

# Sheffield Teaching Hospitals NHS Foundation Trust

## Chief Executive's Briefing

### Board of Directors – 31 January 2023

#### **1. Operational Update**

I will provide an update on the most current operational position. We are continuing with our Getting Back on Track programme although significant operational pressures remain, particularly in relation to recent strike action.

#### **2. Industrial Action**

YAS employees who are members of the GMB and Unison unions took strike action on 21 December 2022 and 11 January 2023. The actions had an impact on patient transport services for planned care (outpatient, daycase and inpatient) services and discharges, as well as on the number of YAS call handling and blue light ambulance services. Plans were developed to reduce the impact on patient transport services including contracting additional private transport and running clinics remotely where appropriate. An organisation wide focus on flow ensured the A&E department was able to accept emergency patients in a very timely manner and no specific risks were identified. Further dates are identified for 6 and 20 February and 6 and 20 March 2023.

A number of STH employees who are members of the Royal College of Nursing took strike action on 18 and 19 January 2023. The action had an impact on all areas across acute and community services. Planning, in collaboration with RCN colleagues, ensured key emergency and inpatient areas were able to continue to provide services. Where staff chose to take strike action across planned care services, activity was reduced accordingly or changed to be provided remotely with a minimised impact on patients wherever possible. A full business continuity structure was established for the two days and no specific risks were identified. Further dates are identified for 6 and 7 February, the first of which coincides with one of the YAS action days in February.

The Chartered Society of Physiotherapy have also received a mandate from their members for strike action. For STH this will take place on 9 February 2023. The action has a potential impact on outpatient physiotherapy, inpatient therapy services and the management of discharges. Work is underway to plan to mitigate the risks to patients.

The British Medical Association's Junior Doctor Committee is balloting members on the option for 72 hours of industrial action in March. In addition, the Hospital Consultants and Specialists Association ballot outcome supports strike action, with dates to be confirmed. Ballots are also ongoing amongst both the British Dental Association and The Association of UK Dieticians.

We continue to monitor the discussions regarding teachers taking industrial action on both 1 and 28 February 2023, given the potential impact on staff availability if their children are unable to attend school. Action is also scheduled for 15 and 16 March.

Whilst the organisation and teams responded exceptionally well and worked extremely closely with trades union colleagues and partners to minimise the impact on patients, the strikes to date and those planned represent a significant operational planning challenge to the organisation. The planned strike action in the coming months and the prospect of ongoing ballots providing further mandates for action do pose significant challenges in organisational management and will place further pressure on our pandemic recovery programme.

### **3. Elective Actions for the 78 Week Cohort**

Please find attached at Appendix A, a recent letter received from NHS England (NHSE) in relation to arrangements should rescheduling of elective activity become necessary during current operational pressures. STH ensured that only activity impacted on by staff taking industrial action was reduced during the strike action days, as per the guidance.

NHSE are also asking every organisation to book, by the end of January, appointments for planned care, for all of patients who will be waiting over 78-weeks at the end of March. The end of March is the national milestone for patients not to be waiting any longer than 78 weeks. This work is being co-ordinated with individual directorates as part of the Patient Care Recovery Plan and the detail of the required actions is also included within Annex 1 of the letter.

### **4. Deputy Chief Nurse**

I am pleased to confirm the appointment of Elaine Coghill as the new Deputy Chief Nurse. She will commence at a date to be confirmed during the spring.

Elaine is currently the Deputy Director of Nursing, South Tyneside and Sunderland NHS Foundation Trust. Her previous posts include Deputy Chief Nurse at Northern Lincolnshire and Goole NHS Foundation Trust and Trust Lead for Nurses, Midwives and Allied Health Professionals (NMAHP) Research, Education and Practice Development at The Newcastle upon Tyne Hospitals NHS Foundation Trust.

Gill Smith started in post as the Interim Deputy Chief Nurse on Monday 2 January 2023 to cover the period until Elaine starts in post.

I would like to extend my thanks and best wishes to Karen Jessop as she starts her new role as Chief Nurse at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

### **5. Clinical Director – Plastic and Breast Surgery**

Mr Christopher Baldwin has been appointed as Clinical Director for Plastic and Breast Surgery. Christopher will take up the Clinical Director post from 20 March 2023. In addition to welcoming Christopher, I would like to thank Mr Mark Hobson for his contribution to Plastic and Breast services during his time as Clinical Director.

### **6. Vice-Chancellor of Sheffield Hallam University**

Professor Sir Chris Husbands has recently announced that he will be leaving his role as Vice-Chancellor of Sheffield Hallam University later this year. He will remain in post until a successor is appointed. The Board of Governors will soon be commencing their search for a new Vice-Chancellor.

### **7. Presentation of the Queen's Award for Voluntary Services 2022**

On Monday 19 December 2022, Professor Dame Hilary Chapman DBE RN, HM Lord-Lieutenant of South Yorkshire, formally presented The Queen's Award for Voluntary Service to Sheffield Teaching Hospitals Trust Volunteers at a ceremony held at the Northern General Hospital. The Queen's Award for Voluntary Service is an annual award made to recognise and reward excellence in voluntary activities carried out by groups in the community. It is given for outstanding achievement by groups of volunteers who regularly devote their time to helping others and providing outstanding service. Congratulations and thank you to all our volunteers.

## **8. Wagestream App**

A new employee benefit Wagestream App was launched on 4 January 2023. This is a charity-backed financial wellbeing App used by a number of NHS Trusts. It enables staff to access a percentage of their pay whenever they need to, as well the ability to save directly from their pay and access financial information including financial coaching, education, support and resources.

## **9. South Yorkshire Integrated Care Board (SY ICB)**

Papers from the most recent South Yorkshire Integrated Care Board, held in Public on 04 January 2023 can be found at the following [link](#).

## **10. 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 B. I have also provided a [link](#) to the meeting papers from the most recent Health and Care Partnership meeting held on 20 December 2022.

Kirsten Major  
Chief Executive  
31 January 2023

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- To:
- NHS Trust and Foundation Trust:
    - chief executives
    - chairs
    - medical directors
    - chief operating officers

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

- cc.
- NHS England regional directors
  - ICB chief executives

**12 January 2023**

Dear colleagues,

## **Elective actions for the 78 week cohort**

Happy New Year and we hope you and your teams are bearing up during these difficult times. Thank you for all you are doing to manage pressures in urgent care, the impact of flu and COVID-19, and trying to navigate strike disruption, which must be key priorities at this time. We also know that we are all very keen to continue to make progress on elective and cancer care. We do, however, recognise that some rescheduling of elective activity will, in the most extreme circumstances, be unavoidable.

In discussions with colleagues, it is clear that there are several areas of activity that we can usefully focus on this month which should not significantly cut across the current need to focus on urgent care and industrial action.

First, in relation to cancellations, we know that cancelling electives is a last resort and that we are all working as hard as we can to minimise this. If you are in the unavoidable situation where beds need to be released for UEC pressures, or you need to free clinical staff up to assist with these pressures, including due to industrial action, please do so in discussion with your provider collaborative, ICB and regional colleagues, as they may be able to provide support and mutual aid. It is clear from the first round of Industrial action that, with good planning, cancellations can be kept to a minimum. Many providers maintained good access for new outpatients (including virtual) and also used the time to make progress on validation and scheduling. Given this experience, we expect all trusts affected will be able to maintain this kind of access during future industrial action days. It is recognised that this will, inevitably, depend on how long the period of industrial action lasts and how extensive it is.

Second, we know that we made great progress on two year waits when trusts actively validated and booked patients in for their appointments well ahead of time. This may appear obvious, but the data is very powerful that the process of actually booking

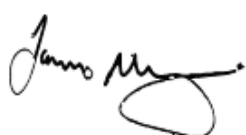
patients in for appointments was incredibly helpful in validating the list in its own right. More importantly, getting this clarity on next steps for each of these patients really helped them and the Trust either speed up treatment or take patients off the list if it turned out treatment was unnecessary. We are, therefore, asking every organisation to book appointments for all of their 78 week cohort (patients who will otherwise breach by April) by the end of January, with outpatient appointments and treatments completed before the end of March. To be clear, we are not asking that appointments/treatment be concluded before the end of January, just the booking process, so that we can all be clear and confident of delivery. The detail is in the attached appendix. Crucially, talking to colleagues over the last few days, there is high confidence that this booking activity should not significantly conflict with the current focus on urgent care, and that this booking work can be done in parallel as it should involve different staff.

Finally, it is still clear that our lists are not as accurate as they should be, with multiple entries apparent in the data and reductions in list size resulting from active validation. Again, this is an activity that can be undertaken in parallel with other pressures and annex 1 sets out some actions to support this work.

National and Regional colleagues will be in touch to agree the data required to confirm the above actions for Tier 1 and 2 trusts, and how these will be monitored through the strengthened Tier oversight calls.

We trust that this is reasonable and thank you again for all of your efforts. If any support is required with these actions, please let us know.

Yours sincerely,



**Sir James Mackey**  
National Director of Elective Recovery  
NHS England



**Prof Tim Briggs CBE**  
National Director of Clinical Improvement  
and Elective Recovery  
NHS England

Chair  
Getting It Right First Time (GIRFT)  
programme

## Annex 1: Required actions

We ask that you complete the following actions:

1. **All patients in the 78w cohort without a decision to admit (DTA) must have a next appointment booked by the end of January 2023.**
2. **All patients in the 78w cohort with a DTA must have a recorded TCI (to come in) date by the end of January 2023 within the Waiting List MDS, with first definitive treatment scheduled before the end of March 2023.**
3. **Any patient waiting over 52 weeks on an RTT pathway (at 31st March 2023) who has not been validated in the previous 12 weeks should be validated by 20th January 2023.** Prior to the 104 target a number of systems found it beneficial for clinical teams to peer review each other's lists, to ensure robust validation. This could be considered by trusts at this stage. <https://www.england.nhs.uk/publication/validation-toolkit-and-guidance/>
4. Progress against the above requirements will be tracked using the weekly waiting list minimum dataset (WLMDS) that Trusts submit nationally. Within this, **it is vital that the 'date of last review' data field is completed for all patients in the 78w cohort.** Furthermore, national analysis has shown that there may be entries on the list for 78 week+ patients that may be duplicates. **All such duplicate entries must be identified, clinically reviewed and removed at the earliest opportunity, no later than 22<sup>nd</sup> January.**
5. National Choice Guidance on the use of the prioritisation code P6 was recently updated here: [Choice Guidance Final Updated 111022 - Elective Recovery - FutureNHS Collaboration Platform](#). For any 78 week+ breaches in March, only C code patients will be considered as patient choice, so please ensure that **all choice patients have been correctly coded in accordance with the guidance.**
6. Part of the approach to tackling long waits for patients has been utilisation of independent sector (IS) capacity to treat patients. **Where patients have been transferred to IS providers, it is vital that you maintain close oversight and ensure that these patients are treated before the end of March.** You must also ensure that all of these patients are reported through the national WLMDS, with contract management in place to track and monitor progress.

Should you have any queries please email: [england.electiveopsanddelivery@nhs.net](mailto:england.electiveopsanddelivery@nhs.net)

## Annex 2

### Maintaining OP activity during industrial action - Checklist

#### Checklist for maintaining OP activity during industrial action

- ✓ Have you prioritised maintaining services to assess longest waiting outpatients during industrial action?
- ✓ Is there is a next appointment booked for any patients displaced their OP appointment due to industrial action?
- ✓ Are you rescheduling appointments in dating order?
- ✓ If a diagnostic procedure was rescheduled due to industrial action is there a process in place to ensure the results are available and can be accessed during the follow up?
- ✓ Have all outpatient cancellations been clinically reviewed and authorised?
- ✓ For outpatients interventions that can be maintained during industrial action - have you contacted the patient to explain that they still need to attend their appointment during industrial action days recently?

### Remote Consultations - Resource Checklist

This checklist has been developed as a resource pool to support remote consultations usage in NHS outpatient settings across the NHS. Remote consultations include video and telephone consultations, and online forms/questionnaires. These are business as usual consultation modalities that enable services to offer alternative consultation formats to patients. Remote consultations offer benefits to patients and clinicians as well as offering operational benefits including in the context of elective recovery, winter pressures and maintaining patient safety during industrial action.

Futures page

[Remote consultations in secondary care](#)

Website

[NHS England website](#)

Contact

[england.remoteconsultations@nhs.net](mailto:england.remoteconsultations@nhs.net)

#### ✓ Implementation resources

##### Clinical guidance:

The [Clinical guidance](#) sections includes guides on; [choosing how to consult with your secondary care patients](#), and other resources to support clinicians delivering remote consultations.

##### Health inequalities and digital exclusion

The [health inequalities and digital exclusion](#) page, includes a [national EHIA](#) for video consultations which can be adapted for local use, and other resources including patient facing translated materials that can be used to help reach marginalised groups.

##### Patient information materials

The [patient information materials](#) page, includes a range of communications materials to support providers and systems when communicating about remote consultations with patients. This includes a guide for [video consulting with your NHS](#)

##### Implementation materials

The [implementation materials](#) page, holds resources that support implementation and implementing at pace including our [video consultation implementation in one week](#) guide. There is also a, [SOP template](#) that can be adapted locally and other materials.



**HCP Director Report**  
**Sheffield Health and Care Partnership (HCP)**  
**December 2022**

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



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## Strategic Update

## Sheffield ‘Place’ Partnership Development

- The first meeting Sheffield Place Health and Care Partnership Board is due to take place on the 6<sup>th</sup> December 2022. The Board brings together the HCP, Joint commissioning and the ICB Sheffield Place Subcommittee business into a single meeting. This ‘Committee in Common’ approach has therefore core functions:
  - **As a Health and Care Place Partnership** providing a mechanism to deliver on strategic policy matters relevant to the achievement of the Place Plan. All health and care partners across Sheffield work collaboratively to plan and deliver joined-up services and to improve the health of people who live and work in Sheffield.
  - **Joint Commissioning S75 Arrangements** – a joint committee between the ICB and Local Authority to manage business related to the S75 agreement.
  - **As an ICB Place committee** providing a mechanism for delegation within the Integrated care Board so that decision on priorities and resources can take place locally with the wider health and care partners. It is one part of the wider set of arrangements in each place to enable integrated working at a local level enabling delegated authority from the ICB Board to make decisions about the use of ICB resources in Sheffield in line with its remit. The ICB Place Committees is accountable to the ICB Board.
  
- A proposed partnership framework, outlining the governance for the partnership has been approved by the HCP Board and will be shared with Part Boards and equivalents through December and January.
  
- Work to develop a more formal partnership agreement has commenced and is expected to complete by April 2023.

## Sheffield Children’s NHS Foundation Trust (NHSFT) Clinical Strategy

Sheffield Children’s has engaged with over 1000 people to develop its **Clinical Strategy**. Engagement groups include children and young people, communities, colleagues, and partners.

Their Clinical Strategy helps deliver the guiding purpose of Sheffield Children’s NHSFT and their [Caring Together 2020-2025 strategy](#), as they head towards their 150<sup>th</sup> birthday:

*“Providing a healthier future for children and young people.”*

There are five themes to the strategy:

1. Integrated Care
2. Care Where Needed
3. Centre of Excellence
4. Health Inequalities and Inclusion
5. Healthy Lives

The ambitions can only be delivered in partnership with patients, families, colleagues, and partners. The strategy sets out their involvement approach, alongside how they will work together through partnership vehicles at community, city, system, regional and national level. They are developing their implementation approach and collaborating with our partners to identify priorities and first steps.

To view the strategy please visit: <https://www.sheffieldchildrens.nhs.uk/clinicalstrategy/> or contact Rebecca Joyce ([Rebecca.joyce4@nhs.net](mailto:Rebecca.joyce4@nhs.net)), Sheffield Children’s NHSFT Development Director, for further information.

## HCP Focus areas

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

## Integration

### Ageing Well Programme

The citywide NHSEI funded Ageing Well Programme continues to make good progress, the update below describes the work that they are doing alongside delivery to align elements of the programme with the city’s winter resilience plan in line with the ‘Going Further on our Winter Resilience Plans’ guidance.

(<https://www.england.nhs.uk/publication/going-further-on-our-winter-resilience-plans/>)

The winter resilience plans include: -

1. **Reviewing health and social care data**, in particular Yorkshire Ambulance Service (YAS) activity and conveyance from care homes. To enable us to undertake targeted quality improvement activity.
2. **Identifying an appropriate pathway for care home residents to access the Urgent Community Response (UCR) Team** with an aim of reducing conveyance to hospital where possible/appropriate to do so.
3. **Review an iteration of the Sheffield Citywide Alarm (CWA) referral pathway to the UCR Team** to increase the care and support offer to people in their own homes during a time of emergency.
4. **Mapping the Falls Pathway in Sheffield against the ‘Association of Ambulance Chief Executives Falls Governance Framework’** and identifying pathways to support the immediately fallen individual whether they reside in their own home or within nursing/residential care.

Working in conjunction with YAS the team will **review the Directory of Service (DOS)** to ensure that all appropriate referral routes are available to the YAS call handlers when receiving emergency calls.

### Team Around the Person (TAP)

The **Team Around the Person Project (TAP)** who are delivering multidisciplinary coordinated and personalised care for individuals with complex health and social needs, is

continuing to roll out the service city-wide with a promotional toolkit of resources being developed and to be hosted on the Sheffield City Council website [here](#). There are currently over 200 live TAP cases being held by the team and the total number of TAP referrals for this year is also reaching 200.

Find more information on the Ageing Well programme here: [Ageing Well - Sheffield Health and Care Partnership \(sheffieldhcp.org.uk\)](#)

## Children and Young People

### Super Saturday

**Super Saturday (#NHSSuperSaturday)** happened last month on the 12<sup>th</sup> of November, with partnership working between Sheffield Children's NHSFT and community organisations Zest and Foodworks to get the word out around healthy living. Read about the days success [here](#). The next Super Saturday will be held in **January with a theme around Oral Health**, aligning with the Core20Plus5 priority for Children and Young People.

### Advice and guidance work

A **referral assessment service was implemented in July with the Allergy and General Paediatrics services**. This was completed in conversation with NHS South Yorkshire Integrated Care Board (ICB), and the pilot has been extended until the end of December. An initial assessment of the benefits has been completed and some of the detail on the administrative process is still being worked through.

## Mental Health, Learning Disabilities & Autism

### Improving Physical Health for People with Severe Mental Illness, Learning Disabilities, Autism

**Sheffield has been working hard to increase the number of annual health checks for people with learning disabilities (LD) and people with severe mental illness (SMI)**. These health checks are a priority within the NHS Long Term Plan due to the stark mortality and morbidity health inequalities faced by people with LD and SMI, many of which are preventable.

#### As at the end of October 2022:

- **Sheffield GPs had completed 1,462 health checks** for people with a learning disability since April 2022 (416 more than by this time last year).
- **2,339 people living with severe mental illness had received their annual physical health check** in the previous 12 months (918 more people than at the same time last year)

There is still significant work to do to ensure that as many as possible of Sheffield's 5,530 people with SMI, and 4,216 people with LD, are up to date with their annual health checks, and health, care and voluntary sector providers are continuing to work in partnership on this.

## Autism Specific Annual Health Checks Pilot

**This autumn Sheffield joins one of only five places across the country shortlisted to carry out health checks for autistic adults in GP practices as part of a new NHS England Pilot.**

The health checks are important because autistic people are more likely to have chronic physical health issues and suffer from mental health conditions. Due to the size of this initial pilot (100 health checks), the health checks will currently only be available for people invited by their GP to take part. However, the pilot is part of a wider aim to reduce health inequalities for autistic people, and for autistic people to live happier, healthier lives.

NHS South Yorkshire Integrated Care Board (Sheffield Team) are working closely on the pilot with the 9 participating GP practices, experts by experience, and Sheffield Autism Partnership Network.

## Palliative End of Life Care

### Compassionate Sheffield

The following updates have been provided on the [Compassionate Sheffield](#) programme:

- **Death cafes:** Compassionate Sheffield are holding safe spaces for people to talk about death.
- **Advanced Care Planning:** Compassionate Sheffield have been challenging the notion 'hard to reach', by facilitating workshops on Advanced Care Planning. These sessions have combined staff from the Foundry Primary Care Network and members of the Roma, Yemini and Pakistani communities.
- **Navigating 'End of Life':** In partnership with local End of Life Doulas, Compassionate Sheffield have been training staff from St Luke's, MIND and SCCCC in the social and practical skills needed when you are working with someone who is affected by death and dying. The training has evaluated extremely well and we're running a second cohort in January 2023.

If you would like to get involved or learn more about these pieces of work, please contact [Nick Deayton](#).

Last month Compassionate Sheffield held a number of free events, these included:

- a series of film & food socials last month to watch a new short film showcasing Sheffield stories with a purpose of 'reflect, talk and eat together'
- for voluntary & community sector workers in Sheffield as a time out to reflect on their experience of the pandemic and the chance to be listened to & look after.

To keep updated of future events, please follow: [Compassionate Sheffield \(@CompassionSheff\) / Twitter](#)

## 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:

- **Sheffield Ageing Well Programme:** The forum were given an overview of three projects in the programme and were asked to comment on: Programme Principles; What does Ageing Well look like for you? How would you like Health & Social Care to help you age better? Experiences of care homes & what makes a good care home? Experiences of care planning, long term conditions & frailty. Their experiences and views will continue to influence the Ageing Well programme projects and members will be asked to support projects where relevant.
- **Pharmacy** The group continued their work commenting on a Patient Guide to Pharmacy Roles after the changes made from the meeting in August. A process map of getting hold of medications was presented aimed at health care professionals and social workers. Forum members commented on the process maps readability and content, their comments will go towards the process map updates.
- The H&CP Forum have developed a framework for their thinking titled **‘What We Do & How We Do It’** to make sure that they are effective in their role to:
  - Influence and improve patient and public involvement plans within Sheffield HCP
  - Influence how services are designed, delivered, funded, and coordinated – so that people have better experiences and outcomes.
 The framework was piloted by members before being approved this month.

It contains 5 behaviours that members want to cover in their work alongside five guiding principles:

1. Involvement – Advise how best to work with local people, so that they can influence changes within the health and care system.
2. Communications – Inform the design of information materials, and how they are shared with people who use services, their relatives, carers and the wider public.
3. Helpful Challenge – Be a ‘critical friend’ by challenging aspects of the HCP work and suggesting how these issues can be overcome.
4. Impact – Consider the impact of possible changes in the design and delivery of care and support in Sheffield, and whether they are in best people’s interest.
5. Experiences – Share views and experiences in relation to wellbeing, health and social care services.

The framework also includes a set of questions relating to each of their behaviours. Asking the questions identified will help members stay focussed and achieve their aims.

The framework is designed for H&CP Forum members work, if you would like to receive a copy of this please email [sth.hcp-sheffield@nhs.net](mailto:sth.hcp-sheffield@nhs.net)

For more information on the forum including summary notes and previous agenda items visit [here](#).

## Leading Sheffield

- **Leading Sheffield**, our next programme is planned for the beginning of March and the recruitment is underway. We’re excited about the relaunch and have held information-giving sessions for both participants and their line managers to answer

any questions about the process and the curriculum. This year, we're hoping that our Voluntary Sector will provide us with the Wicked Problems that form the cornerstone of the programme – it's a great opportunity to have a group of leaders from Sheffield's health and care system thinking about real-life issues whilst developing the skills and understanding to work across a system. Read the Participant Information [here](#) for information on how to register your interest by Thursday 12<sup>th</sup> December.

## 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 team consists of colleagues from Sheffield Health and Care Partnership core team, South Yorkshire ICB, Sheffield City Council. They all found it really inspiring and motivating and will be bringing some fresh ideas back to the Joining Up Person-Centred Group to move the agenda forward. Participants found their expert through experience speaker extremely moving. Paralysed from the neck down due to a freak accident, he lives a full life, achieves ambitions and flourishes – entirely made possible by personalised care. It made the team even more determined to work across the city to bring this approach to fruition.
- The **Joining Up Person-Centred Approaches** group met again in November, colleagues updated each other on Person-Centred activity within their own organisations since we last met in July and considered where this group could have influence in the new place structures.

## Recruitment and Retention

- The **Sheffield HCP Recruitment and Retention Group** submitted a bid for Health Education England monies to support the development of a dedicated website for Sheffield Health and Social Care Careers which would be a one-stop shop for all vacancies across the city. The plan going forward is to develop something that sits across the whole SYICB, but with place-based areas within it so we will achieve our aims with the added bonus of an overarching approach to developing Health and Social Care careers across the entire region.

## Inequalities

### Sheffield Children's NHS Foundation Trust (NHSFT)

Over the past 18 months **Sheffield Children's NHSFT has been working on five projects all aimed at reducing Health Inequalities**. The work projects include:

1. Ethnicity data capture



2. Targeted awareness raising: Roma Communities needs, a financial wellbeing signposting leaflet developed, [‘Facts and Actions’](#) sheet to inspire and challenge colleagues to think about what they can do to make a difference.
3. Delivered ‘Families Matter’ for all families admitted, aimed to reduce the financial cost of staying in hospital by offering teeth cleaning supplies, sanitary products, lower priced food, hair and body wash in all showers.
4. Working towards ‘no family should go hungry while staying with us’ with offering breakfast to all parents/carers.
5. Greater involvement, ensuring seldom voices are heard. A focus on the Roma, Somali and areas of greatest deprivation, listening conversations have been undertaken which have revealed people’s greatest concern is around being heard and respected, as well as racial stigma. Co-production workshops are currently being undertaken to address these concerns.

## Move More Empowering Communities

**Move More Empowering Communities (MMEC)** project aimed to support voluntary, community, faith, and social enterprise (VCSE) organisations across Sheffield work with communities with the lowest level of physical activity. The project ran from April 2019 through until August 2022.

Katie Shearn and Kerry Griffiths at Sheffield Hallam University recently performed an evaluation of the projects and findings are organised into five interacting theory themes, which explain how and in what circumstances organisations worked to enable physical activity. These are:

- Building capacity in the VCSE to understand the needs of the target communities (insight)
- Harnessing assets (use of facilities, green and blue spaces, networks),
- Working with partners
- Developing a supported and person-centred approach
- Building capacity to deliver activities

Visit [here](#) to read the full summary findings.

If you wish to discuss these findings in more details and their implications for your work, please contact Adam Batty ([a.batty@vas.org.uk](mailto:a.batty@vas.org.uk)).

## Diabetes Action Hub

**Sheffield will receive funding from the National Lottery Community Fund to continue our work to reduce the prevalence of Type 2 Diabetes in the City.** Work will take place with partners across the city to develop a ‘Diabetes Action Hub’ where we can utilise the relationships, trust and understanding of ‘culturally competent’ approaches, give people access to diabetes support and knowledge that’s right for them, and develop models of support that are closer to communities to increase the likelihood of take up.

Contact Adam Batty ([a.batty@vas.org.uk](mailto:a.batty@vas.org.uk)) if you would like to support or learn from this work.



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

Visit our website to stay up to date with developments across our partnership:  
([www.sheffieldhcp.org.uk](http://www.sheffieldhcp.org.uk))

View previous Director Reports here: [Sheffield HCP Director's Report - Sheffield Health and Care Partnership](#)