

Sheffield Teaching Hospitals NHS Foundation Trust

Chief Executive's Briefing

Board of Directors – 27 September 2022

1. Death of Queen Elizabeth II

The Trust joined the nation in marking the death of Queen Elizabeth II. Flags were put at half-mast at both the Northern General and Royal Hallamshire sites and books of condolence were opened in the chapels for staff, patients and visitors to sign if they wished. Following the announcement that there would be a Bank Holiday to mark the funeral of Queen Elizabeth II, operational plans were made which balanced the wish to be respectful, with the fact that many patients who were due to have operations or appointments on that day had been waiting a long time due to the impact of the pandemic. Despite significant practical challenges with childcare and transport we received fantastic support from a number of colleagues, which meant we were able to continue to provide emergency and urgent care along with a significant amount of outpatient appointments, procedures and diagnostics.

2. Covid-19 Update

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

3. Integrated Performance Report

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

4. Joint Chief Executive – Barnsley Hospital and Rotherham NHS Foundation Trust

The boards of Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust recently approved the appointment of Dr Richard Jenkins as their Joint CEO. Richard started his substantive role on 1 September 2022.

5. Deputy Medical Director

Charlie Elliot has commenced during week commencing 22 August 2022 as Deputy Medical Director in a phased capacity until starting in his half time role from December. Charlie has been a Respiratory Consultant and Pulmonary Hypertension specialist in the Trust for 15 years and was Clinical Director of Respiratory Medicine from 2016 to 2020. He joins the existing Deputy Medical Director team, where amongst other duties a focus of his work will be Medical Trainee education and workforce.

6. President of the British Society of Paediatric Dentistry

Dr Jenny Harris, Consultant in Community Paediatric Dentistry at Sheffield Teaching Hospitals will be taking up the position of President of the British Society of Paediatric Dentistry (BSPD) for 2022/23. Jenny leads a team working in a variety of clinic and school settings across Sheffield, often reaching children and young people experiencing significant levels of deprivation. Her clinical interests are in treatment provision for anxious children and those with extensive dental caries, and for children with communication impairment, learning disabilities and complex needs.

7. Scrutiny Committee

The Trust were invited to attend a scheduled meeting of the Sheffield City Council Health Scrutiny Sub-Committee in September 2022. The Committee requested an overview of the improvement actions taken since the publication of the April 2022 CQC Inspection Report. Trust executive colleagues alongside clinical representation from Maternity Services were able to provide a comprehensive overview of the actions undertaken and responded to a number of questions from Committee members. A copy of our submission is appended to my report (Appendix A).

8. Business Case Approvals and Funding

During the last month the Trust has been notified of NHS England approval, and associated capital funding, for the following business cases which were approved previously by the Board:

- Electronic Patient Record – Capital funding of £11.6m has been approved over the current and following two financial years. Following on from this the contract with Oracle-Cerner has been finalised and signed. Some initial preparatory work has commenced in September with implementation commencing fully in October. Go Live is still planned for May 2024.
- Royal Hallamshire Hospital Elective Orthopaedic Hub – Capital funding of £5.469m has been approved, of which £4.951m will be received this year. The scheme is well underway. There are a number of phases, including enabling schemes, with the bulk of the work being completed by February 2023. Internal discussions on the staffing and other revenue consequences are nearing completion.
- Royal Hallamshire Hospital Endoscopy Expansion – Capital funding of £4.039m has been approved for 2022/23. Again, the scheme is well underway and is due for completion in January 2023.

It is excellent news to have NHS England support for these schemes and over £21m of additional capital investment. This reflects a considerable amount of work undertaken by many people in the relevant Directorates and Corporate teams.

9. Acceptance onto the NHS Employers Diversity in Health and Care Partners Programme

I am pleased to be able to share that we have been successful in our bid to be part of the NHS Employers 'Diversity in Health and Care Partners Programme' for 2022/23. This is a fantastic achievement which will support our equality, diversity and inclusion (EDI) ambitions as identified in our EDI Strategy and Implementation Plan. We were chosen to be a part of the programme because of our visible commitment to EDI and the work we are currently undertaking to achieve our objectives and aspirations. Being a partner gives us the opportunity to play a crucial role in aligning national and regional/local EDI priorities, influence the regional debate, shape the agenda for action and help to identify and create innovative and more sustainable healthcare practices and positive working environments. It presents a real opportunity for STH to share our own examples of best practice and to also learn from others.

10. People Committee

At the Human Resource and Organisational Development (HR and OD) Committee on the 12 September 2022, it was approved that the HR and OD Committee will be renamed to the People Committee with immediate effect. This is to reflect the People Strategy refresh and to make it clear the primary focus of the Committee is our workforce.

11. 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.

Kirsten Major
Chief Executive
27 September 2022

Update for Sheffield Overview and Scrutiny Committee - September 2022

Sheffield Teaching Hospitals NHS Foundation Trust's improvement actions and progress following Care Quality Commission inspections.

1. Background

The Care Quality Commission (CQC) is the independent regulator of Health & Social Care in England. In their role, CQC monitor and inspect services to ensure that they provide safe, effective, and high-quality care. Based on this assessment services are rated as outstanding, good, requires improvement, or inadequate. Inspections can be routine or may be triggered by concerns identified through CQC monitoring of services. In 2015 and 2018 following inspections, Sheffield Teaching Hospitals was rated as Good overall with many services rated as Outstanding.

In March 2021, the CQC carried out an unannounced inspection of the Trust's maternity services. The inspection did not include Gynaecology, Jessop Fertility or the Neonatal Unit. A number of improvement actions were required as a consequence of this inspection and the Trust's maternity services rating was changed from Outstanding to Inadequate. Following the inspection, the Trust produced a detailed action plan which contained 79 actions addressing all of the issues that the CQC identified. Most of the actions were complete by the time the CQC returned in October but had not necessarily been fully embedded or achieved the outcome that was desired.

In October and November 2021, at the height of the COVID-19 pandemic, the CQC undertook another unannounced inspection of maternity services along with some of the wider Trust's services. Over 3 days (5-7 October 2021), CQC inspectors visited a selection of wards and departments across both the Royal Hallamshire, Northern General and Beech Hill Community Stroke Rehabilitation unit, observing care, reviewing records and speaking to staff and patients. The areas visited fell into the following five core services:

- Urgent and Emergency Care
- Medical Services
- Surgical Services
- Community Inpatient services
- Maternity Services

A number of other large services provided by the Trust were not part of the inspection, for example critical care, community health services and Weston Park Cancer Centre.

During 9-11 November the second stage of the inspection took place which involved face-to-face interviews with Board members and senior staff, staff focus groups and a review of documents including structured judgement mortality reviews, serious incident investigations and complaints.

2. Inspection outcome

In April 2022, the CQC published their inspection Report which included a change to the Trust's overall rating from 'Good' to 'Requires Improvement'. The report included eighty-five 'Must Do' requirements and the Trust was issued with a Section 29a Notice which required significant improvements on specific issues to be made by 17 July 2022.

3. Response by the Trust to the CQC findings

The Board of Directors and wider teams across the Trust have taken the CQC findings extremely seriously and immediate actions have been taken to address the requirements set out by the CQC. Comprehensive action plans have been developed setting out improvements for maternity services, wider Trust services and mental health. These plans are being led by the Chief Executive, Medical Directors and Chief Nurse and overseen by the Board of Directors. There has been a particular focus on the outcomes that are expected once the change is embedded. These outcomes are provided below for information.

CQC Improvement actions outcomes

	Outcome 1- Mental Health needs are identified and actioned		Outcome 10: We are assured that staff are trained to do their jobs
	Outcome 2: We are assured that our staff are competent in assessing mental capacity and lawfully deprive patients of liberty		Outcome 11: We keep patient records up to date, secure, confidential and accurate
	Outcome 3: We know that we appropriately restrain and tranquillise patients as required		Outcome 12: We are assured that our staff adhere to best Infection, Prevention and Control (IPC) practice to minimise hospital acquired infection
	Outcome 4: We have embedded evidence-based interventions to reduce falls		Outcome 13: We are assured that incidents are consistently reported and harm accurately assessed
	Outcome 5: We recognise and escalate patient deterioration promptly		Outcome 14: We are assured that staff learn from incidents to prevent them happening again
	Outcome 6: We ensure we individualise and meet the needs and preferences of patients		Outcome 15: We know and take action in response to our immediate performance and risks
	Outcome 7: We are assured that we manage medicines safely		Outcome 16: We have effective systems to ensure adherence to the fit and proper persons requirements and regulation
	Outcome 8: We are assured that we manage hazardous substances safely in clinical areas		Outcome 17: We have effective systems to ensure Board oversight of the management of risk
	Outcome 9: We are assured that we have adequate nurse staffing levels		

Three high-level actions have been developed for each outcome: these are the actions which will have the biggest impact on achieving the outcome and will lead to benefits for patients and/or improving the safety and quality of care. Metrics which indicate whether the actions are having the desired effect have been developed. Regular reporting on progress is being shared with the CQC and NHS England (NHSE) regional teams (see below) and staff and patient feedback is being actively sought to refine the actions and plans as changes are embedded into routine practice.

4. Progress on actions to date

Key improvements achieved to date are outlined below but further details will be provided during the presentation from the Trust's Medical Director (Operations) and Chief Nurse to the Overview and Scrutiny Committee meeting. The list below is not all actions that are being pursued but covers the key areas of improvement.

- **Staffing**

- Additional nursing and midwifery staff recruited. In July 2022 there were over 400 additional nurses and midwives working on the wards or within maternity services compared to July 2021. An additional 140 newly qualified nurses and 20 midwives are also due to join the Trust this Autumn. Recruitment of midwives continues as well as developing new support roles to enhance care provision.
- Twice daily organisational staffing meetings have been established to assess risk and plan and respond to unforeseen staffing issues.
- Twice daily situation reports are now providing maternity staffing levels to enable rapid escalation and response.
- Planned versus actual staffing levels are being clearly documented in all areas.
- Mandatory and job specific essential training performance has significantly improved and in July was over 90% at Trust level.
- Improved maternity training compliance for fetal monitoring, maternal monitoring and newborn life support.

- **Maternity**

- Additional midwives and support staff recruited plus a further 20 newly qualified midwives joining the organisation this Autumn.
- One of the Obstetric Consultants on duty now risk assesses all mothers requiring Induction of Labour (IOL) twice daily and takes appropriate steps to escalate any delays. This provides much clearer oversight of women who need induced labour.
- The Labour Ward Assessment Unit has been expanded and upgraded including the addition of a new 'Rapid Review' room and monitoring area.
- Additional Consultant cover has been agreed to enable dedicated senior consultant time for the Labour Ward Assessment Unit. This will commence in January 2023 and improve the triage time and senior oversight of women attending the Unit.
- The 'Fresh Eyes' process has been implemented which is an additional, formal CTG assessment completed on an hourly basis. Cardiotocography (CTG) is the continuous recording of the fetal heart rate obtained via an ultrasound transducer placed on the mother's abdomen. CTG is widely used in pregnancy as a method of assessing fetal well-being, predominantly in pregnancies with increased risk of complications. Regular audits of the process are being conducted to make sure it is happening correctly and routinely.
- Staff training rates have been improved with 95.6% compliance (Jul 2022) for fetal monitoring (CTG and intermittent auscultation).
- Alongside this work the Trust has developed and is implementing a comprehensive Maternity Improvement Plan

- **Safety Huddles** are being embedded on every ward. A Safety Huddle is a brief, multi-disciplinary meeting, usually led by a nurse, where all staff on the ward, clinical and non-clinical, discuss individual patient safety issues and confirm actions to be taken. These 5–10 minute gatherings of the whole ward team have been demonstrated to improve patients' safety, outcomes, and experience. There is a particular focus on falls, pressure ulcers, mental capacity, deteriorating patients and mental health.

- **Ward Boards.** Each ward now has two boards which are visible to patients and staff:
 - an Information Board for patients and visitors providing key information including details about visiting, how to raise a concern, safety measures and learning from patient feedback.
 - a Quality Board for staff providing key quality information including top ward risks, learning from incidents, and safety data (such as number of falls on the ward).
- **Mental health**
 - A new combined Mental Capacity Assessment (MCA) and Best Interest (BI) decision making form has been added to the Patient Records System.
 - The ward electronic patient information boards now have a very visible icon signalling patients who have a Deprivation of Liberty Safeguard (DoLS) in place
 - Mental Capacity Assessment forms are now printed on coloured paper for easy identification by staff.
 - The Mental Capacity Assessment Team are attending safety huddles to raise awareness and support staff.
 - Security staff 'trainers' have completed restraint training, and a plan has been agreed for training frontline staff.
 - Routine reporting and review of all incidents of restrictive intervention is in place and a dashboard is in development.
 - Launch of a new e-Whiteboard icon to easily identify patients with mental health needs.
 - New training on the mental health risk assessment has been launched for staff.
 - Guidance in place for preparing a cubicle for a mental health patient attending A&E.
- **Prevention of patient falls.**
 - To support a reduction in patient falls, a "Falls Pack" has been provided to all wards and the falls risk assessment has been updated to make it simpler for staff to complete.
- **Early detection of deteriorating patients.**
 - A deteriorating patient bleep holder has been introduced on every ward to ensure that there is a first point of escalation available as quickly and easily as possible.
- **Storage and use of gases and chemicals.**
 - Clinical area spot checks are taking place to check medical gas and chemicals storage. Lockable domestic trollies have been provided across the Trust to ensure safe storage of cleaning chemicals.
- **Patient records.**
 - The Healthcare Records Policy has been refreshed and audits have commenced, with feedback to ensure that record keeping standards are achieved.
- **Infection prevention and control.**
 - Updated hand hygiene audit and roll out of an updated Infection, Prevention and Control accreditation module for wards.

- **Incident reporting and learning.**
 - Following the introduction of a revised process, the time between the reporting and upload of incidents to the National Reporting and Learning System has reduced from 23 days (May 2022) to 8 days (July 2022)
 - Incident Severity Grading Audit commenced and being completed monthly with reassuring initial results.
 - Information in relation to learning from incidents is now available on the intranet and on ward quality boards for all staff to easily see.
 - Learning from maternity incidents are proactively shared with multi-disciplinary teams.

- **Personalised patient care.**
 - 70 wards now have Dignity Champions, with over 120 champions in total.
 - The 'What Matters to You' approach is being rolled out at ward level and a training video has been produced for staff. 'What Matters to You' conversations help healthcare teams understand what is "most important" to patients, leading to better care partnerships and improved patient experience.
 - In A&E there has been a significant improvement in the proportion of patients with a documented offer of drink and food
 - Standardised electronic intentional rounding document implemented across Trust. Intentional rounding is the structured process whereby nurses in hospitals carry out regular checks, usually hourly, with patients using a standardised protocol to address issues of positioning, pain, personal needs and placement of items.

- **Well Led**
 - Embedded a new process of escalating immediate operational risks
 - Risks captured as part of a revised recording process. All risks escalated by directorates are now recorded on the Directorate Risk Register.
 - Fit and Proper Persons Policy updated
 - Non-Executive Director records audited and verified as complete
 - New Framework for Risk Management approved by the Board of Directors

5. Support and Oversight

A programme of Quality Support Visits to clinical areas are being undertaken to enable us to check if the changes and outcomes we want to achieve are being embedded. These visits are being undertaken by a group of recently retired senior clinical staff, along with staff from the Integrated Care Board and NHSE. A CQC Compliance Oversight Group has also been established to oversee progress and address any challenges or barriers to improvements progressing. There are monthly progress reports to the Trust Executive Group and Board of Directors.

In line with standard NHS arrangements the CQC rating of "Requires Improvement" provides additional support and oversight from the NHSE regional team. This includes a monthly Quality Board which is attended by senior representatives from NHSE, the Trust, the Integrated Care Board, Healthcare Safety Investigations Branch and CQC. Each month the Trust presents an update on progress against both the Trust CQC action plan and the Maternity Improvement Plan; feedback to date has been very positive. A Maternity Improvement Board has also been established chaired by the Chief Executive and attended by the Chief Nurse, Medical Director (Operations) and senior representation from the maternity services leadership team.

A Maternity and Neonatal Safety Report is presented to the Board of Directors monthly meeting and there is a Maternity Champion who is a Non-Executive member of the Board of Directors. The Champion conducts monthly walk rounds of the Unit with the Chief Nurse and meets regularly with the Maternity Voices Partnership to gather experiences and feedback from families. Feedback is being actively sought from women who have given birth at Jessops to inform future improvement work.

6. Conclusion

We are continuing with our improvement work at pace and making good progress in several areas. Any barriers to achieving progress are being identified and addressed. We are focussing on higher risk areas and ensuring change is embedded before scaling up. There is a constant focus on driving all actions to completion and ongoing monitoring of metrics to ensure real and continuous improvement. We continue to monitor wards through ward visits to ensure standards are maintained. We are actively seeking feedback from patients, staff, the CQC and NHSE as well as sharing progress with our partners and the public. We are expecting the CQC to carry out another inspection over the next few months and provide a report on our progress.

Sheffield Teaching Hospitals NHS Foundation Trust
September 2022

Chief Executive Report

Integrated Care Board Meeting

7 September 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	
<p>Key issues to note are contained within the attached report from the Chief Executive. This includes:</p> <p>NHS South Yorkshire updates:</p> <ul style="list-style-type: none"> • Integrated Care Partnership Chair appointment • Integrated Care Partnership strategy • Board appointments • The NHS South Yorkshire vision and values • Sheffield GP health centres consultation • Stroke Video Triage • Ofsted rates Rotherham Children’s Services as Good • Community diagnostic centres in Barnsley and Mexborough • CQC system regulation <p>Regional updates:</p> <ul style="list-style-type: none"> • Coronavirus (COVID-19): The South Yorkshire position • Senior leadership changes in South Yorkshire • Awards – Teams shortlisted for HSJ and Nursing Times <p>National updates:</p> <ul style="list-style-type: none"> • Cyber security • Vaccinations 	
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. This is not required for the updates in this report.
<i>Have you involved patients, carers and the public in the preparation of the report?</i>
No. This is not required for the updates in this report.

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 July and August 2022.

2. Integrated Care System Update

2.1 Integrated Care Partnership

The ICP is a statutory committee convened jointly by the NHS South Yorkshire ICB and the four Local Authorities in Barnsley, Doncaster, Rotherham, and Sheffield. It will bring together a broad set of system partners, including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others to develop a health and care strategy for South Yorkshire.

Following discussion between the leaders of the four Local Authorities and with the support of the ICB, the Mayor of South Yorkshire, Oliver Coppard has been appointed as the Chair of the Integrated Care Partnership.

The first meeting will take place in public on 23 September 2022.

2.2 South Yorkshire Integrated Care System strategy

The Department of Health and Social Care (DHSC) has requested that Integrated Care Partnerships publish a strategy for the Integrated Care System in December. Our strategy will build on the work done to date by system partners including the four Health & Wellbeing Boards.

The strategy will seek to prioritise key work programmes which are best delivered at a system level to achieve our core aims which are to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

These will be achieved through the prevention of ill health and provision of safe and high-quality needs led and outcome-focussed public services that work well together. At its inaugural meeting the ICP will consider a plan to develop the strategy and particularly how this will seek to involve local communities in its development.

2.3 NHS South Yorkshire Board appointments

Shahida Siddique has been appointed as the fourth Independent Non-Executive Member of NHS South Yorkshire. Shahida has worked across the Sheffield City Region and is founder and CEO of a social enterprise in Sheffield specialised in faith-based, charity and not-for-profit accounting and management. In addition, Dr Lisa Phillips has joined NHS South Yorkshire as partner member for primary care. A full profile of the Board can be seen in Appendix A.

2.4 NHS South Yorkshire purpose, vision, values and behaviours

Through the summer we held our Big Conversation with colleagues from the four former Clinical Commissioning Groups and the previous South Yorkshire & Bassetlaw ICS team as

we formed the new organisation. Well over half our people engaged directly in the on-line discussion sharing over 650 ideas and comments and casting over 4,600 votes in response.

From the Big Conversation we were able to develop a clear statement of our shared purpose, how will work together and with partners and what we will do.

Our Purpose – why we are here:

To improve health and wellbeing, the quality and experience of care, eliminate health inequalities, and ensure South Yorkshire's people have access to the services they need to live well throughout their lifetime.

Our Vision – the sort of organisation we intend to become:

We are a system leader and a trusted partner who has South Yorkshire's people at the heart of what we do. We think differently and work creatively to transform the health and wellbeing of our communities.

Our Goals:

- Inspired colleagues: To make our organisation a great place to work where everyone belongs and makes a difference.
- Integrated care: To relentlessly tackle health inequalities and to support people to take charge of their own health and wellbeing.
- Involved communities: To work with our communities so their strengths, experiences and needs are at the heart of all decision-making.

Our Values:

- One Team – collaborative, open and accountable
- Empowered – supportive, inclusive and compassionate
- Innovative – bold, learning and sharing.

This framework will now be used practically to guide the way that we work in the system and how we act as an employer, a partner and as a leader in South Yorkshire.

2.5 CQC system regulation

NHS South Yorkshire has been supporting the CQC to develop their approach for regulating systems and ICBs. We are pleased to support this important piece of work which is an example of South Yorkshire taking a leading role nationally in the development of integrated care systems. Both staff at NHS South Yorkshire and the CCQ have found the exercise extremely helpful in developing a shared understanding of the complexity of system regulation and how it could be done effectively. The work with the CQC will continue into September 2022, where both teams will come back together to discuss what's been learned.

3. NHS South Yorkshire System Updates:

3.1 Sheffield GP health centres

NHS South Yorkshire launched a consultation on 1 August 2022 following approval of a national capital bid to build up to five health centres in the northeast of Sheffield, an area of high deprivation and health inequalities. We are currently consulting on four centres, with the potential to consult on a fifth planned for the centre in due course.

Nine GP practices are exploring the option of moving to one of the four new centres. If the plans go ahead, the current GP premises will close. The consultation is seeking views on practices moving and on any impacts of change. The consultation is multi-method to reach as many people as possible. We've funded community groups to reach marginalised communities and an independent research company to carry out interviews to achieve a representative sample. As of 18 August 2022, we had had 411 survey responses and held six, out of 16, public meetings. The consultation ends on 9 October 2022. Full results and the final business case will be presented to the ICB board in December for decision.

The practices proposing to move to a new health centre are:

- Burngreave Surgery and Sheffield Medical Centre to Spital Street, S3 (next to Sheffield Medical Centre).
- Page Hall Medical Centre and Upwell Street Surgery to Rushby Street, S4.
- Firth Park Surgery and Shiregreen Medical Centre to Concord Sports Centre, S5.
- The Health Care Surgery, Buchanan Road Surgery, Margetson Surgery to Buchanan Road / Wordsworth Avenue, S5.

3.2 Stroke Video Triage

South Yorkshire has been successful in securing funding along with seven other regions to pilot Stroke Video Triage. The pilot has been commissioned by NHSE and primarily involves Yorkshire Ambulance Service, Royal Hallamshire Hospital in Sheffield, and Doncaster Royal Infirmary. The pilot, supported by the South Yorkshire Integrated Stroke Delivery Network (SY ISDN), will run for six months from mid-August 2022 and has the aim of improving stroke patient outcomes across the region.

3.3 Ofsted has rated Rotherham Children's Services as Good

Services provided to children and families by Rotherham Council have been rated as 'good' across the board by government inspectors in an Ofsted report published in August. The Ofsted inspection team visited Rotherham Council in late June, speaking to lots of local children, young people and families about their experiences, interviewing social workers, senior staff, councillors and partner organisations, including the NHS. A copy of the Ofsted inspection report on Rotherham Council Children's services is available online.

3.4 Community diagnostic centres in Barnsley and Mexborough

More than £9m will be invested at Montagu Hospital to further expand and enhance the site's Community Diagnostic Centre. In 2021 Montagu Hospital, Mexborough, part of Doncaster and Bassetlaw Teaching Hospitals, was selected to host one of two community diagnostic centres within South Yorkshire, following £3m of investment from NHS South Yorkshire. Phase one of the project began in January 2022 when a mobile MRI was placed at Montagu Hospital and in February a CT scanner was placed at the site. More than 2,600 patients were seen in the first three months, which helped to reduce the backlog of activity.

The Barnsley Community Diagnostic Centre, located in the town centre's Glass Works opened in April 2022. From June 2022 the centre has introduced bone density scanning to the unit to complete the initial set of diagnostic services planned in the first phase of development. A bone density scan uses low dose X-rays to see how dense your bones are and is often used to diagnose or assess your risk of osteoporosis, a health condition that weakens bones and makes them more likely to break.

3.5 Coronavirus (COVID-19): The South Yorkshire position

Staff absence due to Covid is has improved during May. Currently the average staff absence rate across SYB is 5.8%, of which 1% is due to Covid-19. As of 23 August there were 242 inpatients South Yorkshire (which continue to include Bassetlaw for reporting purposes) with Covid-19, with seven patients being treated in intensive care.

Plans for an autumn phase of vaccination across South Yorkshire have been developed. Care homes will receive vaccinations from 5 September 2022, and this will be expanded to all sites from 19 September 2022. Some of our communities will be offered a flu vaccine and Covid booster jab at the same time. Our plans will ensure that there is capacity within the system, supported by primary care teams, including 54 community pharmacy sites, hospital hubs and pop-up locations, where these are needed. In addition, home vaccination is also a priority for some of our most vulnerable people. We'll also be placing an emphasis on access for under-served communities; especially for those people with a learning disability.

3.6 Cyber security

Advanced, a third-party software supplier, advised the NHS nationally that they had been subject to an external cyber incident. As a precaution, some of the software that the NHS uses has been taken offline. For example, the system is used locally to support onward referrals and appointment bookings by the NHS111 service and alternative arrangements have been put in place to ensure that safe care is still available to patients. The NHS has tried and tested contingency plans for such events including robust defences to protect our own networks.

3.7 Senior leaders in South Yorkshire

The Rotherham NHS Foundation Trust (TRFT) has announced that Dr Richard Jenkins has been appointed Chief Executive on a substantive basis from 1 September 2022, alongside his existing role at Barnsley Hospital NHS Foundation Trust. This partnership will benefit both trusts and will build on the close relationship which has developed over the years.

Jan Ditheridge, Chief Executive at Sheffield Health and Social Care Trust has announced she intends to retire at the end of April 2023 after 40 years in the NHS. Kathryn Singh, Chief Executive at RDaSH, also announced last month that she will retire at Christmas after working for 35 years in the NHS. These are two hugely respected leaders and I would like to place on record our thanks to the work they've done on behalf of NHS South Yorkshire and the communities we serve. We will support the Trusts in their recruitment to these posts.

3.8 Awards – Teams shortlisted for HSJ and Nursing Times

Colleagues across South Yorkshire have been shortlisted for six Health Service Journal Awards (HSJ) Awards. South Yorkshire has been included in the following categories:

- NHS South Yorkshire ICB, Doncaster Team for 'Mental Health Crisis Alternatives - Mental Health Innovation of the Year Category
- The Rotherham NHS Foundation Trust for 'Taking a holistic approach to overhauling real-time patient flow' - Using Data to Connect Services Category
Primary Care Sheffield - Primary and Community Care Provider of the Year Category
- Children's Hospital Alliance (CHA) (Sheffield Children's NHS Foundation Trust collaboration) for National Paediatric Accelerator: Recovery Programme
- Sheffield Children's Hospital is a proud part of the Children's Hospital Alliance (CHA).
- Performance Recovery Category

- Sheffield Health and Social Care NHS Foundation Trust, Clinical Associate in Psychology (CAP) apprenticeship model alongside East London NHS Foundation Trust and Essex Partnership University NHS Foundation Trust. - Workforce Initiative category
- Sheffield Health and Social Care NHS Foundation Trust, Clinical Associate in Psychology (CAP) apprenticeship model alongside East London NHS Foundation Trust and Essex Partnership University NHS Foundation Trust. - 'Provider Collaboration category

The shortlist has been announced for the 2022 Nursing Times Awards and South Yorkshire nurses from three healthcare providers within our region have been shortlisted across four categories:

- Barnsley Hospital NHS Foundation Trust for Same day emergency care – easing the pressure - Emergency and Critical Care Category
- Rotherham Doncaster and South Humber NHS Foundation Trust for Research hub - Clinical Research Nursing Category
- Rotherham Doncaster and South Humber NHS Foundation Trust for Parent+ eClinics - Technology and Data in Nursing Category
- Sheffield Teaching Hospitals NHS Foundation Trust for Enhanced Care Unit - Theatre and Surgical Nursing Category

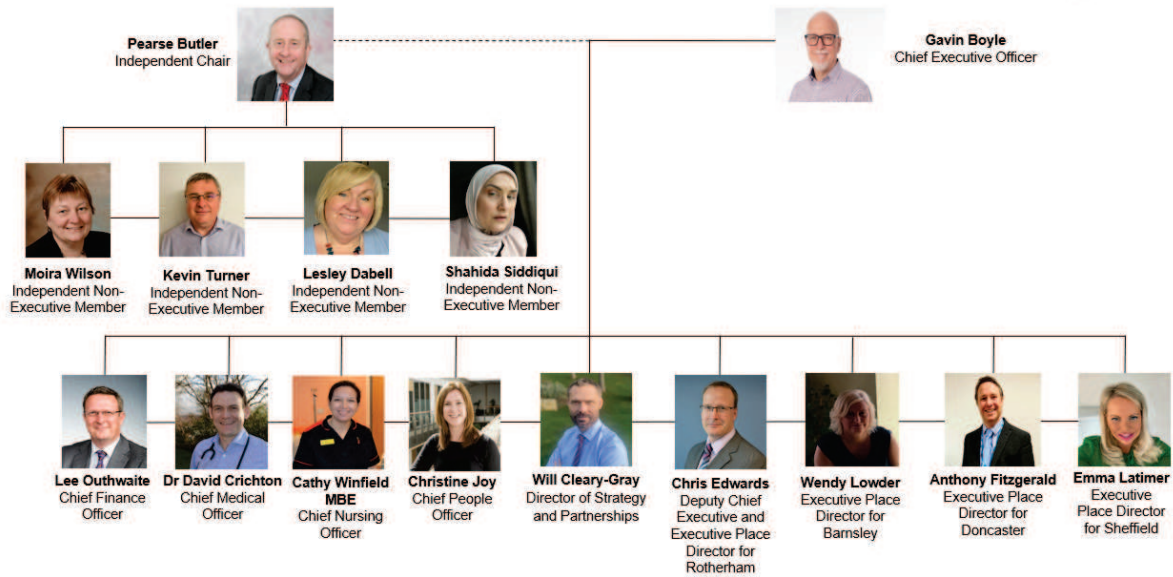
Gavin Boyle

Chief Executive NHS South Yorkshire Integrated Care Board

Date: 7 September 2022

Appendix A – South Yorkshire ICB Board members

Our Board Members



Partner Members

