Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Strategic Plan Summary

2014-19

CONTEXT

The Trust has a strategy entitled Making a Difference which covers a 5 year period from 2012/13 to 2017/18 which remains relevant for the period of the Strategic Plan. The Vision of STH is:

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

The Mission of STH 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 adopt the following PROUD values and behaviours:

Patient-first	Ensure that the people we service are at the heart of all 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

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

Continuous improvement in patient safety and quality of care is essential for the achievement of these aims. The Trust's Quality Strategy identifies the actions STH will take to achieve new levels of clinical quality, safety and value. We aim to deliver excellent healthcare that is high quality and safe.

Our top 5 goals are:

- Maintain our top 20% position in the patient satisfaction national survey
- Achieve a Standardised Hospital Mortality Indicator (SHMI) within the top 25% of the national peer group with an emphasis on avoidable harm
- Reduce emergency re-admissions within 28 days of discharge from hospital and ensure our performance is in the top 25% of the national peer group
- Reduce hospital average length of stay and ensure our performance is in the upper 25% of the national peer group
- Achieve top 20% national staff satisfaction

The Trust has adopted a standardised approach to our quality improvement drive and simple methodology which tests areas of change in order to inform what processes we need to alter to help to implement and sustain process redesign. Good staff engagement and involvement is central to the Trust's ongoing delivery of high quality care. All Nurse Directors and the Chief Nurse carry out clinical shifts on wards every month to ensure they continue to experience first-hand the care being delivered and also to understand the challenges and opportunities nursing teams face. This has been expanded to involve other senior managers who will also work alongside members of staff from a variety of clinical and non-clinical departments in order to further their understanding of the patient and staff experience.

The Trust approved a significant investment in technology that will provide the opportunity to transform the way we deliver care both within the hospital and also in people's own homes and communities. This 5 year programme will also enable the organisation to support the work underway to develop integrated care teams and new models of care. The programme will oversee the implementation of three major systems; an electronic patient record, an electronic document management system, and a clinical portal. This will provide clinicians with the information they need, at all times and in all locations. It will improve patient safety and our communication with patients, increase operational effectiveness (releasing time to care) as well as supporting clinical practice and research**.**

In developing the strategic plan the Trust has considered a range of views on the future challenges and configuration of the NHS and the way in which services should be provided and other material considerations.

- NHS England – A call to action
- Kings Fund – A time to think differently
- Nuffield Trust – NHS in transition: Key Questions
- Royal College of Physicians - Future Hospital Commission. Future hospital: caring for medical patients
- Monitor, NHS England and NHS Trust Development Authority A call to action – Transformative ideas for the future of the NHS, a report of the NHS Futures summit
- Department of Health - Transforming Primary Care. Safe, proactive, personalised care for those who need it most
- Monitor – Making the health sector work for patients: Facing the Future: Smaller Acute Providers
- Simon Stevens' Inaugural Speech
- Dalton Review
- Forthcoming General Election

HEALTHCARE NEEDS ASSESSMENT

The current population of Sheffield (based on ONS Mid-Year estimate for 2012) is 557,382 people of which 49.5% are males and 50.5% females. This represents an increase in population of 8.6% since 2001. The population is projected to rise by a further 5.2% to around 586,500 in the year 2020. There is a changing population health profile which is seeing increased birth rates feeding into primary school populations, increasing migration resulting in a younger working age population and a growing number of older people. 0-4 year olds make up around 6% of the population (approximately 34,300) and 4.4% are 75 years and over (approximately 24,700). This older age group will increase by around 17% by the year 2020 to approximately 29,000 people.

- **Life expectancy**

Life expectancy for both men and women in Sheffield is improving year on year. For men average life expectancy at birth is 78.4 years and 82.1 years for women (2009-2011). Whilst this represents a longstanding trend of improvement, both remain lower than the national average of 78.9 years for men and 82.9 years for women. There is a gap in life expectancy between the most and least deprived people in Sheffield, which for men is 8.69 years and 7.35 years for women.

- **Preventable premature mortality**

Cancer and cardiovascular disease account for around 60% of all premature deaths in Sheffield, consistent with the national picture. For both the premature mortality rate from all cancers and cardiovascular disease, Sheffield has among the lowest rates of the core cities but figures remain higher than the national average. Over half of all premature deaths from cancer are considered preventable, which in Sheffield equates to approximately 350 deaths a year. Widespread changes in lifestyle, systematic identification of people at risk, and better treatment for cardiovascular disease has resulted in the premature mortality rate falling year on year in Sheffield, and at a faster pace than nationally. The gap between Sheffield and rest of the country has narrowed but the rate remains significantly higher than the national average. Over two thirds of premature mortality associated with CVD is considered preventable, which for Sheffield equates to over 230 premature deaths per year.

Liver disease is the only major cause of premature death in Sheffield for which the rate is increasing. People are also dying from it at younger ages. Premature mortality from liver disease in Sheffield now accounts for just over 70 deaths in people under the age of 75 years per year. Over 90% of these deaths are considered preventable. The common avoidable causes of liver disease are alcohol consumption and obesity. In Sheffield around 1,000 new cases of diabetes are diagnosed every year and prevalence is expected to continue to rise for the foreseeable future.

In spite of the rate of increase there is evidence that diabetes care is improving in the City with increasing numbers of diabetes patients with good control of their blood sugar level giving a favourable profile of preventable morbidity and mortality outcomes.

- **Mental Health and Dementia**

There are currently around 6,400 people living with dementia in the City, and this is expected to rise to over 7,300 by 2020 and over 9,300 by 2030. Around one third of people with dementia currently live in (largely) private sector care homes, and the trend is towards entering care with more severe disease. If current policies remain in place, by 2025 the demand for this type of care home accommodation is predicted to increase by 55% with 71% of the increase coming from people aged 85 and over.
One in four people experience a mental health problem in their lifetime and around one in one hundred people suffering a severe mental health problem. In relation to common mental health problems, such as depression and anxiety, around 12.27% of Sheffield adults are estimated to have depression compared with 11.68% in England. Severe mental illness affects approximately 4,500 in Sheffield. When considered as a percentage of all people registered with a Sheffield GP, this represents 0.80% which is on a par with the England average of 0.82%.

- **Child and Maternal Health**

There is now overwhelming evidence that conception through to the early years is a crucial phase of human development. The mental and physical health of mothers during and immediately after pregnancy can have lifelong impacts on the child. A key priority for providing the best start in life for a child is breastfeeding. When compared with national, regional and peer city averages, Sheffield performs well in terms of the percentage of babies who continue to be breast fed at 6-8 weeks after birth. The latest figure for the period 2012-2013 puts this at 50.8%. However this has remained virtually unchanged over the last 4-5 years, and almost one third of all babies who are breast fed at birth are no longer breastfeeding 6 to 8 weeks later.

Whilst not as great in terms of overall numbers of deaths, infant mortality (deaths in babies under the age of 1 year) also impacts significantly on the overall average calculation of life expectancy. Currently the Sheffield rate is 5.2 per 1,000 live and still births (2011) compared with a national rate of 4.3 per 1,000 and is ranked fifth of the eight core cities. The rate in Sheffield has been rising slowly, widening the gap with national outcomes. The incidence of infant mortality (2009/2012) in the Asian & Asian British ethnic group (10 per 1,000 live births) in Sheffield is more than double the incidence for the White ethnic group (4.5 per 1,000 live births) as is the rate in the Black and Black British group (10.5 per 1,000 live births).

Other key issues for Sheffield include:

- Maternal obesity is a factor in around 30% of still births or neonatal deaths (and approximately 35% of maternal deaths). The trend in the proportion of Sheffield women who are obese or morbidly obese is almost 22% and is increasing
- The percentage of Sheffield mothers smoking at delivery was lowest in 2009-2010 (13.6% equivalent to around 860 mothers). Over the last three years this has increased to 14.1% (just over 900 mothers), counter to the national trend
- Sheffield's teenage pregnancy rate has reduced significantly over the last few years and now stands at 35.2 per 1,000 births in girls aged 15-17 years (2011), but is above the national average of 30.7

- **Sexual Health**

The consequences of poor sexual health can be serious including unplanned pregnancy, avoidable illness and mortality from sexually transmitted infections and HIV/AIDS. Sheffield is ranked 83 (out of 326 local authorities, first in the rank has the highest rates) in England for rates of STIs in 2011. 4350 acute STIs were diagnosed in Sheffield residents, a rate of 783.1 per 100,000 residents, and 64% of acute STIs were in young people aged 15-24 years old.

In 2011 the diagnosed HIV prevalence in Sheffield was 1.8 per 1,000 population aged 15-59 years compared to 2 per 1,000 in England. Between 2009-2011 48% of HIV diagnoses were made at late stage of infection compared to 50% in England. The current chlamydia diagnosis rate is 1851 per 100,000 (aged 15-24 year olds) against a national target of 2300 per 100,000 (aged 15-24 year olds).

Marked inequalities exist in sexual and reproductive health in Sheffield. The burden of sexual ill health is not equally distributed among the population but concentrated amongst those who are the most vulnerable including the economically deprived, young people and minority ethnic groups.

- **Health Inequalities**

There are significant health inequalities in Sheffield, despite the progress made in improving the health of the population over the last few years. These inequalities are described in detail in the reports of the Director of Public Health and the Joint Strategic Needs Assessment. Although they do not represent the full picture of health inequalities in Sheffield, the following give a clear indication of the scale of the issue.

- The difference in life expectancy at birth for males, as measured by the Slope Index of Inequality, is 8.7 years, ranging from 74.4 years in the most deprived areas of the City to 83.1 years in the least
- The difference in life expectancy at birth for females, as measured by the Slope Index of Inequality, is 7.3 years, ranging from 78.7 years in the most deprived areas of the City to 86 years in the least
- Infant mortality rates (per 1000 live births) in Sheffield are 5.5 for White British mothers, 10.9 for Black and Black British mothers, and 13.4 for Asian and Asian British mothers
- Smoking in pregnancy is strongly related to socio-economic status and the prevalence of smoking around the time of delivery varies from 0% to 40% across Sheffield neighbourhoods
- The Confidential Inquiry into the premature deaths of people with learning disability (CIPOLD 2013) found that men with learning disabilities die on average 13 years and women with learning disability 20 years earlier than the general population
- People with schizophrenia will on average die 14.6 years earlier than the general population

CAPACITY ANALYSIS

- **Estates**

The Trust has a large multi-site estate comprised of two main separate campuses containing clinical and non-clinical accommodation which varies considerably. The Trust also provides community services from buildings operated as LIFT initiatives. An overview is as follows:

- The Central Campus comprises: The Royal Hallamshire Hospital, The Jessop Wing, Weston Park Hospital, Charles Clifford Dental Hospital and peripheral properties
- The Northern General Hospital
- Community Estate

The Trust has no high risk backlog estate issues. All estates related risks are identified, risk assessed and recorded on the corporate risk register. The Trust has a clear maintenance strategy, capital investment programme and established processes to deal with emerging issues.

- **Beds**

In conjunction with our local health partners and under the Right First Time initiative, we expect to significantly reduce our inpatient capacity for older people by supporting this patient population in a different way than that we provide currently. Initial work has demonstrated that we can reduce lengths of stay significantly through streamlining the processes by which our various teams work together and use a more common assessment approach. This work will be expanded this year and we expect to see real benefits in the next couple of years, all of which will support the need to reduce our inpatient bed base. In turn this also fits with the need to have sufficient structural capacity for future expansion of acute/tertiary type work which we may be expected to deliver as part of the proposed service changes to the wider NHS.

- **Workforce**

The Trust reviews staffing levels on an ongoing basis in line with the demand for services, changes in levels of acuity models and with changes in national requirements. This has led in the past to investment in additional medical, nursing and support staff. Productivity and efficiency plans and the introduction of new technology will continue to impact on the levels of staffing being required and on occasions result in reduction in numbers.

The Trust already recognises the importance of staff engagement through its Let's Talk initiative and the Microsystems Coaching Academy. The leadership team has been giving consideration to how this agenda is driven forward so that further improvements can be made to how engaged staff feel. In addition work is being undertaken with regard to clinical leadership and talent management across the Trust. The major risk for the workforce over the coming 5 years is to ensure that we continue to recruit and retain sufficient numbers with the right skills as patient pathways develop.

- **Information Technology**

The most significant and cross organisational initiative that spans the strategic plan is the Information Technology programme (Transformation Through Technology or T3) along with the need for the on-going development of many other departmental systems. This programme is about delivering additional capacity to support patient care, to improve the efficiency in working practices and enable closer working with other health providers. The programme is focussed on delivering a new clinical portal, electronic document management system and electronic patient record.

- **Theatre & Outpatient Capacity**

To ensure that the Trust has resilience and flexibility with the operational infrastructure to accommodate increases in demand, plans are being developed within operating theatres and in outpatients. It is envisaged that a programme of theatre refurbishment and remodelling will span the next five years along with the development of an improved and integrated outpatient service, focussed on improved processes and the use of technology to enhance the patient experience.

MARKET ANALYSIS

STH provides a comprehensive range of community and secondary/district general hospital services to the adults of Sheffield as well as being a highly respected provider of specialised tertiary adult services. The Trust is one of the largest Foundation Trusts in the country and has substantial depth and diversity to its service portfolio, financial resilience and leadership capabilities. This is a sound basis on which to meet the future challenges facing the sector.

The Trust's strategy is largely based around collaboration with other local providers. However it is equally cognisant that some other local providers have significant operational and financial challenges. This could affect the level and nature of services provided at these organisations. STH must be able to respond to changed levels of referrals if this occurred.

The Trust is surrounded by a number of local NHS organisations.

- Doncaster & Bassetlaw NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- Barnsley Hospital NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Sheffield Children's Hospital NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- Derby Hospitals NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- Mid Yorkshire Hospitals NHS Trust
- Hull and East Yorkshire Hospitals NHS Trust

There are other providers of healthcare within the Sheffield/South Yorkshire local health economy, which include private, voluntary sector and GP providers.

LOCAL HEALTH ECONOMY PLANNING

In developing this strategic plan the Trust has been a key partner in a unit of planning between NHS Sheffield CCG, Sheffield Children's Hospital NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust and Sheffield City Council. This group has met regularly during the planning phase in support of our respective Operational Plan submissions and continued to discuss the specific strategic challenges within Sheffield for future years.

The Trust is also engaged at two other levels within the Local Health Economy through the Working Together partnership and the Right First Time initiative. The Working Together partnership includes seven hospital Trusts in South Yorkshire, Mid Yorkshire and North Derbyshire. The Right First Time initiative is another local health economy planning arrangement which is focused on transforming and improving the way older people receive healthcare.

NATIONAL AND LOCAL COMMISSIONING PRIORITIES

NHS England has stated that specialised services are currently being delivered by too many providers, with too much variety in quality and at too high a cost in some places. NHSE require standards of care to be applied consistently across England and wish to maximise synergy from research and learning.

NHS Sheffield CCG is the coordinating commissioner for a consortium of CCGs in Yorkshire, Humberside and the East Midlands. A five year Integrated Commissioning Plan was published in 2012.

Sheffield City Council commissions a range of services including Dental Public Health, Primary Care Addiction Service Sheffield (PCASS) and Integrated Sexual Health Services.

As a result of the establishment of the Better Care Fund there are a number of possible implications for STH of a pooled budget which have been notified by NHS Sheffield CCG and Sheffield City Council. Whilst the Trust has articulated an ambition to work with commissioners to understand the potential implications, there was no involvement in developing the Better Care Fund plan, nor is the Trust a member of the Health and Wellbeing Board.

STRATEGIC PLANS

The Trust has reviewed each of the service lines, considered these against the range of external challenges highlighted previously and set out the planned strategic options being selected.

From the analysis of each service line a number of key service lines are the focus for the Trust.

- **Emergency care/Non-electives & Major Trauma**

The Trust continues to see increasing levels of non-elective attendances and admissions. Throughout this time the Trust has successfully achieved the 95% emergency care 4 hour standard. NHS Sheffield CCG has stated the intention to reduce non-elective admissions by 20% over the 5 year period.

STH is a Major Trauma Centre servicing the South Yorkshire and Bassetlaw trauma network for adults. Service standards have been defined in the recently updated national service specification. The Trust is aware of aspects of the enhanced specification. An enhanced helipad is a planned capital scheme, which will increase the flow of major trauma cases.

- **Musculoskeletal services**

NHS Sheffield CCG has signalled its intent to commission elective Musculoskeletal services under a single outcomes-based contract from a lead provider from 2015/16 onwards. A revised service model is currently under development which is focussed on streamlining the patient pathway. This approach offers opportunities for efficiencies from the improved patient pathway.

- **Specialised Services**

The Trust provides a significant number of services covered under the national service specifications. Plans are in place to ensure all service standards are met.

- **Primary and Community Services**

Further integration with acute services is required to deliver benefits within every acute pathway, into the community and assist patients at home with long term conditions

SUPPORTING INITIATIVES

There are three significant programmes of work which are being implemented and will impact over many years.

- **Information Technology**

The development and implementation of the Transformation Through Technology (T3) Programme is one of the most significant organisational wide strategic change programmes for the next 5 years. A governance structure is in place to ensure that the change programme is progressed in a comprehensive but timely manner. There is a clinically-led Technology Board that sets strategy and oversees the delivery of approved initiatives. This is a sub-committee of the Trust Executive Group, chaired by the Medical Director.

The programme delivery is assured by the newly created Planning and Assurance Group, reporting to the Technology Board, Capital Investment Board, and Trust Executive Group. A significant resource has been identified to support the three main new systems that will underpin the transformation we set out to achieve.

- **Configuration of Clinical Services**

The Trust is carrying out a strategic review of the configuration of current medical, surgical and community services which will see the development and implementation of new models of care to meet the needs patients, improve quality, safety, outcomes, and achieve value for money. A key element of this work is to involve clinical teams to establish and determine the optimal location of clinical service in the medium to long term. The project team will utilise sound clinical evidence and with reference to best practice, aim to identify integrated models.

It is important that the configuration of services allow for an efficient and effective provision of services to patients which can only be achieved through a greater understanding of the current and future interdependencies between services. The initial work to bring some service lines together is a component of this work and a reflection of the intent to improve clinical pathways.

- **Service Improvement**

The Trust has a well-developed service improvement team that aims to help clinical teams improve the quality and value of services for patients and staff. The team works to a core set of principles to support cultural change and help spread good practice. For the coming years there are a range of key improvement themes.

- Building Internal Improvement Capability
- Improving Surgical Pathways
- Improving Medical Pathways
- Improving Outpatients
- Supporting Directorate Efficiency Plans

OVERVIEW OF THE FINANCIAL PROJECTIONS

Since STH achieved Foundation Trust status it has experienced steady income growth. The rate of growth has been more pronounced in the last two/three financial years. There was a marked increase in 2011/12, due to the transfer of community services.

Sheffield CCG contracts for around 46% of the total patient services income reflecting the status of STH as the local provider for Sheffield residents. Other CCGs account for 13% of the total. This predominantly comes from the 5 surroundings CCGs (Rotherham, Barnsley, Doncaster, Bassetlaw and North Derbyshire).

NHS England comprised 40% of the total patient services income. This relates to services reflecting the Trust's status as a regional tertiary centre (and national centre for certain services). Over recent years the growth in specialised services has been greater than in non-specialised services, largely reflecting technological advances in these services and the growth on high cost drugs/devices.

Over the period 2012/13, 2013/14 and 2014/15 (projected) total patient services activity has increased by an average of 4% p.a. Detailed analysis of each service line has established that this level of growth varies by individual service line and by point of delivery. Some of the contributory factors include:

- Continued tertiary drift from surrounding providers
- The reduction in the number of providers of specialist services in accordance with the NHS England commissioning strategy
- Increased partnership arrangements with providers within South Yorkshire whereby STH provides resilience for care to be provided locally
- More emergency admissions arising out of hours through increased collaboration with other providers and cover for certain specialties.
- Demographic growth
- The impact of the ageing population and changing health profile
- Technological advancements
- Rising patient expectations

Patient services turnover will remain relatively level in monetary terms whilst increases reflecting inflationary uplifts.

The Trust is planning for a balanced financial position across the 5 years of the Strategic Plan. It is clear that this will be a major challenge given the unprecedented financial environment and has necessitated a number of key assumptions. Principally this means that the Trust will be able to achieve high levels of efficiency savings each year and that there are appropriate tariff and business rules.

Given the uncertain financial landscape, the Trust has also considered a downside scenario derived from a combination of:

- Lower than planned activity growth
- Baseline contract income losses due to tariff/business rule changes
- Further losses on emergency/readmission thresholds
- Under-delivery on efficiency improvements

The consequences of such scenarios are difficult to quantify but with relatively modest movement on the above the assessed the downside position would become a growing deficit.