

# MAKING A DIFFERENCE CORPORATE STRATEGY 2012-2017





# CONTENTS

1. Introduction.....	3
2. What is a strategy? .....	4
3. Why do we need a new strategy? .....	5
4. Where are we now? .....	8
5. How we developed the strategy and its content.....	12
6. Corporate strategy 2012-2017 .....	14
7. Where do we want to be? .....	16
8. What now? .....	18
9. Conclusions .....	19
Appendix 1 - Health profiles .....	21
Appendix 2 - Overview of making a difference .....	23



# INTRODUCTION

Sheffield Teaching Hospitals NHS Foundation Trust (STH) is now the major provider of adult health care to the city in both community and acute settings. We also provide a substantial range of specialist services to people from South Yorkshire, North Derbyshire and beyond.

The environment and context in which we provide services is also changing very rapidly and we need to ensure that we are not only resilient but also continue to be highly successful in providing high quality clinical care to our patients, remain at the forefront of research and innovation and continue to be a good employer.

Each and every person who works within Sheffield Teaching Hospitals makes a difference on a daily basis and our core purpose is to deliver care to and serve our patients and their needs. We are playing a major part in the City of Sheffield and take seriously our role in promoting and improving the health of the population through our actions and leadership in communities and neighbourhoods as well as through work with our staff and patients. We have a duty and responsibility to play our part in improving the lives of the people of Sheffield through all that we do as an organisation.

With all of this in mind, we have developed this new strategy to take us through the next five years, and, we intend to review it annually to ensure it remains fit for purpose.

We have spent considerable time speaking with and listening to our patients, governors, members, partners and staff. There is no question that many of our services are truly excellent and world leading. People recognise this particularly in our tertiary and specialist services and would not want to receive their care anywhere else. However, we have also heard a number of comments that some of the more common types of care could be further improved. As a result, at the heart of this strategy is a need for every part of our organisation to make sure that we get every contact with patients and visitors right, first time. This is not just about the health care we deliver but the way we work as an organisation and applies to every member of staff.

As part of this development we asked every member of our staff what they felt our values and behaviours as an organisation should be in order to achieve our aspirations. Our values and behaviours will be critical to the way we lead and deliver through change in the next five years. If we are to flourish as an organisation we will need to rely on these values and ensure they underpin how we work and how we deliver services.

There are undoubtedly challenging times ahead and we will need to balance when we compete to deliver services and when we work in partnership with others - this strategy sets out how we will do this. Key to this will be a detailed understanding of every service we provide and the extent to which it not only provides high quality care but also whether it is delivered within the funding commissioners provide to us to deliver it. Only if we understand this can we ensure that the services we provide to patients are on a sustainable footing for the future.



We have developed a range of more specific strategies to underpin this corporate strategy and ensure we deliver our ambitions. Central to these is the Quality Strategy which sets out how quality and patient outcomes will guide everything that we do both as an organisation and as individual members of staff. It recognises that we employ some of the most talented staff in the NHS but that we need to continually look for opportunities to improve and learn to bring measurable improvements in patient care.

A programme of work to refresh the Trust's Corporate Strategy commenced in January 2015. This was established to ensure that through 'Making a Difference' the Trust would continue to deliver high-quality, operationally and financially viable services for patients, now and in to the future.

We sought the views of internal and external stakeholders and the feedback gathered suggested that the Trust's Vision, Mission, PROUD values and five key strategic aims for the organisation should remain. As a result of the specific comments received some of the modest amendments have been made to our strategic objectives. These have been reflected on the page opposite. Further work will take place during 2015/16 to consider further changes and a 'refreshed' strategy will be published in Spring 2016.

The next five years will be hugely challenging in all public services, including the NHS, but we remain committed to achieve our vision which is to be recognised as the best provider of health, clinical research and education in the UK and a strong contributor to the aspiration of Sheffield to be a vibrant and healthy city region.



Tony Pedder, OBE  
Chairman



Sir Andrew Cash, OBE  
Chief Executive



# WHAT IS A STRATEGY?

A strategy describes where an organisation is trying to get to in the long-term. It needs to cover what services we will provide and to what patients and populations. It sets out how we intend to be the first choice when patients have a choice. It will guide how we will organise our resources, be they financial, people, equipment or estate to ensure that we maximise their contribution for the benefit of our patients. Finally, our strategy must be responsive to the external environment and challenges we face and provide a basis for partnership working and the development of plans with our key partners, such as commissioners, the City Council and fellow providers.

Ultimately it should form the basis upon which we shape proposals, take key strategic decisions and formulate our annual plans. By setting out our strategy, that is the commitment we make as an organisation.

A strategy is not a business plan for every clinical service or care pathway in the organisation. Where specific services or groups are mentioned, this is because the work undertaken provides a basis on which to articulate and understand what it means for the wider organisation and the direction we should pursue. These plans will need to be developed in due course.

A strategy also has to be adaptive to changing circumstances - over the coming five years - there will be myriad changes that we cannot foresee at present. The strategy must be as flexible as possible to enable us to shape and define our future and we must be ready to change the strategy if it is no longer suitable or relevant. We will therefore review the strategy regularly to ensure it remains fit for purpose.

# 3. WHY DO WE NEED A NEW STRATEGY?

This section describes our environment for the short to medium term and provides a basis for the development of our strategy. It is divided into four sub-sections: regional and national; local; internal; and lateral.

## Regional and national

Probably the most significant feature of the current policy context is the reversal of the financial position of the NHS. Recent years have witnessed a doubling of funding and since 1950 annual average growth in funding in real terms has been 4.04%. When set against this historical position, the close to zero real terms increase for the remainder of the spending review period, and potentially beyond, it is easy to understand why this will have a significant impact.

Alongside the financial challenge are the reforms to the NHS embodied in the Health and Social Care Act 2012. There will be five key issues for STH and organisations like it as the implementation of the reforms unfolds:

- The present commissioning arrangements are currently being dismantled and a new reformed architecture will be put in place, including Clinical Commissioning Groups and arrangements for commissioning specialist services by the National Commissioning Board. Sheffield Teaching Hospitals NHS Foundation Trust will need to play a key role in developing, supporting and embedding these changes, in particular the shift by GPs to become commissioners of care as well as providers of primary care.
- The tensions between aspirations for the NHS to benefit both from service integration and stability alongside greater competition and choice.
- The changing role of Monitor and the extent to which it will act as a regulator and therefore require the Boards and Governors of Foundation Trusts (FTs) to assume greater autonomy and exert greater direction and control.
- How the arrangements for workforce development and training will unfold as Strategic Health Authorities and their previous hosting of Deanery functions are abolished and employers such as Sheffield Teaching Hospitals take responsibility for work place training, education and leadership development.
- The creation of Health and Well-Being Boards that will set out a strategy for the city that will drive the commissioning plans of local Clinical Commissioning Groups.

The publication of the second Francis Inquiry on Mid-Staffordshire Acute Hospitals NHS FT also has far-reaching

consequences for the delivery and governance of quality standards in all health care, and in particular in the acute sector.

Staff engagement will be a critical element of the organisation's leadership ensuring that the Board work closely with and alongside staff not only in facing these challenges but in continuing to develop the organisation and its services.

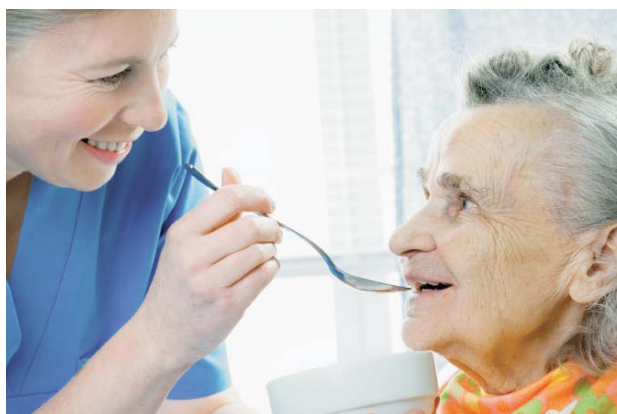
## Local

Sheffield Teaching Hospitals NHS Foundation Trust is not only a highly respected tertiary and specialist centre but also provides the full range of secondary/district general hospital type services for the city's population. It is surrounded by a range of District General Hospitals that are also Foundation Trusts. Service sustainability and the desirable levels of co-operation and competition will be key future issues for Sheffield Teaching Hospitals NHS Foundation Trust.

As a provider of adult secondary, community and tertiary care as well as dental and maternity services, all of the changes in the commissioning model - be it local or regional will be felt within the Trust. Therefore it is critical to continue to identify, forge and then nurture these key relationships.

Against this backdrop, the recent public health profiles for the city show that deprivation is higher than average and 26,415 children live in poverty. Life expectancy for both men and women is lower than the England average.

Life expectancy is 10.9 years lower for men and 7 years lower for women in the most deprived areas of Sheffield than in the least deprived areas. As a major employer and a provider of health care, it is imperative that we play our part in tackling these inequalities and improving the health of Sheffield in all that we do: as part of care delivery; working with our staff; and as a city partner.







Sheffield is a growing and ethnically diverse city, with around 15.5% of its population from black or minority ethnic groups. The largest of those groups is the Pakistani community, but there are also large Caribbean, Indian, Bangladeshi, Somali, Yemeni and Chinese communities.

The population of Sheffield is predicted to grow from the 2011 estimate of 557,000 to 587,000 by 2017 - a growth of 30,000. This compares to a growth of 17,500 over the past three years. Within this population growth there will be a significant increase in the population over 75 years old - rising by 9.13% from a current estimated level of 41,600 to 45,400. This population growth could place significant demand on our services, particularly for inpatient care.

If the treatment rate per person remains the same, the overall growth will result in an increase in demand for services of over 10,000 episodes of care, nearly 50,000 outpatient attendances and almost 6,000 attendances at A&E. Of these over 3,700 episodes, 12,700 outpatient attendances and nearly 2,000 A&E attendances would be amongst those aged over 75.

The number of people over 65 in Sheffield is predicted to rise significantly over the next 15 years increasing by 20% from 85,000 in 2010 to over 102,000 in 2025. However, over the same period, the number of people over 85 is predicted to rise disproportionately, increasing 31% from 11,500 in 2010 to 15,100 in 2025. Over the same period, our concept of what constitutes "old age" will change, and notions of "career" and "retirement" will shift in response to longer working lives.

Many older people are well supported by unpaid carers, universal public and community based services, so do not require other formal health and social care support. Nevertheless, there will be significant challenges for older people in Sheffield over the next decade and beyond, and is highlighted by the fact that the prevalence of self-reported, long-term, limiting illness in people over 65 years is 59% (52.6% in the over 60 population) compared to 20.1% of the general population.

A major challenge for us and our partners is to ensure that the growing number of older people maintain the best possible physical health and mental capital, and so preserve their independence and wellbeing.

There will also be an increase in the 20-39 year old population of 18,800 in Sheffield. This will place additional demands on maternity services. The predicted number of births is expected to rise from 6,900 in 2011 to 7,500 in 2017. Taking account of the wider population we serve beyond Sheffield means that the number of births is expected to increase to over 8,300 compared to the predicted level of 7,400 in 2011.

Reflecting and responding to the diversity of the population we serve as well as being adept at recognising and understanding how it changes over time are critical. This and the significant health inequalities that exist are key challenges for Sheffield Teaching Hospitals NHS Foundation Trust. These issues combined with challenging economic circumstances also require the Trust to make key strategic decisions about its broader role in the

communities of Sheffield, Yorkshire and the North of England. We are a major employer and constitute approximately 10% of the Sheffield economy. It is critical that our services and our employment promote health and well-being and that we play an active role with communities and neighbourhoods in improving health and reducing inequalities.

Whilst most of the health care we provide is delivered to residents of Sheffield, we are also an important provider to services beyond the city boundaries. As such it is important that we are cognisant of the commonality as well as differences that these different geographic catchments bring. Table 3.1 (Appendix 1) provides a high level summary of the key health issues in these areas.

### Internal

Sheffield Teaching Hospitals NHS Foundation Trust has set efficiency savings requirements of circa £38 million each year between 2012-2015. 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:

- Sheffield Teaching Hospitals NHS Foundation Trust being the major trauma centre for South Yorkshire and working with trauma units across the area to deliver high quality care.
- The need to continue to reconfigure and redesign services across the city to respond to new technologies.
- Ensuring access for the population to high quality, resilient and sustainable clinical services.
- The ongoing integration of care pathways with community services.
- Delivering a step change in the Trust's performance in research and development.
- Increasing national evidence of the difficulty in maintaining and achieving national targets.
- Ensuring all clinical and corporate directorates respond to these challenges.

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



### Lateral

As well as the key NHS relationships the Trust has, the City Council and Universities represent important city partners. Both sectors are experiencing challenges of their own. Teaching and education are critical to the creation of the highly skilled workforce required by a modern supplier of health care.

Finally, STH is also likely to experience potentially unforeseeable impacts on its business from ongoing discovery and innovation in:

- health care (e.g. gene therapy);
- how individuals live their lives (e.g. social networking as the preferred means of connection with services);
- expectations by patients of joint decision-making and commissioning alongside enshrined rights and expectations in the NHS Constitution; and
- institutional and governmental expectations of providers (e.g. the publication of the second Francis Inquiry).

# 4. WHERE ARE WE NOW?

## Service performance

As one of the largest and most consistently high performing NHS Foundation Trusts in the country, we continue to offer some of the best care available in today's NHS providing high quality, value for money services at all of our five hospitals and in the community:

- Northern General
- Royal Hallamshire
- Weston Park
- Jessop Wing
- Charles Clifford Dental Hospital

We are proud to be one of the top 20% of NHS Trusts for patient satisfaction. On three occasions, including 2011, the Trust has been awarded the title of 'Hospital Trust of the Year' in the independently assessed Good Hospital Guide and is a recognised leader in medical research for bone, cardiac, neurosciences and long term conditions such as diabetes and lung disease.

We also have a track record of very high performance against the Compliance Framework against which Monitor regulates our authorisation as an NHS Foundation Trust. Whilst we successfully meet these targets the pressures in the system are making this level of delivery increasingly challenging.

## Financial performance

In recent years Sheffield Teaching Hospitals NHS Foundation Trust has experienced, in common with the rest of the NHS, high levels of growth in income from patient services. These levels of growth allowed the Trust to deliver some of its efficiency requirements through the generation of additional income. The outlook appears to offer minimal likelihood of growth in most services. The implication of this is that we must focus on delivering reductions in our cost base.



The Trust has delivered income and expenditure surpluses since its formation. However, at speciality level there is a wide range of significant surpluses and deficits. It is essential that every Directorate delivers a surplus and does not rely on other parts of the organisation to support it.

## Monitor

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

1. Governance - rated red, amber-red, amber-green or green; and
2. Finance - rated 1-5, where 1 represents the highest risk and 5 the lowest.

Since 2005/06, we have always been Amber or Green and have only once received a financial rating of less than 4. These results demonstrate that our performance has been consistent and we continue to be a low risk organisation with regard to our management of finance and governance issues.

## Care Quality Commission

The Care Quality Commission (CQC) is the independent quality regulator of all health and social care services in England. The Trust is registered with the CQC and has no compliance concerns or actions. The five key areas that the CQC assess are:

- Treating people with respect and involving them in their care.
- Providing care, treatment and support that meet peoples' needs.
- Caring for people safely and protecting them from harm.
- Appropriate levels of staffing are in place.
- Appropriate management arrangements are in place specifically with regard to risk and governance issues.

## Hospital standardised mortality ratios (HSMR)

We know that lower mortality ratios are one marker of good quality care. For April 2011- May 2011 our HSMR was "significantly lower than the national benchmark" and this is consistent with how we have been assessed in recent years.





### Patient reported outcome measures (PROMS)

Through the national PROMS programme the NHS now routinely asks patients their views of the outcomes of four common surgical procedures: groin hernia repair, varicose vein surgery; hip replacements; and knee replacements. PROMs are the only programme that seeks to measure clinical outcomes from the perspective of the patient. Our PROMS scores for groin hernia and varicose veins are close to the national average. For knee replacements our scores are high (good). For hip replacements our scores are lower. This means further improvement is possible.

### Patient experience

Patient experience is collected from a wide range of information from different sources. Each method has its strengths and weaknesses, however, using all methods of information available enables us to better understand the patient's experience of the services offered and delivered.

During the first quarter of 2011/2012, the top 5 positive and negative themes (collected in unsolicited feedback from patients and their families) show similar results to the previous quarters. Staff attitude has appeared in both the top 5 negative and top 5 positive themes in all reports throughout the year. Staff attitude accounts for 27% of the total number of comments received over the past year, making it the top theme overall. This suggests its importance for patients.

### Research

STH is one of the UK's largest healthcare research institutions. The Trust, together with the University of Sheffield and Sheffield Hallam University, has formed a partnership to promote, host, facilitate and implement the findings of clinical and healthcare research in Sheffield. The research focus of both institutions ranges from basic science through to clinical research and clinical application. Research is carried out in a modern, purpose built research environment.

Although the Trust performs reasonably well against national targets, there is room for improvement particularly in the type and number of studies and the breadth of research portfolio. A more coordinated approach to deliver integrated innovation, research, adoption and spread will be developed.

### Academic Science Health Networks (ASHN's)

Academic Health Science Networks are targeted at closing the so called second translational R&D gap (the first being to establish centres of research excellence, able to compete globally). Our ambition as a leading teaching centre is to create a sustainable health system that delivers the maximum health gain opportunities and benefits for local people by working in partnership with other local providers. We will work closely with local partners and the Department of Health to ensure that STH is well placed to be part of this important national policy development.



### Service developments

The Trust is continually improving its facilities for patients and the following are some examples of new and innovative services which have been recently introduced:

- The Burns Unit  
This newly-renovated unit caters for a regional population of about two million people.
- The Hand Unit  
The Sheffield centre is designed to offer world-class treatment of hand and lower arm injuries and offers expertise in orthopaedic and plastic surgery.
- The Cystic Fibrosis Ward  
The ward is run by a team of specialist doctors, nurses, physiotherapists, dieticians, psychologists and social workers, and is the only one of its kind in the UK. The new facilities include 12 en-suite rooms for young patients.
- The Surgical Assessment Centre  
The Centre was established in November 2010 to assist with the assessment of emergency surgical patients. Emergency patients who may need admission for surgical reasons are assessed by a team of specialists in the unit, rather than being admitted automatically to a ward. This prevents unnecessary admissions for patients to be assessed.

### Merger with Community Services

On 1 April 2011, 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 STH. This move provides a unique opportunity to improve the quality of care and overall experience of patients as it will enable community and acute health service professionals to work more closely together and make healthcare journeys more integrated for patients. The planned programme of transformation work will identify areas where we can ensure that this change delivers benefits to patients.

### So where are we now?

STH has an incredibly strong track record as a provider of NHS services as well as for achieving significant improvements. There are some areas where we need to strive to do better, such as patient experience and research. We also need to ensure that we do not assume that strong past performance will be sustained or improved upon in the future environment without us thinking and doing things differently.

# 5. HOW WE DEVELOPED THE STRATEGY AND ITS CONTENT

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

- a) Reviewing the current performance of the organisation;
- b) Reviewing what the key challenges of the next five years will be;
- c) Listening to the leadership teams in our Clinical Directorates and their visions for their services through a process of reviews by the Executive Team;
- d) Examining the content developed by a range of workstreams about the potential opportunities and future direction in relation to the merger of acute and community services across a range of clinical and non-clinical areas;
- e) A series of workshops where we engaged with staff, stakeholders, Governors and members of the public about what worked well and what needed to change;
- f) A period of internal engagement that included the Board of Directors, Trust Governors, Clinical Management Board, Nurse Directors, General Managers and a number of Clinical Directorates; and a period of wider staff and partner engagement across the city.

Key themes that emerged were as follows:

- The need for a caring culture across all staff from Board to ward
- Patients need to be cared for as a whole, rather than just focussing on their specific condition.
- Seamless and efficient integrated care pathways need to be implemented across hospital and the community.
- Where appropriate and evidence-based, care should be provided in a community setting rather than the hospital.
- Our role and potential in promoting health and well-being across the city of Sheffield and the need for us to work with the citizens of Sheffield using community asset based approaches.
- The need for a step change in our innovation and research performance.
- Sharing access to records through better use of IT across the hospital and community are essential.
- To examine systematically the performance and future direction of all of our Directorates.

## Working with directorates

To build on this overarching strategy for the organisation, there will a strategy developed for each clinical and

corporate directorate that sets out where the service is going over the next five years and how it will know if it gets there. As part of this there will be a focus on: -

- Improving quality for patients - keeping patients safe in our care, ensuring services are clinically effective, achieving improved outcomes and paying particular attention to the experience of patients in our care. This will be tied in particular to the new Quality Strategy.
- Creating clinically and financially viable services - providing services that are resilient, integrated and which offer value for money and are provided through innovative means: new technology, new business, new markets, new partnerships and new strategic alliances and networks
- Building collaborative approaches - this means that GPs, Social Services, our Staff, other providers and stakeholders will be working together to design and deliver services that benefit patients and the public
- Aligning research, innovation, teaching, training and staff - attracting, retaining and developing a skilled, flexible, professional workforce that places the patient at the centre of decisions about their care.

These Directorate based strategies will be signed off by the organisation based on the above criteria and the extent to which they deliver the overarching strategy. These will be in place by September 2012. These strategies will form the basis for each Directorate's Annual Plan, which will in turn form the basis for the system of performance management across the organisation.

## Business opportunities

Each Clinical Directorate has begun to identify potential business opportunities for expanding, developing and entering new markets to ensure that the STH brand is maximised where this is profitable, sustainable and





delivers good services to patients. It is critical that STH does operate services at a level that costs less than commissioners pay - this allows us to do two things:

1. Reinvest in the development of new and innovative services that require early investment; and
2. To create capacity to manage financial risk, such as changes in the level of tariff for different services.

There are also likely to be areas where we think the STH service is too big - this may be because other providers could deliver more care locally or where there are opportunities to improve patient pathways to avoid the need for a particular service.

### Collaborative opportunities

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

In particular we need to integrate services for patients requiring unscheduled or emergency care and those who need care out of normal working hours. We need to establish a system of joint working with social care and GPs to support appropriate early discharge from hospital and to establish further improvements for the assessment of people with ongoing health and social care needs. To support this we need to ensure that we provide diagnostic and therapeutic services on a seven day a week basis as routine to make the most of the newly integrated community expertise and to help expedite the discharge of patients from hospital.

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

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

- a) With other NHS Trusts across a geographic network of 2-3 million population in research, innovation, education, clinical services provision and non clinical services where appropriate and in the best interests of the organisation and the population we serve - the national policy on Academic Health Science Networks.
- b) Working with Sheffield Health and Social Care, the Police and the City Council on presentations at Accident and Emergency Services; drugs and alcohol; domestic abuse; mental health and illness; and sexual health.



- c) Networked Paediatric Surgical and Neonatal Surgical care to give greater resilience to the services provided.
- d) Strategic alliances with other providers including St Luke's Hospice for people with palliative care needs.
- e) Collaboration with surrounding District General Hospitals and DGHs and tertiary centres further afield where it is in the organisation's and our patients' best interests.
- f) Pursuing economic opportunities that promote the local employment market, health technology and assistive technology.

### Education and training

High quality patient care and a positive patient experience are synonymous with investment in the education and training of all our staff to ensure they have the knowledge and skills to undertake their roles effectively. It also depends on high quality practice placements for all our students and good relationships with our education partners.

Within STH we have a good track record in delivering education and training.

However the world is changing which brings new opportunities and challenges.

Nationally the model for commissioning education is changing. The creation of Health Education England and provider led Local Education and Training boards (LETBs) will make Trusts more accountable for the education and training of their workforce. As a major Trust in Yorkshire and the Humber it is important that we are at the forefront of these reforms and in turn review how we govern education and training internally as well.

Leadership is at the heart of high quality patient care. STH has made a significant investment in leadership and it is anticipated that most staff in leadership and/or managerial positions will undertake some form of leadership development in the next 3 years. The Trust needs to capitalise on these staff particularly in light of the challenges we are facing.



## 6. CORPORATE STRATEGY 2012-2017

After consideration of the national and local challenges and opportunities likely to impact upon Sheffield Teaching Hospitals NHS Foundation Trust over the next five years and listening to what our staff, patients and partners expect from us in terms of service delivery, we have created a Vision, Mission Statement, Aims, Objectives and a set of organisational Values and Behaviours which lie at the heart of our new corporate strategy.

The Vision of Sheffield Teaching Hospitals NHS Foundation Trust (what we are ultimately trying to achieve) is:

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

The Mission of Sheffield Teaching Hospitals NHS Foundation Trust (how we intend to deliver on a day to day basis) is based upon the NHS constitution and is:

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

To ensure we act in a way that maximises our potential to deliver this Vision and Mission, we will adopt the following PROUD values and behaviours:

- |                      |   |
|----------------------|---|
| <b>Patient-first</b> | -Ensure that the people we serve are at the heart of all that we do |
| <b>Respectful</b>    | -Be kind, respectful, fair and value diversity                      |
| <b>Ownership</b>     | -Celebrate our successes, learn continuously and ensure we improve  |
| <b>Unity</b>         | -Work in partnership with others                                    |
| <b>Deliver</b>       | -Be efficient, effective and accountable for our actions            |

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

- **Deliver the best clinical outcomes**
- **Provide patient centred services**
- **Employ caring and cared for staff**
- **Spend public money wisely**
- **Deliver excellent research, education and innovation**

These aims have resulted in a range of organisational objectives that should guide the development of directorate business plans as well as personal objectives. These objectives are detailed in Appendix 2. Staff appraisal will be based not only on the delivery of objectives but the extent to which the expected values and behaviours are demonstrated. Recruitment of staff will also be developed to ensure that people with the right values and behaviours for a health care provider are recruited - not just those with the necessary qualifications and experience.

# OVERVIEW OF MAKING A DIFFERENCE

## VISION

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

## MISSION

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

## VALUES

**Patient-first** - Ensure that the people we serve are at the heart of all that we do

**Respectful** - Be kind, respectful, fair and value diversity

**Ownership** - Celebrate our successes, learn continuously and ensure we improve

**Unity** - Work in partnership with others

**Deliver** - Be efficient, effective and accountable for our actions

## AIMS AND OBJECTIVES



### Deliver the best clinical outcomes

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

Prevent people from dying prematurely.

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

Maximise the health of those who use our services.

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

Ensure clinical practice is evidence-based.



### 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 where we need to.

Maximise the quality of the patient experience.

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

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

Develop a vibrant system of engagement within the local community.

Learn from complaints, compliments and other feedback.



### Employ caring and cared for staff

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

Encourage staff to seek feedback from patients, visitors and colleagues.

Develop a culture that promotes positive attitudes and behaviours.

Employ engaged and motivated staff.

Engage, support and empower all staff to continually improve the services they deliver.

Promote health and well-being for all our staff, their families and the communities they live in.

Provide an environment where staff can achieve their potential and develop their leadership skills where appropriate.



### Spend public money wisely

Maintain financial strength and stability.

Reduce inefficiencies and continually identify more efficient ways of working.

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

Ensure value for money is considered as part of all decision-making processes.

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



### 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.



# 7. WHERE DO WE WANT TO BE?

Our Vision and Mission represents a step change for us as an organisation. By the measures used to rate us, we are doing well. We know that we can get better and that if we are to thrive as an organisation in the future we will need to change and be better. It is all of our jobs to make sure that every contact, a patient or visitor has with any member of Sheffield Teaching Hospitals NHS Foundation Trust is as good as it can possibly be - this is the key challenge for every one of the services we provide over the next 5 years. Basic standards of care will be given the same priority and attention to detail as the specialist services we provide

## Priorities for action

In implementing this strategy it will be important for us to not only face the key challenges that the policy and financial environment will impose but that we strike the right balance between competition and collaboration:

- Times when we should work collaboratively with our partners for the good of services in the wider NHS. We will advocate this approach in providing unscheduled care, emergency care, and pathways for long term conditions. We will also seek to form strategic alliances with other providers when this is in the best interests of the organisation and the patients we serve.
- Instances when we should promote our services under Payment by Results and through patient choice in the competitive FT environment, based on the clinical excellence we offer. This approach will shape the future direction of elective and specialist care that we are able to provide to patients who choose STH.

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

- a) To pursue relentlessly the improvement of the clinical quality of services our patients receive, setting ourselves goals and objectives and measuring ourselves against such standards that we believe to be important, beyond the standard regulatory and performance requirements. This is the reason that the Quality Strategy is the key supporting strategy to Making a Difference.
- b) To ensure that we play a full and active part in the city wide transformation programme represented by Right First Time.

c) To become the provider of choice:

- In elective care, for patients selecting their preferred elective care provider
- In emergency care, whilst patients do not have choice in these circumstances, we want patients to agree that we would be their chosen provider
- For commissioners when they consider which provider is best placed to serve their population well
- For staff and prospective staff to be the health care employer of choice
- For other providers when working in collaboration on integrated pathways and clinical networks
- For students of nursing and midwifery, medicine, dentistry, management and other allied health professionals when considering learning, education and development options
- For research bodies and the pharmaceutical industry when choosing research partners.

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

e) To systematically examine our services and specialties to ensure they are efficient and make the best use of resources. Where we identify a financial imbalance this will need to be resolved either through new ways of working, alternative service delivery with partners or changing the cost base of the service. We will also maximise the benefits of services where there is a potential to increase income that can then be reinvested into NHS services locally.





- f) To increase our market share in elective and specialist health care services where we can differentiate the clinical excellence of the services we provide. Resilience in providing services within national tariff income will be an important consideration.
- g) To understand if there are areas where Sheffield Teaching Hospitals NHS FoundationTrust should deliver less services e.g. because it could be delivered closer to patients by other providers or where improvements in patient care and prevention could reduce the need for specialist services.
- h) To respond to the needs being expressed by people for greater personalisation and bespoke information to inform choice and joint decision-making.
- i) To design and deliver integrated and joined-up pathways for patients across the range of care modalities and settings. This will require a different approach to how health care has been delivered traditionally and will involve joint discussion and working with partner providers.
- j) To ensure that the roles and responsibilities within our staff and workforce match the services we deliver and aspire to deliver.
- k) To design and create systems, processes and a culture that we simultaneously pursue quality, service viability and efficiency.
- l) To explore the potential for the development of fee-paying services to private patients in some elective specialties. This income would then be reinvested in providing NHS services.
- m) To conduct a detailed analysis of the potential for additional clinical research and innovation activity and rigorously select those areas where the Trust has or could develop a comparative advantage.
- n) To consolidate and contract the extent of our estate which encompasses a very large number of peripheral properties whilst improving the physical environment at our core locations across the city.



## 8. WHAT NOW?

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

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

Each Directorate will be required to develop a five year strategy and an annual business plan on the basis of this

strategy. Annual performance assessment will be based on the business plans to ensure that the planning cycle is completed each year.

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

Finally, this is an organisational strategy, but we will be unable to achieve our vision or play our part in the wider health and well-being of the people we serve without strong and strategic alliances with other organisations and the communities we serve.





## 9. CONCLUSIONS

The recent merger with Community Services has changed the nature of Sheffield Teaching Hospitals NHS Trust - it now provides elements of health promotion, public health, community services, primary care, secondary care and specialist acute services.

There is potential in some specialist and planned services where there is a demand by commissioners and or preferences by patients for activity to grow. Where this is accompanied by our ability to deliver below the tariff provided and our capacity, we must pursue these opportunities to provide innovative services or increase our market share. In addition, there is scope for much greater collaboration between us and a range of other providers to ensure clinical and financial resilience of services and make certain that all organisations maximise their strengths and minimise their vulnerabilities.

The health care environment has changed considerably in recent years and months and it is critical that the Board considers the organisation's long term direction and sets out the basis upon which we will shape proposals and take key strategic decisions. That said we should

set a strategy that provides a basis for all of our thousands of staff to pull in the same direction whilst also being adaptive to inevitably changing circumstances. This is particularly true when setting our vision for five years in the current context - there are bound to be myriad changes that we cannot foresee at present, but we must still shape and define our own future.

This strategy is the culmination of a detailed review of the current environment, analysis of our current position and engagement with staff, patients, governors and partners on our future. It describes a strategy that, subject to further review and refinement, forms the basis for a robust approach to the next five years.

This strategy provides a framework for healthy, high quality and financially resilient services to the people of Sheffield, South Yorkshire, North Derbyshire and beyond.

The heart of this strategy, and what must be at the core of our organisation if it is to thrive and we are to make a difference, is the need for every member of staff to treat patients, the public and our colleagues with care and compassion.



# APPENDIX 1 - HEALTH PROFILES

## Key Health Issues in Areas Surrounding Sheffield

Town/County	Population Statistics	Health Issues
<b>Barnsley</b>	<p>Population - 227,610</p> <p>One third of the population still live in areas ranked in the 100 most deprived areas of England in terms of health, incapacity and disability.</p> <p>The life expectancy gap between Barnsley and rest of the country is growing.</p> <p>Ethnic minority growth has centred on rises in the Muslim community (particularly from Eastern European nations) as well as members of the Indian and Chinese communities.</p>	<p>24% of adults are smokers.</p> <p>28.4% of adults are obese which is significantly higher than the England average of 24.2%.</p> <p>Alcohol related hospital admissions for adult males and females are significantly worse than the England average.</p>
<b>Doncaster</b>	<p>Population - 292,000</p> <p>Expected to be over 300,000 by 2018.</p> <p>Number of adults over 65 increased by 5,000 by 2012.</p> <p>Birth rate steadily increasing.</p> <p>Proportion of ethnic minorities is small compared to England and Wales.</p> <p>Certain ethnic minority groups have increased - Indian, Pakistani and Black African communities.</p> <p>There are 600 asylum seekers 4,000-6,000 gypsies/travellers and approximately 2,800 prisoners.</p>	<p>Rates of smoking related deaths and hospital stays for alcohol related harm are higher than average.</p> <p>Life expectancy for both men and women is lower than the England average.</p> <p>Early death rates from cancer and from heart disease and stroke have fallen but remain worse than average for England.</p> <p>Increase in number of elderly people with mental health problems and dementia.</p> <p>Estimated levels of adult 'healthy eating', smoking and obesity are worse than the England average.</p> <p>Priorities for Doncaster include smoking in pregnancy, alcohol misuse and childhood obesity.</p>
<b>Rotherham</b>	<p>Population - 254,600</p> <p>Expected to be 266,900 by 2020.</p> <p>Number of people over 65 is expected to increase by more than half by 2028 and the number over 85 will almost double.</p> <p>Black and minority ethnic community at relatively small, but has been growing increasingly diverse.</p>	<p>24.5% of people smoke, well above the England average of 23.6%.</p> <p>The health of people in Rotherham is generally worse than the England average and life expectancy for men and women is also lower.</p> <p>Rates of hip fractures, smoking related deaths and hospital stays for alcohol related harm are higher than average.</p> <p>Estimated prevalence of obesity for adults is 27.6%, above the national average of 24.2%.</p> <p>Priorities in Rotherham include improving life expectancy, breast feeding and tackling smoking in pregnancy.</p>



Town/County	Population Statistics	Health Issues
<b>Derbyshire</b>	<p>Population - 763,700</p> <p>Expected to rise to 779,000 by 2013.</p> <p>High proportion of middle age (40-59 years) and older (60-85 years).</p> <p>97.2% is white British. Black minority ethnic groups make up less than 1.5% of the population.</p> <p>Male life expectancy is 77.6 years, better than England at 77.3 years. Female life expectancy 81 years, less than England at 81.6 years.</p>	<p>Priorities in Derbyshire include inequalities in avoidable mortality, alcohol and obesity.</p> <p>Smoking prevalence has decreased over recent years; however, smoking is the single greatest cause of premature death.</p> <p>Estimated levels of adult obesity are worse than the England average.</p> <p>Road injuries and deaths and hospital stays for alcohol related harm are higher than average.</p>
<b>Nottinghamshire</b>	<p>Population - 779,900</p> <p>The total population of the county is expected to grow by 3.8% by 2013.</p> <p>There are 16.45% over the age of 65.</p> <p>Black and minority ethnic population is relatively small compared with England overall.</p>	<p>An estimated 20.4% of adults smoke. Smoking is the greatest single cause of avoidable illness and preventable death. .</p> <p>24% of the population are obese which is just below the England average.</p> <p>The main cause of premature death in males and females between ages of 18 and 64 is cancer. Circulatory disease was the second commonest cause of premature death in both men and women.</p> <p>Rates of hip fractures and road injuries and deaths are higher than the average.</p> <p>Priorities in Nottingham include smoking, obesity and alcohol.</p>

# APPENDIX 2 - OVERVIEW OF MAKING A DIFFERENCE

## VISION

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

## MISSION

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

## VALUES

**Patient-first** - Ensure that the people we serve are at the heart of all that we do  
**Respectful** - Be kind, respectful, fair and value diversity  
**Ownership** - Celebrate our successes, learn continuously and ensure we improve  
**Unity** - Work in partnership with others  
**Deliver** - Be efficient, effective and accountable for our actions

## AIMS AND OBJECTIVES



### 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 and control over their care.

Move care closer to home where appropriate and 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 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





For more information or if you would like this document provided in a different language or large print please contact:

The Communications Department  
Sheffield Teaching Hospitals NHS Foundation Trust  
8 Beech Hill Road  
Sheffield  
S10 2SB

Tel: 0114 2668989  
[www.sth.nhs.uk](http://www.sth.nhs.uk)  
email: [makingadifference@sth.nhs.uk](mailto:makingadifference@sth.nhs.uk)

