Sheffield Teaching Hospitals NHS Foundation Trust

Chief Executive's Briefing

Board of Directors – 29 November 2022

1. Covid-19 and Operational Update

As part of my regular update to the Board I will provide the most current covid activity figures along with a progress report on the staff vaccination programme. The Trust is making steady progress with our Getting Back on Track recovery programme although there continue to be periods of significant operational pressure.

2. Integrated Performance Report

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

3. Tier One Provider Update

Attached at Appendix A is a letter that the trust received in relation to Tier One and Two provider status, and, following receipt of this letter we have received confirmation that Sheffield Teaching Hospitals is to be designated as a "Tier One" provider and will receive increased management or facilitated support in relation to the number of patients waiting over 78-weeks and those patients not being seen within the cancer 62-day target. A self-certification exercise has already been undertaken by the Trust, signed off by me and the Chair. This was also reviewed at the Finance and Performance Committee. The Trust will agree an action plan with relevant regional and national teams, and, as part of this plan, a national support offer will be developed in line with identified priorities to address specific challenges. This will also include regular progress reviews and I am hopeful that this additional support will assist the Trust to deliver timely care for our patients.

4. Industrial Action – National and Local Position

National:
Nationally several Unions are balloting or plan to ballot members for industrial action, including strike, in response to the national pay awards for both Agenda for Change and Medical and Dental colleagues. The Royal College of Nursing (RCN) have concluded their ballot and have confirmed sufficient numbers of staff voting to support strike action on a Trust-by-Trust basis, this is confirmed as including Sheffield Teaching Hospitals. Discussions are ongoing with the RCN regarding the timing of action across the six-month period for which the ballot remains valid.

Ballots close at the end of November and the beginning of December for UNISON, the Royal College of Occupational Therapists, the Royal College of Midwives and the Chartered Society of Physiotherapists. Members of the British Medical Association's junior doctors' committee have also voted in favour of a ballot, which they have indicated will take place in early January. The GMB and Unite are also balloting members working in Ambulance Services which, whilst not affecting our staff, would impact on services for patient transport and emergency care in the community.

There is therefore a risk of multiple strikes and industrial action short of strike from different unions on different dates. Unions must give 14 days' notice of any action and action must be taken within six months of the close of the ballot.

We are working closely with our local Trade Union representatives to ensure that we continue to provide safe and effective care to our patients, ensuring there are appropriate derogations and operational plans in place to ensure our patients are safe and receive urgent treatments as necessary.

Local:
A group of approximately 130 Rehabilitation Assistants (RAs) in our community services have been supported by UNISON who have balloted and given notice of action short of strike commencing from 28 November 2022.

The employees' dispute relates to a re-banding exercise that was raised on 1 December 2019. The RAs were successful in their claim to be banded at Agenda for Change Band 3 as opposed to the existing level of Band 2. As is standard their re-banding arrangements were backdated to 1 December 2019. The level of backpay received by around 30 individuals was less than they had anticipated due to the different arrangements for enhanced payments for additional hours in Band 3 versus Band 2 conditions. The action will include an overtime ban and working to rule (not undertaking duties outside the job description).

5. Energy Resilience

The National Grid winter outlook for 2022/23 highlights that there might be the potential for power cuts both planned and unplanned.

It is understood that if power cuts were required, on the first occasion there may not be any prioritisation for hospital sites and there may be as little as five minutes warning of power cuts. After this, power cuts would be scheduled in three hour rolling blocks and hospitals would be afforded priority status and as a result major hospital sites would be exempt.

Whilst there is protected site status for both the Northern General Hospital (NGH) and the Royal Hallamshire Hospital (RHH), the Jessop Wing (JW), Weston Park Cancer Centre (WPCC), Community sites and the Charles Clifford Dental Hospital do not have the network configurations in place to enable segregation from the wider electrical feed and would not be protected in any planned outage. Standby generation is provided at RHH, JW, WPCC, NGH and Beech Hill (SPARC), although not all buildings or departments are supported by the standby generators.

Electrical load is defined as essential and non-essential. Essential loads support critical patient systems and environments and are backed-up by the standby generators. Essential systems are identified as having red switches or power sockets. Non-essential loads are shed on power loss to prevent overloading of the generators during operation. Non-essential loads are typically back-office and low risk patient environments.

Centralised gas combination boilers provide heating and hot water to the Central Campus and most of the Northern Campus. Each campus has dual fuel back-up boilers. Those buildings at the NGH that are decentralised rely on individual gas boilers, as do Community Buildings.

Fuel for standby generation and dual fuel boilers is held adjacent to the generators and boilers. Facilities and systems are in place to move fuel between storage tanks and monitor consumption and quality.

In summary, during the initial phase of national disconnections, the impact may require the Trust to run on standby generation for the period of disconnection, the Trust is prepared for this eventuality. While this would provide support to critical patient systems and environments the Trust may not be able to provide some Business-as-Usual services.

6. Covid Inquiry Update

The UK Covid Inquiry launched in July 2022 to examine the UK's response to and the impact of the pandemic. The Inquiry will examine a number of key themes and play a key role in learning lessons for the future.

Following the launch of the Inquiry by Baroness Hallett, it was announced that to ensure the investigations have sufficient breadth and depth, it would be framed as a 'modular approach'.

The first Module opened in July, examining the UK's preparedness for whole-system emergencies, shortly followed by Module Two, which will explore core political and government decision making.

On 08 November 2022, the Inquiry announced that the third investigation, exploring the impact of Covid-19 on healthcare, had opened. Further communication received on 23 November 2022 notified the Trust that, as a first step in its Module 3 investigations, the Public Inquiry will be conducting a short survey of trusts and ICBs via a questionnaire, which we should receive via Chief Executives in the next week or so.

The full provisional Module 3 outline of scope is available on the Inquiry website.

In response to the Inquiry, a Document Preservation Notice ('Stop Notice') was issued in January 2022 from our Chief Executive to all Trust Bronze Commands, providing guidance on retaining all documents pertinent to the Inquiry. This notice reminded staff of the need to retain all documents that may be relevant to the Inquiry.

As more information becomes available and any Trust involvement in the Inquiry is determined, further updates will be shared.

7. Maternity Electronic Patient Record (EPR)

There is a clear and established need for a Maternity Information System to support all of the change and improvement underway within Maternity Services. As a result of the national information available at the time and indications that a national specification may be developed, Maternity was not included in the Core Scope of our EPR procurement, but was included as an optional module. Following a rigorous process of evaluation and review, with valuable advice from a range of expert colleagues, we have developed a Full Business Case (FBC) with the recommendation that we implement the Maternity Module from Oracle Cerner, fully integrating this into the Core EPR Programme and aligning with the planned go-live date of 13 May 2024. The FBC was considered by the Trust Executive Group on Wednesday 23 November 2022, and the recommendation was supported. We will now continue our work with Maternity colleagues to progress at pace to ensure that we deliver all of the necessary benefits to the families and babies we provide services to as well as improvements to how our colleagues deliver care.

8. National Institute for Health Research (NIHR) Sheffield Biomedical Research Centre (BRC)

I am delighted to announce that the NIHR Sheffield BRC has been awarded £12 million from the National Institute for Health and Care Research to accelerate scientific discoveries into new medical treatments. The NIHR is a partnership between Sheffield Teaching Hospitals and the University of Sheffield dedicated to improving the treatment and care of people living with a range of conditions, including neurological disorders such as dementia, Parkinson's disease, motor neurone disease and stroke. The new funding will allow scientists and clinicians to expand the centre's pioneering research into areas such as infection, immune disorders and cardiovascular disease in addition to neurology research.

9. Chimeric Antigen Receptor T-cell (CAR-T) Wave 3 Provider

We have recently received confirmation that the Trust has been commissioned as a wave 3 CAR-T centre and is now ready to deliver CAR-T treatments in line with NICE recommendations for the treatment of specific lymphomas and lymphoblastic leukaemias. CAR-T is a highly complex and innovative new treatment and type of immunotherapy which involves collecting and using the patient's own immune cells to treat their condition. This therapy is specifically developed for each individual patient and involves reprogramming the patient's own immune system cells which are then used to target their cancer.

10. Deputy Chief Nurse

Karen Jessop, Deputy Chief Nurse, has been appointed as the Chief Nurse at Doncaster and Bassetlaw NHS Foundation Trust and will leave the Trust in January 2023 to take up her new post. Interviews for her replacement are scheduled for shortly before Christmas.

From January until a substantive Deputy Chief Nurse takes up post, Gill Smith, Nurse Director, Combined Community and Acute Care Group, will be the Interim Deputy Chief Nurse.

11. Quality Director Appointment

Angie Legge has recently been appointed as Quality Director at Sheffield Teaching Hospitals and commenced in post in October 2022. Angie will be leading the Healthcare Governance Team and reports to Jennifer Hill, Medical Director (Operations). Angie brings a wealth of experience to the organisation, most recently as Associate Director for Quality Governance at Northern Lincolnshire and Goole NHS Foundation Trust.

12. Dean of the Faculty of Intensive Care Medicine

Dr Daniele Bryden, Consultant in Intensive Care Medicine, has been appointed as the new Dean of the Faculty of Intensive Care Medicine. Dr Bryden, who has worked in intensive care medicine in Sheffield since 2001, will use the prestigious national leadership role to champion the speciality and its workforce. She will also use her three-year tenure to start work to develop the faculty into an independent College of Intensive Care Medicine.

13. Primary Care Sheffield - Chair

Colin Beresford has been appointed as Chair for Primary Care Sheffield (PCS), ahead of the retirement of the current Chair, John Boyington. Colin is currently an independent director at PCS and has been operating at Board level in the Sheffield City Region for 30 years leading a wide range of private and public sector corporate organisations. Colin formally takes over the Chair role on 1 January 2023.

14. Manchester University NHS Foundation Trust Appointment of Group Chief Executive

Mark Cubbon, currently Chief Delivery Officer at NHS England has been appointed as Group Chief Executive for Manchester University NHS Foundation Trust. Mark will take up this post in early 2023 following the retirement of Mike Deegan. As a member of the Shelford Group CEO network I look forward to working with Mark in his new role.

15. Chief Executive - University Hospitals Birmingham

Professor Dave Rosser, who is currently the Chief Executive at University Hospitals Birmingham (UHB) and Vice-Chair of the Shelford Group will be taking up the new post of Strategic Director for Digital Health and Care for the West Midlands. Jonathan Brotherton, currently UHB's Deputy Chief Executive will take on the Chief Executive responsibilities from January 2023. I look forward to working with Jonathan in his new role as a member of the Shelford Group CEO network.

16. Communications Update

- **Thank You Awards**

  The 18th Trust staff Thank You Awards were held at the City Hall in Sheffield on 16 November. Over 600 nominations were made this year for both individual colleagues and teams. The event was live streamed to enable all staff to watch and over 900 finalists, nominees, and other staff attended in person.

- **Long Service Awards**

  Over 600 members of staff received long service awards for their dedication to the Trust and NHS at a ceremony held at the City Hall on 16 November. Their service totalled an incredible 15,200 years.

  The numbers of staff to achieve the respective service landmarks were:

  20 years – 430
  30 years – 149
  40 years – 48
  50 years – 4

17. Osborn Unit Gardens

In order to enhance the experience of patients who are inpatients in the Osborn Unit, plans are in place to develop space at the rear of the building into two gardens. The need for two gardens is to reflect the unique needs of patients with a spinal cord injury and those with an acquired neurological injury.

The garden for patients with a spinal cord injury is being developed in partnership with the charity, Horatio's Garden. Horatio's Garden is a national charity creating and nurturing beautiful gardens in NHS spinal injury centres to support everyone affected by spinal injury.

The nucleus of the garden planned to open in 2024 will feature as the Main Avenue garden for Horatio's Garden at the Royal Horticultural Show (RHS) Chelsea Flower Show in 2023. The garden will integrate defining qualities of existing Horatio's Gardens whilst incorporating influences from the Sheffield region. The garden will include tactile stone cairns symbolic of wayfinding; sensory features including colour, scent, sound and tactile experiences; multi-dimensional planting and a discreet garden pod structure. Every item from the garden will be re-used and relocated to form the heart of Horatio's Garden Sheffield as its enduring legacy.

Aligned to this garden, will be a garden developed in partnership with Sheffield Hospitals Charity, designed for patients from the Neuro-Rehabilitation unit, to utilise for both therapeutic and rehabilitative interventions, time with their family and friends and as a safe outdoor space. Funds for this garden will be raised via a dedicated fundraising campaign.

The charities and the Trust will work together to ensure that the two gardens are complementary whilst recognising the different needs of the two patient groups.

18. 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 B.

19. 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 C.

Kirsten Major
Chief Executive
29 November 2022

Appendix A

To: NHS Trust and Foundation Trust chief executives and chairs

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

25 October 2022

Dear colleague,

Next steps on elective care for Tier One and Tier Two providers

On 18 October, NHS England wrote to the NHS outlining further plans to boost capacity and resilience for services over the coming challenging winter period. This letter now sets out immediate next steps for tier one and tier two of the elective recovery programme to ensure that our phase two objectives around 78 week waiters and 62 day cancer waits are met.

The NHS has delivered a massive reduction in patients waiting two years and is also now steadily reducing the number of people waiting more than 18 months and 62 days respectively. Activity levels compared to pre-pandemic are increasing but we can still do more. There is no one silver bullet, but through a combination of getting the basics right and data-led management and innovation, particularly on outpatient and diagnostic activity, we firmly believe that we can continue to make genuine progress.

We realise that there are a lot of asks on providers and that each of you will know best your local circumstances and what works well. However, through each wave of Covid over the past two years, hospitals have got better and better at protecting elective and cancer care. There are significant learnings from individual organisations across the country that can make a huge difference if adopted collectively. That is why we are now asking all colleagues to step up efforts on all of the measures outlined below. With this in mind, we ask that you complete the Board self certification, (see appendix A) to allow us to support you where you are having the greatest challenges. The fundamentals that we have, collectively, proven to work are:

Excellence in the Fundamentals of Waiting List Management

Ensuring operational management and oversight of routine elective and cancer waiting lists aligns with best practice as outlined/directed within the national programme and current Cancer Waiting Times guidance. All patients past 62 days for cancer and 78

weeks for wider elective care should be reviewed and the actions required to progress them to the next step in their pathway prioritised.

Validation

The validation and review of patients on a non-admitted waiting list is important for the appropriate use of outpatient capacity and to provide clean visible waiting lists to ensure timely and orderly access to care. There are three phases to validating waiting lists that providers are required to undertake routinely – technical, administration and clinical and, following on from guidance sent out on 16 August available here, we expect providers to meet this timeline:

a) By 23rd December 2022
   Any patient waiting over 52 weeks on an RTT pathway (at 31 March 2023) who has not been validated* in the previous 12 weeks should be contacted

b) By 24th February 2023
   Any patient waiting over 26 weeks on an RTT pathway (at 31 March 2023) who has not been validated* in the previous 12 weeks should be contacted

c) By 28th April 2023
   Any patient waiting over 12 weeks on an RTT pathway (at 20 April 2023) who has not been validated* in the previous 12 weeks should be contacted

Appropriate surgical and diagnostic prioritisation

We know that 85% of patients waiting longer than 62 days from their referral for urgent suspected cancer are waiting for a diagnostic test. For cancer in particular, the significant demand for additional diagnostic capacity means that Trusts need to adhere to the maximum timeframes for diagnostic tests within each tumour-specific Best Practice Timed Pathway, but should at all times have a maximum backstop timeframe of 10 days from referral to report. Trusts should undertake a comprehensive review of current turnaround times and what further prioritisation of cancer over more routine diagnostics would be required to meet this backstop requirement.

Trusts should ensure that existing community diagnostic centres (CDCs) capacity is fully utilised by ringfencing it for new, additional, backlog reducing activity, and working with their wider ICS partners to use a single PTLs across the system. Trusts should work across their systems to accelerate local approval of business cases CDCs, additional acute imaging and endoscopy capacity; and expedite delivery of those investments once approved, and should continue to explore partnerships with the independent sector to draw on or build additional diagnostic capacity.

Surgical prioritisation should continue to follow the guidance set out in the letter of 25 July, providing ringfenced elective capacity for cancer patients (particularly P3 and P4 urology and breast patients) and 78ww patients. Performance against the 31 day standard from decision to treat to treatment should be used to assess whether the first of these objectives is being met.

Cancer pathway re-design for Lower GI, Skin and Prostate

There are three pathways making up two-thirds of the patients waiting >62 days and where increases over the past year have been the largest: Lower GI, Skin and Urology. Service Development Funding was made available to your local Cancer Alliance to support implementation of these changes and additional non-recurrent revenue funding has also been made available nationally.

Lower GI: Full Implementation of FIT in the 2ww pathway

As set out in the joint guidance on FIT issued by the British Society of Gastroenterology and Association of Coloproctology of Great Britain and Ireland (ACPGBI), and reinforced in this letter, most patients with suspected colorectal cancer symptoms but a FIT of fHb <10 µg Hb/g, a normal full blood count, and no ongoing clinical concerns should not be referred on a LGI urgent cancer pathway. Where referred, teams should not automatically offer endoscopic investigation but consider alternative, non two week wait, pathways as set out in the letter.

Full implementation of teledermatology in the suspected skin cancer pathway

All Trusts should work with their ICS to implement teledermatology and digital referral platforms to optimise suspected skin cancer pathways and reduce unnecessary hospital attendances to tackle the backlog and meet increasing demand. NHS England's guidance on the implementation of teledermatology pathways is endorsed by the British Association of Dermatologists and supports a Best Practice Timed Pathway for skin cancer which has been published this week.

Implementation will require provision for dermoscopic images to be taken for Urgent Suspected Cancer Skin cancers. This could be delivered by primary care, a separately contracted service delivered by primary care, in a community image taking hub setting, or by medical illustration departments in secondary care. Capacity must be in place for daily dermatologist triage of images, as either additional activity or as part of existing job plans. Following triage, the consultant or a member of their team should communicate with the patient (via telephone, video or face-to-face consultation) and be booked directly for surgery and receive appropriate preoperative advice and counselling if required.

Full implementation of the Best Practice Timed Pathway for prostate cancer
All provider Trusts should implement the national 28-day Best Practice Timed Pathway for prostate cancer, centred on the use of multiparametric MRI (mpMRI) before biopsy. Using pre-biopsy mpMRI means patients can be triaged towards a biopsy so at least 25% can avoid it, over 90% of significant cancers can be diagnosed on imaging and fewer insignificant cancers are diagnosed. Use of local anaesthetic transperineal biopsy where clinically indicated provides increased accuracy and reduced risk of infection, without the resource intensity of procedures done under general anaesthetic.

Implementation will require all patients to be booked in for both mpMRI and biopsy at the point of triage, with triage taking place no later than 3 days from the date the referral is received. Ring-fenced mpMRI slots should be in place – weekly demand analysis from radiology requesting systems should be used to inform the level at which this is set, with frequency of mpMRI slots sufficient to support delivery of timely biopsy. Maximum use of local anaesthetic transperineal prostate biopsy should also be ensured, with general anaesthetic biopsy used only where clinically indicated or for patient preference. Pre-biopsy mpMRI and biopsy procedures should take place no later than 9 days from the date the referral is received.

Outpatient transformation
Outpatients make up around 80% of the total waiting list and it is crucial that, over the winter period, providers continue to keep a strong operational focus on providing these services. Providers are asked to continue their work to deliver a 25% reduction in outpatient follow up appointments by March 2023.

a) As part of this, trusts are asked to continue the expansion of patient initiated follow up (PIFU) to all major outpatient specialties, especially increasing the volume of PIFU activity in specialties where it is now well established.
b) Continue to deliver at least 16 specialist advice requests per 100 first outpatient appointments. Providers are asked to focus efforts on pre-referral advice models.
c) Further initiatives to support outpatient follow-up (OPFU) reduction should also include improved and standardised discharge procedures and more effective administrative processes – including focusing on reducing DNAs in outpatient settings
d) In order to enable a personalised approach for outpatients and where it is clinically appropriate to do so, outpatient appointments should continue to be delivered via video and telephone, at a rate of 25% of all outpatient appointments. Remote consultation guidance and implementation materials can be found on NHS Futures here.

Surgical and theatre productivity

It is essential that we make best use of available surgical capacity, to drive productivity improvements and protect elective activity through winter. As such we expect providers to:

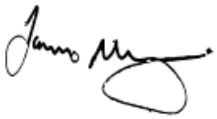
a) Review the senior responsible officer(s) (SROs) and oversight arrangements in relation to theatre productivity and strengthen these if necessary. Ideally, it should consist of a senior manager working ‘shoulder-to-shoulder’ with a senior clinician – to succeed we need both groups working together.
b) Drive up theatre utilisation to 85%, underpinned by the cases per list standards set out within the GIRFT high volume low complexity (HVLC) programme.
c) Make elective surgery daycase by default, delivering daycase rates across all surgery of 85%, and helping to free up valuable inpatient beds for complex work.
d) Maximise Right procedure right place, taking simple surgical procedures out of theatre into procedure rooms, eg hand surgery, cyctoscopy, hysteroscopy
e) Adopt best practice pre & peri-operative medicine pathways to reduce issues of under booking of lists, on the day cancellations, and pro-longed length of stay, as well as providing better care for patients.
f) Optimise the booking & scheduling processes, ensuring that patients are ready for surgery prior to being offered a surgery date, with an embedded data driven, clinically led approach.
g) Not performing those interventions identified as ‘must not do’ on EBI lists 1 and 2 and following the stated process for those List 1 and 2 interventions that should only be performed after applying the specific criteria.

Board Self-certification

As part of the above priorities, we are asking each provider to undertake a Board self certification process and have it signed off by Trust Chairs and CEOs by November 11, 2022. If you are unable to complete the self certification process then please could you discuss next steps with your Regional team. The details of this self certification can be found at Appendix A.

Thank you for all of your continued hard work in addressing what are two critical priorities for the NHS over the winter period. Please share this letter with your Board, key clinical and operational teams and relevant committees, and do email england.electiveopsanddelivery@nhs.net should you have any questions.

Yours sincerely,



Sir James Mackey
National Director of Elective Recovery
NHS England

Dame Cally Palmer
National Cancer Director
NHS England

Elective Recovery Self certification **Appendix A**

The Chair and CEO are asked to confirm that the Board:

a) Has a lead Executive Director(s) with specific responsibility for elective and cancer services performance and recovery.

b) That the Board and its relevant committees (F&P, Safety and Quality etc) receive regular reports on elective, diagnostic and cancer performance, progress against plans and performance relative to other organisations both locally and nationally.

c) Has an agreed plan to deliver the required 78ww and 62 day trajectories for elective and cancer recovery, and understands the risks to delivery, and is clear on what support is required from other organisations.

d) Has received a report on the current structure and performance of Lower GI, Skin and Prostate cancer pathways (including the proportion of colonoscopies carried out on patients who are FIT negative or without a FIT; the proportion of urgent skin referrals for whom a face to face appointment is avoided by use of dermoscopic quality images; and a capacity/demand analysis for MRI and biopsy requirements on the prostate pathway), and agreed actions required to implement the changes outlined in this letter.

e) Is pursuing the opportunities, and monitoring the impacts, presented by Outpatient transformation and how this could accelerate their improvement, alongside GIRFT and other productivity, performance and benchmarking data and opportunities.

f) Have received a report on Super September and have reviewed the impact of this initiative for their Organisation.

g) Have received reports on validation, its impact and has a validation plan in line with expectations in this letter.

h) Have challenged and received assurance from the lead Executive Director, and other Board colleagues, on the extent to which clinical prioritisation (of both surgical and diagnostic waiting lists) can help deliver their elective and cancer objectives. This should include receiving a review of turnaround times for urgent suspected cancer diagnostics and agreeing any actions required to meet the backstop maximum of 10 days from referral to report.

i) Discuss theatre productivity at every trust board; we suggest with the support of a non-executive director to act as a sponsor.

j) Routinely review Model Health System theatre productivity data, as well as other key information such as day-case rates across trusts.

k) Confirm your SROs for theatre productivity.

l) Ensure that your diagnostic services reach at least the minimum optimal utilisation standards set by NHS England.

Signed by CEO Date:

Signed by Chair Date:

The Chair and CEO are asked to confirm that the Board:	**Response**
a) Has a lead Executive Director(s) with specific responsibility for elective and cancer services performance and recovery.	Elective - Michael Harper, Chief Operating Officer Cancer - Mark Tuckett, Director of Strategy and Planning
b) That the Board and its relevant committees (F&P, Safety and Quality etc) receive regular reports on elective, diagnostic and cancer performance, progress against plans and performance relative to other organisations both locally and nationally.	Finance & Performance Committee (F&P) receives the monthly activity report which shows elective and cancer performance. Full Board of Directors receives a bi-monthly benchmarking report for review which details performance relative to other organisations locally and nationally. Patient Care Recovery Plan (PCRP) reports to Getting Back on Track Programme Board, which reports to Trust Executive Group (TEG). Specific PCRP reports feed into F&P.
c) Has an agreed plan to deliver the required 78ww and 62 day trajectories for elective and cancer recovery, and understands the risks to delivery, and is clear on what support is required from other organisations.	Plans are described to hit national trajectories. Risks remain to all plans and work continues to reduce risk and improve trajectories to secure national expectation. Requests have been made, through Regional teams, for mutual aid and support - awaiting response.
d) Has received a report on the current structure and performance of Lower GI, Skin and Prostate cancer pathways (including the proportion of colonoscopies carried out on patients who are FIT negative or without a FIT; the proportion of urgent skin referrals for whom a face to face appointment is avoided by use of dermoscopic quality images; and a capacity/demand analysis for MRI and biopsy requirements on the prostate pathway), and agreed actions required to implement the changes outlined in this letter.	Work complete and an overall report about cancer performance, including adherence to Best Practice Timed Pathways for lower GI, skin and prostate pathways, was presented to TEG on 9th November and will be considered by F&P on 14th November.
e) Is pursuing the opportunities, and monitoring the impacts, presented by Outpatient transformation and how this could accelerate their improvement, alongside GIRFT and other productivity, performance and benchmarking data and opportunities.	The Elective Pathway of the PRCP is leading on outpatient transformation including PIFU and nonF2F. Model Hospital and GIRFT data underpins this work. Guidance expected imminently on the 12 outpatient pathways and will be led by PCRP elective pathway.
f) Have received a report on Super September and have reviewed the impact of this initiative for their Organisation.	Super September was not mandated and it was agreed with local NHSE colleagues not to pursue the specific Super September initiative to avoid impacting on the improvement work already underway as part of PRCP and the operational pressures at the time.
g) Have received reports on validation, its impact and has a validation plan in line with expectations in this letter.	Validation is embedded in the Trust's Caseload Management approach which is reported quarterly to TEG but not the Board. This work is overseen by the Patient Caseload Overview Group (PCOG) which escalates issues to F&P for onward reporting at the Board. Systems and processes are in place to facilitate robust validation. A specific process is in place to ensure validation of the long wait pathways. Risks relate to administrative and clinical capacity to ensure all identified groups of the PTL have been validated and have been escalated from PCOG to F&P.

The Chair and CEO are asked to confirm that the Board:	Response
h) Have challenged and received assurance from the lead Executive Director, and other Board colleagues, on the extent to which clinical prioritisation (of both surgical and diagnostic waiting lists) can help deliver their elective and cancer objectives. This should include receiving a review of turnaround times for urgent suspected cancer diagnostics and agreeing any actions required to meet the backstop maximum of 10 days from referral to report.	Prioritisation of theatre time continues as per the agreement between the Medical Director and COO and is regularly reviewed in terms of long waiting patients and urgent clinical demand. Oversight of waiting times is led by PCOG, reporting to F&P. Prioritisation of diagnostic capacity between planned care, cancer pathways and inpatient care is reviewed by our Medical Imaging and Medical Physics Directorate on a regular basis. An overall report about cancer performance, including turnaround time for urgent suspected cancer diagnostics was presented to TEG on 9th November and will be considered by F&P on 14th November. The diagnostic improvement plan is managed through the Performance Management Framework and will have a deep dive at F&P on the 11th November.
i) Discuss theatre productivity at every trust board; we suggest with the support of a non-executive director to act as a sponsor.	Theatre productivity data is currently reported in the monthly Activity Report to TEG and will be included as an IPR metric from the November Board. November IPR includes a deep dive on activity recovery, including theatre productivity benchmarking. Deep Dive on Theatre Productivity to be provided to December F&P.
j) Routinely review Model Health System theatre productivity data, as well as other key information such as day-case rates across trusts.	Model Health System is included in Performance Management Framework meetings. Daycase rate data is included in the monthly Activity Report and in the bi-monthly benchmarking report to Board.
k) Confirm your SROs for theatre productivity.	Nathan Timmis, Operations Director, Operating Services, Critical Care and Anaesthesia.
l) Ensure that your diagnostic services reach at least the minimum optimal utilisation standards set by NHS England.	Analysis to be completed by the end of November.

Appendix B

NHS
South Yorkshire
Integrated Care Board

Chief Executive Report

Integrated Care Board Meeting

2 November 2022

Author(s)	Gavin Boyle, SY ICB Chief Executive
Sponsor Director	Gavin Boyle, SY ICB Chief Executive
Purpose of Paper	
The purpose of the report is to provide an update from the Chief Executive on key matters to members of the Integrated Care Board.	
Key Issues / Points to Note	
Key issues to note are contained within the attached report from the Chief Executive.	
Is your report for Approval / Consideration / Noting	
To note.	
Recommendations / Action Required by the Board	
The Board is asked to note the content of the report.	
Board Assurance Framework	
The Board Assurance Framework is in development.	
Are there any Resource Implications (including Financial, Staffing etc)?	
No	
Have you carried out an Equality Impact Assessment and is it attached?	
No	
Have you involved patients, carers and the public in the preparation of the report?	
No	

1. Purpose

This paper provides an update from the Chief Executive of NHS South Yorkshire on the work of the ICB and system partners for September and October 2022.

It was with much sadness that we learned of the passing of Her Majesty the Queen in September. The ICB offered its condolences to the Royal Family along with those expressed globally for Her Majesty, who was an exemplar of public service and a great supporter of the NHS. As a Category 1 responder under the national Emergency Preparedness, Resilience and Response framework the ICB played a full part in coordinating the South Yorkshire response.

2. Integrated Care System Update

2.1 Integrated Care Partnership

The Integrated Care Partnership (ICP), Chaired by the South Yorkshire Mayor – Oliver Coppard, met on 23 September 2022 for the first time. This is a partnership meeting convened jointly by the ICB and the Local Authorities and is a responsibility under the new Health and Care Act which came into force on the 1 July 2022. This was an initial meeting to agree it's purpose and governance. The Health and Wellbeing Boards of our four local authorities and the ICB have made provisional nominations for membership. This will be fine-tuned to ensure a balance between having a manageable number of attendees with the wish to be as inclusive as possible. The Partnership is due to meet in public for the first time in public on 28 October 2022.

2.2 South Yorkshire Integrated Care System strategy

The principal responsibility of the ICP is to develop a strategy for integrated health and care for South Yorkshire to achieve our aims of delivering better health and improved outcomes for local people, addressing health inequality, maximising value from the resources we have and contributing to the wider social and economic development of South Yorkshire.

The Department of Health and Social Care (DHSC) requested that Integrated Care Partnerships publish a strategy in December 2022. The ICP will build on the work done to date by our Health and Wellbeing Boards and other partners to identify specific priorities which will benefit most from a concerted approach across South Yorkshire. We will involve our communities so that they can inform its development.

2.3 NHS South Yorkshire People

2.3.1 Primary Care

Dr Andy Hilton has been appointed as the Chair of the South Yorkshire Primary Care Provider Alliance. Dr Hilton, who is a GP partner in Sheffield and Chief Executive of the GP federation - Primary Care Sheffield, has been performing the role on an interim basis until now. Access to good quality primary care services is important to our communities not only medical services but also dentistry, pharmacy, and optometry. The Alliance will seek to support the development of a coherent approach to the delivery of primary care across South Yorkshire and the integration of primary care locally in Barnsley, Doncaster, Rotherham and Sheffield and in our neighbourhoods

with other services working there including the local authority, acute hospitals, mental health services and the voluntary sector.

Dr Colin Beresford has been appointed as Board Chairman of Primary Care Sheffield and will formally take over the role on 1 January 2023.

2.3.2 NHS England Locality Team

Joanne Dobson, previously the NHSE Interim Locality Director in the Northeast, has joined NHS South Yorkshire as the NHSE Interim Locality Director. Alison Knowles, our current Locality Director will be leaving at the end of 2022. Joanne has over 30 years of experience working within the NHS and has held various senior leadership roles spanning acute, community and commissioning organisations. Joanne, who has a clinical background in nursing/midwifery and is currently seconded to NHSE from her Board role as Director of Transformation & Strategic Partnerships at South Tees University Hospitals, is passionate about driving change to improve outcomes for patients and families.

2.3.3 Allied Health Professionals (AHPs)

Dr Laura Evans has been appointed on secondment to the Lead AHP role at NHS South Yorkshire. Dr Evans is an experienced Occupational Therapy Professional Lead and is a passionate advocate of the contribution and impact of Allied Health Professionals skills and knowledge to people's health and care. She has led and managed a range of multi-disciplinary services in acute and community healthcare, social care, and the voluntary sector. Dr Evans recently led a South Yorkshire Allied Health Professional (AHP) Team Celebration Event. The day provided an opportunity for AHP's from across the region to come together, share stories, case studies and experiences. Dr Evans, opened and closed the day, inviting a range of speakers up to the stage to cover subjects around health inequalities, racism and health and wellbeing. AHPs play an important role in tackling health inequalities, something that was discussed.

2.3.4 Potential Industrial Action

Health and care staff affiliated to some trade unions have been balloted for strike action. We will work with our partners and Trade Unions to carefully consider the potential impacts of industrial action on our services and ensure that any risks to the public are minimised.

2.3.5 Cost-of-living Crisis

We continue to be concerned about the impact of the rising cost of living for our communities and health and care colleagues. Following the last meeting of the ICB Board in September 2022 we have done further work with local authority teams and NHS organisations to coordinate a South Yorkshire response. An update will be provided at today's Board meeting.

3. NHS South Yorkshire Place Updates

3.1 Sheffield

The NHS South Yorkshire consultation on four new health centres was launched on 1 August and concluded on 9 October 2022. Sheffield received capital funding to build up to five health centres

in the northeast of the city, an area of high deprivation and health inequalities, of which four are currently being consulted on. The consultation sought views regarding the proposal for nine practices to move into the four new health centres and any potential impacts of this change.

The consultation set out to reach as many people as possible, funding community groups to reach marginalised communities and an independent research company to carry out interviews to achieve a representative sample. More than 4,000 responses had been received to the survey and 15 face-to-face events took place, in addition to other online engagement activity.

The first draft of the findings will now be considered by partners, GPs, and patient representatives. Once this has been completed the outcome will be considered by the ICB and the health scrutiny committee of Sheffield City Council, before the full results and the final business case are presented to the ICB Board in December for decision.

Separate to the consultation, GP services have been extended across Sheffield, local GP practices are working together to offer patients evening and weekend appointments in Sheffield. The new enhanced service was introduced on 1 October 2022 and patients will be able to see a GP, nurse or other health professional at a time which is convenient for them.

Finally, Sheffield Children's NHS Foundation Trust launched their Clinical Strategy on Thursday 13 October 2022. The Trust worked with more than 1,000 children, young people, families, colleagues, partners, and communities to create the strategy which will help to steer the Trust's work into its 150th birthday and beyond. The key themes include integrated care, care where needed, developing as a centre of excellence, health inequalities and inclusion, and healthy lives. This is available on their website.

3.2 Doncaster

NHS South Yorkshire's Doncaster place team launched its 'help us to help you get the right care campaign' in October 2022. The campaign saw residents of Doncaster being urged to choose the right health care at the right place in a new advertising campaign. As part of our new collaborative approach this campaign has been extended across the whole of NHS South Yorkshire, aimed at reducing pressures on A&E and GPs.

Doncaster and Bassetlaw Teaching Hospitals has appointed three new Non-Executive Directors following a robust selection process. The three Non-Executive Directors, Mark Day, Hazel Brand and Joanne Gander will play a crucial role in bringing an independent perspective to the Board. Together the three colleagues bring finance, communications, and nursing expertise respectively.

3.3 Rotherham

A new Rotherham Safe Space service, based at Carson House on Moorgate in Rotherham, has opened to support adults in mental health crisis. The service operates from 6pm-midnight Friday to Sunday to support those aged 18+ who need mental health support out of usual hours. Each evening the team offers tailored one-to-one support for visitors who can self-refer or ask to be referred to the service.

The Secretary of State for Health has announced that Rotherham will be included in a list of 10 new community diagnostic centres (CDCs) across the country. South Yorkshire already hosts two of the facilities, one in Mexborough near Doncaster and the other in the Glass Works in Barnsley

town centre. The centres are designed to improve waiting times for clinical investigations which helps speed up diagnosis. The centres offer a range of diagnostic services including MRI, X-ray, blood tests and heart rhythm monitoring. Further updates will be provided as the plans for the centre are developed.

3.4 Barnsley

Local NHS organisations are working closely with Barnsley Council as part of a recruitment drive to help get Barnsley and South Yorkshire residents into local health and care jobs. Through online recruitment events the teams are showcasing a range of career opportunities focussed in the care sector. The events gave more than 100 members of our communities the chance to talk directly with recruitment managers and current post-holders to find out more about working in the local health and care sector.

Southwest Yorkshire Partnership Trust's early intervention in psychosis (EIP) teams have been named as some of the best performing in the country. The National Clinical Audit of Psychosis (NCAP) is an audit programme that measures the quality of care that NHS mental health trusts provide to people with psychosis. This year the target was for 70% of EIP teams in England to achieve 'Performing well' or better, which the Trust achieved. Early intervention in psychosis (EIP) teams provide rapid access to specialist care for people experiencing a first episode of psychosis. Services are measured against criteria relating to the care and treatment they provide, so that the quality of care can be improved. here has been a national quality standard for EIP since 2014 and there is a requirement for all EIP teams to meet this standard by 2024.

4. Winter, Covid-19, and Vaccination

4.1 Winter Planning

Intensive planning across the four South Yorkshire places is under way. This is a multi-agency effort involving local authorities, the voluntary sector, the ambulance service, including NHS 111, primary care and NHS hospitals and mental health services. Each place is holding a winter summit bringing all partners together to review their plans to provide safe care. Winter is always a challenging period made more so this year by the continued presence of Covid-19, an anticipated rise in Flu cases and the potential effects of the cost-of-living crisis on our communities.

An additional £5.8million is being invested in Health and Care across South Yorkshire ahead of this winter. NHS and care services are under significant pressure despite the height of winter not yet being reached. The additional investment has been targeted at a range of services across the region particularly to help avoid unnecessary admissions to hospital and to facilitate discharge when patients are ready to leave.

Despite the challenges, frontline health and care staff and organisations across the region are working together to give patients the best possible care they can. We are also asking the public to help us by choosing wisely this winter by only attending A&E in an emergency and making use of alternatives, such as self-care with advice for a local pharmacist, the NHS 111 service and GP services, which are providing additional appointment slots to meet demand.

4.2 Coronavirus (COVID-19): The South Yorkshire position and vaccinations

The pandemic continues to have a significant impact on NHS and care services across South Yorkshire. In Mid-October 2022 more than 10% of acute beds were occupied by patients who are Covid-19 positive, and most NHS providers had between 1-2% of their staff away from work with a Covid related reason, in addition to normal sickness.

Local vaccination teams have begun administering booster vaccines to those eligible, as well as visiting the 328 care homes across the region as part of the roll-out of Covid-19 autumn booster programme. Over 50s have recently been called forward to receive their vaccination and NHS South Yorkshire is working across the region to promote the vaccine. South Yorkshire's current vaccination rates are amongst the highest within the wider region, with 41.4% of those eligible already having their vaccine, which equates to nearly 280,000 people.

Elsewhere, Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) has had its Long Covid Service shortlisted in this year's prestigious Health Service Journal Patient Safety Awards, recognising the Trust's outstanding contribution to healthcare.

The Trust's work around Long Covid has been selected based on ambition, visionary spirit, and the positive impact that they have had on patients and staff. Clinicians in the Doncaster services worked very closely with primary care, health and care partners and others to develop a service for patients which has a range of therapeutic interventions to support both mental and physical health. Several hundred people have already accessed the service and have seen positive improvements with their physical and mental health and helping them return to work.

5. General Updates

5.1 Menopause Festival

NHS South Yorkshire helped launch a first ever Menopause festival– 'Meno Fest 22' - in Sheffield during October. The focus on Menopause supports health and care staff and encourage workplaces to become menopause friendly. Nearly 34,000 health and care staff across South Yorkshire are going through the Menopause and often additional support and awareness could make a difference to those colleagues.

5.2 Celebrating Black History Month

To celebrate Black History Month NHS South Yorkshire hosted eight webinars throughout October 2022. Black History Month is an opportunity for everyone to come together to celebrate the contributions of our black colleagues within South Yorkshire, to educate one another on the inequalities experienced by black people and to inspire one another to maintain and further develop an inclusive and diverse culture which is supportive and welcoming for all.

Gavin Boyle
Chief Executive NHS South Yorkshire Integrated Care Board
Date: 2 November 2022

Appendix C

HCP Director Report

Sheffield Health and Care Partnership (HCP)

September 2022

Author(s)	**Kathryn Robertshaw, Interim HCP Director** **Esme Harvard, HCP Project Support Officer**
i. Purpose	
• 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 continue to work closely with the incoming ICB leadership and the Joint Commissioning Office to co-design a future model for Sheffield Place Partnership working. A proposed model has been considered by a working group of the HCP Board and will now be refined before being submitted to a joint session of the current HCP Board and the ICB Sheffield place Subcommittee in October

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 NHS England & Improvement (NHSEI) Ageing Well funded programme continues to make good progress.

Key highlights from the last period include:

Urgent Community Response (UCR)

1. The project team have engaged with patients and their families / carers to give feedback on their experience of the service. This feedback will inform pathway design to ensure the team deliver what matters to the patients and their families/carers.
2. The demand on the service is increasing and the team are expanding to meet the increased number of referrals being received.
3. UCR submitted a bid to the Health Education England community rehabilitation planning and assurance and the request was for additional advanced skills/workforce training, currently awaiting outcome.

Enhanced Health in Care Homes (EHiCH)

1. The gap analysis against the EHiCH framework, NHS standard contract and the Network Contract Directed Enhanced Service has been undertaken and this will inform key areas of work required and delivery of the programme plan for EHiCH.
2. Continuing to engage with Primary Care Teams. The current focus is on Multi-Disciplinary Teams to identify what support the programme can offer.
3. Continuing to engage with care home managers.

Anticipatory Care

1. NHSEI have released a draft Anticipatory Care Framework with an accompanying interventions framework. These documents will be reviewed, and work being undertaken in the city delivering Anticipatory Care will be aligned to the recommendations.

2. The workforce to deliver Anticipatory Care in Sheffield have been recruited and teams will be established by the start of Sept 2022. The programme is also working in conjunction with the voluntary and community sector. This includes scoping activities, led by AgeUK, to understand how the voluntary and community sector can contribute to and be involved in Anticipatory Care.
3. The Team Around the Person Project (TAP) who are delivering multidisciplinary coordinated and personalised care for individuals with complex health and social needs has been extended for full geographical coverage across the city. Children's & Young People (CYP)

Children & Young People

Neurodevelopmental Transformation Programme

The programme of work is continuing to deliver tangible change across the five key workstreams shown listed below:

- Right identification at the earliest time
- Right support, right time
- Integrated care in the community
- Improving the assessment pathway
- Improve support to Neuro-diverse children and young people in Schools

Key highlights in the most recent phase include:

- **Additional national funding has been received to expand the project supporting Neuro-diverse children and young people in Schools.** This will enable improvements to be embedded in the current cohort of 10 schools taking part as well as extending the support to new schools.
- **Training resources for schools as well as a film providing an insight into school life for neurodiverse pupils has been developed as part of the project.** These can be accessible here. Autism in Schools | Learn Sheffield. The film looks carefully at the school day and considers where challenges might arise for autistic students.
- **An interim evaluation of the above project has been produced**. Some highlights from the evaluation include:
    - CYP enjoyed attending the groups and felt more confident and happier, and more able to use their growing understanding of emotion regulation and behaviour strategies in school
    - CYP felt more supported and were building relationships with peers and staff attending the groups
    - CYP reported having greater understanding of themselves and autism
    - Just over half of CYP reported their school as meeting their sensory and/or communication needs.

Estates

Primary Care Estates

The public consultation on the development of up to six new health centres, funded by capital from the Wave 4 capital development scheme, in the north of the city is underway and will close on 9 October. As part of this the ICB will also be consulting key stakeholders including Sheffield Teaching Hospitals NHs Foundation Trust and other providers in the city as well as the Local Pharmaceutical Committee. The Pre-Consultation Business Case and Consultation Document can be found here. Following the end of the consultation period a report will be produced and, subject to the outcome of consultation, the findings will support the development of Outline and Full Business Cases.

Capital developments to create capacity within a number of individual practices and other primary care facilities are also underway as part of the same programme.

Mental Health, Learning Disabilities & Autism

A new **Safe Space** for 16 & 17 year olds has been launched. This is a residential setting operated by Roundabout which provides an alternative pathway for supporting a young person at risk of mental ill health deterioration and as an alternative to potential presentation in for example A&E. Staff will be able to support people over a few days in a comfortable residential setting.

The contract for the **Sheffield Support Hub** has been awarded to Mental Health Matters (MHM.) MHM operate similar support hubs elsewhere an example can be found here. This will support people from the age of 16 and the café will be open Mon-Fri 6pm – midnight and Sat/Sun 2pm – midnight, 7 days per week/365 days per year. It will be located at 44 Bank Street, Sheffield, S1 and MHM are now in the mobilisation phase with a go live date agreed of 14 November 2022.

The **Commission on Young Lives** has recently published its report on rethinking mental health services for vulnerable young people.

SY ICB has Commissioned and launched a **mental health support digital offer** myStrength Emotional Wellbeing app which can provide patients over 16 with a programme that helps with sleep, anxiety, depression and more, all designed to support better emotional health. It can be found on your app store by searching 'Teladoc mystrength Emotional Wellness'. Patients will need to use the access code 'southyorkshirewellness' to get started.

Palliative End of Life Care

This programme of work continues to make good progress:

- The **Needs Assessment** has been developed in draft and work is under way to engage with stakeholders to obtain further local insights; this will include clinicians, care professionals, patients and families. We are now compiling all the numerical

and demographic data we can obtain from agencies across the city to build a picture of capacity and need.

- The **Sheffield place commissioning team** took part in an event in July with the purpose of hearing people's experiences around end of life and feeding this into research priorities. This work will also inform the needs assessment.
- The **early identification project** is progressing well and looking at good practice in the city. For example multi- disciplinary team working in primary care for patients who are nearing end of life and looking at how best to identify patients who are living with end stage heart failure.
- We are working with colleagues in social care, primary care, and the voluntary sector to identify a small cohort of people who will undergo training with Marie Curie early in 2023. These colleagues will be trained to facilitate an ongoing learning set to support people working with people are homeless (or who are otherwise significantly vulnerable) and who also have palliative care and end of life needs.

Pharmacy

The Pharmacy Transformation Group has recently revised its terms of reference which align with the evolving South Yorkshire health structures including specifically the Integrating Pharmacy and Medicines Optimisation (IPMO) presence within the NHS South Yorkshire ICB. A current prominent work stream involves bespoke work to address inequalities and improve the medicines optimisation support for vulnerable and housebound people in receipt of social care (update report available on request from email: jo.tsoneva@nhs.net). The Group is continuing to progress the notion of a 'Sheffield Pharmacy Team' by facilitating cross sector collaboration, joint professional forums, joint pharmacy professional posts and supporting innovative workforce training and development initiatives.

People

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

- The HCP's public advisory group, managed by Healthwatch Sheffield, the **Health & Care Public (H&CP) Forum (Sheffield)** meet monthly and have discussed the following topics over the last two months:
    - **Pharmacy** with South Yorkshire Integrated Care Board (ICB) team, the discussion focussed on contributing to the Sheffield Pharmaceutical Needs Assessment draft written with the Local Authority. The forum shared their experiences of receiving and administering medicines from social care.
    - **Team Around the Person (TAP)** The group were asked how we can create an inclusive way of capturing feedback from the person referred to the TAP service?
    - **Long Covid** with Healthwatch Sheffield & Voluntary Action Sheffield outlined work taking place to shape the future care and support offer in Sheffield.

- The H&CP forum has been engaging in some improvement work to maximise the opportunities professionals have to work with them. The two pieces of improvement work are:
    - A **framework for their thinking** has been developed by the forum that outlines 5 behaviours and underpinning principles which reflect the key areas they want to

cover in their work. The forum will be trialling the framework and working on it further next month.

- A working group of forum members held a workshop to review professionals comments about working with them and consider actions to address any concerns shared. Actions being considered include:
    1. Guidance which sets out what we expect from professionals and what they can expect from us.
    2. Communication plan to promote the forum to the public and professionals
    3. Forum member biographies of experience.

For more detail, Summary notes, previous agenda items & more information on the forum can viewed here.

Leading Sheffield

- **Leading Sheffield Steering Group** are preparing to deliver the system-leadership programme between March – April next year. HCP Board, Executive Delivery Group members and participant line managers are invited to attend the Landing Event (21st April 2023) of the programme alongside participants where presentations will be given by cross-sector participants in Challenge Groups on how they as a group will work differently together, and influence others in the neighbourhood (or more widely) to:

    1. Improve patient/service user support, experience and outcomes
    2. Reduce the prevalence of this health condition in this PCN?

- Recruitment for the programme will begin next month and Learning & Development leads in our partners will be sharing the opportunity across their organisation. If you are interested in participating in the programme please get in touch with your L&D team or the HCP team by the **28th November** to learn more about the programme and register your interest.

Learning and Development

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

- A team from Sheffield are taking part in the **Regional Leadership for Personalised Care.** The ream consists of colleagues from Sheffield Health and Care Partnership core team, South Yorkshire ICB, Sheffield City Council and the Compassionate Sheffield programme. The programme will help us develop our local plan for change towards person-centred approaches through modules helping to:
    - Understand what Personalised Care means in our local context
    - Building skills in relating and storytelling
    - Collaborative leadership, host leadership and leading in complex systems
    - Understand collective strengths and how to bring others on board

- Making co-production happen – with people on a 1-2-1 basis and with local communities.

- Peak Health Coaching have provided person-centred approaches training workshops to over 500 health and social, voluntary workers online since August 2020. The programme has been evaluated, some of the key findings are outlined below.
    - All participants who completed pre & post evaluation of the introductory course were seen to achieve learning outcomes
    - 11 participants across our health, care and voluntary undertook the train the trainers course and have worked with a partners across the system to subsequently support the delivery of 15 additional workshops to date
    - A qualitative evaluation report commissioned on the impact of the Health & Wellbeing Coaching Training demonstrated a powerful, practical, and valuable impact of the training workshop on participant's work across a range of roles and organisations commissioning and delivering health and social care.

Further work with HR Directors across our partnership for how we can continue the success of these workshops in achieving system-wide cultural change and skill development required across all levels of staff across our health and care system with our Train the Trainers.

Compassionate Sheffield

Compassionate Sheffield in partnership with Opus Independents and Sheffield City Council are gathering people's stories from the pandemic.

The role of health and social care staff during the pandemic, is a key part of Sheffield's story. These stories need to gathered, shared and stored for future generations.

Some of the stories will be part of a 10-day exhibit at the millennium gallery in February 2023 and all stories will be stored within the city's archives. A link to a short trailer video is below:

For more information, please visit www.sheffieldstoriesfromthepandemic.com or contact Nick Deayton - n.deayton@hospicesheffield.co.uk

Further work in our Health & Care System

Stronger Together – A Co-production Toolkit from Ageing Better

- This toolkit was developed by 14 Ageing Better partners and co-production participants across England as part of the Ageing Better programme. South Yorkshire Housing

Association delivered Age Better in Sheffield and led on the co-production of the Stronger Together Toolkit in partnership with the other Ageing Better organisations.

- The following document is to be accessed to help you navigate the toolkit. The learning guide inside provide an overview of what co-production is, the values and principles of co-production, who benefits from working in this way, who Ageing Better are, a description of the 14 topics in the resource library.
- This resource library contains hundreds of stories, tools and resources on the co-production topics. The stories bring people's involvement to life, the tools are practical insights that you can use within your own co-productivity activity.

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)

View previous Director Reports here: Sheffield HCP Director's Report - Sheffield Health and Care Partnership