

Sheffield Teaching Hospitals NHS Foundation Trust

Chief Executive's Report

Board of Directors – 29 March 2022

1. Covid-19 Gold Commander Update

Gold Command and the Trust remains focussed on safely providing urgent and emergency services and planned elective care with a focus on plans for enabling recovery and reset. The bronze and silver command structures were stood down from 4 March 2022 as the Trust moved from high to moderate prevalence. 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 Eii), each Director will highlight the key issues for the Board of Directors for the reporting period of December 2021 and January 2022.

3. Maternity Dashboards

The monthly reports for December 2021 and January 2022 are included at Appendix A and B which provides a rolling three month overview of Maternity Services' performance, which is benchmarked against a defined set of targets and to provide assurance to the Board of Directors in relation to the tracking of the Trust's own performance. These reports were considered by the Healthcare Governance Committee on both Monday 21 February 2022 and Monday 21 March 2022. The maternity service is currently working on developing a further iteration of the maternity dashboard in order to expand the range of information that is provided for consideration by the Healthcare Governance Committee.

4. Care Quality Commission (CQC) Assessment and Admission Mental Health Act (MHA) Focussed Review – Child and Adolescent Mental Health Services (CAMHS)

Further to a request from the CQC on 8 December 2021 for Sheffield Teaching Hospitals, along with partner NHS Services in Sheffield to provide detailed information around the care of children with mental health, to which we responded on 20 December 2021, we have now received notification (Appendix C) that the CQC Mental Health Act review team will be carrying out an Assessment and Admission focussed review to CAMHS across NHS services in Sheffield. This will take place from Monday 25 to Wednesday 27 April 2022.

5. Director of Strategy and Planning

The recruitment process to appoint to the post of Director of Strategy and Planning has now concluded and I am pleased to announce that Mark Tuckett has been appointed with a start date still to be confirmed in April 2022.

Mark is currently the Director of the Sheffield Health and Care Partnership and prior to this role he was Assistant Director of Public Service Reform at Sheffield City Council and before this he was Head of Policy and Improvement at the Council. Mark has significant experience of driving transformational change and fostering productive partnerships which bring clearly defined benefits. With the significant changes happening nationally and locally in terms of how health and social care is going to be delivered, Mark's knowledge, experience and existing relationships will be incredibly valuable in planning and delivering our own priorities and that of the wider city, region and national NHS.

I would also like to take this opportunity to thank Paul Buckley for his contribution and commitment whilst undertaking the Interim Director of Strategy and Planning role.

6. Chief Pharmacist

I am delighted to announce that Graham Marsh has been appointed as our new Chief Pharmacist and commenced in post on 1 March 2022. Graham brings a wealth of experience with over 20 years of NHS service, and over 12 years working here at Sheffield Teaching Hospitals. His most recent role was as Pharmacy Operations Manager & Deputy Chief Pharmacist, in which he led the robotisation of the NGH pharmacy store and dispensary and the commissioning of the new state-of-the-art aseptic unit at Weston Park Cancer Centre.

7. Clinical Director - South Yorkshire Single Pathology Service

I am pleased to announce that Dr Jonathan Bury, Consultant Histopathologist and current Clinical Director for Laboratory Medicine, has been appointed as the new Clinical Director for the South Yorkshire Pathology Network. A start date is yet to be confirmed. We will now be looking to appoint a new Clinical Director for Laboratory Medicine whilst Jonathan leads the development of the shared pathology service.

8. Clinical Director - Oral and Dental Services

Ms Halla Zaitoun has been appointed as Clinical Director for Oral and Dental Services. Halla will take up the Clinical Director post from 1 April 2022. In addition to welcoming Halla, I would like to thank Professor Tilly Loescher for her contribution to Oral and Dental Services during her time as Clinical Director.

9. Communications and Awards Update

Active Together - pioneering new programme to help cancer patients prepare for and recover from treatment

The Trust welcomed its first patient to this innovative new service in February 2022. Delivered by Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Hallam University, with funding from Yorkshire Cancer Research, Active Together is an evidence-based service that supports cancer patients by providing physical activity, nutritional and psychological support. The programme is expected to improve recovery rates and save lives by reducing the likelihood of cancer returning.

Stonewall Silver Employer

I am delighted to announce that we have been given a Silver Award for our commitment to inclusion of lesbian, gay, bi, trans and queer (LGBTQ+) people in the workplace. The award comes as part of Stonewall's *Bring Yourself to Work* campaign. According to the charity's national research, more than a third of LGBTQ+ people hide who they are at work, while one in five (18 per cent) have been the target of negative comments because they're LGBTQ+. I want STH to be a brilliant place for **everyone** to work and with the support of our staff networks it is important we continue to look into every corner of the organisation to make change where necessary and celebrate success.

10. Board Meeting Arrangements Evaluation Results

In July 2021, the Board of Directors agreed the following changes to its meetings architecture; to reduce the number of Board meetings held in public to six per year (bi-monthly) and; to reschedule this time for other Board activities including development, visibility and engagement, and more in-depth discussion on strategy.

To evaluate the impact and effectiveness of these changes a short questionnaire was sent to Board members in March 2022. Seven responses were received. The responses received were in concurrence that the impact of this change was positive as it created more time for the Board to focus on strategic discussions. As part of this questionnaire Board members were asked how the Strategy Sessions could be improved, the responses to this question will be considered and will inform the planning for future strategy sessions. The evaluation results are provided in full at Appendix D.

11. Weston Park Cancer Centre Transformation Update

On Wednesday 9 March I met with both Dan Jarvis (Mayor of South Yorkshire) and Edward Argar (Minister for Health) regarding the joint proposal between ourselves and the University of Sheffield for a £50m development of Weston Park Cancer Centre (WPCC). The meeting was a result of the joint letter from South Yorkshire MPs that the Mayor had orchestrated in support of the proposal to the previous Secretary of State. The meeting was positive, with the Minister acknowledging the proposal's importance and the extent to which it has been prioritised within our system. I subsequently joined a briefing of the South Yorkshire MPs held by the Mayor and members of the Combined Mayoral Authority team on Friday 18 March to brief them on the transformation proposal and our meeting with the Minister. Again, this was a positive meeting with MPs voicing their continued commitment to support the investment in WPCC.

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

A report from the Chief Executive Designate of SY&B ICS can be found at Appendix E. This provides a summary update on the work of the SY&B ICS for the months of December 2021 and January 2022.

13. South Yorkshire and Bassetlaw Integrated Care Board Appointments (SY&B ICB)

Following national recruitment, Gavin Boyle, CEO Designate, SY ICB announced the following appointments (letter provided at Appendix F):-

- Cathy Winfield MBE appointed to the position of Chief Nursing Officer
- Chris Edwards appointed to the position of Place Director for Rotherham and SY ICB Deputy Chief Executive
- Christine Joy appointed to the position of Chief People Officer
- Dr David Chrichton appointed to the position of Chief Medical Officer
- Lee Outhwaite appointed to the position of Chief Financial Officer
- Will Cleary-Gray appointed to the position of Executive Director of Strategy and Partnerships

14. South Yorkshire and Bassetlaw Acute Federation – March Highlight Report

A highlight report from the South Yorkshire and Bassetlaw Acute Federation Shadow Board is attached at Appendix G. This provides a summary of progress following the most recent meeting held in March 2022.

15. 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 H.

Kirsten Major
Chief Executive
29 March 2022

Executive Summary

Report to the Healthcare Governance Committee

Being Held on 21 February 2022

Subject	Maternity Dashboard December 2021
Supporting TEG Member	Chris Morley, Chief Nurse
Authors	Fiona Kew, Clinical Director Marie Reid, Midwifery Director Sue Gregory, Operations Director
Status¹	D

PURPOSE OF THE REPORT

To provide the Healthcare Governance Committee with the Maternity Dashboard containing data from December 2021.

KEY POINTS

The report:

- Provide an overview of Maternity Services' performance benchmarked against a defined set of targets.
- This report provides the detail for December 2021.
- This month's report has a shorter narrative due to operational pressures
- The Massive Obstetric Haemorrhage Rate remains stable at about 5%, improvement work continues to try to reduce this further.
- In October 2021 inborn term admissions to the Neonatal Unit at the Jessop Wing was above the national target of <5%. Since then, inborn term admissions to the Neonatal Unit have been below the national target.
- Continuity of carer continues to be paused in Sheffield due to the extreme pressure on midwifery staffing numbers. A recovery plan for staffing is in place and continuity will resume as soon as safe staffing can be ensured.
- The Directorate are working on developing a maternity dashboard that provides further information than that currently provided.

IMPLICATIONS²

		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	✓
6	Create a Sustainable Organisation	

RECOMMENDATIONS

For the Healthcare Governance Committee to receive the Maternity Dashboard for December 2021 and to debate the performance benchmarked against the thresholds.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Trust Executive Group	02 February 2022	Y
Healthcare Governance Committee	21 February 2022	

¹ Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

² Against the six aims of the STHFT Corporate Strategy 'Making a Difference – The next Chapter 2022-27'

Introduction

The Maternity Dashboard provides a monthly overview of the Maternity Services' performance against a defined set of targets and safety indicators. These targets are taken from national recommendations, Saving Babies Lives version two (SBL V2), NHS Digital Hospital Episodes Statistics (HES) and Healthcare Quality Improvement Programme (HQIP) National Maternity and Perinatal Audit (NMPA).

The indicators shown in Table 1 below are from the LMNS dashboard. Where there is a target specified, the figures are highlighted Green if we are meeting the target and Red if we are not.

Maternity services data is collected in the Jessop Wing Maternity Information System (JMIS) throughout the maternity pathway and this data is submitted nationally as part of the Maternity Services Data Set submissions (MSDS).

The STHFT team will collaborate with the LMNS to ensure that the RAG rating and reporting is benchmarked appropriately. In addition, further work will be undertaken to ensure that the dashboard used by STH, reports the metrics that the Trust recognise as relevant, and use both target levels and benchmarking to monitor performance as well as meeting the needs of external stakeholders.

To monitor trends over time, there are a series of charts demonstrating the data over a slightly longer period.

Issues to note for December 2021

Caesarean Sections

The number of caesarean sections (CS) is higher than the recommended target of 13% for elective CS and 17% for emergency CS. However, this needs to be taken in context with the complexity of case mix at the Jessop Wing and the continued national focus to fully support women's birth choice.

Caesarean section rate targets are based on England HES data for 2019/20 with no variation given for tertiary centres. Benchmarking in a previous report highlighted that the Trust's CS rate was not at significant variation with other maternity units within the Yorkshire and Humber region.

Massive obstetric haemorrhage

The massive obstetric haemorrhage rate continues to hover around 5% (defined as blood loss greater than 1500mls peripartum) for **all** deliveries. The national target is 2.9% for women who gave birth vaginally to a singleton baby in the cephalic position between 37+0 and 42+6 weeks. The Maternity Safety Learning Network has commenced work on standardisation of measurement, to improve the accuracy of comparative data.

As described in a previous report work continues to reduce the rate, including an audit of the use of oxytocic's, medication used in the management of the third stage of labour (to deliver the placenta after the baby is born), is currently underway and will report shortly. Data collection for a full re-audit commences from Jan 2022. This will inform our prevention and active management of haemorrhage.

Term admissions to Neonatal Intensive Care Unit (NICU)

In October 2021 inborn term admissions to the Neonatal Unit at the Jessop Wing was above the national target of <5%. Since then, inborn term admissions to the Neonatal Unit have been below the national target.

Continuity of Carer

Continuity of carer continues to be paused in Sheffield due to the extreme pressure on midwifery staffing numbers. A recovery plan for staffing is in place and continuity will resume as soon as safe staffing can be ensured.

Summary

The dashboard will enable oversight by the Board of Directors and the LMNS of themes and trends in maternity outcomes for STHFT.

Table 1 - LMNS KPIs

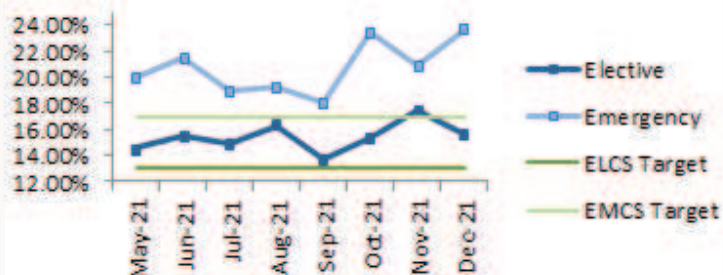
KPI	Detail	Target	October	November	December
Massive Obstetric Haemorrhage	≥1.5l	<2.9%	4.2%	5.2%	4.9%
Smoking at time of delivery		6%	8.7%	9.3%	10.0%
3 rd & 4 th degree tear	SVD (unassisted)		2.0%	1.2%	0.9%
	Instrumental (assisted)		1.3%	0.5%	0.5%
	Total	3.5%	3.3%	1.6%	1.4%
Caesarean Section rate	Elective	13%	15.3%	17.5%	15.7%
	Emergency	17%	23.5%	20.8%	23.6%
Early Deliveries	Deliveries before 27 weeks gestation		0.53%	0.6%	0.6%
	Deliveries before 37 weeks gestation		8.68%	8.8%	9.0%
Percentage of women placed on CoC pathway		35% (March 21)	0%	0% *	0% *
Percentage of women on CoC pathway: BAME / areas of deprivation	BAME	75%	0%	0% *	0% *
	Area of deprivation	75%	0%	0% *	0% *
CoC DQ - Overall DQ	Proportion of women with all data items recorded that are required for the continuity of carer placement measure	80%	0%	0% *	0% *
Term admissions to NICU		< 5%	5.93%	2%	4.0%
Stillbirths			2	0	4
Serious Incidents			1	2	2
Never Events			0	0	0

* Please note that with Continuity of Carer (CoC) suspended, all related figures are expected to be 0%

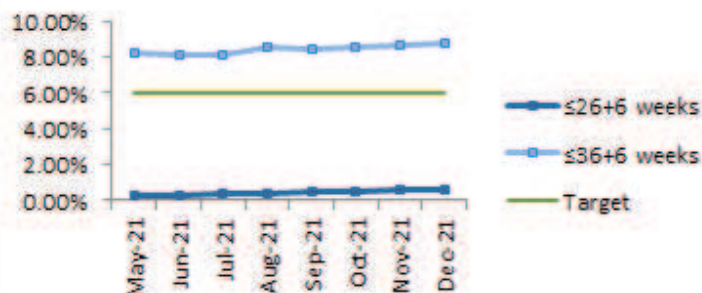
Table 2 – Other LMNS Indicators (December data)

Indicator	Data
Unactioned Datix / Open > 30 days	283
HSIB Cases	1
HIE cases (2 or 3)	1
Neonatal Deaths (Early / Late)	7/0
Notification to ENS	1
Maternal Mortality (direct / indirect)	0
MW to birth ratio	1:30/1:26 total
Vacancy rate (MW)	14.8% (total) 18% clinical
LW co-ordinator supernumerary (%)	100%

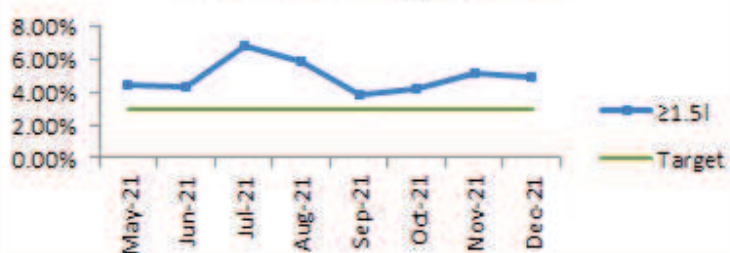
Caesarean Section Rate



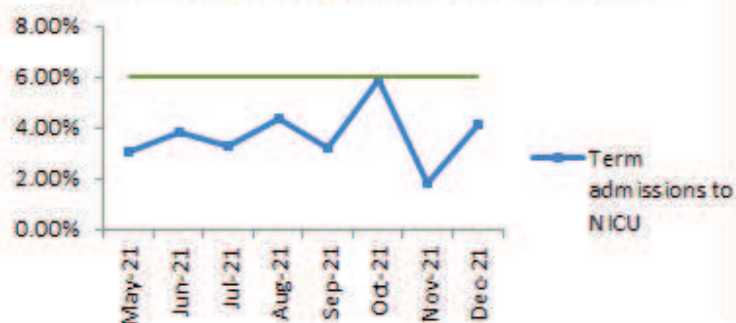
Preterm Birth Rate



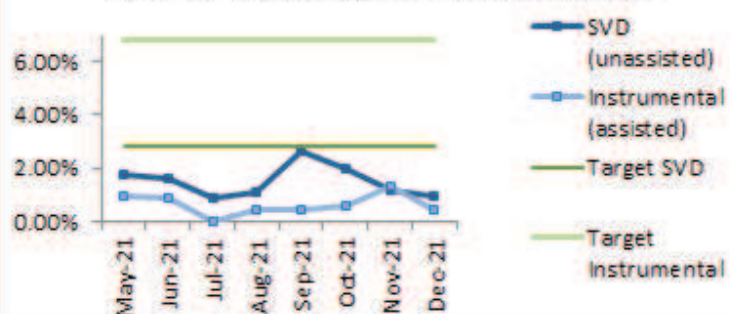
Massive Obstetric Haemorrhage Rate



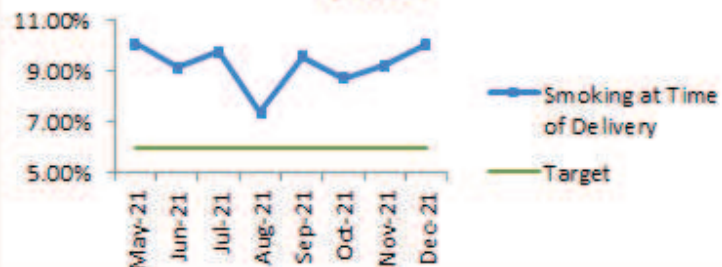
Term admissions to NICU Rate



3rd & 4th Degree Tears Rate



Smoking at Time of Delivery Rate



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- Continuity of carer continues to be paused in Sheffield due to the extreme pressure on midwifery staffing numbers. A recovery plan for staffing is in place and continuity will resume as soon as safe staffing can be ensured
- The Massive Obstetric Haemorrhage Rate remains under 5%, improvement work continues to try to reduce this further.
- NHS England and Improvement have written to all Trusts with Maternity Services asking that the use of targets alongside the reporting of caesarean sections should cease with immediate effect.
- The Directorate are working on developing a maternity dashboard that provides further information than currently provided.

IMPLICATIONS²

		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
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The STHFT team collaborate with the LMNS to ensure that the RAG rating and reporting is benchmarked appropriately. In addition, further work is being undertaken to ensure that the dashboard used by STH reports the metrics that the Trust recognise as relevant and use both target levels and benchmarking to monitor performance as well as meeting the needs of external stakeholders. A paper detailing suggested amendments to the dashboard is being prepared and it is expected to be submitted to TEG in April.

To monitor trends over time, there are a series of charts demonstrating the data over a six-month period.

Issues to note for January 2022

Caesarean Sections

NHS England and Improvement have written to all Trusts with Maternity Services asking that the use of targets alongside the reporting of caesarean sections should cease with immediate effect. For this report, the rates of emergency and elective caesarean sections are shown for information only.

It is encouraged that all Maternity Services use Robson Group data when considering the use of caesarean sections. At this time, the data submitted nationally through our current Maternity Information system does not support production of this data. Information Services are seeing what could be done to improve this ahead of the deployment of a new Maternity Information System / Electronic Patient Record.

Massive obstetric haemorrhage (MOH)

The massive obstetric haemorrhage rate continues to hover around 5% (defined as blood loss greater than 1500mls peripartum) for all deliveries. The national target is 2.9% (based on 2017 data). The Maternity Safety Learning Network has commenced work on standardisation of measurement across the LMNS, to improve the accuracy of comparative data.

As previously reported, an audit of the use of oxytocics, (medication used in the management of the third stage of labour to deliver the placenta after the baby is born), is currently underway. The report for this has been delayed due to data collection issues. Data collection for a full re-audit for all MOH is nearing completion for Jan 2022. This will further inform the prevention and active management of haemorrhage.

Term admissions to Neonatal Intensive Care Unit (NICU)

In October 2021 inborn term admissions to the Neonatal Unit at the Jessop Wing was above the national target of <5%. Since then, inborn term admissions to the Neonatal Unit have been below the national target.

Continuity of Carer

Continuity of carer continues to be paused in Sheffield due to midwifery staffing numbers. A recovery plan for staffing is in place and continuity will resume as soon as safe staffing can be ensured.

Midwifery Workforce

January has remained a challenge due to the vacancy and unavailability of midwifery staff particularly linked to COVID related absence due to the Omicron variant. To mitigate this consistent bank and agency staff along with overtime provided by our substantive staff has been utilised.

The supernumerary status of the labour ward co-ordinator was red flagged on 3 occasions through January, resulting in an 87% compliance rate. Staffing concerns were escalated appropriately and solutions sought so that supernumerary status was resumed.

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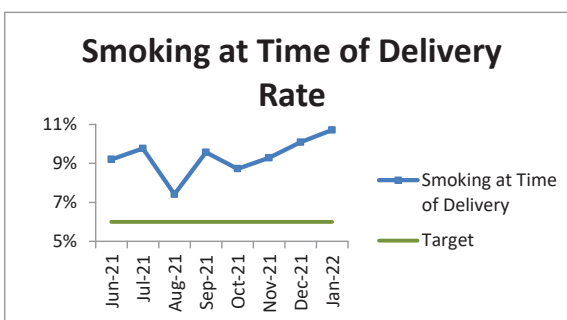
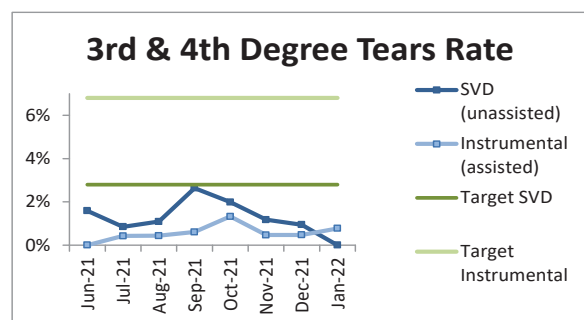
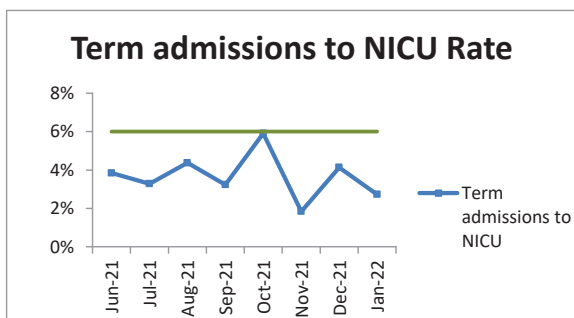
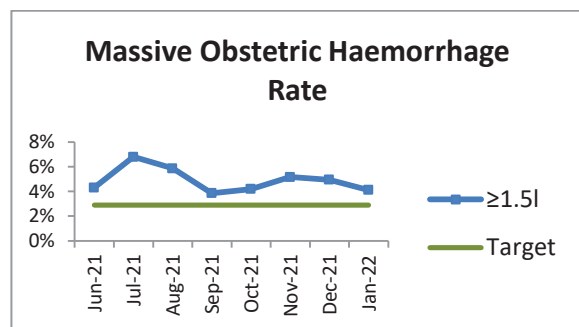
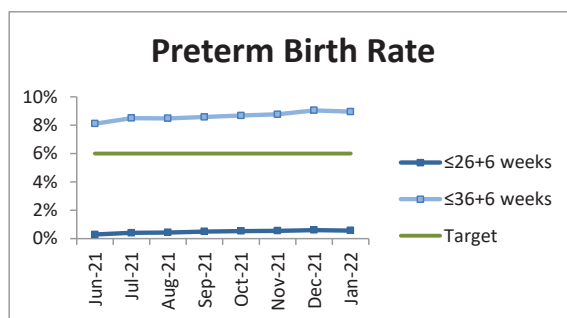
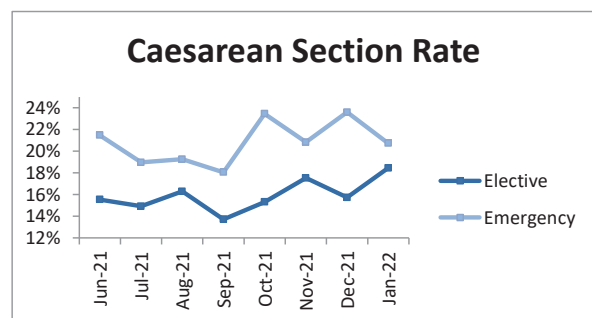
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Table 2 – Other LMNS Indicators (January data)

Indicator	November	December	January
Unactioned Datix / Open > 30 days	283	283	274
HSIB Cases	1	1	0
Hypoxic Ischaemic encephalopathy cases graded at level 2 (moderate) or 3	1	1	0
Neonatal Deaths (Early / Late)	7/0	7/0	8 (7/1)
Notification to Early Notification Scheme	1	1	0
Maternal Mortality (direct / indirect)	0	0	0
MW to birth ratio	1:30/1:26 total	1:30/1:26 total	1:30/1:26 total
Vacancy rate (MW)	14.8% (total) 18% clinical	14.8% (total) 18% clinical	15.22% (total) 19% clinical
LW co-ordinator supernumerary (%)	100%	100%	87.6%

Charts of selected KPIs





Care Quality Commission
Citygate

NE1 4PA

Kirsten Major
Chief Executive
Sheffield Teaching Hospitals NHS
Foundation Trust
By email

Telephone: 03000 616161
enquiries@cqc.org.uk

21 March 2022

Dear Kirsten Major

CQC Ref: MRR1-12156735235
Care Quality Commission (CQC)
Assessment and Admission Mental Health Act (MHA) focussed review
Child and Adolescent Mental Health Services (CAMHS)

We wrote to you in December 2021 and asked that the trust provide us with some detailed information in relation to how the care of children with mental health needs was managed by the trust and its partners. Thank you for providing that information, and for confirming the structures in place to support young people and their families.

CQC are responsible for monitoring the operation of the Mental Health Act and the requirements of the MHA Code of Practice with providers registered to provide care and treatment to patient within the scope of the MHA

Our primary MHA monitoring activities involve site visits by MHA reviewers, who meet with patients, examine records and review at the day-to-day operation of powers and duties under the MHA.

MHA reviewers also carry out focused MHA reviews to gather information to highlight local, regional or national trends. These visits will look at specific themes, patient groups or service types. Our primary aim is to identify current practice and areas for improvement and, where there is limited national data, gather evidence to inform future policy positions.

I am writing to advise you that from **Monday 25th to Wednesday 27th April 2022** our Mental Health Act review team will be carrying out an assessment and admission MHA focussed review to child and adolescent mental health services (CAMHS) across NHS services in Sheffield.

The review will include (but is not limited to):

- visiting sites where children and young people are cared for when in need of mental health treatment and support.
- speaking with a variety of staff involved in the care of children and young people
- speaking with a variety of stakeholders involved in the care of children and young people
- reviewing policy and process related to the care of children and young people.
- gathering the views of young people and their families who have been in receipt of mental health care in the city.
- reviewing records of detained child patients

Please note that these are the planned onsite visit dates, our team may use their powers to return at any time. The team will also carry out scheduled discussions with you and your colleagues beyond these dates to inform their review.

The outcome of this visit will be reported upon; however, this is not an inspection visit which will impact on the trust's inspection ratings. If we identify concerns on MHA visits, this may trigger further inspection or monitoring activity.

We are happy to plan a call with you and/or your colleagues if you would like to discuss this with the team in more detail prior to the start of the review.

The team look forward to their visits with the trust and its partners.

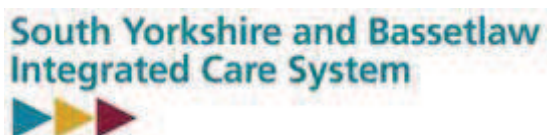
Yours sincerely

A handwritten signature in black ink, appearing to read 'Simon Plummer', with a stylized flourish at the end.

Simon Plummer
Mental Health Act Reviewer
Care Quality Commission

March 2022 - Evaluation of Board Meetings Results

1. In your view, what has been the impact of the move to six public meetings per year? (1 negative impact / 5 positive impact)	2. Please explain the reason(s) for your assessment of the impact of the move to six public meetings per year:	3. How satisfied have you been with the Board Strategy Sessions to date? Was this a good use of Board members' time? (1 Dissatisfied / 5 Very Satisfied)	4. Please provide comments to explain your response to question three:	5. How could we improve the Board Strategy Sessions?
4	Allows the board to spend more time on developmental and tactical discussion.	4	I think they have gone from strength to strength a mixture of external issues and external using both our knowledge but allowing other experts to discuss issues with us.	Ask what all Board members want to focus on and do further planning for the year.
1	New to the role and have not noted a change in practice.	4	These are very comprehensive and i do like the way they focus on a specific issue so that an in depth look at it can take place.	i think if these could be more interactive as we go forward this would be helpful. - we may also want to have a focus of what other organisation do to manage the issues that we are focused on in this section so we can benchmark our practice to this.
5	Has created space for more indepth discussions, and the timing with respect to CQC has been perfect to ensure we had ths space.	4	Was a good use of our time, think we are still finding our way a little bit, but confident we will continue to iterate the approach to meet our needs.	Being confident to have free ranging and open discussions. Perhaps pay attention to ensuring those quieter voices and ensuring they contribute.
4	Created more time for some strategic conversations.	4	I think we have had time for some good strategic discussions and explored issues which we don't normally have time to get to.	I wonder if they will be better face to face, particularly the opportunity to break into smaller groups.
4	Enable more time to focus on the strategic issues with limited impact	4	Good sessions but we need to be encourage debate and dialogue - this can be restricted during virtual meetings but there are various techniques and methods that can be adopted.	Less information giving and more discussion/debate.
4	Frees up time for more added value discussions.	4		
4	Freed up time but time has been replaced with a longer Private and Strategic session.	4	Good discussion, need to dial down the Strategic detail.	Face to face, break out discussions, facilitation.



Chief Executive Report

Health Executive Group

8 February 2022

Author(s)	Gavin Boyle Chief Executive designate NHS South Yorkshire Integrated Care Board	
Sponsor		
Is your report for Approval / Consideration / Noting		
For noting and discussion		
Links to the ICS Five Year Plan (please tick)		
Developing a population health system	Strengthening our foundations	
<input checked="" type="checkbox"/> Understanding health in SYB including prevention, health inequalities and population health management	<input checked="" type="checkbox"/> Working with patients and the public	
<input checked="" type="checkbox"/> Getting the best start in life	<input checked="" type="checkbox"/> Empowering our workforce	
<input checked="" type="checkbox"/> Better care for major health conditions	<input checked="" type="checkbox"/> Digitally enabling our system	
<input checked="" type="checkbox"/> Reshaping and rethinking how we flex resources	<input checked="" type="checkbox"/> Innovation and improvement	
Building a sustainable health and care system	Broadening and strengthening our partnerships to increase our opportunity	
<input checked="" type="checkbox"/> Delivering a new service model	<input checked="" type="checkbox"/> Partnership with the Sheffield City Region	
<input checked="" type="checkbox"/> Transforming	<input checked="" type="checkbox"/> Anchor institutions and wider contributions	
<input checked="" type="checkbox"/> Making the best use of resources	<input checked="" type="checkbox"/> Partnership with the voluntary sector	
	<input checked="" type="checkbox"/> Commitment to work together	

Where has the paper already been discussed?	
Sub groups reporting to the HEG: <input type="checkbox"/> Quality Group <input type="checkbox"/> Strategic Workforce Group <input type="checkbox"/> Performance Group <input type="checkbox"/> Finance and Activity Group <input type="checkbox"/> Transformation and Delivery Group	System governance groups: <input type="checkbox"/> Joint Committee CCGs <input type="checkbox"/> Acute Federation <input type="checkbox"/> Mental Health Alliance <input type="checkbox"/> Place Partnership
Are there any resource implications (including Financial, Staffing etc)?	
N/A	
Summary of key issues	
<p>This monthly paper from the System Lead of the South Yorkshire and Bassetlaw Integrated Care System provides a summary update on the work of the South Yorkshire and Bassetlaw health and care partners for the months of December 2021 and January 2022. The Health Executive Group adapted in December to become the Health Cell of the LRF in response to the new Omicron variant of Covid-19.</p>	
Recommendations	
<p>The SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees as appropriate.</p>	

Chief Executive Report
SOUTH YORKSHIRE AND BASSETLAW
INTEGRATED CARE SYSTEM

Health Executive Group

08 February 2022

1. Purpose

This paper from the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) designate Chief Executive Officer provides an update on the work of the South Yorkshire and Bassetlaw health and care partners for the months of December 2021 and January 2022. The Health Executive Group meeting was adapted from December 2021, becoming the health cell of the LRF to support leaders across the system with coming together to respond to the Omicron variant of Covid-19.

2. Summary update for activity during December/January

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

2.1.1 Covid cases

December and January were particularly challenging across SYB ICS, as they were in the rest of the country. In December, following the announcement of a UK-wide Level 4 covid alert, the NHS declared a national Level 4 Incident, which currently remains in place. At the time the last CEO report was written in late November, there were no cases of Omicron in SYB, but this situation changed rapidly during December. Omicron became the dominant strain of the virus in most of the population, except for under 15s where numbers of the Delta variant were initially similar. By 10 January, cases of Covid had risen to 2000 per 100,000; the highest rate seen during the pandemic. The number of children under 12 with Covid are at levels 20 times higher than previously seen with a notable spike in cases when schools reopened in January.

Although the overall numbers of new cases are now decreasing, we are still expecting a peak in bed occupancy to follow at the end of January into early February but do not anticipate that this will be on the scale of the previous waves. Bed occupancy will also be affected by hospital discharge figures and the numbers/levels of local outbreaks in care homes and assisted care accommodation sites. However, at the end of January bed occupancy numbers are stable and encouragingly, there continue to be fewer admissions to intensive care units. This reflects the impact of the booster programme and new treatments which are helping to reduce severe illness and death.

2.1.2 Staff absences

The emergence of the Covid Omicron variant in November 2021 led to predictions of a sharp increase in numbers of people affected nationally due to the high transmissibility of the virus. This proved to be the case, with very high levels of community infection, which in turn led to an increase in hospital admissions but fortunately not at the same rate as previous waves due to the impact of the vaccine. Because of the number of people infected with Omicron, high levels of staff absence were anticipated and as a system we put plans in place to mitigate against this. Despite this, mid-December to mid-January proved to be extremely challenging with higher rates of staff absence than would normally be seen at this time of year creating pressures across the system. Although some staff had Covid, many were absent because they were caring for relatives with Covid or were required to self-isolate.

However, I am pleased to report that by the end of January, the situation had improved considerably. We anticipate that the Heath Secretary's announcement on 14 January reducing isolation from seven days to five days following consecutive negative tests will also help to reduce staff absences. But as the level among school children under 12 remains high, the virus will continue to circulate in the community, potentially causing reinfection which is passed on to parents and carers which in turn can translate into further staff absences.

I would like to take this opportunity on behalf of the ICS to record our heartfelt thanks to all our staff, who yet again have risen to another challenge with great dedication, courage and professionalism.

2.1.3 Reducing Covid hospital admissions

SYB has successfully established five Covid Medicine Delivery Units, which can provide treatment with neutralising monoclonal antibodies (nMABs) to patients who are at high risk if they contract Covid. Each patient is individually assessed by a clinician, which means that they get rapid treatment to help ensure they don't become very unwell with the virus. nMABs are highly recommended as a treatment option for non-hospitalised adults and children (aged 12 years and above) in the highest risk patient groups. This service is also helping to reduce the number of admissions to hospital.

The government has also announced details on PANORAMIC, a new national Covid study which aims to recruit 10,000 UK patients at greatest risk of serious illness to a trial the drug Molnupiravir at home. This is a new antiviral which has proved to be successful in clinical trials in reducing the risk of hospitalisation and death among the most vulnerable of non-hospitalised adults by 30 per cent.

2.1.4 System pressures and recovery

Ongoing pressures to SYB's urgent and emergency services have required some adaptations to patient-facing services, mostly connected to elective care and non-urgent services, to redeploy staff to the most in need services.

The impact of Omicron on staff absence resulted in specific pressures for the Yorkshire Ambulance Service (YAS), which had to put temporary measures in place to prioritise its most important services. For a short period in January, YAS had to suspend its Patient Transport Services (PTS). But following support from military colleagues and the number of YAS staff able to return to work, the service recommenced for all eligible patients requiring PTS services from 24 January.

The on-going infection control measures for Covid have also helped to ensure that the numbers of cases of flu remain well below normal seasonal levels with few admissions to hospital, and no admissions to intensive care. Cases of norovirus also continues to be very low.

2.1.5 Vaccination programme

The drive for booster vaccinations to help protect people against the Omicron variant was ramped up across the country in December. Vaccination teams did an amazing job in SYB and vaccination centre hours were extended to 12 hours a day seven days a week and we worked with local authority partners on additional sites and pop-up centres. Currently, over 80 per cent of the eligible population in SYB have now received their booster, which is an extraordinary achievement in such a short time scale, and I would like to offer my thanks on behalf of the ICS.

During January the number of people coming forward for their Covid vaccinations has been falling and currently we are vaccinating around 2000 people a day. To counteract this, SYB's Covid Vaccination Programme has been redoubling efforts to increase uptake of the booster programme to support the immunisation of all over-18's in the region. We have been offering popup vaccination sites and arranging vaccination sessions at places of employment for example Amazon.

Work has begun to look at how we can best use the vaccination capability which has been built up since January 2021 going forward, which will be shaped by the vaccination requirement over the next 12 months.

From 31 January we will also be offering vaccinations to children aged 5 - 12 who are clinically vulnerable or live in a household with someone who is immunosuppressed.

2.1.6 Vaccination as a condition of deployment (VCOD)

Following an announcement from the Department of Health and Social Care (DHSC), all staff who undertake CQC regulated activities and have direct contact with patients must be fully vaccinated against Covid 19 by 1 April 2022. This applies to the NHS and independent sector and follows a similar requirement for those working in social care. Across the system we are doing everything possible to support staff who are currently unvaccinated who want to be vaccinated before the deadline.

2.2 Regional update

2.2.1 Leaders meeting

The North East and Yorkshire (NEY) Regional ICS Leaders meet weekly with the NHS England and Improvement Regional Director. During December and January discussions focused on the ongoing Covid response and vaccination programme, urgent and emergency care, winter resilience, planning and recovery and ICS development. Specific pressures on the system, particularly in the ambulance service due to staff sickness levels and the impact of delayed discharge from hospital.

2.3. National updates

2.3.1 Planning guidance

On 24 December, NHS England and NHS Improvement (NHS E/I) released new operational planning guidance for 2022/23, outlining 10 clear priorities for health and care systems to enact over the next two years. Key elements of the guidance include reinforcing and strengthening our workforce, enhancing our access and capacity across primary care networks (PCN's) and continuing with transformation to reduce health inequalities through data and analytics. Covid response and treatment (including vaccination) is also firmly embedded within these priorities aligning this more closely with business-as-usual activities.

These plans are all set against the proposed Integrated Care Board (ICB) formation, which although subject to the Health and Care Bill passage - provides both stability and assurances of the direction of travel for health and care systems in their future operational planning.

2.3.2 GP patient survey

The 2022 GP patient survey was launched on 10 January. The Survey is a key source of information about primary care in England. Last year, more than 850,000 people gave feedback on around 6,700 GP practices. The 2021 results are available on the website, and this year for the first time, ICS slide packs have been produced which provide an ICS level view of the results for key questions from the survey with comparative 2020 data where available.

2.3.3 Weight loss support on the High Street

People struggling to lose weight will now be offered help from their local high street pharmacy in the latest drive to tackle rising obesity levels and type 2 diabetes. Community pharmacy teams can now refer adults living with obesity, and other conditions, to the 12-week online NHS weight management programme. GPs have already referred 50,000 adults to the programme. Adults living with obesity plus hypertension or diabetes will qualify for the service, which people can access via an app on their smartphone.

2.3.4 Childhood MMR Campaign

A new national campaign launches on 1 February 2022 encouraging parents to get their children vaccinated against measles, mumps, and rubella. The goal is to boost parents' confidence that getting their children vaccinated is the right thing to do, by providing information on the risk of measles, mumps, and rubella. The campaign's call-to-action tells parents and carers whose children have missed one of their two MMR doses to contact their GPs and book their vaccine.

2.4 Integrated Care System update

2.4.1 Establishing ICBs postponed until 1 July 2022

In December, the government announced a revised target date for the establishment of ICBs to 1 July 2022 from 1 April as originally planned. The decision was taken based on the anticipated passage of the Health and Care Bill through Parliament. NHS South Yorkshire, the confirmed public facing name for the ICB in South Yorkshire, will now formally establish on 1st July. National and local plans are being adjusted to reflect the new target date.

The change in date does not change our direction but gives more time to deepen preparations and continue to develop more integrated services in our Places and in our Provider Collaboratives and Alliances. The ICB provides the best opportunity to address unfair, avoidable and systematic differences in the opportunity for all our citizens to live healthily and well.

Until 1 July, CCGs will remain in place as statutory organisations. They will retain all existing duties and functions and will conduct their business (collaboratively in cases where there are multiple CCGs within an ICS footprint), through existing governing bodies. CCG leaders will be working closely with designate ICB leaders in key decisions which will affect the future ICB, notably commissioning and contracting. NHSEI will retain all direct commissioning responsibilities not already delegated to CCGs.

However, boundary changes will go ahead on 1 April. This means that Bassetlaw CCG will become part of Nottingham and Nottinghamshire ICS on that date. We are currently developing a Memorandum of Understanding between South Yorkshire and Nottinghamshire to ensure the continuation of joint working between Bassetlaw and South Yorkshire given the importance of this to the population of Bassetlaw who access almost all their secondary and specialised care in South Yorkshire.

2.4.2 ICB constitution and establishing ICB Board

The ICB draft Constitution, which set out our Board size, its make-up and approach to our eligibility, nomination and selection criteria was approved by NHS England on 23 December 2021 England.

We began the process for recruiting new executive and non-executive appointments in December with closing dates in January. We have had very encouraging responses so far and particularly from non-executive roles representing local community interests. Interviews are scheduled for February and March. We are continuing to advertise for non-executives with specific areas of expertise in finance and strategy.

Over the next couple of months as the new Board is recruited, we will be focusing on discussions with our partners on co-production work to inform wider governance and how NHS South Yorkshire can best support the ambitions and priorities of our Places, Provider Collaboratives and Alliances. We will also be revisiting our current ICS governance in advance of the new statutory arrangements. The new target date of 1 July gives us more time to get the new shadow Board up and running in the first quarter.

The development work in our Places and Provider Collaboratives also continues to progress focussing on ambition and priorities and the arrangements needed to continue to work well together. We are considering the relationship and arrangements needed between these and the future ICB / ICP to continue to support thriving Places and strong and vibrant Provider Collaborates and Alliances.

2.4.3 Organisational development work on functional design

The organisational development work on functional design of the emerging new organisation is now well underway, although some workshops were delayed by a month because of the declaration of a level 4 incident and the need focus on system pressures. Workshops are now rescheduled and are back on track. The process began with the staff most affected by the changes who will become employees of NHS South Yorkshire (ICB) but will now involve the wider one workforce of the ICS and partners. A key objective of the work is to ensure there an understanding of the transferring functions and good practice supporting integration and opportunities.

We have also published a formal response to the Consultation on the proposed new executive board level roles in SY ICB Integrated Care Board. A copy of the report is available to all staff on the SYB Hub. I hosted a webinar for staff to go over the feedback received and answer questions.

2.4.4 ICCS £57.5m capital investment from treasury

SYB ICS have secured £57.5m from the Treasury to invest in primary and community facilities across our region. Only two areas in the country were selected and we will see over 20 projects delivered by the end of 2023 which will be instrumental in allowing us to provide seamless services, improve service quality, improve patient experience and deliver value for money.

2.5. Finance

The system had a £28.7m surplus at Month 8 which was £28.8m favourable to plan. The surplus all sits with provider organisations. The forecast position is a £0.3m surplus which is £0.3m favourable to plan. Organisations have been asked to undertake a detailed review of forecasts at Month 9 and revise forecast accordingly. This exercise is expected to increase the forecast surplus.

Capital spend at Month 8 showed a spend of £57.6m which was £7.4m or 12.8 per cent behind plan. The forecast adjusted performance is break even against plan. Providers have been asked to undertake a detailed review of the forecast at Month 9 and revise the forecast accordingly.

Final draft system allocations have been issued that shows that the system will receive £40.3m additional net resource compared to the opening baseline allocation (1.2 per cent increase). This includes allocation reductions of £147.2m or 4.5 per cent.

2.6 Retirement of Sir Andrew Cash

I would like to formally record my thanks to Sir Andrew Cash on behalf of SYB ICS on his retirement as System Lead for the ICS at the end of January 2022. Andrew has had a long and very distinguished career dedicated to improving patient care. He has made an enormous contribution to the development of the NHS in South Yorkshire and Bassetlaw and the wider NHS over the last six years in developing the ICS and prior to that as CEO of Sheffield Teaching Hospitals NHS Trust from 2004 to 2018. He has also championed partnership working which has been hugely instrumental in ensuring we have become one of the leading ICSs in the country. The transformational work across SYB has touched the lives of many thousands of people improving health and care services and addressing health inequalities.

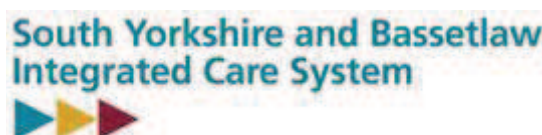
I know that colleagues within the NHS locally and nationally, local authorities and the voluntary and community sector will join me in thanking him and wishing him well in his retirement. 'Although Andrew has stepped down as SYB ICS executive lead at the end of January 2022 he will remain involved on a part time basis in helping lead the transition to the new ways of working across the wider NHS , in the North East and in the Yorkshire and Humber (NE and Y and H) for a while yet. He will chair the NE and Yorkshire and Humber Transition Oversight Group for the four ICSs and

Region. I know that he will continue to contribute his wisdom and energies to health and care both locally and nationally'.

Gavin Boyle

Chief Executive designate NHS South Yorkshire Integrated Care Board

Date: 01 February 2022



South Yorkshire & Bassetlaw Integrated Care System
722 Prince of Wales Road
Sheffield
S9 4EU
Programme Office: 0114 3051905

25 February 2022

Sent by email

Dear colleague,

I am delighted to inform you that following an and organisational change process and national recruitment a number of designate Executive appointments have been made to the South Yorkshire Integrated Care Board (SY ICB).

As you are aware we are currently developing the local arrangements set out in the Government's Health and Care Bill to support the formation of a new statutory NHS body – the South Yorkshire Integrated Care Board (SY ICB) – which will come into effect from the 1st July 2022 subject to the successful passage of the Health and Care Bill through parliament.

The individuals joining the Board have extensive experience of working within NHS organisations.

- Cathy Winfield MBE has been appointed to the position of Chief Nursing Officer. She is currently Executive Chief Nurse at University Hospitals of Derby and Burton NHS Foundation Trust.
- Chris Edwards has been appointed to the position of Place Director for Rotherham and SYICB Deputy Chief Executive. Chris is currently the Accountable Officer for both Barnsley and Rotherham Clinical Commissioning Groups and a Senior Responsible Officer within the ICS.
- Christine Joy has been appointed to the position of Chief People Officer. Christine is currently Operational Lead for Change, HR and OD for the National ICS Development Programme at NHS England/ Improvement.
- Dr David Crichton has been appointed to the position of Chief Medical Officer. David is currently Medical Director at Doncaster Clinical Commissioning Group.
- Lee Outhwaite has been appointed to the position of Chief Financial Officer. Lee is currently Director of Finance and Contracting at Chesterfield Royal Hospital NHS Foundation Trust and Derbyshire Community Healthcare NHS FT.

-
- Will Cleary-Gray has been appointed to the position of Executive Director of Strategy and Partnerships. Will is currently Chief Operating Officer for the South Yorkshire and Bassetlaw Integrated Care System.

The draft constitution for the ICB describes a Board of 20, including Executives, Non-Executives and Partner Members. Recruitment is also underway for the Non-Executive Directors and the remaining Place Director posts will be advertised shortly. We are also working with our partners to receive nominations for the partner positions on the Board, with the aim of having everyone in post to start to operate in shadow format in April.

I would like to extend my thanks to the partners who played an active part in the recruitment, through attending stakeholder panels, interview panels or other inputs.

These appointments pave the way for the development of the ICB to take another step forwards.

If you have any questions please don't hesitate to contact me.

Kind regards.



Gavin Boyle
South Yorkshire, Integrated Care Board
Chief Executive (designate)

ACUTE FEDERATION SHADOW BOARD MEETING: 7th March 2022

Highlight Report

1.0 INTRODUCTION

- 1.1 The purpose of this report is to highlight key issues, discussions and decisions taken by the South Yorkshire and Bassetlaw Acute Federation (Committee in Common) for prompt communication to provider Trust Boards.

2.0 KEY DISCUSSIONS AND DECISIONS

- 2.1 The Board focussed on strategy, as much of the work in February / March focussed on governance and governance architecture ensuring that the SYBAF Board and its infrastructure has firm foundations. The proposed Governance Architecture is currently progressing through Trust Boards to build support for the new arrangements. Following this the SYBAF Shadow Board will formally operate as the SYBAF Board from 1st April and SYBAF Executive System Delivery Group will become operational commencing in April.
- 2.2 The Board discussed and agreed the process for the recruitment of the substantive Managing Director which is now out to advert with interviews in April.
- 2.3 Pearse Butler and Gavin Boyle, Chair and CEO for the South Yorkshire Integrated Care Board joined the meeting and provided an update on three areas.
- 2.3.1 Appointments were being made to their new board, and the main Executive posts are now filled, as is the Deputy Chief Executive and Rotherham Place Director position and the next step would be appointing to the Barnsley, Doncaster and Sheffield Place Directors.
- 2.3.2 Gavin provided an update on the development work that the ICB are conducting to work through how the Provider Collaboratives covering Acute, Mental Health, Children's and Primary Care services will relate to the four places in Barnsley, Doncaster, Rotherham and Sheffield and how this works with the Integrated Care Board.
- 2.3.3 Pearse discussed with the SYBAF Board the appointment of an Acute CEO to the ICB Board, and that this would be a commitment of 3 years. CEOs were asked to consider who would be interested and able to undertake the role. A proposal will then be submitted to the ICB Chair for consideration.
- 2.4 From my last report you will recall that we are working with NHSE/I Partnership Collaborative development team and Louise Robson and Adele Coulthard joined the meeting to progress the development of the SYBAF Purpose statement. The board discussed this and agreed to finalise a statement of shared purpose articulating why SYBAF has come together and developing a short set of statements which will illustrate what it is that SYBAF will deliver. This will be agreed at the April Board meeting.

Peter Moore
Managing Director SYB Acute Federation (Interim)



HCP Director Report

Sheffield Health and Care Partnership (HCP)

February 2022

Author(s)	Mark Tuckett
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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Recruitment and Retention	8
Learning and Development.....	8

Strategic Update

Our health and care partnership has worked extremely well together on some very challenging operational and tactical pressures arising from the Omicron variant and other winter pressures. Chief Executives have met regularly as an operational **City Gold** and operational leads have overseen a Winter Plan and managing a set of operational risks as a **City Silver**, and several Bronze groups focused on particular areas of delivery or risk. These risks and areas of focus have included hospital discharge pathways; mental health pathways, for adults and for 16-17 year olds; resilience of key sectors and service areas, including domiciliary care and primary care; and workforce resilience more generally.

As we move out of winter and into a new phase of Covid, we are looking to scale back these arrangements, hopefully allowing space for a more medium and longer-term focus to our partnership discussions and development.

Several national documents, including planning guidance, and longer term policy have recently been issued. We will develop a shared place-based response to the new Health and Care Integration White Paper *Joining up care for people, places and populations*¹ and we are already working on a joint place response to NHSEI planning guidance for 2022/23, and the Elective Recovery Plan².

Partners are continuing to develop a **city outcomes framework**, led by the joint commissioning team and with engagement from the public health team, and health and care providers. Note that there is substantial reference to a City Outcomes Framework in the Government's Integration White Paper. A dashboard and a quarterly reporting mechanism are also under development.

Finally, the long term vision document for our health and care system in the city; together with supporting videos are now available on the [SHCP website](#). We have recognised that we need to communicate some of the breadth and complexity of work happening across our partnership, including through this report – which now includes several updates under three key headings of **Integration**, **Inequalities**, and **People**.

¹ <https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>

² <https://www.england.nhs.uk/coronavirus/publication/delivery-plan-for-tackling-the-covid-19-backlog-of-elective-care/>

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 HCP Ageing Well Board which was paused through the pandemic has been reviewed and re-focussed to boost out of hospital provision and ensure delivery of the [NHS Ageing Well Programme](#). There are three key aspects to the programme of work.
 1. **Enhanced Health in Care Homes**
 2. **Urgent Community Response** (by end Mar 22)
 3. **Anticipatory Care**
- The **Team Around the Person (TAP)** programme of work which currently sits under the anticipatory care aspect of the programme continues to make good progress. It is anticipated that the approach will be rolled out citywide by the end of March 2022 and is already showing some cost savings.

Children's & Young People (CYP)

- This programme of work continues to make good progress, some key points of update are below:
 - **Inclusion and Special Educational Needs and Disabilities (SEND)** In this workstream there's a new focus on post-16 transition and continued focus on attendance and supporting CYP in education, particularly if they haven't been to school in a long time. Programmes such as Healthy Minds and training courses on trauma informed approaches have been rolled out throughout the city. Additional Special Educational Needs Coordinator (SENCo) training has been progressing in the city with localities using a variety of approaches to meet the needs of children within their locality.
 - **Emotional Health and Wellbeing** For this workstream children's mental health commissioning teams are currently consulting on infant mental health as part of the early intervention and prevention work. They're working collaboratively with Sheffield Children's NHS Foundation Trust (SCFT), Child Adolescent Mental Health Service (CAMHS) and Sheffield City Council colleagues regarding sustainable planning and investment into Crisis services.
 - **Integrated working – Neurodevelopment Programme** In this workstream the following updates were given:
 - Recruitment of additional clinical capacity to widen integrated care in communities.
 - Further Parent/Carer groups are scheduled and CYP groups will begin for the autistic friendly school environment project being rolled out in 10 mainstream secondary schools.

- Identification of families to test-proof the concept that additional brain building for those born pre-term will have a positive impact on development trajectory as agreed by two localities (G & E)
- Continuing work to finalise process for CAMHS and Neuro Single Point Access
- Parent/Carer survey distributed in November & December received 592 responses. Some themes have been identified and quantitative results shared in two workshops
- Website resources for autistic children updated: [Autism Spectrum Disorder \(ASD\) support - Sheffield Children's NHS Foundation Trust \(sheffieldchildrens.nhs.uk\)](https://www.sheffieldchildrens.nhs.uk)
- **Great Start in Life** The following positive impacts are being demonstrated:
 - Increased referrals to the Early Years Pathways and EH Hub
 - Feedback from Pregnancy Birth and Beyond group parents is positive
 - Family Learning links with Family Centres has strengthened
 - Safe and Together training role out is resulting in positive impact.

Palliative End of Life Care (PEOLC)

- This programme of work continues to make great progress:
 - **Cross-organisational information sharing:** The End of Life Care (EOLC) Template is nearly ready to launch, with more clarity about codes for the Summary Care Record in Sheffield healthcare organisations. The template, alongside Universal Principles for Advance Care planning, will be launched in February. St Luke's, supported by Sheffield CCG is going through a review of its Patient Record System to ensure more interoperability with current healthcare IT systems.
 - **St Luke's will be receiving some funds to help maintain services and facilitate discharge from hospital** as part of the Government's latest covid response funding scheme.
 - **Commissioning intentions** – PEOLC is included in Sheffield CCG commissioning intentions for 2022/23. There is an ongoing task to ensure PEOLC stays on the agenda as systems and organisations change, and to ensure a strategic, integrated approach to meeting population need in the future, recognising that there has been a significant increase in need for PEOLC in the community through the COVID-19 pandemic.

Estates

- **Estates Strategy** – the final draft strategy has been discussed with the Estates Board after organisational data sets collated and opportunities for collaborative working implemented which included a check and challenge session with representatives on the findings and recommendations in the strategy.

Mental Health

- A broad programme of work continues in the city to improve mental health care. A work plan to deliver against the coming years commissioning intentions is under development. Key points to note since the last report:
 - **Crisis Café (16 plus)** procurement exercise has been completed, a market event was held virtually at the end of November 2021, planned mobilisation next month
 - **A "State of the Nation" report** is being put together which will include recommendations regarding crisis care, what is important to people, and any service provision gaps.

Pharmacy

- This programme of work continues to make good progress, some key points of update are below:
 - The **Pharmacy Transformation Programme Board** continues to develop and broaden its membership and now include pharmacy technicians. The South Yorkshire ICS is looking to structure and ways of working of the HCP Pharmacy Transformational group as a potential model for other areas in South Yorkshire to follow.
 - **Integration of information systems** continues to be a focus in pharmacy, Community Pharmacy are working closely with Sheffield Teaching Hospitals to implement the Discharge Medicines Service (DMS). By referring patients to community pharmacy on discharge with information about medication changes made in hospital, community pharmacy can support patients to improve outcomes, prevent harm and reduce readmissions. Pharmacy colleagues are also aiming to reduce medicines related errors and improve patient safety by raising awareness across the health and care system to ensure we meet the new information standard around electronic transfer of medication and allergy/intolerance data across care settings. These new common standards aim to support the transfer of medicines information between settings, enabling safer and more efficient medicine reconciliation
 - **Pharmacy workforce** has been identified as a key development area both at a Sheffield 'place' level and at a wider South Yorkshire footprint. In Sheffield a new jointly funded post to lead on the medicines optimisation in vulnerable patient groups has been approved and recruitment is underway. A new pharmacist post has also been created to work in palliative and end of life care, working across hospital and community settings. A cross organisational group are working together to develop a broader workforce development plan for Sheffield (looking at training needs, recruitment and retention). This work will be fed into and link with the SY ICS pharmacy workforce plans as they develop.

Planned Care

- This programme of work continues to make good progress, some key points of update are below:
 - **Enhanced Triage / Advice & Guidance** - The Clinical Group is now trialling a format for standardised decision-making guidance, having designed this in the Autumn workshops; meanwhile the Operational Group have added definition to the pathway and information flows. We are now working with representatives from both groups to operationalise the ERS system and create the associated SOPs and implementation guidance. The patient group had a pause for the festive season and will shortly reconvene to complete their work on the Equality Impact Assessment.
 - **Community Diagnostic Centres** - Starting with City wide phlebotomy services, we are currently assessing options to best respond to the challenges we want to resolve. The clinical and patient engagement groups continue to be fully engaged despite the recent operational constraints faced across the system. Clinician and Patient surveys have been developed in their respective working groups to capture feedback on the current provision of phlebotomy in the city and distribution via the various communications channels is underway. Data and user feedback review will begin in February, when this will be presented back to the groups and enable the programme to progress to the next stage where the ideas and solutions can be

explored. The group have also presented the plans for this programme to the Patient First group and continue to engage with other group across the city to increase awareness and participation.

- **FLOW Transient Loss of Consciousness and Breathlessness** – collaborative BIG ROOMS to improve people experience of care and outcomes for these pathways are now up and running led by from primary and secondary care clinical and coaching leadership teams.

Inequalities

Racial Equity Inclusion Group and Subgroups

The Racial Equity and Inclusion Group (REIG) continues to lead the work to ensure that the **HCP is a genuine anti-racist partnership**. The Chairs have met with the incoming Chair and Chief Exec of the ICB to explain the agenda and ensure high-level support. A wide range of stakeholder input is planned to develop an understanding of experiences of staff working within, and members of the public engaging with, our health and care system.

Reciprocal Mentoring

- The first cohort of our **reciprocal mentoring programme** is now complete. Three members of the EDG were paired with three leaders of minority ethnic community organisations with the aims of increasing the diversity of voices within the EDG, raising awareness of how our health and care system works and the challenges faced by the VCS, and deepening relationships between our statutory partners and community-based VCS organisations.
- Feedback from all those who took part was positive and we are about to start the programme for our second cohort.

Embedding the VCS within our partnership

- In June, the HCP Board approved proposals for further **developing the relationship between the VCS and the HCP**.
- Since June, a project group comprising colleagues from across the HCP has committed to enabling a sustainable voluntary and community sector within the city. A project plan has been developed by the group and priorities for the next six months finalised.

People

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

- The HCP's public advisory group, managed by Healthwatch Sheffield, will now be called the **Health and Care Public Forum** (Sheffield). The group meet monthly and have discussed the following topics over the last two months: creating a public version of the Director's Report; the drafted Adult Health and Social Care Strategy 'Living the life you want to live'; pharmacy – drafted accessing medications guide for patients; primary care; blood testing; developing a Sheffield Autism Strategy. More information on the IAC Forum alongside summary notes of meeting discussions can be found [here](#).

Person-Centred Approaches

- We're recruiting an additional 12 participants across the HCP to be trained as trainers in the half day introductory course to the 'What Matters to You' approach. This introductory course has been attended by over 200 people from across all HCP partners as part of our contracted **person-centred training programme** with Peak Health Coaching. The Train the Trainer (TtT) course will be run over two days next month.
- Current Train the Trainers quarterly peer learning session organised to share practice on delivering the course to colleagues across Sheffield's health and care system. More information on the training courses and evaluation from participants can be found [here](#).
- **Joining up person-centred approaches** meeting held with colleagues from across the HCP to explore how we can expand the good practice being seen from individual organisations across the health and care system.
- The group are currently exploring training in behavioural science across the health and care system with an initial behavioural science toolkit being developed by the Council

Sheffield System Leadership Community

- A **system leadership community** launched in July, comprising of a series of short events to continue to build cross-system understanding and relationships and develop system leadership capability continues to deliver and grow. The last session on the 18th of January with a Development Session introducing RACI – an approach to system working for assigning/understanding Responsibility, Accountability, Consultation and Information in teams. (A recording of the session and information on previous system leadership community events held can be viewed [here](#))
- Much interest and conversation was generated by the 'Conversation with a Leader' with Dr Mark Spencer from Healthier Fleetwood. We will work to support Primary Care Networks which are interested in picking up this approach.

Staff Wellbeing

- A **staff wellbeing** theme has been added to our learning and development resources on our website [here](#). The pages contain resources to use and training to attend to help manage your own wellbeing and support colleagues' wellbeing.
- Continuing to connect key individuals beyond our statutory partners with the SYB ICS Health and Wellbeing team to ensure they're fully aware of the support available through the **SYB ICS Health and Wellbeing Hub**.

Recruitment and Retention

- The **Sheffield Kickstart programme** is well underway in Sheffield with seven Kickstarters (young people otherwise at risk of unemployment, not working in health and social care) across Sheffield (one having already secured permanent employment).
- We continue to support them through bringing them together as a single cohort and offering development sessions around job applications and interview skills, 1:1 coaching sessions and support for post-Kickstart placement.

- **Sheffield HCP Recruitment Group** have formed to work together on a range of projects across the city. The group have identified a priority for working on recruiting entry-level care support roles and pharmacists. We will also look at such issues as: Truly working as 'place'; winter recruitment; developing a Sheffield Health and Care recruitment pack; Kickstarters; economies of scale; funding streams; Council schemes; shared understanding of pathways into careers.

Learning and Development

- **Leading Sheffield** this programme continues to be paused after the third cohort completed early in July last year due to ongoing work pressures and continued interruption of the programme. After considerable feedback from participants of the third cohort and prospective participants for the next cohort, we've agreed to hold recruitment for the next cohort until April this year at the earliest when a face-face component may be possible.
- **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. (The pages can be viewed [here](#))

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

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