1 years lower for men and 7.6 years lower for women in the most deprived areas of Sheffield compared to the most affluent areas of Sheffield.

The public health picture does not compare favourably with other cities and the average across England. Public Health partners describe healthy life expectancy as a measure, which reflects both the length and quality of life and represents the number of years that someone can expect to live in good health. When healthy life expectancy is taken into account, a different picture of health and wellbeing emerges. For men in Sheffield, the healthy life expectancy is

currently 60.8 years which means that around the last 18 years of their life will be spent in poor health. For women, it is worse with a healthy life expectancy of 60.3, meaning the last 22 years of their lives are likely to be spent in poor health. Hence, whilst life expectancy is increasing, healthy life expectancy is not and this represents a key challenge for the city. The number of people over 65 in Sheffield is predicted to rise significantly over the next 10 years increasing by 20% from 85,000 to over 102,000 in 2025. Spending many years in poor health with increasing co-morbidities presents a set of complex problems for how the city provides services and the demand placed on them especially with musculoskeletal, mental health, diabetes and dementia.

Sheffield is an ethnically diverse city, with around 19% of its population from black or minority ethnic groups. The largest of those groups is the Pakistani community, but Sheffield also has large Caribbean, Indian, Bangladeshi, Somali, Yemeni and Chinese communities. More recently, Sheffield has seen an increase in the number of overseas students and people seeking work from the enlarged European region. Good estimates and projections of the population total and how it breaks down by age and gender are vital in the planning and delivery of our services. Compared to a population growth of 17, 500 from 2008 – 2011, the population of Sheffield has

grown by 30,000 from 2011 – 2017. Within this growth there was a significant increase in the population over 75 years old.

The two main causes of death in Sheffield people are cancer and cardiovascular disease, which together account for more than half of all deaths each year. When causes of death for men and women are considered separately, dementia is the third main cause of death in women whilst respiratory disease is the third main cause of death in men. Although death rates are reducing in Sheffield, they remain higher than England with the exception of deaths from certain infectious and parasitic diseases.

Of greater concern is the number of deaths that are considered preventable. Overall, it is estimated that around 20% of all deaths in Sheffield could be prevented each year – that is equivalent to around 900 deaths every year. This is significantly higher than for England. The main direct causes of preventable death,(i.e. could have been avoided through good quality healthcare/ public health interventions) in England are high blood pressure, obesity, high cholesterol, smoking, alcohol consumption and lack of physical activity - addressing these causes would save lives and improve livelihoods.

The challenge for Sheffield is clear and will require the city to agree and implement actions that see people living not only longer, but healthier lives. As a major employer and provider of healthcare, it is an imperative part of our strategy to tackle these inequalities and improve the health of Sheffield in all that we do when delivering care, working with our staff and as a city partner. The Transforming Sheffield Programme Board represents the Chief Executives of the health and social care organisations and has collectively committed to a single plan for Sheffield to work towards addressing these and other problems, that by working alone has yet to be proven successful.

A programme of work is in place and whilst some aspects are still in development, the aims include:

- Increasing Health and Wellbeing – there needs to be a measurable improvement in mental and physical health and wellbeing, including education and employment.
- Reducing mental and physical health Inequalities – there are substantial differences within the City that require improvement to reduce the variance.
- Providing children, young people and adults with the help, support and care they need and feel is right for them – there is a need to improve the experience, including good access to services when children, young people and adults need them.
- Designing a Health and Wellbeing System that is innovative, affordable and offers good value for money –

To ensure that fewer people go to hospital unnecessarily, ensure the required capacity and services are in place for people where they need them and support neighbourhoods to take control of their own health.

- Being good employers and ensuring staff are caring, have the right skills, knowledge, and experience and are supported to work across organisational boundaries.
- Developing and expanding specialised services for children and adults across the region.

A Memorandum of Understanding is in place to help guide the required transformation of services across different organisational boundaries. This will develop over time as the approach to a local system of accountable care is understood further.

Linked to this work STH, Sheffield's two Universities, commissioners and many private and community partners have been working together to explore ways to further unlock the economic and social potential of Sheffield City Region. This is a longer term aim and includes a specific programme of work relating to the development of a joined-up Health and Wellbeing approach that integrates lifestyles and behaviour, the excellence of the region's health care provision, research and public health, to population health as well as developing economic opportunities.

## Lateral

There are two universities within Sheffield that STH has strong working relationships with. They are both integral to the teaching, training and education of our highly skilled workforce. Those training in Sheffield have access to some of the most experienced and internationally renowned educators that equip our workforce to a high standard. Increasing student numbers and retaining graduates locally is an important aspect of helping ensure Sheffield grows as a city.

We also have the opportunity to further develop excellence in patient care through our innovation partners, be that through new ways of delivering care in different settings to the use of new technology. The Trust has an emerging role to play with government and industry in the expanding opportunities associated with the Olympic Legacy Park developments.

Many different organisations can contribute to the health and wellbeing of our patients and Sheffield residents. As well as the vital role played by many voluntary and charity organisations, we can find health and wellbeing partners in many other places, for example Sheffield City Trust and South Yorkshire Fire and Rescue Service, and work with them to help deliver better health outcomes for Sheffield.

We want our region to be known for its healthy and active population.



# Where Are We Now?

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## Service delivery

In 2016/17 our annual income was in the region of £1billion, we employed approximately 16,500 staff and during the year we carried out over 290,000 inpatient episodes and day cases and, when taken together with outpatient appointments, our patient contacts totalled over 2 million.

We have a strong track record of delivering very high performance against the national standards, our contractual requirements and the challenging internal targets that are set by the Board of Directors each year. What underpins the delivery of our targets is that our patients are cared for with kindness, dignity and respect and that they are happy with their care.

Whilst we successfully meet these targets and offer some of the best care available, we are increasingly seeing sustained pressure on our services. The Trust has introduced a Performance and Assurance Framework that feeds into the Board assurance process regarding performance. The Framework is designed to ensure that quality of care for patients is maintained at all times, performance challenges are identified early and that supportive action is targeted in the appropriate areas.

## Financial performance

Over the last 2 years, the Trust has experienced significant challenges associated with continued achievement of regulatory standards, responding to operational pressures and delivering consistently high quality care to patients. These challenges are in common with the rest of the NHS and whilst in the past growth allowed the Trust to deliver some of its efficiency requirements through the generation of additional income, our focus is to now be even more efficient and deliver reductions in our cost base.

The Trust has delivered income and expenditure surpluses since its formation at a high level. These have recently been modest when you consider the size of the organisation. The Trust has a statutory duty to as a minimum break-even and it is therefore essential that every Directorate delivers this and does not rely on other parts of the organisation to support it as these significant pressures mount. Our investment plans require a sound financial position and any inability to achieve this will impact on the available funding the Trust has for its capital programme.

The Trust has had a corporate efficiency programme for over ten years and continues to drive productivity and efficiency savings. The Trust updated its internal arrangements for driving productivity and efficiency in 2016 through its Making It Better Programme, which co-ordinates the work to maintain financial sustainability and improve quality in an increasingly complex environment. The programme aims to bring together the Trust's transformation work on quality, finance and culture. Included as part of the programme is the response to the Carter Report and the opportunities that exist within Emergency Care, Surgery, Outpatients, Workforce, Organisational Development and Commercial arenas.

The Making It Better Programme aims to lift our efforts on improvement and transformation to help secure improved quality and sustainable finances in a challenging context. It also aims to integrate or reflect a number of external strategic drivers including the Carter Report. There is increasing evidence that taking an integrated, joined up approach to tackling quality and finance, underpinned by high impact organisational development, is how organisations really can develop a high performance, engagement and improvement culture.



Developing and supporting a flexible health and care workforce that comes together in neighbourhood hubs and specialist centres to offer people the best and most appropriate care.

NHS Improvement has divided all providers of healthcare into four segments according to the level of support each trust needs across the five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability. STH is in segment 2 at present, which denotes that in 2016/17 it was a low-risk organisation in terms of financial management and governance issues and hopes to continue this trend into 2017/18.

## Quality

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 Safe, Effective, Caring, Responsive and Well-led. Following the most recent CQC inspection of STH in December 2015, the Trust was awarded a rating of 'Good' at a Trust-wide level. There were a number of areas that were highlighted as 'Outstanding' but also areas where some improvement was required. These areas have been our immediate focus and have helped shape our strategy.

For the future, the Trust will seek to work to maintain this high standard and be responsive to further advancements, as the CQC propose to

develop its regulatory model which will include an approach for assessing providers' use of resources and developing a shared well-led framework along with targeted more specific inspections.

## Workforce

The healthcare workforce is changing; roles and responsibilities are evolving and traditional professional demarcation lines are being eroded in the face of new ways of working. There is a reduction in the supply of some key elements of the workforce and we need new roles to fill these gaps. This is being felt with junior doctors, nurses and a range of other specialist clinical roles. Where this is evident is that we are increasingly recruiting Advanced Care Practitioners to fill junior doctor rota gaps and this in turn is causing pressure due to gaps in nursing rotas and posts.

Our workforce, alongside our patient population, is ageing and we need to make sure that we support and nurture our staff to enable them to continue working whilst maintaining their health and wellbeing. Parts of our current and what will be our future workforce are likely to have very different expectations and motivations associated with employment. We are recognised as a centre of good





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practice for the way we use the information from staff surveys to improve both staff and patient experience. The Trust has a long history of effective staff engagement and has always invested considerable time and effort into this work, which will continue to feature heavily as we face and embrace change over the coming years. Our Listening into Action approach has provided a high impact approach to complement the other leadership, engagement and improvement approaches we take.

The Trust is developing a new Workforce Strategy, which will be informed by these issues and those that are emerging. The importance of strategic workforce planning for the organisation, including careful consideration of future workforce opportunities and challenges, has never been more important in particular as staff are both our biggest asset and cost. Enabling the workforce to work effectively and efficiently in the context of and across the boundaries of traditional healthcare provision will be a focus with our partners. Where appropriate, the Trust will need to plan its workforce within the context of the wider health and social care system to reduce the impact of material changes in the workforce in other health and social care organisations.

As a Trust we now recognise the changing models of leadership required in the increasingly system based model of health and social care. These include:

- A greater focus on system leadership skills
- A need to promote and develop the practice of 'collective leadership'
- The importance of developing quality improvement skills 'from within' organisations or systems and designing leadership development and expectations
- A refreshed and more extensive focus on talent management

Alongside this we aim to continue to develop greater management skills to support our leaders to manage and lead in this increasingly complex environment. We are committed to our responsibilities under the Equality Act 2010 and encourage equal opportunities, diversity and flexibility within our workforce. We are seeking to promote inclusivity across all sections of the workforce and are advancing workforce race equality in STH which will reflect the national strategic approach for the NHS Workforce Race Equality Standard (WRES), which was established on 1st April 2015.

## Research

Our Trust 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 these institutions ranges from basic science through to clinical research and clinical application. Research is carried out in modern purpose-built research environments and our research staff from STH recruited 8,587 patients to clinical trials in 2016, placing the Trust in the NIHR's top ten for the volume of recruiting to studies. This has increased the volume of clinical trials it was offering to patients by 13% in recent years. The latter was the fifth highest surge recorded by any NHS Trust in the country in 2016.

By taking part in clinical research, patients play a vital role in helping clinicians understand how new treatments and innovations work, helping to drive clinical breakthroughs that could become established treatments of the future. All five of our hospitals and our community services provide opportunities for patients to take part in medical research. These include ground breaking



studies for cancer patients, into progressive diseases such as dementia, stroke and multiple sclerosis as well as heart disease and many other lesser known conditions such as Meniere's disease, a debilitating condition of the inner ear.

## Information Technology

In 2013, the Board of Directors approved our current Technology Strategy. This set out the direction for a five year programme of technology change that led to the Transformation Through Technology (T3) Programme. Over the last two years we have delivered significant changes to the Trust's use of technology and our approach positioned us well to become a future digital healthcare organisation. Our patients expect us to use technology seamlessly to support their interactions with us and our staff need an effective IT infrastructure to aid them in their roles.

In 2016 we refreshed our Technology Strategy with support from staff across the Trust. The investment will ensure we meet the ambitions outlined in Personalised Health and Care 2020. Using Data and Technology to Transform Outcomes for Patients and Citizens and will be

focused in five key areas to underpin the overall Trust Strategy:

- **Patient Records.** Completing our journey towards a full Electronic Patient Record system in line with international standards and with a user friendly interface provided through clinical portal technology.
- **Communication and Collaboration.** Significantly enhancing our ability to collaborate and share information across our own organisation and across the wider health economy both regionally and nationally through a range of modern communications and "borderless working" mobile technologies.
- **Resource and Asset Management.** Introducing standardised software and hardware platforms to help us manage all of our resources and assets including people, space, and equipment.
- **Intelligence and Analytics.** Significantly enhancing the use of data and intelligence to help us deliver safe, high quality integrated healthcare.

This will also be crucial to support our work in research and innovation as we move forward.

- **Infrastructure.** Making sure that our core technology infrastructure is robust and sustainable, yet flexible enough to support the changing landscape in which we operate as a major Teaching Trust

## Developments

Having a high quality environment and facilities within the Trust is something that our patients and staff should be provided with. We have recently set out an investment plan for the coming years that will ensure we maintain this position.

- **Redevelopment of theatres at the Royal Hallamshire Hospital** Additional state of the art operating theatre capacity is being put in place to facilitate the refurbishment of the existing theatres at the Royal Hallamshire Hospital. The objective is to provide a safe operating environment for patients and staff, reduce the risk of infection and provide the highest quality experience for patients.



- **Radiology environment at at the Royal Hallamshire Hospital**

Improving the radiology department to provide bespoke surroundings which better meet the needs of our patients. Bespoke surroundings ensuring privacy and dignity for patients.

- **New and replacement MRI and CT scanners**

We will keep abreast of technological advances by updating our current diagnostic equipment including an intra-operative MRI scanner in the A Floor Theatre Suite.

- **Weston Park Hospital Ward Refurbishments**

As our purpose-built oncology facility, we will seek to develop and implement changes to the whole of the hospital to compliment the great service that our patients receive at Weston Park Hospital. These improvements include developing the outpatient area, the chemotherapy suite, radiology and radiotherapy areas.

- **Cataract Unit**

The new Cataract Unit will provide state of the art integrated cataract services that will provide this high quality care for patients and meet the increasing demand for this form of treatment.

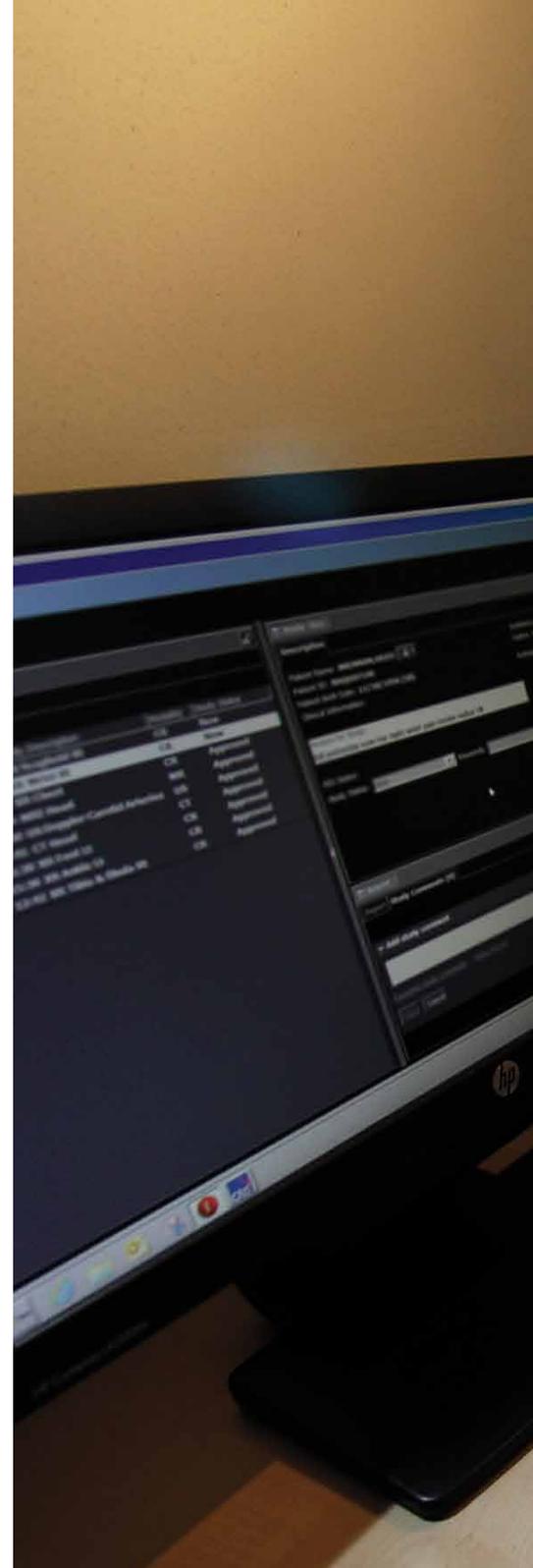
- **New state of the art helipad and GP Centre to complement the Emergency department at the Northern General Hospital and the GP Collaborative**

- **Special care baby unit expansion**

The increased capacity will ensure that the estimated future demand will be met and the unit will be able to accept babies that need this specialist care as well as be able to accommodate the parents who need to be on or near the ward in order to be with their baby.

- **Haematology side-rooms development**

Additional state of the art isolation rooms have been created as part of the Haematology centre to support patients who are immuno-compromised. The capacity will also allow Haematology to grow its Blood and Marrow Transplant (BMT) activity.





# Where Do We Want To Be?

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The impact of austerity measures on health and social care provision and the continuation of these for the foreseeable future means, that we must become even more efficient and productive as we continue to deliver cost effective and high quality care for our patients. Our refreshed corporate strategy therefore represents a step change for us as an organisation.

As highlighted in our Care Quality Commission inspection in 2016 and other key performance measures, we consistently achieve high standards but we know we can and will need to, continue to improve. Patients continue to tell us that specialised services are of the highest quality but at times our general hospital services could be further improved and enhanced. A key area of work will be to further integrate our care delivery with other services. We will achieve this by forging even closer collaboration with our partners.

We have learnt about how to successfully integrate and transform services across the community and acute interface over many years. Examples such as the active recovery service have helped to reduce un-necessary hospital admissions and facilitate the timely discharge of more complex patients from hospital.

The Single Point of Access service has demonstrated new ways of effectively managing referrals from patients and health professionals into all community health and many of our acute and emergency services. Staff working in the community feel that they are consulted with, encouraged to lead on service developments and valued. Being able to replicate this work as we work with our partners is important for the success of these new arrangements.

Moving with pace to a system of accountable care, provides the Trust in partnership with the city's leaders the ability to move forward with a single shared plan that has not been available in such a way before. The city have an agreed set of behaviours in which we expect the system to behave and a shared recognition that there are a number of issues including operational, strategic and structural that are not able to be resolved at an organisational level but instead require multi-agency cooperation.

## **Working with directorates**

With a revised corporate strategy comes the need to ensure each of our devolved clinical and corporate directorates revisit their strategic

plans for the next three years. As part of this there will be a focus on:

- Improving clinical quality and outcomes 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. This will be closely aligned to the development of the Trust's updated Quality Strategy.
- Delivering 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 between directorates within the trust, other providers, GPs, Social Services, 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.

## Priorities for action

We must optimise our resources to deliver a high quality service with an excellent patient experience, and maximise the number of patients who can be seen as quickly and as efficiently as possible. This will be achieved by continuing to embed a culture of continuous service improvement with the introduction of new ways of working and technology to support improved patient pathways. We will also continue to foster an environment in which all staff are engaged, committed and encouraged to reach their full potential.

We will collaborate more with a wide range of partners across the local health and social care economy as part of a wider system of accountable care. We will seek to form strategic alliances with other organisations when this is in the best interests of the patients we serve. Keeping people out of hospital where possible and appropriate will be key to managing increasing demand on our hospitals, which can only do by working with our community services and partners.

To ensure we strike a balance between focusing on what takes place inside and outside our hospitals there are a number of priorities for action that follow:

- a) To ensure that we play a full and active part in the transformation of health and social care services locally within Sheffield and also across South Yorkshire and Bassetlaw. We will work with local health and social care providers, our universities and other partners under new governance and accountability arrangements to implement new models of care delivery that serve our patients better.
- b) We are on a journey with our partners both in the city of Sheffield and with providers across South Yorkshire, Bassetlaw and North Derbyshire to design and embed new ways of working. These will seek to ensure that we deliver the right care to people at the earliest opportunity that we can. We will do this by developing an Accountable Care System and Partnerships that work differently to provide care to people. When it is working properly this will reduce unnecessary admissions to hospital as well as avoid those where the right care provided early can stop people deteriorating, or even getting conditions in the first place. This will also improve flow in the system, reduce lengths of stay in hospital and prevent people from attending hospital when they do not need to. Patients will be given more

**We consider our staff to be as important as our patients and our workforce strategy focuses on high quality training, leadership development and staff well being.**

control over their care, crucially through access to information, care planning and patient directed follow-up and support. We will only achieve this by the whole system working together in a way that patients cannot determine when they transition from one type of care to another and where all parts of the system seize opportunities to meet all the health and care needs of people as they present rather than the specific element for which they are responsible.

- c) To have the necessary workforce with the right skills 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. To develop new roles that support direct clinical care and seek opportunities for a workforce that works across organisational boundaries. We will continue to think differently about how we deliver care in the future, recognising changes in the composition of our workforce and ensuring roles and responsibilities of all our staff continue to maximise each individual contribution to patient care.
- d) To deliver all services in an efficient way, to examine them systematically to ensure they are efficient and make the best use of the available 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. To continue to consolidate and contract our non-clinical estate, increasing utilisation of clinical space and improving the physical environment at our core locations across the city. We will seek to develop proposals for consolidation of back office functions and pathology services with neighbouring trusts. In doing this, we would plan to align systems and processes to combine finance costs and potentially release savings.
- e) Seek continuous improvement in the clinical quality of services, setting goals and objectives and measuring ourselves against such standards that we, our partners and users of the service believe to be important and are beyond the standard regulatory and performance requirements.
- f) To be the provider of choice:
  - In elective, maternity and community care, for patients selecting their preferred elective care provider
  - In emergency care, whilst patients do not have a 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 healthcare 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 and innovation partners.
- g) To ensure that our IT infrastructure is stable, safe and secure to enable efficient clinical service delivery. To continue to explore the ways in which new technology will help drive sustained improvements, support the integration of services and working across different organisations.
- h) To increase our market share in elective and specialist healthcare services where we can differentiate the clinical excellence of the services we provide. We will maximise the benefits of services where there is a potential to increase non-NHS income that can then be reinvested into NHS services locally. Where possible, we will seek to do this in partnership with other providers to enable the efficient use of assets and to ensure continued provision of care to our local population.
- i) To respond to the needs being expressed by people for greater personalisation and bespoke information to inform choice and joint decision-making. We will take a pro-active approach to the promotion of health and wellbeing, empowering individuals to live independently through self-care with support in the community.
- J) To increase the quality, quantity and impact of clinical research to improve patient outcomes embedding a culture of the highest standards of healthcare delivery underpinned by clear evidence.



Kim Rudge  
Sister D.S.U. Wa

# How Are We Going To Get There?

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Making a Difference 2017-2020 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 direction. It is a strategy that forms the basis for a robust strategic plan for the next three years. The environment that the Trust operates within has changed considerably in recent years and it is critical that the Board again shapes the organisation's future direction and does so flexibly with the Trust's vision in mind. A strong Sheffield Teaching Hospitals is a strong Sheffield and South Yorkshire.

Making a Difference will help in facilitating the difficult decisions that are ahead and provide a solid basis upon which we will shape our future plans. This is particularly true when setting our future strategy in the current context because there are bound to be myriad changes that we cannot foresee at present. We must still shape and define our own future but we see the move to accountable care as the way to help in this task.

There is now a much greater requirement for collaborative partnerships between health and social care providers to ensure clinical and financial resilience of services. Each and every organisation has a responsibility to work in this way and maximise their strengths and minimise their vulnerabilities.

Arising from the refresh of Making a Difference, a set of corporate objectives will be presented to the Board of Directors for agreement on an annual basis. These will include a set of specific metrics, which will allow progress to be measured. An update will be provided every half year to provide assurance that the strategy is being implemented within the organisation. We will need to be sufficiently agile in this approach as the landscape changes over the next few years.

Each supporting strategy that exists, and those that are in the process of either being refreshed or rewritten within the Trust, will also develop a framework within which performance can be assessed. An update will be provided that will be presented to

the Trust Executive Group and a summary to the Board on an annual basis.

Each clinical Directorate will develop a revised strategy during 2017 and will be signed off by the organisation based on the above criteria and the extent to which they deliver the priorities set out in this strategy. These will be in place by September 2017, and will form the basis for the priorities in each Directorate's Annual Business Plan for 2018/19. An annual assessment will take place and be based on operational performance, delivery of business plan priorities and strategic plans.

This strategy provides a framework for high quality and financially resilient services to the people of Sheffield, South Yorkshire, North Derbyshire and beyond. At the centre of Making a Difference, is our shared desire to promote and develop a culture in which every member of staff continues to treat patients, the public and our colleagues with care and compassion.



We will promote a culture in which every member of staff continues to treat patients, the public and their colleagues with care and compassion.

# APPENDIX 1 - Health Profiles

Area	Population Statistics	Health Issues
<b>Doncaster</b>	<p>Population: 304,000 2020 projected population: 307,000</p> <p>Doncaster is one of the 20% most deprived districts/unitary authorities in England and about 24% (13,300) of children live in low -income families.</p>	<p>The health of people in Doncaster is generally worse than the England average. Life expectancy for both men and women is lower than the England average. The rate of alcohol-related harm hospital stays is worse than the average for England.</p> <p>The rate of smoking related deaths is worse than the average for England. Estimated levels of adult excess weight, smoking and physical activity are worse than the England average.</p> <p>Rates of sexually transmitted infections and TB are better than average.</p> <p><b>Priorities</b> Include reducing alcohol misuse and reducing obesity.</p>
<b>Bassetlaw</b>	<p>Population: 114,000 2020 projected population: 116,100</p> <p>About 17% (3,400) of children live in low -income families.</p>	<p>The health of people in Bassetlaw is varied compared with the England average. Life expectancy for both men and women is lower than the England average. Estimated levels of adult excess weight are worse than the England average. Estimated levels of adult physical activity are better than the England average.</p> <p>Rates of sexually transmitted infections and TB are better than average.</p> <p><b>Priorities</b> Tackling excess weight, young people and adults.</p>
<b>Rotherham</b>	<p>Population: 260,000 2020 projected population: 264,900</p> <p>Rotherham is one of the 20% most deprived districts/unitary authorities in England and about 23% (11,300) of children live in low-income families</p>	<p>The health of people in Rotherham is varied compared with the England average. Life expectancy for both men and women is lower than the England average. The rate of alcohol-related harm hospital stays is worse than the average for England.</p> <p>The rate of smoking related deaths is worse than the average for England. Estimated levels of adult excess weight are worse than the England average. Rates of sexually transmitted infections and TB are better than average.</p> <p><b>Priorities</b> Include improving infant and child health (helping mums stop smoking and start breast-feeding), reducing early deaths (including deaths from infectious diseases and suicide) and helping people stay healthy for longer.</p>

Area	Population Statistics	Health Issues
<b>Barnsley</b>	<p>Population: 238,000 2020 projected population: 247,600</p> <p>Barnsley is one of the 20% most deprived districts/unitary authorities in England and about 24% (10,300) of children live in low -income families</p>	<p>The health of people in Barnsley is generally worse than the England average. Life expectancy for both men and women is lower than the England average. The rate of alcohol-related harm hospital stays is worse than the average for England.</p> <p>The rate of self-harm hospital stays is worse than the average for England. The rate of smoking related deaths is worse than the average for England. Estimated levels of adult excess weight, smoking and physical activity are worse than the England average.</p> <p>Rates of sexually transmitted infections and TB are better than average.</p> <p><b>Priorities</b> Focusing on improving the oral health of children, creating a smoke free generation and increasing levels of physical activity.</p>
<b>North East Derbyshire</b>	<p>Population: 99,000 2020 projected population: 105, 600</p> <p>About 15% (2,400) of children live in low -income families</p>	<p>The health of people in North East Derbyshire is varied compared with the England average. Life expectancy for men is higher than the England average. The rate of alcohol-related harm hospital stays is worse than the average for England.</p> <p>The rate of smoking related deaths is better than the average for England. Estimated levels of adult excess weight are worse than the England average. Rates of sexually transmitted infections and TB are better than average.</p> <p><b>Priorities</b> Include smoking in pregnancy, reducing inequalities in life expectancy and healthy life expectancy, increasing breastfeeding.</p>
<b>High Peak (Glossop, Buxton and New Mills)</b>	<p>Population: 91,000 About 13% (2,100) of children live in low-income families.</p>	<p>The health of people in High Peak is varied compared with the England average. Life expectancy for both men and women is similar to the England average. Rates of sexually transmitted infections and TB are better than average.</p> <p><b>Priorities</b> Include smoking in pregnancy, reducing inequalities in life expectancy and healthy life expectancy, increasing breastfeeding.</p>

# APPENDIX 1 - Health Profiles

Area	Population Statistics	Health Issues
<b>Huddersfield (Kirklees)</b>	Population: 431,000 About 19% (16,000) of children live in low-income families.	The health of people in Kirklees is varied compared with the England average. Life expectancy for both men and women is lower than the England average. The rate of smoking related deaths is worse than the average for England. The rate of TB is worse than average. Rates of sexually transmitted infections are better than average.  <b>Priorities</b> Includes reducing health inequalities.
<b>Wakefield</b>	Population: 331,000 Wakefield is one of the 20% most deprived districts/unitary authorities in England and about 21% (12,600) of children live in low-income families	The health of people in Wakefield is generally worse than the England average. Life expectancy for both men and women is lower than the England average. The rate of alcohol-related harm hospital stays is worse than the average for England. The rate of smoking related deaths is worse than the average for England. Estimated levels of adult excess weight and smoking are worse than the England average. Rates of sexually transmitted infections and TB are better than average.  <b>Priorities</b> Include reducing smoking, improving Mental health and wellbeing, and delivering better outcomes from integrated services.





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