

Sheffield Teaching Hospitals NHS Foundation Trust

Chief Executive's Briefing

Board of Directors – 31 March 2020

1. COVID-19 Verbal Update including Staff Support and Wellbeing

The Trust is currently preparing for and responding to the implications of the Covid-19 virus, this includes a significant increase in capacity for patients who require respiratory medicine interventions and supporting the health and wellbeing of our staff. Given the rapidly changing situation a verbal update will be provided at the meeting.

2. Integrated Performance Report

The Integrated Performance Report is attached at Appendix A. Each Director will highlight the key issues for the Board of Directors.

3. Clinical Director for Respiratory

I am pleased to announce Dr Alex Basran has been appointed to the post of Clinical Director in Respiratory Service. I would also like to thank Dr Charlie Elliott who has kindly agreed to remain as joint Clinical Director to cover all matters relating to Covid-19.

4. Transport and Travel Strategic Review

Last year, the Trust committed to undertake a review of transport and travel arrangements. The aim of the review was to produce a package of practical measures designed to influence transport to the STH sites and between sites for patients, visitors and staff, resulting in;

- Alternative options and choices for transport and travel modes
- Reduced journeys and time taken including changes to staff working practices and the use of tele/video conferencing
- Minimisation of the environmental impact of transport
- Better management of congestion and relief on car parking pressures
- Improved car parking management and access

The review phase is now nearing conclusion and has included engagement with a wide range of partners including , South Yorkshire Public Transport Executive, Sheffield City Council, University of Sheffield and Sheffield Hallam University, Sheffield Children's Hospital, Burngreave Clean Air Campaign, Bike Rehab, Russell Bicycle, Sheffield Community Transport, SABA, First Bus, Stagecoach, STH Sustainable Travel Group and STH Active Travel Group.

A range of proposals has been shared with TEG for initial thoughts which included making better use of the facilities we already have, increasing transport and travel options and capacity and reducing demand for parking. A number of schemes will now be explored in more depth, indeed some will be trialled as part of our Covid-19 response including improved shuttle bus facilities and reducing visits to hospital. This will help to inform the final proposals in the plan.

A meeting had been scheduled to brief the Governors on 17 March 2020 which unfortunately had to be postponed.

5. Give it a Go Week

Give it a Go (GIAG) week is about giving staff permission to test ideas that will help improve the experience for patients and staff at STHFT. A full update was presented to the Finance and Performance Committee on the 9 March.

Commencing in 2015 as part of work in emergency care, GIAG has developed into an annual trust wide event. Hundreds of ideas have been tested, and in many cases led to sustained improvements. In 2019 there were 154 ideas proposed to test during GIAG, almost double the number from 2017 (79). One of the main features of GIAG is the engagement in the weeks before, through staff videos, stalls in the dining room, visits to all areas from the GIAG trolley to promote the event and an active social media campaign led by the Communications Team. Over the years GIAG tests have led to major changes at STH, including the creation of a Urology Day Unit, jugs with yellow lids across the Trust to indicate fluid restriction, creation of a Respiratory Ambulatory room, implementation of a new imaging system for Endoscopy and the use of mobile devices on wards. All of these changes start as a small test during GIAG.

Of course not all ideas are successful and some do not work, or cannot be sustained, however the importance of GIAG is about testing lots of ideas in order to find the ones that do work and can be sustained, so the failures help enable the successes. It is intended that GIAG will continue into 2020 and alongside this the Organisational Development team are working up a simple 'improvement on a page' process, where staff can seek help to test ideas for improvements as and when they have them, not just during GIAG week.

GIAG is an important way that staff can own and lead change, make a difference to patient and staff care and experience and help make Sheffield Teaching Hospitals a brilliant place to work.

6. Churchill Fellowship

I am delighted to announce Dr Catriona Mayland, a Yorkshire Cancer Research Senior Clinical Research Fellow and Honorary Consultant at Sheffield Teaching Hospitals has been successful in being awarded one of the prestigious Churchill Fellowships.

These Fellowships, awarded by the Winston Churchill Memorial Trust, are unique overseas research grants. They support UK citizens to travel for 4- 8 weeks in search of innovative solutions for today's most pressing problems.

Dr Mayland's focus is the institutional, societal and cultural approaches to help overcome the challenges faced by advanced head and neck cancer patients. She will travel to the Expert Head and Neck Centre, in Rotterdam, the Netherlands and various centres in India. These include the Tata Memorial Centre, which conducted the first randomised controlled trial assessing early palliative care for head and neck cancer patients.

From the 11 Churchill Fellowships given to 'Palliative and end-of-life care', three were awarded to female researchers in Sheffield – along with Dr Mayland, Dr Sarah Mitchell, a GP with an interest in palliative care; and Dr Clare Gardiner, a palliative care researcher at the University of Sheffield were also successful.

Further information is available from: <https://www.wcmt.org.uk/>

7. National Data Opt Out

The National Data Opt Out will be implemented in 2020 and all health and social care organisations that process patient information had been mandated to be compliant by the end of March 2020. This has been extended to 30 September in response to the pressure being faced by NHS organisations in preparing for and managing the implications of COVID-19. As an organisation we are obliged to inform patients how to opt out of their data being used for research and planning purposes. A programme of work has been undertaken to ensure the Trust is compliant.

More information is available on our website

<https://www.sth.nhs.uk/about-us/general-data-protection-regulations/national-data-opt-outs>

8. Informatics Director Appointment

Following interviews held on 6 February, the Trust has appointed Mark Norwood as our new Informatics Director. Mark is currently Informatics Director at Derby and Burton Hospitals and has extensive NHS Informatics experience, including EPR implementation, working with Lorenzo and system leadership in Derbyshire. Mark will take up post on 26 May 2020. We would like to thank Shaun Addy for his contributions to the Trust as Interim Informatics Director.

9. South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS)

A report from the Chief Executive of SY&B ICS can be found at Appendix B. This provides a summary update on the work of the SYB ICS for the month of March 2020 including performance scorecards.

As the SY&B ICS are currently in a command and control situation following NHS England and Improvement guidance with Gold Command (at national level), Silver Command (at regional level) and Bronze Command (at system level through the SYB Resilience Forum) Statutory bodies have received clear instructions and are running command rooms to direct resources and services, as well as playing a key role in their Local Resilience Forums. The ICS does not have a statutory role within an emergency but does have a supporting role working to and within the command and control structure.

Meetings that are not business critical will be reviewed, postponed or cancelled and separate communication and actions will follow.

However, the Health Executive Group (HEG) will continue to meet on a monthly basis and will be the main system forum which will hold the strategic agenda these will run as either face to face meetings, a teleconference or online depending on the agenda topics.

Our annual review was stood down as a face-to-face meeting and replaced with a one-hour telephone call between myself, the Chairman, Sir Andrew Cash and Alison Knowles. The meeting reflected on 2019/20 and the strategic issues that we had previously identified.

10. Sheffield Accountable Care Partnership

An overview of the programme activities for the Sheffield Accountable Care Partnership has been provided by the Programme Director and is included at Appendix C.

In line with the SYB ICS approach all ACP Workstream Boards are being postponed, to ensure that all efforts are focused on addressing the urgent operational priorities caused by Covid-19.

Kirsten Major
Chief Executive
31 March 2020



Chief Executive Report

Health Executive Group

10 March 2020

Author(s)	Andrew Cash, System Lead		
Sponsor			
Is your report for Approval / Consideration / Noting			
For noting and discussion			
Links to the STP (please tick)			
<input checked="" type="checkbox"/> Reduce inequalities	<input checked="" type="checkbox"/> Join up health and care	<input type="checkbox"/> Invest and grow primary and community care	<input checked="" type="checkbox"/> Treat the whole person, mental and physical
<input checked="" type="checkbox"/> Standardise acute hospital care	<input checked="" type="checkbox"/> Simplify urgent and emergency care	<input checked="" type="checkbox"/> Develop our workforce	<input checked="" type="checkbox"/> Use the best technology
<input checked="" type="checkbox"/> Create financial sustainability	<input checked="" type="checkbox"/> Work with patients and the public to do this		
Are there any resource implications (including Financial, Staffing etc)?			
N/A			
Summary of key issues			
This monthly paper from the South Yorkshire and Bassetlaw Chief Executive provides a summary update on the work of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) for the month of February 2020.			
Recommendations			
The SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.			

South Yorkshire and Bassetlaw Integrated Care System CEO Report

CHIEF EXECUTIVE REPORT

10 March 2020

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of February 2020.

2. Summary update for activity during February 2020

2.1 Coronavirus (Covid 19)

At the time of writing my report, the Department of Health and Social Care, NHS England and Improvement and Public Health England is still in the first phase of the Government's response to the coronavirus outbreak; containing the virus. The plan has four phases. Containing the virus, delaying its spread, researching its origins and cure, and finally mitigating the impact should the virus become more widespread.

The UK is extremely well prepared for these types of outbreaks – we are one of the first countries in the world to develop a test for the new virus. Public safety is the top priority and colleagues across the ICS are incredibly busy planning, preparing and acting across their organisations and in local communities to what is a fast moving and unprecedented situation.

2.2 NHS Integrated Care Development Day

I attended a whole-day session on integrated care development with senior colleagues from across the country at the King's Fund on 27th February. The event also included expert speakers and covered:

- The progress to date of ICSs and Sustainability and Transformation Partnerships since their announcement in 2016
- Common challenges and success factors in designing and implementing improved care models and more collaborative system-wide leadership and governance
- How NHS England and NHS Improvement can encourage deeper and broader partnership during 2020/21, including moves to a 'system by default' operating model

Led by Richard Murray, Chief Executive, The King's Fund and including NHS England Chair, Lord David Prior, the session was a timely opportunity to reflect on the journey of ICSs so far and to consider how best to approach the challenges ahead with colleagues facing the same issues, risks and opportunities.

2.3 Launch of the South Yorkshire and Bassetlaw Integrated Care System Five Year Plan

Following the collaborative development of the SYB ICS Five Year Plan, we will officially launch the Plan on Tuesday 11th March. While we published the Plan in January, the launch will disseminate and raise greater awareness of it across the partnership and with the wider public. In addition to partners supporting the launch with their own internal communications, there is widespread social media activity planned to drive traffic to the ICS website where people can find out more and read the detail.

2.4 Yorkshire Ambulance Service Hub

Yorkshire Ambulance Service's new Doncaster ambulance station will officially open at the end of March, marking a significant milestone in developments for the Trust.

The station will replace outdated facilities and also introduce a new way of working which is designed to improve quality and performance for patients. Doncaster is the first 'hub and spoke' model introduced by the Trust and is where emergency and Patient Transport Service vehicles will be taken to be thoroughly cleaned, re-stocked and for any necessary repairs or maintenance. The work is carried out by a dedicated team, freeing up clinicians to focus their time on patients.

This system is known as Ambulance Vehicle Preparation and is already used in Wakefield, Leeds and Huddersfield. It leads to improved vehicle availability, cleaner vehicles and allows crews to get on the road sooner at the beginning of their shifts. The new model is expected to lead to improved response times for patients, improved infection control and improved conditions

2.5 SYB ICS Shadow Board

The first cohort of the SYB ICS Shadow Board Programme will graduate this month. There are 14 senior colleagues on the Shadow Board, all who are aspiring Directors in System roles from commissioning and provider organisations, regulator and arms' length bodies. They were nominated by their Chief Executive.

The programme combined learning with the benefits of deep experiential learning as participants prepared and participated in three simulated Board meetings (the Shadow Board). The Shadow Boards ran in alignment with the taught modules for the duration of programme, enabling participants to implement and embed their learning in a safe space and gain experience of what it is like to be a Board or Governing Body member.

One of the purposes of the Shadow Board development was to identify senior talent for the ICS going forward and following graduation, that pipeline is now in place. Participants have fed back that they found the programme worthwhile and feel better prepared to take on Director roles. The next steps for the participants will be determined by them and following their very positive feedback, the ICS will now consider the benefits of running a further cohort later in the year.

2.6 Cardiac Rehabilitation Research

I am delighted to let you know that the ICS is supporting a new research project which aims to increase patient uptake of cardiac rehabilitation programmes as part of the NHS long-term plan. Working together, researchers from Sheffield Hallam and Northumbria Universities, the British Heart Foundation and Sheffield Teaching Hospitals are trying to understand which services patients would prefer to receive and how they would like to receive them.

Currently patients who have had a cardiac event are offered, in most parts of the UK, a 'one size fits all' rehabilitation package with only 50% of people taking them up. As set out in the NHS Long Term Plan, we want to increase the uptake from 50% to 85% in the next 10 years and in supporting the project we hope to contribute to making a long lasting difference to the SYB population and the wider UK population.

2.7 Complex Lives

The Complex Lives work that is being led by Chris Marsh from Doncaster Metropolitan Borough Council is the subject of a Co-Design workshop on 26 March 2020 at the Keepmoat Stadium in Doncaster.

At the recent Collaborative Partnership Board, ICS partners agreed a focus on Complex Lives as one of the three shared priorities for joint work between the Health system and Local Authorities (the others being Physical Activity and Social Isolation).

The agreed initial focus of the work on Complex Lives is on strengthening the relationship between homelessness/rough sleeping and health services. This will build on the excellent practice that is already under way across South Yorkshire and Bassetlaw, and will seek to go further into sustainable new care models that can respond to the scale and quite unique nature of the issues affecting people locked in a cycle of rough sleeping, addiction, offending behaviour, poor mental and physical health, often underpinned by childhood and adult trauma. As you know there is also a focus on ensuring we can work with and learn from each other across the SYB footprint, recognising that this is clearly a shared and significant challenge in places.

The last update to the CPB outlined the basis of a partnership approach with the Office of the Police and Crime Commissioner (PCC) in South Yorkshire, acknowledging the crucial interdependence of the criminal justice system in this work. We have made further progress on this front and the Violence Reduction Unit at the PCC's office has agreed to support and help fund the co- design process that we have planned to take this work forward. This partnership will be important at strategic and operational level as the work progresses.

2.8 Performance Scorecard

The attached scorecards show our collective position at February 2020 (using predominantly December 2019 and January 2020 data) as compared with other areas in the North of England and also with the other nine advanced ICSs in the country.

We are now green in four of the ten constitutional standards, having turned red for six week diagnostics and two week cancer breast waits. The four green are a two week cancer waits, 31 day cancer waits, Early Intervention in Psychosis (EIP) and IAPT recovery. Our overall performance as a System, while still below the constitutional standard in four areas, still remains one of the better ICSs in the country.

Also attached is a new 'on a wall' view of performance statistics showing system level activity and performance. The purpose is to provide an at a glance view for colleagues less directly involved with some of the key performance measures or those who don't routinely access reports and dashboards. It is set to print as an A3 poster presentation to be displayed in local offices and can also be used as a high level summary for briefings. This format replaces the Integrated Operational Report (IOR) which we have previously used to produce the monthly summary for my report to the ICS. We will no longer have routine access to statistics for areas outside of the North East and Yorkshire and therefore this will be the new format in my report going forward, including the comparator information about the other three systems in NEY Region.

Finally, at month 10 the Year to Date position is £0.5 million ahead of plan. One organisation is forecasting a deficit against plan and we are looking at how we can offset this with over-performance in other organisations in order to balance as a system. Another provider posted a significant in month and year to date deficit in month 10 and have identified mitigating actions to deliver a balanced position at year end. This has therefore added risks to balance as a system at the year end.

Andrew Cash
Chief Executive, South Yorkshire and Bassetlaw Integrated Care System

Date 5 March 2020

How are we doing? An overview

Key performance report: February 2020 (using predominantly Dec/Jan data)



A&E (95%)
January data

RTT (92%)
December data

Diagnostics
6 weeks
December data

2ww (93%)
December data

2ww breast
(93%)
December data

31 day (96%)
December data

62 day (85%)
December data

EIP (50%)
November data

IAPT Access (4.75
of 19/20) 5.5% by end
November data

IAPT Recovery
(50%)
November
data

	A&E (95%) January data	RTT (92%) December data	Diagnostics 6 weeks December data	2ww (93%) December data	2ww breast (93%) December data	31 day (96%) December data	62 day (85%) December data	EIP (50%) November data	IAPT Access (4.75 of 19/20) 5.5% by end November data	IAPT Recovery (50%) November data
South Yorkshire and Bassetlaw	85.1	90.7	1.4	94.6	90.4	96.9	79.7	77.8	5.0	50.0
Greater Manchester	●	●	●	●	●	●	●	●	●	●
Bucks, Oxfordshire and Berkshire West	●	●	●	●	●	●	●	●	●	●
Frimley Health	●	●	●	●	●	●	●	●	●	●
Dorset	●	●	●	●	●	●	●	●	●	●
Nottinghamshire	●	●	●	●	●	●	●	●	●	●
Blackpool & Fyde - Lancashire and S.Cumbria	●	●	●	●	●	●	●	●	●	●
Milton Keynes, Bedfordshire & Luton	●	●	●	●	●	●	●	●	●	●
Gloucestershire	●	●	●	●	●	●	●	●	●	●

At month 10 the Year to Date position is £0.5 million ahead of plan. One organisation is forecasting a deficit against plan and we are looking at how we can offset this with over-performance in other organisations in order to balance as a system. Another provider posted a significant in month and year to date deficit in month 10 and have identified mitigating actions to deliver a balanced position at year end. This has therefore added risks to balance as a system at the year end.

How are we doing? An overview

Key performance report: February 2020 (using predominantly Dec/Jan data)

South Yorkshire and Bassetlaw Integrated Care System



A&E (95%)
January 2020 data

RTT (92%)
December data

Diagnostics
6 weeks
December data

2ww (93%)
December data

2ww breast
(93%)
December data

31 day (96%)
December data

62 day (85%)
December data

EIP (50%)
December data

IAPT Access (4.75 rising
to 5.5% by end of 19/20
November data

IAPT Recovery
(50%)
Nov data

South Yorkshire and Bassetlaw

85.1

90.7

1.4

94.6

90.4

96.9

79.7

77.8

5.0

50.0

Greater Manchester



Cheshire and Merseyside



Cumbria and North East



Humber, Coast and Vale



Lancashire and South Cumbria



West Yorkshire



At month 10 the Year to Date position is £0.5 million ahead of plan. One organisation is forecasting a deficit against plan and we are looking at how we can offset this with over-performance in other organisations in order to balance as a system. Another provider posted a significant in month and year to date deficit in month 10 and have identified mitigating actions to deliver a balanced position at year end. This has therefore added risks to balance as a system at the year end.

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How are we performing in the North East & Yorkshire?

Urgent and Emergency Care

82.9% of people waited less than four hours to be admitted or discharged



(95% standard)



56 patients waited more than 12 hours in A&E from decision to admit to admission

(0 tolerance)

87.7% of hospital handover delays were carried out within 30 minutes



(100% target)

Elective



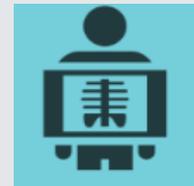
609,115 patients are waiting to be seen by a consultant led service

(567,709 planned)

112 patients have been waiting more than 52 weeks



(0 tolerance)



5.5% of patients had a diagnostic test within 6 weeks

(1% standard)

Cancer



93.3% of patients were seen within two weeks of urgent referral

(93% standard)

78.6% of patients were treated within 62 days



(85% standard)

one year cancer survival index



C&NE	HC&V
71.9%	72.1%
SY&B	WY&H
72.2%	73.0%

(73.3% national)

Mental Health

4.77% people with depression and/or anxiety received psychological therapies



(5.31% target)



50.9% people who completed psychological therapies treatment are now moving to recovery

(50% standard)

39.9% children and young people with a mental health condition accessed community mental health services



(33.3% standard)



6,540 bed days were occupied by patients inappropriately placed in a hospital bed out of their area

(0 tolerance by 2021)

General Practice Workforce FTE

-4.1%

GPs



(4,286 versus 4,467 plan)

-2.4%

Nurses



(3,088 versus 3,164 plan)

-3.0%

Other direct patient care (Allied Health Professionals)



(2,326 versus 2,398 plan)

0.9%

Admin staff



(11,357 versus 11,255 plan)

Learning Disabilities & Autism



319

adults



23

children

with a learning disability or autism are reliant on inpatient care

(Q3 plan 305; Q4 CYP 31)

55% (adult) and **70%** (children) Community / post admission Care and Treatment Reviews were carried out

(75% adults; 90% children standards)



84% of annual health checks carried out compared to expected trajectory

(Q2 trajectory 7,124)

19% of Specialised Commissioned patients (29 cases) are inappropriate out of area placements

(<5% standard)



How are we performing in Cumbria and the North East?

Urgent and Emergency Care

83.9% of people waited less than four hours to be admitted or discharged



(95% standard)



26 patients waited more than 12 hours in A&E from decision to admit to admission

(0 tolerance)

87.6% of hospital handover delays were carried out within 30 minutes



(100% target)

Elective



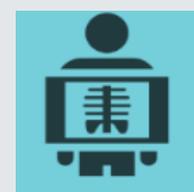
238,864 patients are waiting to be seen by a consultant led service

(210,505 planned)

30 patients have been waiting more than 52 weeks



(0 tolerance)



5.7% of patients had a diagnostic test within 6 weeks

(1% standard)

Cancer



90.2% of patients were seen within two weeks of urgent referral

(93% standard)

80.0% of patients were treated within 62 days



(85% standard)



C&NE

71.9% one year cancer survival index

(73.3% national)

Mental Health

4.65% people with depression and/or anxiety received psychological therapies



(5.31% target)



50.0% people who completed psychological therapies treatment are now moving to recovery

(50% standard)

59.4% children and young people with a mental health condition accessed community mental health services



(33.3% standard)



2,000 bed days were occupied by patients inappropriately placed in a hospital bed out of their area

(0 tolerance by 2021)

General Practice Workforce FTE

-3.5%
GPs



(1,570 versus 1,627 plan)

-2.0%
Nurses



(1,149 versus 1,172 plan)

-2.2%
Other direct patient care (Allied Health Professionals)



(795 versus 813 plan)

1.4%
Admin staff



(4,257 versus 4,197 plan)

Learning Disabilities & Autism



133 adults **11** children

with a learning disability or autism are reliant on inpatient care

(Q3 plan adults 127; CYP tbc) (75% adults; 90% children standards)

67% (adult) and **67%** (children) Community / post admission Care and Treatment Reviews were carried out



90% of annual health checks carried out compared to expected trajectory

(Q2 trajectory 2,797)

19% of region's Specialised Commissioned patients (29 cases) are inappropriate out of area placements



(<5% standard)

How are we performing in Humber, Coast and Vale?

Urgent and Emergency Care

77.0% of people waited less than four hours to be admitted or discharged



(95% standard)



29 patients waited more than 12 hours in A&E from decision to admit to admission

(0 tolerance)

73.7% of hospital handover delays were carried out within 30 minutes



(100% target)

Elective



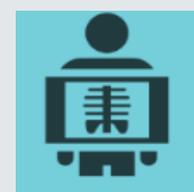
102,946 patients are waiting to be seen by a consultant led service

(106,745 planned)

26 patients have been waiting more than 52 weeks



(0 tolerance)



14.7% of patients had a diagnostic test within 6 weeks

(1% standard)

Cancer



94.6% of patients were seen within two weeks of urgent referral

(93% standard)

71.5% of patients were treated within 62 days



(85% standard)



HC&V
72.1%
one year cancer survival index

(73.3% national)

Mental Health

5.11% people with depression and/or anxiety received psychological therapies



(5.31% target)



53.9% people who completed psychological therapies treatment are now moving to recovery

(50% standard)

35.9%

children and young people with a mental health condition accessed community mental health services



(33.3% standard)



845 bed days were occupied by patients inappropriately placed in a hospital bed out of their area
(0 tolerance by 2021)

General Practice Workforce FTE

-5.8%
GPs



(670 versus 711 plan)

-2.4%
Nurses



(527 versus 540 plan)

2.6%
Other direct patient care
(Allied Health Professionals)



(558 versus 544 plan)

2.6%
Admin staff



(1,919 versus 1,870 plan)

Learning Disabilities & Autism



62

adults



2

children

with a learning disability or autism are reliant on inpatient care

(Q4 plan adults 53; CYP tbc)

67% (adult) and **0%** (children) Community / post admission Care and Treatment Reviews were carried out

(75% adults; 90% children standards)



74% of annual health checks carried out compared to expected trajectory

(Q2 trajectory 912)

19% of region's Specialised Commissioned patients (29 cases) are inappropriate out of area placements



(<5% standard)

How are we performing in South Yorkshire and Bassetlaw?

Urgent and Emergency Care

85.1% of people waited less than four hours to be admitted or discharged



(95% standard)



1 patients waited more than 12 hours in A&E from decision to admit to admission

(0 tolerance)

88.7% of hospital handover delays were carried out within 30 minutes



(100% target)

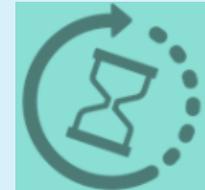
Elective



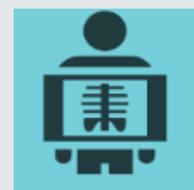
100,629 patients are waiting to be seen by a consultant led service

(92,270 planned)

1 patients have been waiting more than 52 weeks



(0 tolerance)



1.4% of patients had a diagnostic test within 6 weeks

(1% standard)

Cancer



94.6% of patients were seen within two weeks of urgent referral

(93% standard)

79.7% of patients were treated within 62 days



(85% standard)



SY&B
72.2%
one year cancer survival index

(73.3% national)

Mental Health

4.97% people with depression and/or anxiety received psychological therapies



(5.31% target)



50.0% people who completed psychological therapies treatment are now moving to recovery

(50% standard)

26.5% children and young people with a mental health condition accessed community mental health services



(33.3% standard)



1,225 bed days were occupied by patients inappropriately placed in a hospital bed out of their area
(0 tolerance by 2021)

General Practice Workforce FTE

-1.6%
GPs



(749 versus 761 plan)

0.0%
Nurses



(531 versus 531 plan)

-14.7%
Other direct patient care (Allied Health Professionals)



(347 versus 407 plan)

0.7%
Admin staff



(1,918 versus 1,905 plan)

Learning Disabilities & Autism



45

adults



3

children

with a learning disability or autism are reliant on inpatient care

(Q3 plan adults 44; CYP tbc)

75% (adult) and **N/A** (children) Community / post admission Care and Treatment Reviews were carried out

(75% adults; 90% children standards)



85% of annual health checks carried out compared to expected trajectory

(Q2 trajectory 1,071)

19% of region's Specialised Commissioned patients (29 cases) are inappropriate out of area placements



(<5% standard)

How are we performing in West Yorkshire and Harrogate?

Urgent and Emergency Care

84.2% of people waited less than four hours to be admitted or discharged



(95% standard)



0 patients waited more than 12 hours in A&E from decision to admit to admission

(0 tolerance)

96.6% of hospital handover delays were carried out within 30 minutes



(100% target)

Elective



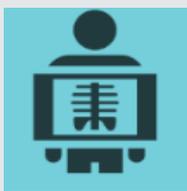
166,676 patients are waiting to be seen by a consultant led service

(158,189 planned)

55 patients have been waiting more than 52 weeks



(0 tolerance)



1.6% of patients had a diagnostic test within 6 weeks

(1% standard)

Cancer



95.7% of patients were seen within two weeks of urgent referral

(93% standard)

80.0% of patients were treated within 62 days



(85% standard)



WY&H
73.0%
one year cancer survival index

(73.3% national)

Mental Health

4.66% people with depression and/or anxiety received psychological therapies



(5.31% target)



51.1% people who completed psychological therapies treatment are now moving to recovery

(50% standard)

28.4% children and young people with a mental health condition accessed community mental health services



(33.3% standard)



2,470 bed days were occupied by patients inappropriately placed in a hospital bed out of their area
(0 tolerance by 2021)

General Practice Workforce FTE

-5.3%
GPs



(1,296 versus 1,368 plan)

-4.3%
Nurses



(882 versus 922 plan)

-1.4%
Other direct patient care (Allied Health Professionals)



(626 versus 635 plan)

-0.6%
Admin staff



(3,263 versus 3,283 plan)

Learning Disabilities & Autism



83
adults



7
children

with a learning disability or autism are reliant on inpatient care

(Q4 plan adult 78; CYP tbc)

40% (adult) and **100%** (children) Community / post admission Care and Treatment Reviews were carried out

(75% adults; 90% children standards)



85% of annual health checks carried out compared to expected trajectory

(Q2 trajectory 2,344)

19% of region's Specialised Commissioned patients (29 cases) are inappropriate out of area placements



(<5% standard)



ACP Director Report

Sheffield Accountable Care Partnership (ACP)

Executive Delivery Group February 2020

Author(s)	Mark Tuckett
Sponsor	Kirsten Major
1. Purpose	
<ul style="list-style-type: none"> • To provide headlines about strategic developments relevant to the partnership and the ACP programme of work • To highlight issues and risks escalated from the ACP workstream Boards which require decisions / actions by EDG • To provide an overview of other key ACP Programme Activities of interest to the Group 	
2. Is your report for Approval / Consideration / Noting	
For noting / action	
3. Recommendations / Action Required by Accountable Care Partnership	
Key actions required: <ul style="list-style-type: none"> • Agree actions noted in workstream escalation section of the report 	
Are there any Resource Implications (including Financial, Staffing etc.)?	
N/A	

Summary ACP Director Report

February 2020

1. Strategic Update

Primary Care Network Direct Enhanced Service

In February 2020, the specifications for the 2020/21 Primary Care Network Directed Enhanced Service (the PCN DES) was agreed between NHSEI and the General Practice Committee (GPC) of the BMA. This specification describes significant additional investment to pay for new roles and what is required of PCNs in response. The specification is considerably changed compared with the draft that NHSEI consulted on in December 2019 and which met with a challenging response. In particular, it includes a lot more flexibility, which has been welcomed by most commentators.

It builds upon the PCN DES for 2019/20, which included funding for community pharmacist and social prescribing roles. Note that this is a national agreed arrangement, and – locally – Primary Care Networks will decide how they want to proceed. If there is take-up of the PCN DES, then there will be significant additional investment in, and implications for primary care. Given that some of the new roles that are described, there are likely to be implications – especially workforce considerations – elsewhere across our partnership. The Executive Delivery Group is considering the PCN DES, and its implications at its February meeting.

Operational Planning Guidance – ICS response

In January 2020, NHSEI published their *Operational Planning and Contract guidance*. This planning guidance places a number of expectations on NHS organisations, including an expectation for a ‘system-level narrative plan’. Note that in this context ‘system’ refers to the South Yorkshire & Bassetlaw ICS – we will be working with the ICS team to describe some of the transformation priorities that we are taking forward across Sheffield.

Workforce – Leading Sheffield

We are recruiting a new cohort for *Leading Sheffield* – Sheffield’s 5-day leadership development programme to help participants develop system leadership approaches and to work with staff from other organisations on a particular challenge topic. The ‘*Landing Event*’ – where each of the Challenge Groups present back their learning and recommendations – will be on 18 June. People would be welcome to attend this landing event and should contact acp.sheffield@nhs.net.

Funding opportunities

There are a number of live external funding opportunities, including the *Healthy Communities Together* programme, with grant funding from the King's Fund and National Lottery Community Fund to strengthen community based working; and another from the Health Foundation for *Common Ambition* – between a VCSE organisation and an 'NHS Provider' to develop partnerships to improve healthcare.

The Executive Delivery Group will discuss various areas of interest in these two funding pots. In general, if we aren't competing for this money within Sheffield, then we should increase Sheffield's chances of receiving some funding. In future, we intend to raise awareness of new funding streams, through the ACP website, and through the ACP newsletter (which people can sign up to [here](#))

Funding opportunities

Kings Fund, Nuffield Trust visit

Meetings, reports, publications

Team news



Summary ACP Director Report

February 2020

2. Workstream Board updates and escalations

Workstream	Escalated Item	Action Required
Elective	No items forwarded for escalation	None
Urgent and Emergency Care	The UEC Board raised that there was a lack of clarity regarding the different roles taking forward the workforce agenda across SYB ICS and how that related to the Sheffield 'place' Workforce and OD group.	To Note
Ageing Well	All seven work streams have a project initiation plan; stakeholder and engagement maps and are in the process of establishing what data intelligence is required to underpin each project. Task and finish groups are commencing for the programmes of work and several workshops have been held (Care Homes, Care Planning, Early Help) to co-produce the programme or socialise plans with system partners. It was recognised that the following projects are established (intermediate care, diabetes, end of life care) and the Ageing Well Board are focusing on mobilising the rest of the projects to achieve a similar level of maturity.	To note

All Age Mental Health	<p>Development of the Sheffield Mental Health Strategy has been temporarily paused. This decision has been taken due to a number of fairly significant senior staffing changes that will occur over the next 3-4 months. This could potentially influence the strategic direction.</p> <p>Early discussions are also underway to look at development of a Strategy for Learning Disabilities as well as a separate all age autism strategy.</p>	<p>To note</p>
Primary care and PHM	<p>Positive progress with WSP which has been secured by the ICS for use across all areas.</p> <p>The Primary Care Board requests that the need for system wide approach to evaluation of projects/ programmes across the ACP is considered</p> <p>The Primary Care Board welcomed the workstream review, in particular the focus on reviewing programme capacity and resource to deliver the programmes as currently only the Neighbourhood group has dedicated (CCG funded) resource allocated to it.</p>	<p>To note</p> <p>For consideration</p> <p>To note</p>
Starting well (Children and Maternity)	<p>No items forwarded for escalation</p>	<p>None</p>
Workforce and OD	<p>The Board are applying to the HPFMA for the Cross Sector Working Award</p> <p>Concerns raised at the Workforce and OD Board about short term impact on the system of the new roles into primary care through the new DES Contract – more detail</p>	<p>To Note</p>

	<p>to be provided through a substantive item on EDG agenda Feb 2020</p> <p>Evaluation report from the first cohort of the Leading Sheffield Programme completed. The programme has evaluated very well and provides examples of how participants work cross organisationally after the programme.</p>	
Prevention	<p>Planning underway for a Prevention and Early help Workshop in June to bring together the work of the ACP Prevention Group, SCC Prevention Operational Group and potentially the Early Help Task and Finish group (tbc).</p> <p>In addition, a working group has been established to start shaping the ACES work for the city. First meeting took place 30th January 2020</p>	To note
Pharmacy Transformation	No items forwarded for escalation	None
Communications and Engagement	No items forwarded for escalation	None
Finance	No items forwarded for escalation	None
Digital	<p>Digital Board to provide an update to EDG at the February meeting.</p> <p>No additional items for escalation</p>	None