

Chief Executive Report

Health Oversight Board

27 March 2020

Author(s)	Andrew Cash, System Lead												
Sponsor													
Is your report for Approval / Consideration / Noting													
For noting and discussion													
Links to the STP (please tick)													
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<input checked="" type="checkbox"/> Create financial sustainability	<input checked="" type="checkbox"/> Work with patients and the public to do this												
Are there any resource implications (including Financial, Staffing etc)?													
N/A													
Summary of key issues													
<p>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 February 2020.</p>													
Recommendations													
<p>The SYB ICS Health Oversight Board (HOB) 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.</p>													

South Yorkshire and Bassetlaw Integrated Care System CEO Report

CHIEF EXECUTIVE REPORT

27 March 2020

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 February 2020.

2. Summary update for activity during February 2020

2.1 Coronavirus (Covid 19)

At the time of writing my report, the Department of Health and Social Care, NHS England and Improvement and Public Health England is still in the first phase of the Government's response to the coronavirus outbreak; containing the virus. The plan has four phases. Containing the virus, delaying its spread, researching its origins and cure, and finally mitigating the impact should the virus become more widespread.

The UK is extremely well prepared for these types of outbreaks – we are one of the first countries in the world to develop a test for the new virus. Public safety is the top priority and colleagues across the ICS are incredibly busy planning, preparing and acting across their organisations and in local communities to what is a fast moving and unprecedented situation.

2.2 NHS Integrated Care Development Day

I attended a whole-day session on integrated care development with senior colleagues from across the country at the King's Fund on 27th February. The event also included expert speakers and covered:

- The progress to date of ICSs and Sustainability and Transformation Partnerships since their announcement in 2016
- Common challenges and success factors in designing and implementing improved care models and more collaborative system-wide leadership and governance
- How NHS England and NHS Improvement can encourage deeper and broader partnership during 2020/21, including moves to a 'system by default' operating model

Led by Richard Murray, Chief Executive, The King's Fund and including NHS England Chair, Lord David Prior, the session was a timely opportunity to reflect on the journey of ICSs so far and to consider how best to approach the challenges ahead with colleagues facing the same issues, risks and opportunities.

2.3 Launch of the South Yorkshire and Bassetlaw Integrated Care System Five Year Plan

Following the collaborative development of the SYB ICS Five Year Plan, we will officially launch the Plan on Tuesday 11th March. While we published the Plan in January, the launch will disseminate and raise greater awareness of it across the partnership and with the wider public. In addition to partners supporting the launch with their own internal communications, there is widespread social media activity planned to drive traffic to the ICS website where people can find out more and read the detail.

2.4 Yorkshire Ambulance Service Hub

Yorkshire Ambulance Service's new Doncaster ambulance station will officially open at the end of March, marking a significant milestone in developments for the Trust.

The station will replace outdated facilities and also introduce a new way of working which is designed to improve quality and performance for patients. Doncaster is the first 'hub and spoke' model introduced by the Trust and is where emergency and Patient Transport Service vehicles will be taken to be thoroughly cleaned, re-stocked and for any necessary repairs or maintenance. The work is carried out by a dedicated team, freeing up clinicians to focus their time on patients.

This system is known as Ambulance Vehicle Preparation and is already used in Wakefield, Leeds and Huddersfield. It leads to improved vehicle availability, cleaner vehicles and allows crews to get on the road sooner at the beginning of their shifts. The new model is expected to lead to improved response times for patients, improved infection control and improved conditions

2.5 SYB ICS Shadow Board

The first cohort of the SYB ICS Shadow Board Programme will graduate this month. There are 14 senior colleagues on the Shadow Board, all who are aspiring Directors in System roles from commissioning and provider organisations, regulator and arms' length bodies. They were nominated by their Chief Executive.

The programme combined learning with the benefits of deep experiential learning as participants prepared and participated in three simulated Board meetings (the Shadow Board). The Shadow Boards ran in alignment with the taught modules for the duration of programme, enabling participants to implement and embed their learning in a safe space and gain experience of what it is like to be a Board or Governing Body member.

One of the purposes of the Shadow Board development was to identify senior talent for the ICS going forward and following graduation, that pipeline is now in place. Participants have fed back that they found the programme worthwhile and feel better prepared to take on Director roles. The next steps for the participants will be determined by them and following their very positive feedback, the ICS will now consider the benefits of running a further cohort later in the year.

2.6 Cardiac Rehabilitation Research

I am delighted to let you know that the ICS is supporting a new research project which aims to increase patient uptake of cardiac rehabilitation programmes as part of the NHS long-term plan. Working together, researchers from Sheffield Hallam and Northumbria Universities, the British Heart Foundation and Sheffield Teaching Hospitals are trying to understand which services patients would prefer to receive and how they would like to receive them.

Currently patients who have had a cardiac event are offered, in most parts of the UK, a 'one size fits all' rehabilitation package with only 50% of people taking them up. As set out in the NHS Long Term Plan, we want to increase the uptake from 50% to 85% in the next 10 years and in supporting the project we hope to contribute to making a long lasting difference to the SYB population and the wider UK population.

2.7 Complex Lives

The Complex Lives work that is being led by Chris Marsh from Doncaster Metropolitan Borough Council is the subject of a Co-Design workshop on 26 March 2020 at the Keepmoat Stadium in Doncaster.

At the recent Collaborative Partnership Board, ICS partners agreed a focus on Complex Lives as one of the three shared priorities for joint work between the Health system and Local Authorities (the others being Physical Activity and Social Isolation).

The agreed initial focus of the work on Complex Lives is on strengthening the relationship between homelessness/rough sleeping and health services. This will build on the excellent practice that is already under way across South Yorkshire and Bassetlaw, and will seek to go further into sustainable new care models that can respond to the scale and quite unique nature of the issues affecting people locked in a cycle of rough sleeping, addiction, offending behaviour, poor mental and physical health, often underpinned by childhood and adult trauma. As you know there is also a focus on ensuring we can work with and learn from each other across the SYB footprint, recognising that this is clearly a shared and significant challenge in places.

The last update to the CPB outlined the basis of a partnership approach with the Office of the Police and Crime Commissioner (PCC) in South Yorkshire, acknowledging the crucial interdependence of the criminal justice system in this work. We have made further progress on this front and the Violence Reduction Unit at the PCC's office has agreed to support and help fund the co- design process that we have planned to take this work forward. This partnership will be important at strategic and operational level as the work progresses.

2.8 Performance Scorecard

The attached scorecards show our collective position at February 2020 (using predominantly December 2019 and January 2020 data) as compared with other areas in the North of England and also with the other nine advanced ICSs in the country.

We are now green in four of the ten constitutional standards, having turned red for six week diagnostics and two week cancer breast waits. The four green are a two week cancer waits, 31 day cancer waits, Early Intervention in Psychosis (EIP) and IAPT recovery. Our overall performance as a System, while still below the constitutional standard in four areas, still remains one of the better ICSs in the country.

Also attached is a new 'on a wall' view of performance statistics showing system level activity and performance. The purpose is to provide an at a glance view for colleagues less directly involved with some of the key performance measures or those who don't routinely access reports and dashboards. It is set to print as an A3 poster presentation to be displayed in local offices and can also be used as a high level summary for briefings. This format replaces the Integrated Operational Report (IOR) which we have previously used to produce the monthly summary for my report to the ICS. We will no longer have routine access to statistics for areas outside of the North East and Yorkshire and therefore this will be the new format in my report going forward, including the comparator information about the other three systems in NEY Region.

Finally, at month 10 the Year to Date position is £0.5 million ahead of plan. One organisation is forecasting a deficit against plan and we are looking at how we can offset this with over-performance in other organisations in order to balance as a system. Another provider posted a significant in month and year to date deficit in month 10 and have identified mitigating actions to deliver a balanced position at year end. This has therefore added risks to balance as a system at the year end.

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

Date 5 March 2020



How are we doing? An overview

Key performance report: February 2020 (using predominantly Dec/Jan data)



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How are we doing? An overview

Key performance report: February 2020 (using predominantly Dec/Jan data)



		A&E (95%) January 2020 data	RTT (92%) December 2019 data	Diagnostics 6 weeks December 2019 data	2ww (93%) December 2019 data	2ww breast (93%) December 2019 data	31 day (96%) December 2019 data	62 day (85%) December 2019 data	EIP (50%) December 2019 data	IAPT Access 4.75% for 2018-19 rising to 5.5% by the end of 2019-20 November 2019 data	IAPT Recovery (50%) November 2019 data
Barnsley CCG	—	●	●	●	●	●	●	●	●	●	●
Barnsley Hospital	●	●	●	●	●	●	●	●			
Bassetlaw CCG	—	●	●	—	—	●	●	●	●	●	●
Doncaster CCG	—	●	●	—	—	●	●	●	●	●	●
DBTH	●	●	●	—	—	●	●				
Rotherham CCG	—	●	●	●	●	●	●	●	●	●	●
Rotherham Hospital	—	●	●	●	●	●	●				
Sheffield CCG	—	●	●	●	●	●	●	●	●	●	●
Sheffield Children's	●	●	●	—	—	—	—				
STH	●	●	●	●	●	●	●				

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How are we performing in the North East & Yorkshire?

Urgent and Emergency Care

82.9% of people waited less than four hours to be admitted or discharged



(95% standard)



56 patients waited more than 12 hours in A&E from decision to admit to admission

(0 tolerance)

87.7% of hospital handover delays were carried out within 30 minutes



(100% target)

Elective



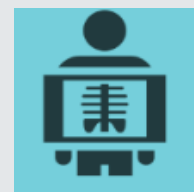
609,115 patients are waiting to be seen by a consultant led service

(567,709 planned)

112 patients have been waiting more than 52 weeks



(0 tolerance)



5.5% of patients had a diagnostic test within 6 weeks

(1% standard)

Cancer



93.3% of patients were seen within two weeks of urgent referral

(93% standard)

78.6% of patients were treated within 62 days



(85% standard)

one year cancer survival index



C&NE

71.9%

SY&B

72.2%

(73.3% national)

HC&V

72.1%

WY&H

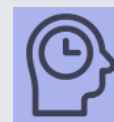
73.0%

Mental Health

4.77% people with depression and/or anxiety received psychological therapies



(5.31% target)



50.9% people who completed psychological therapies treatment are now moving to recovery

(50% standard)

39.9%

children and young people with a mental health condition accessed community mental health services



(33.3% standard)



6,540 bed days were occupied by patients inappropriately placed in a hospital bed out of their area

(0 tolerance by 2021)

General Practice Workforce FTE

-4.1%

GPs



(4,286 versus 4,467 plan)

-2.4%

Nurses



(3,088 versus 3,164 plan)

-3.0%

Other direct patient care (Allied Health Professionals)



(2,326 versus 2,398 plan)

0.9%

Admin staff



(11,357 versus 11,255 plan)

Learning Disabilities & Autism



319

adults



23

children

with a learning disability or autism are reliant on inpatient care

(Q3 plan 305; Q4 CYP 31)

55% (adult) and **70%** (children) Community / post admission Care and Treatment Reviews were carried out

(75% adults; 90% children standards)



84% of annual health checks carried out compared to expected trajectory

(Q2 trajectory 7,124)

19% of Specialised Commissioned patients (29 cases) are inappropriate out of area placements



(<5% standard)

How are we performing in Cumbria and the North East?

Urgent and Emergency Care

83.9% of people waited less than four hours to be admitted or discharged



(95% standard)



26 patients waited more than 12 hours in A&E from decision to admit to admission

(0 tolerance)

87.6% of hospital handover delays were carried out within 30 minutes



(100% target)

Elective



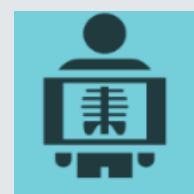
238,864 patients are waiting to be seen by a consultant led service

(210,505 planned)

30 patients have been waiting more than 52 weeks



(0 tolerance)



5.7% of patients had a diagnostic test within 6 weeks

(1% standard)

Cancer



90.2% of patients were seen within two weeks of urgent referral

(93% standard)

80.0% of patients were treated within 62 days



(85% standard)



C&NE
71.9%
one year cancer survival index

(73.3% national)

Mental Health

4.65% people with depression and/or anxiety received psychological therapies



(5.31% target)



50.0% people who completed psychological therapies treatment are now moving to recovery

(50% standard)

59.4% children and young people with a mental health condition accessed community mental health services



(33.3% standard)



2,000 bed days were occupied by patients inappropriately placed in a hospital bed out of their area

(0 tolerance by 2021)

General Practice Workforce FTE

-3.5%
GPs



(1,570 versus 1,627 plan)

-2.0%
Nurses



(1,149 versus 1,172 plan)

-2.2%
Other direct patient care (Allied Health Professionals)



(795 versus 813 plan)

1.4%
Admin staff



(4,257 versus 4,197 plan)

Learning Disabilities & Autism



133 adults **11** children

with a learning disability or autism are reliant on inpatient care

(Q3 plan adults 127; CYP tbc)

67% (adult) and **67%** (children) Community / post admission Care and Treatment Reviews were carried out

(75% adults; 90% children standards)



90% of annual health checks carried out compared to expected trajectory

(Q2 trajectory 2,797)

19% of region's Specialised Commissioned patients (29 cases) are inappropriate out of area placements



(<5% standard)

Reporting periods: UEC (Jan20), Hospital handovers (Jan20) Data is unpublished for internal management information only. Elective & Cancer (Dec19), Cancer Alliance (2017). MH (Nov19, metrics represent rolling quarters; CYP metric represents 12 month rolling due to low numbers), Workforce (Sep19), LDA (Dec19); OAPs represent Spec Comm patients in Dec19 at region level due to low numbers; AHCs represents Q2 19/20. Standards or plans are shown in brackets. Data largely shows commissioner based performance, except U&EC.

How are we performing in Humber, Coast and Vale?

Urgent and Emergency Care

77.0% of people waited less than four hours to be admitted or discharged



(95% standard)



29 patients waited more than 12 hours in A&E from decision to admit to admission

(0 tolerance)

73.7% of hospital handover delays were carried out within 30 minutes



(100% target)

Elective



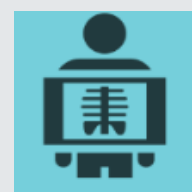
102,946 patients are waiting to be seen by a consultant led service

(106,745 planned)

26 patients have been waiting more than 52 weeks



(0 tolerance)



14.7% of patients had a diagnostic test within 6 weeks

(1% standard)

Cancer



94.6% of patients were seen within two weeks of urgent referral

(93% standard)

71.5% of patients were treated within 62 days



(85% standard)



HC&V
72.1%
one year cancer survival index

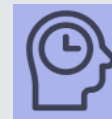
(73.3% national)

Mental Health

5.11% people with depression and/or anxiety received psychological therapies



(5.31% target)



53.9% people who completed psychological therapies treatment are now moving to recovery

(50% standard)

35.9%

children and young people with a mental health condition accessed community mental health services



(33.3% standard)



845 bed days were occupied by patients inappropriately placed in a hospital bed out of their area
(0 tolerance by 2021)

General Practice Workforce FTE

-5.8%
GPs



(670 versus 711 plan)

-2.4%
Nurses



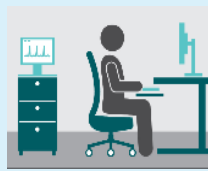
(527 versus 540 plan)

2.6%
Other direct patient care
(Allied Health Professionals)



(558 versus 544 plan)

2.6%
Admin staff



(1,919 versus 1,870 plan)

Learning Disabilities & Autism



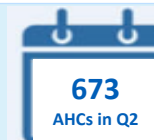
62 adults **2** children

with a learning disability or autism are reliant on inpatient care

(Q4 plan adults 53; CYP tbc)

67% (adult) and **0%** (children) Community / post admission Care and Treatment Reviews were carried out

(75% adults; 90% children standards)



74% of annual health checks carried out compared to expected trajectory

(Q2 trajectory 912)

19% of region's Specialised Commissioned patients (29 cases) are inappropriate out of area placements



(<5% standard)

Reporting periods: **UEC** (Jan20), **Hospital handovers** (Jan20) Data is unpublished for internal management information only. **Elective & Cancer** (Dec19), **Cancer Alliance** (2017). **MH** (Nov19, metrics represent rolling quarters; CYP metric represents 12 month rolling due to low numbers), **Workforce** (Sep19), **LDA** (Dec19) OAPs represent Spec Comm patients in Dec19 only at region level due to low numbers; AHCs represents Q2 19/20. **Standards or plans** are shown in brackets. Data largely shows commissioner based performance, except U&EC.

How are we performing in South Yorkshire and Bassetlaw?

Urgent and Emergency Care

85.1% of people waited less than four hours to be admitted or discharged



(95% standard)



1 patients waited more than 12 hours in A&E from decision to admit to admission

(0 tolerance)

88.7% of hospital handover delays were carried out within 30 minutes



(100% target)

Elective



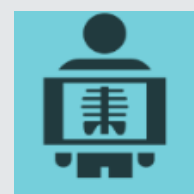
100,629 patients are waiting to be seen by a consultant led service

(92,270 planned)

1 patients have been waiting more than 52 weeks



(0 tolerance)



1.4% of patients had a diagnostic test within 6 weeks

(1% standard)

Cancer



94.6% of patients were seen within two weeks of urgent referral

(93% standard)

79.7% of patients were treated within 62 days



(85% standard)



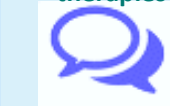
SY&B

72.2% one year cancer survival index

(73.3% national)

Mental Health

4.97% people with depression and/or anxiety received psychological therapies



(5.31% target)



50.0% people who completed psychological therapies treatment are now moving to recovery

(50% standard)

26.5%

children and young people with a mental health condition accessed community mental health services



(33.3% standard)



1,225 bed days were occupied by patients inappropriately placed in a hospital bed out of their area

(0 tolerance by 2021)

General Practice Workforce FTE

-1.6%
GPs



(749 versus 761 plan)

0.0%
Nurses



(531 versus 531 plan)

-14.7%
Other direct patient care (Allied Health Professionals)



(347 versus 407 plan)

0.7%
Admin staff



(1,918 versus 1,905 plan)

Learning Disabilities & Autism



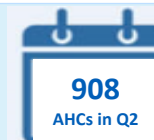
45 adults **3** children

with a learning disability or autism are reliant on inpatient care

(Q3 plan adults 44; CYP tbc)

75% (adult) and **N/A** (children) Community / post admission Care and Treatment Reviews were carried out

(75% adults; 90% children standards)



85% of annual health checks carried out compared to expected trajectory

(Q2 trajectory 1,071)

19% of region's Specialised Commissioned patients (29 cases) are inappropriate out of area placements

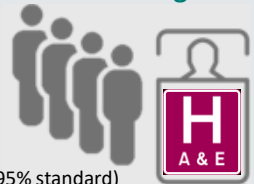


(<5% standard)

How are we performing in West Yorkshire and Harrogate?

Urgent and Emergency Care

84.2% of people waited less than four hours to be admitted or discharged



(95% standard)



0 patients waited more than 12 hours in A&E from decision to admit to admission

(0 tolerance)

96.6% of hospital handover delays were carried out within 30 minutes



(100% target)

Elective



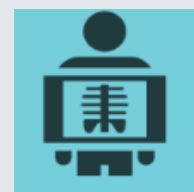
166,676 patients are waiting to be seen by a consultant led service

(158,189 planned)

55 patients have been waiting more than 52 weeks



(0 tolerance)



1.6% of patients had a diagnostic test within 6 weeks

(1% standard)

Cancer



95.7% of patients were seen within two weeks of urgent referral

(93% standard)

80.0% of patients were treated within 62 days



(85% standard)



WY&H
73.0%
one year cancer survival index

(73.3% national)

Mental Health

4.66% people with depression and/or anxiety received psychological therapies



(5.31% target)



51.1% people who completed psychological therapies treatment are now moving to recovery

(50% standard)

28.4%

children and young people with a mental health condition accessed community mental health services



(33.3% standard)



2,470 bed days were occupied by patients inappropriately placed in a hospital bed out of their area
(0 tolerance by 2021)

General Practice Workforce FTE

-5.3%

GPs



(1,296 versus 1,368 plan)

-4.3%

Nurses



(882 versus 922 plan)

-1.4%

Other direct patient care
(Allied Health Professionals)



(626 versus 635 plan)

-0.6%

Admin staff



(3,263 versus 3,283 plan)

Learning Disabilities & Autism



83 adults **7** children

with a learning disability or autism are reliant on inpatient care

(Q4 plan adult 78; CYP tbc)

40% (adult) and **100%** (children) Community / post admission Care and Treatment Reviews were carried out

(75% adults; 90% children standards)



85% of annual health checks carried out compared to expected trajectory

(Q2 trajectory 2,344)

19% of region's Specialised Commissioned patients (29 cases) are inappropriate out of area placements



(<5% standard)

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