Sheffield Children's **NHS**
NHS Foundation Trust

TRUST BOARD PART 1

Schedule	Tuesday 25 June 2019, 8:30 AM — 10:30 AM BST
Venue	SEMINAR ROOM, BECTON
Organiser	Claire Coles

Agenda

1. AGENDA

Sheffield Children's
NHS Foundation Trust
NHS

Meeting of the Board of Directors held on
Tuesday 25 June 2019 at 08:30hrs – 13:00hrs
Seminar Room, Becton Centre

AGENDA

1.6 PATIENT FOCUS TO BE HEARD IN PRIVATE (TO BE TAKEN AT 08:30)		
168/19	**PATIENT STORY** Patient story.	To note
		PART ONE
1.1 BOARD BUSINESS (TO BE TAKEN AT 08:45)		
151/19	**WELCOME FROM THE CHAIRMAN AND APOLOGIES FOR ABSENCE**	
152/19	**DECLARATION OF INTERESTS OR AMENDMENTS TO THE REGISTER OF INTERESTS**	
153/19	**MINUTES OF THE LAST MEETING** The Board is asked to approve the minutes of the Board meeting held on 22 May 2019	To approve
154/19	**ACTIONS ARISING FROM THE MINUTES - ACTIONS LOG**	To note
1.6 PATIENT FOCUS		
155/19	**SPOTLIGHT PRESENTATION – HEALTHY MINDS** Ms N Ennis, Community CAMHS Service Manager and Dr Z Brownlie, Psychologist The Board is asked to receive the presentation on Healthy Minds.	To note
1.2 QUALITY, PERFORMANCE & RESOURCES		
156/19	**CHIEF EXECUTIVE REPORT AND INTEGRATED PERFORMANCE REPORT INCLUDING MONTH 2 FINANCE REPORT**, Mr J Somers, Chief Executive • Report on actions taken to address the complaints performance The Board is asked to note the report which provides context and updates the Board on key activities during the last month and presents an overview of performance within the Trust, and note the Month 2 Finance Report.	To note
1.3 GOVERNANCE		
157/19	**QUALITY COMMITTEE,** Ms P Mitchell, NED, Chair of the Quality Committee • Including Learning from deaths report The Board is asked to note any key issues arising from the Quality Committee held 17 June 2019.	To note
158/19	**FINANCE AND RESOURCES COMMITTEE,** Mr A Baker, NED, Chair of the Finance and Resources Committee The Board is asked to note any key issues arising from the Finance and Resources Committee held 19 June 2019.	To note
159/19	**APPOINTMENTS TO BOARD COMMITTEES**, Ms S Jones, Chair The Board is asked to approve the changes from the Chair proposed to Non-executive appointments to Board Committees.	To approve
1.4 REPORTS FOR BOARD CONSIDERATION		
160/19	**QUARTERLY REPORT FROM THE GUARDIAN OF SAFE WORKING HOURS,** The report will be presented by Dr J Perring, Medical Director as the Guardian is on other clinical duties The Board is asked to note the content of the report from the Safe Working Hours Guardian and agree any actions required.	To note & gain assurance
161/19	**STAFF SURVEY- ACTION PLAN AND PROGRESS UPDATE**, Ms J Clawson, Interim Director of HR and Organisational Development The Board is asked to note and comment on the actions taken and proposed future actions to continue to improve staff engagement.	To note & discuss
162/19	**IM&T STRATEGY "CONNECTING TOGETHER"**, Mr K Connolly, Chief Information Officer The Board is asked to approve the strategy.	To approve

1.6 STRATEGIC ISSUES

163/19	**STRATEGIC PARTNERSHIP WORKING,** Mr J Somers, Chief Executive, and Mr M Smith, Chief Finance Officer	To note & discuss
	The Board is asked to note the ICS Chief Executive Report, performance scorecard, and Month 1 finance report, and report from the ACP Director, to ensure the Trust continues to be updated.	

1.7 CLOSING MATTERS (TO BE TAKEN AT 10:25)

164/19	**ANY OTHER BUSINESS**	Action as appropriate
165/19	**DATE OF NEXT PUBLIC MEETING: Tuesday 30 July 2019, 08:30hrs in the Boardroom, Sheffield Children's Hospital.**	Action as appropriate

2. 151/19 WELCOME FROM THE CHAIRMAN AND APOLOGIES FOR ABSENCE

3. 152/19 DECLARATION OF INTERESTS OR AMENDMENTS TO THE REGISTER OF INTERESTS

4. 153/19 MINUTES OF THE LAST MEETING

Sheffield Children's **_NHS_**

NHS Foundation Trust

Minutes of the Meeting of the Board of Directors - Part One

on Wednesday 22 May 2019 at 08.30hrs

The Boardroom, Sheffield Children's NHS Foundation Trust

In the Chair:
Ms S Jones
Chair

Present:
Mr A Baker
Non-executive Director
Ms R Brown
Director of Strategy and Operations
Mrs J Clawson
Interim Director of HR and Organisational Development
Mr J Cowling
Non-executive Director
Mr S Green
Non-executive Director
Mr P Lauener
Non-executive Director
Ms P Mitchell
Non-executive Director
Dr J Perring
Medical Director
Ms S Shearer
Director of Nursing and Quality
Mr M Smith
Chief Finance Officer
Mr J Somers
Chief Executive

Apologies:
None.

In attendance:
Mrs C Coles
Corporate Affairs Officer (Minute Taker)
Mr M Kane
Associate Director of Corporate Affairs
Ms R Sobieraj
Senior Communications Officer
Ms L Hicks (observing)
Interim Associate Director - Surgery and Critical Care
Mrs J Mather
PALS Manager (item 127/19)

One Member of the public (item 127/19)

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	Action
123/19 WELCOME FROM THE CHAIRMAN AND APOLOGIES FOR ABSENCE Ms Jones, Chair, welcomed Board Members and attendees to the meeting.	
124/19 DECLARATION OF INTERESTS OR AMENDMENTS TO THE REGISTER OF INTERESTS None.	
125/19 MINUTES OF THE LAST MEETING The draft minutes of the meeting held on 30 April 2019 were approved as an accurate record of the meeting.	
126/19 MATTERS ARISING The Board noted the updates on the actions arising report and additional verbal updates: 68/19 ii) Quarterly Report from the Guardian of Safe Working Hours The Board was assured that work was progressing to consider the Trust's Hospital at Night model. The number of patients seen over a two-week period would be evaluated to gain a better understanding of the issue. The Medical Director would then take this forward with the Modern Matrons. 73/19 iv) ICS Finance and Performance Report The Board noted that a report on hosted network arrangements would be brought to the June meeting, and the target date would be updated. 99/19 Chief Executive Report and Integrated Performance Report including Month 12 Finance Report The Board noted that the report on benchmarking would be reported at the end of each quarter, commencing July. The target date would be updated to reflect this. 103/19 ii) Risk Management Strategy A session would be arranged with governors in July to horizon scan for upcoming risks.	**Action carried forward** **Planner** **Planner** **Planner**
127/19 SPOTLIGHT PRESENTATION – PET THERAPY The PALS Manager introduced Ms Day and 'Keegan the Dog'. The following was highlighted to the Board: i) The response to pet therapy had been positively received by patients and staff. ii) The Board noted the rigorous assessment process undertaken to become a therapy dog, and stringent cleanliness and grooming requirements before each visit. iii) Pet therapy sessions undertaken at other organisations were highlighted, these had been well received and sessions showed positive effects on children's progress. iv) The current space used for the sessions was not ideal and consideration to an alternative location was required, as well as consideration to offering pet therapy within Outpatients. A Royal College of Nursing study on the benefit of using therapy dogs within outpatients was highlighted, and it was also noted that currently assistance dogs came into the Trust. v) The Board noted the positive reaction, and consideration of arranging meet and greet opportunities with staff would be given, as the positive effect this had on staff was also recognised.	

The presentation was noted and Ms Day and Keegan were thanked for their presentation.

128/19 CHIEF EXECUTIVE REPORT AND INTEGRATED PERFORMANCE REPORT INCLUDING MONTH 1 FINANCE REPORT	
The Chief Executive provided an overview of key issues, highlighting key points from supporting papers appended for information and invited Executive Directors to outline key successes or issues currently affecting the Trust.	
• The Trust had met all its statutory targets and key performance indicators for April, except for referral to treatment 18 week waits, which had seen a dip in performance to 90.73 per cent against a target of 92 per cent. This was due to the impact of the pilot to reduce the waiting list initiative payment which had a negative impact on activity. The pilot had been revisited and was an increased area of focus. The fragility of performance against this target had been highlighted to Board previously, and the clinical division affecting performance of this measure had been asked to provide a trajectory to recover the position.	
• Areas for improvement were highlighted and actions to address these issues were noted.	
• The Board noted the increase in unplanned emergency department re-attendance which has risen and was close to 10 per cent. The project to look at flow and processes in preparation for the development of the emergency department gave a good opportunity to review the processes around re-attendance. A re-audit would be scheduled and oversight of the issue would be managed through the Quality Committee in September.	**Cross working report**
• The Finance and Resources Committee had highlighted the significant increase in out of date medical guidelines, this was a concern following the recent focused efforts on this issue and that a significant number had become out of date. The Committee had recommended a different approach was taken. The Board was assured that the clinical effectiveness process to manage guidelines was being strengthened. Divisions had been asked to provide realistic incremental improvement plans to achieve green for this measure. The Quality Committee would be asked to oversee this issue. Similarly the Board noted that Non-executive review of policies was important as this gave independent challenge, however approval processes at other trusts would be compared. An options paper which allowed Non-executive scrutiny, and gave the best use of committee time would be brought to the July Quality Committee.	**Cross working report**
• The Board noted that changes to the annual tax allowance now affected a number of senior members of staff, in particular the consultant body. Further understanding of the implication of this change on staff was required, and the BMA had engaged an independent financial advisor to provide advice which affected the lifetime annual allowance. A verbal update with further information would be provided to the June meeting.	**IDHROD**
• The Board noted the abridged finance report, noting there was no formal requirement to report month 1 nationally. The Trust was reporting its position slightly ahead of plan, ahead against income, however behind on its cost improvement plans, which had been off-set by central budget. The risk was highlighted to Board, however it was positive against plans. The Finance and Resources Committee had sought information on central budgets in relation to unfilled vacancies.	
The Board noted the report and key additional verbal updates.	

129/19 QUALITY COMMITTEE	
Ms Mitchell, Non-executive Chair of the Quality Committee, highlighted the key issues arising from the Quality Committee meeting on 13 May 2019 as outlined in the supporting summary assurance report. The following points were made / emphasised:	
i) The Board noted the positive development of increased scrutiny by Health Education England to understand how the Trust supported training. The Board was informed that, following the annual visit with the medical school, a similar level of scrutiny would be introduced internally. This would provide an opportunity to more clearly set out expectations and give clarity on what was being provided. An update would be brought back to Board in due course. The Board noted the Trust's strong position as an educator and welcomed clarity on training.	**Planner**
ii) A fuller update on the CAMHS improvement committee would be provided to the June meeting, following setting of expectations and the governance framework. An evaluation discussion would be scheduled for Board when the committee had been in place for six months.	**Planner**
The Board noted the report and additional verbal updates.	
130/19 FINANCE AND RESOURCES COMMITTEE	
Mr Baker, Chair of the Finance and Resources Committee, presented key issues arising from the meeting on 15 May 2019 as outlined in the supporting summary assurance report. The following was noted:	
i) The Board noted the closure of an information governance incident following assurance received by the Committee that appropriate measures had been implemented.	
ii) The Board noted the proposal to reframe recovery and transformation and cost improvement targets for the upcoming year, and to ensure plans were robustly communicated internally across the organisation. The Trust's external auditors had complimented the structure of the programme, which had helped them in providing their value for money opinion.	
iii) The procurement policy had been approved by the Committee, this would be added to the service level agreement with the procurement provider. However, external audit had noted concern on the engagement from the provider and advised strengthening this relationship.	
The Board noted the report and additional verbal update.	
131/19 RISK AND AUDIT COMMITTEE	
Mr Cowling, Chair of the Risk and Audit Committee, presented key issues arising from the meeting on 20 May 2019 as outlined in the supporting assurance report. The following was noted:	
i) The Committee recommended to the Board the approval of the annual report, accounts and financial statements following detailed scrutiny at the May meeting. Internal and external audit opinions were highlighted to Board.	
ii) The Annual Governance Statement had been reviewed by both internal and external auditors and no significant control issues had been identified.	
The report and additional update recommending Board approval of the annual report, accounts and financial statements was noted.	
132/19 BOARD SELF CERTIFICATION STATEMENTS	
The Associate Director of Corporate Affairs presented the report.	

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The following was noted:	
i) The statements had been reviewed at the May Risk and Audit Committee and were recommended to the Board for approval and sign off by the Chair and Chief Executive.	
The self-certification documentation was approved.	5
133/19 2019/20 OBJECTIVES INCLUDING ASPIRATIONAL PLAN ON A PAGE	
The Director of Strategy and Operations presented the report for information. The following key points were noted:	
i) The Board noted the corporate objectives which had been agreed by the Executive Team. Quarterly updates of progress against these objectives would be reported to the Board. Clinical divisions were developing their stretch objectives for the forthcoming year.	
ii) The plan on a page had been developed with the communications team to describe a narrative to inform a more pictorial plan. The Board suggested a number of minor amendments and advised that having the right visuals was essential. Further simplification of the number of aims would be reflected on whilst ensuring these were brief enough so they could be performance managed. Reflection of brand recognition and patient experience would be strengthened. Further consideration would also be given to how the financial position was reflected and number of aims refined or merged where possible.	
iii) It was recognised that the aims and values of the Trust were interlinked, in that the aims focused on the what, and values on the how. The values had recently been revisited during the development of the culture and behaviour strategy, and agreed they continued to be right, however it was recognised they could be further embedded.	
iv) The Board noted the good reference document which was a work in progress and looked to receiving a final document in due course**.**	**Planner**
The Board noted the report.	
134/19 STRATEGIC PARTNERSHIP WORKING	
The Chief Executive and Chief Finance Officer presented the report for information. The following was highlighted to the Board:	
i) The Chief Executive highlighted areas of focus within the Integrated Care System, and areas of underperformance as a system. There was a movement to a performance review framework arrangement. Whilst the Trust achieved all these performance metrics the Board noted the importance of ensuring paediatric targets were included on the key performance indicators.	
ii) The Board noted the positive move to establish a shadow ACP Board, Chaired by the Director of Strategy and Operations, with other representatives from the Trust, this format would use same model as the Trust's Shadow Board.	
iii) The Chief Finance Officer highlighted the ICS financial position at month 12, which had been previously noted. It was positive to be part of a wider risk pool arrangement. The system's cash position was reported. However, the Trust had started early conversations with system and commissioning Directors of Finance to seek support to the Trust's year-end position, due to the Trust's cost improvement plan being higher than the national average, and following the challenges highlighted in working as a system at year-end.	
iv) The Board agreed to invite Mr Chris Hopson, Chief Executive of NHS Providers, to visit the Trust.	

v) The Board was informed of the approval in principle to recruit to two-year posts in the hosted network. This was a risk, as the Integrated Care System had agreed to underwrite costs for the first year only. Whilst this was a positive step, the Board questioned the decision making process for this in that individual Boards had not yet approved the proposal.	
The Board noted the report.	
135/19 ANY OTHER BUSINESS The Board noted their thanks to Dr Dalton and Professor Bonham, Clinical Directors of Pharmacy Diagnostics and Genetics, for their support and work in the Trust. Dr Cohen had taken over the Clinical Director role for a one-year term. The Chair and Chief Executive would jointly write to Dr Dalton and Professor Bonham to thank them.	**Chair / CEO**
Interviews had taken place for the Clinical Director CWAMH. The successful candidate would commence in post from June, with a handover period planned with the outgoing Clinical Director. Expressions of interest were being sought for a Deputy Clinical Director, and an update would be provided in due course.	
The Director of Nursing and Quality informed the Board of the successful appointment made to the Deputy Director of Nursing following a recent interview process. The post would focus on the "Path to Excellence" programme and an update would be scheduled for September to appraise the Board of progress of the programme.	**DNQ**
136/19 DATE OF THE NEXT PUBLIC MEETING Tuesday 26 June 2019, 08:30hrs in the Seminar Room, Becton Centre.	

5. 154/19 ACTIONS ARISING FROM THE MINUTES - ACTIONS LOG

Sheffield Children's

NHS Foundation Trust

Actions Arising Report – updated following 22 May 2019 Board Meeting held in Public

Action ref:	Date Action raised	Action	Action with	Target date to complete	Progress / evidence that completed
68/19 ii) Quarterly Report from the Guardian of Safe Working Hours	26/03/19	The hospital at night model review would be included within the mapping exercise of performance vs quality aspects, in relation to resources and the workforce strategy.	AD-CA	~~May~~ July 2019	This will be considered as part of the work on committee effectiveness. Update provided under minute ref: 126/19. Action carried forward. *The overlap paper forms an appendix to the committee effectiveness reviews that are being considered June / July 2019. It will be presented to Board in July.*
73/19 iv) ICS Finance and Performance Report	26/03/19	A report on hosted network arrangements would be brought back to Board in due course.	MD	June 2019	On agenda Part 2. **Action closed.**
103/19 iv) Risk Management Strategy	30/04/19	Embeddedness was monitored through divisional indicators on the IPR and discussions with divisions, and also linked to the development of an escalation protocol to improve action owner accountability across a number of different areas. DNQ would raise action owner accountability with Associate Directors before it could be confirmed that Datix was fully embedded.	DNQ	May 2019	Meeting with Associate Directors and Head of Legal and Governance is being arranged. **Action closed.**
128/19 Chief Executive Report and Integrated Performance Report including Month 1 Finance report	22/05/19	Further understanding of the implication of annual tax allowance changes on staff was required. A verbal update with further information would be provided to the June meeting.	IDPOD	June 2019	A verbal update would be provided at the meeting.
135/19 Any Other Business	22/05/19	The Chair and Chief Executive would jointly write to Dr Dalton and Professor Bonham to thank them for their support and work to the Trust.	Chair / CEO	June 2019	Letter drafted and sent week ending 7 June 2019. **Action closed.**

Action ref:	Date Action raised	Action	Action with	Target date to complete	Progress / evidence that completed
355/18 iv) Estates Review	18/12/18	Decisions could not be made by the estates team in isolation, and would require clinical input and Board steer to answer a number of challenges and questions on Ryegate accommodation.	**CFO/HoE**	~~April~~ **May 2019**	Presentation and discussion on key issues and themes for April Board. Headline key strategic issues / decisions / constraints to be pulled together. To be discussed at May Part 3 session of the Board. **Action closed.**
355/18 v) Estates Review		Head of Estates and CFO to investigate options within the city, and would flesh out options, issues and questions of key elements to support a robust discussion at Board. A slot would be allocated within the Part 3 section to get a collective view and steer on estates, clinical and charity competing priorities.			
102/19 ii) Delivering "Caring Together": Quarter 4 Performance against Corporate Objectives 2018/19	30/04/19	Objective 4.3, would be highlighted to Governors in relation to the year-end position, as it was behind on the cost improvement programme.	**Corp. Affairs**	**May 2019**	This was reported to the May Council of Governors within the Director's Report. **Action closed.**
105/19 l) Board Schedule 2019	30/04/19	noted the schedule for 2019, and recommended including dates for meetings in 2020.	**Corp. Affairs**	**April 2019**	The schedule had been updated to include dates for meetings in 2020. **Action closed.**

Actions Scheduled updated following 22 May 2019 Board Meeting held in Public

Action ref:	Date Action raised	Action	Action with	Target date to complete	Progress / evidence that completed
33/19 Chief Executive Report and Integrated Performance Report	26/02/19	The backlog for out of date policies was being prioritised, the mechanism for managing the review process would be reviewed and a report would be brought to the June Board following embedding of the new process and responsibilities.	**AD-CA**	**July 2019**	Action due July 2019.
99/19 Chief Executive Report and Integrated Performance Report including Month 12 Finance	30/04/19	Work was being undertaken with Civil Eyes to present back on all benchmarking areas which the Trust had been involved in, to help with	**DSO**	**July 2019**	Report drafted for FRC in June, deferred to July meeting due to agenda. Progress to be reported in IPR quarterly.

Report		future benchmarking and how ... can systematically be included within reports, to ensure benchmarking was robust and meaningful. The IPR would be developed to include quarterly reporting of this metric.			
101/19 i) Finance and Resources Committee	30/04/19	An update paper following review the number of policies and strengthening of policy authors' accountability would be brought back to Board for review in July.	**AD-CA**	**July 2019**	
103/19 ii) Risk Management Strategy	30/04/19	Previously Governors had been involved in horizon scanning for upcoming risks. A similar session would be arranged with Governors in due course.	**HoL&G**	**July 2019**	Update provided under minute ref: 126/19. Action carried forward. _Update provided 18/06/19._ AD-CA would be meeting with the Risk Manager to arrange a session for July.
103/19 iii) Risk Management Strategy	30/04/19	Risk training for NEDs would be clarified with the HoL&G, and an update provided to the Board.	**DNQ**	**October 2019**	Session being arranged for NEDs, and was noted on the Part 3 session of the October Board.
129/19 i) Quality Committee	22/05/19	The increased scrutiny by HEE, and medical school was welcomed by the Trust following year on year reduction in the Trust's medical training funding. This gave an opportunity to set out expectations and give clarity on what was being provided, to show the reality of overspend against funding. An update would be brought back to Board in due course.	**IDHROD/ CFO**	**Oct 2019**	_Update provided 12/06/19:_ This information will take some time to pull together, and is in progress.
129/19 ii) Quality Committee	22/05/19	A fuller update on the CAMHS improvement committee would be provided to the June QC, and an evaluation discussion would be scheduled for Board when the committee had been in place for six months.	**DSO**	**Sept 2019**	CAMHS updates to be provided to QC from Transforming CAMHS Board.
133/19 iv) 2019/20 Objectives including Aspirational Plan on a Page	22/05/19	Board noted the good aspirations on a page document which was work in progress and looked to receiving a final document in due course.	**DSO**	**July 2019**	Discussion underway with Communications. To be brought to July meeting.
135/19 Any Other Business	22/05/19	DDNQ had been appointed. The post would focus on the "Way to Excellence" programme	**DNQ**	**Sept 2019**	

		and an update would be sch~~eduled for September~~ 5. 154/19 ACTIONS ARISING FRO... to appraise the Board on progress of the programme.			

and an update would be sch to appraise the Board on progress of the programme.

6. 155/19 SPOTLIGHT PRESENTATION - HEALTHY MINDS

7. 156/19 CHIEF EXECUTIVE REPORT AND INTEGRATED PERFORMANCE REPORT INCLUDING MONTH 2 FINANCE REPORT

NHS Foundation Trust

EXECUTIVE SUMMARY

Title	Integrated Performance Report and Chief Executive's Report		
Report to	**Board of Directors**	**Date**	**25 June 2019**
Executive Sponsor	**Ms R Brown, Director of Strategy and Operations**		
Author	**Mr C Radford, Deputy Director of Strategy and Operations**		
Purpose of Report	**To present to the Board of Directors an overview of performance within the Trust. This provides a summarised description of the Trust's most recent performance against key national and local performance indicators at the end of May 2019.**		

		Please tick as appropriate
	Approval	
	Assurance	✓
	Information	✓

Executive summary – the key messages and issues

The Integrated Performance Report (including quality, activity, workforce and performance) including a high level dashboard is structured around the organisation's five strategic aims.

All data relates to May 2019 unless otherwise specified (e.g. sickness absence which is reported one month in arrears).

Key Achievements

- The Trust continued to achieve all Cancer standards throughout May.
- The Trust has continued to achieve the ED Waiting Time standard, with 98% of patients being seen within four hours.
- The Diagnostic standard was achieved with 99% of patients being seen within six weeks.
- Was Not Brought rates for first outpatient appointments continued to be within the Trust's tolerance level of 9%.
- The percentage of complaints responded to within deadline increased significantly for the second consecutive month.
- Outpatient attendances at trust-level are currently above plan by 524 episodes.

Areas for Improvement

- The percentage of patients on an 18-week RTT incomplete pathway was not achieved at Trust-level for the second consecutive month. The closing month-end position was 91.64% against the national standard of 92%. This is, however, an improving position on last month.
- The number of incidents pending investigation which are overdue increased by 68 in comparison to April's closing position.

- Both PDR and Mandatory Training compliance continues to remain below the Trust target of 90%. PDR compliance deteriorated in-month to 75% from 81% in April and Mandatory Training compliance remained static at 87%.

How this report impacts on current risks or highlights new risks

- Failure to effectively deliver healthcare impacts on the safety and quality of patient experience, regulatory compliance and loss of confidence of the wider community.
- Risk that we do not maintain financial stability due to failure to deliver the financial plan resulting in requirements for additional CIPs or reduction in level and standard of services.
- Failure to ensure that the Trust has a motivated, suitably trained and engaged workforce impacts on operational performance, transformational change and achievement of strategic objectives.
- Failure to ensure that the Trust recruits staff in the right numbers and with the appropriate breadth of skills and competencies to deliver high quality services now and in the future.
- Risk that insufficient leadership capacity and capability prevents necessary transformational change.
- Risk to clinical service viability due to failure to meet nationally defined standards or unfavourable changes to the commissioning of services.
- Failure to engage effectively with partner organisations and the local community threatens the ability of the Trust to deliver its strategic ambition.
- Failure to engage with our clinicians prevents the development / implementation of an effective clinical strategy that responds to the needs of patients and other health and social care partners.
- Failure to ensure that the required IT infrastructure and strategy is in place to deliver clinical services and support clinical strategy and transformation impacts on the Trust's ability to deliver services, improve quality and transform services.
- Capacity constraints impact on our ability to deliver planned activity and manage demand impacting on operational efficiency, service quality and financial performance.

Recommendations and next steps

The Board of Directors is asked to note the report and provide comment.

Chief Executive's Report – June 2019

1.   **Integrated Performance Report**

The Integrated Performance Report for May is attached. This includes an Executive Summary of Trust wide performance against the five strategic aims.

2.   **Complaints Performance**

At the previous Board meeting, colleagues requested further information about recent complaints performance.

Since the departure of our previous complaints officer in early 2018 there has been a decline in complaints response times and quality. In July 2018 a new complaints officer was appointed. Unfortunately this officer inherited poor performance that had been the result of the interim agency complaints handlers. The complaints officer has worked with the Divisions individually to improve response times, providing training on the new complaints module in Datix, action planning and lessons learnt. The complaints officer has attended complaints courses herself on questioning and communication techniques, process procedure and information gathering and letter and report writing to assist in improving the quality of complaint times and responses.

Weekly complaints reports are sent to the Divisions with updates on progress and an escalation procedure for the complaints process has been implemented to ensure that responses from Divisions are received in a timely manner.

We are now beginning to see the benefits of these actions in the performance reports and hope that this can continue. There are plans to improve the quality of the complaints responses and lessons learnt. However, this is currently on hold until there is more capacity within the team.

To date, we have 12 complaints live with only one overdue. In addition, governance around complaints in divisions has improved with designated people responsible for overseeing that information flows promptly.

3.   **NHS Mail roll-out**

The planned switch over to NHS mail over the weekend 15/16 June unfortunately had to be postponed, following a national incident affecting NHS Mail on the Friday evening. This now needs to be re-arranged, with a revised date to be confirmed as soon as possible.

4.   **Serious incident**

The Trust was involved in a serious incident on 24 May. I was grateful to all staff that were involved, including those from overnight shifts who remained at the Trust to assist. A full debrief has taken place with some areas for future consideration highlighted.

5.   **Changes in CWAMH**

Shatha Shibib has been appointed to Clinical Director of CWAMH. Dr Vaidya will move into an Associate Medical Director role in recognition of his work with the CCG, and will report into the Medical Director on this.

At the start of this month, NHS England/Improvement published the Interim People Plan for the NHS. This has been developed over the last few months and sets an agenda to tackle the range of workforce challenges in the NHS with a particular focus on the actions for this year.

The plan is structured into the following themes, with each theme having a number of immediate actions that need to be taken by NHS organisations to enable the people who work in the NHS to deliver the NHS Long Term Plan. Key actions for employers are around:

- making the NHS the best place to work
- improving our leadership culture
- prioritising urgent action on nursing shortages
- developing a workforce to deliver 21st century care
- developing a new operating model for workforce

The plan also includes specific commitments to:

- increase the number of nursing placements by 5,700
- increase the number of nurse associates to 7,500
- increase the number of doctors and nurses recruited internationally.
- work with Mumsnet on a return to the NHS campaign
- better coordinate overseas recruitment.

As part of the theme of making the NHS the best place to work, the government is bringing forward a consultation on a new pension flexibility for senior clinicians. The proposal would give senior clinicians the option to halve the rate at which their NHS pension grows, in exchange for halving their contributions to the scheme.

A board level briefing has been developed by NHS Employers and is available here: https://www.nhsemployers.org/news/2019/06/interim-people-plan.

7.   **NHS Confed**

I attended the 2019 NHS Confederation conference in Manchester on 19 and 20 June. NHS England chief executive Simon Stevens and Mayor of Greater Manchester Andy Burnham were among the speakers.

During a CEO's event at the Conference I specifically probed Simon Stevens on NHSE/I's focus on children's service and funding. I have followed this up with a letter and an offer for Simon to come and see some of the excellent work we are doing at Sheffield Children's.

8.   **Child Health Day**

Work is continuing to take place behind the scenes ready for the launch of the first ever Child Health Day on 9 September. This day is being developed by the Trust to create a national conversation about child health. It is also an excellent opportunity to highlight the specialist work of Sheffield Children's and to position us as a leading advocate for children's health.

Jim Bonham was recognised this month in the Queen's Birthday Honours, receiving an MBE on 8 June. The application for the award was developed by the Communications Team, and included messages of support from clinical colleagues and The Children's Hospital Charity.

The honour recognises his services to the development of newborn screening. The timing of the award coincides with the 50th anniversary of the first newborn screening. A short video has been produced to recognise Prof Bonham's honour and will be shared via media and social media.

10.   Charity Football Match a Success

On 10 June, a select Sheffield Children's team took on a Hallam FC XI to raise money for a new Emergency Department for our hospital.

We secured a 4-4 draw thanks to a last-gasp penalty from our mascot, Theo Bear, who scored with his first touch!

A huge thank you to Hallam FC whose hard work made this possible and to everyone who donated raffle prizes, supported from the stands, or played in the match.

Integrated Performance Report

Reporting Period: May 2019

Sheffield Children's **NHS**
NHS Foundation Trust

Contents

1.1 Executive Summary

Sheffield Children's **NHS**
NHS Foundation Trust

Provide high quality patient experience and outcomes:

- *There were no serious incidents or never events during May.*
- *The number of incidents pending investigation which are overdue increased for the second consecutive month. Divisions have been asked to provide assurance at their Divisional Performance and Quality Review Meetings on work being undertaken to address the backlog.*
- *Discharge summary completion remains lower than target thought initial feedback on the pilot for 'No Summary, No Discharge' has been positive.*
- *Whilst improvements have been made in-month, the number of clinical guidelines which are out of date currently stands at 93. The Medical Director will be overseeing the development of a system to manage the backlog and track progress of future guidelines which become out of date.*
- *The percentage of complaints responded to within deadline improved throughout May by over 20% in comparison to the previous month.*
- *The response rate in the Friends and Family Test was below the Trust target of 7%, however, the response rate in the inpatient category remains above the national average.*

Empower motivated and compassionate staff:

- *Sickness absence during April was 3.89% (target reported one month in arrears). Although this is 0.39% higher than the Trust target, it is an improving position on the previous month.*
- *PDR compliance saw a 6% reduction on the previous month at 75% which is 15% below the Trust target.*
- *Mandatory Training compliance remained static for the third consecutive month at 87% against the 90% Trust target.*
- *A new Employee Assistance Programme which includes a 24-hour support helpline for staff was launched in May as part of the Trust's Health and Wellbeing agenda.*

Lead improvements in paediatric care:

- *To support the Quality Strategy, the Transformation team have a planned a Trust-wide patient engagement day on 20 June focusing on what quality means to our patients, families and carers.*
- *The Sleep Team recently hosted a Family Day for children with narcolepsy and their families.   The team support families living with the rare sleep disorder and the day provided a network of peer support, themed workshops and talks.   The event was attended by over 115 people.*

Build clinical and financial sustainability:

- *The four-hour ED standard during May continued to be achieved at over 97% against the 95% national target.*
- *The percentage of patients on an 18-week RTT incomplete pathway was not achieved at Trust-level for the second consecutive month at 91.64% against the national standard of 92%. This is an improvement on the previous month and partially attributable to a reduction in the number of WLIs completed over the last few months and agreed staffing capacity not yet being in place. The WLI payment rate was recently reconsidered and Divisions are currently developing recovery action plans and trajectories at specialty level in order to deliver the 92% standard.*
- *22 patients had their operation cancelled on the day for non-clinical reasons. This is an increase of 13 from the previous month. All patients were subsequently accommodated within the 28-day target from point of cancellation.*
- *The diagnostic target was achieved during May with 99.35% of patients waiting less than six weeks for their test against the national target of 99%.*
- *All national cancer standards continued to be achieved at 100% during May.*
- *Was Not Brought rates for first appointments continued to be within the Trust tolerance level of 9% for the third consecutive month at 8.74%.*
- *Was Not Brought rates for follow-up appointments was marginally higher than the Trust tolerance level of 11% at 11.08%.*
- *Outpatient Clinic Utilisation was 79.79% against the Trust target of 82.5%.*
- *The volume of patients who became overdue on the outpatient review list has increased during recent months. This is largely attributable to Clinical Genetics activity which has recently moved onto the Trust's main PAS system. Work is currently being undertaken to develop and embed a Trust-wide process for the long-term management and ongoing clinical review of overdue review patients. A paper on this will be going to FRC in June 2019.*
- *Outpatient attendances at trust-level are currently above plan by 524 episodes. Elective inpatient and day-cases at trust-level are below plan by 111 episodes and Non-elective inpatients are above plan by 6 episodes. Activity performance against plan is monitored closely with actions taken to address any deviation as we progress throughout the year.*
- *Freedom of Information backlog clearance is progressing slower than initially anticipated. All new requests are being acknowledged within three days of receipt and are being processed within the twenty-day deadline, except where impacting the departments stated. Work to publish additional content via the website to reduce the volume of future requests is being developed.*

Discover new ways of improving child health:

- *An additional 5 Microsystem Projects were commenced during May bringing the current number of active projects to 11.*
- *23 clinical audits and service evaluations were initiated during May.*

2.0 High Level Dashboard

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Organisational Aim	Indicator	Target	Target Aim	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Provide high quality patient experience and outcomes	Number of Incidents Reported	N/A	N/A	431	351	471										
	Number of Serious Incidents Reported	0	Below	2	0	0										
	Number of Never Events Reported	0	Below	0	0	0										
	Number of Incidents Pending Investigation that are Overdue	0	Below	198	220	288										
	Number of Actions Outstanding from Serious Incident/Never Event Action Plans that are Overdue	N/A	N/A	20	6	5										
	Number of Complaints Received	N/A	N/A	18	14	7										
	Percentage of Complaints Responded Within Deadline	100%	Above	21.43%	50.00%	72.73%										
	Number of Claims/Inquests Registered	N/A	N/A	2	0	1										
	Number of Freedom to Speak Up Concerns Raised	N/A	N/A	3	10	8										
	Number of Freedom to Speak Up Contacts responded to within 10 working days	N/A	N/A			7										
	Response Rate in the Friends and Family Test	7%	Above	8.50%	4.51%	4.16%										
	Percentage of Recommendations in the Friends and Family Test	82%	Above	78.38%	84.89%	83.40%										
	Percentage of staff who recommend this organisation to friends / family if they needed care or treatment	N/A	Above	89.41%	-	-										
	Number of C.Diff Cases	12	Below	0	0											
	Number of MRSA Cases	0	Below	0	0											
	Number of MSSA Bacteraemia Cases	N/A	N/A	0	1											
	Number of Clinical Guidelines Out of Date	0	Below	60	104	93										
	Number of Policies Out of Date	0	Below	46	45	36										
	Percentage of Discharge Summaries Complete (inc CAMHS Brief)	100%	Above	80.10%	77.86%	78.21%										
	Percentage of Discharge Summaries Completed Within 24 Hours of Discharge Date (inc CAMHS Brief)	100%	Above	75.37%	69.28%	73.19%										
	Outpatient Appointment Letters Sent Within 10 Days	N/A	N/A													
Empower motivated and compassionate staff	Sickness Absence (percentage of time lost)	3.5%	Below	4.30%	3.89%											
	PDR Compliance	90%	Above	73.00%	81.00%	75.00%										
	Mandatory Training Compliance	90%	Above	87.00%	87.00%	87.00%										
	Number of Excellence Reports Submitted (Greatix)	N/A	N/A	25	84	75										
	Percentage of staff who recommend this organisation to friends / family as a place to work	N/A	N/A	64.34%	-		-	-		-	-	-	-	-	-	
Build clinical and financial sustainability	A&E 4+ Hour Waits	95%	Above	97.71%	97.85%	97.84%										
	Percentage of Ambulance Handovers Within 30 Minutes	100%	Above	100.00%	100.00%	100.00%										
	18 Weeks RTT (Referral to Treatment) Time - Incomplete	92%	Above	92.08%	90.73%	91.64%										
	18 Weeks RTT (Referral to Treatment) Number of Patients Waiting 52+ Weeks - Incomplete	0	Below	0	0	0										
	Diagnostic Waits (DM01) Within 6 Weeks	99%	Above	99.29%	99.29%	99.35%										
	CAMHS Tier 3 Waiting Times (Wait to 1st Appt) - 18 Weeks	92%	Above	91.86%	83.16%	84.36%										
	CAMHS Tier 3 Waiting Times (Wait to 2nd Appt) - 18 Weeks	92%	Above	76.20%	73.38%	75.61%										
	2 Week Wait from GP Referral to 1st Outpatient Appointment (All Cancers)	93%	Above	100.00%	100.00%	100.00%										
	31 Day Wait from Diagnosis to 1st Definitive Treatment (All Cancers)	96%	Above	100.00%	100.00%	100.00%										
	31 Day Wait for Subsequent Treatment where Treatment is Surgery	94%	Above	N/A	N/A	100.00%										
	31 Day Wait for Subsequent Treatment where Treatment is an Anti-Cancer Drug Regime	98%	Above	100.00%	N/A	N/A										
	Cancelled Elective Operations (on the day for non-clinical reasons by the hospital) - Patients Not Offered TCI Within 28 Days	0	Below	1	0	0										
	Number of Urgent Operations Cancelled for the 2nd or More Time	0	Below	0	0	0										
	WNB (Was Not Brought - previously DNA) Rate (New)	9%	Below	7.18%	7.50%	8.74%										
	WNB (Was Not Brought - previously DNA) Rate (Follow Up)	11%	Below	9.29%	10.29%	11.08%										
	Outpatient Clinic Utilisation - Acute	82.5%	Above	81.22%	82.24%	79.79%										
	Theatres Utilisation	85%	Above	85.26%	82.99%	84.58%										
	Contract - % Variance from Plan - A&E	0%	Above	2.27%	1.32%	1.46%										
	Contract - % Variance from Plan - Ouapatient Attendances	0%	Above	1.66%	0.22%	3.01%										
	Contract - % Variance from Plan - Elective Inpatient Spells	0%	Above	-9.46%	-1.81%	-6.67%										
	Contract - % Variance from Plan - Non-Elective Inpatient Spells	0%	Above	-13.70%	-0.71%	1.09%										
	Agency spend (£'000)	N/A	N/A	157												
	Income & Expenditure in month position (against control total) £'000 ((surplus)/deficit))	N/A	N/A	180												
	Income & Expenditure cumulative position (against control total) £'000 ((surplus)/deficit))	N/A	N/A	1430												
	£ Delivery of CIP (£'000)	N/A	N/A	2512												
	Percentage Delivery of CIP (against YTD profiled plan)	100%	Above	81.42%												
	Cash Balance (£'000)	N/A	N/A	14536												
	Number of FOIs outstanding at the end of the month that are overdue	0	Below	180	194	201										
	Percentage of FOIs outstanding at the end of the month that are overdue	0%	Below	88.24%	81.17%	81.71%										
Discover new ways of improving child health through research innovation and technology	Number of Active Microsystem Projects	N/A	N/A	11	11	16										
	Number of new studies that opened in the month	N/A	N/A	-	7	5										
	Total number of open studies in the month	N/A	N/A	-	215	217										
	Number of patients recruited into studies in the month	N/A	N/A	-	48	53										
	Number of grants awarded to researchers in the month	N/A	N/A	-	0	0										
	Audits / Service Evaluations Initiated	N/A	N/A	33	27	23										

Key:

RAG	
Green	Achievement - performance is in line with the identified target
Red	Non-achievement - performance is below the required standard
Metrics highlighted in grey denote that data is intended for inclusion at a future date	

Data Notes	
Blank data	Data is not available/has not been provided yet.
N/A	Data has been provided, the denominator is zero, therefore percentage cannot be calculated.
0	Data has been provided, with zero actual, therefore performance is 0.

3.0 Legal & Governance KPIs

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Incidents

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number of Incidents Reported	351	471										
Of which are... No of Serious Incidents	0	0										
Of which are... Never Events	0	0										

Number of Incidents Pending Investigation that are Overdue - 2019/20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust Total	220	288	0	0	0	0	0	0	0	0	0	0
Target	0	0	0	0	0	0	0	0	0	0	0	0
Previous Year	0	0	0	0	0	527	382	223	146	129	174	198

Note: Managers have 21 days following the incident being reported to complete investigations. The figures shown in the chart above are the amount of incidents pending investigation that are classed as overdue at the end of the reporting period.

Lead: Sally Shearer	Timescale: Monthly

Key Issues:

• Number of incidents pending investigation and overdue are increasing. There are still 5 overdue actions from SI/ RCA action plans. Complaints performance has improved

Key Actions:

• Divisions need to formulate plans to decrease the number of incidents pending investigation and this will be monitored. The outstanding actions from SI's need to be completed as a priority as they are to be escalated to Quality Committee. Divisions are to keep up the good performance with complaints so that we can reach our target performance.

Complaints

Percentage of Complaints Responded Within Deadline - 2019/20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust Total	50.0%	72.7%										
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Previous Year	46.7%	50.0%	50.0%	34.8%	27.8%	46.7%	52.6%	40.0%	57.1%	38.9%	66.7%	21.4%

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Complaints Responded Within Deadline	6	8										

Policies & Guidelines

Percentage of Clinical Guidelines and Policies Out of Date - 2019/20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% of Clinical Guidelines Out of Date	16.0%	14.3%										
% of Policies Out of Date	24.6%	19.6%										
Target	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number of Clinical Guidelines Out of Date	104	93										
Number of Policies Out of Date	45	36										

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4.0 Friends & Family KPIs

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Friends & Family Test – Response Rate

Response Rate

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Current Year	4.5%	4.2%										
Previous Year	4.0%	2.8%	4.9%	6.0%	6.6%	8.1%	9.3%	9.5%	10.4%	8.0%	8.1%	8.7%
Target	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%

Note: the target line shown above is based on the national average for the previous financial year.

Friends & Family Test – Percentage Recommended

Percentage Recommended

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Current Year	84.9%	83.4%										
Previous Year	85.4%	85.2%	83.1%	79.1%	82.3%	83.8%	83.4%	81.1%	81.8%	77.0%	80.1%	78.7%
Target	81.7%	81.7%	81.7%	81.7%	81.7%	81.7%	81.7%	81.7%	81.7%	81.7%	81.7%	81.7%

Note: the target line shown above is based on the national average for the previous financial year.

Lead: Sally Shearer	Timescale: Monthly

Key Issues:

- The overall response rate deteriorated during May, but remained higher than the same period last year.
- The response rate in the inpatient category remains above the national average.

Key Actions:

- Response rates will continue to be monitored, with in-depth analysis provided at the monthly Quality Committee.
- Actions to improve response rates will continue to be reviewed and actions implemented where possible, particularly in categories which traditionally have a low uptake.

Staff Friends & Family Test – Q4 2018/19

The table below shows the latest quarterly information for the staff friends & family return:

	Volume		%	
	Recommend	Not Recommend	Recommend	Not Recommend
How likely are you to recommend this organisation to friends and family if they needed care or treatment	1334	31	89%	2%
How likely are you to recommend this organisation to friends and family as a place to work	960	209	64%	14%

Notes:
1. Staff FFT data is reported on a quarterly basis (however there is no submission for Q3).
2. Percentages for Recommended and Not Recommended may not equal 100%. This is due to neutral responses being selected (these include 'Neither likely nor unlikely' and 'Don't know').

5.0 Safety & Patient Experience Indicators

Sheffield Children's NHS
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Patient Safety – Infection Control

	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
Total cases contributing towards target (HOHA + COHA)	-	1												1
Of which are... No of Avoidable Cases	12	0												0
Of which are... No of Unavoidable Cases	-	0												0
Of which are... No of TBC Cases	-	1												1
Number of MRSA Cases (Hospital Attributable)	0	0												0
Number of MSSA Bacteraemia Cases (Hospital Attributable)	N/A	1												0
High Risk Elective Patients - Percentage Screened	100%	100.0%	100.0%											100.0%

Notes:
1. Data for number of cases is reported monthly in arrears due to the processing time required for the samples.
2. Cases contributing to the annual target of 12 are from the HOHA and COHA categories where there has been a lapse in care (i.e. avoidable). Definitions below:
   ***Healthcare onset-healthcare association (HOHA):** Samples sent >24 hours following admission.*
   ***Community onset-healthcare association (COHA):** Samples sent <24 hours following admission or from an outpatient but where the child has been an SCH inpatient in the previous 4 weeks.*
3. The number of C.Diff Cases that have not been determined as avoidable or unavoidable are also highlighted in amber in the table above.

Lead: Sally Shearer	Timescale: Monthly

Key Issues:

- There was one instance of MSSA during April which occurred on Ward 6.
- The bacteraemia was secondary to a line and line-site infection.
- There were no instances of MRSA during April.

Key Actions:

- Whilst there is no requirement to monitor line infection rates (with the exception of PCCU) or formally investigate MSSA bacteraemia cases, all infection control standards continue to be closely monitored.

Patient Experience – Cancelled Operations

	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
Cancelled Elective Operations (on the day for non-clinical reasons by the hospital) - Patients Not Offered TCI Within 28 Days	0	0	0											0
Number of Urgent Operations Cancelled for the 2nd or More Time	0	0	0											0

Lead: Ruth Brown	Timescale: Monthly

Key Issues:	Key Actions:
• 22 patients had their operation cancelled on the day for non-clinical reasons during May. • All of these were subsequently accommodated within 28 days.	• All on the day cancellations continue to be managed closely and prioritised accordingly to accommodate as soon as possible after cancellation.

Patient Experience – Mixed Sex Accommodation

	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
Mixed Sex Accommodation Breaches (patients over 16 years)	0	0	0											0

Lead: Sally Shearer	Timescale: Monthly

Key Issues:	Key Actions:
N/A	N/A

6.0 Discharge Summaries

Sheffield Children's NHS
NHS Foundation Trust

Acute & Brief CWAMH Discharge Summaries (completed within 24 hours)

Trust Total
Percentage of Discharge Summaries Completed (and within 24 Hours of Discharge Date) - 2019/20
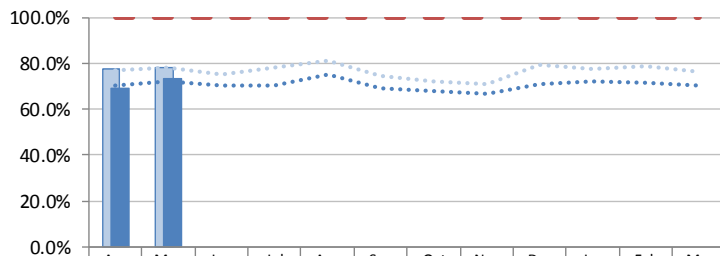
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Completed	77.9%	78.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Completed Within 24 Hrs	69.3%	73.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Prev Yr - Completed	76.9%	78.0%	75.1%	78.3%	81.5%	74.4%	72.0%	70.9%	79.2%	77.3%	78.8%	76.7%
Prev Yr - Completed Within 24 Hrs	70.5%	72.4%	70.2%	70.4%	75.2%	69.4%	67.8%	67.0%	70.7%	72.0%	71.4%	70.5%
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

CWAMH Discharge Summaries – Full (completed within 2 Weeks)

CWAMH
Percentage of Full Discharge Summaries Completed (and within 2 weeks of Discharge Date) - 2019/20
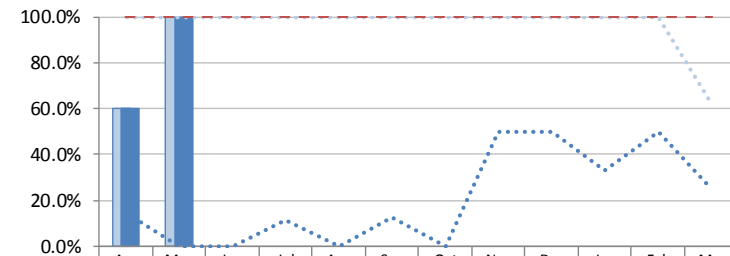
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Completed	60.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Completed Within 2 Wks	60.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Prev Yr - Completed	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	62.5%
Prev Yr - Completed Within 2 Wks	14.3%	0.0%	0.0%	11.1%	0.0%	12.5%	0.0%	50.0%	50.0%	33.3%	50.0%	25.0%
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Lead: Ruth Brown	Timescale: Monthly	Lead: Ruth Brown	Timescale: Monthly

Key Issues:

- The number of discharge summaries completed continues to remain below target.

Key Actions:

- Work continues within Divisions and a pilot has recently commenced to implement a policy of only allowing a patient to be discharged once a discharge summary has been completed.

Key Issues:

- Discharge summary completion targets were achieved at 100% within the Community, Wellbeing and Mental Health Division throughout May.

Key Actions:

- Ongoing monitoring of the standard.

7.0 Workforce - Sickness Absence & Training KPIs

Sheffield Children's NHS
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Sickness Absence Levels – All Staff (% of Time Lost)

Sickness Absence - 2019/20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust Total	3.89%											
Target	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%
Previous Year	3.74%	3.16%	3.38%	3.93%	3.99%	4.12%	3.89%	3.77%	3.87%	4.36%	4.56%	4.30%
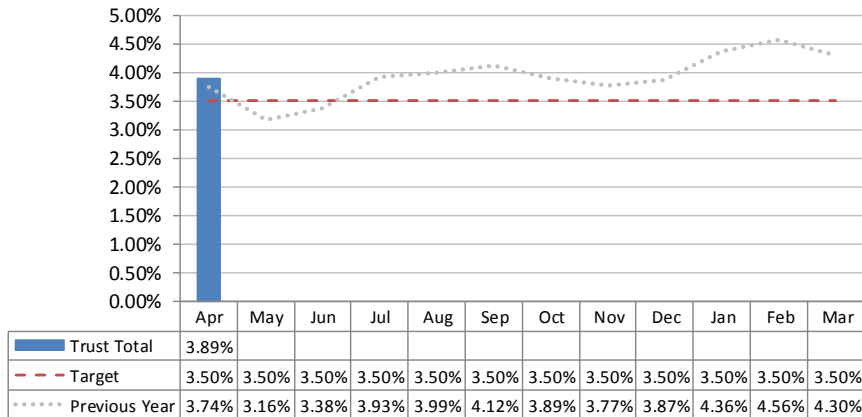
Please note: Sickness reporting runs a month in arrears.

Lead: Jane Clawson	Timescale: Monthly

Key Issues:
- Sickness absence during April in terms of time lost was 3.89%. This is a reduction from 4.30% on the previous month.
- The Trust target for sickness absence has recently been revised from 4% to 3.5%.
- PDR compliance decreased by 6% on the previous month and remains 15% below the Trust target.
- Mandatory training compliance has remained static for the past three months at 87% against the 90% target.
- Staff retention is a newly reported metric for which a target is currently being determined.

Key Actions:
- Sickness absence, PDR and Mandatory Training compliance is routinely discussed at Executive level with Divisional management teams as part of the Performance and Quality Review Meetings. This enables assurance to be provided that these areas are being managed appropriately.

Retention of Staff – All Staff

Retention of Staff - 2019/20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust Total	88.45%	88.59%										
Target												
Previous Year	0.00%	0.00%	88.50%	88.39%	88.05%	88.73%	88.75%	87.95%	88.24%	88.57%	88.55%	88.80%

PDR & Mandatory Training Compliance – All Staff

PDR & Mandatory Training Compliance - 2019/20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust Total - PDR	81.00%	75.00%										
Trust Total - MT	87.00%	87.00%										
Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Previous Year - PDR	80.00%	79.00%	75.00%	76.00%	76.00%	76.00%	75.00%	73.00%	74.00%	75.00%	74.00%	73.00%
Previous Year - MT	88.00%	87.00%	85.00%	85.00%	86.00%	85.00%	85.00%	85.00%	85.00%	86.00%	86.00%	87.00%

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8.0 Accident & Emergency and Ambulance Handovers

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A&E 4 Hour Waits
(95% of Patients Seen & Discharged/Admitted Within 4 Hours)

A&E 4 Hour Waits Performance - 2019/20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% Waiting under 4 Hours	97.85%	97.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Previous Year	97.70%	98.47%	98.35%	98.56%	98.60%	96.63%	96.54%	97.04%	97.37%	96.58%	96.80%	97.71%

Lead: Ruth Brown   Timescale: Monthly

Key Issues:

- Performance within ED continues to exceed the national standard of 95% of patients being seen and discharged or admitted within four hours.
- ED unplanned re-admission rates remain higher than the national target of 5% (this is for both adults and children). However, audits indicate that this is not as a result of poor patient outcomes.

Key Actions:

- The standard is routinely monitored on an ongoing basis with pressures within ED and patient flow operationally managed as and when they occur.

A&E Quality Indicators & Ambulance Handovers

Area	Indicator	Data Period	Target	Aim	Actual	YTD	Last 6 Months Trend
Accident and Emergency	A&E 4+ Hour Waits	May	95%	Above	97.84%	97.84%	
	A&E Time to Initial Assessment for Patients Arriving by Ambulance (95th Percentile)	May	00:15:00	Below	00:13:00	00:13:00	
	A&E Median Time to Treatment	May	01:00:00	Below	00:40:00	00:40:00	
	A&E Unplanned Reattendance Rate	May	5%	Below	8.58%	8.93%	
	A&E Left Without Being Seen	May	5%	Below	1.09%	1.06%	
Ambulatory	Percentage of Ambulance Handovers Within 15 Minutes	May	100%	Above	97.69%	98.05%	
	Percentage of Ambulance Handovers Within 30 Minutes	May	100%	Above	100.00%	100.00%	
	Number of Ambulance Handover Times Between 30 & 60 Minutes	May	0	Below	0	0	
	Number of Ambulance Handover Times Over 60 Minutes	May	0	Below	0	0	

Activity Performance - A&E Attendances

A&E Attendances

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Actual	4832	5046										
Plan	4769	4973										
Previous Year	4477	5095										
Variance From Plan	1.3%	1.5%										

9.0 Referral to Treatment (18 Weeks)

Sheffield Children's **NHS**
NHS Foundation Trust

RTT Incomplete Performance
(92% of Patients Waiting Under 18 Weeks For Treatment)

**Trust Total Incomplete Performance
May 2018 - May 2019**

Legend: Trust Total | MEDicine | S&CC | PDG | Target

Lead: Ruth Brown	Timescale: Monthly

Key Issues:

- Trust performance of the RTT standard continued to be challenging throughout May with the Trust just shy of the national target by 0.36%.
- Of the three clinical divisions where RTT applies, the standard was achieved within two which is an improving position on last month.
- There continued to be no patients waiting over 52 weeks for treatment.

Key Actions:

- Significant work has been undertaken and remains ongoing to manage pathways at patient-level in addition to closely managing capacity across all services.
- The payment rates for WLI activity has recently been reconsidered which should allow for an increase in the number of clinics/theatre sessions undertaken.

RTT Incomplete Performance by Division

Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
MED	93.23%	93.79%										
S&CC	88.52%	88.42%										
PDG	89.71%	96.64%										
Trust Total	90.73%	91.64%										

Number of Patients On Incomplete Pathways Over 52 Weeks

Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
52+ Weeks	0	0										

Underperforming Specialties Ranked by Margin (Volume)

Division	Local Specialty	Performance %	Excess Breaches (over the 8% allowance)
Surgery & Critical Care	Paediatric Dentistry	58.60%	53
MEDicine	Neuro-Disability	80.65%	46
Surgery & Critical Care	OMFS	68.42%	27
MEDicine	Sleep Clinic	84.23%	22
Surgery & Critical Care	Trauma & Orthopaedics	89.36%	21
Surgery & Critical Care	Paediatric Surgery	89.38%	20
Surgery & Critical Care	Pain Clinic	68.57%	17
Surgery & Critical Care	Plastic Surgery	85.51%	14
Surgery & Critical Care	Exodontia	84.11%	12
Surgery & Critical Care	Ophthalmology	89.05%	10
Surgery & Critical Care	Scoliosis	85.00%	9
Surgery & Critical Care	Neurosurgery	88.64%	3
MEDicine	Joint Review Psu/Endo.	0.00%	1
MEDicine	Neurofibromatosis	66.67%	1
MEDicine	Respiratory	91.89%	1
Surgery & Critical Care	Eye Dept - Orthoptic	88.89%	1

10.0 Diagnostics (DM01) & Long Stay Inpatients

Sheffield Children's NHS
NHS Foundation Trust

Diagnostic (DM01) Waiters
(99% of Patients Waiting Under 6 Weeks For Diagnostic Test)

Trust Total DM01 Performance
May 2018 - May 2019
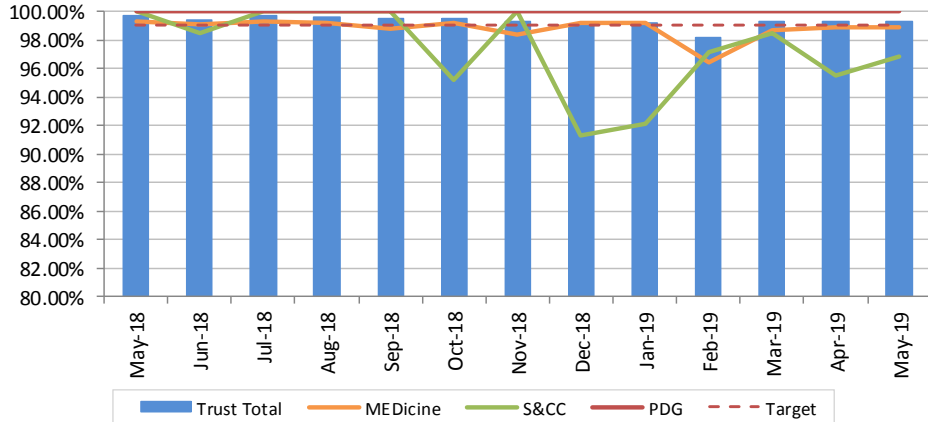
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
MED	99.27%	99.11%	99.33%	99.15%	98.82%	99.20%	98.41%	99.15%	99.24%	96.42%	98.65%	98.87%	98.92%
S&CC	100.00%	98.51%	100.00%	100.00%	100.00%	95.24%	100.00%	91.30%	92.16%	97.14%	98.46%	95.56%	96.83%
PDG	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Trust	99.67%	99.42%	99.68%	99.58%	99.48%	99.50%	99.29%	99.09%	99.22%	98.19%	99.29%	99.29%	99.35%

Lead: Ruth Brown	Timescale: Monthly

Key Issues:
- The diagnostic standard was achieved at Trust-level during May.
- At Divisional-level where the standard was not achieved, this related to five patients within Medicine and two within Surgery. The breaches were mainly attributable to capacity issues.
- Of these seven patients, four have since received their diagnostic procedure and the remaining three have dates secured during June.

Key Actions:
- All breaches continue to be analysed to determine root causes and identify any learning to influence changes in future practice.

Long Stay Inpatients (Number of Acute and CAMHS Inpatients with Length of Stay of 30+ Days (as at the end of the month))

Long Stay Inpatients (30+ Days)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Current Year - MED	7	11										
Current Year - S&CC	14	8										
Current Year - CAMHS T4	24	24										
Previous Year	36	39	39	33	30	26	27	23	22	32	38	36
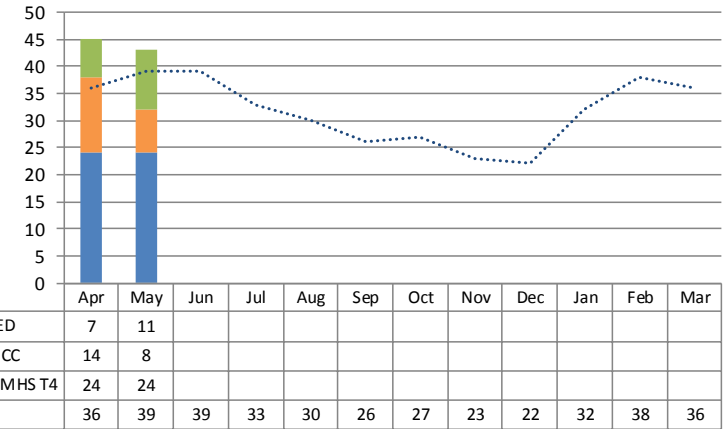
Lead: Jeff Perring	Timescale: Monthly

Key Issues:

- Work is currently ongoing to further understand Length of Stay across the Trust.
- This work has been brought into the work-stream focussing specifically on complex patients and will continue with the core work providing the basis for service development options.
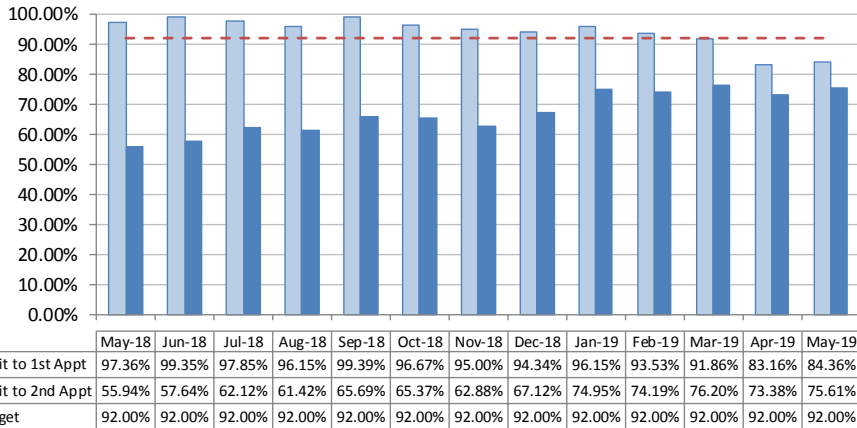
Key Actions:
- Length of Stay information continues to be routinely circulated to bed-holding Divisions to ensure that a co-ordinating consultant is in place, along with a care plan and estimated date of discharge (where possible).

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11.0 CAMHS Waiting Times

TRUST BOARD PART 1

7. 156/19 CHIEF EXECUTIVE REPORT AND IN...

Sheffield Children's **NHS**
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CAMHS Tier 3 Incomplete Performance
(92% of Patients Waiting Under 18 Weeks)

CAMHS Tier 3 Incomplete Performance
May 2018 - May 2019

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Wait to 1st Appt	97.36%	99.35%	97.85%	96.15%	99.39%	96.67%	95.00%	94.34%	96.15%	93.53%	91.86%	83.16%	84.36%
Wait to 2nd Appt	55.94%	57.64%	62.12%	61.42%	65.69%	65.37%	62.88%	67.12%	74.95%	74.19%	76.20%	73.38%	75.61%
Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%

Lead: Ruth Brown	Timescale: Monthly

Key Issues:
- Wait to first appointment within 18-weeks of referral during May was 84.36% and wait to second appointment within 18-weeks of referral was 75.61%. Although this is an improving position on the previous month, the Trust target for both of these standards is 92%.
- The increase in waiting times is attributable to the implementation of EPR across the service including staff training on the new system and the embedding of new working processes.

Key Actions:
- The service is currently undertaking multiple work-streams to improve waiting times, including demand and capacity, pathway reviews and the introduction and review of the new "Six Session" model.
- The Transforming CAMHS programme of work was launched in May. The programme consists of five work-streams with a focus on service and quality improvement.

CAMHS ED (Eating Disorder) and EIP (Early Intervention for Psychosis) Incomplete Performance
(92% of Patients Waiting Under 18 Weeks)

CAMHS ED & EIP Incomplete Performance
May 2018 - May 2019
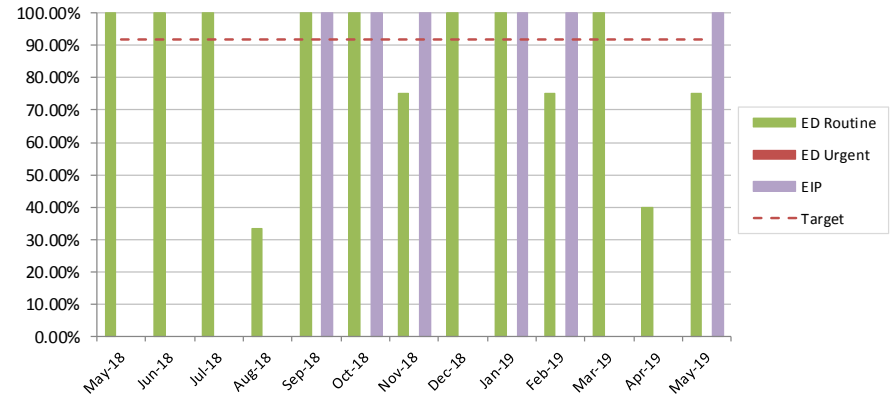
Incomplete Pathways													
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
ED Routine (< 28 Days)	4	2	3	1	1	5	3	6	4	3	2	2	3
ED Routine (Total)	4	2	3	3	1	5	4	6	4	4	2	5	4
ED Routine	100.00%	100.00%	100.00%	33.33%	100.00%	100.00%	75.00%	100.00%	100.00%	75.00%	100.00%	40.00%	75.00%
ED Urgent (< 7 Days)	0	0	0	0	0	0	0	0	0	0	0	0	0
ED Urgent (Total)	0	0	0	0	0	0	0	0	0	0	0	0	0
ED Urgent	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EIP (< 14 Days)	0	0	0	2	1	1	0	1	1	0	0	2	
EIP (Total)	0	0	0	2	1	1	0	1	1	0	0	2	
EIP	N/A	N/A	N/A	N/A	100.00%	100.00%	100.00%	N/A	100.00%	100.00%	N/A	N/A	100.00%

Data notes: due to the small number of patients on ED / EIP pathways, individual cases can have a large impact on the percentage performance.

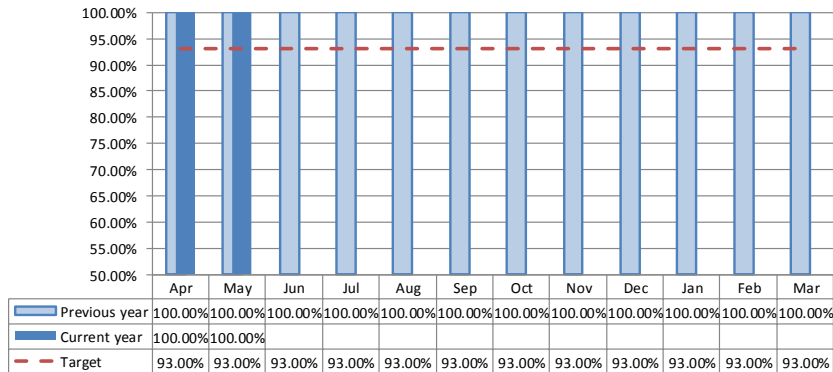| Lead: Ruth Brown	Timescale: Monthly

Key Issues:
- Incomplete performance for Routine ED improved during May in comparison to the previous month.
- Incomplete performance for patients on an EIP pathway was achieved at 100%.
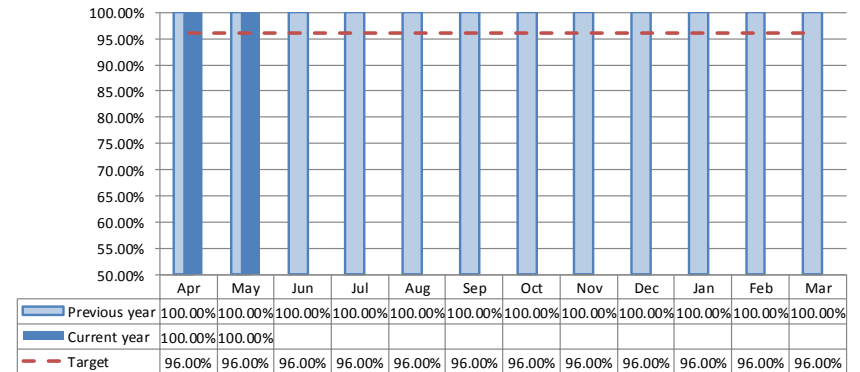
Key Actions:
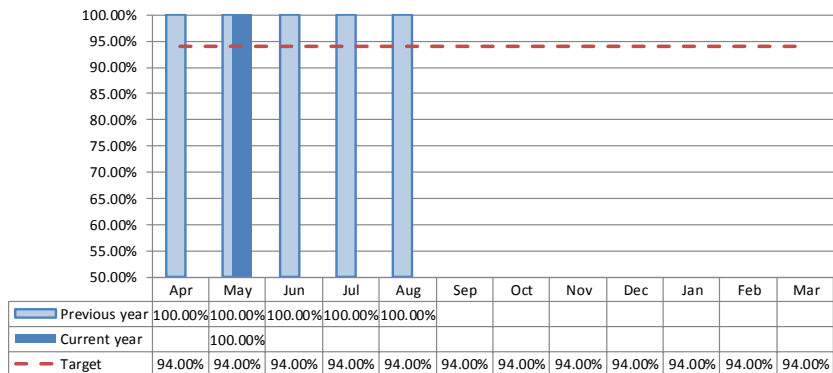- Ongoing monitoring of the standards.

12.0 Cancer Waits

Sheffield Children's **NHS**
NHS Foundation Trust

Cancer Waits – 2 Week & 31 Day Waits

2 Week Wait from GP Referral to 1st Outpatient Appointment (All Cancers)

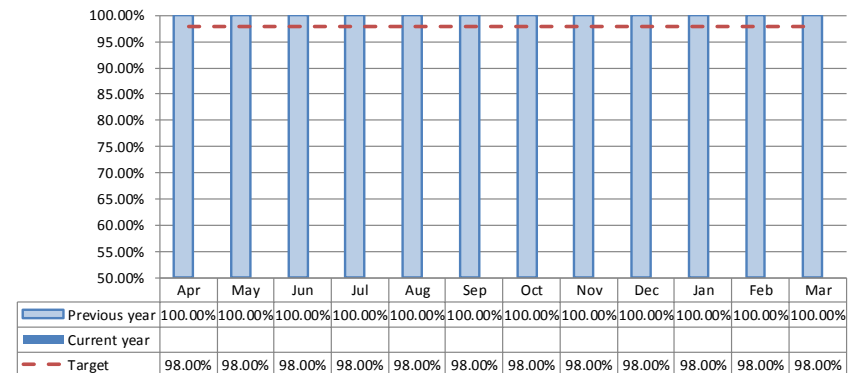|	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Previous year	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Current year	100.00%	100.00%										
Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%

31 Day Wait from Diagnosis to 1st Definitive Treatment (All Cancers)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Previous year	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Current year	100.00%	100.00%										
Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%

31 Day Wait for Subsequent Treatment where Treatment is Surgery

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Previous year	100.00%	100.00%	100.00%	100.00%	100.00%							
Current year		100.00%										
Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%

31 Day Wait for Subsequent Treatment where Treatment is an Anti-Cancer Drug Regime

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Previous year	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Current year												
Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%

Lead: Ruth Brown

Timescale: Monthly

Key Issues and Actions:

• All national cancer standards continue to be achieved at 100%.

eRS Appointment Slot Issue (ASI) Ratio Comparison

The graph below shows the ASI ratio for the current financial year, previous financial year, with a comparison against the agreed trajectory target and to the national average for the current year.

eReferrals Appointment Slot Issue Ratio

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Current Year	0.24	0.21										
Previous Year	0.06	0.12	0.15	0.18	0.13	0.24	0.17	0.13	0.12	0.07	0.16	0.19
Current Year National Average	0.24											
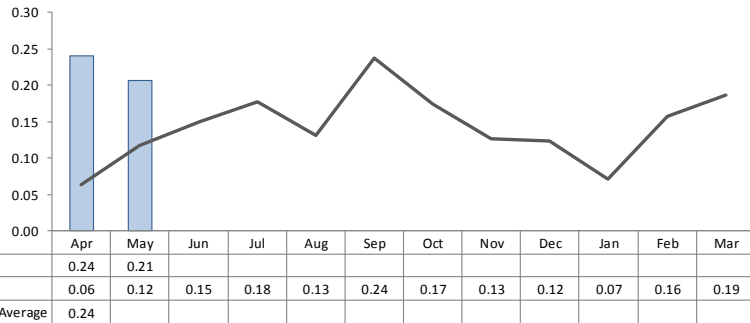
Notes:
1. The Appointment Slot Issue (ASI) Ratio is calculated as the Total ASIs/Total Bookings for the stated time period
2. National ASI data for May 2019 was not yet published at the time of reporting.

Lead: Ruth Brown	Timescale: Monthly

Key Issues:

• The number of Appointment Slot Issues continued to remain low throughout May.

Key Actions:

• ASIs along with clinic capacity are routinely reviewed on a daily basis by the Outpatient Service.
• Weekly 'forward look' meetings are now taking place between the Outpatient Service and clinical divisions to review and address future capacity issues on an on-going basis.

eRS Utilisation

The graph below shows the percentage of applicable GP referrals received through eReferrals.

% eReferrals (All CCGs)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% eReferrals	100.0%	99.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Previous Year	72.3%	93.0%	96.2%	95.4%	95.6%	95.8%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
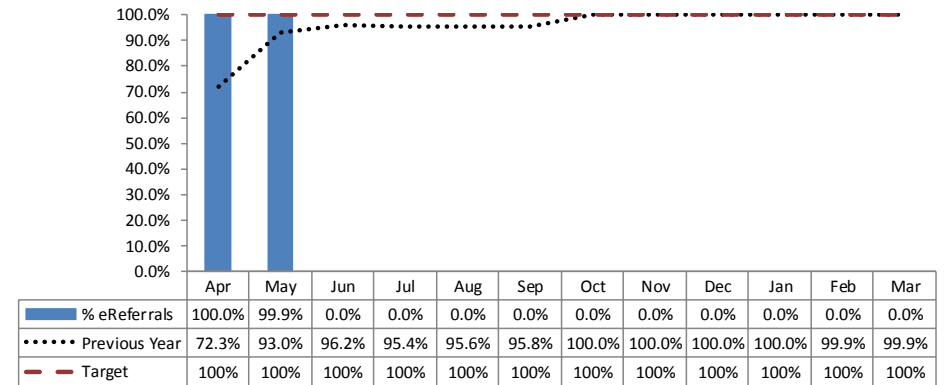
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
eReferrals	1454	1608											3062
Paper GP Referrals - Urgent Referrals	0	0											0
Paper GP Referrals - Routine Referrals	0	1											1
% eReferrals	100.0%	99.9%											100.0%

Lead: Ruth Brown	Timescale: Monthly

Key Issues:

• All GPs are now mandated to refer patients to secondary care, consultant-led services via the eRS system.
• The above graph demonstrates that 99.9% of applicable referrals were made via this method.

Key Actions:

• Ongoing monitoring of the standard.

14.0 Outpatient Clinic WNB (Was Not Brought – Previously DNA)

Sheffield Children's NHS
NHS Foundation Trust

Outpatient Clinic WNB – New Appointments

Trust Total Outpatient WNB Rate (%) - New Appointments

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Current Year	7.5%	8.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Previous Year	11.6%	11.0%	10.1%	12.5%	13.0%	11.7%	9.9%	9.4%	10.5%	8.4%	9.6%	7.2%
Target	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
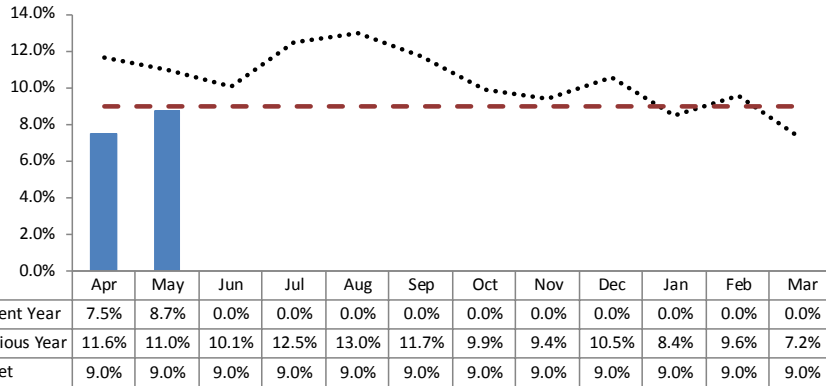
Outpatient Clinic WNB – Follow-up Appointments

Trust Total Outpatient WNB Rate (%) - Follow-up Appointments

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Current Year	10.3%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Previous Year	12.9%	13.4%	12.0%	13.1%	13.3%	12.5%	11.7%	12.7%	13.6%	11.8%	11.3%	9.3%
Target	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%
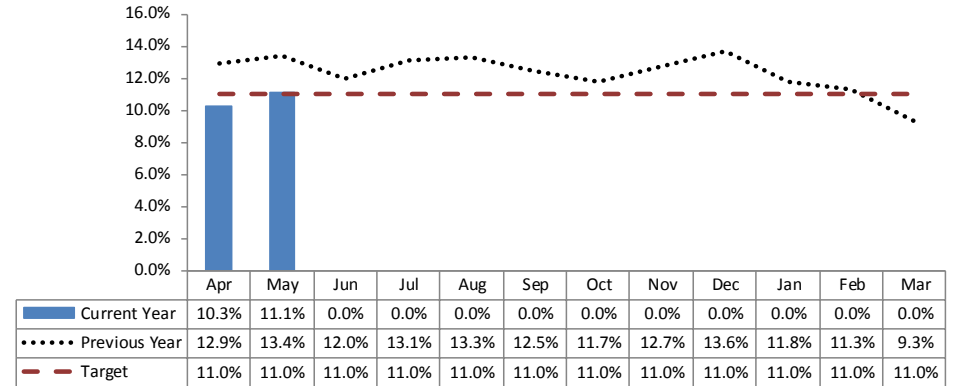
Lead: Ruth Brown	Timescale: Monthly	Lead: Ruth Brown	Timescale: Monthly

Key Issues:

- The Was Not Brought rate for first outpatient appointments increased slightly on the previous month, but remains below the Trust tolerance level of 9%.

Key Issues:

- The Was Not Brought rate for follow-up outpatient appointments increased slightly on the previous month and is marginally over the Trust tolerance level of 11%.

Key Actions:

- A campaign to encourage parents and carers to pass on their appointments when they are unable to attend was launched earlier this year. The impact of the campaign will be closely monitored as part of the Outpatient Programme Board and as part of the Modernising Outpatients Programme.

Key Actions:

- A campaign to encourage parents and carers to pass on their appointments when they are unable to attend was launched earlier this year. The impact of the campaign will be closely monitored as part of the Outpatient Programme Board and as part of the Modernising Outpatients Programme.

15.0 Outpatient Review List

7. 156/19 CHIEF EXECUTIVE REPORT AND IN...

Outpatient Review List
(Patients waiting past their review date)

Outpatient Review List - Overdue Patients by Due Date
December 2018 – May 2019

	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Grey box	159	164	149	163	112	144

Legend: 0-3 Months, 3-6 Months, 6+ Months
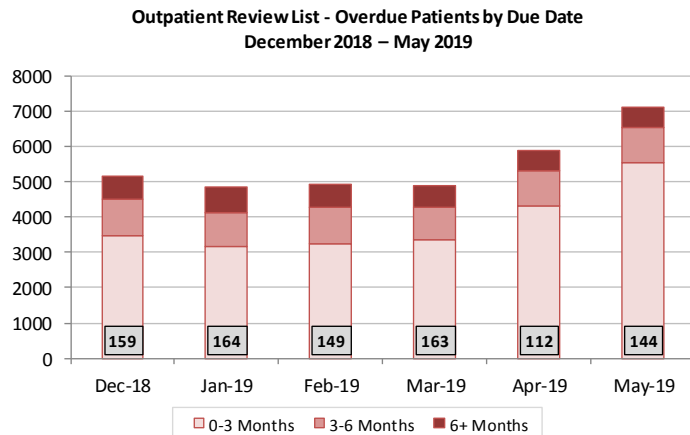
Data Notes:
1. The figure shown in the grey box on the chart denotes the longest waiter in weeks at the point the snapshot was taken.
2. Clinical Genetics specialties have been included in the review list data from April 2019.

Lead: Ruth Brown	Timescale: Monthly

Key Issues:

- The volume of patients who became overdue on the outpatient review list has increased during recent months. This is largely attributable to Clinical Genetics activity which is now being managed on the Trust's main PAS system.

Key Actions:

- Work is currently being undertaken to develop a Trust-wide process for the long-term management and ongoing clinical review of overdue review patients.

Specialties ranked by % of patients on the review list who are overdue
(Latest Snapshot: 31/05/2019)

Division	Local Specialty	% Overdue	Total Overdue	Longest Wait (Weeks)
PDG	Clinical Genetics - Awaiting Information	100.00%	1	4
MEDicine	Paediatric Dietetics	66.67%	32	11
PDG	Clinical Genetics Clinical Activity	61.25%	1236	13
MEDicine	Neuro-Disability	41.73%	1464	144
PDG	Ehlers Danlos Syndrome	41.67%	5	0
MEDicine	Immunology	33.39%	186	30
MEDicine	TB	32.61%	15	17
Surgery & Critical Care	PSU Peripheral Clinic	31.60%	206	93
MEDicine	Neurofibromatosis	28.36%	19	26
MEDicine	Sleep Clinic	27.57%	59	29
MEDicine	Dermatology	27.17%	275	30
MEDicine	Paediatric Neurology	26.00%	293	32
MEDicine	Phenylketonuria	25.81%	8	10
Surgery & Critical Care	Refraction	25.44%	215	20
MEDicine	Lipid	25.42%	30	31
MEDicine	Paediatrics	24.12%	164	12
MEDicine	Metabolics	21.52%	34	16
MEDicine	Hearing Services - Audiology	20.12%	330	13
MEDicine	Allergy	18.79%	526	31
Surgery & Critical Care	Ophthalmology	18.26%	221	62
Surgery & Critical Care	ENT	17.99%	311	41
MEDicine	Gastroenterology	17.20%	300	27
Surgery & Critical Care	Plastic Surgery	16.98%	36	17
Surgery & Critical Care	Scoliosis	16.38%	116	74
MEDicine	Epilepsy Nurse Clinic	15.38%	16	24
MEDicine	UTI/Daytime Wetting	14.89%	7	7
MEDicine	Rheumatology	14.60%	40	11
MEDicine	Paediatric Nephrology	13.68%	65	12
MEDicine	Endocrinology	13.42%	127	40
Surgery & Critical Care	Paediatric Surgery	11.87%	136	48
MEDicine	Respiratory	11.81%	154	32
MEDicine	Cardiology	10.51%	80	14
Surgery & Critical Care	Orthoptic	10.35%	89	63
MEDicine	Cystic Fibrosis	9.38%	3	0
MEDicine	Clinical Haematology	9.09%	4	0
Surgery & Critical Care	Trauma and Orthopaedics	8.72%	208	45
MEDicine	Continence Service	7.21%	43	8
MEDicine	Community Paediatrics	5.82%	34	13
Surgery & Critical Care	Neurosurgery	5.06%	16	19
MEDicine	Constipation	3.85%	2	0
Surgery & Critical Care	Pain Clinic	3.19%	9	0
Surgery & Critical Care	Limb Reconstruction	3.03%	6	3
MEDicine	Metabolic Bone Disease	2.76%	7	25
Surgery & Critical Care	Burns	1.85%	1	46
MEDicine	Home Oximetry Test	1.16%	1	1
MEDicine	Haemophilia	0.88%	1	21

Outpatient Clinic Utilisation

The data and graph below show the utilisation rates for outpatient clinics at trust level.
Notes:
Utilisation rate is calculated by the following method: Total Attends / Total Slots.
Missing Attendance Indicator refers to where it has not yet been recorded on the system whether the patient attended or not.

Trust Total													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative Position
Attends	82.24%	79.79%											80.94%
Was Not Brought (WNB)	9.80%	10.30%											10.06%
Patient Cancellations - On the Day	1.66%	1.85%											1.76%
Patient Cancellations - 24 - 72 Hours Notice	0.87%	1.13%											1.01%
Missing Attendance Indicator	0.00%	0.01%											0.00%
Vacant (Patient Cancellations >72 Hours Notice	0.69%	0.82%											0.76%
Vacant Slots (Never Booked)	4.74%	6.10%											5.46%
Current Year Utilisation (%)	82.24%	79.79%											80.94%
Target Utilisation (%)	82.50%	82.50%	82.50%	82.50%	82.50%	82.50%	82.50%	82.50%	82.50%	82.50%	82.50%	82.50%	82.50%
Previous Year Utilisation (%)	78.70%	78.03%	80.25%	77.03%	76.66%	78.55%	79.85%	79.33%	76.05%	79.70%	79.53%	81.22%	78.81%
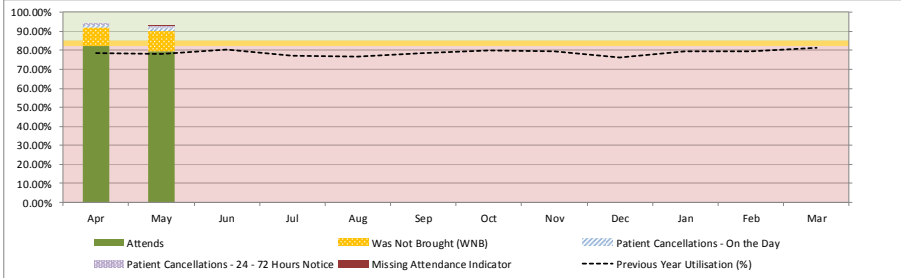
Lead: Ruth Brown | **Timescale: Monthly**

Key Issues:
- During May, outpatient clinic utilisation was 79.79%.
- The Trust target against this standard was increased to 82.5% as of April.

Key Actions:
- Clinic utilisation is continuing to be reviewed on an on-going basis as part of the Modernising Outpatients Programme.
- 'Forward look' meetings continue between the Outpatient Service and clinical divisions to review and address future capacity issues on an on-going basis.
- The Netcall automated clinic utilisation module continues to support the process to maximise utilisation in addition to the Outpatient team actively making contact with parents and carers.

Theatre Utilisation

The data is calculated based on elective lists only and excludes Audit and Bank Holiday Lists, and any MRI lists or external theatre activity.
Where a list is scheduled to run all day, these are counted as 2 sessions.
Theatre Utilisation shows the percentage of time used in theatre (touch time) of the total planned theatre time. Touch Time has been calculated using the minutes between Enter Anaesthetic Room and Enter Recovery. This is in line with the national methodology used by NHSI and Four Eyes.
Planned Theatre Time has been calculated by counting all day lists as 420 mins and AM/PM lists as 210 mins.

Theatre Utilisation

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Current Year	83.0%	84.6%										
Previous Year	83.6%	85.0%	85.0%	83.4%	87.0%	83.3%	84.3%	82.5%	80.2%	80.5%	82.4%	85.3%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
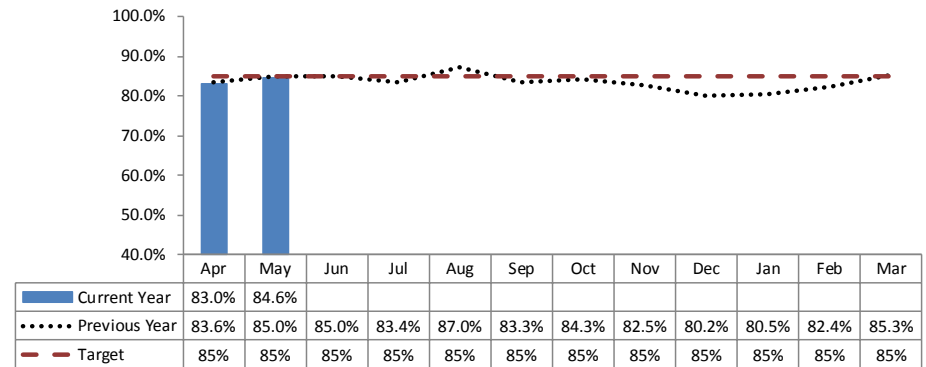
Lead: Ruth Brown | **Timescale: Monthly**

Key Issues:

- Theatre utilisation increased during May to 84.6% which is marginally below the Trust target of 85%.

Key Actions:

- Theatre utilisation continues to be monitored routinely and work to maximise utilisation and throughput undertaken on an ongoing basis.

17.0 Activity v Plan: Outpatients and Inpatients

Activity Performance – Outpatient Attendances (1st & FUp)

Outpatient Attendances (1st & FUp)

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Actual	16576	17927										
Plan	16540	17403										
Previous Year	15708	18487										
Variance From Plan	0.2%	3.0%										

Activity Performance - Elective Inpatients (IP & DC)

Elective Inpatients (IP & DC)

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Actual	1562	1559										
Plan	1591	1670										
Previous Year	1409	1682										
Variance From Plan	-1.8%	-6.7%										

Lead: Ruth Brown	Timescale: Monthly

Key Issues:

- Outpatient attendances at trust-level are currently above plan by 524 episodes.
- Elective inpatient and day-cases at trust-level are below plan by 111 episodes.
- Non-elective inpatients are above plan by 6 episodes.

Key Actions:

- Activity performance against plan is monitored at Divisional and Executive-level on an ongoing basis with actions taken to address activity levels throughout the year where required.
- It should be noted that the activity profile is set by working days and does not take into consideration heightened periods of leave such as Bank Holidays.

Activity Performance – Non-Elective Inpatients

Non-Elective Inpatients

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Actual	531	575										
Plan	535	569										
Previous Year	471	471										
Variance From Plan	-0.7%	1.1%										

Sheffield Children's **NHS**
NHS Foundation Trust

Agency Spend (£'000)

Agency Spend (£'000) - 2019/20
Cumulative Position
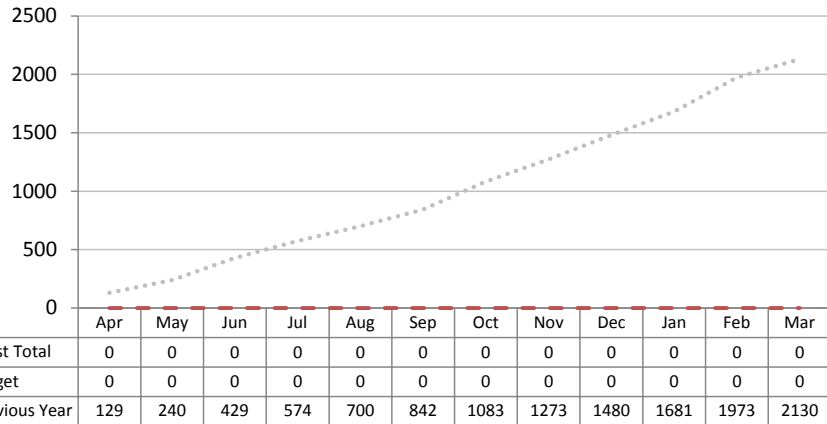
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust Total	0	0	0	0	0	0	0	0	0	0	0	0
Target	0	0	0	0	0	0	0	0	0	0	0	0
Previous Year	129	240	429	574	700	842	1083	1273	1480	1681	1973	2130

Please note: reporting may run a month in arrears.

Lead: Mark Smith	Timescale: Monthly

Key Issues:

Information not available at time of IPR being produced.

Key Actions:

Cash Balance (£'000)

Cash Balance (£'000) - 2019/20
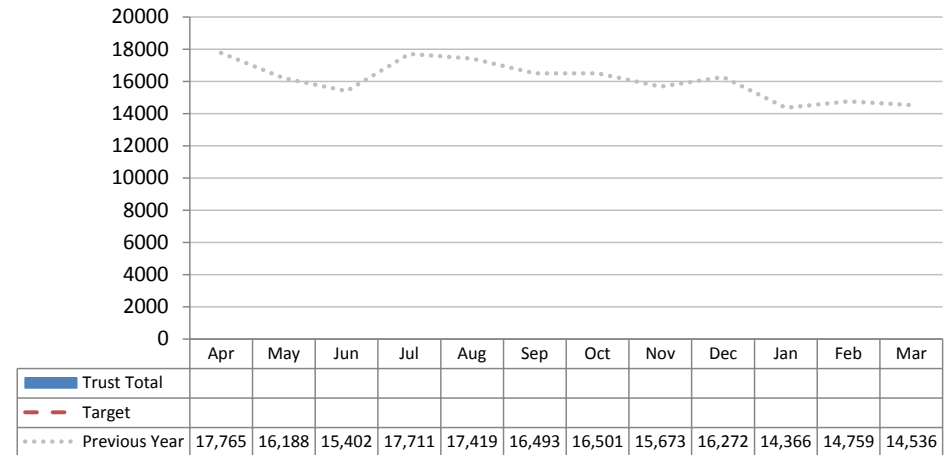
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust Total												
Target												
Previous Year	17,765	16,188	15,402	17,711	17,419	16,493	16,501	15,673	16,272	14,366	14,759	14,536

Please note: reporting may run a month in arrears.

Lead: Mark Smith	Timescale: Monthly

Key Issues:

Information not available at time of IPR being produced.

Key Actions:

18.2 Finance – Income and Expenditure & CIP

Sheffield Children's **NHS**
NHS Foundation Trust

Income & Expenditure position
(against control total) £'000 ((surplus)/deficit))

Income & Expenditure (against control total) £'000 ((surplus)/deficit)) - 2019/20 Cumulative Position
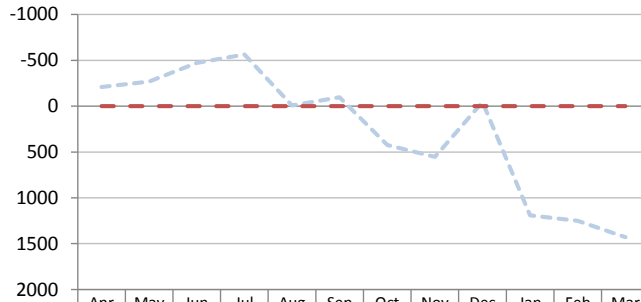
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust Total (Cumulative)	0	0	0	0	0	0	0	0	0	0	0	0
Previous Year (Cumulative)	-210	-268	-472	-564	-7	-97	423	554	-45	1192	1250	1430
Plan/Control Total (Cumulative)	0	0	0	0	0	0	0	0	0	0	0	0

Please note: reporting may run a month in arrears.

Lead: Mark Smith	Timescale: Monthly

Key Issues:

Information not available at time of IPR being produced.

Key Actions:

Cost Improvement Programme
(£ Delivery (£'000) and Percentage Delivery (against YTD profiles plan))

Cost Improvement Programme - 2019/20 Cumulative Position
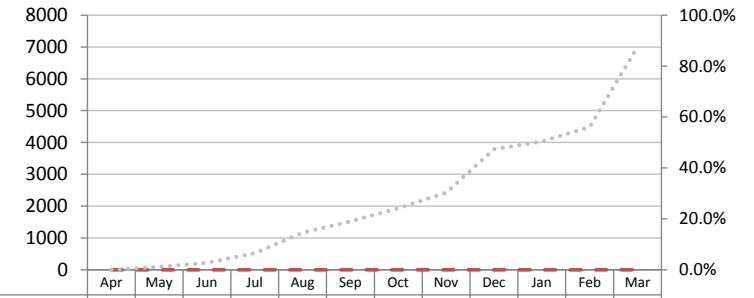
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
£ Delivery (£'000)	0	0	0	0	0	0	0	0	0	0	0	0
Percentage Delivered	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Target £ Delivery (£'000)	0	0	0	0	0	0	0	0	0	0	0	0
Previous Year £ Delivery	0	92	221	521	1161	1519	1933	2422	3787	4033	4490	7002

Please note: reporting may run a month in arrears.

Lead: Mark Smith	Timescale: Monthly

Key Issues:

Information not available at time of IPR being produced.

Key Actions:

19.1 CQUIN
TRUST BOARD PART 1

7. 156/19 CHIEF EXECUTIVE REPORT AND IN...

Sheffield Children's **NHS**
NHS Foundation Trust

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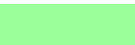
Success Stories:

CCG2: Staff Flu vaccinations	Building on the success of last year initial plans have already been made to look at how further improvements can be made.

Action Required:

PSS15: Paediatric Movement Therapies	There is a lack of clarity on the deliverables of this CQUIN. Clarification is being sort with NHSE, however the result is that Q1 triggers can not be met and the financial implications need to be adjusted. The Board is asked to note the clarity required of NHSE before delivery can be agreed.

Division	CQUIN	SRO	RAG Status	Key Deliverables	Risks & Mitigations	Projected Finance Risk, £				Total Projected Finance Risk, £
						Q1	Q2	Q3	Q4	
CWAMHs	CCG5a: Mental Health Data Quality (Quality Maturity Index)	Laurence Green		Achieving a score of 95% in the MHSDS Data Quality Matrix Index (DQMI)	Baseline has been established (79%) and action plan is being developed, however this needs to be delivering 95% by Q2, which is challenging.	19,142	19,142	19,142	19,142	76,567
	CCG5b: Mental Health Data Quality (Interventions)	Laurence Green		Achieving 70% of referrals where the 2nd attended contact takes place between Q3-4 with at least one intervention (SNOMED CT procedure code) recorded using between the referral start date and the end of the reporting period.	An action plan will be developed by the end of Q1, including the development of a SOP and implementation of recording processes. Engagement of clinical staff will impact the delivery of this CQUIN.			38,284	38,284	76,567
	CCG: CWAMH KPI Improvement	Laurence Green		The SCCG has proposed improving performance in KPI 1.1 (Percentage of non-urgent/non-emergency referrals triaged by the end of the next operational day following receipt).The target by March 2020 is 95%. KPI 1.3 is also a CQUIN target of 92% by March 2020, this is the percentage on non-urgent/non-emergency referrals to be assessed within 8 weeks of referral.	This CQUIN has not been RAG rated as it has not been confirmed. The CQUIN will be agreed after the work on CWAMH sustainability has concluded in July.			76,567	76,567	153,134
	Health & Social Justice: Reduction in suicide rate within CAMHS (Aldine House)	Laurence Green		Health & Social Justice have asked the provider of health care services at Aldine (SCH) to develop services for those at risk of suicide or self-harm, ensuring that they meet the relevant NICE guidance. There are 7 components to this CQUIN. Q1 includes a gap analysis and action plan development to be delivered by Q4 with sustainability plans.	Negotiations with Debbie Hemming underway as to validity of the CQUIN for SCH.	697	697	697	697	2,790
CWAMHs Total						19,839	19,839	134,690	134,690	309,058

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19.2 CQUIN - Continued

TRUST BOARD PART 1

7. 156/19 CHIEF EXECUTIVE REPORT AND IN...

Sheffield Children's NHS
NHS Foundation Trust

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Division	CQUIN	SRO	RAG Status	Key Deliverables	Risks & Mitigations	Projected Finance Risk, £				Total Projected Finance Risk, £
						Q1	Q2	Q3	Q4	
MEDicine	PSS15: Paediatric Movement Therapies	Dave Threlfall		Provide a comprehensive network in each region for assessment and management of muscle tine difficulties and musculo-skeletal deformity in children, secondary to central nervous system disorders such as Celebral Palsy or ABI (5 Triggers)	There is a lack of clarity on the deliverables of this CQUIN. Clarification is being sort with NHSE, however the result is that Q1 triggers can not be met and the financial implications need to be adjusted.	40,000	40,000	40,000	40,000	160,000
	SCCG: Special Educational Need and Disabilities and/or Neurodisability	Ruth Brown		Either 1 or 2 schemes to be communicated for consideration by end April and agreed by 1st June 2019 with payment/delivery starting in Q2. Potentially around delivery of SEND recommendations after CQC and Ofsted review across Sheffield.	This CQUIN has not been RAG rated as it has not been confirmed. The CQUIN will be agreed after the work across Sheffield following the Ofsted and CQC inspections has concluded over the Summer.		102,089	102,089	102,089	306,268
MEDicine Total						40,000	142,089	142,089	142,089	466,268
PDG	PSS1: Medicine Optimisation and Stewardship (1a&b)	Joanne Wragg		1. *Improving efficiency in the IV chemotherapy pathway from pharmacy to patient* – reducing chemotherapy waste. 2. *Managed access agreement compliance* - ensuring data requirements are met so that the real-life value of these medicines can be assessed. 3. *Supporting national treatment criteria through accurate completion of prior approval proformas (Blueteq)* - reducing unwarranted clinical variation between centres. 4. *Faster adoption of prioritised best value medicines and treatment* – improving the rate of adoption at a local level. 5. *Anti-Fungal Stewardship* - Reduce inappropriate use of anti-fungal agents and prevent the development of resistance to antifungals through the development of anti-fungal stewardship teams.	Confirmation from NHSE and Pharmacy Leads on Trigger 1 and 3 relevance to SCH still to be agreed. Remaining Triggers are in hand.	60,777	60,777	60,777	60,777	243,106
PDG Total						60,777	60,777	60,777	60,777	243,106
Total for all CQUINs						120,616	222,705	337,555	337,555	1,018,432

The project is on track to being delivered on time and within budget. Full year financial forecast is 100%.

There are problems but they are under control. Each milestone within the project has been RAG rated. Amber milestones which are pass/fail are forecast 100% financial achievement. Those with partial payment are forecast 50% financial achievement.

There are major issues for which there is currently no resolution. Full year financial forecast reduced to £0.

20.0 IPR Changes Summary (May 2019)

The content of the Integrated Performance Report is under constant development and content included can vary from month to month. The below details the changes made from the previous IPR:

Metrics added to the high level summary
Number of Freedom to Speak Up Contacts responded to within 10 working days
Number of new studies that opened in the month
Total number of open studies in the month
Number of patients recruited into studies in the month
Number of grants awarded to researchers in the month

Metrics updated
Number of C.Diff Cases - target changed from 2 to 12
Number of Actions Outstanding from Serious Incident/Never Event Action Plans - Renamed to "Number of Actions Outstanding from Serious Incident/Never Event Action Plans that are Overdue"
Sickness Absence (percentage of time lost) - target changed from 4% to 3.5%

Amendments to the report pages
Page 5 (High Level Dashboard) - metrics removed/amended as detailed above.
Page 8 (Safety & Patient Experience Indicators) - updated table with new C Diff target (12) and figures for April. Also added new notes for CDiff information.
Page 10 (Workforce) - Updated Sickness Absence chart with new 3.5% target.

Sheffield Children's **NHS**

NHS Foundation Trust

EXECUTIVE SUMMARY

Title	Month 2 May 2019 Financial Report		
Report to	**Board of Directors (Part 1)**	**Date**	**25 June 2019**
Executive Sponsor	**Mark Smith - Chief Finance Officer**		
Author	**Simon Alexander - Head of Financial Management**		
Purpose of report	**To provide to the Board of Directors the financial position at Month 2 of the financial year 2019-20 (May 2019).**		
			Please tick as appropriate
	Approval		
	Assurance		X
	Information		X

Executive summary –the key messages and issues
- The Trust has closed month 2 of the financial year with a surplus of £45k against its control total of £1.97m. The Trust position has mitigated CIP shortfall in month through vacancies and unspent Capacity planning funding.

How this report impacts on current risks or highlights new risks
- Trust CIP value of £7.9m represents significant risk to the financial plan. For the Trust to achieve its control total plans to deliver the full CIP value is crucial with the planned delivery to rise from October 2019 onward.

Recommendations and next steps
- The Board of Directors is asked to note the closing financial position at month 2 and the undelivered CIP value against target.

FINANCE REPORT TO THE TRUST MANAGEMENT BOARD 19th June 2019

Sheffield Children's NHS
NHS Foundation Trust

Summary	Activity	Income	Expenditure	CIP	Agency	Cash	Run Rate	Divisional

KEY MEASURES

	M2				YTD (May 2019)		
	Plan £m	Actual £m	Var £m		Plan £m	Actual £m	Var £m
I&E: Surplus/(Defict) Control total basis	(0.61)	(0.63)	(0.01)		(1.97)	(1.92)	(0.05)
Agency expenditure (NHSI Ceiling= Plan)	0.13	0.11	0.02		0.25	0.24	0.02
CIP	0.26	0.30	(0.04)		0.53	0.39	(0.13)
Cash balance					13.46	11.95	(1.52)
Income	(16.45)	(16.55)	0.10		32.37	32.51	0.14

INCOME AND EXPENDITURE SUMMARY

	M2				YTD (May 2019)		
	Plan £m	Actual £m	Var £m		Plan £m	Actual £m	Var £m
Income: Contracted	14.66	14.77	0.11		28.84	28.87	0.04
Income: Other	1.79	1.79	(0.01)		3.53	3.64	0.11
Total income	16.45	16.55	0.10		32.37	32.51	0.14
Pay	11.87	11.83	0.04		23.91	23.92	(0.00)
Non Pay	3.91	4.15	(0.24)		7.79	8.16	(0.36)
Total Expenditure	15.78	15.98	(0.20)		31.71	32.07	(0.37)
EBITDA	0.68	0.57	(0.10)		0.67	0.44	(0.23)
Non operating expenditure	1.14	1.01	0.13		2.33	2.01	0.32
Surplus/(Defict)	(0.46)	(0.43)	0.03		(1.67)	(1.57)	0.09
Less:items excluded form control total	0.15	0.20	(0.05)		0.30	0.35	(0.05)
Surplus/(Deficit) Control total basis	(0.61)	(0.63)	(0.01)		(1.97)	(1.92)	(0.05)

NHSi plan 2019-20 performance

Key issues:

• For the first two month of the financial year 2019-20 the Trust has achieved a £45k favourable position against its control total .

The year to date favourable Trust position of £45k is made up of:

£m
0.140 Income surplus

0.127 Pay surplus (£0.002m deficit inc CIP)
Nursing vacancies £380k (inc H.visitors)
Medical vacancies £196k
Balancing agency spend £409k

(0.364) Non Pay deficit
Drug expenditure £194k above plan (CPC income offset)
Lab equipment/consumables £123k above plan

(0.129) CIP shorfall YTD

0.321 Slippage in expenditure

(0.050) Control total adj.

0.045 Control total surplus/(deficit)

Key message:
The Trust has closed the first two month of the financial year achieving a £45k favourable position against its control of £1.97m deficit.
The Trust has been able to mitigate current shortfalls in the CIP programme through expenditure slippage and phasing. However identification and delivery of efficiency schemes remains a key risk at this point and is critical for the Trust's future financial performance.

Key action:
The Trusts financial plan phasing presents a challenge regarding expectations of clinical activity and CIP delivery in the last two quarters of the financial year.

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Summary	Activity	Income	Expenditure	CIP	Agency	Cash	Run Rate	Divisional

SLAM ACTIVITY (actual/£)	SLAM ACTIVITY (actual/£) Narrative

SLAM Income - 2018-19/20 (excluding drugs and devices)

Total Income performance by Commissioner M2:

Commissioner	Price Plan	Price Actual	Variance
CDF	12,655	6,295	(6,360)
Collaborative	10,010,318	9,891,024	(119,293)
Non Contract Account	203,360	150,080	(53,279)
NHSE	17,086,396	18,135,436	1,049,040
Overseas Visitors	9,283	10,127	844
Internal (Non Commissioned)	750,008	-	(750,008)
Private Patient	10,935	12,581	1,645
Grand Total	**28,108,333**	**28,213,606**	**105,273**

Key issues:

• Medical activity is £105k ahead of plan at M2 (exc. Drugs and devices).

Main areas of performance are :

• Outpatients £67k ahead of plan.

• Elective activity is £94k ahead of plan. Bone marrow transplant is £163k behind plan

• Accident and Emergency is £6k ahead of plan

Key actions:

• Divisions to ensure and highlight areas of risks with recruitment to capacity planning posts. The income plan is phased to accommodate additional capacity in the later part of the year dependent upon recruitment.

Owner:

All divisions

Sheffield Children's NHS
NHS Foundation Trust

Summary	Activity	Income	Expenditure	CIP	Agency	Cash	Run Rate	Divisional

SLAM ACTIVITY	SLAM ACTIVITY Narrative

Activity by POD 2017/18/19 (excluding Drugs and devices)

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
AE	3,617	4,610	5,409	5,333	4,963	4,533	4,614	4,833	4,477	5,095	4,960	4,927	3,363	4,567	5,206
DC	1,162	1,077	1,230	1,171	941	1,204	1,081	1,052	1,030	1,217	1,171	1,129	1,119	1,092	1,179
EL	389	438	427	452	380	420	546	454	392	590	638	436	479	441	456
NEL	949	1,162	740	680	731	607	894	917	501	1,075	792	589	512	773	773
OP	13,697	16,486	16,878	18,652	14,235	17,316	14,956	15,883	15,435	18,107	17,091	17,591	14,751	16,044	18,602
Other	5,819	5,439	5,933	6,340	5,187	6,357	5,938	6,048	5,938	5,777	5,921	5,728	5,757	5,116	6,342
Grand Total	25,633	29,212	30,617	32,628	26,437	30,437	28,029	29,187	27,773	31,861	30,573	30,400	25,981	28,033	32,558

Key issues:

• Outpatients saw an increase of 16% attendances in May 19 compared to the previous month. For the same period last year May-May the Trust saw a comparable increase of 10%.

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Summary → Activity → Income → **Expenditure** → CIP → Agency → Cash → Run Rate → Divisional

EXPENDITURE (Pay)

Trust: All staff groups Pay expenditure

Legend: Substantive, Agency, Plan 18·19, wte, 17·18 Actual

Trust: Nursing staff (inc HCA) Pay expenditure

Legend: Substantive, Agency, Plan 18·19, wte

Trust: Admin staff Pay expenditure

Legend: Substantive, Agency, Plan 18·19, wte

Trust: Medical staff Pay expenditure

Legend: Substantive, Agency, Plan 18·19, wte

EXPENDITURE (Pay)- Narrative
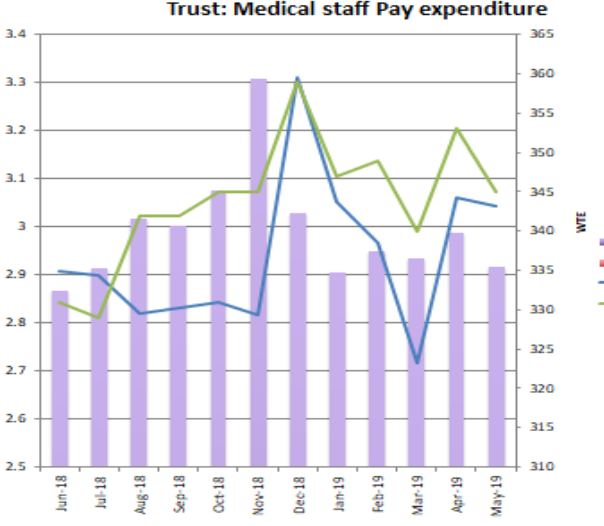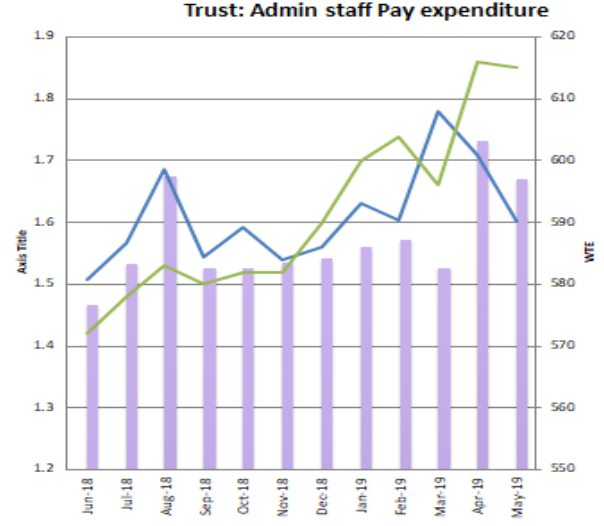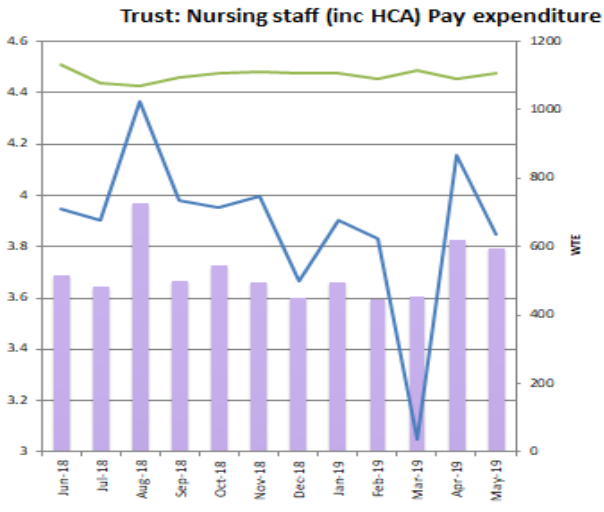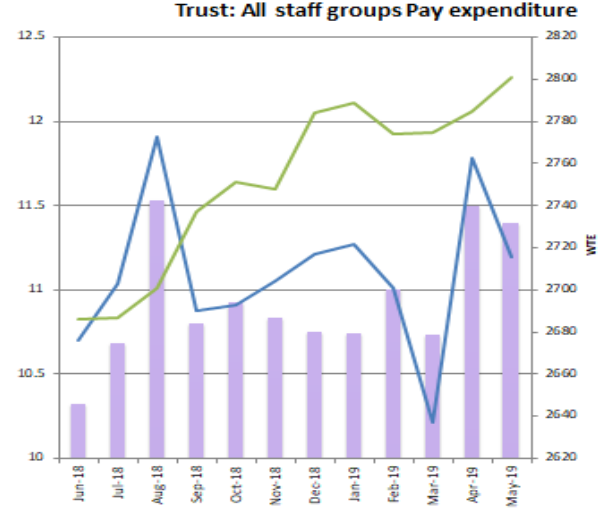
Key issues:

• Pay costs are breakeven (£3k surplus) compared to the planned expenditure at month 2.

• Removing unmet CIP targets this is £133k favourable. The capacity funding set aside has not been fully utilised by divisions to deliver the activity as services explore alternative delivery models to improve efficiency.

• Key Divisional Pay variances:

SCC £382k surplus (£438k removing CIP)
£114k Nursing vacancies and Cap planning posts slippage in recruitment.

Key actions:

• Recruitment in to agreed Financial planning posts for 2019-20 .

Owner:
• All Divisions to review.

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Sheffield Children's NHS
NHS Foundation Trust

Summary ⟩ Activity ⟩ Income ⟩ Expenditure ⟩ CIP ⟩ Agency ⟩ Cash ⟩ Run Rate ⟩ Divisional

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EXPENDITURE (Non Pay)

Trust: Non Pay expenditure

Legend: Plan / Actual
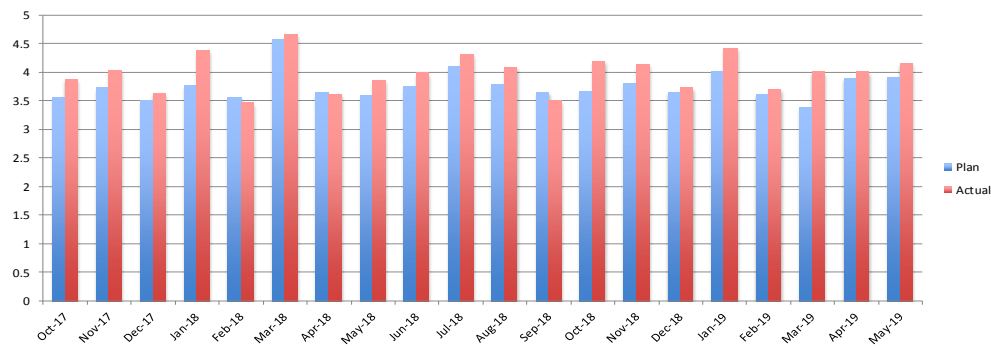
Key issues:

Non pay expenditure is £364k above plant for the first two months of the financial year 2019-20 as a result of:

• Lab equipment and materials £220k deficit to plan. (Activity offset in PDG division – income generation above plan)

• Services from other NHS organisations £60k deficit to plan – SLA values (Maintenance contracts, patient testing)

• Drug/Blood £60k deficit to plan (£144k Drug income surplus against cost per case plan).

Key actions:

• Divisions to ensure Procurement meetings are in place and actively seeking cost saving efficiencies.

Owner:
All Divisions/Procurement department

	M2			YTD (May 2019)		
	Plan	Actual	Var	Plan	Actual	Var
	£m	£m	£m	£m	£m	£m
Drugs/Blood	1.05	1.01	0.04	2.06	2.12	(0.06)
IT Software/Hardware	0.19	0.18	0.02	0.39	0.40	(0.01)
Medical/Laboratory equipment	0.65	0.86	(0.22)	1.32	1.51	(0.19)
Services from NHS organisations	0.50	0.51	(0.01)	1.00	1.06	(0.06)
Services from Non NHS organisations	0.14	0.15	(0.01)	0.29	0.29	0.00
Other	1.38	1.45	(0.08)	2.74	2.79	(0.05)
Total (Surplus/(Deficit))	3.90	4.15	(0.25)	7.79	8.16	(0.37)

Summary	Activity	Income	Expenditure	CIP	Agency	Cash	Run Rate	Divisional

CIP

2019-20 CIP Performance ('000)

Legend:
- Cumulative target
- Monthly actual
- Monthly Plan 2019-20
- Cumulative actual

Month 2 YTD May 2019

Division breakdown	Plan £'000	Actual £'000	Var £'000
CLINICAL SUPPORT	13		(13)
CWAMH	66	40	(26)
FINANCE	16	13	(4)
MEDICINE	172	152	(20)
PDG	52	59	7
RESEARCH	3		(3)
SCC	152	95	(57)
NON CLINICAL SUPPORT	43	21	(22)
HR	7	14	7
CENTRAL			
TOTAL	**524**	**394**	**(130)**
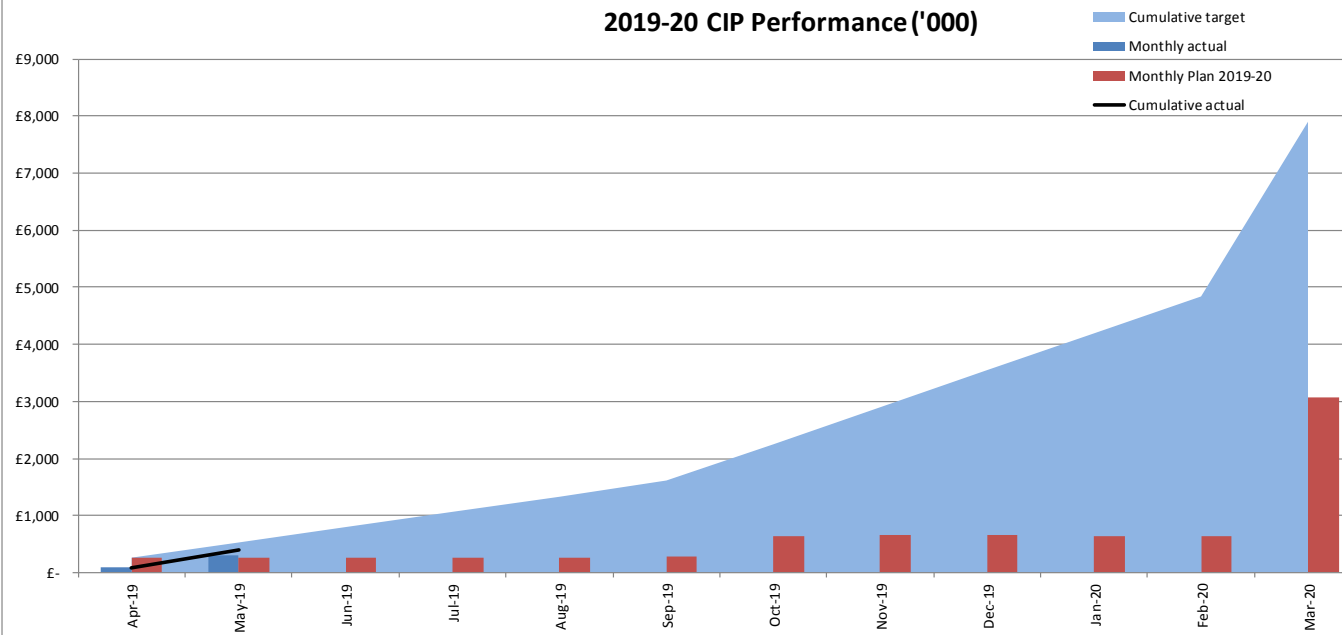
Key issues:

• The CP efficiency target for the Trust in 2019-20 is £7.9m.

• Delivery at month 2 of the financial year is £394k against a target of £524k. This represents a shortfall of £130k.

• The under delivered CIP resulting in £130k deficit for the month is partially offset by pay vacancies and unspent capacity planning funding.

• This element of the Trust's financial plan for 2019-20 is the most significant risk in terms of delivery.

• It should also be noted that the profile of CIP delivery is phased increasingly over the year resulting in greater delivery from Divisions/Trust as we progress through the financial year.

Key actions:

All Divisions to submit their current plans and mitigations to cover any shortfall against their Divisional CIP target on 14th June.

These are to be discussed at period 2 Performance reviews in June 2019.

Owner: All Divisions and Finance leads

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Summary	Activity	Income	Expenditure	CIP	Agency	Cash	Run Rate	Divisional

Divisional CIP by work stream (YTD)

Division	Workstream	Sum to May 2019
CSUP	Careful Money Management	
	Workforce	
CSUP Total		
CWAMH	Careful Money Management	38
	Enablers	
	Service Development	
	Workforce	2
CWAMH Total		40
Finance	Careful Money Management	13
Finance Total		13
HR	Careful Money Management	14
HR Total		14
MEDicine	Careful Money Management	
	Enablers	70
	Workforce	82
MEDicine Total		152
Non-Clinical inc IMT	Workforce	21
Non-Clinical Total		21
PDG	Careful Money Management	8
	Enablers	8
	Service Development	40
	Improving Flow	2
PDG Total		59
S&CC	Careful Money Management	54
	Enablers	6
	Service Development	
	Workforce	35
S&CC Total		95
Central	Careful Money Management	
Central Total		
Grand Total		394

Key issues:

- The Recovery and transformation board oversee productivity and efficiency schemes which contribute to the CIP target of the Trust and improve financial performance.

- Divisions and Workstreams to present at Performance reviews (June 2019) their currently secured schemes and plans identified to bridge any gaps against the target.

Owner: All Divisions and Finance leads

Sheffield Children's NHS
NHS Foundation Trust

| Summary | Activity | Income | Expenditure | CIP | Agency | Cash | Run Rate | Forecast | Divisional |

AGENCY EXPENDITURE

Expenditure to date

	Total Pay Spend £	Substantive/NHSP Pay £	Agency Spend YTD £	NHSI Target YTD £	NHSI Target £
MEDICINE	£6,705,928.65	£6,722,664	-£16,735	£74,052	£444,311
SURGERY & CRITICAL CARE	£5,634,270.48	£5,606,807	£27,463	£66,508	£399,048
COMMUNITY SERVICES & WAMH	£4,170,486.55	£4,082,258	£88,229	£44,572	£267,433
DIAGNOSTICS & PHARMACY	£2,555,724.27	£2,543,710	£12,015	£28,113	£168,676
FINANCE	£360,722.49	£281,145	£79,577	£3,515	£21,089
HUMAN RESOURCES	£1,162,371.96	£1,162,372	£0	£12,588	£75,525
CLINICAL SUPPORT	£944,242.48	£929,802	£14,441	£10,581	£63,488
NON CLINICAL SUPPORT	£1,097,663.57	£1,058,268	£39,395	£11,806	£70,834
RESEARCH INNOVATION & PROJECTS	£245,463.42	£245,463	£0	£2,766	£16,596
Total	**£22,876,874**	**£22,632,490**	**£244,384**	**£254,500**	**£1,527,000**

Analysis of Agency Spend by Type Month 2 2019-20
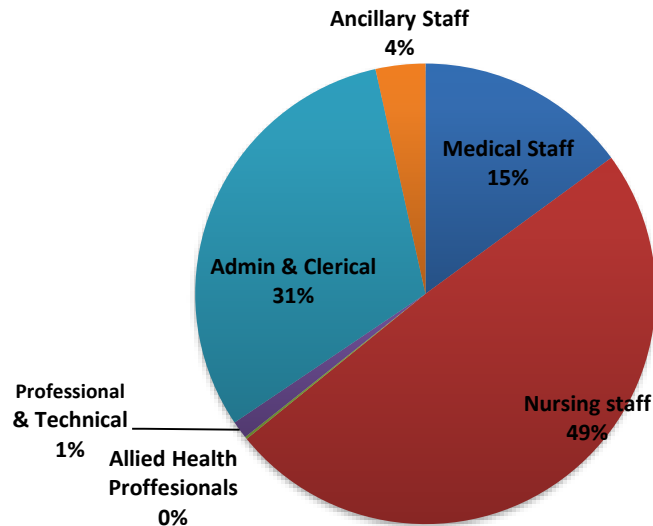
- Ancillary Staff 4%
- Medical Staff 15%
- Admin & Clerical 31%
- Professional & Technical 1%
- Allied Health Proffesionals 0%
- Nursing staff 49%

AGENCY EXPENDITURE - Narrative

Key issues:

• Agency spend for the year to date is £224k which is below the NHSi target ceiling for the year of £1.527m.

•The NHSI Trust ceiling of £1.527m is a decrease from the previous financial year target of £3.4m representing a significant challenge for 2019-20.

Key actions:

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FINANCE REPORT TO THE TRUST MANAGEMENT BOARD 19th June 2019

Sheffield Children's **NHS**
NHS Foundation Trust

| Summary | Activity | Income | Expenditure | CIP | Agency | Cash | Run Rate | Divisional |

Cash Balance, £'m	31st May	In Month Movement, £'m	Total In YTD	Total Out YTD	Movement YTD	Ave Monthly Gain / (Loss)
	11.95	-2.97	31.91	34.51	-2.60	-1.30

Cash Position

Cash position chart (£'m), monthly values:

Feb 21.87, Mar 20.95, Apr 17.77, May 16.25, June 15.40, Jul 17.78, Aug 17.42, Sept 16.49, Oct 16.90, Nov 15.67, Dec 16.27 (2018); Jan 14.36, Feb 14.76, Mar 14.54, Apr 14.92, May 11.95, June 12.60, July 12.66, Aug 11.55, Sept 9.72, Oct 10.45, Nov 10.52, Dec 9.85 (2019); Jan 10.19, Feb 9.47, Mar 9.97 (2020)
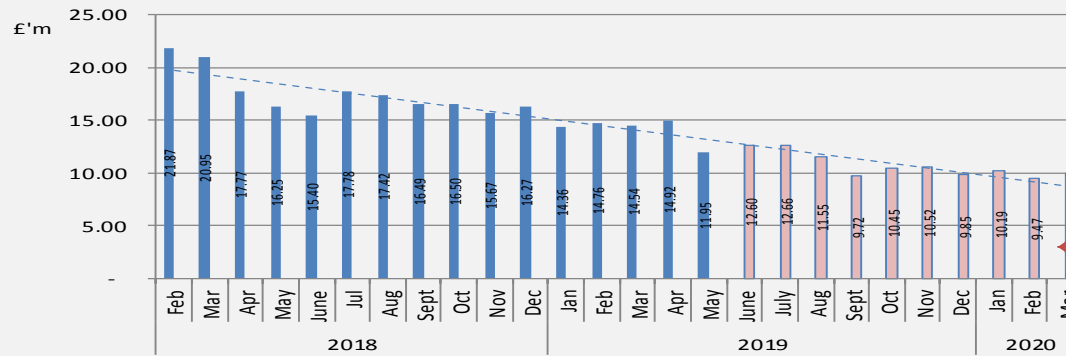
■ Forecast projection based on submitted NHSI plan
♦ Downside cash balance: excludes CIP achievement (£7m) & PSF achievement (£1.8m)

Key Risks

- Closing cash balance reduced on NHSI plan. Updated forecast being developed for Q1.
- £2.97m reduction in net cash balance in month, Health Education monies not received and contract performance receipts low. Outgoings static on prior period.
- PSF achievement into 2019/20
- Ability to cover operating costs (liquidity) diminishing
- 2019/20 capital programme limited to essential spend
- Creditor payment terms continue to be stretched, impacting on supplier relationships
- Limited ability to influence NHS debt due to widespread systemic cash flow issue
- £1.83m unprocessed creditor invoices accrued in closing finance position

Cash Flow Summary

2019/20	£'m
Opening cash balance b/f	14.5
Operating surplus/(deficit)	- 1.1
Depreciation and amortisation	0.9
Capital donations (cash and non-cash)	- 0.1
(Increase)/decrease in receivables	10.1
(Increase)/decrease in other current assets	- 11.0
(Increase)/decrease in inventories	- 0.2
Increase/(decrease) in trade and other payables	0.2
Increase/(decrease) in other liabilities	0.0
Increase/(decrease) in provisions	0.2
Other movements in operating cash flows	- 0.2
Interest received	0.0
Purchase of PPE and investment property	- 0.5
Loans from DHSC - repaid	- 0.4
Interest paid	- 0.2
Closing Cash Balance - May 2019	11.9

Cash Due

Payables	£'m
Outstanding Debt	8.66
Receivables	
Outstanding Credit	6.47
Net Due	-2.18

NHSI Metrics

Metric	Score	NHSI Risk Rating	18/19 Comparator	Target
Liquidity (Days) (4)	14.1	1	18.5	1
Capital Service Cover (Ratio) (5)	0.4	4	2.3	4

Ratios

Ratio	Score	✓ / ✗	Target
Current Ratio (1)	1.51	✓	1<>2
Quick Ratio (2)	1.35	✓	1<>2
Gearing (3)	65%	✗	25-50%

Key

(1) Current Assets / Current Liabilities – ability to pay debts as fall due (Ideal: 1<>2)
(2) Current Assets (less inventories) / Current Liabilities – per above, less liquid assets removed
(3) Loan debt / equity – amount of existing equity required to pay of debts
(4) Working Capital Balance / Operating Expenses x Days - Days of operating costs held in cash /cash equivalents
(5) Available revenue / debt repayments, PDC dividend & finance costs
 - ability to cover debts

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Sheffield Children's NHS — NHS Foundation Trust

Summary	Activity	Income	Expenditure	CIP	Agency	Cash	Run Rate	Divisional

CASHFLOW FULL YEAR					2018					2019			
Month Ending	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
RECEIPTS													
Monthly block Contract Payments	12.96	12.96	12.96	12.96	12.96	12.96	12.96	12.96	13.74	13.05	13.05	13.05	13.05
Learning Development (PGME)	0.37	0.37	0.51	0.37	0.00	0.98	0.40	0.51	0.00	0.93	0.53	0.51	0.00
VAT Recovery	0.00	0.14	0.05	0.10	0.26	0.05	0.00	0.19	0.09	0.09	0.13	0.45	0.08
Provider Sustainability Funding (performance related)			3.63		0.52			0.70			1.05	0.37	
Other Income (Contract Performance, Labs, R&D, Charity)	3.12	2.15	0.77	1.89	1.75	2.08	1.46	2.47	2.16	2.22	3.34	3.04	1.02
PDC Drawdown							0.00	0.00	0.00	0.00	0.00	0.00	0.00
General Office cash receipts	0.07	0.04	0.12	0.08	0.04	0.11	0.10	0.05	0.07	0.05	0.09	0.21	0.12
Loan Receipts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.13	0.00	0.00
Petty Cash Floats	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RBS Interest	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Total Receipts	**16.54**	**15.68**	**18.04**	**15.42**	**15.55**	**16.19**	**14.93**	**16.90**	**16.06**	**16.35**	**19.33**	**17.64**	**14.28**
PAYMENTS													
General Office miscellaneous salary deduction payments	0.01	0.00	0.01	0.01	0.02	0.03	0.01	0.01	0.01	0.01	0.01	0.02	0.01
Manual Cheque / Cheque run creditor payments	0.00	0.01	0.01	0.00	0.01	0.00	0.00	0.00	0.02	0.01	0.00	0.01	0.04
Payroll Deductions	0.05	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.00	0.03	0.03	0.06
General Office petty cash payments	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Co-Op Bank miscellaneous payments	0.04	0.03	0.04	0.02	0.02	0.03	0.05	0.05	0.05	0.05	0.07	0.05	0.08
Unpresented Cheques													0.01
Creditor Payments (inc capital spend)	6.80	5.86	4.74	4.61	4.03	5.16	4.05	5.09	6.64	5.02	7.20	0.02	4.85
Monthly Salaries	5.95	6.00	6.06	6.38	6.15	6.19	6.20	6.22	6.24	6.23	6.20	5.71	6.40
PAYE / NI Payments	2.58	2.56	2.54	2.62	2.84	2.66	2.69	2.76	2.66	2.68	2.67	6.61	2.91
Superannuation Payment	1.78	1.79	1.77	1.82	1.96	1.83	1.88	1.88	1.87	1.88	1.87	2.64	1.99
Capital Additions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.86	0.00
NHSLA	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20			0.00	0.26
Computershare	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.26	0.05
Loan Repayments - Principal	0.40			0.01	0.53	0.00		0.40	0.00	0.12	0.01	0.53	0.05	0.40
Loan Repayments - Interest	0.19		0.20	0.00	0.33	0.00	0.19	0.00	0.08	0.00	0.32	0.00	0.19
Bank Charges & Interest Payable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PDC Dividend					0.23					0.00	0.58	0.00	0.00
Carbon Reduction					0.07						0.00		
Total Payments	**18.05**	**16.53**	**15.66**	**15.77**	**16.48**	**16.18**	**15.76**	**16.30**	**17.97**	**15.95**	**19.55**	**17.27**	**17.25**
Net receipts less payments	**-1.51**	**-0.85**	**2.38**	**-0.36**	**-0.93**	**0.01**	**-0.83**	**0.60**	**-1.91**	**0.39**	**-0.21**	**0.37**	**-2.97**
Total cash brought forward from previous month	17.77	16.25	15.40	17.78	17.42	16.49	16.50	15.67	16.27	14.36	14.76	14.54	14.92
Total cash carried forward to next month	**16.25**	**15.40**	**17.78**	**17.42**	**16.49**	**16.50**	**15.67**	**16.27**	**14.36**	**14.76**	**14.54**	**14.92**	**11.94**
Breakdown of closing month end balances :													
Co-op Reserve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.07	0.00
Co op	0.06	0.04	0.06	0.06	0.05	0.06	0.07	0.03	0.04	0.03	0.07	0.08	0.07
General Office Petty Cash	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
RBS	16.18	15.36	17.71	17.35	16.44	16.43	15.60	16.23	14.32	14.72	14.46	14.76	11.87
	16.25	**15.40**	**17.78**	**17.42**	**16.49**	**16.50**	**15.67**	**16.27**	**14.37**	**14.76**	**14.54**	**14.92**	**11.95**

Summary	Activity	Income	Expenditure	CIP	Agency	Cash	Run Rate	Divisional

Debtor Analysis

Debtors Balance, £'m	31st May	In Month Movement, £'m	NHS	Overdue	Non-NHS	Overdue
	6.47	1.37	5.34	26%	1.13	74%

Overdue Non NHS Aged Sales Ledger Balances, £'m

- Over Term 31-90 Days
- Over Term 91-150 Days
- Above 151 Days

Overdue Non NHS Aged Sales Ledger Balances, £'m

- Over Term 31-90 Days
- Over Term 91-150 Days
- Above 151 Days
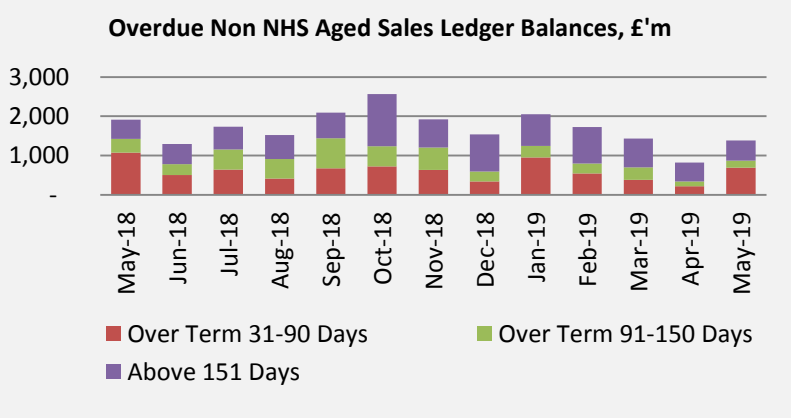
Key Debtor Balances Beyond Term

NHS (Trust to Trust)	£'m	Issue	Action
Sheffield Teaching	0.83	Creditor bal	Invoicing queries
NHS Sheffield	0.53	None	Invoice now paid since reporting date
Rotherham	0.30	Cash flow	Sales ledger to confirm payment dates

Non-NHS	£'m	Issue	Action
Uni. of Sheffield	0.19	Stephenson Unit	Large proportion of historic balance now cleared
Uni. Hosp. Wales	0.09	Labs, slow payer	Sales Ledger to chase
M&M insurance	0.05	Private Patient	Paying Patient Mgr addressing, update req'd

Debtor Days

In Month	Previous Month	YTD Average	18/19 Comparator
12	-	12	31

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Summary	Activity	Income	Expenditure	CIP	Agency	Cash	Run Rate	Divisional
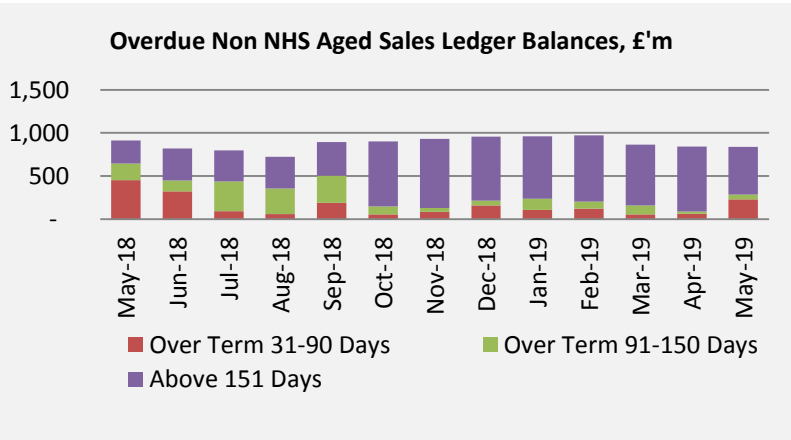
Creditor Analysis

Creditors Balance, £'m	31st May	In Month Movement, £'m		NHS	Overdue	Non-NHS	Overdue	Unprocessed Invoices (not in position)
	8.66	-0.01		4.29	81%	4.37	51%	1.83

Creditor Balances Due by Term

Categories: 121> Days, 91-120 Days, 61-90 Days, 31-60 Days, 1-30 Days, Within Term. Legend: Non-NHS, NHS. X-axis: 0, 500, 1000, 1500, 2000, 2500.
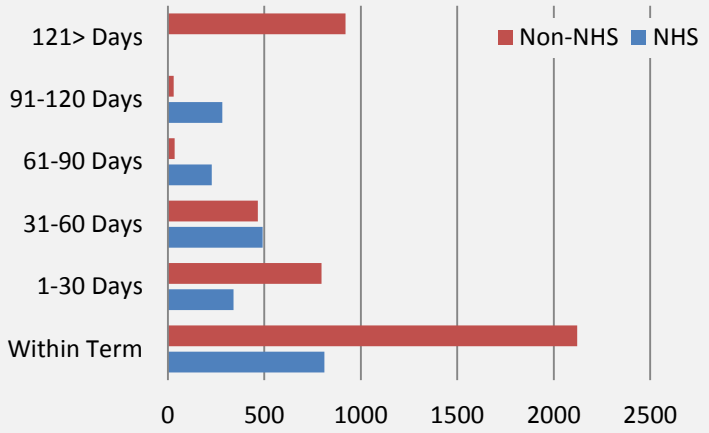
Key Creditor Balances Beyond Term

NHS (Trust to Trust)	£'m	Issue	Action
Sheffield Teaching	2.58	Debtor bal	Invoices in query - Mgmt Accs to investigate
Y&H Ambulance	0.32	Awaiting signature	Sign invoices when agreed
Doncaster & B'law	0.10	Lead Unit - issue unknown	To be investigated by Finance team

Non-NHS	£'m	Issue	Action
Simons	0.60	Awaiting signature	DoF sign off
WYG Engineering	0.49	Barred	Settlement agreed
HOLT	0.06	Invoice approval delays	Process to be reviewed by Finance / HR

NHSI Better Payment Practice Code

BPPC % of invoices paid within 30 day target	In Month	Previous Month	Movement
By volume	47%	0%	-
By value	63%	0%	-
NHS			
By volume	47%	0%	-
By value	70%	0%	-
Non-NHS			
By volume	40%	0%	-
By value	33%	0%	-

Creditor Days

In Month	Previous Month	YTD Average	18/19 Comparator
128	-	128	139

Creditor Days line chart. Y-axis: 120 to 160. X-axis months: April, May, June, July, Aug, Sept, Oct, Nov, Dec, Jan, Feb, Mar (18/19), April, May (19/20).

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Sheffield Children's **NHS**
NHS Foundation Trust

| Summary | Activity | Income | Expenditure | CIP | Agency | Cash | Run Rate | Divisional |

2018/19 Cumulative Capital Expenditure

- Actuals (Cum)
- Trust Plan (Cum)

Y-axis: £'000, X-axis: Month
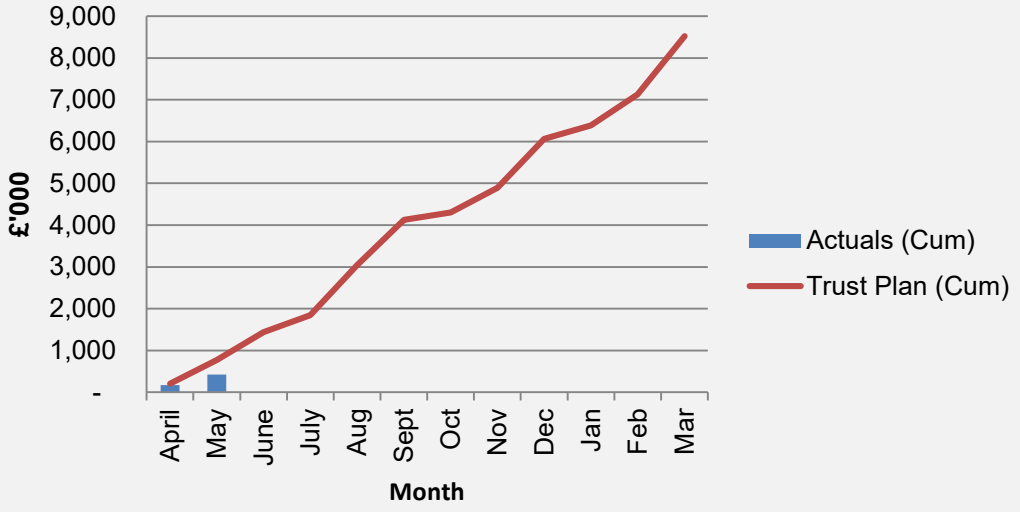
Key Issues and Risks

- 2019/20 Capital programme and profile agreed by Capital Investment Team after process of prioritisation
- Programme expenditure plan inclusive of major charity funded schemes
- Charity funded scheme expenditure anticipated to be £1.4m in year consisting of CAU completion, Major Trauma & Urgent Care works to commence and design phases for Ward 6 and Heliport
- Other major schemes of note include Aseptics Suite, Ophthalmology expansion and IM&T projects
- IM&T projects match funded by PDC draw down
- Declining Trust cash position benefitting from current lower capital spend. Imperative significant creditor commitments are anticipated prior to due falling due.
- Funding for non-essential schemes will be allocated dependant on the evolution and stability of the Trust's cash position in the coming year

- Plan, %
- Exp of Plan YTD, %

Categories: CAU/ED/Oncology, Accommodation, CT Scanner UPS, Environment Enhancement, Facilities - Projects Staff, Facilities Specific Items / Projects -..., Health & Safety, Medical Gas Emergency Manifold, Medical Gas Hose replacement, Nurse call and bedhead services, Plant Improvement, Ryegate Assessment Heating, Theatre Chiller Replacement, General Medical Equipment..., CAMHS EPR, Cyber Security, Digital Outpatients, EDMS, IMT, NHS WiFi, Aseptic Unit replacement, Second Body Fridge, Medical Equipment - MEMG budget, Opthalmology expansion and...

Groups: Charity | Estates | General | IM&T | PDG | S&CC

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Summary	Activity	Income	Expenditure	CIP	Agency	Cash	Run Rate	Divisional

Divisional position versus plan 2019/20

	YTD at M2 19-20 £m		
	Plan	**Actual**	**Variance (deficit)/surplus**
Medicine	(3.19)	(2.85)	(0.34)
SCC	(1.81)	(2.37)	0.56
CWAMH	(0.36)	(0.20)	(0.17)
PDG	1.22	1.41	(0.19)
Finance	0.98	1.02	(0.05)
HR	0.50	0.50	0.01
Non Clinical	1.35	1.42	(0.07)
Research	0.05	0.04	0.00
Clinical support	1.65	1.61	0.04

8. 157/19 QUALITY COMMITTEE

Sheffield Children's **NHS**

NHS Foundation Trust

EXECUTIVE SUMMARY

Title	Quality Committee		
Report to	**Board of Directors (Part 1)**	**Date**	**25 June 2019**
Executive Sponsor			
Author	**Ms Patricia Mitchell, Non-executive Director, Chair of the Quality Committee**		
Purpose of report	To present to the Trust Board of Directors the key issues arising from the 17 June 2019 Quality Committee.		
			Please tick as appropriate
	Approval		
	Assurance		√
	Information		

Executive summary –the key messages and issues
All reports are available for members of the Board to view on Convene.

The following reports were noted by the Quality Committee for information/assurance;
- CQC Action Plan
- Monthly Clinical Quality Dashboard
- Update on Serious Incidents
- Discharge Summaries – Position Statement
- Annual Report from the Mortality Review Panel (including learning from deaths report)
- CAMHS Transformation Subcommittee
- Quarterly Safeguarding Report
- Quality Committee Annual Report

The committee received the following reports for information:
- Month 12 Integrated Performance Report
- Quality Impact Assessments
- Final Quality Accounts report 2018/19

From the Committee's consideration of agenda items presented for discussion it was agreed that the following would be reported to the Trust Board:

CAMHS Transformation Subcommittee
The committee received a verbal assurance report following the June subcommittee meeting. The committee sought confirmation of timescales for its individual operational workstreams by its next meeting, and the committee's oversight arrangements were outlined. The committee was keen to engage a parent/carer representative on its membership and a role profile had been developed. It was acknowledged it would be a challenge to fill this role, and mentoring and support would be offered as required, however some suggestions for suitable candidates would be explored.

Learning from deaths (Appendix A)
The committee receive the annual report from the mortality review panel, which included the learning from deaths report. The trust is required to publish this report on its website and the report is appended (Appendix A) for information, and would be published on the trust website

following the Board meeting. The related learning from deaths policy was also approved by the committee.

The committee was assured that learning from deaths would be disseminated in a number of different ways to achieve the 90 days target. In order to comply with the new process any additional resource requirements would be taken through the Executive Team.

Discharge summaries

The committee noted the good results showing following a "no discharge summary, no discharge" pilot of two areas, the process was embedding well into everyday practice within these areas. The committee supported the continuation of the project to the wider trust, and recommended to the Executive Team that this was rolled out further. Performance would continue to be monitored through the integrated performance report.

The committee accepted two actions allocated to it on the cross working actions report:

128/19 Chief Executive Report and Integrated Performance Report including Month 1 Finance Report:

i) The increase in unplanned emergency department (ED) re-attendance had risen to close to 10 per cent. The project to look at flow and processes in preparation for the development of ED was a good opportunity to review the processes around re-attendance. A re-audit would be scheduled and oversight of the issue would be managed through the QC in September.

ii) FRC had highlighted the significant increase in out of date medical guidelines, and recommended a different approach was taken. The clinical effectiveness process to manage guidelines was being strengthened. Divisions had been asked to provide realistic incremental improvement plans to achieve green for this measure. QC would be asked to oversee this issue. Similarly the Board noted that Non-executive review of policies was important as this gave independent challenge, however approval processes at other trusts would be compared. An options paper which allowed Non-executive scrutiny, and gave the best use of committee time would be brought to the July Quality Committee.

The committee approved the terms of reference for the:
• Drugs and Therapeutics Committee

The committee approved three policies:
• Child death reviews and learning from deaths policy
• The transition from children's to adult services policy
• Policy for quality impact assessments

How this report impacts on current risks or highlights new risks

Links to the Board Assurance Framework:

• Failure to effectively deliver healthcare impacts on the safety and quality of patient experience, regulatory compliance and loss of confidence of the wider community

Recommendations and next steps

The Trust Board is asked to:

(i)   Note the items for escalation from the meeting held on 17 June 2019.

SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST

MORTALITY REVIEW PANEL ANNUAL REPORT

2018-2019

Marilyn Whittle Head of Legal and Governance

07/06/2019

1. INTRODUCTION

The CQC paper, *Learning, candour and* accountability was published in December 2016. This document pressed for changes to the mortality review process. Following this paper the *National Guidance on Learning from Deaths* was published in March 2017. This publication confirmed what the key requirements would be for Trust Boards going forwards and confirmed what was expected from mortality reviews. The key requirements were that Trusts should; collect quarterly information on deaths, reviews, investigations and resulting quality improvement; update their policies; publish information quarterly to Board meetings; publish annual overview in Quality Accounts; ensure robust systems were in place for recognising, reporting and reviewing to ensure learning from deaths. It confirmed that reports should include the number of deaths in care, the number subject to case record review, the number investigated under the Serious Incident framework, the number reviewed/ investigated and considered more likely than not to be due to problems in care, themes and issues identified form review and investigation (including good practice), actions taken in response, actions planned and an assessment of the impact of actions taken. It noted that child death reviews had their own process.

In October 2018 HM Government produced the *Child Death Review Statutory and Operational Guidance*. This document now sets out the statutory requirements for reviewing child deaths which this Trust will be complying with within the next few months.

2. DEATHS

During 2018/2019 49 Sheffield Children's Hospital NHS Foundation Trust patients died. 33 of these patients were inpatients at the time of death. The following table shows the breakdown of these deaths:

	ICU	ED	Ward	Other Hosp	Resus	NSU	BBW/ Unknown	TOTALS
Q1	5			1	2		2	10
Q2	3	3			1		3	10
Q3	7	4	1				5	17
Q4	7		2			1	2	12
TOTALS	22	7	3	1	3	1	12	49

3. INVESTIGATIONS

By the end of March 2019 there had been 13 rapid response investiations, 2 serious case reviews, 4 serious incident investigations and 6 cases had been referred to the Coroner (only 2 of these have turned into full inquests).

	Serious Case Reviews	Rapid Response	SI Investigation	Referred to Coroner
Q1	2	4	1	3
Q2	0	3	1	1
Q3	0	6	2	2
Q4	0	0	0	0
TOTALS	2	13	4	6

Of the 49 patient deaths only 1 case met the MBRRACE criteria and was reported and 3 cases met LeDeR criteria.

20 ICU deaths have been reviewed in the ICU department M&M. Deaths in ED have been reviewed at their departmental M&M meetings.
8 deaths were discussed at the Trust Mortality and Morbidity Meetings.

4.   LESSONS LEARNT

A summary of what the Trust has learnt from case record reviews and investigations conducted in relation to the deaths is provided below:

- The clinical teams successfully recognised clinical deterioration despite the presence of 'normal' blood pressure readings during an ongoing resuscitation and successfully secured adequate central line access to manage this.
- Review of a case related to ring chromosome 18 identified this was a rare condition that occasionally may not cause any symptoms but can cause significant problems.
- The lack of palliative care services for young people aged 16 – 18 who are under adult services resulted in provision of palliative care that was ad hoc and difficult to manage.
- Nationally there are no commissioning arrangements for children who need palliative care services between the ages of 16 and 18 if they are being seen in the adult services, unless they are currently inpatients. The charities and district nursing do not provide this palliative care service. The Trust will raise this at national commissioning and CCG level.
- There were significant complexities in a decision making process related to a patient with a tracheostomy. The learning from this case was that if appropriate, a Limitation of Treatment Agreement, drawn up in collaboration with parents can assist when holding these very complex discussions.
- Parallel planning could be undertaken for patients to access a palliative care pathway while still continuing investigations into their condition. Currently untreatable diagnoses are very complex because of emerging treatments for some conditions: a case previously seen as futile may have a different prognosis in the future.
- The RCPCH guideline on making decisions to limit treatment in life limiting and life threating conditions in children is useful. Clinicians should be reminded to access this.
- Spinal cord compression can be a surgical emergency and in one case it was necessary to cancel planned MRI scans to accommodate this.
- The Trust has a spinal cord injuries pathway on the intranet. Of note, spinal cord injuries can cause sympathetic nerve problems which may result in catastrophic hypotension.
- One case exposed difficulties with chest drains which had fallen out and therefore to prevent large fluid losses, suturing of the drain is needed.
- One child had an episode of teeth grinding which can result in tooth loss within a few hours. This was an unusual symptom for which the aetiology was uncertain. Midazolam was useful and the case was managed with support from the Maxfax team and dental teams.

The Trust has learnt from the deaths. Following an inquest into one of the deaths there is to be discussion with the CCG regarding the funding for immediate response to patients aged 16-18 years who attend the Northern General Hospital requiring mental health input. As an interim measure, the Trust is being supported by the Mental Health Crisis team from Sheffield Health and Social Care

5.   UPDATE ON NEW PROCESS

In October 2018 HM Government produced the *Child Death Review Statutory and Operational Guidance*. This document now sets out the statutory requirements for reviewing child deaths.

Currently the Trust Mortality and Morbidity Meeting is organised by Lilias Alison, the Designated Doctor for Child Deaths for CDOP. There is no current Lead Professional for

Child Death at the Trust. Departmental Mortality and Morbidity Meetings are held in various departments where deaths occur and there is no standardised way to conduct the meetings across the Trust. Therefore, some will prepare written paperwork before the meeting; others will just do a presentation at the meeting. There are then discussions about the case at the M&M meeting which are minuted. This variance was noticed by the CQC at their recent inspection.

In order to comply with the new guidance the Trust has designed a new process for all deaths to be reviewed in the Trust. The Child Death Reviews and Learning from Deaths Policy has been approved at Executive Risk Management Committee and is awaiting ratification at the Quality Committee. The Child Death Review Guideline has been approved at the Clinical Audit and Effectiveness Committee. All the new forms to guide the process have been approved as part of the guideline and are currently being barcoded ready for use.

As part of the new process there is a Mortality Review Panel that meets bi-monthly to ensure the process is being followed within the Trust. At these meetings the relevant members will ensure all deaths are being recorded, the deaths are having the appropriate reviews at the departmental meetings and that any actions/ learning from these departmental meetings are SMART and disseminated accordingly. The Panel will identify relevant deaths to be discussed at the Trust Mortality and Morbidity Meetings and ensure that learning from deaths is distributed widely through the Trust by utilising the Patient Safety Group, M&M meetings and Divisional Governance Meetings. The Mortality Review Panel have undertaken their first meeting and the next meeting is due to take place in August 2019.

The Non Executive Director lead for the mortality review process is Patricia Mitchell.

9. 158/19 FINANCE AND RESOURCES COMMITTEE

Sheffield Children's **NHS**

NHS Foundation Trust

EXECUTIVE SUMMARY

Title	**Finance and Resources Committee**		
Report to	**Board of Directors (Part 1)**	**Date**	**25 June 2019**
Executive Sponsor			
Author	**Mr A Baker, Non-executive Director, Chair of the Finance and Resources Committee**		
Purpose of report	To present to the Board of Directors the key issues arising from the 19 June 2019 meeting of the Finance and Resources Committee.		
			Please tick as appropriate
	Approval		
	Assurance		√
	Information		

Executive summary –the key messages and issues

The following routine reports were noted by the Finance and Resources Committee for information/assurance:
 	
    o Month 2 Integrated Performance Report
 	
    o Update from the Recovery and Transformation Board
 	
    o Month 2 Headline Finance Report, Including Escalations from Cash Management Committee
 	
    o Quarterly workforce information report
 	
From the Committee's consideration of agenda items presented for discussion it was agreed that the following would be reported to the Board of Directors:
 	
Integrated Performance Report (IPR)
The committee reviewed the month 2 report, noting a number of areas that regularly did not quite achieve target. It was recognised this was a cultural issue and linked to the escalation process, and the need to satisfy ourselves on our internal management processes. Individual discussions would take place before a strategic board discussion to look at the cultural issues as a collective.
 	
The committee noted that a 6% dip in PDR compliance in comparison to the previous year when there had been a focussed effort to improve performance. Further investigation would take place to understand how this related to the annual cycle process. The committee also discussed mandatory and statutory training compliance to understand how IT functionality impacted on compliance. Further considerations would take place to get a better insight into this issue.
 	
Waiting Times
The committee received a position statement for all waiting times across the trust. The committee endorsed the recommendation to develop the IPR for July to report this performance. The paper on waiting times together with performance would be reported to Board from July. There was an ambition to incorporate these waiting times within 18 week wait performance, in line with best practice, in due course.

Month 2 finance report
The committee scrutinised the finance position at month 2, noting the trust was expected to provide assurance to NHSI on its CIP plans due to their concern relating to delivery of the control total by year-end. Plans had been requested from divisions however the committee noted concern that only two divisions had responded, this was being followed up by the Chief Finance Officer.

The trust had highlighted to the system that system support was required to achieve its control total and had been requested to provide a 5 year recovery plan, this was a risk as it had not been agreed how the system would support the trust, however the committee was informed the system were aware their support was needed.

The cash position was down £1.5m this month, this was due to non-payment by a key supplier. The cash committee would look to resolve this issue, and it was expected to get back on plan through management of payments. The Chief Finance Officer was asked to brief the Board on the issue, and highlight any issues regarding this supplier.

Centre for Child Health Technology
The committee received an update on the project, including funding and leasing options. The committee tentatively supported exploring conversations to get better clarity on the business case and governance arrangements, appropriate effort allowing, and supported exploring options to re-purpose plans for our own estate needs.

Insurance arrangements
The committee noted its insurance arrangements in place, subject to clarification of two areas.

Finance and Resources Annual Report
The committee reviewed its annual report and committee effectiveness and agreed a number of areas of improvement during 2019/20, these included consideration of (i) how the committee spends more time with key functions (ii) how to build in more reflection time.

The committee agreed to move two meetings in the year to Moorfoot, and hold a session with finance and HR teams to showcase areas. It was also agreed to develop a back to the floor programme for NEDs to attend divisional board meetings to raise the committee's visibility within the organisation.

Recovery and Transformation worforce workstream – deep dive
The committee had a useful discussion providing support to the risks and challenges faced by this workstream over the next three years, and highlighted the cultural challenge around mind set in divisions in relation to workforce planning and resourcing available to drive change.

The committee also discussed the creation and utilisation of an internal resource bank to replace agency and the committee would like to see some metrics on welfare and performance of this resource bank.

Workforce equality and diversity
The committee had a good conversation in relation to equality diversity and inclusion and supported the direction of travel, noting the challenge in engaging with networks. Alternative ways to engage with key protected characteristic groups would be explored.   This work would be highlighted to Council of Governors who might be able to offer support to champion some of these groups. The committee approved the terms of reference for the equalities forum subject to representation.

There were no actions for the committee to accept on the cross working report.

The committee approved the car parking policy on behalf of the Board.

How this report impacts on current risks or highlights new risks

- Risk that we do not maintain financial stability due to failure to deliver our financial plan or the negative impact of movement to a system-wide financial planning regime, resulting in requirements for additional CIPs or reduction in level and standard of services.

- Failure to ensure that the Trust has a motivated, suitably trained and engaged workforce

impacts on operational performance, transformational change and achievement of strategic objectives.

- Failure to ensure that the Trust recruits staff in the right numbers and with the appropriate breadth of skills and competencies to deliver high quality services now and in the future.

- Risk that insufficient leadership capacity and capability prevents necessary transformational change

- Failure to ensure that the required IT infrastructure and strategy is in place to deliver clinical services and support clinical strategy and transformation impacts on the Trust's ability to deliver services, improve quality and transform services.

- Failure to develop our leadership, management and governance arrangements to ensure delivery of sustainable high quality person-centred care, support learning and innovation, and promote an open and fair culture prevents the Trust from demonstrating it is a Well Led organisation

- Operational capacity constraints and failure to deliver transformation impact on our ability to deliver planned activity and manage demand impacting on operational efficiency, service quality and financial performance.

- Failure to manage the Trust's cash position would result in the Trust not being able to satisfy its obligations in respect of pay and non-pay costs.

Recommendations and next steps

The Trust Board is asked to:

- NOTE any key issues arising from the Finance and Resources Committee held on 19 June 2019.

10. 159/19 APPOINTMENTS TO BOARD COMMITTEES

Sheffield Children's **NHS**

NHS Foundation Trust

EXECUTIVE SUMMARY

Title	Appointments to Committee		
Report to	**Board of Directors (Part 1)**	**Date**	**25 June 2019**
Author	**Matthew Kane, Associate Director of Corporate Affairs**		
Purpose of report	**To present proposed changes to Non-executive appointments to Board Committees**		
			Please tick as appropriate
	Approval		**X**
	Assurance		
	Information		

Executive summary –the key messages and issues
Following the appointment of Richard Chillery to the Board with effect from 1 June 2019, the Chair has made revisions to the membership of Board committees. The revised list is attached to this report as an appendix.

The changes attached also effect the composition of the Finance and Resources Committee which will now have four non-executives instead of three (eight members in total).

Prior to formally amending the terms of reference for the Board committees at next month's Board of Directors, Board is asked to resolve to increase the non-executive complement of FRC to enable the new membership to have effect from 1 July.

In addition to Board Committee memberships, Board is also asked to note the following list of non-executive designations (including changes which are asterisked):

Designation	Non-executive
Deputy Chair	Peter Lauener
Senior Independent Director (inc Freedom to Speak Up NED role)	John Cowling
Chair of CAMHS Transformation Sub-Committee	Scott Green
Link NED for Governors	Patricia Mitchell
NED Lead for Emergency Planning	Scott Green*
NED Lead for Procurement	John Cowling
NED Lead for Learning from Deaths	Patricia Mitchell
NED Lead for Safeguarding and Transition	Peter Lauener
TCHC Trustee	Sarah Jones

How this report impacts on current risks or highlights new risks

N/A

Recommendations and next steps

The Board is asked to:

(a) Approve the appointments to Committees set out at Appendix A.

(b) Amend the terms of reference of Finance and Resources Committee to allow for four non-executive directors (including the chair).

(c) Note the Non-executive director designations in the report.

TRUST BOARD COMMITTEE STRUCTURE - CHAIRMANSHIP AND MEMBERSHIP

BOARD OF DIRECTORS

EXECUTIVE TEAM

QUALITY COMMITTEE	CHARITIES COMMITTEE	RISK & AUDIT COMMITTEE	FINANCE & RESOURCES COMMITTEE	BOARD NOMINATIONS & REMUNERATION COMMITTEE	COMMITTEE IN COMMON (CiC)
Patricia Mitchell (Chair)	Sarah Jones (Chair)	John Cowling (Chair)	Andy Baker (Chair)	Sarah Jones (Chair)	Sarah Jones (Chair)
Richard Chillery	Scott Green	Andy Baker	Richard Chillery	Andy Baker	Chief Executive
Scott Green	Patricia Mitchell	Peter Lauener	John Cowling	Richard Chillery	
			Peter Lauener	John Cowling	
Chief Executive	Chief Executive			Scott Green	
Medical Director	Director of Finance		Chief Executive	Peter Lauener	
Director of Nursing & Quality			Director of Finance	Patricia Mitchell	
			Director of Strategy and Operations		
			Director of People and OD	Chief Executive	

11. 160/19 QUARTERLY REPORT FROM THE GUARDIAN OF SAFE WORKING HOURS

Sheffield Children's **NHS**

NHS Foundation Trust

EXECUTIVE SUMMARY

Title	Quarterly Report from the Guardian of Safe Working Hours		
Report to	Board of Directors (Part 1)	Date	25 June 2019
Executive Sponsor	Jeff Perring, Medical Director		
Author	Noreen West, Guardian of Safe Working		
Purpose of report	To present the quarterly report from the guardian of safe working		
			Please tick as appropriate
	Approval		
	Assurance		✓
	Information		✓

Executive summary –the key messages and issues
The number of exception reports have fallen. However there is a pattern of lack of breaks for junior doctors on night shifts. Hours monitoring of junior doctors has once again highlighted an issue with the surgical ST4+ rota .

How this report impacts on current risks or highlights new risks
There is a financial risk associated with non-compliant rotas and the fines which will be incurred.

Recommendations and next steps

The Board of Directors is asked to:
  i.   NOTE the content of the report
  ii. SUPPORT the recommendation from the guardian to move the surgical ST4+ rota across to the new 2016 contract.

QUARTERLY REPORT ON SAFE WORKING HOURS:
DOCTORS IN TRAINING SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST (1 March 2019 – 1 June 2019)

Executive summary

There continue to be a number of gaps in rotas across the trust, particularly in medicine which may impact safe working and training going forward.

Locum usage remains consistent.

Introduction

High level data

Number of doctors in training (total):	130
Number of doctors in training on 2016 TCS (total):	80
Amount of time available in job plan for guardian to do the role:	1 PAs / 4 hours per week
Admin support provided to the guardian (if any):	0 WTE
Amount of job-planned time for educational supervisors:	0 PAs per trainee (not routinely included in this trust)

a) **Exception reports (working hours and educational)**

There have been 5 exception reports from 1 March 2019 to date. All 5 of these exception reports are due to hours and rest. These exception reports for hours and rest have been generated by a trainee on the General Pediatrics FY2 and ST1-3. None the exception reports have been actioned/closed.

1

Exception reports by Division (Hours and Education)			
Division	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
MEDicine	5	0	5 (closed by GOSW)
Total	5	0	5

Exception reports by rota			
Specialty	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Medicine General Paeds ST1-3	5	0	5 (closed by GOSW)

Themes of working hour's exception reports
- Early starts, late finishes, unable to take a break, particularly with night shifts.

b)   Work schedule reviews

Currently no issues with work schedule reviews.

c) Agency Locum bookings

All Internal locum spend from 1 March 2019 to 1 June 2019 by Grade (this includes internal and regional bank)

All external/agency locum spend from 1 March 2019 to 1 June 2019 by Grade
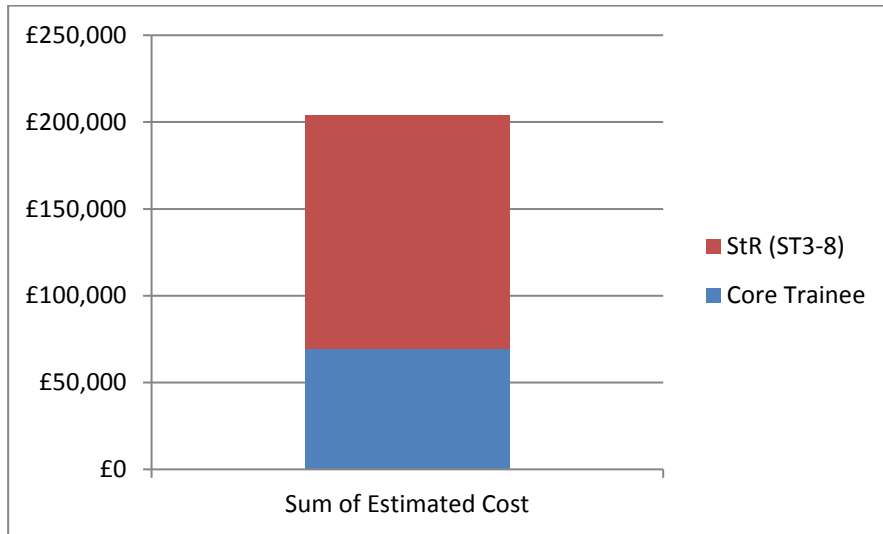
Grade	Count of Shift From	Sum of Estimated Quantity	Sum of Estimated Cost
Core Trainee	144	£1,207	£69,617
StR (ST3-8)	195	£2,027	£134,654
Grand Total	**339**	**£3,234**	**£204,271**
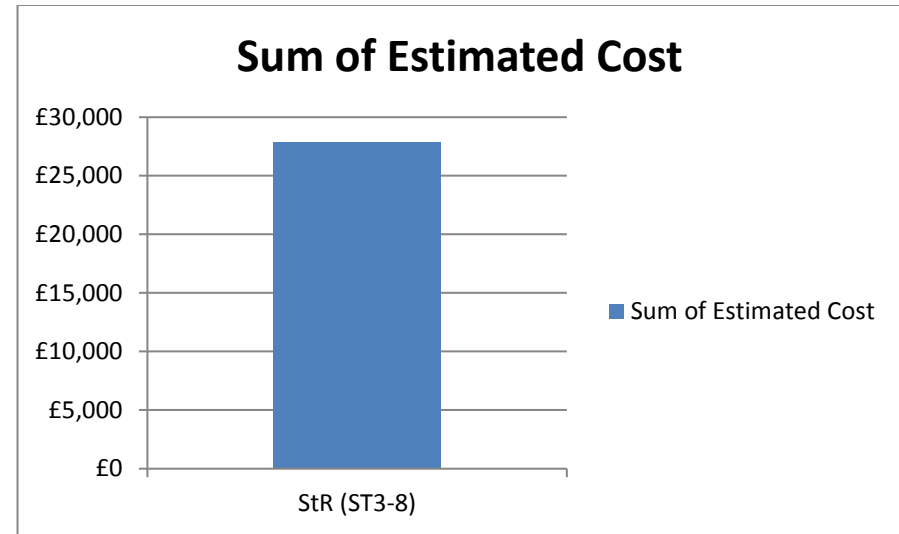
Grade	Count of Shift From	Sum of Estimated Quantity	Sum of Estimated Cost
StR (ST3-8)	49	£370	£27,845
Grand Total	**49**	**£370**	**£27,845**

3

Internal locum spend from 1 March to 1 June 2019 by Specialty

Specialty	Count of Shift From	Sum of Estimated Quantity	Sum of Estimated Cost
Anaesthetics	11	£87	£6,525
Anaesthetics and Paediatrics	7	£75	£5,625
EMBRACE	11	£132	£8,925
General Medicine	3	£37	£2,775
Paediatric A&E	142	£1,256	£78,238
Paediatric ICU	50	£527	£37,833
Paediatric Orthopaedics	9	£176	£13,200
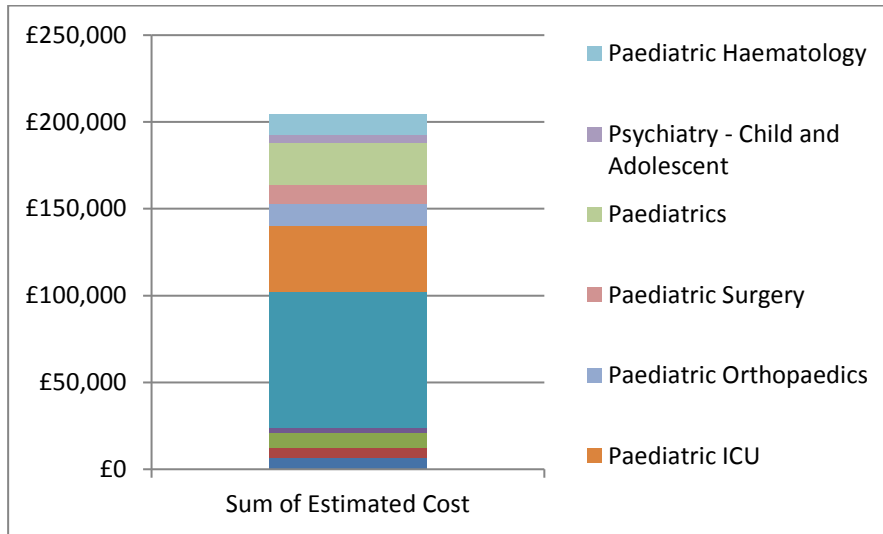
Paediatric Surgery	14	£141	£10,328
Paediatrics	45	£379	£24,754
Psychiatry - Child and Adolescent	5	£88	£4,400
Paediatric Haematology	42	£337	£11,670
Grand Total	**339**	**£3,234**	**£204,271**

External locum spend from 1 March 2019 to 1 June 2019 by Specialty

Specialty	Count of Shift From	Sum of Estimated Quantity	Sum of Estimated Cost
Eating Disorders	49	£370	£27485
Grand Total	**49**	**£370**	**£27845**

Internal spend from 1 December 2018 – 1 March 2019 by Reason
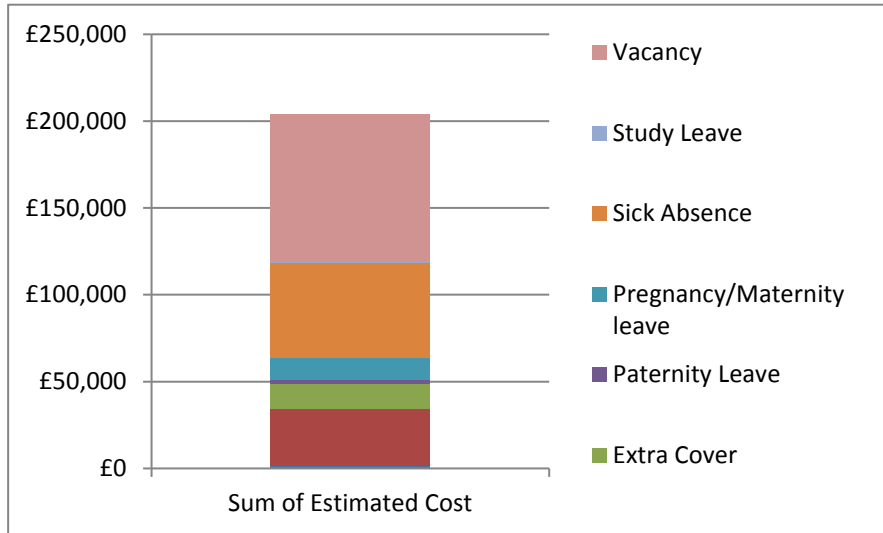
External spend from December 2018 – 1 March 2019 by Reason
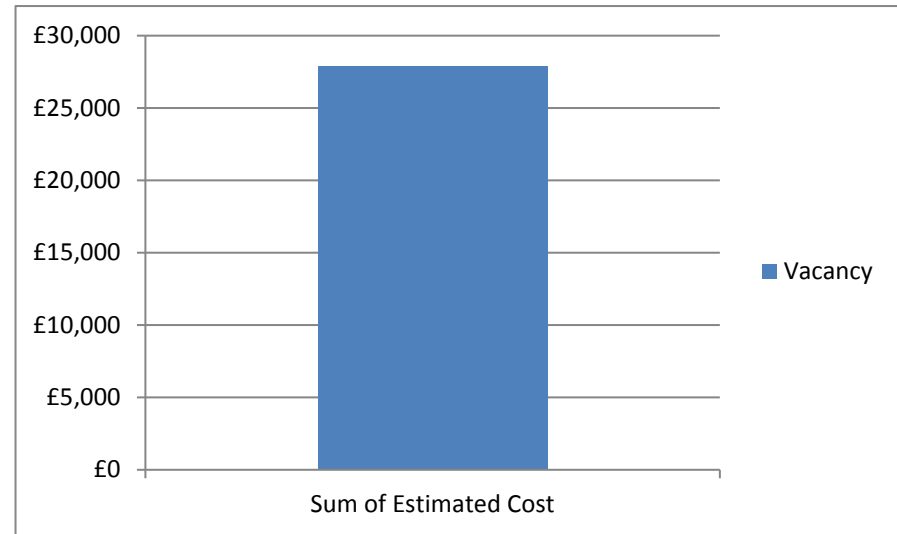
Reason	Count of Shift From	Sum of Estimated Quantity	Sum of Estimated Cost
Compassionate/Special leave	2	£20	£1,463
Deanery Gap	51	£514	£33,208
Extra Cover	23	£197	£14,027
Paternity Leave	3	£33	£2,438
Pregnancy/Maternity leave	15	£177	£12,796
Sick Absence	92	£858	£54,663
Study Leave	1	£9	£567
Vacancy	152	£1,428	£85,111
Grand Total	**339**	**£3,234**	**£204,271**

Reason	Count of Shift From	Sum of Estimated Quantity	Sum of Estimated Cost
Vacancy	49	£370	£27,845
Grand Total	**49**	**£370**	**£27,845**

5

d) Vacancies

Specialty	Changeover date	Trainees in establishment	Actual no. allocated (trainees)	Fellows	No of current gaps
Paediatric Medicine F1 – ST3	December 18 (FY1's/2) August (ST's)	13 ST 1-3 2 F1 1 F2	12.2 2 1		**0.8 WTE gaps as below**: 0.4 WTE neuro and 0.4 WTE Community
Paediatric Medicine GPSTPs	December 18	6	6 WTE		0.5 gap but from April will be full staffed
Paediatric Medicine ST4 +	February 19	23	20 WTE	1 (doing gastro/ general Paeds)	**2 WTE gaps as below:** 0.5 Gap in Community Paeds 1.5 Gap in General Paeds There may be some small discrepancies with some slot shares being 60-% and 60% for example.
Anaesthesia - Higher	February 19	7	7 WTE		**2 WTE upcoming Gaps:** 1 WTE gap from March due to mat leave 1 WTE gap from May due to mat leave
Embrace	February 19	6	4	1	**1 WTE gaps at the moment:** 1 trainee starting in May 19 so there will be a full complement
PICU	February 19	4 – ST1-3 7 – ST4-8	4 5	 1	**2.5 WTE gaps from April due to maternity leave** **2.6 WTE gaps from April** (1 trainee deferred placement to next year, 1 training leaving in April and 0.6 trainee going on mat leave)

Specialty	Changeover date	Trainees in establishment	Actual no. allocated (trainees)	Fellows	No of current gaps
Paediatric Surgery	February 19	2 F1	2		1 trainee is supernumerary
		1 F2	1		
		ST's and Core trainees - 7 trainees	7	1	
Paediatric Surgery – Higher	October 18	5	4	2	
ED – Core	February 19	CT3 – 5	4		1 WTE Gap Core trainee
		GPSTPs – 3	3		
		Paed trainees - 3	2		1 WTE gap
ED - Higher	Jan-19	ST4 + - 4	4		0.4 WTE gap due to trainee being LTFT
		Grid – 2	1.6		
ENT	Oct-18	1	0	1	Fellow is 60% LTFT so 0.4 WTE gap
Trauma and Orthopaedics	Oct-18	4	2 plus 1 MTI	5	Ongoing recruitment of fellows and trainees left, so unsure 100% of gaps
CAMHS – Core	February 2019	4	4		
CAMHS - Higher	February 2019	6	4		**2 WTE gap** – 1 due to mat leave and 1 unfilled

7

Specialty	Changeover date	Trainees in establishment	Actual no. allocated (trainees)	Fellows	No of current gaps
Radiology	October 2018	4	4		
Histopathology	February 2019	1	1		
Clinical Genetics	Aug-18	2	2		
Haematology	Aug-18	1	1		

e) **Fines**

None to date

f) **Hours monitoring of the "old contract"**

The hours monitoring of the surgical ST4+ rota has shown it is non compliant. Whilst this falls out of the remit of the GOSW I support moving this rota to the new contract.

Qualitative information

There has been a vast improvement in engagement in the Junior Doctor's forum, with improved attendance and a wider range of specialty representation.

The number of exception reports have fallen dramatically, the reason for this is unclear.

8

Issues arising

There are issues with the medical paediatrics workforce, particularly around daytime workload, however without robust monitoring data and due to the trainees largely remaining on the "old" contract this is not reflected in the exception reporting process. HR have been proactive to achieve monitoring data in this group. Monitoring took place in April 2019. We did not receive valid studies for most of the specialties. The studies that were valid were compliant with the exception of Paediatric Surgery ST4+ rota which were non-compliant. The reason for this was the amount of continuous rest during an on call shift is inadequate. Discussions to resolve this by implementing a full shift rota have taken place with the trainees and at Trust board level. The GOSW supports moving the trainees to the 2016 contract.

There have been ongoing discussions about moving Trust doctors to new terms and conditions that mirror the 2016 contract.

Actions taken to resolve issues

GSW has met with HR to discuss the surgical rota and supports moving across to the 2016 contract for both trainees and clinical fellows and would recommend the trust board support this.

Summary GSW/ updates

The numbers of exception reports continue to fluctuate, and as a trust we have been very supportive of trainees reporting concerns (we have also facilitated the BMA to attend junior doctor induction to reiterate our support).

The trust/ individual directorates will need to decide going forward when/ if and how to move junior doctors across to the new contract

9

12. 161/19 STAFF SURVEY - ACTION PLAN AND PROGRESS UPDATE

Sheffield Children's **NHS**

NHS Foundation Trust

EXECUTIVE SUMMARY

Title	STAFF SURVEY – ACTION PLAN AND PROGRESS UPDATE		
Report to	Board of Directors (Part 1)	**Date**	25 June 2019
Executive Sponsor	Jane Clawson, Interim Executive Director of People and OD		
Author	Jane Clawson, Interim Executive Director of People and OD		
Purpose of report	To inform the Board of Directors of actions planned and progress arising from the 2018 staff survey results.		
			Please tick as appropriate
	Approval		
	Assurance		
	Information		√

Executive summary –the key messages and issues
The 2018 national staff survey results were received in February 2019.   The results allow the Trust to compare changes in staff feedback with 2017, and compare our results with other NHS Trusts in the category of combined acute and community trusts.   Our results are considered by the CQC as part of their well-led review, by NHSI/E and by Sheffield CCG as part of commissioning review. Our response rate has improved consistently over the last 5 years to 54%. The results are presented in 10 themes.   The Board have already received a high level summary which sets out our changes since last year, and a copy of the summary report. The results were not remarkably different from the previous year, and our attention this year is to focus on three key areas for improvement – quality of care, quality of appraisals and health and wellbeing. This report summarises actions that have been taken following receipt of the results and ongoing work to improve the experience and environment of our staff to aid staff retention, staff performance and ultimately improved quality of care for our patients.
How this report impacts on current risks or highlights new risks
Staff engagement has a proven link to the quality of patient outcomes as it is a significant factor in staff performance. Poor staff engagement results in absenteeism, under-performance and high turnover.   Empowering a motivated and compassionate workforce is a key strategic objective of the Trust as part of our organisational strategy.
Recommendations and next steps
The Board of Directors are asked to note and comment on the actions taken and proposed future actions to continue to improve staff engagement.

STAFF SURVEY – ACTION PLANS AND UPDATES

1.0   Background

1.1   All NHS employers take part in the national annual staff survey.   This takes place between September and November each year and the results are shared directly with employers as early as January the following year, with benchmarked results (ie comparison with other NHS employers) embargoed until March.

1.2   The results act as a measure of staff engagement across the NHS, and its purpose is to arm employers with information to help build on good practice and make changes for the better in other areas. The benchmarked results allow organisations such as the Care Quality Commission to consider staff feedback as part of their well-led assessment.

1.3   Each year we invite all directly employed staff to participate.   The findings to the on-line questionnaire do not identify individuals, but can identify trends by department, staff group and protected characteristics such as age, gender, sexual orientation, ethnic background, religion and disability.

1.4   The Trust contracts with a survey provider to manage the survey on our behalf.   This year, we selected a new provider based on the suite of reporting, in that it could be manipulated by us for specific analysis, rather than a set format.   Unfortunately, the provider has failed to provide more than the basic reports to date and so our planned analysis of data available is limited, despite escalation.   The biggest failing is that we don't have departmental level reports (usually available for teams of 20 or more).   The reports are at divisional level only.

2.0   The results in summary

2.1   For ease of reference, Table One below summarises the 10 key themes and compares them with our feedback from the last survey (2017). Safe environment covers two themes together in this table. Table Two below summarises the results compared with the 42 other Trusts in our comparator group – combined acute and community trusts.

Table One – summary of themes compared with 2017 survey

Key measures	Result
Staff engagement - Am I motivated and enthusiastic? Do I recommend as a place to work? Can I improve things?	⬆
Morale - Am I involved and encouraged? Do I feel respected by colleagues? Can I chose how I do my work? Do I think of leaving?	=
Equality, Diversity and Inclusion – Is there discrimination in the workplace from colleagues, managers or service users?	⬆
Health and Wellbeing – Does Trust take action to improve my HWB? Have I suffered stress or MSK injury? Can I work flexibly?	⬇
Immediate managers – Do I feel supported and valued? Does my manager ask my opinion? Do they value my health and wellbeing?	⬆
Quality of appraisals - Does my appraisal help me do my job better and give me clear objectives? Do I feel valued?	⬇
Quality of care - Am I satisfied with care I give? Does my role make a difference to patients?	⬆
Safe environment – Do I experience bullying or physical violence from colleagues or patients/service users?	⬆
Safety culture - Is there a positive raising concerns culture and does the Trust deal with errors fairly and learn from them?	⬆

2.2   *Table Two: Summary of themes and our place amongst 43 combined acute and community trusts (19th out of 43 overall)*

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.5	6.4	7.3	6.5	6.2	7.9	8.6	9.7	7.1	7.4
Your org	9.4	5.9	6.8	6.2	5.2	7.2	8.6	9.7	6.7	7.1
Average	9.2	5.9	6.8	6.2	5.4	7.4	8.1	9.5	6.7	7.0
Worst	8.3	5.5	6.5	5.7	4.5	7.1	7.4	9.3	6.3	6.6
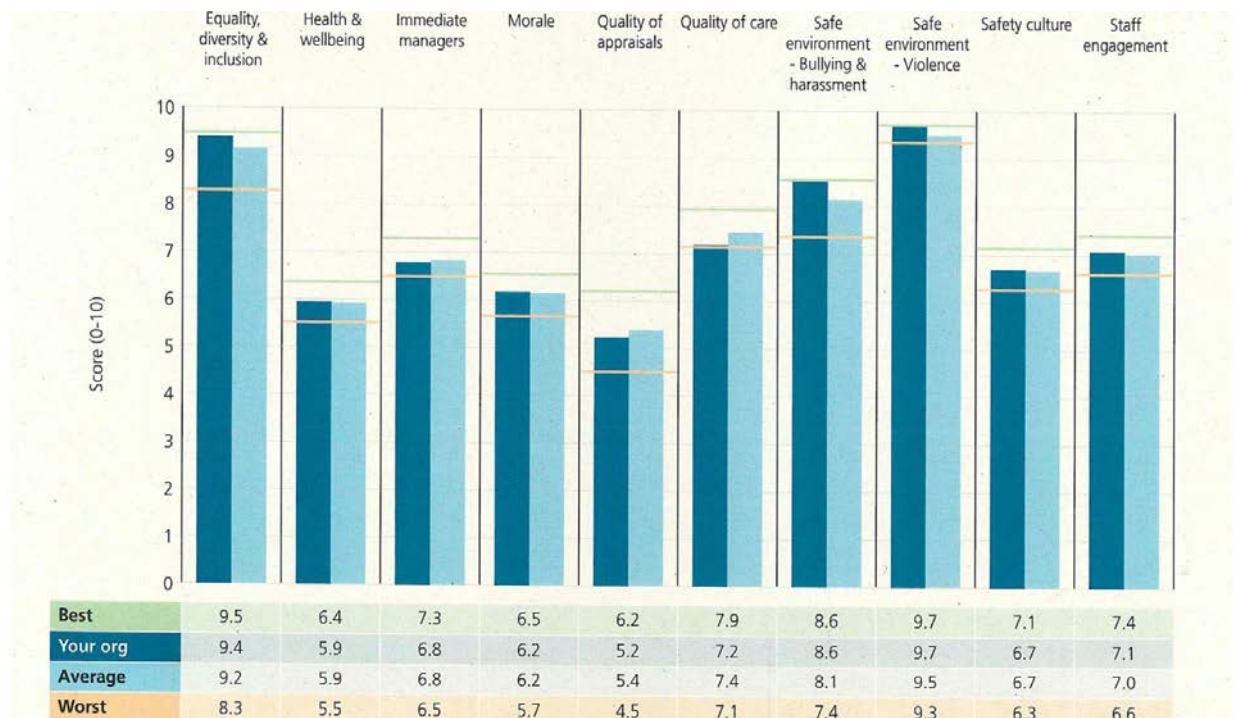
3.0   Acting on the results

3.1   The Trust has a Staff Survey Working Group – made up of HR, trade unions and divisional representatives.   The Group analyse the results, the free-text comments that are also provided and identify themes for action.   The constitution and governance of this group is under review so it has clear reporting arrangements and includes a wider cross-section of staff to share ideas.

3.2   Analysis of the feedback identified three themes that were proposed as the areas to concentrate on Trust wide. The rationale for this was to concentrate on fewer key themes, looked at in more depth, and to aid simple and effective communication with staff about them.
The three themes are:

3.2.1   **Quality of care.** The feedback from staff is below average compared with other trusts in our sector, but better than last year.   As this is core to our service delivery, it is important to look to improve this as a Trust wide action.

3.2.2   **Quality of appraisals**.   Staff feedback is that the quality is below average in our comparator group and that the quality is reduced compared with feedback from the previous year. Appraisals are a key element of staff performance and feeling valued and supported.

3.2.3   **Health and wellbeing**.   Staff health and wellbeing is an area that has worsened nationally and we are average in our comparator group.   Feedback from staff is that we are doing less to support their health and wellbeing and this is a trend over the last four years.

3.3   In addition to Trust-wide action plan, each division had results that could be compared with other divisions and where they could see the results for each question answered on the survey.   Divisional leads were asked to identify three key themes to focus on and develop an action plan that involved staff, cut across all staff groups in the division and had measures of success built in.   HR Managers were tasked with supporting divisional leads

with this work and aligning action plans under the key cultural ambitions of keep learning, feel safe, team up and leading collectively.   Some action plans have been submitted to HR, and others are still in development.

4   Improving quality of care

4.1   The quality of care theme is rated using responses to the following questions:

    4.1.1   Staff are satisfied with the care they give (78.3% said they were). This was higher than last year, but below average in our comparator group.

    4.1.2   Staff feel that their role makes a difference to patients (86.9% said they were). This was lower than last year and below average in our comparator group.

    4.1.3   Staff feel they could deliver the care they aspire to (60.7% said they could). This was an improvement on last year but below average in our comparator group.

4.2   For nursing/ward based staff, there are plans in place for the Pathway to Excellence programme to empower staff to take forward quality initiatives and improve patient care. This programme will be led by the new Deputy Director of Nursing.   It is a long term plan of quality improvement and will help address nursing perception of quality of care delivered. The Director of Nursing and Quality and Deputy Director of Nursing both carry out "walk-abouts", listening to staff and their ideas for change and feeding these back to operational nursing management. A clinical managers' away day has been organised to focus on how quality of care is a factor in workforce retention.

4.3   There is further work to be explored with other clinical staff groups to understand their perception of the quality of care they deliver and the Junior Doctors' Forum will feature this topic.

4.4   All staff have a role that makes a difference to patients, and the further someone's work is from the patient makes it more difficult to see the connection. Many corporate department staff are based in areas where patients are not even passing through (eg Moorfoot/Northumberland Road) and have roles where they are primarily office based.

Actions underway to address this are:

- A Support Services Summit has been organised for 18 July 2019.   Staff in corporate departments will have opportunity to better understand their connection to Trust objectives and delivery of patient care.
- Moorfoot have pictures of patients and clinical staff in work areas
- Executive Directors go out to corporate areas as part of the 'open meetings' season to talk about clinical achievements and progress
- Team meetings include discussion about clinical activity and performance as well as new developments

4.5   In addition to this, corporate staff are to be encouraged to visit their internal customers and undertake a shadowing exercise to understand their value to services. Corporate departments are to be encouraged to discuss the value of their team objectives to deliver of patient services including a line of sight to the patient through staff support, and appraisal conversations and 121s will be directed to include reference to work outputs and how they link to patient care.

5   Improving quality of appraisals

5.1   The quality of appraisals is measured by the following feedback:

    5.1.1   Staff feeling their appraisal helps they do their job is a worsening trend with 17.5% of respondents agreeing with this. We are below average in our comparator group.

5.1.2   Staff feeling the appraisal gives them clear objectives for their work is also a worsening trend as only 32.4% of respondents felt this was the case.

5.1.3   Staff feeling that the appraisal left them feeling valued is improving year on year, but is still only 30.2% of respondents.

5.1.4   Staff reporting that Trust values were discussed in their appraisal is 33.4% - an improvement on last year and above average in our comparator group.

5.2   Our focus on achieving compliance at 90% each year may have affected the quality of appraisals in some areas.   As a comparison across divisions, the quality of appraisals is lowest in three of our clinical divisions.

5.3   The appraisal process including reporting, recording and documentation is under review this year with a deep dive review going to Finance and Resource Committee in September 2019.   How to build a quality review into this process will be considered.

There are, however, some quick actions to help improve the experience:

- We have provided more appraisal training in the last 12 months than previously and the Learning and Development Team strive to meet demand, showing that appraisers and appraises want the experience to be better.   The feedback from the staff survey will feed into the training delivered.
- Effective conversations' training is being promoted this year which will equip appraisers with the tools to discuss important and difficult topics more effectively.
- The Mind Tools on-line training platform is receiving great feedback from managers and will be further promoted via targeted campaigns to increase uptake and guide staff to useful appraisal guidance.

In addition, a revised appraisal policy is due for consultation in July 2019 and will include reference to the importance of clear objectives and clear feedback as satisfactory completion of objectives will be linked to pay progression.

6.0   Health and Wellbeing

6.1   Staff health and wellbeing is measured by the following:

6.1.1   Do staff have flexible working opportunities?   Our result is the same as last year at 55% which is above average in our compactor group.

6.1.2   Does the Trust take positive action on staff health and wellbeing?   Our result is a worsening trend and only 25% of respondents were positive about this. We are lower than average in our comparator group.

6.1.3   Have staff had a work-related MSK injury in the last 12 months? We are best in our comparator group at 21.4%, but this is fewer staff that last year.

6.1.4   Have staff felt stressed at work in the last 12 months?   Our results show a worsening trend with 43% of respondents this year saying they have felt stressed. We are below average in our comparator group.

6.1.5   Have staff come to work despite not feeling well enough to?   Our results are the same as last year at 56% of respondents saying they had attended work not well enough to do their duties, and this is average in our comparator group.

6.2   The Trust has a health and wellbeing working group that looks at initiatives to help staff manage their own health and wellbeing. This has led to a number of programmes to help staff manage their weight, access exercise opportunities, access emotional wellbeing support and review policies such as flexible working and stress management.   The group is to undergo a refresh this year to strengthen its purpose and set appropriate governance arrangements to ensure their work meets our objectives.   Our new people strategy has a key theme of health and wellbeing and commits the Trust to:

- Developing communication with staff to encourage them to manage their own health and wellbeing
- Reviewing and developing policies that support health and wellbeing such as stress, flexible working and acceptable behaviour at work
- Ensuring our managers have the tools and training to positively influence staff health and wellbeing and introducing key performance indicators to monitor and revise our effectiveness.

The trust has seen increasing levels of sickness absence due to stress in the last two years. Research from clinical divisions highlights workload and dealing with emotional challenges of care as key reasons.   Actions underway and in place focusing on mental health support are the introduction of Mental Health First Aiders, introduction of a new 24/7 employee assistance line, mental health awareness training for managers, additional emotional support sessions for staff to debrief and process emotionally challenging work. The Health and Wellbeing Group are hosting a workshop at the Caring Together Clinical Summit in September 2019 to highlight focus on mental health and launch a staff resilience workshop.   Work load challenges are a regular theme, as staff report feeling the pressure to increase activity/productivity within existing resource.   The transformation team and service improvement coaches are a source of support for departments to address work flow issues, and individual management support is required for specific cases.

6.3   The fast-track physio service introduced almost 2 years ago continues to extend its use. This year our aim is to be more proactive and ensure increased awareness and early intervention where an employee reports an MSK injury or is absent as a result of one. The aim is to ensure that staff and managers act quickly to access the service to aid more effective recovery and prevent or reduce absence.   Raising awareness of this free service to staff is planned in this year and builds on the positive musculo-skeletal awareness week held across the Trust last year.

6.4   The Mind Tools online training platform has also been used widely by staff and managers to access supporting resources since its launch in February 2019. Stress management tools and resources are the most popular resources accessed.   There is scope to promote the platform more and its effectiveness will be measured as part of consideration of extending our licences when the 12-month pilot ends.

7.0   Divisional response

7.1   HR Managers are working with divisions on their own action plans. Highlights include:

7.1.1   Surgery and Critical Care: The division has completed a further survey (200 respondents) to understand the results. This has been positively received and provided a good source of feedback. An action plan is in place as a result focusing on staff morale, support from immediate manager and quality of appraisals.

7.1.2   Pharmacy, Genetics and Diagnostics: An action plan will be in place by the end of June focusing on appraisal, health and wellbeing and morale.   The division are completing a survey monkey focusing on appraisal to understand specific actions which staff want the division to undertake to improve the quality of their appraisals

7.1.3   Community, Wellbeing and Mental Health Services: The division is on track for an action plan to be completed by end of June focusing on health & wellbeing, quality of care and safety.   The action plan will identify areas of good practice in terms of appraisals to share with other divisions.

7.1.4   MEDicine: The division is on track for action plans to be in place by end of June.

7.2   Divisional action plans will be discussed at Staff Survey Working Group in July to identify corporate support required which will fed into Trust wide action plan and Support Services Summit. Examples of good practice will be shared at this group so other divisions can learn/adopt different approaches.

8.0   **Next steps**

8.1   Not all actions have timescales as they are ongoing commitments, not quick actions.   The focus for next year will be that the survey results are an output of what we want to achieve from the people strategy and culture and behaviour strategy, together with an improvement in staff engagement measured by a continually improving trend.

8.2   The Trust has endorsed the investment of a Staff Engagement Lead role to give focus to many facets of staff engagement and to lead developments in the staff survey and other more regular 'pulse checks'.

8.3   Communications are in place in the run up to the next survey to report on what we have done with the results this year to help drive a further increase in our response rate and these will be shared in the next series of 'open meetings' and cascaded through team meetings.

9.0   **Summary**

9.1   The Board of Directors are asked to note the progress against our staff survey results and comment on the proposed actions and direction.

Jane Clawson
Interim Executive Director of People and Organisational Development
June 2019

13. 162/19 IM&T STRATEGY "CONNECTING TOGETHER"

Sheffield Children's NHS

NHS Foundation Trust

EXECUTIVE SUMMARY

Title	Connecting Together – IM&T Strategy		
Report to	Board of Directors (Part 1)	Date	25 June 2019
Executive Sponsor	Ruth Brown, Director of Strategy & Operations		
Author	Kevin Connolly, Chief Information Officer		
Purpose of report	To seek formal approval of the 'Connecting Together' IM&T Strategy for 2019 - 2022.		

		Please tick as appropriate
	Approval	√
	Assurance	
	Information	

Executive summary –the key messages and issues
All key content for the 'Connecting Together' IM&T strategy has been previously agreed through the Trust's IM&T Strategy Board, Trust Executive Group and Finance & Resources Committee. This was also covered in dedicated Open Staff Forum sessions held across Trust sites, Jan - Feb 19. Feedback from those was very supportive and agreed that the emphasis on 'Connecting Together' had resonance.
Where business cases have been approved and/or plans have clear milestone commitments, these are identified within the strategy.
A summary version of the strategy has also been prepared in slide content, which we can utilise in support of a communications plan.

How this report impacts on current risks or highlights new risks
IM&T Strategy is specifically covered by BAF (9), current score: 5 x 3 = 15.
A number of IT operational risks are included on the corporate risk register, which were reviewed with the Risk & Audit Committee in March 2019.

Recommendations and next steps
The Board of Directors is asked to **approve** the IM&T strategy.

CONNECTING TOGETHER

IM&T STRATEGY

2019 - 2022

JUNE 2019

Document control

Title	IM&T Strategy 2019 - 2022
Status	Final Version
Date Issued	June 2019
Author	Kevin Connolly, Chief Information Officer

TABLE OF CONTENTS

1. INTRODUCTION

1.1 INTRODUCTION

1.1.1   The Trust's IM&T Strategy for the period 2019 to 2022 and has been developed to:

- formally recognise key national and regional drivers;

- incorporate appropriate response to current service user feedback;

- enable the organisation to meet our clinical strategy goals and associated corporate objectives;

- support Divisional priorities, as established through business planning and the Trust transformation programme;

- facilitate future IM&T developments to support improvements in patient care and patient experience;

- and identify requirements for further development of IM&T operational services so they are organised and ready to meet future demand.

1.1.2   Strategic drivers are summarised at Section 2. High level Vision is then articulated at Section 3. Delivery programmes and governance structure are described through Sections 4-8. Finally, funding assumptions and the extent of affordability challenge are then set out at Section 9.

1.2 CONNECTING TOGETHER

1.2.1   The Trust's 'Caring Together' clinical strategy, establishes 5 core aims for how we will achieve our purpose of providing a healthier future for children and young people.

1.2.2   This 'Connecting Together' strategy defines IM&T technical solution requirements, operational service objectives and key investment priorities intended to contribute to each of these 5 core aims, through 2019 – 2022.

1.2.3   'Connecting Together' primarily focuses on the inter-relationships and required cohesion between how we deliver our IT infrastructure, electronic patient record systems and information reporting - and how they impact on our clinical services integration, data integrity, operational efficiency and performance against key indicators.

1.2.4   'Connecting Together' also recognises IT as an essential utility, which staff, patient and families all increasingly expect to consume ubiquitously, seamlessly, securely, cost effectively and with uninterrupted supply.

2.   STRATEGIC DRIVERS

2.1   STRATEGIC DRIVERS

2.1.1   This section provides an overview of internal and external drivers that influence our IM&T strategic objectives and plans. Balance is sought between internal and external perspective and expectation.

2.1.2   Day to day, operational discussion understandably focuses on live internal issues and ensuring alignment to planned service developments in the Trust. However, it is essential that we do incorporate national interoperability standards and digital maturity roadmaps into our forward planning.

2.1.3   Not least, these commonly translate into later mandated NHS contract standards and incorporated into the CQC regulatory framework. They also tend to be applied as mandated entry commitments for any future bids against national allocations, which will be a vital source of funding to deliver Connecting Together objectives. They are also increasingly essential to working with health and social care partners, delivering activities across our organisational boundaries.

2.2   TRUST CONTEXT

Electronic Patient Records

2.2.1   Although we continue to have an almost even split between digital and paper based record management processes, our current position does offer a number of viable product enhancements and expansion through existing suppliers, to advance our digital maturity and electronic record coverage.

2.2.2   Most of our current clinical record systems can be considered as 'strategic' (i.e. not legacy) in that there are no plans to actively seek their replacement within the term of this strategy. This includes Medway Patient Administration System, Bluespier Theatres, Intersystems Integration Engine, Kainos Evolve eDMS, ICE Results Reporting, Agfa Radiology, SystmOne EPR for Community and CAMHS.

2.2.3   The key areas where we must very obviously prioritise system functionality provision relate to Order Communication, Inpatients (observations, alerting, real time bed management and alerting), Electronic Prescribing and internal record sharing across our acute, community and mental health care settings. The solution we adopt for unified records is likely to be sourced through a wider project involving all partners in the Sheffield Accountable Care Partnership. We also have a looming deadline to replace our Laboratory Information Management System (LIMS) within the next 18 months.

2.2.4   Each of these current gaps are described in later sections.

User Perception

2.2.5   As we do advance our digital records programmes, this highlights ever greater reliance on our IT services, required to support increasing user base, additional devices and more critical urgency for resolution when things do go wrong.

2.2.6   It has been evident from a series of user surveys and engagement sessions with staff groups over the past year that their largest frustrations (in relation to IM&T systems and services) centre around their day to day experience with our IT infrastructure and operational support processes. This has not been limited to staff feedback. As example, patients and families have also been critical about the reliability of bedside patient entertainment units which are connected through the Trust IT network.

2.2.7   This is despite broad acknowledgement that significant investments have been made and notable projects delivered in the same period, including full WiFi coverage, desktop migration to Windows 10 and sizeable roll-out of hybrid laptops and tablet devices to enable mobile working.

2.2.8   A more formalised IT operational model is a clear necessity moving forwards, less reliant on specific individuals and with establishment of clear expectations for target response and resolution times for support issues.

2.2.9   This need will only be further reinforced as we progress our roadmap to extend digital record coverage. A significant step change in IT process maturity and service level guarantees will become pre-requisite.

2.3   NATIONAL CONTEXT

2.3.1   New external drivers are now identified on an almost monthly basis, especially as shared care clinical strategies are being developed across organisations, at Place, System and/or national network level.

2.3.2   With this section, the key ones are identified, albeit mostly without accompanying descriptive narrative, simply for brevity. These include:

- Lord Carter: "Operational productivity and performance in English NHS acute hospitals: Unwarranted variations" (2015) – included firm recommendation for Electronic Prescribing adoption across NHS.

- Clinical Digital Maturity Index, initially launched in 2015, provides benchmark comparison to assess Trusts' progress on their digital capability, tracked and monitored over time.

- CQC Safe Data Safe Care standards and National Data Guardian recommendations for data security – subsequently incorporated into the NHS Data Security & Protection Toolkit self-assessment requirements.

- Cyber Essentials Plus - all NHS organisations are required to achieve this certification by 2021.

- NHS Long Term Plan, Jan 2019 – dedicated chapter for Digital Transformation, confirms commitment to national interoperability standards, regional record sharing programmes (one is in place across Yorkshire & Humber), launch of the NHS App with patient access to care plans due by 2021, heightened cyber security focus, requirement for Trusts to be fully digitised by 2024.

- Dr Eric Topol review commissioned by Health Education England, published Feb 2019: focused on building a 'digital ready workforce'.

2.4   SOUTH YORKSHIRE & BASSETLAW INTEGRATED CARE SYSTEM

2.4.1   The ICS stated vision is to develop a fully integrated digital service across South Yorkshire and Bassetlaw, to support objectives of the Long Term Plan and improve care and services for our patients in SYB.

2.4.2   Specific aims are:

- A citizen in South Yorkshire and Bassetlaw will be able to access and use digital technology and information to improve or maintain their own health and wellbeing and expect any person or organisation involved in their healthcare to do the same.

- Enabling People and Patient Empowerment

- Supporting Clinical and Strategic Decisions

- Delivering System Integration and Operational Efficiency

- Developing Local Health Tech Skills & Innovation

2.4.3   The Trust is an active participant within the ICS Digital agenda, and the Trust Chief Information Officer is the lead Director for the 'Technical Infrastructure' programme within this.

2.5   SHEFFIELD ACCOUNTABLE CARE PARTNERSHIP

2.5.1   The key priority for Sheffield ACP is for a unified record system, as described later at Section 5.12.

2.5.2   Other areas of focus are to ensure reciprocal connectivity for staff working across partner sites, enabling appropriate data sharing protocols for shared care, and progressing the agenda to develop Population Health capability for service planning and needs analyses.

2.5.1   Again, the Trust is an active participant, supporting delivery and ensuring that Trust clinical strategy and corporate objectives are well aligned.

3.   IM&T OBJECTIVES

3.1   APPROACH

3.1.1   Connecting Together objectives have been established through consideration of all strategic drivers set out in the previous section and by then testing proposed positions and design requirements with stakeholder groups across the Trust, seeking resonance and agreement.

3.1.2   This process has hence included user surveys and open staff forums, meetings with specific departments and also liaison with counterparts in other partner organisations within South Yorkshire & Bassetlaw Integrated Care System.

3.1.3   Outputs have then been reviewed and confirmed through the Trust's governance structure, including: IM&T Strategy Board, Trust Executive Group and Finance & Resources Committee.

3.2   OBJECTIVES

3.2.1   Connecting Together firmly aligns with our local clinical strategy, addresses issues raised through engagement with our staff and enables greater clinical and corporate services integration across the Trust.

3.2.2   Connecting Together also confirms our commitment to NHS interoperability standards, regional record sharing and roadmaps towards being paperless at the point of care.

3.2.3   Connecting Together is committed to ensuring delivery of:

- Digital care records maturity achieved through a collection of integrated capabilities, not a single system;
- Shifting focus from sharing documents to seamless exchange of structured data between systems across care settings;
- New system access and configuration which does not unduly disrupt overall productivity, nor dilute the quality of care interactions with patients and families;
- IT infrastructure which is managed and supported as an essential utility;
- Cyber Essential accreditation.

3.2.4   To enable this we must:

- Increase IM&T management and technical capacity, including access to specialist skills;
- Actively seek collaboration and partnerships, including shared procurement and product standardisation by default;
- Continue to build multi-disciplinary networks of subject matter experts representing clinical services, providing support to a new Chief Clinical Information Officer (to be appointed).

4.   DELIVERING THE STRATEGIC VISION

4.1.1   Delivery of our 'Connecting Together' objectives will be managed through three core strategic programmes, plus five enabler themes which cover across all three programmes:
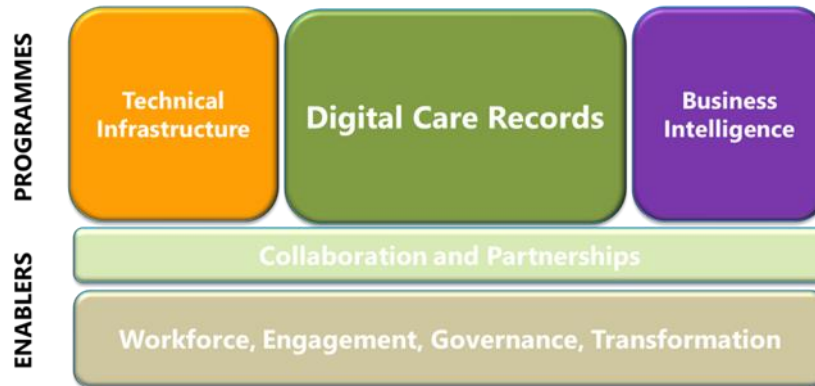
4.1.2   It is essential that all described elements of the strategy are recognised as being integral to each other.

4.1.3   Connecting Together requires inherent consistency across our service planning, investment decision making and work prioritisation within each programme.

4.1.4   As examples, this explicitly requires that:

-   We align to a commonality of infrastructure technologies across the Integrated Care System and wider NHS, to operate efficiently and enable clinical staff to work seamlessly across sites and care settings.

-   We include internal and external interoperability requirements as essential criteria in specifications for all new digital record solutions to be introduced into the Trust.

-   We recognise the value of rich, structured clinical data in our digital record systems, not just to share across settings, but also to utilise in our quality and performance indicators and our development of predictive analytics.

5.   DIGITAL CARE RECORDS PROGRAMME
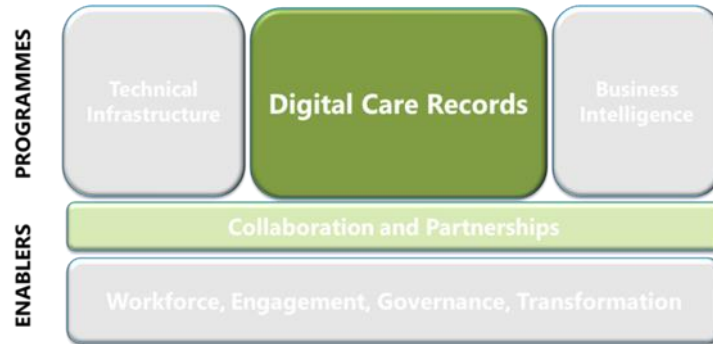
5.1   OVERVIEW

5.1.1   This section provides high level description and current status for the main digital record capabilities and maturity that we intend to progress within the strategy period, subject to funding. Where projects have formal funding approval – or plan milestones are already established – these are confirmed in the narrative.

5.1.2   Where practical these are grouped into work streams that are aligned to our Clinical Divisions - and any existing governance structures in place with external partners.

5.2   DESIGN OBJECTIVES

5.2.1   In order to ensure consistency of approach across each of these work streams, a number of over-arching design requirements have been approved through the IM&T Strategy Board. These are:

Integrated
• Digital Care Records will be provided through a collection of capabilities, not a single system.

Real Time Data
• We will establish systems and processes that enable default position where clinical data is input by clinical staff in (near) real time.

Clinical Workflow
• System access and configuration must not unduly disrupt overall workflow productivity, nor dilute the quality of care interactions with patients and families.

Interoperability
• Shifting focus from sharing documents to seamless exchange of structured data between systems across care settings

Sustainable
• Systems are accessible securely via mobile devices and across wider geography, not just via fixed desktop computers on the Trust network.

5.3   "TRANSFERS OF CARE" INTEROPERABILITY STANDARDS

5.3.1   As we consider design and selection of new digital record systems, we must incorporate new Professional Record Standards Body (PRSB) published standards. These seek to ensure that Trusts are able to electronically transmit structured clinical data to GPs, with formats defined in the NHS England Standard Contract.

5.3.2   These standards are referred to as 'Transfer of Care' requirements - Inpatient, Emergency and Mental Health Discharge Summaries, plus Outpatient clinical letters, are all in scope.

5.3.3   We have assessed that we will be able to meet our obligations for Inpatient and Emergency Discharge Summaries through Medway PAS, albeit requiring some adaptation of our current messaging to GPs. Similarly, Mental Health is covered following migration onto SystmOne.

5.3.4   However, our current processes for Outpatient letters must be urgently addressed, ref: https://www.england.nhs.uk/wp-content/uploads/2018/05/8-nhs-standard-contract-technical-guidance-may-2018.pdf)

5.3.5   It is identified that these requirements will need to be fully incorporated into Digital Dictation configuration and associated workflows (covered in 'Digital Outpatients' work referred to below).

5.4   DIGITAL OUTPATIENTS

5.4.1   This grouping of projects consolidates a number of inter-related system developments, each building upon our successful implementation of the Kainos Evolve eDMS through 2016 - 2018. All schemes are also mapped to the Trust's 'Modernising Outpatients' transformation work stream.

5.4.2   Part funding (£575K capital) was secured through NHS England funding in Q3 2018/19 and we have met all significant implementation milestone commitments – and target savings – thus far.

5.4.3   In turn, these projects are:

- Electronic Referral Grading (completed March 2019)

- Electronic Forms Capture, including Outcoming (to complete July 2019)

- Clinical Genetics Migration to Medway & eDMS (live at end March 2019)

- Single Sign-on (Imprivata procured, implementation delayed to Q3 19/20)

- Digital Dictation (initial upgrade of Big Hand software due end June 2019, re-procurement of a long term solution planned through Q3 19/20. This needs to include NHS 'transfers of care' interoperability standards, as described earlier).

5.5 DIGITAL WARDS

5.5.1   eDMS implementation, has effectively ensured that 'digital records' are available for clinicians at all outpatient clinics. All clinical noting completed during clinic is either then keyed into structured eDMS 'e-forms' (e.g. outcome forms, elective booking forms), or handwritten notes are scanned into eDMS within 2 working days following clinic.

5.5.2   Whilst this has delivered significant clinical efficiency and patient safety benefits across outpatient services, the same approach is not practical on our inpatient wards, where records must be captured and made available in real time. Also, whereas eDMS users are primarily doctors, it is commonly quoted that circa 80% of inpatient records are maintained by nursing staff.

5.5.3   Through a focused Digital Wards work stream we will establish solutions to fully integrate admission, clinical handover, electronic observations, alerts and inter-team communications, with all key information also made available on electronic ward whiteboards.

5.5.4   The potential benefits are significant and this is hence a key priority for to pursue through external funding sources. Indeed, it is intended that the project will be supported by NHS England 'Health System Led Investments' funding, as described later in this document (Section 9).

5.5.5   The vision for Digital Wards is one in which:

- Observations including vital signs and fluids will be collected electronically, at the bedside, on mobile devices removing the need for paper records.

- Assessment and screening tools will be available electronically with reminders to use them where appropriate (e.g. VTE assessment in post-pubertal surgical patients).

- Automated alerting systems will be based upon the Trust's tailored requirements for these observations, e.g. potential sepsis alerts helping to reduce missed early opportunities to intervene.

- Discharge summaries will be easier to create in a timely fashion as the necessary information will already be on the system, with tools to help with summary creation.

- Team to team referrals will be electronic, with accurate records of who referred, when and to whom removing any ambiguity around the referral. The clinical team member receiving the referral should have access to the patient's full clinical record at the point of referral allowing better judgements to be made about urgency.

- Handovers will be recorded electronically and will be presented alongside relevant current clinical information rather than team members having to rush around collating the latest patient observations before handover.

5.6 MENTAL HEALTH SERVICES

5.6.1   Our Inpatient and Community CAMHS teams went live on SystmOne on 1st April 2019. This means we now have a single electronic patient record for Mental Health, Community and Children's Services within the Trust. This record also links in with the local and national GPs using SystmOne.

5.6.2   Through a linked implementation of the SystmOne "EPR Core" module this also provides GPs and other services on SystmOne with real time Acute A&E and Inpatient admission and discharge updates. [On 4th April 2019 we established a live transaction feed from the Trust's Medway PAS.]

5.6.3   Implementation of CAMHS EPR now enables on-call Mental Health clinicians to access the patient history securely from any location using portable devices and secure data connections.

5.6.4   Access has also been enabled at Northern General Hospital for clinicians providing out-of-hours care to CAMHS patients 16 years and above, i.e. should they attend the Emergency Department.

5.6.5   We have also implemented a data feed into our Data Warehouse which will support more consistent reporting of statutory and management information. The single electronic patient record will also provide for faster and more accurate clinical audit capability, which in turn will support improvements in the completeness and consistency of clinical documentation.

5.6.6   The 'project' is scheduled to close in July 2019, with a dedicated Operational Group put in place to oversee ongoing system enhancements and support to users. A formal Benefits Realisation Report is due by February 2020.

5.7 COMMUNITY SERVICES

5.7.1   This work stream will focus wider than 0-19 services hosted within the CWAMH clinical division, so will also include out of hospital services hosted from Ryegate, LAACH, Helena and Safeguarding teams.

5.7.2   The majority of these services are on – or plan to move onto – SystmOne, although some services will also maintain records on Medway and eDMS due to clinical overlap with acute services.

5.7.3   Speech and Language Therapy are scheduled to formally re-launch their use of SystmOne in July 2019, supported by mobile working investment and a detailed re-mapping of all operational process, associated documentation review and staff re-training. We have also rolled out over 80 new hybrid laptop devices, selected through a clinically led evaluation process.

5.7.4   This is intended as an exemplar deployment, and lessons learned will inform how we approach equivalent work to optimise mobile working across other community services already on SystmOne. A model business case has been developed which is repeatable and is cost neutral so long as business change is embedded to deliver targeted efficiency benefits.

5.8   ORDER COMMUNICATIONS

5.8.1   We are a major outlier here, as the only Trust locally still to implement electronic ordering for diagnostic tests (Pathology and Radiology in particular), whether ordered by internal clinicians or direct access ordering from GPs. This gap in our digital maturity constrains our processes for demand management, leads to unnecessary duplicate test requests and offers little by way of financial monitoring.

5.8.2   Paper based requesting is also laden with data quality issues and inefficiencies, which in turn have potential to impact on patient safety. For example, due to issues with legibility and accuracy of handwritten request forms this can result in a trade off with the bare minimum of data provided and the laboratories taking registration risks to avoid rejecting samples. Results reported are also only as accurate as the data initially provided on the request form and therefore can be delivered to the wrong location, wrong doctor and in some cases to the wrong patient due to inaccurate completion of request forms.

5.8.3   The IM&T Strategy Board have requested that a business case for Order Communications purchase and implementation is submitted for approval by end September 2019.

5.9   LABORATORY SERVICES

5.9.1   The largest single risk within the Trust's current digital records system portfolio relates to our 'Telepath 2000' Laboratory Information Management System (LIMS), which has been confirmed as end of life for some time. Although in 2018 the prime contract supplier (DXC) extended support for a final 2 years, the product will cease to be supported from October 2020.

5.9.2   The risk to the system however, is still high, because there is only one other NHS site (Birmingham - who are in the process of replacement) in the UK still using this solution, which makes its continuation in the UK market extremely vulnerable.

5.9.3   Plans for procurement and implementation of a replacement system are further complicated as they must align with potential changes in laboratory services provision, e.g. through potential partnership models with Sheffield Teaching Hospitals NHS Trust or even more complex consolidation across South Yorkshire & Bassetlaw Integrated Care System.

5.9.4   Whilst these potential options are being explored, there is also parallel work at SYB ICS level to establish a likely roadmap and investment proposal for a move to Digital Pathology.

5.9.5   This technology involves electronic transmission of pathological images from one location to another, for the purpose of interpretation and diagnosis. Whole slide imaging is a relatively new technology that allows the digitisation of an entire glass slide, producing a digital image for review.

5.9.6   This is comparable with PACS technology that has been ubiquitous across Radiology services for over 10 year services.

5.9.7   Together, these present a complex set of interdependencies which will require collaborative agreement on priorities and sequencing of planned deployments. Financial support for Digital Pathology is being pursued via national sources, including Cancer Alliance funding, with business cases and procurement to be managed at regional level (SYB ICS).

5.10 ELECTRONIC PRESCRIBING

5.10.1   Electronic Prescribing and Medicines Administration (EPMA) provides well established patient safety functionality to increase medicines safety and improve discharge processes. Lord Carter firmly recommended its introduction in his report: "Operational productivity and performance in English NHS acute hospitals: Unwarranted variations".

5.10.2   In spring 2018 the Secretary of State for Health and Social Care announced that dedicated central funding would be made available to accelerate the rollout of Electronic Prescribing and Medicines Administration (EPMA). In July 2018 NHS Improvement then published a prospectus explaining how this funding can be accessed.

5.10.3   There are a number of qualification criteria for this funding, which we do meet. We are now included in a planned 3rd (and final) wave of applicants, which requires full business case submission and completion of procurement activities by January 2020.

5.10.4   The specific paediatric nature of our organisation means that we need to ensure that we implement a system that best meets specialist paediatric functionality, in particular relating to dosage measurement.

5.10.5   We are currently undertaking informal market testing and a detailed Output Based Specification will be completed by end June 2019.

5.11 CHILD PROTECTION INFORMATION SHARING

5.11.1   The national Child Protection Information Sharing (CP-IS) project ensures that when a child is known to social services - and is a Looked After Child or on a Child Protection Plan – an alert and basic information about the plan will be available to NHS users with relevant access.

5.11.2   CP-IS applies to emergency and unscheduled healthcare settings and as such access has been enabled for our Safeguarding teams since April 2019 and will be incorporated into Emergency Department processes in July 2019.

5.11.3   Through our use of CP-IS this then means that social care teams are automatically notified that the child has attended, and both parties can see details of the child's previous 25 visits to unscheduled care in England.

5.12 SHARED CARE RECORDS – SHEFFIELD ACP

5.12.1   The Sheffield Accountable Care Partnership established a formalised Digital Delivery Board in April 2020, with priority set on developing a business case and defined requirements specification for a Shared Care Record solution.

5.12.2   This shall create a unified record that integrates patient/citizen information held about a person from across the health and care system in Sheffield, i.e. from own Trust system, Sheffield GPs, Sheffield City Council, Sheffield Health and Social Care Trust and Sheffield Teaching Hospitals. The objective is to support the integration of direct care provided by teams who span across different organisations and acre settings.

5.12.3   For our Trust, a number of opportunities have been identified to target for benefits realisation, these include: transfers from Jessop hospital, community services provided to patients whose GP's do not use SystmOne, children under Safeguarding alerts, assessments for Looked After Children, transition planning and patients 16+ years presenting at adult Emergency Departments.

5.12.4   Within the Trust it is also acknowledged that even internally our clinical teams do not have a unified view of the Trust's clinical records for patients who are managed across internal Acute, Community and/or CAMHS care settings. Furthermore, even within respective care settings, clinical teams have to separately log in to multiple record systems to derive a broader view of patients' clinical records including referral information, images and test results. Whilst the ease of managing these multiple log-ins will be significantly improved through Single Sign-on implementation in 2019, this still falls short of delivering a unified internal record, which is increasingly viewed as a quality imperative.

5.12.5   Circa £1.0M capital funding is available to support this project in 2019/20; an initial Strategic Outline Case is being finalised for end June 2019 which will then be submitted for approval through ACP Executives. The detailed Output Based Specification is also well progressed and shall ready in July 2019.

5.13 REGIONAL HEALTH CARE RECORDS – YORKSHIRE & HUMBER

5.13.1   This is a high profile programme which has been supported by initial 2 year national funding in excess of £7M, to build an integrated record architecture and early adopter use cases for a regional Yorkshire & Humber 'Local Health Care Record' (Y&H LHCR).

5.13.2   The approach being taken is to develop a 'System of Systems' integration model which utilises the latest FHIR open messaging standards, avoiding the cost and vendor tie in that would be involved with purchase of a single commercial solution to be adopted across all organisations. This is also cognisant that many 'Place' health and care economies already have their own local shared record solutions, so these can be incorporated through integration.

5.13.3 A parallel development being progressed through the Y&H LHCR programme relates to regional procurement of Population Health capability. This includes infrastructure for data storage, data analytics application to process data and some data analytics people resource for initial analysis and reporting.

5.13.4 Also within scope is the objective to provide citizens (patients) with access to their unified record, so that a common solution is provided. This will be supplemented by take up of the new NHS App, enabling patients to access their appointments, letters and test results.

5.13.5 We are currently at the very early stage of discussions with the Y&H LHCR team as to feasibility for our inclusion in their 'Wave 2' take on in first half of 2020 calendar year. i.e. integration to enable our data feeds through the regional solution. Internal evaluation of this will be progressed through our IM&T Strategy Board.

6.   ICT INFRASTRUCTURE PROGRAMME

6.1.1   It has been evident from a series of user surveys and engagement sessions with staff groups over the past year that their largest frustrations (in relation to IM&T systems and services) centre around their day to day experience with our IT infrastructure and operational support processes.

6.1.2   This is despite staff acknowledgement that significant investments have been made and notable projects delivered in the same period, including full WiFi coverage, desktop migration to Windows 10 and sizeable roll-out of hybrid laptops and tablet devices to enable mobile working.

6.1.3   A more formalised IT operational model is a clear necessity moving forwards, less reliant on specific individuals and with establishment of clear expectations for target response and resolution times for support issues.

6.1.4   This need will only be further reinforced as we progress our roadmap to extend digital record coverage. A significant step change in IT process maturity and service level guarantees will become pre-requisite.

6.1.5   Hosted applications are expected to be always available, without unplanned downtime and with an appropriate level of 24x7x365 support provided to users. Access to IT services is increasingly expected to be enabled from any place, at any time and from any device. Whilst these desired positions must be balanced against IT security and data privacy considerations, which staff do accept, it is well recognised that expectations are ever increasing.

6.1.6   From a resourcing perspective, whilst service demand will inevitably increase year on year, IM&T budgets (pay and non-pay, revenue and capital) can not keep pace with this. Hence, it is imperative that IT services generate significant operational efficiencies to best absorb growth in demand and expectation. This is in addition to enabling service transformation and financial savings across most other areas of the Trust.

6.1.7   Pursuit of these opportunities is often constrained by more than just budgetary provision however. IT infrastructure investments that may have served the Trust very well over a long period previously now present as 'technical debt'. They now hold us back, limiting our options for new technology innovation and they add complexity and risk. It is never as simple as just 'swapping them out', given the need for data migration, complex integration with other niche systems etc…

6.1.8   Taking account of all these factors, and reflecting stakeholder feedback from user surveys and 'open staff forum' engagement sessions across Trust sites, the following objectives have been agreed upon for the Technical Infrastructure programme:

Seamless
• Ease of access to networks, applications and data, comparable to how we now use IT in our personal lives.   • Improved user experience with IT Service Desk.   • Greater adoption of paperless workflows, including process automation.
Resilience
• Infrastructure to be considered an essential utility, near 100% availability requirement, appropriately supported 24x7x365.
Mobility
• Ubiquitous connectivity needs, across external sites also. Essential to effective use of Estate and agile working.
Security
• Attainment of all 10 national data security standards.   • Cyber Essentials accreditation, continual vulnerability assessment.
Sustainable
• IT operating model and architecture must anticipate continual growth in user, asset and data volumes.   • Alignment to common technologies across the ICS.

6.1.9   Whilst this requires an ongoing programme to support continual extension of IT operational services (additional users, systems, devices, organisational reliance etc…), key priorities identified to demonstrate delivery of these objectives are:

End User Computing - desktop standardisation; wider coverage of mobile devices; Virtual Desktop Infrastructure performance; Imprivata Single Sign-on implementation; follow-me printing; finalise migration to NHS Mail; roll-out Skype messaging; introduction of technology to facilitate virtual outpatient clinics; and agile working initiatives aligned to Estates strategy.

Network and Storage – Health & Social Care Network (migration from N3); GovRoam connectivity across external sites within SYB ICS (with priority for those where the Trust provides peripheral outpatient clinics); remove Novell; increase Cloud adoption; eliminate single points of failure within the physical network and technical team supporting it; independent review of disaster recovery processes and business continuity testing.

Cyber Security – formal 3 year Programme, fully funded, approved in November 2017. This covers 17 specific project initiatives but is not widely shared outside the Trust's senior management levels due to its content, i.e. examining areas of potential vulnerability and risk exposure, along with timing of plans to address these.

Licensing – openly seeking opportunities to move to "Infrastructure as a Service" (IaaS) where as a Trust we 'consume' IT as a utility. This has clear advantages whereby we are only charged for what we use and we can smooth out peaks and troughs of capital investment. This approach also benefits our disaster recovery and business continuity position as expert suppliers are responsible for operating systems, underlying storage, servers, security, backups etc…. Developing the business case for a move to Office 365 subscription licensing is a high priority in 2019.

Service Management – formalise the IT operating model and embed ITIL processes (later described at 'Enablers' section); help desk system replacement; extend 24x7x365 user support; equitable service levels across Trust sites; self-help and self service; lead on the delivery of paperless processes to streamline activities and enhance user experience whilst not relaxing on necessary audit controls; also seeking to enable process automation across corporate support services (for example, current 'Day 1 Ready' project being delivered between HR, IT and Estates).

6.1.10 Together, these project priorities shall all support the intent to ensure that IT operational services are delivered more professionally, more openly and subject to appropriate independent audit assessment.

6.1.11 Within the IT help desk system replacement, we shall also ensure that performance reporting is an essential aspect of the project, so that we measure and publish how well IT services operate.

6.1.12 Where possible we shall also remove the reliance on individual IT staff so that problems can be resolved consistently and more quickly.

6.1.13 Availability of self-help and on-line video tutorials will be a priority so we can enable staff to resolve many problems themselves (with support available if they can't). This is after all how we all expect IT support services to operate in our personal lives.

7.   BUSINESS INTELLIGENCE PROGRAMME
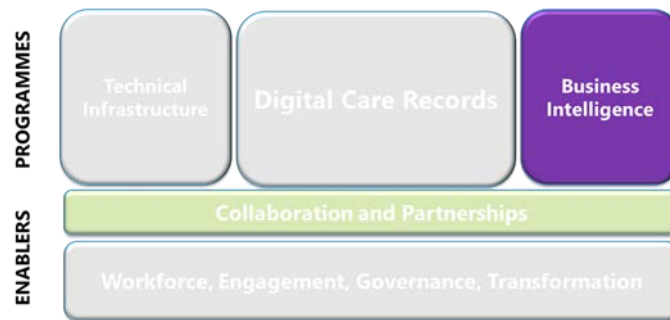
7.1.1   The following objectives have been identified, to be taken forward through a focused Business Intelligence programme:

Data Quality
• Robust standards for data capture and coding ('none shall pass' approach for reporting) • Adopt a 'Right First Time' culture • Regular clinical validation and audit

'Single Version of the Truth'
• Defined business logic and data definitions for information reporting • Self Service provision of reports to support an information culture and data driven decision making

7.1.2   As we progress through the Strategy roadmap to extend digital care record coverage this will of course bring accompanying challenges for parallel development of our information reporting capability.

7.1.3   Over the past 12 months the Trust has introduced a new Integrated Performance Report, used at both Trust-wide and Divisional level and fully aligned with Corporate Objectives. This includes qualitative and quantitative clinical and corporate performance metrics, alongside financial and workforce information to achieve a broader and more balanced insight.

7.1.4   With each implementation of new or enhanced digital record systems, or step change in mature use of existing ones, this delivers extended data sets (both breadth and depth).

7.1.5   There is hence significant opportunity to be derived from a more sophisticated approach to Business Intelligence and performance reporting, with a much greater focus on data driven insight enabling evidence based decision making, predictive modelling and proactive performance management. It is a must that this is built upon confidence with regards to data quality and 'single version of the truth' reporting, assured by robust validation processes and appropriate audit opinion.

7.1.6   Key work streams identified to support delivery of these objectives are:

Integrated Performance Reporting - triangulation across activity, finance, workforce and quality domains; predictive planning as well as retrospective performance reporting; extended use of benchmarking data.

Data Warehouse – extending coverage to fully incorporate eDMS and SystmOne data sets, plus all future digital record system delivery (e.g. following Digital Wards implementation).

Data Quality Assurance – sustain data quality maturity across all acute services (where benchmark reports for Commissioning Data Sets show the Trust is typically best performer in the region), must prioritise to raise Community and CAMHS data to same level.

Clinical Coding – continue clinical engagement and audit programme which has been a well-recognised success over the past 3 years, sustaining formal audit standards and attainment scores, managing migration to SNOMED.

Automated Reporting and Distribution – including self-service provision so reports can be re-compiled dynamically, accelerating reporting timetables, releasing more time for analysis and performance management.

Analytical Insight – training and support so that staff are confident and proficient in the use of any new data warehousing or self-service reporting facilities made available to them (so includes staff in the information management function as well as information recipients across the organisation).

Population Health – active involvement in the ACP and ICS agenda, aggregation of data across health and social care settings to inform wider service planning and commissioning.

8.   ENABLERS
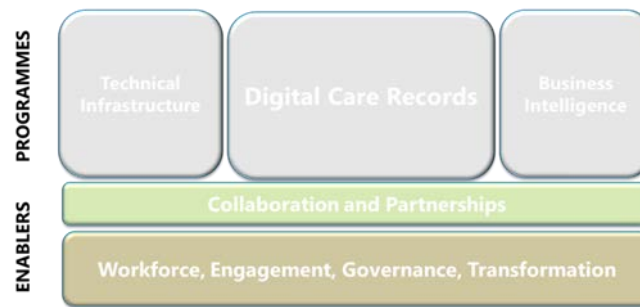
8.1   OVERVIEW

8.1.1   The above listed 'enablers' have each been identified as needing specific attention and senior oversight through the term of the Strategy.

8.1.2   Each are certainly essential for successful project selection, implementation and subsequent benefits realisation. Equally, they are essential to ensuring ongoing alignment of plans for systems/service development to keep pace with anticipated changes in requirements.

8.2   COLLABORATION & PARTNERSHIPS

8.2.1   Our approach to collaboration and partnership working, both internal and external, is central to our delivery of Connecting Together objectives. Through stakeholder review we have established the following objectives that can be better progressed through collaboration and partnerships:

Resilience
• Increasing requirement to support services and users 24x7x365
• IM&T management and technical capacity to manage major outages or security incidents
• Access to specialist IM&T skills, e.g. cyber security, development of business intelligence tools, IT procurement, EPR deployment.

Best Value
• Maintain cost benchmarking for core IM&T services.
• Reduced reliance on agency staff to deliver IM&T capital projects.

Best Practice
• Team Up, across our Divisions, within SYB ICS and through development of commercial partnerships, to identify and deliver transformation opportunities across our IM&T services.

Standardisation
• Shared procurement where possible, product standardisation as default.
• Shared knowledge base to drive continual performance improvement.
• Enable all models for furthering corporate service integration.

8.2.2   Key themes identified to support delivery of these objectives are:

Aggregated Procurement - whilst individual organisations all have their own internal procurement services, all partners recognise the potential and share the intent for aggregated purchasing wherever possible. This is one of the initial five priorities for the recently established ICS Infrastructure Programme Board.

Commercial Relationships – we must nurture and invest in mutually beneficial strategic relationships with our key suppliers, to influence their development roadmaps and anticipate our opportunities.

Shared Services – sustainability and resilience objectives demand that the Trust must more positively seek shared service and partnering opportunities going forwards. Provision of a 24x7x365 ICT Service Desk and rapid access to specialist cyber security expertise are clear examples.

Accountable Care Partnership and Integrated Care System – we must be an active participant, shaping and influencing to ensure alignment to wider Trust objectives and clinical strategy, thereby achieving best outcomes for our patients and staff.

8.3   WORKFORCE

8.3.1   Our confirmed IM&T strategic workforce objectives, in respect of Connecting Together delivery, are:

Subject Matter Experts
• Continue to develop multi-disciplinary networks of active clinical SMEs, representing clinical services and provide support to the Chief Clinical Information Officer.
Clinical Safety Officers
• Build a cohort of accredited clinical safety leads to ensure all new electronic patient record systems are rigorously tested prior to their introduction into live clinical environment.
Data Protection
• Extend resource to function, for proactive information risk management and GDPR compliance.
Grow Our Own
• Key principle for IM&T workforce development and sustainability, success of which has been demonstrated in Clinical Coding over past 2 years.
• Initiatives to include: Digital Academy placements for clinical leads, internal secondment opportunities, graduate and apprenticeship schemes.
IM&T Service Management
• Formalised IM&T support model, with all staff trained and working to industry ITIL processes.

8.3.2   Prominent clinical leadership is a must. We will continue to develop an active network (internal and external liaison) of well informed and representative multi-disciplinary clinical leads, suitably immersed in each of the strategic projects.

8.3.3   This will require dedicated time for project workload, to be balanced against clinical commitments and hence will need to be factored into project resource planning and budgets. This has been well demonstrated through recent projects to implement eDMS and CAMHS EPR.

8.3.4   Patient safety is of paramount importance when implementing new clinical record systems and new working practices. We shall secure a larger cohort of formally accredited 'Clinical Safety Officers', who will each complete the relevant national training programme. These roles shall provide advice (and instruction where necessary) for projects teams developing initial system specifications. They will then also undertake formal risk assessments as an essential approval gateway prior to go-live on any relevant systems.

8.3.5   Similarly, all changes to IM&T systems and data flows must be subject to data privacy risk assessments. These requirements were of course much reinforced in the 2018 EU General Data Protection Regulation (GDPR) and subsequent update to the Data Protection Act... It is clear that we must plan to extend resource to be provided to the Data Protection Officer function, which is also a formal Internal Audit recommendation.

8.3.6   In respect of IM&T recruitment, it is the firm intent of our senior management team to see local Graduate and Apprenticeship schemes introduced, supported by HR and developed in partnership with local education organisations. This 'grow our own' principle can be a vital enabler for a sustainable IM&T workforce plan, and has been shown to work extremely well in the past in areas such as Clinical Coding.

8.3.7   'ITIL' is a recognised industry standard model for running IT operational support services and also typically translated into formal IT audit standards. Where ITIL processes are currently implemented within the IT department, these are often informally enforced and not hard coded into the IT help desk and automated workflow systems. This will need to be addressed through replacement of the existing IT help desk system, which has confirmed funding through the Cyber Programme approved in November 2017.

8.3.8   Ahead of this help desk system replacement we will ensure that staff throughout the IT function are provided with accredited ITIL training, so that this will inform decisions regarding new system design and associated process changes.

8.4   ENGAGEMENT & TRANSFORMATION

8.4.1   The following priorities have been identified to optimise the benefits from Connecting Together delivery and to ensure the strategy's continued alignment with the Trust's clinical strategy:

Chief Clinical Information Officer
• CCIO Recruitment planned July/August 2019.
• Senior leadership and representation, ensuring clinicians are central to decisions guiding safe and efficient design, deployment and use of IM&T solutions.

IM&T Clinical Advisory Group
• Ensure this is regular and active multi-disciplinary forum, chaired by CCIO, influencing prioritisation decisions and advising on change management requirements for project implementation.
• Consolidate existing clinical reference groups that currently oversee developments for acute, community and CAMHS systems separately.

Communications and Service Improvement
• Essential support for all project delivery, ensuring key link between project management focus on delivery of outputs and business requirement for delivery of benefits.

External Representation
• We must commit time and focus to support development of Place and System IM&T programmes, to ensure these align to Trust clinical strategy and incorporate our clinical design requirements for new digital care record solutions.

8.4.2   Working with the senior IM&T team and through the IM&T governance structure, the CCIO will champion the development of a clinically appropriate information culture across the organisation.

8.4.3   The CCIO will also chair the IM&T Clinical Advisory Group, along with developing a network of informatics champions and subject matter experts within the clinical and nursing professional groups.

8.4.4   An effective engagement strategy also requires commitment to maintaining a high quality communications plan. Initial communications activities will accompany the launch of the Strategy and will thereafter be maintained through the Clinical Advisory Group and relevant Programme and Project Boards.

8.4.5   This must also factor in awareness of relevant external developments, including those occurring within Sheffield Accountable Care Partnership, South Yorkshire & Bassetlaw Integrated Care System and the Yorkshire & Humber Local Health Care Record programmes.

8.5   GOVERNANCE

8.5.1   Connecting Together programme governance structure is illustrated below, consistent with recent EPR business cases approved through Trust Executive Group. This promotes clinical leadership internally and incorporates necessary alignment with external programmes also.

8.5.2   This structure will be also be reflected in the management of the agenda for the IM&T Strategy Board, programme reporting (including budget and expenditure reports) and communications plan.
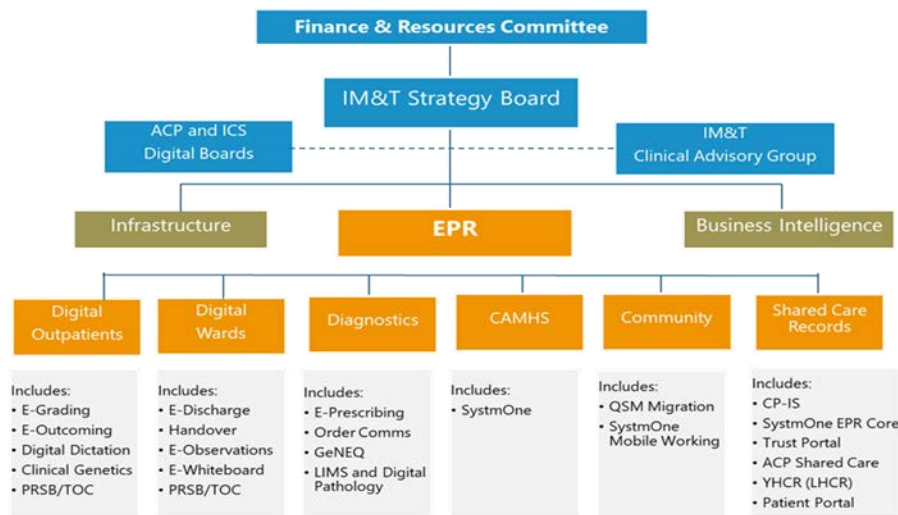
8.5.3   This IM&T governance will also need to remain aligned with the work streams established for the Trust's transformation programme, to ensure coherence and avoid duplication. The link between the 'Digital Outpatients EPR' programme and the wider Trust Modernising Outpatients Programme is an example of this.

8.5.4   Business cases for investment funding and project approvals will also need to be managed consistent with the Trust's Standing Financial Instructions. We must also be cognisant of all necessary external bid submission processes and award criteria where national allocations are being sought for specific projects.

9.   FUNDING ASSUMPTIONS

9.1.1   At the point of launching this strategy, the two most significant risks to delivery of our Connecting Together objectives are:

- Programme and project affordability, both in capital and revenue expenditure terms, regardless of expectations regarding ultimate return on investment.

- IM&T and wider Trust capacity to implement major change management projects simultaneously.

9.1.2   These two issues are inter-linked to a significant degree.

9.1.3   It is increasingly common that investment priorities can develop unarguable value for money appraisals, but these same schemes have to then be subsequently delayed or cannot proceed due to the affordability of non-recurrent funding (typically capital) to provide the necessary project budget.

9.1.4   Unfortunately, due to overall staffing capacity constraints, it is also not possible to deliver the desired projects through substantive resources, even if the projects were to take longer.

9.1.5   The Trust's regular capital allocation for IM&T is currently circa £780K per annum, although it is understood that within this budget we will struggle to fund much more than necessary end of life replacement of existing IT assets (network and server infrastructure, desktop and laptops).

9.1.6   Additionally there is the ever increasing challenge to ensure the Trust is fully licensed for all operating software, much of which had historically been covered through NHS-wide enterprise agreements. In the past these 'true up' investments have been funded through internal capital allocations, but they then repeat as per vendor product lifecycles. As example, we are rapidly approaching the end of life for core Microsoft products such as:

SQL Server 2008R2   (expires July 2019)

Server 2008R2   (expires January 2020)

Office 2010   (expires October 2020)

9.1.7   Cloud based (revenue funded) solutions such as Office 365, Azure and/or Amazon Web Services smooth out investment cycles not only for software licensing, but also for associated hardware requirements. They also provide for automatic upgrade paths funded within the subscription.

9.1.8   Any such changes will certainly be subject to formal business cases which address the financial affordability challenges, but there is little doubt this will be the 'best value' way forward for long term licensing of our core operating software.

9.1.9   In this overall context it is essential that the Trust continues to seek external funding sources wherever possible. Over the past two years we have been successful with national cyber security funding (£2.2M in 2017/18) and 'Health System Led Investment' provider digitisation monies (£1.2M in 2018/19).

9.1.10   Further external bid opportunities are anticipated in 2019/20, albeit subject to match funding commitment over contract terms.

9.1.11   Circa £1.0M capital funding is currently earmarked for the planned Digital Wards project, sourced through 'Health System Led Investment' provider digitisation funding. Capital funding for the Trust to implement Electronic Prescribing is also available through dedicated national allocation.

9.1.12   Each of these is subject to submission of full business cases which have been approved within the Trust and then ratified by the ICS Digital Board. The business case for Digital Wards is due by December 2019 and the one for Electronic Prescribing must be submitted by no later than January 2020.

9.1.13   In order to be successful with such bids, our commitment to Connecting Together objectives will be a critical factor, most notably in relation to our commitment to interoperability specifications, record sharing (structured clinical data, not just access to documents) and alignment towards digital systems standardisation across regional footprints.

14. 163/19 STRATEGIC PARTNERSHIP WORKING

Sheffield Children's **NHS**

NHS Foundation Trust

EXECUTIVE SUMMARY

Title	**STRATEGIC PARTNERSHIP WORKING**		
Report to	**TRUST BOARD (PART 1)**	**Date**	**25 JUNE 2019**
Executive Sponsor	**JOHN SOMERS, CHIEF EXECUTIVE**		
Author			
Purpose of report	**The paper provides an update on strategic partnership working arrangements with the Integrated Care System (ICS) and Accountable Care Partnership (ACP).**		
			Please tick as appropriate
	Approval		
	Assurance		
	Information		x

Executive summary –the key messages and issues

The paper from the South Yorkshire and Bassetlaw ICS Chief Executive (Appendix A) provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System (ICS) for the month of May 2019, also included in the report (Appendix B) is an update letter to South Yorkshire and Bassetlaw MPs for information.
 	
 The report covers the following issues at system level which influence the Trust:
    o Hospital Services Programme
    o Long Term Plan
 	
 ICS Performance Scorecard:
 The attached scorecards show the collective position at May 2019 (using predominantly March/April 2019 data) as compared with other areas in the North of England and also with the other nine advanced ICSs in the country. The new integrated assurance report highlighting the performance across the system will begin next month.
 	
 ICS Month 1 Finance Report:
 There is no month 1 finance report available for circulation, however the ICS Chief Executive reports that the ICS financial position is reporting a year-end favourable variance against plan of £19.6m excluding PSF and £65.7m including PSF. This is a very creditable performance given the risks the system faced at the start of the year and the mitigation of in year pressures.
 	
 Also included in the report is the South Yorkshire & Bassetlaw ICS 2019/20 System Operating Plan Overview letter (Appendix C) for information.
 	
 A paper from the Accountable Care Partnership (ACP) Directors Report (Appendix D) is also presented for information. This provides an update on:
    o Headlines from the Accountable Care Programme
    o Overview of ACP programme activities

o   Cross cutting risks of the high level programme from the highlight reports

How this report impacts on current risks or highlights new risks
N/A

Recommendations and next steps

The Board is asked to:
 	
  1. Note the ICS finance update.
  2. Note the ICS Chief Executive's report and performance scorecard.
  3. Note the ICS System Operating Plan for 2019/20.
  4. Note the ACP Director's report.

1. Integrated Care System (ICS)

The April Chief Executive's Report for the ICS in South Yorkshire and Bassetlaw is attached at Appendix A for information. Attached at Appendix B is a letter from the ICS Chief Executive on interim governance arrangements.

2. Performance scorecard

South Yorkshire and Bassetlaw ICS' performance against key performance indicators are included within the report. These compare the ICS' performance against the first wave ICS, ICS in the North and at Place level for March (January data).

3. Finance Report

The South Yorkshire and Bassetlaw ICS' month 11 finance report is included within the report (Appendix C), and the forecast year-end position for the system.

4. Integrated Care System Long Term Plan Engagement Programme

The NHS Long Term Plan sets out the requirement for Integrated Care Systems to work together with local partners to develop their local response by producing an ICS five-year strategic plan by the Autumn of 2019. As an essential part of this process, wide engagement with health and care staff, patients, the public and other stakeholders across South Yorkshire and Bassetlaw needs to take place.

This paper (Appendix D) provides the detail around engaging with the many audiences across South Yorkshire and Bassetlaw Integrated Care System to determine what the NHS Long Term Plan means for them and to co-design the most effective ways to put the commitments into practice locally.

Feedback from the wide engagement exercise will be collated, analysed and reported back to ICS partners to inform the South Yorkshire and Bassetlaw ICS Five Year Plan, expected to be published in the Autumn.

The engagement focuses on four areas:
- Local communities
- Health and care staff
- Local government
- Governors, non-executives and lay members

5. Accountable Care Partnership (ACP)

The April report provides headlines from the progress of the Accountable Care Programme, and overview of ACP Programme Activities by the Programme Director for the purpose of each partner board and is attached at Appendix E.

South Yorkshire and Bassetlaw Integrated Care System CEO Report

<u>**Enc B**</u>

**SOUTH YORKSHIRE AND BASSETLAW
INTEGRATED CARE SYSTEM
HEALTH EXECUTIVE GROUP**

11 June 2019

Author(s)	Andrew Cash, Chief Executive, South Yorkshire and Bassetlaw Integrated Care System
Sponsor	

Is your report for Approval / Consideration / Noting
For noting and discussion

Links to the STP (please tick)

☑ **Reduce inequalities**	☑ **Join up health and care**	☑ **Invest and grow primary and community care**	☑ **Treat the whole person, mental and physical**
☑ **Standardise acute hospital care**	☑ **Simplify urgent and emergency care**	☑ **Develop our workforce**	☑ **Use the best technology**
☑ **Create financial sustainability**	☑ **Work with patients and the public to do this**		

Are there any resource implications (including Financial, Staffing etc)?
N/A

Summary of key issues
This monthly paper from the South Yorkshire and Bassetlaw Chief Executive provides a summary update on the work of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) for the month of May 2019.

Recommendations
The SYB Collaborative Partnership Board (CPB) and SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.

South Yorkshire and Bassetlaw Integrated Care System CEO Report

**SOUTH YORKSHIRE AND BASSETLAW
INTEGRATED CARE SYSTEM**

June 2019

1.   Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of May 2019.

2.   Summary update for activity during May 2019

2.1   Place Reviews

A further two formal Place reviews were undertaken this month with Bassetlaw Accountable Care Partnership on 21 May and Barnsley Accountable Care Partnership on 22 May. These follow the first review with the Sheffield Accountable Care Partnership (ACP) in April.

The reviews focus on delivery and transformation at Place and explore both good practice and issues or areas where additional support would be helpful. The approach concentrates on understanding the aspirations for local systems and the key issues in order to establish what is working well and will bring about improvements through local support and mutual accountability.

2.2   Performance Scorecard

The attached scorecards show our collective position at May 2019 (using predominantly March/April 2019 data) as compared with other areas in the North of England and also with the other nine advanced ICSs in the country. The new integrated assurance report highlighting the performance across the system will begin next month.

The data shows that across the system, our overall performance has declined since last month. While this trend is in keeping with other systems, our performance remains comparatively good. We were the only ICS in the North and advanced ICS to meet the referral to treatment times (RTT) and we maintained our two week wait and diagnostic wait times. However, our A&E performance worsened (from 90.6 to 88.2) and our efforts to improve our other cancer waiting times need to continue if we are to meet the Constitutional Standards.

The ICS financial position is reporting a year end favourable variance against plan of £19.6m excluding PSF and £65.7m including PSF. This is a very creditable performance given the risks the system faced at the start of the year and the mitigation of in year pressures.

2.3   The North Respiratory Collaborative

Around 200 people attended the North Respiratory Collaborative event which took place in May. The majority of Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) in the North were well represented with acute providers, commissioners, and primary care.

There were a number of national and regional directors and senior clinicians present and the feedback was positive, with participants engaged and focussed on delivering tangible improvements for respiratory disease. There was a real sense of ownership of the challenges and recognition that the solutions can only be achieved at a system level.

Feedback from the session included:

- This was an opportunity to share and spread best practice in delivery across the whole of the North and further pan North service specific events to support the longer term transformation were proposed.
- Most of the delegates from local systems recognised that there is a need to take a networked approach at a local system level to deliver the changes and several committed to implementing a respiratory delivery/clinical network at STP/ICS level.
- A recognition that addressing quality in respiratory disease is key to addressing operational pressures (specifically winter pressures). STP/ICS representatives recognised that more work was needed to embed respiratory improvement into STP/ICS leadership and business.

2.4   ICS Leads Development Day

The latest national ICS Leads Development Day took place on 9 May.

The workshop covered a number of areas, including a consensus of working at 'Place', the future of commissioning, working through potential conflicts of interest for partners within a system and system metrics. There was also a discussion on the NHS people plan and the importance of ICS involvement as the programme of work develops.

2.5   Hospital Services Programme

Work is now underway to develop the Hosted Networks, with hosts, CCG partners and funding for the Networks agreed. Job descriptions are being agreed for the Clinical Lead, Network Manager, analytical support and administrative support for all of the Networks with the aim of interviewing for before August. Trusts are now starting to work with colleagues across hospitals to develop a work programme that will start in the Autumn.

The Hospital Services team is currently carrying out further work on locum usage, and addressing feedback from the Health Executive Group to consider the development of an early warning mechanism if a transformation approach is not proving sufficient. The paper will be circulated for agreement and then circulated to Governing Bodies for agreement, copied to Trust Boards for information.

2.6   Long Term Plan

The ICS Long Term Plan Task and Finish Group, which comprises representatives from each of the Places as well as the ICS Programme Management Team, met for the first time in May. In addition to agreeing the timeline for the Group to develop the SYB ICS response to the Long Term Plan, colleagues from Places agreed to consider their Place plans and to share the 'golden threads' that would benefit from being drawn together in the SYB Plan. The Group will continue to meet to draw the SYB Plan together over the Summer.

Significant public and patient engagement on the Long Term Plan across each Place has already been undertaken with support from the local Healthwatches. This is alongside local work being undertaken by the ICS partner organisations and the SYB ICS communications and engagement team. A final report on the findings from the conversations will be shared and discussed alongside the work of the Task and Finish Group at a System Long Term Plan event due to take place on 9 July 2019.

2.7   South Yorkshire and Bassetlaw Integrated Care System Focus Meeting with NHS England and Improvement

The first 'focus' meeting with NHS England and Improvement and South Yorkshire and Bassetlaw ICS took place on 16th May 2019. The discussion was the first since the ICS took on greater responsibilities on April 1st 2019 and was between senior managers in the ICS Chief Executive Lead's team and the Joint Regional Director's team.

The purpose of the session was to understand, explore and assure the key issues and risks to delivery for the ICS in the context of the 2019/20 planning round. It was also to ensure a common understanding of the strategic issues for the ICS and alignment of our approach and to review our overall progress and governance arrangements.

The discussion also covered a sustainable operating model for the ICS, partnerships, the implementation of transformation objectives in the Long Term Plan and our support needs.

Andrew Cash
Chief Executive, South Yorkshire and Bassetlaw Integrated Care System

Date 6 June 2019

How are we doing? An overview

Key performance standards and March/April data

First Wave ICS'

	A&E (95%) April data	RTT (92%) March data	Diagnostics 6 weeks March data	2ww (93%) March data	2ww breast (93%) March data	31 day (96%) March data	62 day (85%) March data	EIP (50%) March data	IAPT Access 4.75% Q4) Feb data	IAPT Recovery (50%) Feb data
South Yorkshire and Bassetlaw	88.2 🔴	92.1 🟢	0.5 🟢	94.7 🟢	91.6 🔴	95.3 🔴	79.8 🔴	81.3 🟢	4.60 🔴	53.6 🟢
Greater Manchester	🔴	🔴	🔴	🟢	🔴	🟢	🔴	🟢	🔴	🟢
Bucks, Oxfordshire and Berkshire West	🟠	🔴	🔴	🟢	🟢	🔴	🔴	🟢	🔴	🟢
Frimley Health	🔴	🔴	🟢	🟢	🟢	🟢	🟢	🟢	🔴	🟢
Dorset	🔴	🔴	🔴	🔴	🔴	🔴	🟢	🔴	🟢	🟢
Nottinghamshire	🔴	🔴	🟢	🟢	🔴	🔴	🔴	🟢	🔴	🟢
Blackpool & Fyde - Lancashire and S.Cumbria	🔴	🔴	🔴	🔴	🔴	🟢	🔴	🟢	🔴	🟢
Milton Keynes, Bedfordshire & Luton	🟠	🔴	🟢	🟢	🟢	🟢	🔴	🟢	🔴	🔴
Gloucestershire	🟠	🔴	🔴	🟢	🟢	🔴	🔴	🟢	🔴	🟢
Suffolk and NE Essex	🔴	🔴	🔴	🔴	🔴	🟢	🔴	🟢	🟢	🟢

The ICS financial position is reporting a year end favourable variance against plan of £19.6m excluding PSF and £65.7m including PSF. This is a very creditable performance given the risks the system faced at the start of the year and the mitigation of in year pressures.
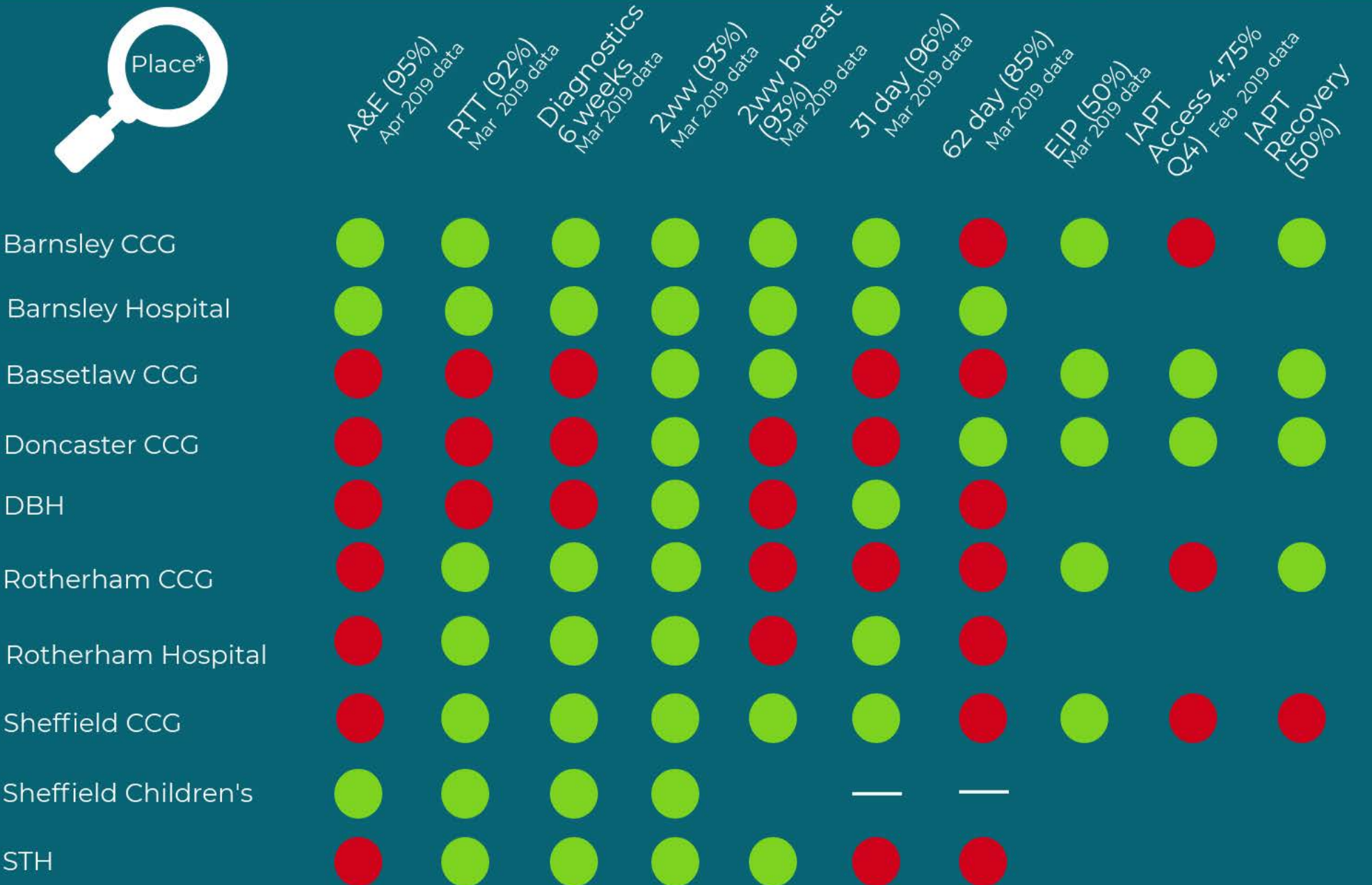
How are we doing? An overview
Key performance report: May 2019 (using predominantly March/April data)

North

	A&E (95%) April data	RTT (92%) March data	Diagnostics 6 weeks March data	2ww (93%) March data	2ww breast (93%) March data	31 day (96%) March data	62 day (85%) March data	EIP (50%) March data	IAPT Feb data Access 4.75% Q4)	IAPT Feb data Recovery (50%)
South Yorkshire and Bassetlaw	88.2 (red)	92.1 (green)	0.5 (green)	94.7 (green)	91.6 (red)	95.3 (red)	79.8 (red)	81.3 (green)	4.60 (red)	53.6 (green)
Greater Manchester	red	red	red	green	red	green	red	green	red	green
Cheshire and Merseyside	red	red	red	green	red	green	red	green	red	red
Cumbria and North East	orange	red	red	red	red	green	green	green	red	green
Humber, Coast and Vale	red	red	red	green	red	red	red	green	green	green
Lancashire and South Cumbria	red	red	red	red	red	green	red	green	red	green
West Yorkshire	red	red	red	red	red	green	red	green	red	green

The ICS financial position is reporting a year end favourable variance against plan of £19.6m excluding PSF and £65.7m including PSF. This is a very creditable performance given the risks the system faced at the start of the year and the mitigation of in year pressures.

Key performance report: May 2019 (using predominantly March/April data)

(TRUST BOARD PART 1) (14. 163/19 STRATEGIC PARTNERSHIP WORKING)

Place*

	A&E (95%) Apr 2019 data	RTT (92%) Mar 2019 data	Diagnostics 6 weeks Mar 2019 data	2ww (93%) Mar 2019 data	2ww breast (93%) Mar 2019 data	31 day (96%) Mar 2019 data	62 day (85%) Mar 2019 data	EIP (50%) Mar 2019 data	IAPT Access 4.75% Q4) Feb 2019 data	IAPT Recovery (50%)
Barnsley CCG	Green	Green	Green	Green	Green	Green	Red	Green	Red	Green
Barnsley Hospital	Green	Green	Green	Green	Green	Green	Green			
Bassetlaw CCG	Red	Red	Red	Green	Green	Red	Red	Green	Green	Green
Doncaster CCG	Red	Red	Green	Red	Red	Green	Red	Green	Green	Green
DBH	Red	Red	Red	Green	Red	Green	Red			
Rotherham CCG	Red	Green	Green	Green	Red	Red	Red	Green	Red	Green
Rotherham Hospital	Red	Green	Green	Green	Red	Green	Red			
Sheffield CCG	Red	Green	Green	Green	Green	Green	Red	Green	Red	Red
Sheffield Children's	Green	Green	Green	Green		—	—			
STH	Red	Green	Green	Green	Green	Red	Red			

The ICS financial position is reporting a year end favourable variance against plan of £19.6m excluding PSF and £65.7m including PSF. This is a very creditable performance given the risks the system faced at the start of the year and the mitigation of in year pressures.

*Data based on CCG and Acute Trust performance

NHS

South Yorkshire and Bassetlaw Integrated Care System

PMO Office: 722 Prince of Wales Road

Sheffield

S9 4EU

0114 305 4487

4 June 2019

Letter to: SYB MPs

Dear Jared,

South Yorkshire and Bassetlaw Integrated Care System

I am writing to you as the Chief Executive Lead of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS), in which your constituency falls. You will recently have received a letter from Richard Barker, Regional Director (North East and Yorkshire) NHS England and NHS Improvement outlining changes to their national and regional leadership teams and I wanted to follow that up from a more local perspective. I know how important health and care services are to your constituents and I am keen to ensure you are also updated on the work and working arrangements of SYB ICS.

As you may know, Integrated Care Systems (ICS) have evolved from Sustainability and Transformation Partnerships (STPs) and bring together NHS providers and commissioners, NHS England and NHS Improvement, working closely with GP Networks, Local Authorities and other partners, to take shared responsibility for how they will use their collective resources to improve the quality of care and health outcomes for our population.

In South Yorkshire and Bassetlaw, we are currently in a transition year in 2019/20 as an ICS as we start to take on more responsibilities for our health system. This includes increasing collective accountability for health performance and finance and we are continually evolving our governance in line with these developments. We are not a legal entity and each partner within the ICS is accountable to the public through its own Board or Governing Body but we are committed as a collective to be open and transparent in our work.

Ways of working

Our governance is therefore mostly a collection of strategic forums where issues are debated, work areas agreed or performance assured. These include:

- Collaborative Partnership Board - where all health and care partners come together to agree and discuss work programmes for *all partners* across the SYB footprint. We are currently reviewing this forum to better suit the needs of members. It meets quarterly.

In addition, we are bringing health partners together to take forward NHS shared priorities across South Yorkshire and Bassetlaw. We have established a set of working arrangements to facilitate these and they include:

1

- Health Oversight Board - where health partners' performance and work programmes are overseen by non-executives and the wider system (such as Chairs from Healthwatch and Health and Wellbeing Board). It meets quarterly.
- Health Executive Group - where health partners come together to discuss and agree work programmes across the SYB footprint. It meets monthly.
- Integrated Assurance Group - where health partners come together to review and assure collective health system performance and the work programmes. It meets monthly.

We work closely with our NHS regional team (North East and Yorkshire) and are supported by our Regional Director, Richard Barker.

Priority areas for South Yorkshire and Bassetlaw

We have a range of priority areas where we are working either as a collaboration of health partners or as all partners. We recently agreed three areas of focus for all health and care partners, these are:

- Complex lives, including a system wide health and care approach
- The impact of loneliness, including mental, physical and wider services
- Activity and health, including exercise, active travel, planning and transport

As a system of health partners, we are currently reviewing our work areas following the publication of the NHS Long Term Plan and are engaging with the public, patients and stakeholders to help us develop our Five Year Plan in response. These conversations are happening in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield, led by partners and supported by Healthwatch.

We will ensure the themes from the feedback inform our Plan but already know from our ongoing conversations that our staff, stakeholders and partners that we will want to focus on areas such as enhancing primary and community care, mental health services, our workforce, and the use of IT and digital to improve how services are delivered. We will publish our Plan in the Autumn.

Hospital Services Review

You may also be familiar with the Hospital Services Review, a programme of work that has been reviewing five acute hospital services across South Yorkshire and Bassetlaw. The independent report from the review was published in May 2018 and it recommended that to continue to provide high quality services across the region, hospitals must work together even more closely and in ways that connect teams across all sites.

The central theme was for local people to continue to get as much hospital care as possible in their local District General Hospital (DGH). This included a recommendation to keep all seven emergency departments (EDs) in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham, the Major Trauma Centre and ED at the Northern General Hospital in Sheffield and the ED at the Sheffield Children's Hospital.

In new networks of care, it was proposed that different hospitals take the lead for each of the five clinical services reviewed. The responsibilities of local hospitals could include strengthening the workforce and making sure that all patients get care to the same high standards.

2

The review also identified real challenges in sustaining some services in every DGH, in particular children's and maternity services, and the Report recommended that Networks and wider collaboration were the best opportunity to sustain local services at their current levels. Work across partners has been ongoing since the recommendations were published and I am delighted to let you know that the Networks are now starting to be established. I will report on their progress to you in my next update.

Also among the proposals were two new regional centres of excellence to support the Networks. A Health and Care Institute would link the region's universities, colleges and schools with the NHS and local authorities to focus on region wide workforce solutions. As well as recruiting and nurturing the workforce of the future, it would include a single joint approach to developing and putting shared ways of working in place.

The creation of an Innovation Hub, which would be in partnership with the Yorkshire and Humber Academic Health Science Network, would spot and quickly roll out innovation schemes across the region, such as new technologies. I am also pleased to report that these recommendations have been taken forward and we are in the process of setting up both a Health and Care Institute and Innovation Hub.

Keeping in touch

I would like to ensure you are regularly updated and my plan would be to write to you every six months with progress reports or as and when key developments take place. I am aware that established channels of communications with NHS CCGs and NHS Trusts are the normal way of communicating and encourage and support the continuation of these.

In the meantime, please do get in touch if you have any questions.

Yours sincerely

Sir Andrew Cash
Chief Executive Lead, South Yorkshire and Bassetlaw Integrated Care System

Cc   Tim Moorhead, Clinical Chair, NHS Sheffield CCG
       Brian Hughes, Acting Accountable Officer, NHS Sheffield CCG
       Tony Pedder, Chair, Sheffield Teaching Hospitals NHS Foundation Trust
       Kirsten Major, Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust
       Jayne Brown, Chair, Sheffield Health and Social Care NHS Foundation Trust
       Kevan Taylor, Chief Executive, Sheffield Health and Social Care NHS Foundation Trust
       Sarah Jones, Chair, Sheffield Children's NHS Foundation Trust
       John Somers, Chief Executive, Sheffield Children's NHS Foundation Trust
       Will Cleary-Gray, Chief Operating Officer, SYB ICS

NHS

South Yorkshire and Bassetlaw Integrated Care System

PMO Office: 722 Prince of Wales Road

Sheffield

S9 4EU

0114 305 4487

22 May 2019

To: Chief Executives

        CCG Accountable Officers

Dear Colleagues

RE: South Yorkshire & Bassetlaw ICS 2019/20 System Operating Plan Overview

Following sign off at our Health Executive Group meeting on the 14 May, and following our 16 May focus meeting with Richard Barker and regional colleagues, the ICS System Operating Plan is now agreed.

Our System Operating Plan is the culmination of our planning endeavours; is built up from place; and represents a significant collective achievement. I would be most grateful if you could ensure that our plan is now shared with your Boards and Governing Bodies.

Yours sincerely

Sir Andrew Cash

CC -   Provider Planning Leads

        CCG Planning Leads

Health and Care Working Together in South Yorkshire and Bassetlaw

An Integrated Care System

System Operating Plan – 2019/20

Version: 2.1, incorporating 26 April 2019 targeted resubmissions.
Date edited: 07/05/2019
Status: Final Draft for Health Executive Group Review

South Yorkshire and Bassetlaw
Integrated Care System: System Operating Plan

CONTENTS

1. Introduction

1. This System Operating Plan represents a significant milestone in the development of the South Yorkshire and Bassetlaw Integrated Care System. All NHS organisations have worked together throughout the 2019/20 planning round, building upon years' of collaborative working, to deliver a robust plan.

2. Plans developed in each of the five South Yorkshire and Bassetlaw places and existing statutory organisations continue to form the foundation of the system-wide plan.

3. However, consistent with the development of the new system architecture, the role of the ICS has been increasingly central in:

    - describing the SYB Planning Framework
    - Assuring individual plans and
    - Supporting the collaborative working across SYB to deliver alignment in place.

4. The plan provides the detail on delivery of the ambitions set out within the 2019/20 Planning Guidance and forms the first year of the Long Term Plan for South Yorkshire & Bassetlaw.

Andrew Cash

ICS Lead

April 2019

3

2. System priorities and deliverables

Key priorities for 2019/20

Significant progress has been secured during 2018/19 in the five core programme areas: cancer, elective & diagnostics, mental health, primary care and urgent & emergency care.

The following section provides a summary in each programme area of

- Achievements in 2018/19,

- Current delivery against key indicators, benchmarked against the other STPs in England, and

- Planning priorities for 2019/20

In addition planning priorities for 2019 /20 are included for:

- Maternity

- Transforming Care

- Specialised Services

5

Achievements in 2018/19

- ✓ Inter-provider transfer policy developed with standardised approach to the application of national Cancer Waiting Times guidance across all providers

- ✓ Be Cancer SAFE social movement campaign created over 12,000 cancer champions in the five Places

- ✓ Vague symptoms pathway operational in 3 of 5 providers with over 300 patients seen

- ✓ First Alliance to introduce a revised 2ww form to reflect new PSA guidance across the footprint

- ✓ CT and MRI demand and capacity review completed with report recommendations for system level opportunities. Endoscopy demand and capacity review underway

- ✓ Pilot of chemotherapy closer to home services established.

- ✓ SYB review of chemotherapy service configuration to improve sustainability and address workforce gaps

- ✓ Implementation of RAPID pathway for lower GI, prostate and lung

- ✓ Continued roll-out of Living with & Beyond Cancer programme including focus on 'honest conversations'

- ✓ 1,300 additional patients accessing support services through LWBC programme.

- ✓ Inequalities review completed in March 2019 to inform the strategy for engaging with hard to reach groups with a focus on improving uptake in screening.

- ✓ Targeted Lung Health Checks implementation in Doncaster - roll out focussed on practices with highest incidence of lung cancer and CVD

- ✓ 2nd robot commissioned at STH to manage prostate demand

- ✓ Groundwork commenced on second CT scanner for DBHFT

Delivery in 2018/19

Cancer pathway					Worst ———————————— Best
CAN(ii)	Cancer incidence (total tumours)^	2016	8602	33/42	
CAN(ii_a)	Cancer incidence (rate)	2016	626.4	37/42	
CAN(iii)	Breast cancer screening coverage	2016/17	75.0%	17/42	
CAN(iv)	Cervical cancer screening coverage	2016/17	75.1%	10/42	
CAN(v)	Bowel cancer screening coverage	2016/17	60.9%	18/42	
CAN(vi)	Diagnosis at stage 1 or 2	2016	49.5%	36/42	
CAN(vii)	Seen by specialist within 14 days	Sep-18	93.2%	18/42	
CAN(viii)	Seen by specialist 15-21 days	Sep-18	4.8%	18/42	
CAN(ix)	Seen by specialist 22-28 days	Sep-18	1.3%	15/42	
CAN(x)	Seen by specialist after 28 days	Sep-18	0.7%	22/42	
CAN(xi)	Treated within 31 days	Sep-18	26.2%	19/42	
CAN(xii)	Treated 32-62 days	Sep-18	53.8%	19/42	
CAN(x)	Treated 63-104 days	Sep-18	13.4%	15/42	
CAN(xiv)	Treated after 104 days	Sep-18	6.6%	25/42	

Performance in 2018/19 at ICS level and compared to 42 STPs, nationally (source: STP Care & Outcomes Tool, Q2 2018/19)

Plan for 2019/20

Key Deliverables	Target Date	Level of Assurance					
		SYB	B	Bs	D	R	S
Standardised operational approach to delivery of national targets through improved information systems and shared approach to supply & demand.	On-going	A	G	A	A	G	A
Improve diagnostic capacity through Rapid Diagnostic Centre, implementation of diagnostic review recommendations and network approach (reporting capacity, radiographer academy and IT solutions)	March 2020	G					
Deliver demonstrable improvement in lung, prostate and lower GI pathways in the number of patients diagnosed within 28 day	March 2020	G	G	A	A	G	A
Work with Primary Care Networks, focussing on identified Population Health opportunities. Roll-out community based tele-dermatology.	Sep 2019	G	G	G	G	G	G
Work with specialised services on radiotherapy, New Model of Care for Systemic Anti-Cancer Treatment and services for children, teenagers and young adults.	March 2021	G					
Continue expansion of LWABC programme, focussing on breast, colorectal and prostrate cancer. Align with personalisation agenda and wider work on end of life care.	On-going	G					
Improve uptake of screening programmes, including FIT roll-out (from July 2019) and HPV screening. Implement inequalities review findings	On-going	G					

Achievements in 2018/19

✓ Delivered 18-week standard across SYB

✓ Maintained number of patients waiting for planned surgery at March 2018 level, across SYB.

✓ 6-week diagnostic standard – recovered and maintained delivery of standard including work on sharing capacity, development of online training portal and standardised referral criteria across the ICS.

✓ Commissioning for outcomes – implementation of national recommendations ahead of national timeline. Single SYB policy adopted across all providers and CCGs.

✓ Reconfiguration of ophthalmology service across SYB to support sustainable 7-day service.

✓ Established managed clinical networks in ophthalmology and oral surgery

✓ Improving efficiency – creation of outpatient transformation group. Clinical agreement of a standardised pathway for hip and knee follow up across the region

✓ Improving efficiency – completion of demand and capacity mapping in MRI and CT.

✓ First Contact Practitioner pilot in Doncaster

✓ Roll out of a single integrated lower GI service which includes both FIT and faecal calprotectin.

✓ Roll out of FIT diagnostic service from early March 2019.

Plans for 2019/20

Key Deliverables	Target Date	Level of Assurance					
		SYB	B	Bs	D	R	S
Manage capacity across SYB to maintain 92%, offer choice at 26 weeks and prevent 52 week breaches	From April 2019	G	G	A	A	G	G
Improve outpatient utilisation and reduce number of follow-up appointments	On-going	G	G	G	G	G	G
Introduce MSK First Contact Practitioners in all 5 places	April 2019	G	G	G	G	G	G
Implement Clinical Standards Reviews, when published	TBC						
Maintain diagnostic performance through networked capacity and improved reporting capability	On-going	G					

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Achievements in 2018/19

✓ Delivered on all key NHS Constitution and national standards for 2018/19

✓ National exemplar on reducing out of area placements in adult services

✓ Introduced new care model for CYP services including pilot at SCHFT for CAMHS tier 4 and successful trailblazer sites in Rotherham and Doncaster

✓ National pilot programme 'Working Win' co-funded by DWP for return to work support

✓ Suicide Prevention Steering Group established. Real time surveillance system developed – go live from 1 April 2019

✓ Social prescribing support extended to mental health services

✓ Mental health acute liaison services in place in Sheffield and Rotherham Emergency Departments

✓ Successful wave 2 perinatal mental health bids for Sheffield, Rotherham and Doncaster – service development underway.

Delivery in 2018/19

Mental Health pathway					Worst	Best
MNH(i)	Dementia Diagnosis Rate	Oct-18	77.5%	2/42		
MNH(ii)	Rolling Quarterly IAPT Access	Aug-18	4.75%	7/42		
MNH(iii)	Rolling Quarterly IAPT Recovery	Aug-18	52.6%	17/42		
MNH(iv)	EIP % referred within 2 weeks	18-19 Q2	82.8%	15/42		
MNH(vi)	Suicide rate per 100,000 population	2014-16	10.55428	28/42		

Performance in 2018/19 at ICS level and compared to 42 STPs, nationally (source: STP Care & Outcomes Tool, Q2 2018/19)

2c. Mental Health

Plans for 2019/20

Key Deliverables	Target Date	Level of Assurance					
		SYB	B	Bs	D	R	S
Development of integrated models of primary and community mental health care to support adults and older adults with severe mental illnesses, building on IAPT and social prescribing	March 2020	G	G	G	G	G	G
Enhanced crisis services for adults, children & young people, including 24/7 community-based mental health crisis response.	March 2021	A	A	A	A	A	A
Continuation of Perinatal Mental Health service expansion including developing access to community services in Barnsley & Bassetlaw	March 2020	G	A	A	G	G	G
Continued delivery of the Five Year Forward View for Mental Health targets	March 2020	G	G	G	G	G	G
Establishment of SYB post-crisis support for families and staff who are bereaved by suicide. Reduce suicide rate by 10%	March 2020	A					
Establish enhanced IPS service building on SYB Working Win programme	March 2020	G	G	G	G	G	G
Establish Adult Secure New Care Model across SYB	March 2021	A					
Delivery of mental health workforce implementation plan	March 2021	A					

Achievements in 2018/19

- ✓ Providing extended access at evenings and weekends for 100% of patients from 1 October
- ✓ Established international recruitment programme with experienced leadership to enable learning from vanguard and progress at pace local programme – 1 GP recruited, 15 in pipeline for SYB.
- ✓ Provided 21 clinical pharmacists working in general practice
- ✓ Supported 29 practices through the NHS England resilience fund to improve care and access for patients
- ✓ Established and developed 36 primary care networks covering 100% of the population, all of which will be at level 2 or 3 (against national maturity matrix) from March 2019.
- ✓ Commenced roll out the APEX / Insight tool to support improving capacity and efficiency in general practice.
- ✓ Rolled out integrated care record in Doncaster . ICR development underway in Sheffield and Barnsley
- ✓ SYB Workforce & Training Hub established

Delivery in 2018/19

Primary Care pathway				Worst	Best
PUE(i)	FTE number of GPs per 1000 weighted population	Jun-18	0.52	25/42	
PUE(ii)	FTE direct patient care per 1000 weighted population	Jun-18	0.19	24/42	
PUE(iv)	GP extended access - % registered patients full provision	Sep-18	100.0%	18/41	

Performance in 2018/19 at ICS level and compared to 42 STPs, nationally (source: STP Care & Outcomes Tool, Q2 2018/19)

2d. Primary Care & Population Health

Plans for 2019/20

Key Deliverables	Target Date	Level of Assurance					
		SYB	B	Bs	D	R	S
Further development of primary care networks. Consolidate numbers and roll-out national DES contract.	June 2019	G	G	G	G	G	G
Develop bespoke SYB SHAPE tool to support PCNS - as per specification agreed with PHE in February 2019	From April 2019	G	G	G	G	G	G
Complete roll-out of Apex Insight Tool to support improved capacity management and utilisation	April 2020	G	G	G	G	G	G
Roll-out on-line services, including booking, consultations and NHS App	On-going	A	A	A	A	A	A
Develop workforce plans at network level and continue expansion of new roles, under national Network reimbursement arrangements	From June 2019	G	G	G	G	G	G
Support development of PCN clinical leadership and integration into wider ICS governance	On-going	G					
Implement new arrangements for community eye-care and pharmacy commissioning in SYB embedded into ICS PC Programme Board.	July 2019	G					

Achievements in 2018/19

- ✓ Maintained ED 4-hour performance, year to date, above 90% across the ICS

- ✓ Reduced extended length of stay by 10% against baseline and delayed transfers of care by 1.5% to 3.1%

- ✓ Implementation of NHS 111 online, including direct booking and clinical assessment service

- ✓ Achievement of the 50% clinical advice standard at sub-regional level

- ✓ Urgent Treatment Centre established in Doncaster

- ✓ Implemented EMS-Plus capacity management system to support system resilience

- ✓ Developed stroke network and financial model to support improved outcomes for patients

- ✓ Introduced medical thrombectomy for patients in south Yorkshire from April 2018

- ✓ National pilot for care home tracker tool

- ✓ Completed procurement for Integrated Urgent Care – due to mobilise from March 2019

Delivery in 2018/19

Urgent & Emergency Care pathway					Worst		Best
PUE(i)	FTE number of GPs per 1000 weighted population	Jun-18	0.52	25/42			
PUE(ii)	FTE direct patient care per 1000 weighted population	Jun-18	0.19	24/42			
PUE(iv)	GP extended access - % registered patients full provision	Sep-18	100.0%	18/41			
PUE(v)	A&E attendances per 1000 weighted population	18-19 Q2	99.4	31/42			
PUE(vii)	Emergency admissions per 1000 weighted population	18-19 Q2	29.6	35/42			
PUE(viii)	Bed occupancy rate	18-19 Q1	86.2%	13/42			

Performance in 2018/19 at ICS level and compared to 42 STPs, nationally (source: STP Care & Outcomes Tool, Q2 2018/19)

Plans for 2019/20

Key Deliverables	Target Date	Level of Assurance					
		SYB	B	Bs	D	R	S
Maintain ED performance above 90% and plan for introduction of new clinical standards	On-going	A	G	G	G	A	A
Increase rate of ambulance non-conveyance through implementation of • Support to care homes • Single point of access • New service model for respiratory care	From April 2019	G	G	G	G	G	G
Establish hospital network for Urgent & Emergency Care led by BHFT. Implement HSR recommendations	On-going	G					
Roll-out SDEC in each major acute site	Sep 2019	G	G	G	G	G	G
Develop acute frailty service model in ED and other points of access such as MAU	Sep 2019	G	G	G	G	G	G
Conclude and implement recommendations of Acutely Ill Child work stream	On-going	A					
Improve ambulance handover times		A	G	G	G	A	A

Introduction

The Yorkshire and the Humber Specialised Commissioning Hub schemes include Service Transformations across Acute and Mental Health services. The schemes agreed have been developed in collaboration with ICS representatives (including both commissioner and provider representation) through the Yorkshire and the Humber Specialised Commissioning Oversight Group and will be managed through:

Service Area	South Yorkshire and Bassetlaw
Vascular	Vascular Board
Chemotherapy	Cancer Alliance Board
Specialist Paediatrics	Children's Hospital Partnership
Neonatal services	Hospital Services Review group
Mental Health	ICS Mental Health Programme Board

Acute Service Transformations Schemes for 19/20

The following transformations are taking place across Yorkshire & the Humber:

- Neonatal Services Review - work with the Y&H Neonatal ODN to understand the implications of the new standards set out the document 'Better Newborn Care' and the implementation of 2016 HRGs.

- Specialist Paediatrics Services - working with providers of specialised paediatric services (LTHT, SCH, HEY) to develop new ways of working to improve the sustainability and access to specialised paediatric services in Y&H. In 2019/20 there will be a focus on specialised paediatric surgery, paediatric oncology and paediatric gastroenterology.

- Specialised Rehabilitation for Patients with Complex Needs - development of an Acquired Brain Injury Rehabilitation Collaborative for the Y&H region.

ICS Specific Reviews

Acute

- Vascular review - continue to work with Doncaster and Bassetlaw Hospitals NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust on the development of a South Yorkshire Vascular Services throughout 2019/20

- Chemotherapy - development of a new model of service delivery for Chemotherapy across SY&B that will lead to better use of capacity and improved access to local services for patients

Mental Health & Learning Disabilities

- Transforming Care – the overall trajectory for March 2019 for inpatients set at 107 has been met by the Hub. The 2019/20 trajectories for adults are currently being planned and these will be discussed via the Transforming Care Executive Board for Yorkshire and Humber.

- Adult Secure and CAMHS reconfiguration and New Care Models (NCM) – a NCM programme will devolve the budget and commissioning responsibility to a lead provider for a population to manage the integration of patient pathways across the system. In South Yorkshire, agreement has been reached between the providers of adult secure care that the proposed NCM will be led by Sheffield Health and Social Care Trust with collaboration between the respective partners: Riverside Health Care (Cheswold Park hospital), Cygnet (Sheffield), Notts HC and RDaSH FT.

- The South Yorkshire CAMHS Tier 4 Partnership are working towards developing themselves as a NCM, led by Sheffield Children's Hospital. The group are working towards providing low secure LD and PICU beds. New CAMHS low secure beds at Cygnet Sheffield are due to open in April 2019.

- Perinatal Mental Health – plans are being developed for a further 6 beds for the Yorkshire and Humber population

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Priorities for 2019/20

Are there clear and credible plans to improve the safety of maternity care so that by 2020/21 all services have made significant progress towards the ambition of halving rates of still birth and neonatal death, maternal death and brain injuries during birth by 50% by 2025?	G	
Is there a clear and credible plan to ensure that serious incidents in maternity services result in good quality investigations and that those investigations result in effective and sustainable action plans, with relative wider learning shared through the Local Maternity System and with others?	G	
Does the plan take account of participation in the NHS Improvement Maternity and Neonatal Health Safety Collaborative?	G	
Are there clear and credible plans to roll out personalised care planning	G	
Are there clear and credible plans to improve the choices available so that all women are able to make choices about their maternity care as envisaged in Better Births?	G	

continued

Is there a local ambition for how women will receive continuity of the person caring for them during pregnancy, birth and postnatally and are there clear and credible plans for implementing it?	A	Clear local ambitions with plans linked to wider work in the Acute Hospital Review
Is there a local ambition and clear and credible plans to enable more women to give birth in midwifery settings (at home and in midwifery units)?	G	
To what extent is planning based on an understanding of the needs of local women and their families and is it aligned to the local ICS?	G	
and capability to implement it?	G	
To what extent is the plan clear about how it will be implemented, including milestones and SROs?	A	Planning and governance under review
To what extent does the plan set out a credible financial case for change, including transition costs, assumptions about savings and how the transformation will contribute to the ICS's financial balance?	A	In progress.
To what extent is there evidence that the Local Maternity System has the capacity and capability to implement it?	G	

Priorities for 2019/20

Continued development and delivery of pathways and packages of care for individual patients

Full implementation of the FOL's service across Sheffield, Doncaster, Rotherham and N Lincs.

Finalise service specification and agreement for ATU bed provision across Sheffield, Rotherham and Doncaster

Development of workforce plan to support care across the pathway, for adults and children.

Development of an ICS CETR / CTR Hub

Support to Parents and Carers to empower families and build parent networks to support Post ASC diagnosis.

Planned Actions	Planned Completion date	Status/Comments
Implement Enhanced Community Teams	March 2019	Teams in place – assessment for further capacity underway
Develop the market through Y&H enhanced framework	March 2020	
Develop the workforce to meet demand	March 2022	Workforce plan agreed- moving into implementation
Full implementation of FOL's service	Sept 2020	Specification agreed and recruitment completed
Develop ASC Pathways	TBC	
Early Intervention and Prevention C&YP	TBC	
Improve health inequalities	31/3/20	
ATU Bed Provision	TBC	Finalise service specification and agreement for ATU bed provision across Sheffield, Rotherham and Doncaster

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3. Activity Planning

Overall Approach

The SYB ICS Planning Framework agreed that:
- (i) Plans would be built up, from a 'place' led analysis of requirements
- (ii) Underlying activity plans should reflect forecast outturn and observed trends, adjusted for known service changes
- (iii) Plans should include an assessment of expected demographic growth
- (iv) Final plans should include adjustments for agreed (between respective commissioner and provider) transformation plans
- (v) Plans should deliver, in full, NHS Planning objectives:
  - a. Elective waiting maintenance/reductions to March 2018
  - b. Cancer standards, including projected demand growth
  - c. RTT at 92% at all providers
  - d. ED standard improvement
- (vi) Plans should be broadly consistent with national and regional growth assumptions (gross of agreed QIPP)
- (vii) Commissioners and providers plans should be fully aligned on items (i) to (v)

Planning for Elective Activity

National and regional modelling of elective growth for 2019/20 is based on the assumption that the national requirement to maintain the RTT waiting list at March 2018 level has not been met. This assumption increases significantly the volume of inpatient and outpatient activity required to deliver the commitment in the 2019/20 Planning Guidance that the number of patients waiting for planned care should not exceed the March 2018 level.

The most recent waiting list data indicates that (subject to the requested re-basing for agreed data issues), the ICS will have broadly maintained the overall volume of patients on its elective waiting list at March 2018 levels. This, in turn, means that the planned level of elective growth for 2019/20 is below that expected in national and regional models.

The following table provides a high-level **summary of overall progress** in the development of SYB ICS plans at place, against the agreed ICS Planning Framework:

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	ICS	Barnsley		Doncaster & Bassetlaw			Rotherham		Sheffield		
		BCCG	BHFT	DCCG	DBTHFT	BasCCG	RCCG	TRFT	SCCG	STHFT	SCHFT
(i) Built from 'place' led analysis of requirements	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(ii) Reflect observed trends, adjusted for planned service changes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(iii) Reflect demographic growth	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(iv) Build in <u>agreed</u>, and robustly deliverable QIPP transformation	In progress	In progress	In progress	In progress	In progress	In progress	In progress	In progress	In progress	In progress	In progress
(v) Deliver, in full, NHS Planning objectives:											
Elective waiting list objective	In progress	In progress	In progress	Yes	In progress	In progress	In progress	In progress	In progress	In progress	In progress
RTT at 92% at all providers (by March 20)	Mar-20	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cancer standards, including projected demand growth	Yes	Yes	In progress	Yes	In progress	Yes	Yes	In progress	Yes	In progress	Yes
ED standard improvement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(vi) Broadly consistent with regional growth assumptions (<u>gross of agreed QIPP</u>)											
Elective:	In progress	Yes	Yes	Yes	Yes	In progress	In progress	In progress	In progress	In progress	Yes
Non-Elective:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A&E:	In progress	Yes	Yes	Yes	Yes	Yes	In progress	In progress	Yes	Yes	Yes
(vii) Commissioners and providers are fully aligned on items (i) to (vi)	In progress	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Good progress has been made to date and further work will continue to ensure agreed positions on:
- The incorporation of agreed transformation plans;
- Overall growth rates, within expected parameters;
- Profiling of elective and non-elective through the year

Planning Scenarios

A range of analytical tools have been used in the assurance of activity plans. Three scenarios have been described, based on national or regional assumptions, to determine an ICS 'planning range' to assess individual place plans.

Activity Line	National Assumption (Annualised)	ICS Scenario 1		ICS Scenario 2		Potential Planning Range	
Planned Care		CCG	Provider	CCG	Provider	Min.	Max.
GP Referrals (General and Acute)	0.6%	-1.7%	-1.0%	-1.7%	-1.0%	-1.7%	0.6%
Other Referrals (General and Acute)	3.7%	4.4%	4.5%	4.4%	4.5%	3.7%	4.5%
Total Referrals (General and Acute)	**1.8%**	**0.3%**	**1.1%**	**0.3%**	**1.1%**	**0.3%**	**1.8%**
Consultant Led First Outpatient Attendances	5.4%	3.8%	5.7%	0.6%	0.4%	0.4%	5.7%
Consultant Led Follow-Up Outpatient Attendances	2.3%	4.6%	5.1%	1.4%	2.2%	1.4%	5.1%
Total Consultant Led Outpatient Attendances	**3.4%**	**4.3%**	**3.6%**	**1.1%**	**1.6%**	**1.1%**	**4.3%**
Total Elective Admissions - Day Case	1.6%	4.8%	3.6%	1.6%	1.0%	1.0%	4.8%
Total Elective Admissions - Ordinary	-3.3%	-7.5%	-5.8%	-11.0%	-8.5%	-11.0%	-3.3%
Total Elective Admissions	**0.8%**	**2.9%**	**2.2%**	**-0.4%**	**-0.6%**	**-0.6%**	**2.9%**
Unplanned Care							
Type 1 A&E Attendances excluding Planned Follow Ups	2.0%	7.7%	8.2%			2.0%	8.2%
Other A&E Attendances excluding Planned Follow Ups	3.0%					3.0%	3.0%
Total A&E Attendances excluding Planned Follow Ups	**2.3%**	**7.2%**	**7.6%**			**2.3%**	**7.6%**
Total Non-Elective Admissions - 0 LoS	4.8%	3.8%	2.8%			2.8%	4.8%
Total Non-Elective Admissions - +1 LoS	2.8%	0.8%	1.2%			0.8%	2.8%
Total Non-Elective Admissions	**3.4%**	**1.5%**	**1.6%**			**1.5%**	**3.4%**

The scenarios are:

(i)   National activity planning assumptions;

(ii) Regional activity expectations (Scenario 1): The North region analytical team undertook a number of trend and activity growth analyses to: project likely 18/19 outturn; describe observed growth trends; and model the additional elective quantum to secure the 19/20 waiting list objective

(iii) A local variant of the regional activity model (Scenario 2) for elective activity, only, has been developed in order to reflect the expected March 2019 waiting list position.

3c. Assessment against regional and national planning expectations

The table summarises overall planned growth, and includes a RAG assessment of consistency with national and regional models of expected growth:

Planned Care	National Assumption (Annualised)	Scenario 1 Regional Assumption	Scenario 2	2019/20 Plan					
				ICS	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield
GP Referrals (General and Acute)	0.6%	-1.7%	-1.7%	1.3%	-0.4%	1.3%	2.7%	3.4%	0.3%
Other Referrals (General and Acute)	3.7%	4.4%	4.4%	0.9%	-0.4%	1.3%	2.7%	0.0%	0.9%
Total Referrals (General and Acute)	1.8%	0.3%	0.3%	1.1%	-0.4%	1.3%	2.7%	1.9%	0.5%
Consultant Led First Outpatient Attendances	5.4%	3.8%	0.6%	0.7%	-0.4%	-0.1%	3.2%	-1.4%	0.8%
Consultant Led Follow-Up Outpatient Attendances	2.3%	4.6%	1.4%	1.1%	-0.4%	1.3%	0.7%	1.3%	2.0%
Total Consultant Led Outpatient Attendances	3.4%	4.3%	1.1%	1.0%	-0.4%	0.8%	1.7%	0.5%	1.5%
Total Outpatient Appointments with Procedures*	-	-	-	2.9%	-1.0%	7.3%	7.6%	3.8%	1.9%
Total Elective Admissions - Day Case	1.6%	4.8%	1.6%	0.7%	-2.5%	-0.4%	2.9%	-2.8%	2.8%
Total Elective Admissions - Ordinary	-3.3%	-7.5%	-11.0%	5.1%	-0.3%	1.4%	6.2%	0.2%	10.3%
Total Elective Admissions	0.8%	2.9%	-0.4%	1.3%	-2.3%	-0.1%	3.4%	-2.3%	3.7%

Unplanned Care	National Assumption (Annualised)	Regional Assumption	ICS	2019/20 Plan				
				Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield
Type 1 A&E Attendances excluding Planned Follow Ups	2.0%	7.7%	2.4%	2.2%	6.9%	3.4%	3.0%	0.7%
Other A&E Attendances excluding Planned Follow Ups	3.0%	-	3.6%	6.0%	6.9%	3.4%	0.0%	3.7%
Total A&E Attendances excluding Planned Follow Ups	2.3%	7.2%	2.6%	2.4%	6.9%	3.4%	2.8%	1.2%
Total Non-Elective Admissions - 0 LoS	4.8%	3.8%	1.4%	1.3%	5.3%	0.8%	1.4%	0.7%
Total Non-Elective Admissions - +1 LoS	2.8%	0.8%	1.8%	3.5%	5.2%	0.5%	2.0%	0.7%
Total Non-Elective Admissions	3.4%	1.5%	1.7%	2.9%	5.2%	0.6%	1.9%	0.7%

With the exception of the Barnsley health system (where delivery of RTT and waiting list position is secure and additional activity, therefore not required), the principal reason for activity plans being "lower" than national and regional expectations is the impact of agreed transformational schemes.

The growth positions described represent a further iteration of activity plans since the 4 April submission, to reflect a limited number data corrections; and adjustments to the treatment of transformation scheme impact. Plans remain subject to further review to assure alignment and seasonal profiling.

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In aggregate, SYB ICS commissioner and provider plans for elective demand, and non-elective activity align.

Activity Line	National Assumption (Annualised)	ICS Scenario 1		ICS Scenario 2		Potential Planning Range		Plans Alignment	
Planned Care		CCG	Provider	CCG	Provider	Min.	Max.	**ICS CCG**	**ICS Provider**
GP Referrals (General and Acute)	0.6%	-1.7%	-1.0%	-1.7%	-1.0%	-1.7%	0.6%	1.3%	1.0%
Other Referrals (General and Acute)	3.7%	4.4%	4.5%	4.4%	4.5%	3.7%	4.5%	0.9%	1.8%
Total Referrals (General and Acute)	**1.8%**	**0.3%**	**1.1%**	**0.3%**	**1.1%**	**0.3%**	**1.8%**	**1.1%**	**1.4%**
Consultant Led First Outpatient Attendances	5.4%	3.8%	5.7%	0.6%	0.4%	0.4%	5.7%	0.7%	2.6%
Consultant Led Follow-Up Outpatient Attendances	2.3%	4.6%	5.1%	1.4%	2.2%	1.4%	5.1%	1.1%	-1.1%
Total Consultant Led Outpatient Attendances	**3.4%**	**4.3%**	**3.6%**	**1.1%**	**1.6%**	**1.1%**	**4.3%**	**1.0%**	**0.1%**
Total Elective Admissions - Day Case	1.6%	4.8%	3.6%	1.6%	1.0%	1.0%	4.8%	0.7%	3.2%
Total Elective Admissions - Ordinary	-3.3%	-7.5%	-5.8%	-11.0%	-8.5%	-11.0%	-3.3%	5.1%	5.3%
Total Elective Admissions	**0.8%**	**2.9%**	**2.2%**	**-0.4%**	**-0.6%**	**-0.6%**	**2.9%**	**1.3%**	**3.6%**
Unplanned Care									
Type 1 A&E Attendances excluding Planned Follow Ups	2.0%	7.7%	8.2%			2.0%	8.2%	2.4%	2.2%
Other A&E Attendances excluding Planned Follow Ups	3.0%					3.0%	3.0%	3.6%	
Total A&E Attendances excluding Planned Follow Ups	**2.3%**	**7.2%**	**7.6%**			**2.3%**	**7.6%**	**2.6%**	**3.1%**
Total Non-Elective Admissions - 0 LoS	4.8%	3.8%	2.8%			2.8%	4.8%	1.4%	0.5%
Total Non-Elective Admissions - +1 LoS	2.8%	0.8%	1.2%			0.8%	2.8%	1.8%	1.6%
Total Non-Elective Admissions	**3.4%**	**1.5%**	**1.6%**			**1.5%**	**3.4%**	**1.7%**	**1.6%**

Note: ICS CCG position is the aggregate of SYB CCGs, whereas the ICS Provider position is the sum of SYB providers, including NHS England Directly and Specialist Commissioned activity.

4. Capacity Planning

Provider		Key headlines from capacity planning
Barnsley Hospital NHS Foundation Trust	🟩	• Bed capacity review in 2018/19 has seen the introduction of a number of additional wards on a permanent basis with substantive teams being put in place to support reductions in agency use. • Activity and capacity plans are developed with the Clinical Business Units (CBUs) teams by point of delivery and at a specialty level • Capacity plans in place to delivery constitutional standards • Winter plans will enable additional capacity in both elective and non-elective services to be mobilised as part of a planned approach to manage seasonal pressures associated with winter.
Doncaster & Bassetlaw Hospitals NHS Foundation Trust	🟧	• Activity and capacity planning being informed by use of Gooroo modelling tool, alongside Doncaster and Bassetlaw CCGs. Headline 2019/20 activity assumptions based on an increased demand of 5% more work required. • Bed capacity planning has been undertaken and length of stay reviewed against six similar Trusts with the same deprivation stratification. Key specialities, including respiratory medicine, stroke and trauma have been reviewed and work continues to support alternatives to acute admission. • Further granularity of capacity plans for elective activity will be required to provide the necessary assurance given the challenges faced during 2018/19. Key to this will be agreement with CCGs on activity levels. • Trust met the 4hr access trajectory plan for NHSI in Q1, 2 and 3 of 2018/1 and medical staffing capacity remains key area of focus to maintain performance. • Winter flex capacity is built into existing wards to allow for beds to be opened quickly dealing with surges in demand.
Rotherham Doncaster and South Humber NHS Foundation Trust	🟩	• Draft workforce plans viewed as robust providing assurance re the necessary capacity to deliver their quality and performance requirements.
Sheffield Children's NHS Foundation Trust	🟧	• Trust is reviewing its capacity to deliver this plan. • General confidence that sufficient capacity will be in place to delivery quality and performance deliverables, given recent trends.
Sheffield Health and Social Care NHS Foundation Trust	🟧	• Good narrative provided in operational plan in relation to their capacity planning for 2019/20. • Plan includes reference to areas with increasing activity plans for 2019/20 and associated capacity investments being put in place to support these. • Local system risk sharing arrangements cited as supporting improved planning.

4. Capacity Planning - continued

Provider		Key headlines from capacity planning
Sheffield Teaching Hospitals NHS Foundation Trust		• Elective demand and capacity modelling for 2019/20 was prepared using two tools. For demand, the Gooroo tool was used and for capacity, each clinical Directorate has undertaken bottom-up capacity reviews. • Non-elective demand and capacity is modelled on the projected 2018/19 out-turn with adjustments for the assessment of year on year growth by sub-specialty and any known pathway changes. • Plan identifies capacity gaps in a small number of specialties where plans with commissioners are being discussed • Plan identifies anticipated capacity challenges to support delivery of the Cancer waiting times standards across the year and range of actions (in Trust and across wider network) being taken to support the recovery and sustainability of this area.
The Rotherham NHS Foundation Trust		• Planning narrative describes the bottom up approach used for demand and capacity planning. Also describes how the trust is reflecting changes in referrals at individual specialty level and match these with appropriate capacity plans. Provided that these demand patterns remain within tolerance, the Trust expect to deliver the RTT, cancer and diagnostic waiting time standards. • Current plan is less explicit on capacity plans for urgent and emergency care around further assurance will be required given recent resilience challenges.

The following areas will be the focus of further work throughout 2019/20:

1. Elective activity – the planned activity in the Doncaster & Bassetlaw place plans is likely to exceed capacity at DBHFT. Work is underway to understand DBHFT capacity at speciality level. This will then link to wider work to establish a system for "brokering" capacity across the ICS to secure RTT delivery and offer choice at 26 weeks;
2. Non-elective activity – each of the five Places is working on a review of winter 2019/20 to inform preparedness for 2019/20, including continued work on the seasonal phasing of capacity.
3. Cancer – the ICS saw a 17% increase in 2ww clock-starts in the rolling year to November 2018. All 5 places have built this growth into forecast outturn. We are working on the basis that cancer referrals will continue to grow, an and the Cancer Alliance is leading on work to consider:
    i. the use of real-time data to forecast capacity requirements.
    ii. Diagnostic services efficiency and capacity
    iii. Surgical and oncology capacity in the network

5. Workforce

ICS Context

Across the SYB ICS, workforce costs represent about 70% of revenue budget and availability of workforce is increasingly the principle constraint in our ability to deliver high quality local services. The ICS's three initial workforce priorities are all well underway in:

- Developing the SY&B Region Centre of Excellence (for unregistered workforce)
- Creating a Faculty of Advanced Clinical Practice for the region
- Expanding the primary care workforce.

In 2018/19, the ICS has used a workforce maturity index to rate its progress against 5 levels of maturity and support development of a system wide workforce plan. The ICS has funded a workforce lead in each of the five places and, together with system-wide resource, these leads form the SYB ICS Workforce Hub.

Local Initiatives

Across the five places, seven providers and five CCGs in South Yorkshire & Bassetlaw, there are a number of risks to current and future workforce supply with a range of mitigation. These are in addition to the introduction of retention programmes which include improved development opportunities and working arrangements such as the flexible working approach at STHFT which is identified as a national exemplar. Local work includes:

Workforce Group	Actions
Adult Nurses & Midwives	Nurse associate roles Assistant Practitioner roles Integrated roles (shared competency framework with AHPs) In-house bank Overseas recruitment
Paediatric Nurses	Nurse associate roles Hosted clinical network (led by Sheffield Children's)

Workforce Group	Actions
Allied Health Professionals such as radiographers and pharmacists	Non-qualified support staff Integrated roles (shared competency framework with nursing) In-house training programmes (echo-cardiography) Integrated workforce planning across primary & secondary care Hub & spoke arrangements across ICS Career pathway through apprenticeship levels 2, 4 and 5 for healthcare scientists roles Creation of a AHP council to ensure AHPs are connected into the wider ICS
Mental Health Nurses	Nursing associate roles Joint recruitment in place and across providers Overseas recruitment
Middle Grade Doctors	Joint appointments across providers CESR Overseas recruitment Advanced Nurse Practitioners / Physician Associate Roles
Medical Consultants	Joint posts (development of hosted clinical networks in UEC / Gastroenterology / Stroke / Paediatrics / Maternity) Clinical fellows Joint posts with primary care Collaborative locum arrangements

Note: see separate section on primary care for details of initiatives around workforce.

SYB Level Initiatives

In addition to local initiatives, the workforce hub is working on:

The ICS Streamlining Programme which engages the 7 local Trusts to work together to identify efficiencies and increase productivity within the system. This has a focus on recruitment, retention, medical staffing, mandatory training, occupational health and well being, and e-rostering. Key outcomes being delivered from the ICS streamlining work include:
Delivering the NHSI's Cohort 4 nurse retention improvement programme
completion of the NHSI's health and wellbeing diagnostic framework to identify priorities to help support the retention of staff
planned creation of a common dashboard of e-rostering performance KPIs to identify variation and opportunities, and the development of a robust process for regular check and challenge of all rosters.

The development of new apprenticeship roles, identifying new and emerging apprenticeship standards and frameworks and exploring the potential opportunities within workforce plans. The current apprenticeship programmes include business admin, adult nursing OU, nursing associate, perioperative support, assistant practitioner, allied health, pharmacy, accountancy, and human resources.

Work is ongoing to assess the potential risk and impact of Brexit across the ICS, working closely with management teams and colleagues in the Emergency Planning Team to identify members of the workforce from within the EU, identifying which specialities they are currently employed in and assessing any potential risk to service provision post 01 April 2019. Actions in place include the support offered around 'right to remain' and participation in the recent government pilot.

A specific ICS wide workforce plan for AHPs is in development, as is a SYB place-based workforce plan for the development of enhanced/extended skills e.g. impact on reporting of shortage of radiologists has been addressed through extended skills training for radiographers to report

We have a continued commitment to work within the ICS and Place based partners in commissioning education provision, sharing expertise for delivery and opening up places on programmes where capacity allows. Work continues on The South Yorkshire Region Excellence Centre (SYREC) and the Advanced Practice Faculty. We will continue to grow our joint educational appointments with our Higher and Further Education Institutes to improve the translation of academic knowledge into clinical practice.

The ICS Widening Participation (WP) initiative outlines how we develop career pathways and opportunities for the local population and our work with schools and colleges

The ICS has recognised that workforce is a key constraint in our ability to deliver services and is implementing the recommendations of its Acute Service Review by introducing hosted clinical networks across five service areas to mitigate risks and secure sustainable services in the medium to long term. An example of this work would be the joint appointment of acute stroke physicians between paired providers to reflect the new Hyper-acute and acute stroke pathways.

Provider	Level of assurance	Triangulation with activity/ finance	Commentary
Barnsley Hospital NHS Foundation Trust	🟩	🟩	Plans look fairly stable/static with headline changes being relatively small amount of agency transferring to bank.
Doncaster & Bassetlaw Hospitals NHS Foundation Trust	🟧	🟩	Step change of c.300 WTE increase between March 2019 and April 2019 to validate. Small transfer of agency to bank.
Rotherham Doncaster and South Humber NHS Foundation Trust	🟩	🟩	Plan looks well developed. Small overall reduction in WTE. In-year variances in services explained (some increases, some decreases)
Sheffield Children's NHS Foundation Trust	🟧	🟩	Plan needs further work. Currently does not include agency/bank 2018/19 FOT WTEs. Flat WTEs across the year following c.200 increase between March 2019 and April 2019.
Sheffield Health and Social Care NHS Foundation Trust	🟧	🟩	Trust plan flat across the year with no change from 2018/19 FOT, at top level.
Sheffield Teaching Hospitals NHS Foundation Trust	🟩	🟩	Workforce plan appears well developed with in-year changes reflected.
The Rotherham NHS Foundation Trust	🟧	🟩	Ongoing risk and current plan does not appear to reflect anticipated seasonal changes and requirements.

Overview of workforce plans submitted:

- Draft provider workforce planning numbers currently range in the level of development. The table on the following slides below provides a headline summary of the review of the first draft of plans.

- 3 of 7 provider plans (Barnsley, RDASH and Sheffield Teaching) currently assured on workforce as Green reflecting apparent level of development of plan and inherent risks in ongoing delivery of appropriate workforce delivery requirements.

- 4 of 7 provider plans (DBTH, Sheffield Children's, SHSC and Rotherham) currently assured on workforce as Amber reflecting combination of plan requiring further work and/or additional assurances being required in response to inherent workforce challenges.

- Current triangulation of workforce with activity and finance (finance only for RDASH and SHSC) suggests no issues with alignment for all 7 Trusts. Further review of this triangulation will be required when plans are more developed, in particular activity plans are more developed.

6. System finance and risk management

	Accept control total final plan	Control total inc PSF FRF, MRET £m	PSF FRF, MRET £m	Control total ex PSF FRF, MRET £m	Plan ex PSF FRF, MRET £m	Plan v control total ex PSF FRF, MRET £m	CIP/QIPP 19/20 final plan £m	CIP/QIPP %	CIP/QIPP 18/19 forecast £m	%	Variance 19/20 v 18/19 £m
Providers											
Barnsley Hospital NHS FT	YES	0.0	10.4	-10.4	-10.3	0.1	6.7	2.9%	8.5		-1.8
Doncaster & Bassetlaw Hospitals NH	YES	0.0	15.3	-15.3	-15.3	0.0	13.2	3.3%	12.0		1.2
RDASH NHS FT	YES	1.2	1.3	-0.1	-0.1	0.0	5.6	3.5%	5.1		0.4
Sheffield Childrens NHS FT	YES	0.9	3.3	-2.4	-2.4	0.0	7.9	4.0%	7.0		0.9
SHSC NHS FT	YES	1.0	1.0	0.0	0	0.0	3.2	2.6%	4.2		-1.0
Sheffield Teaching Hospitals NHS FT	YES	0.5	14.5	-14.0	-14	0.0	20.6	2.0%	25.5		-4.9
The Rotherham NHS FT	YES	0.0	16.2	-16.2	-16.2	0.0	9.3	3.4%	9.7		-0.4
		3.6	62.0	-58.4	-58.3	0.1	66.5	2.8%	72.0	3.1%	-5.5
Commissioners											
Barnsley CCG	YES	-2.0	0.0	0.0	0.0	0.0	13.1	2.9%	11.5		1.6
Bassetlaw CCG	YES	0.0	0.0	0.0	0.0	0.0	3.5	1.9%	3.6		-0.1
Doncaster CCG	YES	-3.0	0.0	0.0	0.0	0.0	10.1	1.9%	10.5		-0.4
Rotherham CCG	YES	-4.0	0.0	0.0	0.0	0.0	12.5	2.9%	10.3		2.2
Sheffield CCG	YES	0.0	0.0	0.0	0.0	0.0	15.2	1.7%	15.6		-0.4
		-9.0	0.0	0.0	0.0	0.0	54.4	2.2%	51.5	2.2%	2.9
TOTAL		-5.4	62.0	-58.4	-58.3	0.1	120.9	2.5%	123.5	2.6%	-2.6

6. ICS financial summary – CCG allocation growth

	Core growth %	Core growth per capita %	Core DFT opening 19/20 %	Core DFT closing 19/20 %	Est ave reg'd pop'n 18/19	Est ave reg'd pop'n 19/20	% change
Barnsley CCG	5.77	5.01	4.85	4.20	260,350	262,231	0.72
Bassetlaw CCG	5.41	5.10	0.57	0.04	117,383	117,732	0.30
Doncaster CCG	5.25	5.02	3.31	2.69	320,731	321,431	0.22
Rotherham CCG	5.35	5.01	3.74	3.11	263,163	263,993	0.32
Sheffield CCG	5.26	4.65	5.90	4.89	601,173	604,647	0.58
SY&B total	5.37	4.89	4.37	3.61	1,562,800	1,570,034	0.46
National average	5.65						

Allocations

- SY&B uplift 5.37% v national 5.65% due to SCCG above 5% distance from target and SYB lower population growth than nationally

- 3.35% relates to tariff and inflation and 2.02% for growth

- SCCG biggest challenge as lower per capita growth of £1.9m

Financial plans

- All organisations have accepted control total on final plans and risks reduced from draft plan on efficiency and plan alignment

- Efficiency target £120.9m (2.5%) v 18/19 forecast £123.5m (2.6%) a decrease of £2.6m on forecast outturn 18/19

- Biggest challenges at:

    Providers
    - SCH - CIP 4.0% (£7.9m) of which 52%(£4.1m) is unidentified
    - DBTH - CIP 3.3%(£13.2m) of which 78% (£10.3m) is opportunity or unidentified and £1.8m of plan alignment differences with Bassetlaw CCG

    Commissioners
    - Bassetlaw CCG - £0.6m of QIPP risk and £1.8m of plan alignment differences with DBTH

- CIP plans 2.8% v 3.1% (18/19) and QIPP plans 2.2% v 2.2% (18/19)

- Unidentified CIP/QIPP of £14.1m represents 16% of the provider total and 6% of the commissioner total although this is not real as it is covered by a non recurrent contingency within the plan.

Financial plans

- CCG's have £25.8m of risk identified which has been fully mitigated

- All CCG's have met the following:
  - 0.5% contingency
  - Running cost allowance
  - Mental health investment standard
  - Mental health spend increase
  - Recurrent investment of £1.50 per head in the Primary Care Network

- Miss-alignment of plans has reduced from £47.8m at draft plan to £2.0m at final plan

- The level of year on year risk between 18/19 and 19/20 for CIP/QIPP delivery and plan alignment at (£0.6m) is significantly less than 18/19 at £44.8m

- If plan alignment gaps (excluding £7.1m between STH and NHSE) are real the system will need to deliver 2.5% CIP/QIPP to achieve the system control total

- Key risk is whether there is sufficient workforce and capacity to deliver the plan?

- Provider volume related income has increased by 1.7% and pay volume related changes have increased by 1.6% and non pay by 0.6%.

- Provider pay costs excluding volume have increased by 3.4% which is slightly higher than the 3.1% reflected in tariff

- Provider non pay costs excluding volume have increased by 1.8% which is slightly higher than the 1.4% reflected in tariff

- CCG expenditure movement as a % of allocation across programme areas is similar to the North East & Yorkshire with the exception of acute (+0.8%) and other programmes (-0.8%)

6. Workforce and activity alignment

Alignment - WTE and pay cost

	Movement in pay %	Movement in WTE %	Total movement %
Barnsley FT	3.17	3.88	-0.71
DBTH	0.63	3.52	-2.89
SCH	-2.31	1.01	-3.32
SHSC	5.04	0.08	4.96
STH	-0.90	0.60	-1.50
Rotherham FT	-2.07	-1.23	-0.84
RDASH	-2.25	-1.20	-1.05
	-0.26	1.01	-1.27

Alignment - Income current year v last year adjusted for growth and tariff

	Variance from expected £'000	Variance from expected %
Barnsley FT	5,049	3.40
DBTH	-13,485	-5.30
SCH	-4,012	-4.20
STH	2,958	0.55
Rotherham FT	6,585	4.90
	-2,905	0.00

Alignment - activity and workforce

	Movement in activity %	Movement in WTE %	Total movement %
Barnsley FT	0.85	3.88	-3.03
DBTH	2.47	3.52	-1.05
SCH	9.54	1.01	8.53
STH	2.93	0.60	2.33
Rotherham FT	-4.31	-1.23	-3.08
	1.99	1.29	0.70

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	Commissioner Activity	Provider Activity	Difference Activity	%
First outpatient	501,579	507,373	5,794	1.2%
Follow up outpatient	980,146	994,747	14,602	1.5%
Day case	180,430	179,887	-542	-0.3%
Elective	28,442	31,135	2,694	9.5%
Non elective - zero length of stay	43,172	42,687	-484	-1.1%
Non elective - length of stay > 1 day	121,854	121,692	-163	-0.1%
	1,855,622	1,877,521	21,900	1.2%

Commissioner	Activity differences £'000	QIPP differences £'000	Other £'000	Total £'000	Comments
DBTH	-1.5	0.0	-0.3	-1.8	BCCG £1.8m
SCH	0.0	-0.1	0.0	-0.1	SCCG £0.1m
Non ICS	0.0	0.0	0.0	0.0	Notts HC £0k
NHSE specialised commissioning	0.0	0.0	-7.2	-7.2	STH £7.1m , DBTH £0.1m
	-1.5	-0.1	-7.6	-9.1	

Workforce and activity

- Generally good alignment in plans with the system green overall on the three alignment graphs.

Activity alignment

- Good alignment of activity plans in most POD's

- The activity alignment slide excludes associates as they are not shown separately on provider returns and distorts the variance

- The main activity alignment differences are between Bassetlaw CCG and DBTH. The provider is showing higher activity on first outpatient (10.2%), follow up outpatient (5.3%), elective (11.8%) and day case (16.3%) and commissioner higher activity on non elective (5.1%). This is consistent with the £1.5m plan alignment due to activity. Further work will be required to resolve these differences

- There are activity alignment gaps between Barnsley CCG and STH due to the way the forms have been completed and is not a real difference as plans are fully aligned.

- Sheffield CCG and STH have an equal and opposite alignment of 2,000 between day cases and elective

Plan alignment

- Excluding the STH and Specialised Commissioning plan alignment of £7.1m, which is not real, plan alignment differences are £2.0m of which £1.8m relates to Bassetlaw CCG and DBTH.

	CIP/QIPP 19/20 £m	A CIP/QIPP delivery risk £m Note 1	B Plan alignment risk £m Note 2	A+B Total delivery risk £m	Delivery risk %
Sheffield place					
STH	20.6	0.0	0.0	0.0	
SCH	7.9	4.1	0.0	4.1	
SHSC	3.2	1.2	0.0	1.2	
SCCG	15.2	2.2	0.0	2.2	
Plan alignment	0.0	0.0	0.1	0.1	
	46.9	7.5	0.1	7.6	0.3%
Doncaster & Bassetlaw place					
DBTH	13.2	10.3	0.0	10.3	
RDASH	5.6	1.3	0.0	1.3	
DCCG	10.1	2.7	0.0	2.7	
BCCG	3.5	0.6	0.0	0.6	
Plan alignment	0.0	0.0	1.9	1.9	
	32.4	14.9	1.9	16.8	1.3%
Barnsley place					
Barnsley FT	6.7	2.0	0.0	2.0	
BCCG	13.1	0.0	0.0	0.0	
Plan alignment	0.0	0.0	0.0	0.0	
	19.8	2.0	0.0	2.0	0.3%
Rotherham place					
Rotherham FT	9.3	1.7	0.0	1.7	
RCCG	12.5	0.0	0.0	0.0	
Plan alignment	0.0	0.0	0.0	0.0	
	21.8	1.7	0.0	1.7	0.2%
Total	120.9	26.1	2.0	28.1	0.6%

Note 1	**Providers** - CIP's that are unidentified or opportunity
	Commissioners - QIPP that is unidentified or highlighted as a risk
Note 2	Excludes £7.1m of plan alignment for specialist commissioning as this is not a real difference
Note 3	Excludes Rotherham CCG's unidentified QIPP of £3.4m as the savings are not required in year

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- The place with the highest risk to delivery is Doncaster & Bassetlaw (1.3%) due primarily to the high level of CIP at DBTH which is unidentified or opportunity (£10.3m)

- The Rotherham place excludes £3.4m of unidentified QIPP as is not real as it is covered non recurrently by a reserve in the plan.

- The arrangements for financial risk management were agreed at the February Executive Steering Group. The key principles include:
  - The management of risk at organisation, place and system
  - Expectation is that risks can be contained by place
  - Undertake deep dive to understand the risks at organisation and place
  - Where risks are deemed high each place will need to develop a plan to mitigate risks
  - Organisations which receive Financial Recovery Funding (DBTH, Rotherham, Barnsley) will need to develop a 5 year recovery plan.
  - This will also be required for SCH given the Trust's financial challenges
  - In year monitoring, including early warning, and escalation
  - The maintenance of a risk register for finance and activity
  - Consideration of establishing a risk pool or risk reserve
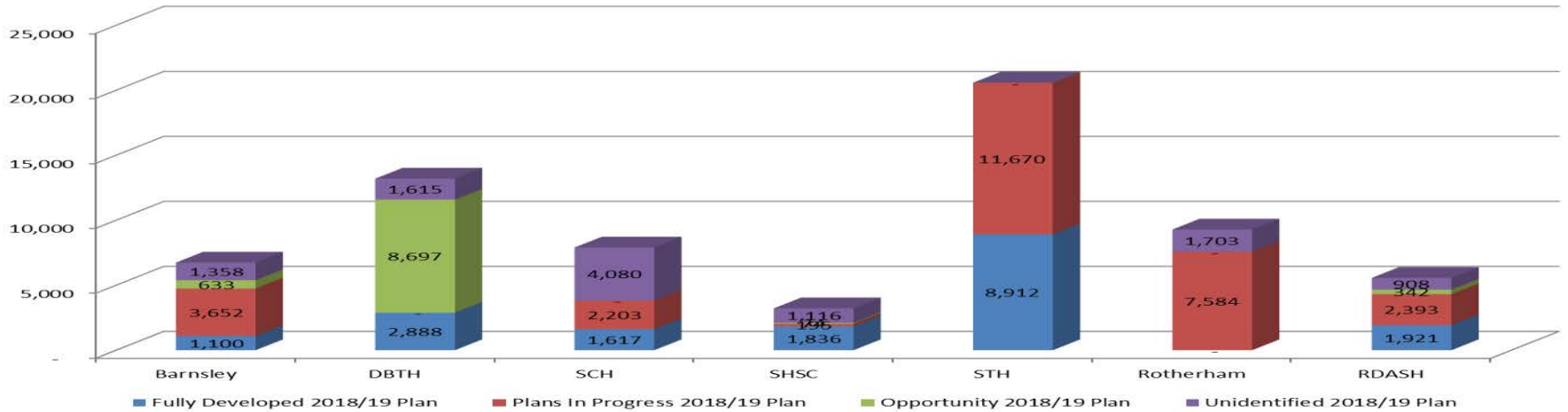 - Standardising best practice risk management across all places
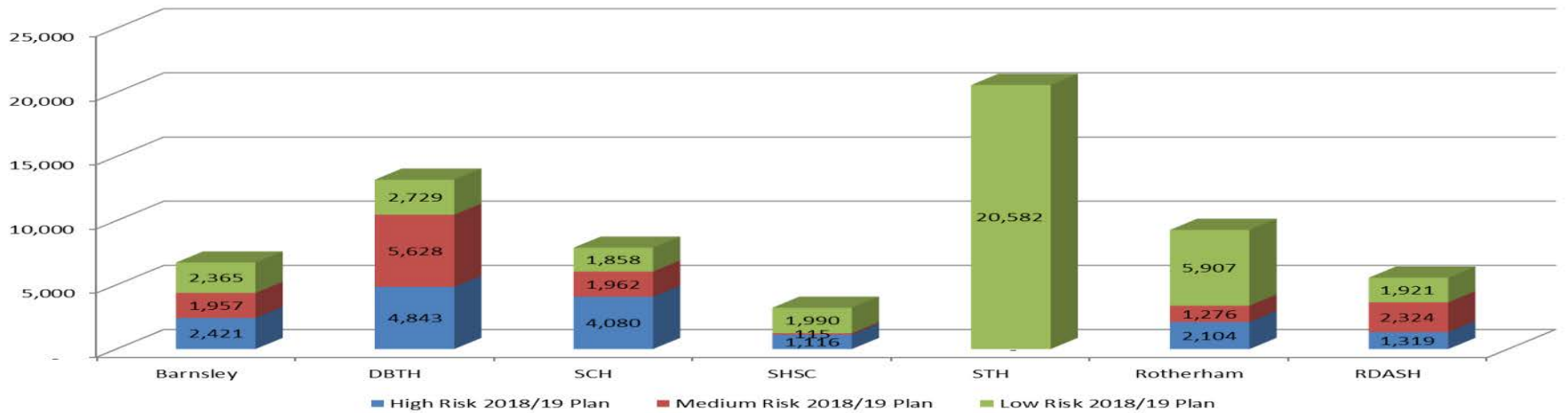
7. Efficiency

- Plans show CIP 2.8% (18/19 forecast 3.1%) and QIPP 2.2% (18/19 forecast 2.2%)

- Highest levels of CIP are in SCH(4%), RDASH (3.5%) and DBTH (3.3%)

- Highest levels of QIPP are in Barnsley CCG 2.9% and Rotherham CCG 2.9% although if the unidentified QIPP is excluded the percentage reduces to 2.1%

- 16% (£10.8m) of CIP plans are unidentified, 24% (£15.9m) high risk, 15% opportunity (£9.7m) and 8% (£5.2m) non recurrent

- Providers with the highest risk profile of CIP's that are unidentified or opportunity in ranked order are DBTH and SCH

- 8.0% (£4.2m) of QIPP is non recurrent.

- 6% (£3.4m) of QIPP is unidentified at Rotherham CCG although this is covered non recurrently by a reserve

- Commissioners with the highest risk profile of QIPP's that are unidentified or identified as a risk is Doncaster CCG

- The 3 largest categories of QIPP are medicines optimisation (32%), elective care (20%), continuing healthcare (12%) and commissioning administration (12%)

- The CIP/QUIP plans are back end loaded with CIP plans phased 39:61 and QIPP plans 48:52

Provider CIP development

Provider CIP risk

QIPP categories

Not categorised 6%
Commissioning system admin 12%
Community healthcare 4%
Continuing healthcare 12%
Optimising the use of medicines 32%
Elective care 20%
Mental Health 5%
Emergency care 9%

System 2019/20 Plan In-Month Efficiencies Profile (£000s)
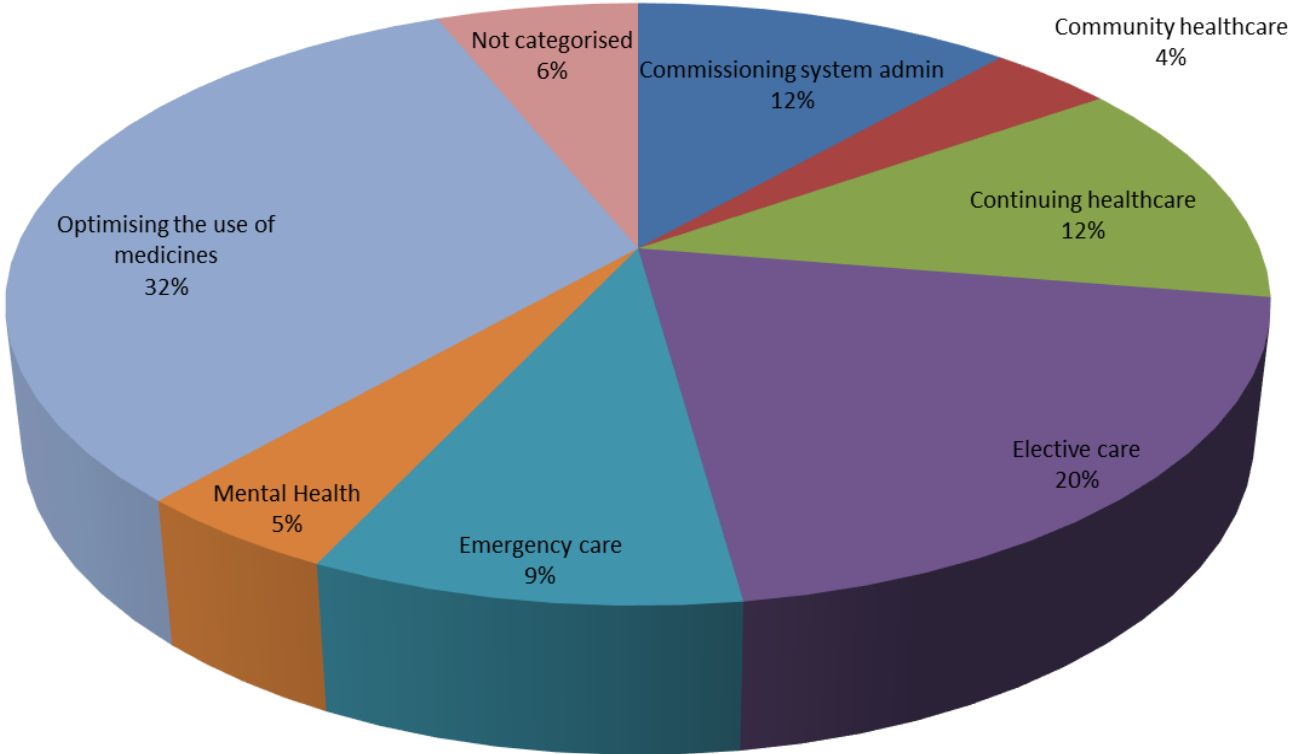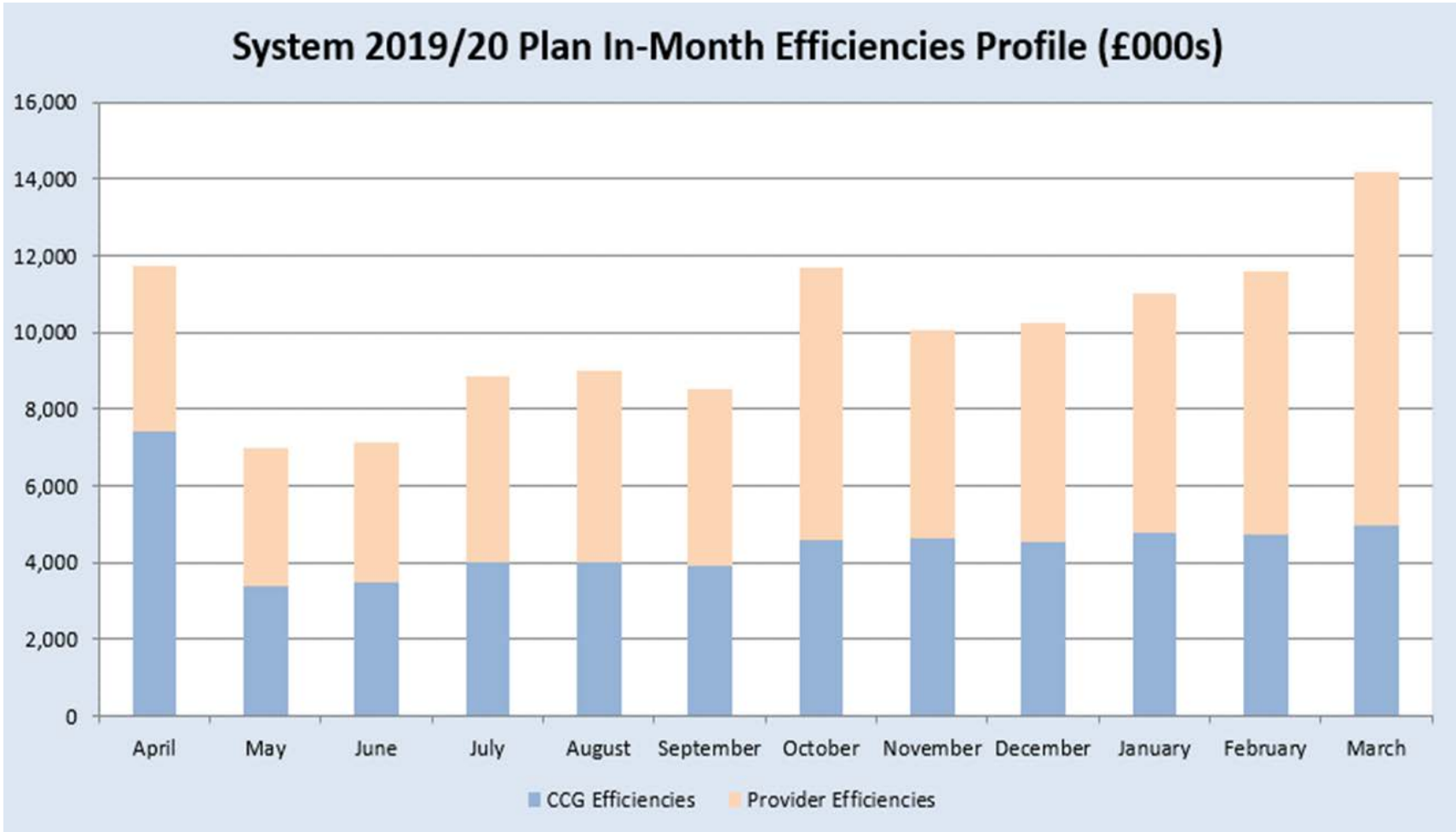
- During 2018/19, SYB analysis of CIP and QIPP plans enabled the system to understand the scale, scope and risk of plans for the year in order to provide support where appropriate. This included the QIPP4 work (commissioned by NHS England) to support CCG QIPP delivery.

- In parallel, the ICS introduced an SYB System Efficiency Board (SEB) and undertook two stakeholder workshops in order to build a system-wide consensus on the direction of travel and emerging priorities.

- This work was supported by the Model Hospital, RightCare and GIRFT teams who prepared a "System Diagnostic" which began to identify common themes.

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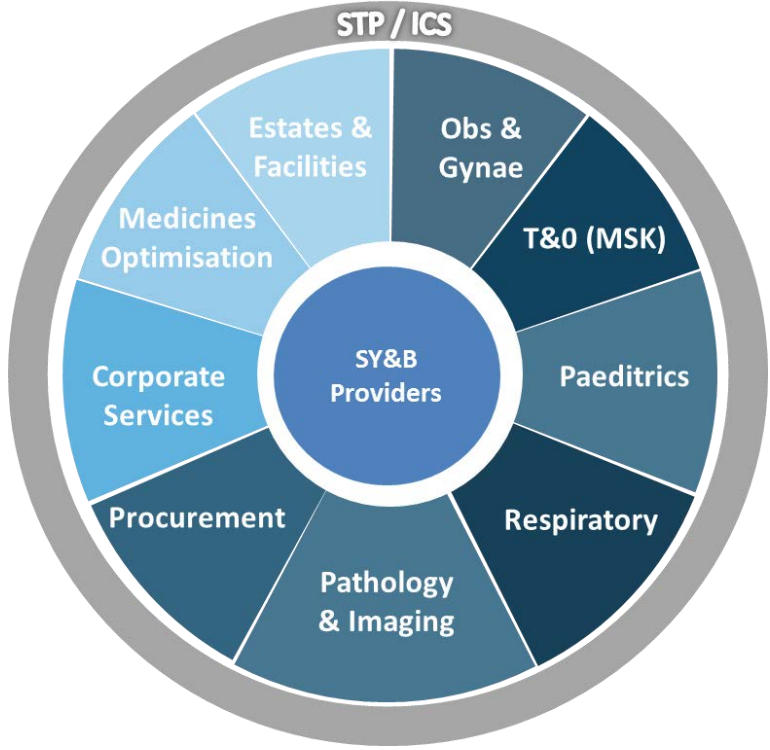
- The ICS has commissioned external support to review the system wide analysis already undertaken (System Diagnostic) to establish KLOE (Key Lines of Enquiry); evaluate those KLOE through stakeholder engagement exercise to assess the extent to w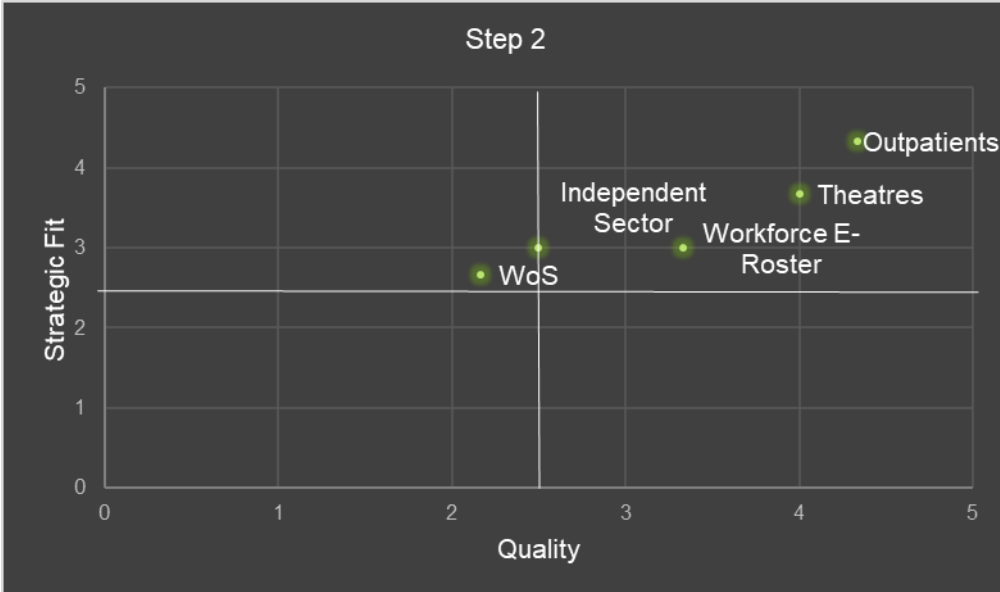hich opportunity realisation already has, or, is planned to take place and to establish whether potential gaps or opportunities exist at the system-wide level.

- This will lead to development of feasibility analysis to support a decision to select a small number of schemes and Draft Business Cases. This approach will provide assurance that the emerging themes represent the most appropriate areas of focus at a system-level in light of current workstream and system priorities; and the Long Term Plan.

*Indicative opportunity is an estimate based on benchmarking analysis - this should be treated as a broad measure of scale and not an absolute number - this will be tested further as the programme progresses.

Area	Short description	Opp Range*
Function / Pathways		
Outpatients	In line with the Long Term Plan, an opportunity has been identified in relation to reshaping the way Outpatient services are delivered	£10-20m
Theatres	Analysis of Capacity utilisation analysis across the system has identified both an income and cost out opportunity	£6-12m
Admission optimisation	Benchmarking of variation, has highlighted 5 key specialties where Bed day opportunities appear	£7-10m
Diagnostics (Imaging & E)	Initial Demand and Capacity analysis in Imaging and CT has highlighted an opportunity based on unwarranted variation	£5-8m
NEL Respiratory	Analysis of variation has identified opportunities in relation to admission avoidance and community care utilisation	£4-5m
Mental Health, Out of area Placements	What if analysis identifying how much could be saved through a reduction in Out of Area Placements	£5-7m
Single MSK Triage	What if analysis undertaken to try understand the potential efficiency opportunity by either standardising practices or creating a single Triage Service for SYB	£2-3m

Area	Short description	Opp Range*
Workforce focussed		
Corporate Services	Analysis of the full portfolio of corporate services has been undertaken. Considering 18/19, the residual opportunity is presented	£12-24m
E-Roster	Work is underway with NHSI to utilise E-Roster more efficiently in managing our workforce	£10-20m
Temp Pay	Work is underway to rationalise and standardise the supply and cost of temporary pay	£4-8m
Skill/Mix	Benchmarking analysis has highlighted potential opportunities across the workforce groups	£15-59m
New Integrated Models	High Level "What if analysis has been undertaken, considering the Long term plan ambitions for integration, to assess the indicative efficiencies that could be achieved in SYB	£5-10m
CHC	High level assessment of key areas of work that could potentially benefit from being done at scale, such as pooling budgets	£4-5.5m
Transactional in nature		
Independent Services	An opportunity has been highlighted to more effectively use NHS capacity.	£0-45m
Estates	Work-underway to establish efficiency opportunities	tbc
Digital	Focus on ' Buy-once" where appropriate as a system (Hardware and Software)	£2-13m
WoS	Partnership approach to enable system economies of scale	£7-12m

- Following development of plans-on-a-page for each KLOE, each was assessed through an agreed process taking into account deliverability and value for money; and strategic fit and quality.

- The process took a two-stage matrix approach with the highest quadrant items moving from the first stage assessment to a second stage of assessment.

- Priority schemes reached the highest quadrant on both assessments.

Step 2 — Strategic Fit vs Quality scatter chart showing: Outpatients, Theatres, Independent Sector, Workforce E-Roster, WoS

Step 1 — Deliverability vs VFM scatter chart showing: NEL Resp, Workforce Temp Pay, Workforce E-Roster, WoS, CHC, MSK, Theatres, Outpatients, IS, Estates, LoS, Mental Health OAP, New Models, Imaging, Digital, Workforce Skillmix

- As part of testing the outcomes the 2-step approach was reversed. The outcomes were not changed.

- The four emerging themes are:
  - **Outpatient Reform**
  - **Theatres**
  - **Workforce e-rostering**
  - **Independent Sector**

- Business Case activity will now focus on this smaller number of schemes which represent the emergent efficiency themes of focus at a system-level.

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- The business case process will now take 3-stages

- (a) to undertake baseline analysis in detail (and a data-request has been issued to CCGs and Providers to enable this); also to reconcile against existing organisation and place based assumptions;

- (b) to agree a system-product list which describes the joint-steps on the system transformation journey developed through the formation of dedicated task and finish groups; and

- (c) to build the case for change to access the potential system savings and begin to access system-opportunity.

Business Case Development

Establish Target Operating Model (Future State)

- Joint Efficiency programme, starting with the end in mind

Implementation Planning

- Tactical - Sharing Best Practice, Eliminating variation
- Transformational - Pathway and Operating Model Reform
- Value-add products

Baseline & Options Assessment (Current State)

- Testing Key assumptions
- Testing and refining working based Hypotheses

8. Performance & Quality Improvement

8a. Performance & Quality – ICS Approach to Quality Improvement

The SYB ICS quality approach is embedded through individual organisations, place and system level through:

- Patient Experience and Involvement – is a priority in the five places and at system level. In addition to the development of a Citizens' Panel in 2018/19, the SYB ICS piloted work with the national Patient and Public Involvement Team in NHS England on a national framework for involvement in ICS working. The work enabled the development of an action plan, co-created with representatives from the community and voluntary sector, NHS and the public, which will be used to strengthen the ICS's approach to involvement, including work to inform the local response to the Long-Term Plan in 2019/20.

- Patient Safety - progress on individual initiatives and national indicators are monitored at ICS level via the Single Assurance Framework with monthly reports of the ICS Quality Dashboard to the Quality Group (currently in development), the Health Executive Group and the Integrated Assurance Committee (non-executive assurance) via monthly and quarterly performance reports. Information and data will continue to be monitored at organisation and place level to ensure lessons are learned, improvements to care are identified and implemented and best practice is shared.

- Clinical Effectiveness – is embedded in the ICS transformation work through individual programme areas and through key initiatives such as the Acute Hospital Review and the System Efficiency Board. The Acute Hospital Review identified reducing unwarranted variation and improving clinical effectiveness as a key driver for improvement and this work is now being taken on by the five Hosted Clinical Networks which become operational from 1 April 2019. The System Efficiency Board draws together the work of RightCare, GIRFT and the Model Hospital to identify opportunities for improvement.

The experience and learning of local organisations is being used to build the approach to quality improvement by rapid transfer of knowledge in place and across the ICS. Examples of this include the DBHFT involvement in the first cohort of the NHSI Vital Signs Programme (a three-year improvement programme based on lean principles) and the nationally-recognised work in STHFT from the Microsystem and Flow Coaching Academies (MCA and FCA) to build improvement capability and redesign care the system.

Protecting from avoidable harm					Commissioner				
	Period	Better is...	Standard / Eng Value	SYB ICS	Barnsley CCG	Bassetlaw CCG	Doncaster CCG	Rotherham CCG	Sheffield CCG
Cdiff	Jan-19	L	140 (ICS)	32	3	1	6	4	18
MRSA	Jan-19	L	0	1	1	0	0	0	0
MSA breaches	Jan-19	L	0	2	0	0	1	0	1
MSSA - No of cases	Jan-19	L	Lower is Better	34	4	5	7	5	13
E-Coli - No of cases	Jan-19	L	Lower is Better	102	16	11	18	14	43
DTOC*	Jan-19	L	3.5%	3.3%	0.4%	1.5%	1.5%	3.8%	3.6%
Cancelled Urgent Ops **	Jan-19	L	0	6	0	0	0	0	6

* Please note uses provider level data mapped to CCG (Sheffield -STH)
**Please note uses provider level data mapped to CCG (Sheffield = SCH+ STH)

Protecting from avoidable harm					Provider				
	Period	Better is...	Standard / Eng Value	SYB ICS	BHFT	DBTHFT	SCHFT	STHFT	TRFT
Cdiff	Jan-19	L	140 (ICS)	11	0	5	1	5	0
MRSA	Jan-19	L	0	0	0	0	0	0	0
MSA breaches	Jan-19	L	0	0	0	0	0	2	0
MSSA - No of cases	Jan-19	L	Lower is better	10	0	4	0	6	0
E-Coli - No of cases	Jan-19	L	Lower is better	34	3	9	3	16	3
Never events declared - number	Jan-19	L	0	1	0	1	0	0	0
DTOC	Jan-19	L	3.5%	3.3%	0.4%	1.5%	-	3.6%	3.8%
Cancelled urgent Ops	Jan-19	L	0	6	0	0	1	5	

Protecting from avoidable harm				MH Provider			
	Period	Better is...	Standard / Eng Value	RDASH	SHSC	SWYPFT	Notts HC
MSA	Jan-19	L	0	0	0	0	0
Never Events declared - Number	Jan-19	L	0	0	0	0	-
DTOC	Jan-19	L	3.5%	9.3%	5.0%	1.5%	-

Better Is...		
H (High)	Better performance the higher the vaue	
L (Low)	Better performance the lower the value	
	Not achieving constitutional standard	

The delivery of key quality standards is reported on a monthly basis to the Hospital Executive Group and Integrated Assurance Committee. The two areas of under-performance (DTOCs and cancelled urgent operations) have both been the subject of improvement plans in 2019/20 so that the ICS will meet all the identified national standards at the end of 2018/19.

Developing Quality in 2019/20

Each NHS organisation and place has planned for the introduction and development of national quality initiatives in 2019/20. The level of assurance on plans is:

	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield
Learning from national reviews	G	G	G	G	G
Learning from deaths	G	G	G	G	G
7-day working	A	A	A	A	A
Reducing gram negative bloodstream infections	G	G	G	G	G
Introducing NEWS / PEWS	G	G	G	G	G

The amber-rating on 7-day working reflects the challenges associated with workforce supply. These challenges are covered more fully in the specific section on workforce. For the hospital sector, the Acute Service Review and the introduction of the five hosted clinical networks from 1 April is a significant step in achieving sustainable 7-day services in key specialities.

Delivery in 2018/19

Performance across the ICS in 2018/19 has been strong, with key risks to delivery

SYB ICS Delivery

SYB ICS Delivery	Standard	Period	Barn CCG	BHFT	SWYPFT	Blaw	Notts HC	RDASH	Donc CCG	DBHFT	Roth CCG	TRFT	RDASH	Sheff CCG	SCH	STH	SHSC
A&E - Maximum 4-hour wait	95%	Feb-19	🔴	🔴		🔴			🔴	🔴	🔴	🔴		🔴	🟢	🔴	
12 hour trolley waits	0	Feb-19	🟢	🟢		🟢			🟢	🟢	🟢	🟢		🟢	🟢	🟢	
RTT - 18 week wait	92%	Jan-19	🟢	🟢		🔴			🟢	🟢	🟢	🟢		🟢	🟢	🟢	
RTT - 52 ww	0	Jan-19	🟢	🟢		🔴			🟢	🟢	🔴	🔴		🟢	🟢	🟢	
Diagnostics	1%	Jan-19	🔴			🔴	🟢	🟢	🔴	🔴	🔴			🔴	🟢	🟢	
Primary Care - Extended GP Access	100%	Dec-18	🟢			🟢			🟢		🟢			🟢			
Primary Care - Satisfaction	83.8%	2018	🔴			🟢			🔴		🟢			🔴			
Cancer 2 week wait	93%	Jan-19	🟢	🟢		🟢			🔴	🟢	🟢	🔴		🟢	🟢	🟢	
Cancer 2 week wait breast	93%	Jan-19	🟢	🟢		🟢			🔴	🔴	🟢	🟢		🟢	🟢	🟢	
Cancer 31 day	96%	Jan-19	🟢	🟢		🔴			🔴	🔴	🔴	🟢		🔴	🟢	🔴	
Cancer - Early Diagnosis	PLACEHOLDER																
Cancer - 62-day treatment	85%	Jan-19	🔴	🟢		🔴			🔴	🟢	🔴	🔴		🔴	🟢	🔴	🔴
Mental Health - IAPT recovery	50%	Dec-18	🟢		🟢	🟢			🟢		🟢		🟢	🔴			🔴
Mental Health - IAPT access	4.48%	Dec-18	🟢		🟢	🟢			🟢		🟢			🟢			
Mental Health - EIP	53%	Dec-18	🟢		🟢	🔴	🟢	🟢	🟢		🟢			🟢			🟢

Statutory measures

Statutory measures	Standard	Period	Barn CCG	BHFT	SWYPFT	Blaw	Notts HC	RDASH	Donc CCG	DBHFT	Roth CCG	TRFT	RDASH	Sheff CCG	SCH	STH	SHSC
CCG IAF Assessment QOL	RAG	Q2 18-19	G*			G*			G*		G			G			
CCG IAF Assessment - Finance	RAG	Q2 18-19	G			G			G		G			A			
Organisations in Special Measures	NO	2017-18	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
CQC Inspection rating - under new approach	0	Feb-19		GOOD	REQ IM		GOOD	GOOD		REQ IM		REQ IM	GOOD		GOOD	GOOD	REQ IM
NHSI - Single Oversight Framework Segmentation	0	Mar-19		2	2		2	1		2		3	1		2	2	2

Protecting from avoidable harm

Protecting from avoidable harm	Standard	Period	Barn CCG	BHFT	SWYPFT	Blaw	Notts HC	RDASH	Donc CCG	DBHFT	Roth CCG	TRFT	RDASH	Sheff CCG	SCH	STH	SHSC
Cdiff	140 (ICS)	Jan-19	3	0		1			6	5	4	0		18	1	5	
MSA breaches	0	Jan-19	🟢	🟢	🟢	🟢	🟢	🟢	🔴	🟢	🟢	🟢		🔴	🟢	🔴	🟢
MSSA - No of cases	Lower is Better	Jan-19	4	0		5			7	4	5	0		13	0	6	
E-Coli - No of cases	Lower is Better	Jan-19	16	3		11			18	9	14	3		43	3	16	
Never events declared - number	0	Jan-19		🟢	🟢			🟢		🔴		🟢			🟢	🟢	
DTOC (mapped to provider)	3.50%	Jan-19	🟢	🟢		🟢		🔴	🟢		🔴	🔴	🔴	🔴		🔴	🔴
Cancelled urgent Ops	0	Jan-19	🟢	🟢		🟢			🟢	🟢	🟢	🟢		🔴	🟢	🔴	

🟢 Achieving constitutional standard

🔴 Not achieving constitutional standard

Performance across the ICS on core standards has been strong in 2018/19. The forecast for 2019/20 from place plans continues this trend, with some risk in emergency care and cancer standards. Work will continue to mitigate these risks.

Area	Deliverable/Standard	Delivery Assurance						Comments
		SYB ICS	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield	
Mental Health	Dementia Diagnosis	🟢	🟢	🟢	🟢	🟢	🟢	
	IAPT Access Rate	🟢	🟢	🟢	🟢	🟢	🟢	
	IAPT Recovery Rate	🟢	🟢	🟢	🟢	🟢	🟢	
	IAPT 6 Week Waiting Time	🟢	🟢	🟢	🟢	🟢	🟢	
	IAPT 18 Week Waiting Time	🟢	🟢	🟢	🟢	🟢	🟢	
	Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4	🟢	🟢	🟢	🟢	🟢	🟢	
	Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Within 1 Week	🟢	🟢	🟢	🟢	🟢	🟢	
	Improve Access Rate to CYPMH	🟢	🟢	🟢	🟢	🟢	🟢	
	EIP - Psychosis treated with a NICE approved care package within two weeks	🟢	🟢	🟢	🟢	🟢	🟢	
	Out of Area Placements	🟢	🟢	🟢	🟢	🟢	🟢	
	Physical health checks for those with severe mental illness	🟠	🟠	🟠	🟠	🟢	🟠	There are no concerns regarding 2019/20 delivery, but performance is currently below what is required.
Primary Care	Extended access (evening and weekends) at GP services	🟢	🟢	🟢	🟢	🟢	🟢	
	NHS 111 booking into Extended Access	🟢	🟢	🟢	🟢	🟢	🟢	

8b. Performance & Quality – Plan for 2019/20

| Area	Deliverable/Standard	Delivery Assurance						Comments
		SYB ICS	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield	
Urgent & Emergency Care	**Emergency Care Standard:** Maximum 4 hour wait	🟠	🟢	🟢	🟢	🟠	🟠	Signficant challenge across systems, most notably in Rotherham.
	Emergency Care Standard: Zero tolerance on handovers >30 mins	🟠	🟢	🟢	🟢	🟠	🟠	
Elective Care	**18 Week Maximum Referral to Treatment Time**	🟢	🟢	🟠	🟠	🟢	🟢	Significant challenge in Bassetlaw and Doncaster.
	6 Week Maximum wait for Diagnostic	🟢	🟢	🟢	🟢	🟢	🟢	
	Zero over 52 week waits	🟠	🟢	🟢	🟠	🟢	🟢	
	Maintenance of total waiting list: *Maintain March 2018 objective*	🟢	🟢	🟢	🟢	🟢	🟢	Objective met in March 2020, some risk in-year due to profiling.
Cancer	**Cancer Waiting Times:** *2 Week Wait*	🟢	🟢	🟢	🟢	🟢	🟢	
	Cancer Waiting Times: *2 Week Wait (Breast Symptoms)*	🟠	🟠	🟠	🟠	🟠	🟠	ICS has not delivered the standard Q1, Q2 or Q3 2018/19.
	Cancer Waiting Times: *31 Day First Treatment*	🟢	🟢	🟢	🟢	🟢	🟢	
	Cancer Waiting Times: *31 Day Surgery*	🟢	🟢	🟢	🟢	🟢	🟢	
	Cancer Waiting Times: *31 Day Drugs*	🟢	🟢	🟢	🟢	🟢	🟢	
	Cancer Waiting Times: *31 Day Radiotherapy*	🟢	🟢	🟢	🟢	🟢	🟢	
	Cancer Waiting Times: *62 Day GP Referral*	🟠	🟠	🟠	🟠	🟠	🟠	ICS has not delivered the standard Q1, Q2 or Q3 2018/19.
	Cancer Waiting Times: *62 Day Screening*	🟢	🟢	🟢	🟢	🟢	🟢	
	Cancer Waiting Times: *62 Day Upgrade*	🟠	🟠	🟠	🟠	🟠	🟠	ICS has not delivered the standard Q1, Q2 or Q3 2018/19.

9. Governance

- The 2019/20 Operating Plan has been developed within the overall ICS Governance structure .

- The delivery of the plan will be monitored through the four delivery groups (finance, performance, quality, transformation)

- Executive scrutiny will take place in the System Health Executive Group

- Non-executive scrutiny will take place in the Integrated Assurance Committee

- Regional oversight will take place in the System Health Oversight Board.

Summary schematic: SYB –ICS Interim governance arrangements for 2019/20
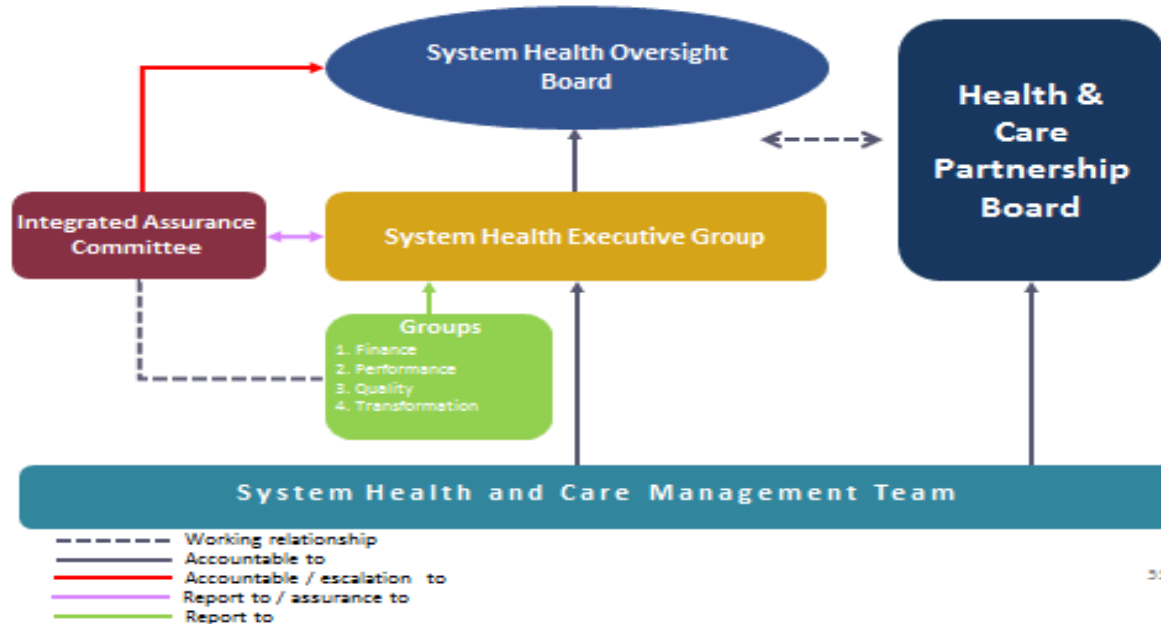
10. Alignment with Long Term Plan

Aligning 2019/20 System Operating Plan to System Strategic Plan

Key principles: 2019/20 sets both the baseline for the system strategic plan and is implementation year 1 of the ICS five year plan.

Building on	We will continue to build on SYBs implementation of the Five Year Forward View and the 2019/20 system operating plan informs us of the progress made across SYB; setting both a revised baseline and refresh of priorities for transformation delivery in year one of the strategic plan, including activity, finance, delivery improvement requirements. We have established both a system planning mechanism to develop our system operating plan and also strategic plan, engaging key partners.
Key priorities	SYB has established priorities and delivery mechanisms covering the full range of national priorities within the LTP and key local priorities. These are being reviewed in light of the LTP, objectives refreshed and re-focused and delivery strengthened to ensure year 1 continues our journey of sustainability through transformation and improvement delivery including: plans and trajectories for further integration, implementing new models for example Primary Care Networks across the ICS and improvements in key constitutional standards.
Engaging with partners	Building on the strong relationships and leadership within each Place and across the whole of the ICS together with our experience of planning together, transforming together, delivering together and sharing risk together, within a mutual accountability framework we have begun the next of this journey, starting to engage with all partner organisations, patients and the public in the context of the long term plan. We have also strengthened our framework for how we do this with renewed governance, with a clear focus on delivery and transformation.
Whole system model	SYB has a population of 1.5 million. Health and care needs are met by many partners working together; health and care commissioners and providers, including, primary , community care , acute services and the voluntary sector. Meeting the needs of the total populations requires close working at a very local level in communities and networks across our five places and across SYB. Our strategy will set a vision for a sustainable whole system following the principles of the LTP.

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Version Control

Version	Date	Description
0.1	11/02/19	Outline structure
1.0	18/02/19	Working Draft 1 – initial collation
1.1	18/02/19	Draft for ESG discussion – 19/02/19
1.2	19/02/19	Draft submitted to NHSE / I
2.0	11/04/2019	Final submission to NHSE/I
2.1	07/05/2019	Final draft for Health Executive Group Review 14/05/19

This version

ACP Director Report- May 2019

For Partner Boards

Sheffield Accountable Care Partnership (ACP)

For Sheffield Children's Hospital NHSFT Board Meeting- June 2019

Author(s)	Kathryn Robertshaw
Sponsor	John Somers (Chief Executive, Sheffield Children's Hospital NHSFT)

1. Purpose
• To provide headlines from the progress of the Accountable Care Programme. • To provide an overview of ACP Programme Activities.
2. Introduction / Background
A short written overview of the Programme activities is provided by the ACP Director for the purpose of the May 2019 ACP Executive Delivery Group.
3. Is your report for Approval / Consideration / Noting
For noting
4. Recommendations / Action Required by Accountable Care Partnership
N/A
5. Other Headings
N/A
Are there any Resource Implications (including Financial, Staffing etc.)?
N/A

Summary ACP Director Report

For Sheffield Children's Hospital NHSFT Board- June 2019

1. **Strategic Update**

   The **ICS quarterly place review** took place on 24th April. It was an opportunity for the ACP to share key place work with ICS team. There was a commitment from the ICS to increasingly involve Place Directors in system level working to enable greater understanding of the benefits of transformation happening at a local level. Key points of discussion included:
   - The In year reduction in the level of Delayed Transfers of Care
   - Development of an all age mental health offer and the success of the "Healthy Minds" work
   - Key challenges in the system were identified as workforce and digital. Noted developments to address both of these areas
   - Work already taking place in the city in relation to employment and health and the potential to share this good practice across the wider ICS
   - The development of the new model of care for frailty
   - Development of community based assets and primary carer networks.
   - Developments related to joint commissioning

   A refreshed draft of '**Shaping Sheffield**: The Plan' document has been produced following considerable feedback from colleagues. A refreshed workstream and priority structure is proposed in the document to show clearer alignment to the Health and Wellbeing Board Strategy and ACP priorities. A review of chief executive sponsorship of the workstreams is being progressed to ensure effective ownership and drive of the work

   Work continues to develop closer alignment of **Joint Commissioning** and ACP and bring strategic and clinical leaders from the provider organisations into the work.

   Planning for increased **strategic input from VCS** has developed and a proposal for investment to support this work is to go to EDG in May.

   The advert for recruitment to the **Programme Director Role** is currently out, with a closing date of 7th June. Interviews are planned for 12th July.   A business case to develop longer term funding arrangements for the wider ACP team is under development.

2. **Delivery**

   2.1 **Elective Care**

   A revised Business Case for teledermatology is being developed, expanding the initial scope to beyond cancer 2 week referrals. It aims to develop a new pathway which will reduce face to face contacts at STH and improve patient experience.
   Elective Board due to consider cardiology plans at May meeting - currently developing a business case with ACP partners, looking at potential new contracting models.

2.2   Urgent and Emergency Care

- Key themes from the Urgent Care Review have been identified. These themes and the subsequent approach will be tested at public and partner workshops on 6th June. Expect to share across ACP in July.
- Established Board rounds on the 16 highest Delayed Transfers of Care board rounds and standardised the approach across geriatric and stroke medicine.
- Workshops ongoing with Single Point of Access (SPA) and the Yorkshire Ambulance Service to review pathways and referral processes as part of integrated urgent care

2.3   Long Term Conditions and New Model of Care

- The LTC Board has agreed a more focused approach and agreed to eight workstreams/ task and finish groups which will report into the delivery group.
  1. Diabetes
  2. End of Life Care
  3. Care Homes
  4. Early help
  5. Wound care
  6. Care Planning
  7. Community IVs
  8. Person Centred Care
- Each work stream has established leadership and nominated a delivery group representative. Nat Jones and Sharon Marriott are reviewing all eight work streams to provide an update report to the LTC Board on the 24th of June 2019.

2.4   Mental Health and Learning Disabilities

- Work underway to ensure appropriate governance processes are put in place to support the life span (all age) approach to mental health going forwards.
- Outline brief agreed for delivery of service user led workshops to design the transitions project (developing pathways that involve transition from children and young people to adult services)
- A number of issues relating to Trauma PTSD project have been identified related to capacity and resources. Further discussions are planned to determine viability of the project.

2.5   Primary Care and Population Health Management

- ICS had requested a refreshed CCG Primary Care Strategy. A review of the strategy will ensure reflection of ACP priorities. Further work to develop a system wide primary care strategy are being considered.
- A Neighbourhood Learning Network event was held on 16th May focussed on development of social prescribing in networks
- Ongoing programme of support to general practices in relation to New GP Contract
- Ongoing Support to launch of services funded through Transformation Bid Monies
- Ongoing development of refreshed data sharing agreements to support population health management with increased linkage to digital workstream

2.6   Children's and Maternity

- Priorities drafted for 19/20 for the Children's Health and Wellbeing Transformation Board (CHWTB) and Children and Maternity ACP work stream. These are reflected in the Shaping Sheffield plan and will be formally discussed at the CHWTB meeting in June.

- Future in Mind NHSE assurance: confirmation of fully assured local transformation plan from NHSE
- SCH Clinical Summit on Partnership working held on 30 April.
- Draft performance measures provided to ACP linked to 19/20 priorities for CHWT Board.
- Group of key staff identified to attend the ACP Transformation Change and System Leadership two day workshop on 10/11 June. Focus will be on the SEND action plan.

2.7   Digital

- Digital workstream and Digital Delivery Board established
- Strategic Outline Case development commenced and on track for a draft document to be circulated for assurance in June-19
- User research and engagement ongoing across Sheffield including initial market testing of technical solutions.
- Engagement ongoing with Yorkshire and Humber Care Record to better understand potential for use of this solution
- Engagement ongoing with Barnsley place regarding their approach and to identify potential linkages.
- GovRoam project being progressed through SY&B ICS, plan to establish reciprocal connectivity across all partner sites by end Sept 19. Issues anticipated where sites currently supported by outsourced IT contracts.
- Sheffield Digital leads to attend Yorkshire and Humber Care Record planning event on 22 May.

2.8   Workforce/Organisational Development

Joint Director leads for workforce have been appointed (Paula Ward and Dean Wilson)

A draft Ageing Well People's Workforce Strategy is now developed following considerable public and staff engagement. This will be considered by EDG in May 2019. This will be developed into an All Age Workforce Strategy by September 2019 and a specific plan for engaging with families, carers and staff across Children and Young People's services is underway.

The Shadow System board commenced on 21.5.2019 with participants from all partners. The Leading Sheffield Cohort 2 programme continues with high levels of interest in future cohorts.

2.9   Pharmacy Transformation

- Engagement with emerging Primary Care Networks to support needs assessment and delivery of medicines expertise that is fit for purpose.
- Developing a system-wide approach to supporting stable recruitment to PCNs of pharmacy professionals
- Planning for implementation and training required for community pharmacy led hypertension service
- Engage with the Improving Accountable Care Forum (May)
- Identified staff to participating in non-medical independent prescriber training

2.10   Communications and Engagement

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Healthwatch are working with engagement teams across ACP partners to identify system wide areas for improvement, the group has started to consider how a more coordinated approach might work in practice. The ACP Patient and Public Involvement Workshop is being planned for 11th July 2019 to further develop the engagement approach.

Ongoing engagement projects with less well heard groups, including interviews with STH inpatients, people using 'Ben's Centre' (a place for vulnerable people experiencing difficulties with substance misuse) and residents at Broomsgrove Nursing home as well as visits to City of Sanctuary and Social Cafes in the north of Sheffield

Workstream leads are liaising with service users through the Improving Accountable Care Forum. Workstream Leads are presenting to the forum about their work plans and developing engagement plans with the members.

2.11   Prevention
- Dir of Public health to meet with ACP organisational leads (28th May) to discuss embedding prevention approach into each organisation. A framework for these discussions is being developed based on work ongoing within Sheffield City Council.
- Promoting Prevention Board agreed need to increase linkage to Employment health and the Employment and Support Service Group. ACP representative to attend July Meeting of that group to explore potential linkage.
- ACEs conference planned for 11th July 2019, led by South Yorkshire Police.

2.12   Payment Reform
- The Payment Reform Workstream made the decision to stand down meetings to focus upon the financial yearend, 19-20 plan setting and the calculation of efficiency requirements during March and April.
- Initial work has been undertaken to look at the different contracting and funding options which could used to facilitate system changes. From this point the workload of the Payment Reform Workstream is closely linked to the service changes identified by the other work streams and the individual programmes within their plans. The group anticipate that the request for involvement will be received as detail is added to change propositions.
- The Payment Reform Workstream will be reissuing their previous offer to work with Delivery Groups and Boards early in the process to ensure full understanding of the desired outcomes, to allow financial and contracting issues to be resolved at the same pace as the programmes develop and provide support from their wider system knowledge in the context of the Better Care Fund and Joint Commissioning.

3. Risks

Key risks for each can be found in the attached highlight reports.   Below is an extract of the high level risks (scored 10 or more on risk matrix)

Risk	Score	Mitigation
Revenue Affordability for Shared Care Record Project	20	1. ACP Finance Lead has been identified to support activity across the ACP on this. 2. Strategic Outline Case will include costs-benefits estimates and must gain

		endorsement from ACP partners if project is to be viable. 3. By Outline Business Case a more robust cost estimates and a detailed benefits realisation plan will be completed for assurance.
Shared Care Record Project Capacity of Clinical and IT/Digital Leaders @ ACP Partners Due to the operational pressures on Sheffield ACP Partners and their Clinical and IT/Digital leadership, there is a risk that insufficient capacity exists to drive this programme at requisite pace to secure funding and then deliver against it.	20	1. ACP Digital Delivery Board established and all Partner leads are to be confirmed by end May '19. 2. Programme lead resource is currently funded through SYB ICS and also other ACP Digital leads are working with Sheffield to input and ensure shared learning. 3. Resource requirements to build OBC will need to be stated in the SOC and consideration then given to fund through monies already drawn down from NHS England.
Active CCG Leadership Capacity for Shared Care Record Project. Successful care record schemes across the country have typically been driven through CCG and primary care leadership, and central funding is typically sourced from national primary care allocations.	16	1. Sheffield CCG to review capacity and inputs to the programme, including GP leads also.
Lack of funding for pharmacist prescriber training, places on courses, mentor capacity	16	Pursue national support through Pharmacy Integration Fund; lobby HEE for increased course capacity; promote benefits to local GPs to encourage mentor sign up
System pressures may delay or halt urgent care transformational changes throughout the winter period	12	Plans agreed with providers to minimise service disruptions where possible at times of system pressure.
Elective programme of work does not deliver against plan due to inadequate resource or lack/lack of capacity	12	New resource identified to support elective Care workstream, expected to commence in May 2019, hosted by SCCG

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15. 164/19 ANY OTHER BUSINESS

16. 165/19 DATE OF NEXT PUBLIC BOARD MEETING: Tuesday 30 July, 08:30 in the Boardroom