

Sheffield Teaching Hospitals NHS Foundation Trust

Chief Executive's Briefing

Board of Directors – 26 July 2022

1. Covid-19 Update

Since the last Board meeting the Trust has made steady progress in developing our Getting Back on Track recovery plans. The last two months have still had periods of significant operational pressure, but the Trust remains focussed on safely providing urgent and emergency services and planned elective care. As the community prevalence of Covid-19 continues to impact, a verbal update will be provided in the meeting which will include an update on the most recent covid activity figures.

2. Integrated Performance Report

For the Integrated Performance Report (paper Dii), each Director will highlight the key issues for the Board of Directors for the reporting period of April and May 2022.

3. Research and Innovation Strategy

The value and importance of research and innovation in delivering high quality care and better outcomes for patients is well recognised and is one of the six key strategic aims in our Strategy. Hospitals that are research active deliver better care and have lower mortality rates than those that are not. The vital part that research and innovation played in the response of healthcare to the Covid-19 pandemic is self-evident. Looking to the future, the UK will diagnose, treat, cure and prevent a much wider range of disease than is currently possible through research and development activity.

We have a strong track record of excellence, hosting leading centres and programmes funded by the National Institute of Health Research, and working with our world-class universities. We wish to continue to forge strong partnerships both locally and nationally, across health and care and with universities, industry, patients and the public. We wish to maintain our position at the cutting edge of research and innovation, working at the limits of science but widening our opportunities and building further to ensure we create a research literate and curious culture, embedding this at the heart of everything we do to deliver the best quality care.

In consultation with staff at all levels and roles, a new Research and Innovation Strategy has been developed. This strategy is an enabler to our Corporate Strategy and is in alignment with the operational priorities of the Department of Health and Social Care. We are currently liaising with our key external collaborators including the Academic Health Science Network and Universities to ensure the aims and direction of travel are consistent with other drivers. This work should be completed over the Summer and early Autumn and the final outcome presented to the Board in November 2022.

Our future strategy has five pillars, which are focused on:

1. Capacity and capability building
2. Involving patients and the public
3. Working in partnership
4. Improving outcomes and care quality
5. Supporting a vibrant and sustainable economy

4. Shelford Group - Vice-Chair Arrangements

Following discussion with the Trust Chair and with her support I recently took the decision to step down as Vice-Chair of the Shelford group to enable a clear focus on the Trust's recovery plans. From 6 June 2022 Professor Dave Rosser, Chief Executive at University Hospitals Birmingham NHS Foundation Trust has taken up the Vice-Chair role. Roland Sinker, Chief Executive at Cambridge University Hospitals NHS Foundation Trust has also extended his term as Chair by six months, to April 2023. We look forward to welcoming Will Warburton, Managing Director (Shelford) to spend a day in the Trust in the near future.

5. South Yorkshire and Bassetlaw (SY&B) Cancer Alliance

I have recently been asked to chair the SY&B Cancer Alliance and following careful consideration, and in recognition of the importance of providing effective and high-quality cancer services across the region I have agreed to undertake this role.

6. Clinical Director - Urology

Mr Jake Patterson has been appointed as Clinical Director for Urology. Jake will take up the Clinical Director post from 12 September 2022. In addition to welcoming Jake, I would like to thank Mr David Smith for his contribution to Urology services during his time as Clinical Director.

7. Nurse Director – Medicine and Pharmacy Services (MAPS)

Having started as a Student Nurse in Sheffield in 1983 and worked in the hospitals in Sheffield for her entire career, Mrs Jane Hopkins, Nurse Director for Medicine and Pharmacy Services (MAPS) has announced she will be retiring at the end of October 2022. I would like to take this opportunity to thank Jane for her contribution over the years and wish her a long, happy and fulfilling retirement.

Sally Conlan, currently the Deputy Nurse Director with specific responsibility for the vaccine programme will be replacing Jane as the Nurse Director for MAPS.

8. Communications and Awards Update

- George Cross Presentation honouring NHS Staff – Amanda Pritchard, NHS Chief Executive and May Parsons, the nurse who delivered the world's first COVID-19 vaccination outside a clinical trial, received the George Cross on Tuesday 12 July 2022 on behalf of NHS colleagues in England. The award was presented by Her Majesty The Queen, accompanied by His Royal Highness The Prince of Wales
- Volunteers at Sheffield Teaching Hospitals NHS Foundation Trust have been awarded The Queen's Award for Voluntary Service which is the highest award a local voluntary group can receive in the UK and is equivalent to an MBE. The Award was designed to recognise outstanding work by local volunteer groups to benefit their communities. It has been awarded to Sheffield Hospitals Volunteers in recognition of the incredible support they provide to patients and staff but also for going above and beyond to support the COVID-19 vaccination programme.
- Thank You NHS Gala Ball – on 30 June 2022 Michael Harper (Operations Improvement Director) and I were delighted to attend the gala ball which was sponsored by City Taxis and in partnership with Sheffield Hospitals' Charity. Five awards were presented to NHS colleagues on the evening recognising the commitment, efforts and resilience of individuals and teams working at STH.

- Dr Phil Hammond Event – I was recently fortunate to place the winning bid for a comedy gig from Phil Hammond via an auction by the Health Service Journal, the proceeds of which go to support Ukraine. Dr Hammond has been an NHS doctor for over 30 years, but also a stand-up comedian for many years as well as being the medical correspondent for Private Eye. The comedy gig took place on 6 July 2022 at the Royal Hallamshire Hospital with ticket raffle proceeds going to Sheffield Hospitals' Charity. The evening was well received by those that attended.
- Two infectious diseases researchers at STH won an award for contribution to Covid-19 Research. Dr Thomas Darton and Dr Ruth Payne, who have led Covid-19 vaccine research at STH for the past two years, received the award at the National Institute for Health and Care Research (NIHR) Clinical Research Network (CRN) Yorkshire and Humber Research Awards.
- STH has become the first centre in the world to order the latest version of a cutting-edge machine for treating brain tumours and other brain conditions. The latest model of the Gamma Knife, called the Esprit, is due to be installed later this year at the Royal Hallamshire Hospital. The hospital is home to the National Centre for Stereotactic Radiosurgery which was the first and is the largest centre for gamma knife stereotactic radiosurgery in the UK.
- South Yorkshire and Bassetlaw Integrated Care System (ICS) have won Procurement Team of the Year Award at the Yorkshire and Humber Skills Development Network annual conference. The award went to all the procurement leaders and their teams from the NHS providers in the South Yorkshire and Bassetlaw ICS and the Clinical Commissioning Group's (CCG), recognising the joint working which has taken place across the constituent organisations.
- CFHealthHub, a digital learning health system developed by researchers at STH to transform care for patients with Cystic Fibrosis, has been announced as regional winner of The Future NHS Award for North East and Yorkshire at the NHS Parliamentary Awards.

9. ICB Partner Organisations – NHS South Yorkshire ICB

1 July 2022 marked the formal establishment of South Yorkshire Integrated Care Board (ICB), following the Royal Assent of the Health and Care Act. The ICB takes over the statutory responsibility for planning NHS services locally from four CCGs, which ceased to exist at the same time.

The ICB is a statutory NHS organisation, and it works alongside an Integrated Care *Partnership* (ICP) – a committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The ICP brings together a broad alliance of partners concerned with improving the care, health and wellbeing of the population.

We will continue to also work with our partners in Sheffield, through our *Sheffield Health and Care Partnership*; and with other acute providers in South Yorkshire, through the *South Yorkshire Acute Federation*. At Appendix A, a letter from the Chair (Pearse Butler) and Chief Executive (Gavin Boyle) of our ICB sets out further details of these changes. We will also be working closely with the new Place Director for Sheffield – Emma Latimer and her team. Emma also has executive responsibility for specialised commissioning and will also be the lead ICB Executive for the Cancer Alliance.

10. South Yorkshire and Bassetlaw (SY&B) Acute Federation Annual Report 2022/23

Please find attached at Appendix B the SY&B Acute Federation Annual Report. This covers a number of developments within our hospital networks and key programmes as well as some significant achievements that were accomplished together during the Covid-19 pandemic.

11. NHSE/I Provider Development Programme

On 16 May 2022 leaders from across the South Yorkshire and Bassetlaw Acute Federation organisations met virtually to reflect on how we can work more collaboratively around a shared purpose. The attached report at Appendix C provides a summary and analysis of the session out of which a number of recommendations have been made:

1. Develop a Communication and Engagement Plan
2. Develop an Acute Federation Clinical Strategy
3. Test some early opportunities
4. Secure Clinical Engagement and Leadership
5. Build a culture of collaboration at all levels
6. Put in place wiring that maximises collaboration
7. Secure effective resourcing
8. Develop an Enabling Services Strategy
9. Develop a Financial Strategy

These recommendations represent significant steps in the development of the Acute Federation. To progress the recommendations, the proposed next steps detailed in the reports are:

- Through the respective Chairs and Chief Executives, ensure all Trust Boards discuss this report at the same time, using this as a vehicle to engage their senior teams on their approach, risk appetite, and contribution to the Acute Federation.
- To take the work to date on Acute Federation core purpose, priorities, and development, to wider system partners, such as the ICB, places, etc. This gives a further opportunity to engage more widely, to seek feedback and build confidence across the wider system. This will need to be part of a wider communication and engagement plan.
- To prepare the next phase of the Acute Federation Development Plan to describe the 'how' on priority delivery and start to map resource availability to support the recommendations in this report.
- As part of the next phase of the Development Plan, and linked to the Development Framework, arrange a second Acute Federation Development Workshop with Board members and Clinical Leaders linked to the Acute federation clinical priority pathways. To be held early autumn 2022.
- Undertake an evaluation of the 16 May 2022 event in preparation for further events, to build on what went well and learn how further events might be improved in terms of process and content.

In presenting this paper today I would like the Board to reflect on the early steps taken to create a better Acute Federation. I am committed to working with partners across the system to improve the services we deliver for our patients and carers.

12. 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 D. This provides an update on the work of the SY&B health care partners for the month of May.

13. Sheffield Health and Care Partnership

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

South Yorkshire Integrated Care Board
 Management Office: 722 Prince of Wales
 Road
 Sheffield
 S9 4EU
 0114 305 1905

4 July 2022

Sent by email to: ICB Partner Organisations - NHS South Yorkshire ICB

Dear Colleagues

The implementation of the Health and Care Act 2022 marks a significant change in direction for the NHS. We are moving from an organisation based around the principles of competition and an internal market, to one of partnerships, collaboration, and the integration of services. The formal establishment of South Yorkshire ICB on 1 July is part of this change. It was marked by our first full Board meeting where we took over the statutory responsibility for planning NHS services locally, previously undertaken by Clinical Commissioning Groups. You can view a recording of our Board meeting [here](#).

Over the past few months, we have been working together to build on all the exceptional partnership working that has taken place in our area for many years developing the Integrated Care Board (ICB), Integrated Care Partnership (ICP), Place-based partnerships and provider collaboratives and alliances. We are confident that this work has put us in an excellent position to launch our new organisation and refresh our partnerships as we embark on the start the next phase of our journey in South Yorkshire together.

We thought it would be helpful to take the opportunity to once again to summarise the roles and relationships within the South Yorkshire Integrated Care System (ICS), including the Integrated Care Partnership (ICS), Integrated Care Board (ICB), Place-based partnerships, and provider collaboratives.

The Integrated Care System (ICS) is a partnership made up of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area by:

- **Improving outcomes** in population health and healthcare
- **tackling inequalities** in outcomes, experience and access
- enhancing **productivity and value for money**
- helping the NHS support broader **social and economic development**.

The ICS includes:

- The **Integrated Care Partnership (ICP)** is a statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The ICP brings together a broad alliance of partners concerned with improving the care, health and wellbeing of the population. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area.
- An **Integrated Care Board (ICB)** is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. With the establishment of ICBs, clinical commissioning groups (CCGs) have been abolished.
- Within each ICS, **place-based partnerships** lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers, and representatives and other community partners with a role in supporting the health and

wellbeing of the population. There are four Place areas in South Yorkshire: Barnsley, Doncaster, Rotherham, and Sheffield. Partners should continue to work with us and our colleagues as they have in recent months, as your local place-based and system contacts will not be changing at this time.

- **Provider collaboratives** and alliances will bring providers together to achieve the benefits of working at scale across multiple places and one or more ICS, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

You can find out more about South Yorkshire ICB on our [website](#), which includes our constitution, information about our executives, non-executives and partner members, our governance arrangements and mechanisms and our organisational priorities.

We would like to thank all the organisations, partners and colleagues who've worked with us to establish the new organisation and we look forward to continuing working with you towards improving outcomes and tackling inequalities for our population.

Yours sincerely



Pearse Butler
Chair
NHS South Yorkshire Integrated Care Board



Gavin Boyle
CEO
NHS South Yorkshire Integrated Care Board

Twitter: @NHSSYICB
Instagram: @nhssyicb
Facebook: @NHSSouthYorkshireICB



South Yorkshire & Bassetlaw
Acute Federation

Annual Report

2021/22



Barnsley Hospital
NHS Foundation Trust

Sheffield Teaching
Hospitals
NHS Foundation Trust

Sheffield Children's
NHS Foundation Trust

Doncaster & Bassetlaw
Teaching Hospitals
NHS Foundation Trust

The Rotherham
NHS Foundation Trust

Lead Chair and Lead Chief Executive's Statement



We are pleased to share with you the first Annual Report of the South Yorkshire and Bassetlaw (SYB) Acute Federation. We are a collaboration of the Acute Trusts across SYB and our aim is that, by working more effectively together, we can improve clinical standards and the care outcomes for our patients, as well as making our organisations better places to work.

In the last twelve months the Acute Federation has overseen a range of improvements, examples of which are described herein. We have also worked together to respond to the additional challenges and pressures imposed by Covid-19. Our staff across the whole of South Yorkshire & Bassetlaw have been amazing and we want to take this opportunity to thank them for their hard work and dedication at such a difficult time. The spirit of collaboration that we have witnessed between our organisations throughout the pandemic demonstrates the positive benefits of working together.

Overall, as we reflect upon 2021/22, we believe it is clear that our achievements as an Acute Federation have been significant. This is a testament to the commitment of our teams and speaks volumes for the willingness to make improvements through the innovation and new thinking which we can count on from our colleagues.

We would like to thank our colleagues at Barnsley Hospital, Doncaster and Bassetlaw Teaching Hospitals, Rotherham Hospital, Sheffield Children's Hospital and Sheffield Teaching Hospitals and everyone else who has worked with us over the past year. Their positive support has been overwhelming and has contributed to what has been a successful, as well as challenging, year for the Federation.

As we look towards some new goals for 2022/23, we are assured in the knowledge that the dedication and support of our colleagues will assist us in unlocking new achievements for the next 12 months and beyond.

We have an exciting year ahead as our Acute Federation is set to undergo a period of significant development. We are looking forward to closer integrated working across our partners as we support each other to recover from the COVID 19 pandemic and continue to develop new ways of collaborative working for the future.

A handwritten signature in black ink, reading 'M Havenhand', enclosed in a blue rectangular box.

Martin Havenhand
Lead Chair

A handwritten signature in black ink, reading 'R Parker', enclosed in a blue rectangular box.

Richard Parker OBE
Lead Chief Executive

Our Chief Executives and Chairs

At the South Yorkshire and Bassetlaw Acute Federation we are supported by the Chairs and Chief Executives of our Hospital Trusts.



Dr Richard Jenkins, Chief Executive



Sheena McDonnell, Chair

NHS
Barnsley Hospital
NHS Foundation Trust



Dr Richard Jenkins, Chief Executive



Martin Havenhand, Chair

NHS
The Rotherham
NHS Foundation Trust



Richard Parker OBE, Chief Executive



Suzy Brain England OBE, Chair

NHS
Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust



Kirsten Major, Chief Executive



Annette Laban, Chair

NHS
Sheffield Teaching Hospitals
NHS Foundation Trust



Ruth Brown, Chief Executive



Sarah Jones, Chair

NHS
Sheffield Children's
NHS Foundation Trust

Who we are and what we do

In South Yorkshire and Bassetlaw (SYB), our hospitals have been working together for a number of years to improve clinical standards and care outcomes for our patients. We have also been striving to make our organisations better places to work.

Since 2013 the trusts have worked together delivering projects to improve patient care by looking across organisational boundaries.

Following a detailed review of five challenged hospital services, our hosted clinical networks were established to enable us to deliver improvements. The networks focussed on Urgent and Emergency Care, Maternity, Paediatrics, Stroke and Gastroenterology.

They work in three ways:

- Level 1 - A focus on shared approaches to workforce, clinical standards and innovation
- Level 2 - To involve a higher level of sharing resources across the system
- Level 3 - A closer relationship, with one Trust providing or supporting services on another Trust's site(s)

An overview of our activity within our Networks

Stroke:

In the last 12 months, the network has developed an SYB Stroke Survivor and Carer Panel to listen and learn from those with lived experience of stroke.

There has been a regional implementation and expansion of stroke artificial intelligence which is supporting various aspects of stroke care, including detection and monitoring to aid diagnosis and decision making.

Trusts have also collaborated on the development and delivery of a new SYB Stroke Telemedicine system to allow those with advanced training in treating strokes to treat people in another location. This will support 24/7 thrombolysis treatment across our sites, giving patients the best chance of recovery and significantly improving patient outcomes.



Key priority:

Our focus next year will be on Urgent Diagnosis & Treatment, Needs-based Stroke Rehabilitation, and Stroke prevention. In particular, we want to identify those most at risk and reduce health inequalities by raising awareness within those population groups.

From April 2022 we will have extended access to Mechanical Thrombectomy services which will give more patients vital access to this life saving treatment.

Gastroenterology:

Significant achievements have been made within the Gastroenterology network by sharing best practice and enabling mutual aid working between the service sites to support delivery of clinical care.

As a result, there has been a significant reduction in patient waiting lists at Barnsley, Rotherham and Doncaster & Bassetlaw, with all three trusts expecting to have all new referrals seen within six weeks by the end of April 2022.

The network also developed a system-wide, out-of-hours Gastrointestinal bleed rota which enables all trust sites to have access to specialist expertise and appropriately trained staff in the event of a patient suffering such a bleed. This improves patient safety and ensures that services can offer endoscopy to patients 24/7 if required.



Key priority:

Going forward, we will look how further mutual aid working and sharing of our staff resources across the system can help us respond to increasing demand. A focus will also be placed on making our system resilient to avoid bottle necks within our services due to unavailability of staff.

Maternity:

Our maternity network has been listening to the needs of our service users across South Yorkshire and Bassetlaw with a special focus on seldom heard from groups. They have recruited a Service User Voice lead to ensure that improvement works are informed by the needs of our patients and their families.

In 2021/22, many quality improvements have been made including, winning funding to develop a new maternity digital strategy and a project implementing continuous glucose monitoring for pregnant women with Type 1 diabetes was established to encourage optimal glucose control for this high-risk group. This has significantly improved obstetric and neonatal health outcomes. The project has been expanded in February 2022 to offer this monitoring to those with Type 2 or gestational diabetes.



Key priority:

Anticipating further requirements of our maternity services across our Trusts, we will need to consider the additional recommendations for change made in the second Ockenden report. Scrutiny on maternity services is likely to continue for some time with a number of additional enquiries due to be published in the coming year but we have no doubt that our teams will respond effectively to any recommendations made.

Paediatrics:

Following a soft launch in January 2021, the South Yorkshire and Bassetlaw Healthier Together website was revamped to provide better information for patients and their families. User numbers have gone from around 100 visitors a week to now well over 1,000. By having accurate information on which to base clinical decisions, the right children are seen at the right time, in the right place.

During the height of the Covid-19 pandemic in 2020, the Acute Federation supported an Emergency Surgery pathway which provided children with access to emergency surgery at Sheffield Children's Hospital. This allowed our other hospitals to focus on treating the high volumes of unwell adults with Covid-19. This pathway was stepped up again in April 2021 to support Doncaster and Bassetlaw Teaching Hospitals following a major incident at the Doncaster site.

The SYB Children & Young People Alliance has been established focussing on enhancing life outcomes, reducing health inequalities and tackling wider issues which impact the health of children. Over 200 professionals from across the region are now involved.



Key priority:

During the next 12 months, as well as focussing on asthma, diabetes and epilepsy, we will be improving services for Children & Young People with obesity. Obesity can severely impact a child's longterm health, so we are working across the region to support healthy weight management programmes in schools. We also want to improve support services for young people who access emergency care services due to violence by working on a pilot Violence Reduction Navigators programme.

Urgent and Emergency Care:

Within our Emergency Departments across SYB, a new tool (EDDI) has been implemented so that the NHS 111 service can book patients into ED.

The network has also begun the roll out of the Streaming and Re-direction digital App to the front doors of Emergency Departments so that patients who self-present can use the tool, if demand appropriate, and can be streamed to alternative hospitals for their urgent care needs.

This system is currently live at Doncaster Royal Infirmary and Bassetlaw Hospital.



Key priority:

Streaming and redirection across the rest of SYB will be a key priority for the coming year as well as improving access to Same Day Emergency Care to reduce pressure on emergency departments.

Other key programmes

Outside of our hosted networks, the Acute Federation has made significant strides in a number of other areas and work programmes geared towards improving services for patients and reducing workforce pressures.

Pathology:

In line with national guidance, we are considering how we can consolidate our Pathology services to ensure future resilience and to enable us to invest in the leading-edge technologies.

Under the appointment of the SYB Pathology Clinical Director and Operational Director, the network has successfully won £654k to fund this work over the next two years, and has received capital funding for the implementation of a single Laboratory Information System (£510K) and a digital pathology system (£218K) for the region.



Key priority:

In the coming 12 months, a full Business Case will be developed and all those in the existing services across our hospitals will be engaged in how to best develop the service of the future.

Imaging:

In Imaging, we have successfully completed recruitment of two cohorts of Reporting Radiographers through the South Yorkshire and Bassetlaw Imaging Academy. These new recruits are already helping to reduce the strain on imaging workforces and enabling timely diagnosis of patients at hospitals within the federation.

The imaging workstream has also secured funding for iRefer at two places, a clinical decision support tool which will provide referring clinicians with evidence-based advice on the best imaging tests or investigations to request when referring a patient to imaging services.

Our Imaging function supported operational delivery of services throughout 2021/22 by accessing and distributing central resources for mobile and static capacity.



Key priority:

A key priority for us is addressing workforce challenges in ultrasound and plain film X-Ray with new models of delivery, working with the South Yorkshire and Bassetlaw Imaging Academy and undertaking a detailed capacity and demand review, supported by the NHS England/Improvement Elective Intensive Support Team.

Community Diagnostic Centres:

The Community Diagnostic Centres (CDC) programme has welcomed significant achievements in the last twelve months with the securing of £3 million in funding for two CDC centres in Barnsley and Mexborough.

The new sites, which completed phase one of development back in February, will help to speed up diagnostic tests for patients in the area with suspected conditions such as cancer.

We have engaged all system partners in CDC planning for Year 2 and beyond, in order to ensure that we maximise the potential benefit from the National CDC Programme for SYB to aid recovery and enable us to meet the anticipated future growth in diagnostic demand.



Key priority:

We are expecting a substantial growth in diagnostic demand and so we are working with partners across the region to develop a system wide approach. This will require us to secure external funding, identify the right solutions and develop the workforce of the future.

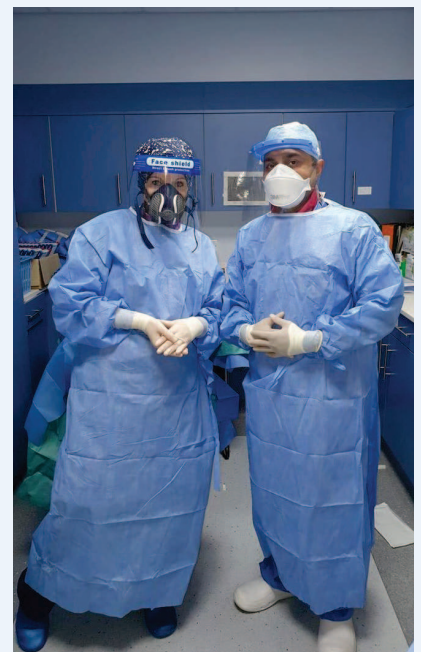
Procurement:

In 2021/22, with the challenges of the pandemic, our Procurement function ensured stability of supply across our hospitals. A resilience group was established to achieve this with mutual aid and joint working in place.

We also established the Integrated Care System (ICS) Procurement Collaborative with other partners.

Joint working between organisations is progressing with an 88.21% participation rate in collaborative working during 2021/2022. This achieved £0.6m of realised savings. A plan to deliver £2.3m of savings during 22/23 is underway with scope for this to increase.

During 21/22 each organisation adopted a joint e-Tendering platform called Atamis, better enabling collaborative working, data sharing and work planning.



Key priority:

With procurement teams working together, we can save money, improve quality and reinvest these benefits into other services. Our aim is to provide the best social value to the population of South Yorkshire and Bassetlaw.

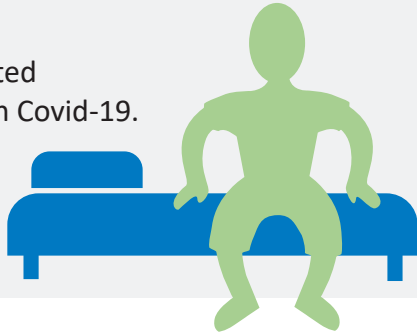
Working Together to Tackle Covid-19

Covid-19 was an enormous challenge for each and everyone of us. Through collaboration, we faced these unprecedented challenges together and provided the best care possible for the people of South Yorkshire & Bassetlaw.

Together we treated

25,591

patients admitted
to hospital with Covid-19.



397

Children were transferred
to Sheffield Children's for
their emergency surgery,
helping our other
hospitals to focus on the
care of unwell adults.



At Sheffield Children's alone,

3,549,327.12

travel miles were saved due to virtual
appointments which equates to

96.26 tonnes of CO2



>96%

Of our hospital workers received the first dose
of the Covid-19 vaccine at all of our hospitals.
More than 93% also took up the second dose
and 86% have received the booster.

20,783

People were discharged
home following
successful treatment
for Covid-19

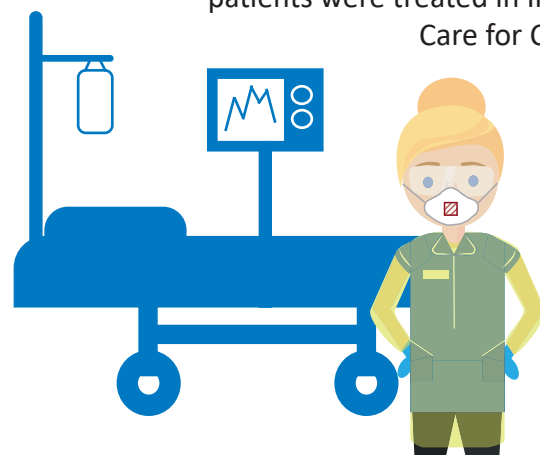


Our regional Embrace
transport service helped
with the transfer of very
ill patients from the Mid-
lands to specialist beds in
South Yorkshire.



1,000

patients were treated in Intensive
Care for Covid-19
*

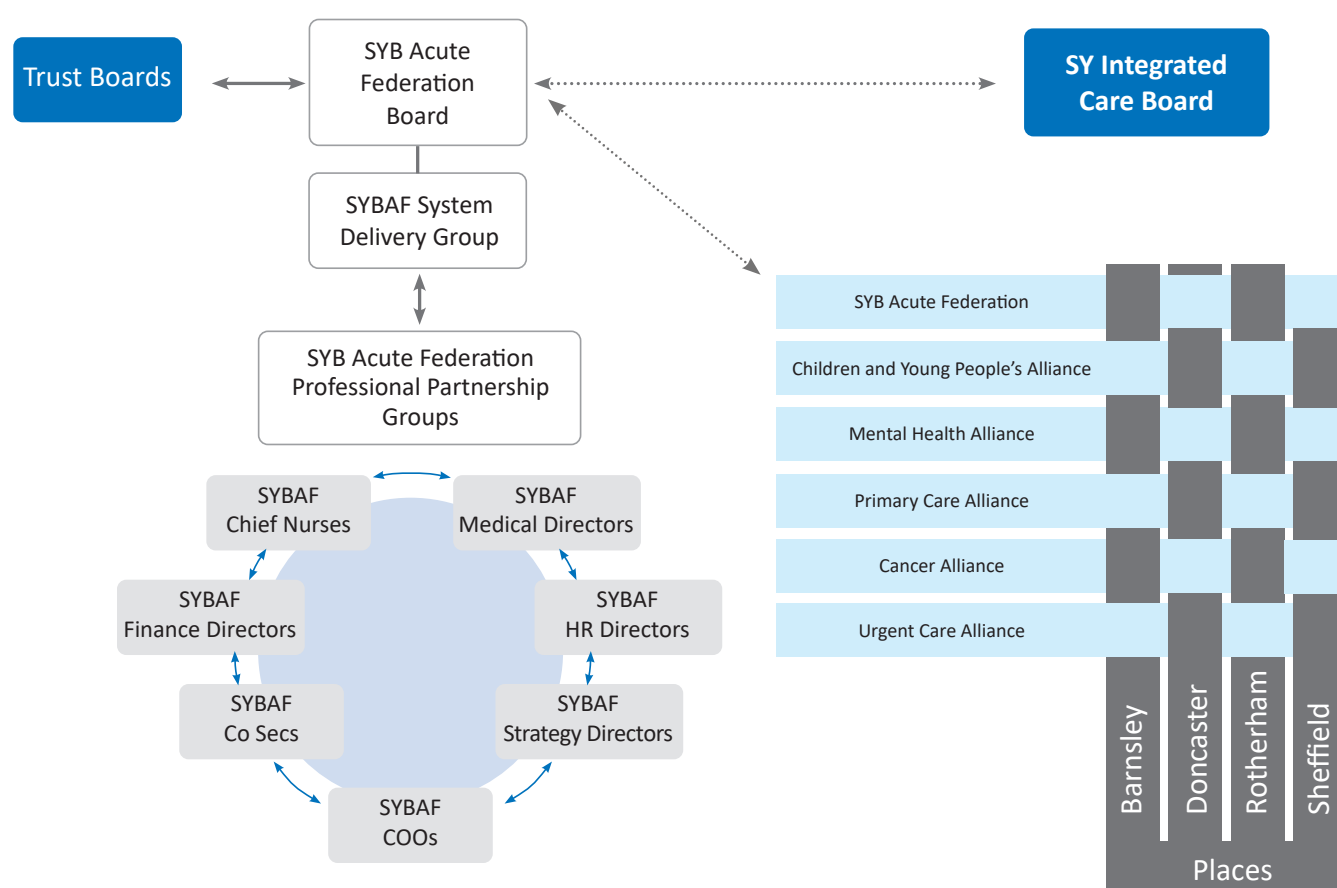


*excluding
Rotherham and
Sheffield Teaching
Hospitals who
don't report this
data.

A look forward to 2022/23

As we take pride reflecting on the last twelve months, we find the Acute Federation at the forefront of integrated working across SYB. We are also working with colleagues nationally to influence policy and guidance.

As a Provider Collaborative, the SYB Acute Federation will transition from operating in shadow form to operating under a Board with an effective governance structure which is integrated into our organisations. The South Yorkshire and Bassetlaw Acute Federation has a clear ambition to be a high performing and successful Acute Federation within a high performing Integrated Care System. To support us with these new ambitions, we will be introducing a new governance structure from April 2022.



This new governance structure, alongside the appointment of a substantive Managing Director, will give the Acute Federation the capacity and expertise to expedite its responsibilities and to be held accountable for its delivery.

As a maturing Acute Federation, we need to focus on creating capacity and space to develop our priorities for 22/23 and beyond. This will need to have sufficient breadth to start to consider a full spectrum of our responsibilities from resolving operational & staffing issues through to understanding the impact on health inequalities across our shared population.

Post-Covid, we know that we will need to place significant focus on elective recovery and reducing elective surgery wait times across our services. There is already a wealth of innovative new service models being applied in our hospital Trusts and we will need to look at how we can use our networks and resources to deliver these, or similar models, in other areas to help return our waiting lists to pre-covid levels. In addition to this we really need to consider how as Acute providers, the Acute Federation can support our ICB to make a real impact in the reduction of health inequalities.

Glossary of terms

- CDC - Community Diagnostic Centre
- CO Secs- Company Secretaries
- EDDI – Emergency Department Digital Integration
- HR – Human Resources
- ICS - Integrated Care System
- SYB - South Yorkshire and Bassetlaw



South Yorkshire & Bassetlaw
Acute Federation

South Yorkshire and Bassetlaw
Acute Federation
Report from the Key Leaders
Development Workshop
held on
16th May 2022

Executive Summary

The South Yorkshire and Bassetlaw Acute Federation Board is undertaking a systematic and inclusive development programme, engaging all Trust Boards and Clinical Transformation Leaders. The Development Programme is based on an evidence-based leadership development model already in place through NHS England and NHS Improvement that has been used effectively in several areas. On 16th May 2022 over 60 non-executive and executive leaders from the five member Trusts attended a half day development session to reflect on how they can work more collaboratively around a shared purpose. The workshop was based around responses received from a pre-event confidential questionnaire sent to all Executive and Non-Executive Board members in all partner trusts and discussion was captured from breakout sessions based around the following questions:

- In the response to the survey, what has surprised or stood out for you?
- What do you think the challenges will be in progressing collaborative working across the Acute Federation?
- What would 'good' effective collaboration look like?
- What are the strengths that we can build on?
- What are the barriers and how can we address them?
- What actionable strategies do we need to work on in the next 3 months to help achieve effective collaboration?

An analysis of the responses to the questionnaire, and the feedback from the breakout sessions in the workshop, has been undertaken. As a result, the following recommendations have been made to support the next phase of the South Yorkshire and Bassetlaw Acute Federation development:

1. Develop a Communication and Engagement Plan
2. Develop an Acute Federation Clinical Strategy
3. Test some early opportunities
4. Secure Clinical Engagement and Leadership
5. Build a culture of collaboration at all levels
6. Put in place wiring that maximises collaboration
7. Secure effective resourcing
8. Develop an Enabling Services Strategy
9. Develop a Financial Strategy

These recommendations represent significant steps in the development of the Acute Federation. To progress the recommendations, the proposed next steps are:

- To provide this report to the Acute Federation Board on 6th June 2022 for discussion and agreement of the recommendations.
- Through the respective Chairs and Chief Executives, ensure all Trust Boards discuss this report at the same time, using this as a vehicle to engage their senior teams on their approach, risk appetite, and contribution to the Acute Federation. This may need independent facilitation.
- To take the work to date on Acute Federation core purpose, priorities, and development, to wider system partners, such as the ICB, places, etc. This gives a

further opportunity to engage more widely, to seek feedback and build confidence across the wider system. This will need to be part of a wider communication and engagement plan.

- To prepare the next phase of the Acute Federation Development Plan to describe the 'how' on priority delivery and start to map resource availability to support the recommendations in this report.
- As part of the next phase of the Development Plan, and linked to the Development Framework, arrange a second Acute Federation Development Workshop with Board members and Clinical Leaders linked to the Acute federation clinical priority pathways. To be held early autumn 2022.
- Undertake an evaluation of the 16th May 2022 event in preparation for further events, to build on what went well and learn how further events might be improved in terms of process and content.

1.0. Introduction

The South Yorkshire and Bassetlaw Acute Federation Board is undertaking a systematic and inclusive development programme, engaging all Trust Boards and Clinical Transformation Leaders. This will help to support the Acute Federation in its response to the triple aim of the Health and Care Act 2022, where, both individually and collectively organisations must consider the effects of their decisions on:

- the health and wellbeing of the local population
- the quality of services provided or arranged by both themselves and other relevant bodies
- the sustainable and efficient use of resources by both themselves and other relevant bodies

The Development Programme is based on an evidence-based leadership development model already in place through NHS England and NHS Improvement that has been used effectively in several areas. This is a 'framework for reflection and action' that seeks views on the current position and working relationships of the Acute Federation to help inform further development needs. The Programme, a national test bed for this approach, is subject to academic evaluation.

On 16th May 2022 over 60 non-executive and executive leaders from the five member Trusts attended a half day development session to reflect on how they can work more collaboratively around a shared purpose. The session focussed on sharing people's understanding of the work of the Acute Federation and giving time to reflect on how collaborative working across organisations can be strengthened and how any obstacles and barriers to this can be overcome. The session was facilitated by the NHS England and NHS Improvement North Provider Collaboration Development Team and the National Improvement Team.

The purpose of this report is to provide an overview of the session, identify the emerging themes for the Acute Federation to consider and include in development and delivery plans, supporting achievement of their key strategic objectives.

This report is supported by a full suite of appendices giving the detail gathered from the pre-event questionnaire and discussions over the session.

2.0. Background

The acute providers in South Yorkshire and Bassetlaw have a long history of working together, over many years. This started with the Better Together programme in 2013 and the SYB Acute Federation, in its current format was established in 2016 to enable all acute provider trusts to work in collaboration on key strategic issues pertinent to all members and to work collectively within the overall South Yorkshire and Bassetlaw health and care system. This was supported through a Committees in Common agreement which underlined the commitment to working together. A new governance architecture was supported by all Trust Boards in January 22 which re constituted the committees in common meeting into a more focussed board. This is supported by a System Delivery Group made up of Chief Executives and identified Executive Directors who represent a cross section of professional executive roles and their Trusts. This is further supported by several Professional Partnership Groups for respective executive director functions. Significant work has taken

place to develop the function and form of Acute Federation and its supporting infrastructure. The Acute Federation have agreed a core shared purpose with six strategic priorities. This is supported by agreed delivery objectives for 2022/23.

One of the priorities for the Acute Federation is to put in place a development programme to support their collective ambition.

There are five stages within the development model, moving through a structured approach to understand the purpose of the Acute Federation, the sharing of that purpose, identifying what needs to be done to achieve it and then looking at how delivery objective can be achieved, and success measured. All stages are flexibly designed and delivered to fit the specific needs of the Acute Federation. They support the development of the three domains of the Provider Collaborative Development Matrix (which was designed by the team supporting development of Provider Collaboratives across the North of England and expected to be adopted as the national standard):

1. Ambition and vision:	2. System Leadership:	3. Infrastructure and systems:
Looking at: <ul style="list-style-type: none"> • Vision • Purpose • Outcomes • ICS alignment 	Looking at: <ul style="list-style-type: none"> • Culture • Style • Relationships • Behaviours 	Looking at: <ul style="list-style-type: none"> • Structures • Governance • Financial Frameworks • Risk • Data

The development session on 16th May was to start the first conversation with wider executive and non-executive leadership teams, from all constituent organisations, about the purpose and key strategic priorities that PCB have been developing. Appendix 1 includes the slide deck used throughout the session and appendix 2 lists those in attendance.

The aim of the session was to:

- Share perspectives on progress so far in the development of the Provider Collaborative
- To share ideas and experience of:
 - What ‘good’ effective collaboration looks like?
 - What are the strengths of the SYB Acute Federation that we can build on?
 - What are the barriers to effective collaboration and how can we address them?
- To identify actionable strategies to work on in the next 3 months to help achieve effective collaboration for the benefits of the local population and staff?

Over 85 invitations were issued to attend the session and approximately 64 people attended, an attendance rate of around 77%. During a period of immense operational pressure, to achieve such an attendance rate is an indicator of the local commitment to supporting successful collaboration.

3.0. Key Issues

To achieve the aims of the development session, bespoke content was designed and delivered to help the Acute Federation understand their next steps across all three areas of the matrix identified above. This content was built around responses to specific questions posed to all executive and non-executive directors in all partner trusts.

3.1. The Questionnaire

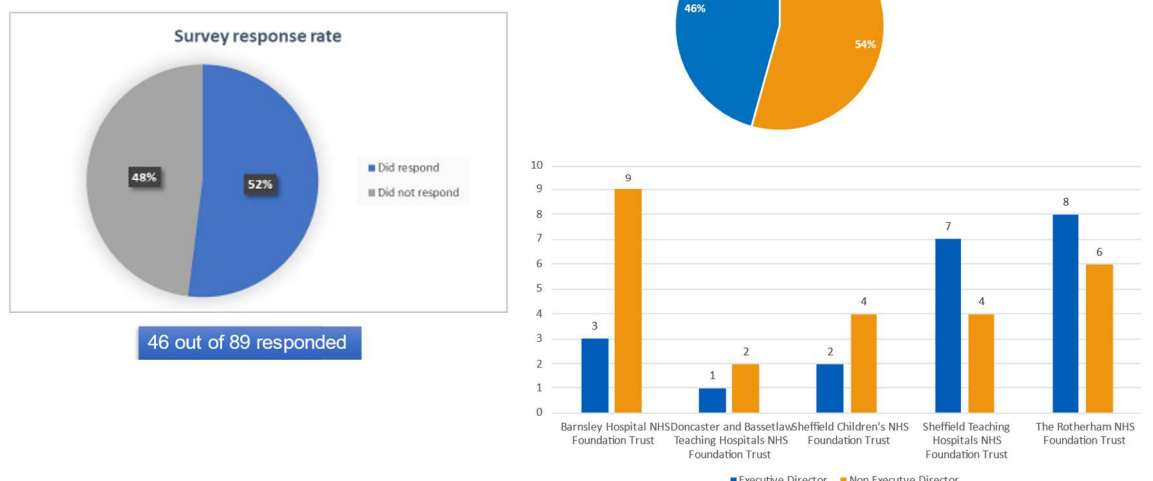
A questionnaire was sent out to 89 Non-Executive and Executive Directors to seek their perspective on the Acute Federation. This consisted of 13 key questions with the opportunity to provide supporting narrative. Respondents were asked to indicate the degree of maturity of the Acute Federation against the three domains of the Provider Collaborative Development Matrix, with five options to choose from:

- Don't know
- Emerging - we have just begun the journey to working together in partnership
- Developing - we have set up the foundations needed for the partnership
- Maturing - we have the right components in place to be effective in delivery
- Thriving - we seek to go beyond the minimum

The questionnaire is attached in full at appendix 3.

3.2. Responses to the questionnaire

Survey response rate



There were 46 responses to the questionnaire, a response rate of 52%. Of the 46 respondents, 46% were executive directors and 54% were non-executive directors. Total responses received by organisation ranged from 3 to 14 returns. Not everyone who responded added narrative comments. As such the rationale for some responses is not fully understood although the breakout spaces in the workshop gave opportunity for people to express their views and have them captured in breakout notes. In addition, we don't know the opinions of those who did not respond to the questionnaire. Again, the breakout spaces

gave opportunity for those individuals to contribute through shared discussions. The detailed questionnaire responses are attached in full at appendix 4. A summary is presented below:

3.2.1. There were four questions in the section related to the ambition and vision of the Acute Federation with responses as follows:

Ambition and Vision

At the highest level of definition, it appears the ICS and AF vision aspirations are aligned. The proposed AF governance architecture makes sense, but we appear to be some way from having the right 'components' in place.

I am not sure I could explain it to others and how it relates to ICS, place, other collaboratives etc

Unclear on priorities and ways of working.

Clear definition of accountabilities is not mature yet.

I only have an overall view of the purpose and objectives of the Acute Federation and its positioning in the ICS and engagement with its members.



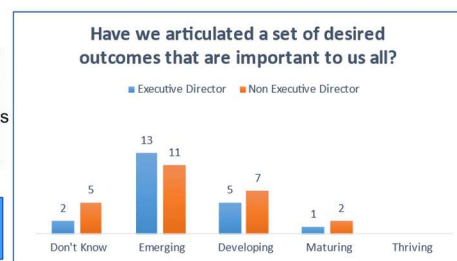
It would be positive to have a joint Away Day with all members of the AF in future, to build some of the softer benefits that the collaborative should be generating

I am aware of the Acute Federation and our involvement but it is not at a detailed level as personally no direct involvement



We need a clinical strategy which makes clear how patients benefit and sustain about achieved from integrating clinical work across organisational boundaries

I am keen to understand how the partnership interfaces with Place, other Collaboratives and the ICS. I would be keen to work through a specific example (funding flows, patient pathway etc)



We have some good foundations from some of the clinical networks, but need now to set measurable ambitions for the future.

I wouldn't be able to articulate them if they are out there.

I think there is a risk of everyone creating a 'strategy' but those strategies are just one part of the overall jigsaw. I'm not clear at the moment what the picture will look like on the front of the jigsaw box. Obviously this has to focus around our patients and communities but at the moment I would be struggling to articulate this.

I do not think we have yet defined the difference between what we do for the ICS, what we do for the Acute Fed, what we do at Place and what we do for ourselves.

No, not actively



Too early to say what the ICB will be like a force for good or micromanagement of performance and money?.

It feels like we are more "done to".

Most respondents in this domain felt that the Acute Federation was either 'emerging' or 'developing' with non-executive directors being more positive in their view on the stage of maturity in this domain.

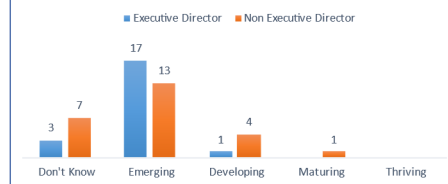
3.2.2. There were four questions in the section related to system leadership in the Acute Federation with responses as follows:

System Leadership

At the moment we don't learn from each other effectively, and although we are sharing more, the culture and approach is still in its infancy.

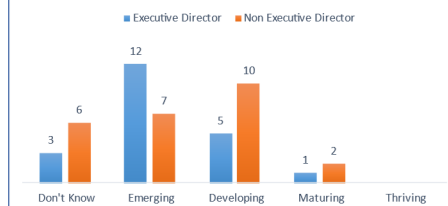
Doubt most staff are aware of the Acute Federation.

Do we have a shared learning and improvement culture to encourage engagement of staff and citizens?



The cultural shift needed to enable staff to feel they 'belong' to their home organisation and the Acute Federation is significant. Frankly, it's far more important to encourage the promotion of teamwork, best practice etc than worrying too much about a 'belonging' factor. Multi-organisation project team work, having a shared aspiration for delivery, works wonders in developing what you're aiming to achieve here.

Do we have a collaborative and inclusive multi-professional leadership?



I think there is a great need to invest more in developing clinical leadership. There is a gap between corporate financial, regulatory standards, partnership working and specialty clinical leaders.

I think the setup of the Strategic Development Forum is really positive and sets us up well.

System Leadership

Still feels territorial at times.

Are we confident that we represent each other as trusted partners within the Acute Federation?



This will only be tested as we approach key decisions.

So far this has all been positive from my experience. However, there are many instances outside of the AF meetings themselves when I think we should remind ourselves and each other of our collective goals and objectives, and ensure that we are continuing to act in the best way for the wider system, even when that is harder than other options. We need to keep challenging each other to do that.

Do we demonstrate agreed values and behaviours consistently and at all levels within the Acute Federation?



People revert to silos on many matters - money, workforce recruitment and pay, strategy. We need a single agreed plan against which we can hold each other to account.

I don't think we have agreed values and behaviours.

Most respondents in this domain felt that the Acute Federation was 'emerging' with a smaller number suggesting a 'developing' level of maturity. However, in terms of the final question in this domain concerned with demonstrating agreed values and behaviours within the Acute Federation over 30% of respondents said that they 'didn't know'. This was one of the highest 'don't know' responses.

3.2.3. There were five questions in the section related to infrastructure and enablers in the Acute Federation with responses as follows:

Infrastructure and enablers



No, separate models almost individualistic to providers.

I don't think this is in place yet. But I think we'll get there! Not yet clear how the ICB development will affect the AF operating model etc.



The ambition is there but needs to materialise.

Evidence of such collaborative working largely between Rotherham and Barnsley though occasional support offered by Trusts in times of pressure. Sheffield seems to be the least collegiate partner

There was evidence of mutual aid in COVID but every organisation is under pressure and when the going is tough, people put their organisation first.



This is an area where we are quite weak at the moment. BUT, the work we are now doing to enable greater transparency, visibility of performance etc, will support that ambition.

Infrastructure and enablers



They are firmly in individual Trusts.

No. Much more work required to agree a shared understanding.



There is an agreed governance model but we need an operational delivery plan.

Don't get bogged down in governance do something that benefits patients.

I'm not sure we've reached the emerging level yet.

I believe a lot of work has been done on ability to share patient level data but operational budgets are opaque.



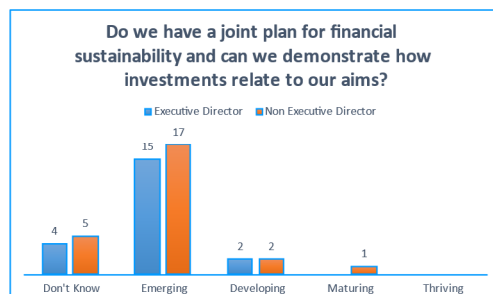
Not yet! Governance is definitely getting there, but the data infrastructure and sharing is in its infancy. We will need to find ways to do this without taking more resource out of each provider, so I think resourcing the AF team properly is going to be critical if we are to enable this to happen effectively.

Infrastructure and enablers



I don't think we're at this point yet, and I'm not sure we've really had the open and honest discussion around a joint plan for financial sustainability

"DoFs seem to work well together with respect to this."



No. Unclear on the extent to which we should.

If anything its in its infancy and each trust appears to be covering their own interests first.

Again, most respondents in this domain felt that the Acute Federation was 'emerging' with a smaller number suggesting a 'developing' level of maturity. However, in terms of the question about data infrastructure, sharing and governance, over 35% of respondents said that they 'didn't know' about what the Acute Federation was doing in this area. This was the highest 'don't know' response. The question about clear lines of accountability and governance received the highest number of responses, across all domains, in the 'maturing' category at 13% of respondents. The final question about a joint plan for financial sustainability, over 70% of respondents agreed that this was at an 'emerging' stage. This was the question where the response was most consistent.

3.3. Themes from the Questionnaire and Breakout Discussions

During the workshop, attendees were moved into two separate breakout sessions.

3.3.1. The first breakout session focussed on two questions:

- In the response to the survey, what has surprised or stood out for you?
- What do you think the challenges will be in progressing collaborative working across the Acute Federation?

The detailed notes from the breakout sessions are attached at appendix 5. The themes from these first discussions are presented below:

Theme	What surprised or stood out for you?
General theme	Attendees were generally not surprised at the results of the questionnaire although there was some surprise at the positive responses of the non-executive directors as opposed to the executive directors. There was also surprise that many responses came back as 'emerging' when there is a long history of working together.

Communication and engagement plan to overcome current confusion	<p>Attendees asked for a better understanding of 'how all the dots connect' between organisation, place, system, and the Acute Federation. They required clarity on the vision and purpose of the Acute Federation and its desired impact with clear measurables on how it will benefit both local people who use services and staff who provide them.</p> <p>They discussed the need for 'consistency and constancy' around messaging on purpose so that it is genuinely shared by all and used to drive actions.</p> <p>They also discussed the need for a proactive approach to communicating the work that the Acute Federation have been and is doing to demonstrate pride in shared achievements.</p>
Permission to act	Some members felt the responses indicated a sense of having to wait for direction and leadership from the ICB to determine priorities when most people in the rooms were keen to take the lead and pick one or two priorities that make sense to do together and just get on with it, demonstrating what the Acute Federation can do for the ICB.
Strong foundations	For some people, the results from the questionnaire demonstrated that there was a strong willingness to work together, a good baseline from which to start, and that the workshop was a good platform from which to launch better collaborative working.

Theme	What challenges will there be?
Building trust and a culture of collaboration	All groups talked about the need to build trust between organisations. They acknowledged that collaboration is easy when you are set to gain but is more difficult when you need to sacrifice something. Staff are loyal to their individual hospital sites and organisations tend to be dominated by their own requirements however finding ways to build trust, in this context, was seen as a priority. People talked about the challenge of "creating a sense of belonging beyond the walls of our organisations" and the opportunity to co-create a set of values and behaviours around which organisations will collaborate.
Clinical engagement and clinical leadership	All groups discussed the challenges of clinical leadership and engagement. There is a view that clinical staff don't see the need to collaborate over and above what they are currently doing. Groups also talked about the 'culture of history' in this area and how we move on from this. There was also reference to there being a 'sense of fatigue' around attempts to work collaboratively that have focussed on governance and structures and not delivering the change the local population needs.
Collaborating strategically	There was consensus that collaborative working at an operational level, in times of pressure, is good. However, people talked about "not being a great track record of working together strategically". This was also linked to this 'culture of history'. Some people talked about a need to reflect and evaluate what we think we have achieved so far by working collaboratively and take the lessons from this into the next phase of development. People also discussed the need for effective working arrangements across organisations to bring together the multidisciplinary team of

	people who will strategically lead the changes required with clear lines of responsibility and accountability for decision making and enacting decisions.
Resources	If the Acute Federation is to deliver the changes required for the local population, and staff, then this needs to be effectively resourced. This included the urgent need to secure communications and engagement expertise dedicated to the work of the Acute Federation
Relentless focus on the people who use our services	Groups talked about the challenge of grounding all conversations and collaborative working in terms of the impact they will have on the local population and their health outcomes. Demonstrating impact was mentioned frequently as a challenge to be overcome.

3.3.2. The second breakout occurred following a briefing on the purpose and priorities of the Acute Federation and about the relationship with the new Integrated Care Board. Attendees were asked to address four questions in this session:

- What would 'good' effective collaboration look like?
- What are the strengths that we can build on?
- What are the barriers and how can we address them?
- What actionable strategies do we need to work on in the next 3 months to help achieve effective collaboration?

The summary from the second breakout discussions is presented below:

What would 'good' effective collaboration look like?
<p>There would be:</p> <ul style="list-style-type: none"> • Supporting each other in this new way of working • Understanding of the strengths and challenges of every organisation • Clarity of focus on a small number of things that would deliver successful outcomes for the population served and staff providing services • An outcome base supported by appropriate metrics and KPI's that are based on what we and our patients want to achieve • The language of 'we' and not 'I' as in individual organisations, and we role model operating as 'we' and not individual organisations • Doing what we say we are going to do • A shared narrative that engages staff and the public • An engaged workforce that is diverse and flexible • Resilient DGH's and tertiary centre • A learning system • Parity of quality across all aspects of service delivery including estate • Horizon scan and be ambitious for the future health of our population

What are the strengths that we can build on?

People generally felt that there are good foundations to build upon such as:

- Shared posts at a senior level
- Good collaboration at an operational level
- An expressed willingness to collaborate strategically with an intellectual understanding that what needs to be achieved cannot be done by single organisations alone.
- The Acute Federation is made up of excellent clinical staff, many of whom have worked in several the member trusts so know what needs to be done.
- We have successfully collaborated before, so we need to take that learning and do it again such as stroke pathways and the CYP Collaborative.
- The ICB has confidence in the Acute Federation to deliver collaborative working.
- We have experienced poor collaboration through the past Acute Services Review. We need to learn the lessons from this to move forward positively next time.

What are the barriers and how can we address them?

There were similar themes in all groups, namely:

- Each organisation is going on this collaboration journey but from different starting points. We need to recognise this and **understand where each organisation is starting from** by getting to know each organisation better. This includes better systems to support **data sharing** to get to that level of **transparency and trust**.
- There is a lack of **clinical engagement**. The collaboration agenda needs to be framed in a way that gets to the 'hearts and minds' of clinical colleagues. "Collaboration is not a threat but an opportunity to rethink how we design and deliver fantastic services across a wider geographical base with a wider set of assets, offer great career progression and learning opportunities for our collective staff." Clinical staff need to clearly understand why we need to work collaboratively, on what pathways and why and understand the outcomes we need to achieve to get behind the changes required.
- **Communication and engagement** need to be strengthened. We need to frame the conversation about why the Acute Federation is important to us all. Be clear on what a small number of priorities are going to be and understand why they are the priorities, with a shared risk analysis of vulnerable services. **The narrative must be about both our organisations and the Acute Federation**, not either our organisation or the Acute Federation. We need to generate a sense of pride in thinking 'thank goodness' for the Acute Federation.
- **Workforce** is under pressure and focussed upon delivering the 'day job'. Collaboration is a new way of doing business and this needs time invested in it. They need to understand where they fit in terms of their role organisationally, at place, and system level.
- General agreement with the suggested priorities with the addition of Histopathology and Dermatology, but we need to be clear on the 2 or 3 we will get behind this year to deliver the change required.
- Do we have sufficient people with the **required change management skills** and human dimensions of change skills to help us deliver our priorities, including managing engagement with stakeholders and the public?

- We need to understand the **financial challenges** facing us in a way that is easy for all to understand and develop clear solutions. This needs to factor into the communication and engagement work from an honesty and transparency perspective so that clinical colleagues and the public understand all reasons why change in some pathways is necessary.

What actionable strategies do we need to work on in the next 3 months to help achieve effective collaboration?

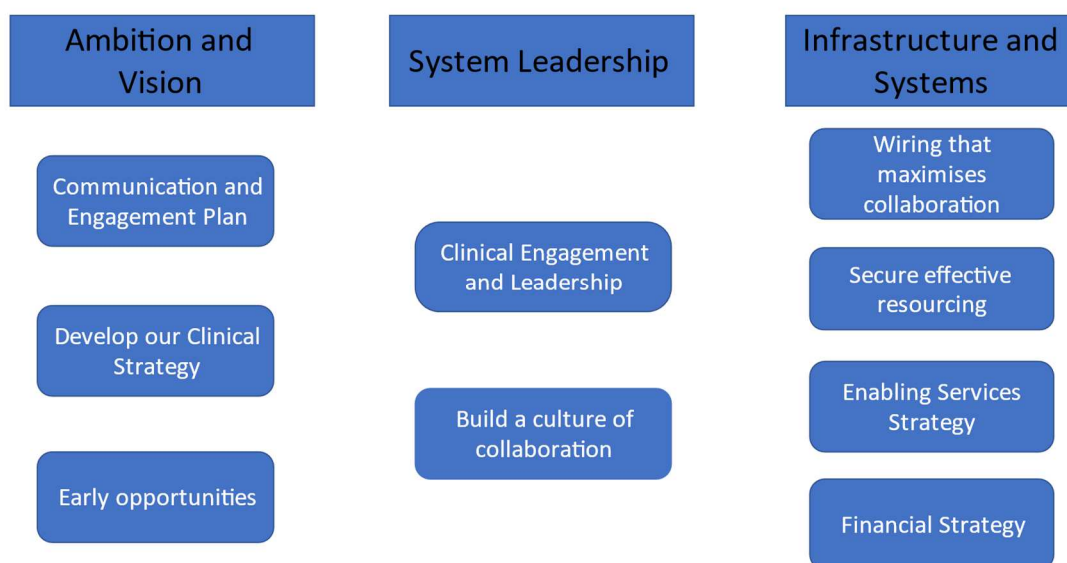
Again, there were similar themes across all groups as follows:

- **Our Priorities:** we need a balance between delivering quick wins so that we can quickly demonstrate success and secure engagement, with the need to undertake some of the 'meatier' challenges we have in pathway redesign. The priorities should also include elective recovery, particular working together to reduce waits for services, financial sustainability, and environmental sustainability. The two suggested priority areas were Rheumatology and Histopathology.
- **Communication and Engagement:** we need to develop a communication and engagement strategy for the Acute Federation. This is going to have to be done at some pace to reflect the outputs from the session today. This needs to include how we can use our NED colleagues more supportively in this work and engage our respective Councils of Governors.
- **Clinical Engagement:** we need to start the process to engage clinicians in the identified priority areas to support the development of a clear **Clinical Strategy** for the Acute Federation. This is acknowledged to be difficult as it will need to be built upon a shared understanding of how we want to work together – a '**Compact**' of the gives and gets of working collaboratively.
- **Relationships:** this leads on from the Clinical Engagement priority with a need to continue to build relationships across member trusts at a senior level. This will help to build a sense of getting to know each other and build trust. Cross organisational groups need to be formed around the delivery priorities rather than/or alongside current profession-based groups to help establish wider relationships. OD and change management support may be required to help facilitate these.
- **Shared understanding:** there needs to be a shared understanding of the extent of the problem we are trying to solve. Everyone needs a clear understanding of why we need to work collaboratively and this needs to be supported with data.

There was a good degree of synergy across all breakout groups from the outset that gives an opportunity to accelerate collaborative working.

4.0. Priority Areas

There were similar themes occurring throughout the workshop, that could form part of the Acute Federation Development Plan. These can be summarised, under the themes of the Provider Collaborative Development Matrix, as follows:



5.0. Recommendations

Pulling these themes together, there are a clear set of recommendations for the Acute Federation to consider further.

5.1. Develop a Communication and Engagement Plan

The Acute Federation requires staff across all organisations to be informed, engaged, involved, and committed to working together across organisational boundaries. This is a priority area to ensure staff can contribute and influence, particularly since there may be expectations that for some staff, where they work, the way in which they work and with whom they work may change.

Participants wanted to see further work on clarity of purpose, scope, and direction and a 'consistency and constancy' to the messaging. They want to understand why they need to work together, on what specific areas, to what outcome for the population who use services and the staff who provide them.

There was some confusion about ICS, Acute Federation, place and organisational accountabilities and responsibilities. They want to understand where the Acute Federation fits into system and place-based wiring so that they can understand how the work they do fits into the bigger picture.

They also want to see proactive communications that celebrates the work of the Acute Federation to demonstrate pride in shared achievements.

Recommendation 1:

The Acute Federation should consider the immediate development of a Communication and Engagement Plan that is respectful of the good collaborative working across operational services, particularly in response to significant operational pressure but that also emphasises that this is our

opportunity to shape the future for our staff and the population we serve. One that clearly gives the message that not one organisation can deliver the changes required alone and that together, we can be more than the sum of our parts.

5.2. Develop an Acute Federation Clinical Strategy

The importance of engaging early with staff to enable and encourage them to be involved in shaping the vision and ways of working across the Acute Federation cannot be underestimated. The same can be said for people who use local services so that they can be involved in co-creating new care pathways and care models. The Acute Federation can learn both from successful implementation of clinical transformation strategies and less successful strategies, taking these lessons into the current context. Senior leaders can then create the initial 'outline' of the future in terms of the 'why' and the 'what', engaging widely on the detail of 'how' it should happen.

Within this Clinical Strategy, there should be the relentless focus on people who use services and looking to improve clinical outcomes for all parts of the population, with a clear understanding of current outcomes across all member trusts and the identification of appropriate metrics to monitor progress with the process as well as improvement outcomes.

Recommendation 2:

The Acute Federation should consider the development of a comprehensive Clinical Strategy that is built from strong clinical engagement and focusses on the ambition of clinical staff for the populations they serve.

5.3. Test some early opportunities

Attendees had ambition and willingness to demonstrate quick wins and changes in ways of working/decision making which will in turn, create confidence and momentum around collaborative working. They suggested building on collaborative efforts at operational level and testing collaborative approaches on the active management of waiting lists across all providers, directing patients to where capacity exists in the system to balance the waiting list load. We need to generate a sense of pride in thinking 'thank goodness' for the Acute Federation.

Recommendation 3:

The Acute Federation should consider opportunities to test collaborative working across a shared problem that can deliver rapid progress but that can also be used as a signal generator on intent.

5.4. Secure Clinical Engagement and Leadership

Linked to 5.2 above, to drive the development of the clinical strategy, this needs to be led by and engage clinical staff across all organisations. The collaboration agenda needs to be framed in a way that gets to the 'hearts and minds' of clinical colleagues. "Collaboration is not a threat but an opportunity to rethink how we design and deliver fantastic services across a wider geographical base with a wider set of assets, offer great career progression and learning opportunities for our collective staff."

One of the clearly articulated strengths of the Acute Federation is the breadth of clinical expertise that is available across the provider trusts. Obviously, in current circumstances there have been limited opportunities to engage with clinical staff on transformational priorities and clinical staff have little opportunity to raise their heads above the daily clinical pressures they face. However, leaders in the Acute Federation can support clinicians, in early discussions around priorities. The Acute Federation Board and Boards of member trusts have significant experience of creating the conditions for bringing teams together. This is a significant strength in terms of their appreciation of the need to work with staff to make the collaboration work well and a "sophisticated way of thinking" about the changes needed whilst also recognising "no one size fits all" and that collaboration may mean different models of working for different services and functions.

Time and effort are needed to develop and embed truly collaborative ways of working, to allow mature debate with clinical colleagues and to understand what it feels like to be working in this system.

The Acute Federation could support clinical leads in each of the strategic clinical priority areas to create and embed inclusive learning systems that:

- Enable all clinicians, including nurse and AHPs, to contribute and learn from and with each other
- Support teams to incorporate learning from other organisations and systems to create a collaborative 'our approach'
- Enable all staff to collaborate to add further depth to our talent pool and create opportunities for staff to progress on pathways to personal and professional development that do not exist within individual organisations.

Recommendation 4:

4.1. The Acute Federation should identify key clinical leaders and 'culture carriers' to help positively influence engagement and start to direct the collective ambition across the Acute Federation, doing this by creating the conditions and environment where collaboration is supported.

4.2. The Acute federation could also consider commissioning a dedicated leadership development programme for clinical leaders in order to support their contribution.

5.5. Build a culture of collaboration at all levels

Attendees identified a strong culture of collaboration at an operational level across all member trusts, particularly in times of pressure and in incident management. They also highlighted that there is a willingness and an opportunity to collaborate at a more strategic level, where there has not been a strong 'track record' of this in the past.

Groups discussed the need to put time aside and using a structured framework, reflect and evaluate what we think we have achieved so far by working collaboratively and take the lessons from this into the next phase of development. This will help to build the essential strategic alignment with the purpose of the Acute Federation and put genuine meaning behind it. There was a definite consensus that there is learning to be taken from past attempts of strategic collaboration.

Attendees described an ambition for a culture that enables and empowers sharing (people/resource/finance/policies) and encourages teams to be bold in their ambitions. The leadership tone set by the Acute Federation Board, their ways of thinking and behaving will be instrumental in enabling shared ambitions to be met.

This can be supported through two early actions that people described in their groups:

- The need to learn about each other's organisations in a supportive, honest way, transparency of information, areas of great practice, strengths, and challenges.
- Creating the opportunities and conditions to bring together teams across clinical and non-clinical pathways to build relationships, explore opportunities and ideas to collaborate for the benefit of their population.

There is a need to balance formal and informal interventions in building that collaborative culture. Both are important and very powerful. It is therefore critical for senior leaders of the Acute Federation to use these opportunities as signal generators that will be picked up on and amplified by others in and across the Acute Federation.

Formal interventions	Informal interventions
Reporting and line management structures	Role modelling by senior leaders including board members and senior clinicians
Decision making structures	Internal cross-organisational networks e.g., Operational managers, finance teams
Strategies and policies	Communities of interest are supported e.g., Quality Improvement teams
Training and development opportunities at all levels	Tests of change are encouraged and learning shared. Learning from what didn't work is equally as important as learning from what did work.

Performance management approaches and reports	
Recognition and reward structures – including terms and conditions, working locations and expenses	
Acute Federation events and individual organisational events – how is the Acute Federation framed etc?	
Internal and external organisational communications reflect the context of the Acute Federation.	

Fundamentally, the culture of the provider collaborative, ways of thinking and behaving will be instrumental in enabling shared ambitions to be met.

Recommendation 5:

The Acute Federation should place emphasis on both strategy and culture development by first seeking to understand the current state.

5.1. At Board level the Acute Federation could consider dedicated time to supportively learn about each other's organisations to build transparency and trust.

5.2. The Acute Federation could consider creating the opportunities and conditions to bring together teams across clinical and non-clinical pathways to build relationships, explore opportunities and ideas to collaborate for the benefit of their population.

5.3. The Acute Federation could consider developing a 'behaviour framework' or compact to signal agreed desired behaviours of staff working on Acute Federation priorities.

5.6. Wiring that maximises collaboration

Linked to section 5.5 above, developing the culture of collaboration, attendees discussed the working arrangements of the Acute Federation as an opportunity to formally signal a new way of working across providers. In terms of getting the wiring right people highlighted both formal and informal ways to move away from silo-based working and support a deeper collaborative culture – becoming 'more than the sum of our parts'. From a formal perspective the suggestion was made to enhance the current Acute Federation governance arrangements by bringing together, multidisciplinary teams of people, from across organisations, who will strategically lead the changes required with clear lines of responsibility and accountability for decision making and enacting those decisions.

Recommendation 6:

6.1. Cross organisational working groups should be established to oversee delivery of the key strategic priorities outlined in the Acute Federation Purpose

Statement. These should be led by Executive or Non-Executive Directors and be inclusive of relevant clinical leaders.

6.2. A Development Programme should be put in place to support these delivery groups in working collaboratively within the environment of complex adaptive systems where delivering change will require a flexible and adaptive approach.

6.3. Support individual Trust Board, through the Chairs and Chief Executives to reflect on the workshop and emerging direction, engaging them on their commitment to shared priorities, risk appetite, and contribution to PCB. These may need facilitated discussions.

5.7. Secure effective resourcing

Several groups discussed the infrastructure support that the Acute Federation will require to pursue its ambition. This ranged from Communications, Organisational Development, Information and Data Analytics and Governance expertise. An Acute Federation resourcing plan, that aligns to agreed priorities with key deliverables should be developed that is supported by member trusts and the ICB.

Recommendation 7:

The Acute Federation could consider the development of a resourcing plan to put in place the supports required to achieve their stated ambition.

5.8. Develop an Enabling Services Strategy

In addition to the development of a Clinical Strategy across the Acute Federation, there is an opportunity to develop an Enabling Services Strategy, again to signal collaborative intent across all aspects of acute service delivery. This gives the Acute Federation, within the financial circumstances it faces, a chance to explore opportunities to support front line services more effectively through the efficient delivery of the supporting infrastructure.

Recommendation 8:

The Acute Federation could consider the development of a dedicated Enabling Services Strategy that seeks to develop collaborative working across all services seeking opportunity to work more effectively and efficiently.

5.9. Develop a Financial Strategy

A financial strategy for the Acute Federation is essential but cannot be developed in isolation from the Clinical Strategy. The financial strategy is there to provide the operating context and enable clinical best practice to be secured. Discussions suggested that there needs to be a shared understanding of the financial position of

the system as a whole and within individual providers to help inform development of both the clinical and support services strategies to ensure realism from the outset.

Recommendation 9:

The Acute Federation should have in place a clear financial strategy that helps to establish the context in which the Acute Federation is working and helps underpin its Clinical Strategy.

6.0 Summary of Recommendations

Recommendation 1: Develop a Communication and Engagement Plan

The Acute Federation should consider the immediate development of a Communication and Engagement Plan that is respectful of the good collaborative working across operational services, particularly in response to significant operational pressure but that also emphasises that this is our opportunity to shape the future for our staff and the population we serve. One that clearly gives the message that not one organisation can deliver the changes required alone and that together, we can be more than the sum of our parts.

Recommendation 2: Develop an Acute Federation Clinical Strategy

The Acute Federation should consider the development of a comprehensive Clinical Strategy that is built from strong clinical engagement and focusses on the ambition of clinical staff for the populations they serve.

Recommendation 3: Test some early opportunities

The Acute Federation should consider opportunities to test collaborative working across a shared problem that can deliver rapid progress but that can also be used as a signal generator on intent.

Recommendation 4: Secure Clinical Engagement and Leadership

4.1. The Acute Federation should identify key clinical leaders and 'culture carriers' to help positively influence engagement and start to direct the collective ambition across the Acute Federation, doing this by creating the conditions and environment where collaboration is supported.

4.2. The Acute federation could also consider commissioning a dedicated leadership development programme for clinical leaders to support their contribution.

Recommendation 5: Build a culture of collaboration at all levels

The Acute Federation should place emphasis on both strategy and culture development by first seeking to understand the current state.

5.1. At Board level the Acute Federation could consider dedicated time to supportively learn about each other's organisations to build transparency and trust.

5.2. The Acute Federation could consider creating the opportunities and conditions to bring together teams across clinical and non-clinical pathways to build relationships, explore opportunities and ideas to collaborate for the benefit of their population.

5.3. The Acute Federation could consider developing a 'behaviour framework' or compact to signal agreed desired behaviours of staff working on Acute Federation priorities.

Recommendation 6: Wiring that maximises collaboration

6.1. Cross organisational working groups should be established to oversee delivery of the key strategic priorities outlined in the Acute Federation Purpose Statement. These should be led by Executive or Non-Executive Directors and be inclusive of relevant clinical leaders.

6.2. A Development Programme should be put in place to support these delivery groups in working collaboratively within the environment of complex adaptive systems where delivering change will require a flexible and adaptive approach.

6.3. Support individual Trust Board, through the Chairs and Chief Executives to reflect on the workshop and emerging direction, engaging them on their commitment to shared priorities, risk appetite, and contribution to PCB. These may need facilitated discussions.

Recommendation 7: Secure effective resourcing

The Acute Federation could consider the development of a resourcing plan to put in place the supports required to achieve their stated ambition.

Recommendation 8: Develop an Enabling Services Strategy

The Acute Federation could consider the development of a dedicated Enabling Services Strategy that seeks to develop collaborative working across all services seeking opportunity to work more effectively and efficiently.

Recommendation 9: Develop a Financial Strategy

The Acute Federation should have in place a clear financial strategy that helps to establish the context in which the Acute Federation is working and helps underpin its Clinical Strategy.

7.0. Conclusion

The environment in which the Acute Federation is developing is evolving, with new system structures being put in place and new relationships emerging. The challenge to recover activity delayed due to the pandemic response and delivering this with ongoing significant operational pressures is particularly acute. These situational issues, along with the relational issues highlighted above, need to be acknowledged when agreeing next steps. What has been achieved is a very clear baseline understanding of where the leaders of member trusts think the opportunities lie for progress and what barriers exist to be overcome.

The recommendations above represent significant steps in the development of the Acute Federation. They require commitment and resourcing to drive them forward if the Acute Federation aspires to meet its ambitions for staff and the local population.

This report provides an opportunity for the Acute Federation Board to discuss, agree, and confirm delivery priorities within the wider feedback received from participants at the workshop on 16th May 2022.

8.0 Next Steps

- 7.1. Provide this report to the Acute Federation Board on 6th June 2022 for discussion and agreement of the recommendations.
- 7.2. Through the respective Chairs and Chief Executives, ensure all Trust Boards discuss this report at the same time, using this as a vehicle to engage their senior teams on their approach, risk appetite, and contribution to the Acute Federation. This may need independent facilitation.
- 7.3. Take the work to date on Acute Federation core purpose, priorities, and development, to wider system partners, such as the ICB, places, etc. This gives a further opportunity to engage more widely, to seek feedback and build confidence across the wider system. This will need to be part of a wider communication and engagement plan.
- 7.4. Prepare the next phase of the Acute Federation Development Plan to describe the 'how' on priority delivery and start to map resource to support the recommendations in this report.
- 7.5. As part of the next phase of the Development Plan, and linked to the Development Framework, arrange a second Acute Federation Development Workshop with Board members and Clinical Leaders linked to the Acute federation clinical priority pathways. To be held early autumn 2022.
- 7.6. Undertake an evaluation of the 16th May 2022 event in preparation for further events, to build on what went well and learn how further events might be improved in terms of process and content.

Appendices:

Appendix 1 – Slide deck used at the SYB AF Development Session 16h May 2022:



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Appendix 2 – Attendee's list:



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Appendix 3 – The Questionnaire



Acute Federation
Development – self as

Appendix 4 – Questionnaire results



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D_self%20assessment

Appendix 5 – Breakout session notes



Facilitators notes
from 16 May 2022.pd

Chief Executive Officer Report

Shadow Integrated Care Board Meeting

1 June 2022

Author(s)	Gavin Boyle, South Yorkshire ICB Chief Executive
Sponsor Director	
Purpose of Paper	
This paper from the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) Chief Executive Officer provides an update on the work of the South Yorkshire and Bassetlaw health and care partners for the months of May 2022.	
Key Issues / Points to Note	
N/A	
Is your report for Approval / Consideration / Noting	
Noting	
Recommendations / Action Required by the Board	
The Shadow Board is asked to note the report.	
Board Assurance Framework	
N/A	
Are there any Resource Implications (including Financial, Staffing etc)?	
N/A	
Have you carried out an Equality Impact Assessment and is it attached?	
N/A	
Have you involved patients, carers and the public in the preparation of the report?	
N/A	

1. Purpose

This paper from the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) Chief Executive Officer provides an update on the work of the South Yorkshire and Bassetlaw health and care partners for the months of May 2022

2. Summary update for activity during May 2022

2.1 Coronavirus (COVID-19): The South Yorkshire and Bassetlaw position

Staff absence due to Covid has improved during May. Currently the average staff absence rate across SYB is 6.1 per cent of which 1.4 per cent due to Covid. On 20 May, 166 patients were hospitalised across SYB with Covid, with 5 patients being treated in intensive care.

Uptake of the spring booster vaccine in SYB is 60 per cent. The Joint Committee on Vaccination and Immunisation (JCVI) has provided interim guidance on an autumn Covid booster which would be for vulnerable adults, frontline health and social care workers, care home residents.

2.2. National updates

2.2.1 Royal Assent for the Health and Care Act 2022

On Thursday 28 April, the Health and Care Act 2022 completed the parliamentary process and received Royal Assent.

This was an important step on the journey towards establishing Integrated Care Systems on a statutory footing, which will take place on 1 July 2022 as communicated in the [NHS 2022/23 priorities and operational planning guidance](#), and for enabling more collaborative ways of working across the health and care system.

For us in South Yorkshire, Royal Assent means we can confidently forge ahead with the work taking place on the implementation of statutory Integrated Care System (ICS) arrangements, in line with the ICS establishment guidance previously set out by NHS England.

2.3 Integrated Care Board development

For the South Yorkshire Integrated Care Board, Royal Assent signalled confirmation that we will formally become an organisation on Friday 1 July. Our first official Board meeting will take place on that day at Oak House, Rotherham, when legal responsibility transfers from CCGs.

Board meetings will then take place on the first Wednesday of each month and a schedule of meetings will be published on the new NHS South Yorkshire website. We have developed a comprehensive checklist which captures our priority actions to ensure we achieve all the requirements for a safe landing for the ICB on day one. The checklist is being managed by the Transition Executive Group and has been developed and aligned to the national requirements with input from local leads to ensure it reflects our plans in South Yorkshire.

2.3.1 Board appointments

Since my last report, we have made further appointments to the Board and are completing the outstanding appointments to ensure we have a full complement of executives and non-executives when we meet as a statutory board for the first time on 1 July.

I am delighted to welcome three new independent non-executive members who bring a wealth of experience in health, social care, and voluntary and community sectors to the Board.

- Moira Wilson has been the Rotherham Safeguarding Adults Board Independent Chair since 2019 and is also a Local Government Association Care and Health Improvement Advisor. Her previous roles include Strategic Director Adult and Community Services with Bradford Council, Interim Director of Care and Support at Sheffield City Council and North Lincolnshire Safeguarding Adults Board Independent Chair.

- Lesley Dabell has lived in South Yorkshire her whole life and has a strong affiliation and understanding of the South Yorkshire area, its people, and communities. She has worked in Rotherham since 1995 in a variety of roles in the Public, Voluntary and Community Sectors (VCS) and is currently the Chief Executive Officer (CEO) at Age UK Rotherham. Lesley is also a carer for members of her own family.
- Kevin Turner has worked in the NHS for the whole of his career prior to his retirement in 2019 from his role as Deputy Chief Executive at United Lincolnshire Hospitals NHS Trust. Kevin is a qualified accountant with 18 years' experience as a Director of Finance at United Lincolnshire Hospitals NHS Trust, Doncaster and Bassetlaw NHS Foundation Trust, Northern Lincolnshire and Goole Hospitals NHS Foundation Trust and Lincolnshire Health Authority.

We are also recruiting our fourth non-executive member. The role will be advertised during the second week of June and an open day is planned for the end of June for people who are interested in finding out more. We are aiming to hold interviews and appoint by mid-July.

In addition, we have also appointed to the remaining three Place director roles from an exceptional field of candidates.

- Wendy Lowder has been appointed Place Director for Barnsley. Wendy is currently the Executive Director of Adult Social Care and Communities in Barnsley Council and is qualified as a learning disability nurse. Wendy spent several years in the voluntary sector with responsibility for a range of services from employment to care and support. Wendy's title will be Executive Director of Place Health and Adult Social Care.
- Anthony Fitzgerald has been appointed Place Director for Doncaster. Anthony is currently the Director of Strategy at Doncaster CCG, with 20 years of working to deliver transformation and continuous improvement across a range of health and social care services.
- Emma Latimer has been appointed Place Director for Sheffield. Emma is currently Accountable Officer for NHS Hull CCG and Interim Accountable Officer of NHS North Lincolnshire and NHS East Riding of Yorkshire CCGs.

I would like to thank our Place partners for their support in the appointment process.

Wendy, Anthony, and Emma join Chris Edwards who was appointed Place director for Rotherham and deputy CEO earlier this year and colleagues I have mentioned in my previous report.

- Cathy Winfield MBE Chief Nursing Officer
- Dr David Crichton Chief Medical Officer
- Christine Joy, Chief People Officer
- Lee Outhwaite Chief Financial Officer
- Will Cleary-Gray, Executive Director of Strategy and Partnerships

In mid-May, following a period of engagement with partners, we began the nominations process for Partner Members to the ICB. This includes Partner Members for: local authority, acute trust, mental health trust and Voluntary, Social, Community Enterprise (VSCE). It is anticipated this critical group of members to the board will be completed in advance of 1 July

2.3.2 Organisational development work on functional design

Work is currently underway with the approximately 1000 staff who will become employees of the South Yorkshire ICB (from the four CCGs and ICS Programme Management Office) on 1 July to collectively build a shared vision for our emerging organisation and our collective impact for the people we serve.

To help us to do this we launched the first phase of the Big Conversation which concluded on 13 May; and over 400 (44 per cent) of staff contributed. The process captured **over 3,200 ideas, comments, and votes**: each one of these will help us build a shared vision for our emerging organisation and our collective impact for the people we serve.

It was an honest conversation, one of excitement for our potential and naturally raised some questions about what's to come, and one that gave us pause to think of what we'd like to take with us. Colleagues shared examples of the resilience, progressive nature and closeness of our smaller teams, and asked that we continue to work in these ways. We want to be kind, empowered, and inclusive – for ourselves and for our communities.

Our independent partners at Clever Together are now analysing all the ideas, comments and votes and will share findings with us over the coming weeks. The second phase of the **Big Conversation** takes place between 6-10 June and will give the opportunity for colleagues to check and challenge the draft strategic direction of our ICB, so we can refine this together. We will then work together we will co-create our new shared purpose, vision, goals and values.

2.4 Preparations for the establishment of the ICS on 1 July

2.4.1 Wider South Yorkshire Integrated Care System (ICS) Development

The South Yorkshire Integrated Care Board (ICB) will become the statutory commissioning organisation in South Yorkshire, however its establishment is just one part of the Health and Care Act, which is fundamentally about wider integration and the establishment of an Integrated Care System (ICS).

Work continues with our Local Authority Partners to build on the work of the ICS Development Steering Group to develop initial arrangements for a South Yorkshire Integrated Care Partnership to be in place in advance of 1 July 1. This also includes an update to the Health and Care Compact setting out our commitment to work together on our quadruple aim of better health, better care, better value and reduce health inequalities.

Alongside working on the establishment of the ICB, the Chair and I have been working with partners on co-designing the governance framework for the ICS. Senior leaders from each of South Yorkshire's NHS organisations, the Local Authorities, VCSE organisations and Healthwatch have been working together in a series of ongoing workshops to ensure our approach is one which works for South Yorkshire and is welcomed by all partners. Chairs from our NHS Trusts and Foundation Trusts joined the workshops in May to see the progress made and to contribute to the co-design. A further workshop is planned for 14 June.

2.4.2 South Yorkshire Urgent and Emergency Care Alliance

As we continue to balance the delivery of the traditional NHS services with managing the persisting Covid-19 pandemic, it is important there are structures across South Yorkshire that bring together partners to ensure effective Urgent and Emergency Care (UEC) is delivered for our local people. With UEC being a key priority for the South Yorkshire Integrated Care System, an Urgent and Emergency Care Alliance is now being developed, including a board that will provide strategic leadership, focus and oversight of the delivery of UEC for our population. The ambition for the clinically-led board will be to deliver high quality care for the entire urgent and emergency pathway in our area.

The Alliance will work with the local Urgent and Emergency Care boards within our four Places across South Yorkshire to ensure we have co-ordinated and effective delivery of services for our patients, ensuring the receive the best care possible.

The Urgent and Emergency Care Alliance will sit alongside the Cancer Alliance, Children and Young People's Alliance and Maternity Alliances already in place in South Yorkshire.

2.4.3 Maternity Services

Following the publication of the Ockenden Report, leaders of our maternity services across South Yorkshire have been paying extremely close attention to the recommendations within the report and developing our plans in response to it, to make our services in South Yorkshire safer for mothers and babies. We need to work collectively with all our partners in South Yorkshire to address some significant challenges, particularly with regard to workforce. Work is already in place focussed on delivering the seven essential actions that are identified in the report, including a stocktake of South Yorkshire's current compliance with the actions, scheduling of NHSE/I visits to each South Yorkshire maternity service and a system OD Strategy under development.

2.4.4 NHS South Yorkshire ICB Constitution

Our constitution sets out the governance framework for the Board including our membership and standing orders. The latest draft, which incorporates amendments set out by NHSE's Model Constitution was proposed to NHSE on 20 May. In addition, we received updated guidance, including the supporting notes to the Constitution, the updated Interim guidance on the functions and governance of the ICB, together with associated FAQs, interim draft guidance on the application of ICBs (Nomination of Ordinary Members) regulations, and FAQs on the ICB Financial Framework. Elements of these documents were also considered in the updated draft.

2.4.5 People and Communities Strategy

The Peoples and Communities Strategy was presented and discussed with system leaders after being co-produced in local Places. The draft known as 'Start with People: South Yorkshire' was submitted to NHSE/I. This follows many weeks of engagement with stakeholders and the public to shape the contents of the strategy. This is an engagement strategy for the ICB not the wider partnership (ICS) for which a strategy will be developed over coming months with the input of all partners.

2.5. Finance

The financial results for the year show an underspend against plan on revenue of £23.3m and an underspend on capital of £1.3m. The system also had a small underspend on system development funding (transformation funding) of £0.9m due to late allocations received in March. Additional national funding of £1.57bn has been announced which the ICS has been allocated £40.6m. The funding is dependent on systems submitting a balanced plan and there are a number of conditions attached to the funding. The systems previous plan submission showed a deficit of £76.7m. Revised plans are due in on 20 June.

2.6 Local elections and new Mayor for South Yorkshire

On behalf of the ICB I would like to congratulate **all the new and re-elected councillors in Barnsley and Sheffield and to our newly elected South Yorkshire Mayor Oliver Coppard. I know that ICB colleagues look forward to meeting and working in partnership with Oliver and our council colleagues. I would also like record my thanks to the outgoing Mayor Dan Jarvis, who was appointed as the inaugural Mayor of South Yorkshire in 2018, for all his support to the NHS locally.**

2.7 City of Doncaster

Congratulations to everyone in Doncaster after it was announced today that they are going to become one of the UK's newest cities as part of the Queen's Platinum Jubilee celebrations. Community spirit following recent floods, rich history as a roman settlement and the St Ledger, the oldest classic horse world, were all cited as reasons why Doncaster has been honoured as one of the eight new cities announced in May.

Gavin Boyle

Chief Executive Designate Yorkshire and Bassetlaw Integrated Care Board

Date: 01 June 2022



HCP Director Report

Sheffield Health and Care Partnership (HCP)

July 2022

Author(s)	Kathryn Robertshaw, Interim HCP Director Esme Harvard, HCP Project Support Officer
i. Purpose	
<ul style="list-style-type: none"> To provide headlines about strategic developments relevant to the partnership and the HCP programme of work, To provide an overview of other key HCP programme activities and updates 	
ii. Is your report for Approval / Consideration / Noting	
For noting / action	
iii. Recommendations / Action Required by Accountable Care Partnership	
Key actions required: Note the report	
Are there any Resource Implications (including Financial, Staffing etc.)?	
N/A	

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Strategic Update

Sheffield 'Place' Partnership Development

- The HCP has been working closely with the incoming ICB leadership and the Joint Commissioning Office to co-design a future model for Sheffield Place Partnership working.
- An outline Operational Plan for Sheffield 'Place' has been agreed for 2022/2023 with the South Yorkshire ICB. This will continue to be developed into a more detailed delivery plan for the partnership over the summer.

Sheffield Outcomes Framework

- The framework has been developed in order to formalise and strengthen partnership working across the city, with a focus on improving outcomes and reducing health inequalities. It is underpinned by the ambitions set out in the Sheffield Health and Wellbeing Strategy focusing on starting well, living well, ageing well and dying well, reflects the priorities agreed in the Joint Commissioning Intentions and links into the Health and Care Partnership workstreams.
- The Outcomes Framework Steering Group meets monthly, is jointly chaired between the CCG and Sheffield City Council, and has representatives from partner organisations across the city. Dashboard reports are produced which capture detailed information around population health data, service provision data and patient / public feedback linked to the six strategic outcomes for the city.
- The focus in June was on Children and Young People, which proved to be a great starting point for discussion, learning and for sharing details on progress being made across the city by partner organisations. This will also be a great opportunity to showcase the great work that is underway.
- A timetable of themed reports is being developed and agreed which will enable us to focus on specific areas of interest across the city. Patient feedback and experience will be at the heart of the reports, bringing our improvement journeys to life, helping to articulate whether we are achieving what we set out to do for the citizens of Sheffield.

HCP Focus areas

This section is summarised and not exhaustive. Further details about any of these points available on request; or if there is something that you want to see included in the next version of this, please get in touch.

Integration

Ageing Well Programme

The citywide NHSEI funded Ageing Well Programme continues to make good progress. Recruitment is complete and a programme team are established to deliver on the three

main workstreams within the programme. The team are reviewing the NHSEI mandates available and will consider key performance and outcome measures across the programme. Key points from these workstreams are below:

- **Urgent Community Response-** The team continue to meet the two-hour standard response time, with ongoing development work including linking into Yorkshire Ambulance Service (YAS)/111 to receive referrals. A focus over the last period has been patient engagement, with a questionnaire being conducted to hear the views of the patients and their family/carers who have experienced the 2-hour UCR service. Results from the survey demonstrated extremely positive experiences. When asked 'what was the key thing (intervention) that made a difference for you' key themes emerged as below:

- Able to 'take a step back', took away stress (family member)
- Feeling cared about
- Knowing there is help
- Carers being arranged
- Remaining at home
- Knowing someone will visit everyday
- Equipment ordered/delivered quickly
- Made to feel important
- Help to get out of bed

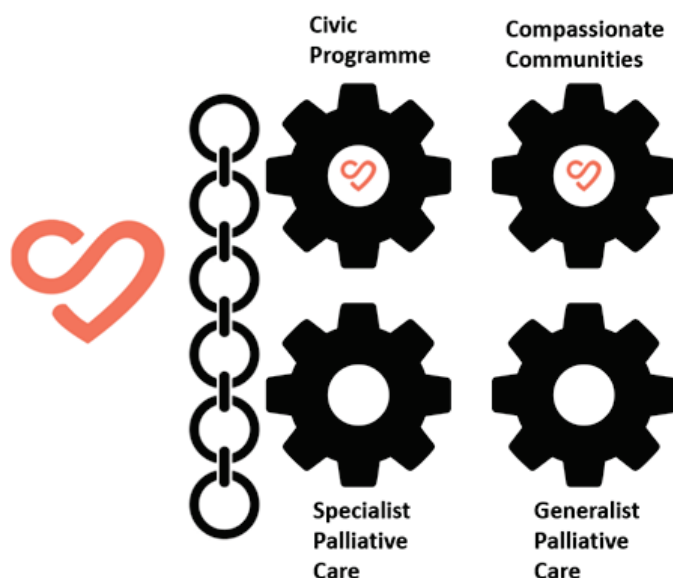
The team plan to repeat the questionnaire quarterly, to ensure that the needs and wishes of the population are at the heart of service development. The team are also collecting patient stories to further understand areas for improvement.

- **Anticipatory care-** National guidance on anticipatory care is due to be published this month and will inform the ongoing approach to this workstream. There are currently three key projects delivering AC:
 - **Team Sheffield Falls plan-** focussing on the management of and prevention of falls. A Sheffield Falls Collaborative group will commence from June.
 - **Team around the person (TAP)-** The current focus is the citywide promotion of the service. More information on TAP can be found [here](#).
 - **ReSPECT (Recommended Summary Plan for Emergency Care & Treatment) project-** The project team have outlined an implementation plan for the ReSPECT tool which will go live in the spring of 2023 across all health and social care settings. ReSPECT will provide a positive, personalised, structured conversation between patient and/or patient's family and clinician in order to achieve shared understanding about the person's condition and the things that would matter to them if they had a sudden emergency and could no longer make decisions or express their wishes at the time. More information on ReSPECT should contact [Rebecca Robinson](#), Project Manager or [Charlotte Jenkins](#), Project Support Officer.

- **Enhanced Health in Care Homes (EHICH)**- The team are conducting a gap analysis against the EHICH framework. The team continue to work on stakeholder engagement and have held discussions regarding the project with care home managers at the ECHO care managers forum. The EHICH collaborative group is now established and will hold accountability for delivery of the framework. Key work within this project includes:
 - **Management of the deteriorating individual** - A project group are considering options with an aim to producing an offer for all registered care homes in Sheffield taking the learning from the RESTORE2 pilot
 - **Dietetics**- to enhance the nutrition and hydration offer for residents in care homes.
 - **Speech and Language (SLT)**- to identify opportunities to improve the SLT offer to care home residents building on the pilot undertaken over the last two years and linked to the community SLT service.
 - **Access to specialist geriatricians**- A specialist geriatrician advice and guidance service will commence in July 2022.

Compassionate Sheffield

Compassionate Sheffield is a movement working with communities, services, commissioners, and organisations to harness the power of compassion. The work focusses on creating spaces within the city's civic programme and encouraging confidence amongst communities to support one another with death and dying through multiple projects; it is heavily influenced by '[Palliative Care: The New Essentials](#)' (diagram below). Read an overview of Compassionate Sheffield formation and projects [here](#) and find the ways everyone can get involved. Contact [Nick Deayton](#), Compassionate Sheffield Programme Manager, for further details.



Children's & Young People

Sheffield Neurodevelopmental Transformation Programme

The programme of work has continued to deliver tangible change across the five key workstreams shown below, each delivering on its own aims:

- **Right identification at the earliest time.** - Ensuring children's developmental vulnerabilities and needs are picked up and supported as early as possible
- **Right support, right time.** - Putting in place the right support for families based on need, not diagnosis.
- **Integrated care in the community** - Bringing together professionals from education, health (physical and mental) and care to assess and address the needs of children and young people, closer to home, e.g. schools.
- **Improving the assessment pathway** - Co-developing better referral, assessment, and diagnosis pathways for neurodevelopmental conditions to better meet family needs, including improved booking processes and development of a Sheffield Children's Single Point of Access (SPA).
- **Improve support to Neuro-diverse children and young people in Schools** - To improve the response in 10 mainstream secondary schools to the needs of neuro diverse CYP, by developing forums for parents and CYP to receive peer support and by providing co-developed training and resources on sensory, emotional wellbeing and communication areas.

Key achievements in the most recent phase include:

- Additional Brain Building Activities - preparations complete ready for project launch in May in Locality G – Stocksbridge / Hillsborough and Locality E
- Easy access support offer – new Communications Plan very well received by schools to enable the start of School support in April. The support will be offered to families on the Autism waiting list.
- A small data review of integrated care in the community has identified positive impacts in school attendance.
- Delivery of Sheffield Children's Single point of access (SPA) started 31st Jan with regular review and monitoring being undertaken
- CYP and Parent groups now set up and meeting in most of the 10 schools in the Autism in Schools project. Researchers appointed and baseline for measuring improvements identified.

Estates

Building New Health Centres

Sheffield has secured **£37m to transform general practice across the city**. The funding is being used **to build new health centres, bringing together GP services, other health services, and some voluntary services under one roof**. Council services may also have a presence in some buildings. The health centres are planned for the three Primary Care Network (PCN) areas in Sheffield:

1. City Centre
2. SAPA
3. Foundry

Public involvement has taken place with patients who live in the proposed health centre areas to have their say on the suggested locations, accessibility, and services through an online survey. Local community partners: SOAR Community, Firvale Community Hub and Shipshape were involved in the engagement, they will be speaking to people in their communities face to face and gaining their feedback to reach those people where English is not their first language or are digitally excluded.

There is now a [drafted consultation document](#) to give affected patients and stakeholders information about the proposals including, where they came from, how they have been developed and how we believe they will improve patient care. Everyone was invited to feedback before the 24th of June and the feedback is being reviewed again before finalising and making arrangements for the document to be graphically designed and translated into community languages.

Palliative End of Life Care

Update by Louise Potter, Commissioning manager for Palliative and end of life care, Sheffield PLACE

1. New statutory duty to commission palliative and end of life care services

On 28th April 2022 the new Health and Social Care Bill introduced a new duty – that integrated care boards must commission palliative care services.

‘S3(1) Integrated care boards: functions

21 Commissioning hospital and other health services

For sections 3 and 3A of the National Health Service Act 2006 substitute—

“3 Duties of integrated care boards as to commissioning certain health services (1) An integrated care board must arrange for the provision of the following to such extent as it considers necessary to meet the reasonable requirements of the people for whom it has responsibility—

(h) such other services or facilities for palliative care as the board considers are appropriate as part of the health service’

- NHSE have published statutory guidance, with further to follow in September 2022. The aim is for PEOLC commissioning to¹ - *‘ensure that people of all ages who have progressive illness or those nearing the end of their lives and their loved ones and carers receive the care and support they need to live and die well’.*

2. Update on the PEOLC Sheffield PLACE commissioning intention

¹ NHS (2022) Palliative and end of life care; statutory guidance for integrated care boards (ICB)s. Publication approval reference PAR1673

'We will work with the citywide end of life care group to implement the national strategy and projects - 'The recently launched National strategy for palliative and end of life care (2021) provides the strategic directives that we will need to address in 22/23 along with some distinctive projects. That will need to be implemented such as ReSPECT and PMART'.

- An update on ReSPECT is provided under Ageing Well. We have recently secured a GP, Claire Nash as the clinical lead and I continue to provide support to the project team.
- A needs assessment is being developed. Service user and professional feedback will inform this. Draft best practice NHSE guidance is being followed and we are working closely with NHSE. Links with the public health team and with the STH lead research project has been made. Together this will bring a wealth of information to inform future commissioning and funding decisions.
- The Citywide end of life group met last in May and will meet again in September. This is now a bi-monthly meeting. The last meeting focused specifically on children's palliative and end of life care and ReSPECT.
- As the commissioner for Sheffield PLACE I have established links with my peers across the ICB and I attend regional NHSE and national meetings.

3. Bereavement support

Working with Public health, Jo Rutter and I have commissioned four new bereavement services:

1. CRUSE started delivering brief interventions to the bereaved in June 2022;
2. Diversity / Faithstar will deliver a bereavement support helpline to people of faith and ethnic minority groups from the 1st September;
3. MIND will deliver structure bereavement counselling to people with prolonged grief disorder from September. Mobilisation is in progress.
4. Bereavement awareness training for professionals – health and third sector who are working with / are in contact with people who are bereaved. Book on the training



St Luke's MIND
Training.pdf

using the embedded document.

5. The bereavement collaborative will be restarting soon – a forum which brings all interested parties in bereavement together. The aim is for this to work with Compassionate Sheffield to promote the bereavement support opportunities in Sheffield to the public.

4. Early identification project

Dr. Grace Baird is leading on our early identification project, with the aim of increasing the number of people identified and reported as being palliative in general practice. This project is in its infancy, and the feedback from our PLI is informing decision making.

5. **Research** - building collaborations with the University of Sheffield Palliative Care Research Group, hosting a Palliative care patient and public workshop on 19th July.
6. **Dying Matters week in May 2023** - Early discussions have taken place with Sheffield teaching hospitals and Compassionate Sheffield to host public and professional events.

Pharmacy

- **The Sheffield Pharmacy Transformation Board** has developed a detailed action tracker to bring all the elements of the Integrated Pharmacy and Medicines Optimisation (IPMO) workstream plans into a single space. The workstreams include:
 - Reducing avoidable Harm from Medicines
 - Making the best use of the expertise of pharmacy professionals
 - Embed Pharmacy and Medicines Optimisation support for ICS Clinical Strategy Workstreams
 - Collaboration to reduce unwarranted variation and duplication
 - Pharmacy Workforce Transformation
 - Medicines Value Initiatives
- The Group has committed to sharing updates on the progress of the work with the Sheffield Primary Care Board on a regular basis.

Planned Care

Urgent and Emergency Care / Systems Flow Board

The Urgent and Emergency Care Board had it's first meeting in June. The Board will lead city-wide delivery, transformation, resilience and improvement of urgent and emergency care. It will work across boundaries to improve patient experience and clinical outcomes, by establishing partnerships and better working relationships between all health and social care organisations in the Sheffield health and social care community

Inequalities

Racial Equity Inclusion Group (REIG) and Subgroups

REIG will review and consult on the Sheffield Race Equality Commission report published in July and will ensure actions from this report are considered in the group's reviewed action plan in the Autumn.

People

Health and Care Public Forum (Sheffield) – Public Involvement Group

- The HCP's public advisory group, managed by Healthwatch Sheffield, the **Health & Care Public Forum (Sheffield)** meet monthly and have discussed the following topics over the last two months: Recruitment and Retention

- The HCP's public advisory group, managed by Healthwatch Sheffield, the **Health & Care Public Forum (Sheffield)** meet monthly and have discussed the following topics over the last two months:
 - **Carers** with Sheffield Young Carers & Sheffield City Council – forum members raised the following question after the presentations and a discussion, and the question is now being taken forward within the HCP and forum members are being regularly updated with actions “What can be done to address the lack of consistency in how carers are identified across the health and care system?”
 - **Health inequalities** with one of Race Equity Inclusion Group (REIG) co-chairs Abiola Allinson, the discussion focussed on the work of REIG to date, how members viewed health inequalities, how we can be a champion & allies for health inequalities
 - A **framework for their thinking** is being developed and they will be reviewing professionals' views on working with the forum.
 - **Terms of Reference** was reviewed and confirmed with members. This can be viewed [here](#) alongside an outline of previous discussions with summary notes.
- **Sheffield HCP Recruitment and Retention Group** has had several new appointees joining and actions being taken forward around a single city-wide recruitment pack which will form the basis of the website we hope to develop. Guest speakers ensure that everyone is aware of the opportunities available to them around recruitment and have included the Employability Leads from the Council and from the ICS.

Leading Sheffield

- **Leading Sheffield Steering Group** have held a workshop and further meetings attended by Learning and Development, Wellbeing leads in our partners and in SYB ICS to consider how we would like to relaunch Leading Sheffield since it was paused partway through a cohort during November 2020. IT is anticipated that a paper will be delivered to the HCP Executive Delivery Group (EDG) in the Summer with a refreshed delivery plan of how we would like to relaunch the programme in the Autumn of 2022.
- **Learning and Development resources and training opportunities** for all the health and care workforce continue to be updated. Current themes include: person-centred approaches, project management, staff wellbeing and system leadership.

Person-Centred Approaches

- On Thursday 9th June we recognised international **What Matters To You Day** by coordinating [a joint communication](#) across our partners asking #WMTYSheffield. We shared answers on Twitter ([@HCPSheffield](#)) from our HCP team, our public forum, Director of Public Health Greg Fell and many more who champion the approach throughout the day. We held a learning event with AWARE-IBD, a patient-led service improvement programme carried out by The Inflammatory Bowel Disease Centre at Sheffield Teaching Hospitals and the University of Sheffield, working with Crohn's and Colitis UK and local partners in Sheffield, working to re-design services and deliver improved outcomes for those living with Inflammatory Bowel Disease (ulcerative colitis

and Crohn's). You can catch up with content by looking through the two hashtags ([#WMTYSheffield](#), [WMTY22](#)) and viewing the Youtube playlist created which includes a recording of the learning session [here](#)

- Our new trainers have been delivering the introductory course in 'What Matters to You' approach several times over the last few months. The introductory course has been attended by over 300 people from across all HCP partners as part of our contracted [person-centred training programme](#) with Peak Health Coaching. We are planning to bring the 14 trainers in the approach together in-person for the first time after the Summer for a face-face peer learning session to share practice on delivering the course to colleagues across Sheffield's health and care system; and continue a conversation on how we can continue delivering the training course going forward.
- A workshop and follow-up meeting has taken place for our **Joining Up Person-Centred Group** attended by stakeholders introducing person-centred approaches across our health and care system to establish a shared action plan and sponsorship from HCP EDG to continue creating a Person-Centred City & Workforce.

Further work in our Health & Care System

Sexual Rights Charter

- A Sexual Rights Charter has been developed by Dr Sharron Hinchliff, Dr Stephanie Ejegi-Memeh (University of Sheffield), and Gilli Cliff (Age-friendly Sheffield), and through consultancy with a range of older adults, younger adults, health and social care professionals, civil servants and aged-care specialists.
- The Charter is the first of its kind in the UK. It aims to ensure that people are treated with dignity and respect, and without discrimination, as they get older when it comes to their sexuality.
- It is a suite of materials that service providers, health and social care professionals, the community and voluntary workforce, researchers, educators, and policy-makers can adopt to support the sexual rights of people as they age.
- The Charter has been designed so that everyone, regardless of gender, sexual orientation, race, disability, and social class, will be treated without discrimination.
- The full Charter and a range of supporting materials including Guidance Notes, Problem Statement, FAQs can be found [here](#).
- If you would like to learn more about the Charter or arrange a presentation to be given to your programme board or group, please contact Dr Sharron Hinchliff (Director of Equality, Diversity and Inclusion, Health Sciences School) (s.hinchliff@sheffield.ac.uk).

If you would like more information on any of the work outlined, please contact the HCP team on sth.hcp-sheffield@nhs.net

Visit our website to stay up to date with developments across our partnership:
www.sheffieldhcp.org.uk

APPENDIX 1

Sheffield Operational Plan for 2022/23

Planned Care:

- Recover elective backlog and deliver national projection targets
- Reduce the number of people waiting over 52 weeks for treatment
- Prevention & management of Long Term Conditions (e.g. hypertension & diabetes)
- Commission Services to support effective primary and secondary patient care provision in Sheffield
- Diabetes onestop clinics
- Cancer: Treatment and living with and beyond cancer (LWABC)
- Respiratory: Post COVID & breathlessness services
- Tier 3 Weight Management Service
- Community Clinical Diagnostic Services
- Spirometry testing in to primary care in a COVID safe way
- Sheffield Phlebotomy Service
- Proactive Care at Home
- Expand the virtual ward offer
- Expand CASES and delivery of advice and guidance

Primary Care:

- Implement the ICS primary care strategy (PCN maturity plan / Practice resilience / Integrated services)

Urgent & Emergency Care:

- Development of the local Clinical Advice Service (CAS)
- Improve Urgent & Emergency Care pathways
- Development of primary care led integrated urgent care
- Improving knowledge and communication of services
- Enhanced access service
- Urgent Community Response

Ongoing Care / Frailty:

- NHS Ageing Well Programme: Virtual WardSPECT care planning and person centred care
- Cancer: tackling inequalities by targeting prevention and early diagnosis
- End of Life: Implement national strategy
- Improving the intermediate Care pathway

Social Care:

- Carers are recognised as partners in Health and Care and are supported
- Work together on connecting and aligning the development of population health management approach with the Adult Health and Social Care needs/demand analysis

Mental Health & Learning Disability:

- Crisis Pathway (all ages)
- Child & Adolescent Mental Health Services (CAMHS)
- All age eating disorders pathways
- Autism & learning disability services
- Dementia
- Improving the physical health of people with severe mental illness
- Adults and older adults community mental health
- Extend the Individual Placement Support Model
- Refugees and Asylum seekers
- Primary & Community Mental Health Transformation

Children & Young People:

- Review and develop services that support vulnerable children and young people
- Review and develop pathways to support seamless transition to adulthood / adult services
- Continue to improve SEND provision
- Develop and roll out a model of Integrated locality health services

- **CQC recommended actions:** Deliver high quality, well -led care across Sheffield
- **Workforce Resilience** (workforce planning / ARS roles / reception & admin staff development / leadership development / Improvement in EDI)
- **Integration of Services across all Health & Social Care partners**
- **VSCE development**

The '**golden thread**' running through all of our programmes of work to improve the health and care of the Sheffield population, is the reduction of health inequalities. In order to address health inequalities and focus our work, we have identified the **people living in the 20% most deprived areas in Sheffield**, those people who are from **ethnic minority backgrounds** and people who are **homeless** as a priority for action.

