

**Sheffield Teaching Hospitals NHS Foundation Trust**

**Chief Executive's Briefing**

**Board of Directors – 28 April 2020**

**1. COVID-19 Gold Command Update**

The Trust is currently responding to the implications of the COVID-19 pandemic, 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 and presentation 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. Yorkshire and Humber Nightingale Hospital**

The Yorkshire and Humber Nightingale hospital is a regional facility which will support the resilience and capacity of critical care in Yorkshire and Humber by providing up to 497 additional beds. All beds will be capable of providing Level 3 critical care. Nightingale is intended to supplement Trust surge capacity and where possible patients will be treated in acute hospital settings.

Phase one, completed on 12 April, provides capacity for 236 beds and Phase two will provide an additional 261 beds. Staffing will be identified for 60 beds initially. Calls for volunteers from STH went out on 10 April, and those that have volunteered started induction on 15 and 16 April.

Each of the three Integrated Care Systems in Yorkshire has a nominated CEO lead. I am the lead CEO for Nightingale for South Yorkshire and Bassetlaw.

**4. Letter to Patients**

Dr David Hughes, Medical Director has written to patients regarding the NHS response to the COVID-19 outbreak, giving them re-assurance regarding their care and asking for their understanding during these difficult and challenging times. A copy of the letter is enclosed at Appendix B.

**5. Annual Cancer Meeting**

The Trust held its 6th Annual Cancer Meeting on the 6 March 2020 hosting over 100 guests and participants. The meeting covered a broad range of topics related to cancer services at STH including service development and multi-disciplinary team working with significant focus on research such as technological innovation and new treatments as well as patient quality and experience.

The new STH Cancer Executive (Associate Medical Director – Cancer, Trust Lead Cancer Nurse and Trust Cancer Manager) were given the opportunity to introduce themselves to the assembled teams and lay out their priorities for cancer services at STH. SYB ICS Cancer Alliance was in attendance and updated teams on a number of system developments underway across South Yorkshire and Bassetlaw.

In addition to the presentations there was an opportunity for teams to display and discuss posters, illustrating more of the research and innovation being undertaken at STH.

## **6. Non-COVID-19 Attendance**

A joint communication with GPs across the city has been issued reminding the public that we are 'still open for urgent care' and urging them not to be put off seeking help in an emergency or leave symptoms unchecked, as we have seen a decrease in the number of patients seeking care for heart attacks and strokes.

Doctors are concerned that because of the current COVID-19 outbreak people are waiting too long before seeking help when they have symptoms associated with life threatening conditions like heart attack, sepsis and stroke. We would urge anyone that needs help to not delay in seeking healthcare advice.

## **7. 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 C. This provides a summary update on the work of the SY&B ICS for the month of March 2020 including performance scorecards and the Command structure (Appendix 1).

As part of the pandemic response and incident control, NHS England has directed the NHS to secure healthcare for children and young people, including urgent and emergency surgery, cancer care, paediatric intensive care and the management of urgent and emergency medical care.

SY&B acute providers have responded to this direction by developing a plan to move paediatric emergency surgery for children up to 16 and some high dependency paediatric care for the SY&B hospitals and Chesterfield Royal into Sheffield Children's Hospital for the duration of the pandemic. This will take effect from 16 April.

## **8. Sheffield Accountable Care Partnership**

There is no overview of the programme activities for the Sheffield Accountable Care Partnership to share this month, as meetings have been postponed to ensure that all efforts are focused on addressing the urgent operational priorities caused by COVID-19.

Kirsten Major  
Chief Executive  
28 April 2020



Sheffield Teaching Hospitals  
NHS Foundation Trust

Dear Patient

You will already be aware of the current situation with regards to the COVID-19 virus and the rules currently imposed about social distancing. As part of the NHS response to the outbreak a number of our non-urgent services have been paused which means we cannot see you as quickly as we would normally expect. We hope you will understand that our priorities at this time are your safety and ensuring we can deliver care to those people who contract the virus.

Your clinical teams will review your clinical information throughout the coming weeks before making any decisions in terms of pausing your care. Please be assured that we will be in touch with you as soon as our services return to normal.

We appreciate that this is a difficult time and I apologise that your appointment or care is not going ahead in the timescale expected. If during this period you feel that your clinical condition is deteriorating, please contact NHS 111 if it is urgent or our Patient Booking Hub on 0114 2268648 if it is a general enquiry.

Many thanks for your understanding during this unprecedented time.

David Hughes  
Medical Director



CHIEF EXECUTIVE REPORT

April 2020

<b>Author(s)</b>	Andrew Cash, Chief Executive Officer		
<b>Sponsor</b>			
<b>Is your report for Approval / Consideration / Noting</b>			
For noting and discussion			
<b>Links to the STP (please tick)</b>			
<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		
<b>Are there any resource implications (including Financial, Staffing etc)?</b>			
N/A			
<b>Summary of key issues</b>			
This monthly paper from the Chief Executive of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) provides a summary update on the work of the SYB ICS for the month of March 2020.			
<b>Recommendations</b>			
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

## CHIEF EXECUTIVE REPORT

April 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 March 2020.

### 2. Summary update for activity during March 2020

#### 2.1 Coronavirus (Covid-19)

##### 2.1.1 The national and South Yorkshire and Bassetlaw position

There has been good preparation to cope with Covid-19 in all places and organisations in South Yorkshire and Bassetlaw (SYB). In primary care, GP practices have offered telephone and video consultations and seen suspected Covid-19 patients in specially designated areas or arranged to visit patients in their own homes. Community services have supported the discharge of patients and hospitals have built their critical care capacity while simultaneously managing urgent hospital work.

Yorkshire and Humber is approximately one to two weeks behind London but it looks like the peak for SYB may have been reached over the Easter weekend and demand is now beginning to flatten. All efforts to reduce physical contact and stop the spread of the infection seem to be having some effect. The coming weeks are crucial.

If things continue to improve, expectations are that there will be a peak in activity for hospitals towards the end of April and into May. But during this time the number of cases detected, admissions and death may still rise due to the nature of this disease. A continuance of physical distancing to stop the spread now seems inevitable and services in the community are having to prepare for further months of working with shielded vulnerable patients, and the complexity of caring for people that are in household isolation.

##### 2.1.2 Role of the ICS during Covid-19

The ICS has two key roles:

Supporting the local system command and control response to COVID-19

Leading on recovery and transformation, fast tracking innovative solutions in response to COVID-19

With agreement between ICS Leaders and the NHS England/Improvement Regional Director, a Strategic Health Coordinating Group (SHCG) has been established to help connect ICS health partners and the national incident response Chain of Command (see Appendix 1). A collaborative Incident Management Team (IMT) has been stood up to support the SHCG and a process of daily checkpoints with ICS Leadership put in place. It meets daily and the SHCG meets every Tuesday.

The purpose of the SHCG and IMT is:

- To ensure that partners and management leads have up to date information on the epidemic in SYB and its impact on healthcare
- To provide a forum for management leads to share, by exception, progress on their workstreams and to request support from other working groups
- To identify issues for escalation (to SHCG, Incident Control Centre or Local Resilience Forum)
- To discuss mutual aid across partners
- To co-ordinate the management response to the incident and the actions arising from the SHCG meetings.

The ICS transformation team is adapting to support local organisations and each transformation programme has undertaken a review of priorities that need to be accelerated, continued, slowed or stopped during the Covid-19 pandemic. This important work to refocus our transformation priorities will support and enable sustainable changes to new ways of working particularly using digital technology and innovative solutions in patient care and treatment that can be done at scale across our five places. We are using our innovation hub to engage and work with local industry partners and the SYB procurement team on solutions to increase PPE and other equipment for the front line.

Some examples of the accelerated priorities being undertaken by the ICS Transformation Programme Management Office to support the Covid-19 crisis include the use of the independent sector capacity and facilities; enabling equitable access to cancer treatments and other care pathways; at scale radical use of digital IT in primary care consultations; facilitating mutual aid across SYB partners to support continuity of services including temporarily reconfiguring some service pathways to ensure critical services are able to continue and increasing critical care capacity across the SYB footprint.

A regular transformation update will be provided to the SHCG and the HEG on the re-focussed ICS transformation agenda highlighting the support it is providing to super-charge and build on the innovative solutions that colleagues across the system are finding as a result of the crisis.

### **2.1.3 Cells**

At a national and regional level, nine cells have formed to respond quickly to issues. These include clinical advice, critical care, workforce, hospital care, procurement and logistics, finance and recovery, discharge, community care and social care, primary care and mental health and learning disabilities.

At an SYB level, Senior Responsible Officers have been aligned to the regional cells and are progressing key issues highlighted by the SHCG. These include: critical care capacity, primary and community care, mental health, hospital care and social care issues.

SYB partners are dealing with the immediate impact of Covid-19 and are also beginning to put plans in place for recovery and the slow and careful reintroduction of some health services that were paused at the onset of the pandemic.

## **3. 2019/20 End of year financial position and Covid-19 financial scheme**

The ICS is currently forecasting that it will achieve the system control total for 2019/20 but there is very little margin for error. The system is managing deficits against plan in the final quarter of the year with two trusts. This is being managed through over-performance in a number of other provider and commissioners. Once the 2019/20 system control total is achieved funding for

approximately £19m of Provider Sustainability Funding (PSF) and Financial Recovery Funding will be received.

### **3.1 Covid-19**

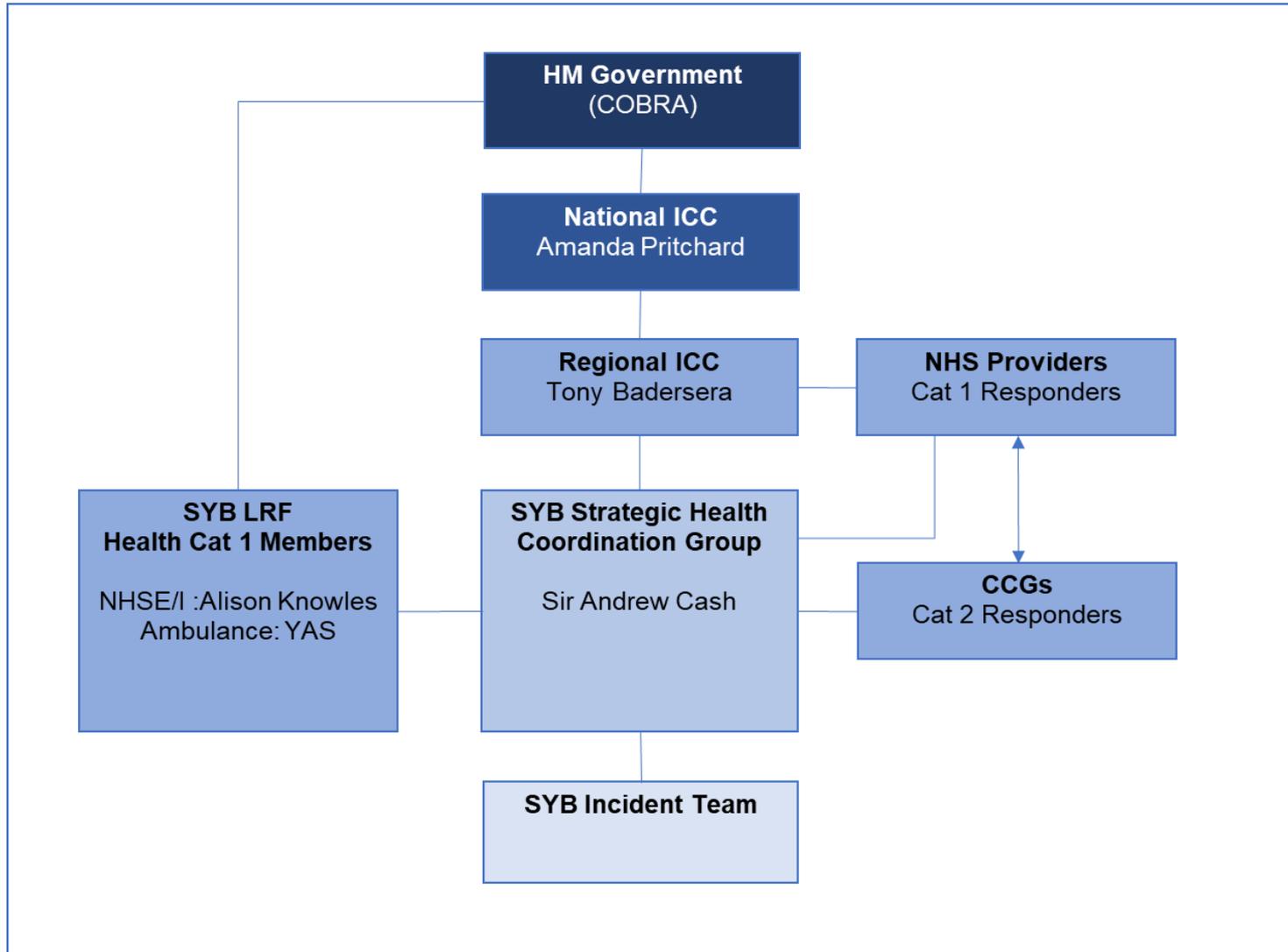
As a result of Covid-19, 'Payment by Results' has effectively been suspended for the period from 1 April to 31 July and replaced by block payments, top up payments and reimbursement of Covid-19 impacts. In addition, returns have been sent to providers and commissioners to capture revenue costs for 2019/20 and capital costs for 2019/20 and estimated capital costs for 2020/21. Capital costs less than £250k will be authorised by the region retrospectively subject to a reasonableness test. Capital costs greater than £250k require Regional Finance Director sign off. Further detail is still being worked up nationally particularly around the 2020/21 revenue reimbursement.

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

**Date 14 April 2020**

# 1. NHS Incident Command Structure

(Appendix 1)



## 2.2 Regional Command Cell and SYB Leadership Alignment

				SYB			
Regional IMT Cell		Regional SRO		SRO		Operational Lead	
Clinical Advice	Critical Care	Workforce	Hospital Care	1. Clinical Advice	David Black	Des Breen	
Finance, recovery, information, analytics	Procurement, Logisitcs	Discharge, community care, social care	Primary Care	2. Critical Care	David Black, Margaret Kitching	Des Breen	
				3. Workforce	Daniel Hartley	Kevan Taylor	
Ambulance, Patient Transport	Mental Health and LD			4. Hospital Care Cancer Pathology Services	Warren Brown	Idris Griffiths Lesley Smith Richard Parker	Alexandra Norrish Julia Jessop Sarah Bayliss
				5. Info, analytics, finance and recovery	Tim Savage	Jeremy Cook, Lisa Kell	
				6. Procurement	Robert Cornall	Paul Ralston	Andy Baker
				7. Discharge, community and social care	Margaret Kitching	Chris Edwards	Mandy Philbin
				8. Primary care	Alex Morton	Jackie Pederson	Karen Curran
				9. Ambulance service and patient transport	TBC	Brian Hughes	Rachel Gillot
				10. Mental health, LD and H&J	Robert Cornall	Kathryn Singh	Sarah Boul