

Health Scrutiny Sub-Committee

Wednesday 11 October 2023 at 1.30 pm

**To be held in the Town Hall,
Pinstone Street, Sheffield, S1 2HH**

The Press and Public are Welcome to Attend

Membership

Councillor Ruth Milsom
Councillor Steve Ayris
Councillor Martin Phipps
Councillor Talib Hussain
Councillor Laura McClean
Councillor Abtisam Mohamed
Councillor Mick Rooney
Councillor Sophie Thornton
Councillor Ann Whitaker

PUBLIC ACCESS TO THE MEETING

Meetings of the Health Scrutiny Sub-Committee are chaired by Councillor Ruth Milsom.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda. Members of the public have the right to ask questions or submit petitions to Health Scrutiny Sub-Committee meetings and recording is allowed under the direction of the Chair. Please see the [webpage](#) or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Health Scrutiny Sub-Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last on the agenda.

Meetings of the Health Scrutiny Sub-Committee have to be held as physical meetings. If you would like to attend the meeting, please report to an Attendant in the Foyer at the Town Hall where you will be directed to the meeting room. However, it would be appreciated if you could register to attend, in advance of the meeting, by emailing committee@sheffield.gov.uk, as this will assist with the management of attendance at the meeting. The meeting rooms in the Town Hall have a limited capacity. We are unable to guarantee entrance to the meeting room for observers, as priority will be given to registered speakers and those that have registered to attend.

Alternatively, you can observe the meeting remotely by clicking on the 'view the webcast' link provided on the meeting page of the [website](#).

If you wish to attend a meeting and ask a question or present a petition, you must submit the question/petition in writing by 9.00 a.m. at least 2 clear working days in advance of the date of the meeting, by email to the following address: committee@sheffield.gov.uk.

In order to ensure safe access and to protect all attendees, you will be recommended to wear a face covering (unless you have an exemption) at all times within the venue. Please do not attend the meeting if you have COVID-19 symptoms. It is also recommended that you undertake a Covid-19 Rapid Lateral Flow Test within two days of the meeting.

If you require any further information please email committee@sheffield.gov.uk.

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms. Access for people

with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

**HEALTH SCRUTINY SUB-COMMITTEE AGENDA
11 OCTOBER 2023**

Order of Business

Welcome and Housekeeping

The Chair to welcome attendees to the meeting and outline basic housekeeping and fire safety arrangements.

1. Apologies for Absence

2. Exclusion of Press and Public

To identify items where resolutions may be moved to exclude the press and public

3. Declarations of Interest

Members to declare any interests they have in the business to be considered at the meeting

(Pages 7 - 10)

4. Minutes of Previous Meeting

To approve the minutes of the last meeting of the Sub-Committee held on 7th September 2023.

(Pages 11 - 16)

5. Public Questions and Petitions

To receive any questions or petitions from members of the public.

(NOTE: There is a time limit of up to 30 minutes for the above item of business. In accordance with the arrangements published on the Council's website, questions/petitions at the meeting are required to be submitted in writing, to committee@sheffield.gov.uk, by 9.00 a.m. on 9th October 2023).

6. Members' Questions

To receive any questions from Members of the committee on issues which are not already the subject of an item of business on the Committee agenda – Council Procedure Rule 16.8.

(NOTE: a period of up to 10 minutes shall be allocated for Members' supplementary questions).

7. Walk in Centre Update

Report of Caroline Mabbott, Contracts Director, Sheffield Teaching Hospitals NHS Foundation Trust.

(Pages 17 - 46)

8. **Winter Plan Proposals** (To Follow)
9. **Adult A&E Performance Position** (To Follow)
10. **Work Programme** (Pages 47 - 58)
Report of David Hollis, Interim Director of Legal and Governance.

NOTE: The next meeting of Health Scrutiny Sub-Committee will be held on Thursday 16 November 2023 at 10.00 am

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its Policy Committees, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
 - under which goods or services are to be provided or works are to be executed; and
 - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
 - the landlord is your council or authority; and
 - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
 - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
 - (b) either -
 - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
 - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or
- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from David Hollis, General Counsel by emailing david.hollis@sheffield.gov.uk.

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Health Scrutiny Sub-Committee

Meeting held 7 September 2023

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Talib Hussain, Laura McClean, Sophie Thornton, Ann Whitaker and Maleiki Haybe (Substitute Member)

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Angela Argenzio, Abtisam Mohamed and Martin Phipps.

2. EXCLUSION OF PRESS AND PUBLIC

2.1 There were no items of business identified where the public and press may be excluded from the meeting.

3. DECLARATIONS OF INTEREST

3.1 Councillor Talib Hussain declared that he was a registered patient at one of the GP surgeries under discussion in Item 7.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the previous meeting of the Committee held on 1st June 2023 were agreed as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 There were no petitions or questions received from members of the public.

6. MEMBER QUESTIONS

6.1 There were no questions received from Members of the Sub-Committee on matters not on the agenda for the meeting.

7. PRIMARY CARE TRANSFORMATION PLANS - UPDATE

7.1 The report was presented by Abigail Tebbs (Deputy Director of Primary Care, Contracting Digital and Estates, SYICB), Richard Kennedy (Engagement Lead, SYICB and Mike Speakman (Programme Manager -Sheffield). Part A of the report updated the Sub-Committee of arrangements for continuing involvement with local

people following the decision to approve the building of three new health centres in Sheffield and Part B was to inform the Sub-Committee of developments on proposals for a City Centre Health Centre.

- 7.2 Members expressed disappointment that they had not been kept informed throughout the consultation process, particularly given they were being advised that the consultation represented best practice, nationally. Additionally, Members had not been notified of the planning applications.

Given the original programme had been delayed and the cost of materials had risen, Members were concerned that the £37 million funding would not be sufficient for the provision of four Hubs.

- 7.3 Richard Speakman advised that the consultation process had been comprehensive and that this had been confirmed by outside bodies. The sites chosen were the favourite of the majority of respondents. The Hub model was becoming increasingly popular as GPs became less willing to borrow capital to invest in becoming partners in conventional practices. Hubs offered the advantage of larger premises with increased provision for training and the delivery of a variety of services.

Budgets had been managed to ensure that they were aligned to the anticipated level of the tenders for building.

- 7.4 Abigail Tebbs advised that the funding for the project was national capital funding. It could not be used to pay for services, so it was not a case of choosing to spend it on new practices rather than on improving existing practices. The project would enable the recruitment of up to 91 new staff partly by providing space to accommodate them. There would be bookable space which could be accessed by any service.

This was taking place alongside the Plan for Recovery of Access to Primary Care, which focussed on improving patient access, particularly their first contact, though addressing issues such as capacity, telephony and triage.

- 7.5 Members asked what the risk would be if milestones were not achieved, for example if significant redesign was required for the planning applications to be approved.

The NHS representatives advised that there was a clear governance process both locally and via reporting to the Treasury. If Planning necessitated redesigns or if tenders came in at a level higher than expected, this would still have to be achieved within the existing budget.

Mike Speakman added that the project would provide new publicly owned buildings and represented significant inward investment into

Sheffield.

Members requested a detailed breakdown of how the £37 million funding was being allocated and spent as they felt they did not have this detailed information at present.

- 7.6 Members expressed concerns regarding public transport and whether the new Hubs would be sufficiently serviced by buses to make them easily accessible for patients, particularly given some bus funding was due to end in October 2023 which could result in cuts to services.

Mike Speakman advised that conversations were ongoing with South Yorkshire Passenger Transport. The aim of targeting services where they were needed was shared by both parties. The NHS intended to carry the cost of any additional bus stops.

A community minibus service for patients who found it difficult to access their practice was also under consideration across the board, not just in relation to the new Hubs.

- 7.7 With regards to the City Centre Health Centre, a discussion took place about the response rate to the consultation. It was agreed that this had been lower than desired and that it would be revisited and would be reported back to a future meeting of the Sub-Committee. Members suggested involving organisations who were already working with the communities that needed to be targeted, such as Asylum Seekers.

The NHS representatives advised that this project was being progressed rapidly now that premises had been secured in order to make sure that no funding was lost. As the proposal was for conversion of an existing building rather than a new build it was likely to catch up with the other schemes.

Members asked whether there were plans for disabled parking provision and were advised that options in City Centre sites tended to be limited, however this would be explored further in the Planning process. Members also requested further information about how net zero targets would be met.

It was agreed that as there was no meeting of the Sub-Committee in December, rather than wait until January for an update, an informal workshop could potentially be held in December.

- 7.8 **RESOLVED:** That the Sub-Committee notes:

- (a) The plans South Yorkshire Integrated Care Board has put in place to continue involving local people in the development of the three new health centres already approved; and
- (b) The consultation underway on the proposal to develop a City

Centre Health Centre and relocate PCS (Primary Care Sheffield) City and PCS Mulberry practices to the new site.

8. MATERNITY SERVICES IMPROVEMENT - UPDATE

8.1 A presentation, a presentation (subsequently published with the agenda on the Council's website) entitled "Jessop Wing Maternity Services" was delivered by, from Sheffield Teaching Hospitals Trust, Chris Morley (Chief Nurse), Angie Legge (Quality Director) and Laura Rumsey (Midwifery Director). The presentation updated Members on the Jessop Wing Maternity Improvement Programme and in particular how the Trust had addressed the previous "Inadequate" rating from the Care Quality Commission (CQC) inspection.

8.2 Members asked whether given the CQC inspection had highlighted that inadequate staffing levels had led to women being unsafe, whether it was ideal to be relying on Registered Nurses rather than midwives. They also asked how workforce improvements could be secured and sustained.

Laura Rumsey confirmed that Registered Nurses do not provide Midwifery care. They complement the service and can only be up to 10% of cover in the post-natal area (one per shift), and they work under the supervision of a midwife. This is a safe model of care.

Chris Morley added that workforce sustainability was challenging due to the national shortage of midwives, however recruitment into universities had been good this year, and there were national plans to train more midwives. Additionally, some international recruitment had taken place. Laura Rumsey advised that there was currently a shortage of 50, but 28 were joining the service in October and recruitment was ongoing. Fewer agency workers were being used.

8.3 Members asked whether an improvement had been made in the number of complaints responded to within the agreed timescale. Angie Legge advised that this had been brought down in line with the rest of the Trust.

8.4 Members also asked what proportion of staff were from BAME backgrounds and how many of these were in leadership positions. Laura Rumsey advised that widening midwifery training was something that was being worked on. They did not have precise figures but could confirm that at present there was nobody in senior position who was from a BAME background. A mentoring programme across all protected characteristics had been put in place to help to improve this situation.

8.5 Members thanked the NHS representatives for the update and wished them luck with their continuing improvement work.

8.6 **RESOLVED:** That the Sub-Committee:-
(a) notes the Maternity Service Update; and
(b) requests further figures regarding the proportion of complaints dealt with within the agreed timeline.

- 8.7 It was agreed by Members of the Health Scrutiny Sub Committee to extend the meeting by 30 minutes

9. WORK PROGRAMME

- 9.1 The Work Programme was presented by Deborah Glen, Policy and Improvement Officer.

Members requested that a previously agreed workshop regarding Bereavement Services be included in the forward plan.

It was also agreed that a further update from Maternity Services should be requested after a further CQC inspection had taken place.

- 9.2 **RESOLVED:** That the Sub-Committee agrees the work programme, including the additions and amendments identified.

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Report to Health Scrutiny Sub-Committee

Report of:	<i>Caroline Mabbott, Contract Director, Sheffield Teaching Hospitals NHS Foundation Trust</i>
Report to:	<i>Health Scrutiny Sub-Committee</i>
Date:	<i>11th October 2023</i>
Subject:	<i>Sheffield Walk In Centre Report</i>

Purpose of Report:

To outline to the Health Scrutiny Subcommittee an overview of the Sheffield Walk in Centre, the details of the recent unannounced CQC inspection of the service on 25th April 2023, and the improvement work in response to the CQC's findings on the day.

Recommendations:

That the Committee notes the report.

Health Scrutiny Subcommittee

11th October 2023

Sheffield Walk in Centre Report

1. Introduction

1.1. This report outlines to the Health Scrutiny Subcommittee an overview of the Sheffield Walk in Centre, the details of the recent unannounced CQC inspection of the service on 25th April 2023, and the improvement work in response to the CQC's findings on the day.

1.2. The Sheffield Walk in Centre is delivered by OneMedicare, an independent NHS health care provider, based in Leeds, West Yorkshire. OneMedicare has delivered the Sheffield Walk in Centre since 2009.

1.3. OneMedicare was founded in 2006 by the current Executive Chair Rachel Beverley-Stevenson and Vice Chair Michael Beverley. OneMedicare provide NHS services throughout England and Scotland, delivering 19 different NHS services, including 10 general practices, 5 urgent care centres, 3 integrated urgent care services, and 1 community dermatology service. OneMedicare is driven by its purpose; to Build a Healthier Future for All, and its values; People First, Working Together and, A Healthier Future. OneMedicare's vision is to deliver "a future where people thrive through better health and wellbeing".

1.4. OneMedicare aims to "deliver safe and effective care, that offers a positive experience for staff and patients, is well-led, sustainably resourced, and delivered in an equitable way across all the communities we work in".

2. Overview of service

2.1. The Sheffield Walk in Centre is an unscheduled minor illness service located in Sheffield City Centre. The service has a multidisciplinary care team (MDT) that includes, GPs, ANPs, ACPs, Clinical Practitioners, Physician Associates, and Wellbeing Advisor. The service scope delivers unscheduled urgent care for minor illness conditions, and support for wider holistic health and wellbeing concerns through its Wellbeing hub. The service does not have access to diagnostics. Patients can either walk-in or are referred in by NHS 111. The service is accessible to all patients including those not registered with a GP.

2.2. Working in collaboration with Sheffield Teaching Hospitals, the ambition of the Wellbeing Hub was to establish a 'gold standard' unscheduled wellbeing service that supports the residents of Sheffield with health and care concerns taking 'a whole person approach'. Our aim is to support and empower our community to address life's challenges and meet their own wellbeing goals, working collaboratively with our patients and clinical staff to ensure that person-centred, compassionate care is provided to all patients. The impact is to reduce demand on other parts of the urgent and emergency care system, such as reducing A&E attendances and improving patient experience of care. The Wellbeing Advisor initially based at the front of the centre has since be moved to a new planned, purpose-built wellbeing area, allowing for the patients to ensure confidentiality within the centre.

2.3. The service is open 7 days a week between the hours of 8am and 10pm, 365 days a year. The service currently sees between 135 - 165 patients daily, an average of 4,757 patients per month. The service is situated in a prime location within the Sheffield city centre. This is a densely populated student area and the centre receives patients from wider a field, including Rotherham and Chesterfield.

2.4. Between April to September the percentage of patients assessed and treated, before being transferred or discharged within 4 hours of their arrival at the Walk In Centre is **96.4%**.

2.5. Between April to September the percentage of patients who's Clinical consultation starts within 60 mins of patient booking in the the service is **94.4%**.

2.6. Over the life of the contract OneMedicare has constantly innovated within the service. In particular the service has been developed into a specialist training hub for clinicians wanting to work in an urgent care setting, and includes an experience clinical educator as part of the MDT. This enables the service to train the next generation of urgent care practitioners through its clinical practitioner scheme, and also support with widening the MDT to include Physician Associates. Working with Sheffield Teaching Hospitals we have also introduced the 'Wellbeing Hub'. This supports over 1000 patient as year with health and wellbeing problems that would not normally be cared for in a typical urgent care setting, such as mental wellbeing, financial health, loneliness, and offers social prescribing within an unscheduled care setting. This offers patients who are not registered with a GP or lives do not always fit with usual serviced to seek greater support and make every contact count.

2.7. The service also hosts a number of community based hospital services.

3. CQC findings

3.1. The CQC carried out an unannounced inspection of Sheffield Walk-in Centre on 25 April 2023 in response to concerns received. The service was rated as Inadequate over all; and rated the service across the 5 key lines of enquiry as:

Safe - Inadequate
Effective - Inadequate
Caring - Requires Improvement
Responsive to people's needs - Requires Improvement
Well-led - Inadequate

3.2. The CQC highlighted the following areas that OneMedicare as the provider of the Sheffield Walk in Centre must take:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

3.3. The CQC also proposed the following areas of improvements should be taken:

- Provide a complaints leaflet in reception which is readily available for patients and record all complaints, including verbal complaints.
- Review ways to improve confidentiality at the reception desk when supporting patients who are unable to complete the arrival form themselves.
- Review the waiting area to ensure sufficient seating availability for patients.

3.4. The following the inspection the CQC issued the following enforcement notices to the service. OneMedicare has legally challenged the outcome of the inspection and warning/enforcement notices as they are not representative of the findings on the day or of the service in general. They also contained a number of factual inaccuracies.

4. Actions undertaken since April - September 2023

4.1. Immediately following the CQC inspection, the senior team within OneMedicare have worked with the local team, the Quality team and Commissioning team from Sheffield Teaching Hospitals to make improvements to the service, and respond to and remedy the concerns raised in an open, transparent and sustainable way. This has included included placing senior leaders from

within OneMedicare at the Sheffield Walk in Centre to lead the service recovery and quality improvement plan. OneMedicare as continued to work with the Quality Team at Sheffield Teaching Hospitals, who have undertaken a quality inspection of the service in May 2023. OneMedicare has also undertaken a 6 month internal 'mock CQC' quality inspection to give assurance that progress and improvement has been made. OneMedicare reports regularly to Sheffield Teaching Hospitals Quality Team. OneMedicare has undertaken number of 'pulse' surveys in addition to an annual staff wellbeing survey to review both culture and satisfaction within the service.

4.2. The following actions have been undertaken in response to the concerns raised by the CQC.

1. Current system does not allow users to access the spine, EPS and alerts

- **An updated clinical system has been implemented and has been place 31st July resolve these issues with all staff receiving relevant training. This supports with better data reporting to pull specific themes of attendances times and types which can support with workforce modelling and service transformation.**
- **In order to ensure there are no further problems we will be undertaking quarterly reviews with staff to ensure that the there are no issues with the clinical system and that staff can readily access the information needed to deliver high quality care. All new starters receive in-depth training to the clinical system, such prescribing and reporting of issues.**
- **OneMedicare is working with the ICB on improving Directory of Services.**

2. Inadequate system for reporting defects and monitoring

- **There is a pre-existing system for reporting defects which has been reviewed. This is an online form submitted a dedicated property team within OneMedicare. Locally the service team have implemented a tracker that includes date logged, owner, when this should be chased and when it has been rectified. This is available to the entire team on the dedicated staff intranet channel, so they have oversight and can add to. It is monitored weekly.**

3. Assurance and auditing systems ineffective and monitoring and improving quality

- **All key audits are now completed through a digital platform called Tendables. This includes IPC, documentation, and prescribing audits. All audits are displayed in the staff area and are fed back through monthly team meetings and daily huddles where required. All audits are pulled into the monthly quality report and submitted to the Quality Team. All actions are documented on the tracker, so that evidence of what has been done/going to be done is visible.**

4. No system in place for reviewing themes and trends of complaints and SER

- **There is an existing Significant Event Reporting (SER) tool which is accessible to all staff through the intranet. All Significant Events and complaints are reviewed and reported centrally within OneMedicare, to improve safety through learning.**
- **There is a lessons learned board on display in the staffing area. All new learning from complaints and SER are displayed. Complaints and SER are discussed at the monthly team meetings and where required the daily huddles at 8am and 12pm. There is a lesson learned tracker available on the staff intranet, that is updated when news issue arise. This compliments the wall displays/huddles/team meeting.**
- **There is also a fortnightly meeting with site and the patient safety officer, to discuss SER and complaints, ensuring they are on track to be closed and actions created.**

5. Protected time for staff to complete audit and training

- All staff at site have been allocated specific roles, from audit to centre checks. A time and motion piece of work was completed to establish how much protected time is required per task.
- Team leaders within the service oversee the completion of audit, and undertake clinical support and supervision for staff within their teams.

7. No formal complaints procedure for patients

- There is an established complaints procedure. A complaints form is available from reception explaining a patient can raise their concerns in a variety of ways (including, email, telephone, written). This includes a written response that can be completed in real time if patients need support to make a complaint, due to language or literacy challenges.
- All complaints are discussed in the monthly team meetings and where required, in the daily huddles at 8am and 12pm. These are minuted and shared with the team as lessons learned.

8. There are not enough chairs in the waiting area and patients sitting on the floor.

- New chairs ordered and are now in place. This gives a maximum capacity for 70 patients.

9. Patient feedback was mixed, with some patients being happy with the way they were treated by staff and others reporting staff did not treat them with kindness or respect.

- Patient Engagement is collected through friends and family on a monthly basis with feedback being actioned and visualised through 'you said, we did' board in the waiting room.
- From September Patient Engagement Group will be live to host meetings with members of the community for development and transformation of the service.
- All staff will complete annually mandatory customer service and conflict resolution training to ensure that dignity and respect is at the forefront.
- Specific themes from complaints and feedback is discussed in team huddles and meetings as well as displayed in the services lessons learnt board.
- Bespoke training for the front of house team is booked for September to cover handling difficult conversations, customer service, scenarios.
- In September we undertook waiting room patient surveys. Patients rated the service as 3.6/5.

10. Patients reported long waits to access care

- Productivity and notes audits are run for all staff to ensure they are performing and to highlight any development needs.
- We have a triage process in place for all patients to receive an initial assessment upon booking in, we prioritise patients upon clinical need.
- During recent waiting room surveys, patients told us they were waiting on average 2 hours to have health problems treated. Between April to September the percentage of patients assessed and treated, before being transferred or discharged within 4 hours of their arrival at the Walk In Centre is 96.4%. The percentage of patients who's clinical consultation started within 60 mins of patient booking in the service is 94.4%
- There is a triage standard operating process in place to respond to high demand and surge within the service. The service undertakes four times daily 'situation reports that escalate service pressure through an Operating Pressures Escalation Levels framework (OPEL).
- There is ongoing recruitment with successful onboarding of GP's and physician associates. Training and clinical supervision plans are in place to ensure that staff have the necessary skills to see patients safely.

- All junior staff have completed an in house 7 day, level 6 training program to enhance their clinical skills. They are all on university modules from September, including minor illness and non-medical prescribing.
- There is a competence assessment framework in place that assesses staff's ability, highlighting where investment in training is required.
- There is also a new rota in place, that staggers the shifts to ensure that there is the appropriate skills mix and staffing numbers in place to prevent long waits and late finishes.
- Activity is monitored daily to establish themes and trends in rising activity, that can be responded to, in a timely manner.

11. There were substantial or frequent staff shortages which increased risks to people who used services as there was not always enough staff available to deal with the full spectrum of possible patient presenting conditions, for example, children under the age of 2 years and the service did not have an effective system in place for dealing with surges in demand

- Workforce planning meetings occur on a quarterly basis and review all activity and presentation data to ensure that there is the right workforce planned for the expected need within the service over any given time.
- The service is part of national twice weekly 'escalation' meetings to highlight any staffing issues or changes in demand.
- For under 2's we have recruited GP's to work within the service, all shifts have a senior clinician on site who have the training and skill set to see patients of all ages.
- We have a relationship with the children's hospital to liaise with and gain any additional support required upon seeing children.
- The service has an under 5's standard operating procedure to ensure the safe assessment of paediatric patients. All clinical colleagues complete spotting the sick child training.
- The service has an OPEL policy for the team to use in cases of surges of demand and access to an on call manager for support in times of out of hours.
- Pathways and relationship with Children's Hospital are in place. There is a Under 5's Standard Operating procedure.
- All locums undertaking shifts within the service come from trusted agencies as part of OneMedicare preferred supplier list. All locums are required to have the necessary training to see patients of all ages.

12. There was no formal clinical supervision for staff to access

- We have reviewed our clinical supervision policy to make it more robust, more beneficial for the individual clinician and support with training and development. All salaried clinicians receive formal clinical supervision on a quarterly basis. Staff are also able to access clinical support and advice from their team leaders.
- There is a clinical educator available at site. Clinical supervision is displayed in the staff development area, so staff know how they can access this.
- There is also a topic of the month that is displayed in the staff area, for all substantive and locum staff to see.

13. Training and Development protected time for staff to develop

- Staff are encouraged to attend university courses and additional clinical courses to improve their practice and the safety of the service users.
- Staff have a formal tracker of their current development and development needs. There is a clinical educator lead at site to support staff with training. Competence assessment for staff are completed annually.
- A 4 week, level 6 training program was initiated in June-July, prior to starting university modules. There is also a competency assessment framework in place that all staff go through.

- **Staff have a formal tracker of their current development and development needs. here is a clinical educator lead at site to support staff with training. Competence assessment for staff are completed annually.**

14. IPC audits completed but no evidence of actions being taken

- **IPC audit now being completed on digital audit platform. All issues are reported to the OneMedicare Quality and operations team and placed on a tracker, with issue, action, owner and completion date.**

15. There was an issue with the cleaning of the centre

- **There has been a formal review with cleaning contractors to improve standards of cleaning. There is now a supervisor available from the cleaning agency to report any concerns over the cleanliness of the centre.**
- **There is a cleaning schedule in place and this is checked daily by the site management team.**
- **Also a QR code that staff can report any issues in real time. There is a weekly walk around with site manager and cleaning company manager.**

16. Staff feedback was mixed, with some staff stating they felt supported by management and able to raise concerns whilst others reported closed cultures where they did not feel they could escalate their concerns through the provider's procedures

- **A Freedom to Speak Up Guardian in place for all staff to contact additionally to our HR team within the groups support centre. There is also an anonymous link on the staff intranet available for locum and substantive. This is displayed in the wellbeing area at the centre.**
- **There are twice daily team 'huddles' and monthly team meetings to support communication.**
- **Locums they have a log in to the intranet site where they can access policies, ways to communicate, including freedom to speak up policy and contact details.**
- **All staff have quarterly clinical supervision sessions and are appraised annually.**
- **The service has introduced an anonymous suggestion box for staff to put in any comments or concerns, these are then discussed in the monthly team meeting and any actions displayed on the staff's 'you said, we did' action board in the staff area.**
- **The service has introduced an 'employee star of the month' in which colleagues nominate a peer which is then recognised and celebrated within the monthly team meeting.**
- **The wellbeing ambassador for the service which hosts a quarterly wellbeing event for the team where they can speak about any concerns.**
- **The team have access to an on-call wellbeing advisor if they need to access any support or discuss any scenarios company wide out of hours.**
- **The service has introduced 'circuit breakers' twice daily where staff are able to come together to get rest from the computer and their rooms and connect with colleagues.**
- **The Freedom to Speak up Guardian poster is displayed in staff areas and has been discussed in team meeting and daily huddles.**
- **There has been the introduction of an 8am huddle to ensure that all staff are aware of changes/issues/feedback, prior to starting shift.**

17. insufficient staff to deal with the full spectrum of possible patients

- **There has been successful recruitment of GP's, Physician Associates, Triage nurses since May 2023.**
- **Current in-house training for clinical practitioner training course for x5 of the substantive workforce including university courses for progression and development.**
- **The service uses a data guided approach for workforce mapping taken from activity data from previous years, to ensure that capacity meets expected demand. We will review the**

anticipated increase in demand from winter pressures to ensure the staffing skill mix meets demand and the likely presentations.

- **Escalation processes are in place for times of surge and demand to ensure all patients safe and appropriate which are seen within the service, actions built in for the team to follow. The local team is supported by a national on-call manager 7 days a week.**

18. Processes were in place for checking medicines stock and staff kept accurate records of medicines. The service monitored the temperature of the room where medicines were stored. However, there was no plan or protocol in place to inform staff what to do if the room temperature exceeded recommended levels. The service did not stock medicines that required refrigeration

- **We now have a policy and poster in place to give plan and protocol for what level a temperature should be between and what action to take if the temperature is out of this remit. Fridges and rooms are checked daily to ensure temperatures are within the safe level**

19. The service carried out medicines audit on individual prescribers to ensure prescribing was in line with best practice guidelines for safe prescribing. However, the audits we saw did not always document what actions, if any, had been taken

- **The has been reviewed to make sure audit results and actions are discussed in team meetings and huddles and documented. They are also displayed at the service on a notice board with the audit and result and the learning and actions from the audit.**
- **All audits are kept on relevant trackers which have owners, deadlines, actions, responsibilities.**

5. Next Steps

Both Sheffield Teaching Hospitals Quality Team and OneMedicare Senior Team have undertaken 'mock' inspections of the service, in May and September respectively, finding that the service has made significant improvement to practice, and that safety standards are being made.

The OneMedicare Senior Team continue to work with the local team on a daily basis within the service to drive further improvement, support with embedding improvements made, and promoting a safety focused culture. We are preparing the service for imminent re-inspection.

OneMedicare is reviewing its winter planning to ensure that there is the right workforce capacity is present and that patients do not face long waits through the winter months, and that staff are well supported through what is a challenging time for the NHS. We are also working with Sheffield Teaching Hospitals to expand on what services can be delivered within what is a key community asset, as well as ensuring the physical estate is optimised and made the most of.

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Health Scrutiny Subcommittee 11th October 2023

Sheffield Walk in Centre Report



The Sheffield Walk in Centre is delivered by OneMedicare, an independent NHS health care provider, based in Leeds, West Yorkshire. OneMedicare has delivered the Sheffield Walk in Centre since 2009.

OneMedicare was founded in 2006 by the current Executive Chair Rachel Beverley-Stevenson and Vice Chair Michael Beverley.

OneMedicare provide NHS services throughout England and Scotland, delivering 19 different NHS services, including 10 general practices, 5 urgent care centres, 3 integrated urgent care services, and 1 community dermatology service.

OneMedicare is driven by its purpose; to **Build a Healthier Future for All**, and its values; **People First, Working Together and, A Healthier Future**. The provider's vision is to deliver **"A future where people thrive through better health and wellbeing"**.

OneMedicare aims to **"deliver safe and effective care, that offers a positive experience for staff and patients, is well-led, sustainably resourced, and delivered in an equitable way across all the communities we work in"**.

Introduction to OneMedicare



The Sheffield Walk in Centre is an unscheduled minor illness service located in Sheffield City Centre. The service has a multidisciplinary care team (MDT) that includes, GPs, ANPs, ACPs, Clinical Practitioners, Physician Associates, and Wellbeing Advisor. The service scope delivers unscheduled urgent care for minor illness conditions, and support for wider holistic health and wellbeing concerns through its Wellbeing hub. The service does not have access to diagnostics. Patients can either walk-in or are referred in by NHS 111. The service is accessible to all patients including those not registered with a GP.

Page 29

Over the life of the contract OneMedicare has constantly innovated within the service. In particular the service has been developed into a specialist training hub for clinicians wanting to work in an urgent care setting, and includes an experience clinical educator as part of the MDT. This enables the service to train the next generation of urgent care practitioners through its clinical practitioner scheme, and also support with widening the MDT to include Physician Associates. Working with Sheffield Teaching Hospitals we have also introduced the 'Wellbeing Hub'. This supports over 1000 patient as year with health and wellbeing problems that would not normally be cared for in a typical urgent care setting, such as mental wellbeing, financial health, loneliness, and offers social prescribing within an unscheduled care setting. This offers patients who are not registered with a GP or lives do not always fit with usual serviced to seek greater support and make every contact count.

Introduction to Sheffield Walk in Centre



Working in collaboration with Sheffield Teaching Hospitals, the ambition of the Wellbeing Hub was to establish a 'gold standard' unscheduled wellbeing service that supports the residents of Sheffield with health and care concerns taking 'a whole person approach'. Our aim is to support and empower our community to address life's challenges and meet their own wellbeing goals, working collaboratively with our patients and clinical staff to ensure that person-centred, compassionate care is provided to all patients. The impact is to reduce demand on other parts of the urgent and emergency care system, such as reducing A&E attendances and improving patient experience of care. The Wellbeing Advisor initially based at the front of the centre has since be moved to a new planned, purpose-built wellbeing area, allowing for the patients to ensure confidentiality within the centre.

Introduction to Sheffield Walk in Centre



The service is open 7 days a week between the hours of 8am and 10pm, 365 days a year. The service currently sees between 135 - 165 patients daily, an average of 4,757 patients per month.

The Wellbeing Hub sees over 1000 patients a year with health and wellbeing needs.

Between April to September the percentage of patients assessed and treated, before being transferred or discharged within 4 hours of their arrival at the Walk In Centre is **96.4%**.

Between April to September the percentage of patients who's Clinical consultation starts within 60 mins of patient booking in the the service is **94.4%**.



The CQC carried out an unannounced inspection of Sheffield Walk-in Centre on 25 April 2023 in response to concerns received. The service was rated as Inadequate over all.

The CQC highlighted the following areas that OneMedicare as the provider of the Sheffield Walk in Centre must take:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The CQC also proposed the following areas of improvements should be taken:

- Provide a complaints leaflet in reception which is readily available for patients and record all complaints, including verbal complaints.
- Review ways to improve confidentiality at the reception desk when supporting patients who are unable to complete the arrival form themselves.
- Review the waiting area to ensure sufficient seating availability for patients



Governance, Systems & Processes

- An updated clinical system has been implemented and has been place 31st July resolve these issues with all staff receiving relevant training. This supports with better data reporting to pull specific themes of attendances times and types which can support with workforce modelling and service transformation.
- In order to ensure there are no further problems we will be undertaking quarterly reviews with staff to ensure that the there are no issues with the clinical system and that staff can readily access the information needed to deliver high quality care. All new starters receive in-depth training to the clinical system, such prescribing and reporting of issues.
- There is a pre-existing system for reporting defects which has been reviewed. This is an online form submitted a dedicated property team within OneMedicare. Locally the service team have implemented a tracker that includes date logged, owner, when this should be chased and when it has been rectified. This is available to the entire team on the dedicated staff intranet channel, so they have oversight and can add to. It is monitored weekly.



Governance, Systems & Processes

- There is an existing Significant Event Reporting (SER) tool which is accessible to all staff through the intranet. All Significant Events and complaints are reviewed and reported centrally within OneMedicare, to improve safety through learning.
- There is a lessons learned board on display in the staffing area. All new learning from complaints and SER are displayed. Complaints and SER are discussed at the monthly team meetings and where required the daily huddles at 8am and 12pm. There is a lesson learned tracker available on the staff intranet, that is updated when news issue arise. This compliments the wall displays/huddles/team meeting.
- All staff at site have been allocated specific roles, from audit to centre checks. A time and motion piece of work was completed to establish how much protected time is required per task.
- Team leaders within the service oversee the completion of audit, and undertake clinical support and supervision for staff within their teams.
- There is an established complaints procedure. A complaints form is available from reception explaining a patients can raise their concerns in a variety of ways (including, email, telephone, written). This includes a written response that can be completed in real time if patients need supported to make a complaint, due to language or literacy challenges.
- All complaints are discussed in the monthly team meetings and where required, in the daily huddles at 8am and 12pm. These are minuted and shared with the team as lessons learned.



Governance, Systems & Processes

- All key audits are now completed through a digital platform called Tendables. This includes IPC, documentation, and prescribing audits. All audits are displayed in the staff area and are fed back through monthly team meetings and daily huddles where required. All audits are pulled into the monthly quality report and submitted to the Quality Team.
- We now have a fridge temperature policy and poster in place to give plan and protocol for what level a temperature should be between and what action to take if the temperature is out of this remit. Fridges and rooms are checked daily to ensure temperatures are within the safe level
- The has been reviewed to make sure audit results and actions are discussed in team meetings and huddles and documented. They are also displayed at the service on a notice board with the audit and result and the learning and actions from the audit.
- All audits are kept on relevant trackers which have owners, deadlines, actions, responsibilities.
- OneMedicare is working with the ICB on improving Directory of Services.



Patient Feedback & Engagement

- New chairs ordered and are now in place. This gives a maximum capacity for 70 patients.
- Patient Engagement is collected through friends and family on a monthly basis with feedback being actioned and visualised through 'you said, we did' board in the waiting room.
- From September Patient Engagement Group will be live to host meetings with members of the community for development and transformation of the service.
- All staff will complete annually mandatory customer service and conflict resolution training to ensure that dignity and respect is at the forefront.
- Specific themes from complaints and feedback is discussed in team huddles and meetings as well as displayed in the services lessons learnt board.
- Bespoke training for the front of house team is booked for September to cover handling difficult conversations, customer service, scenarios.
- In September we undertook waiting room patient surveys. Patients rated the service as 3.6/5.

Actions taken since April 2023 - September 2023



Access & Wait Times

- Productivity and notes audits are run for all staff to ensure they are performing and to highlight any development needs.
- We have a triage process in place for all patients to receive an initial assessment upon booking in, we prioritise patients upon clinical need.
- During recent waiting room surveys, patients told us they were waiting on average 2 hours to have health problems treated. Between April to September the percentage of patients assessed and treated, before being transferred or discharged within 4 hours of their arrival at the Walk In Centre is 96.4%. The percentage of patients who's clinical consultation started within 60 mins of patient booking in the the service is 94.4%
- There is a triage standard operating process in place to respond to high demand and surge within the service. The service undertakes four times daily 'situation reports that escalate service pressure through an Operating Pressures Escalation Levels framework (OPEL).
- There is ongoing recruitment with successful onboarding of GP's and physician associates. Training and clinical supervision plans are in place to ensure that staff have the necessary skills to see patients safely.



Staff Capacity & Capability

- Workforce planning meetings occur on a quarterly basis and review all activity and presentation data to ensure that there is the right workforce planned for the expected need within there service over any given time.
- The service is part of national twice weekly 'escalation' meetings to highlight any staffing issues or changes in demand.
- For under 2's we have recruited GP's to work within the service, all shifts have a senior clinician on site who have the training and skill set to see patients of all ages. There is a is a Under 5's Standard Operating procedure.
- We have a relationship with the cities children's hospital to liaise with and gain any additional support required upon seeing children.
- The service has an under 5's standard operating procedure to ensure the safe assessment of paediatric patients. All clinical colleagues complete spotting the sick child training.
- The service has an OPEL policy for the team to use in cases of surges of demand and access to an on call manager for support in times of out of hours.
- All locums undertaking shifts within the service come from trusted agencies as part of OneMedicare preferred supplier list. All locums are required to have the necessary training to see patients of all ages.

Actions taken since April 2023 - September 2023



Staff Capacity & Capability

- There has been successful recruitment of GP's, Physician Associates, Triage nurses since May 2023.
- Current in-house training for clinical practitioner training course for x5 of the substantive workforce including university courses for progression and development.
- The service uses a data guided approach for workforce mapping taken from activity data from previous years, to ensure that capacity meets expected demand. We will review the anticipated increase in demand from winter pressures to ensure the staffing skill mix meets demand and the likely presentations.
- Escalation processes are in place for times of surge and demand to ensure all patients safe and appropriate which are seen within the service, actions built in for the team to follow. The local team is supported by a national on-call manager 7 days a week.
- All junior staff have completed an in house 7 day, level 6 training program to enhance their clinical skills. They are all on university modules from September, including minor illness and non-medical prescribing.
- There is a competence assessment framework in place that assesses staff's ability, highlighting where investment in training is required.
- There is also a new rota in place, that staggers the shifts to ensure that there is the appropriate skills mix and staffing numbers in place to prevent long waits and late finishes.
- Activity is monitored daily to establish and themes and trends in rising activity, that can be responded to, in a timely manner.

Actions taken since April 2023 - September 2023



Support for Staff

- We have reviewed our clinical supervision policy to make it more robust, more beneficial for the individual clinician and support with training and development. All salaried clinicians receive formal clinical supervision on a quarterly basis. Staff are also able to access clinical support and advice from their team leaders.
- There is a clinical educator available at site. Clinical supervision is displayed in the staff development area, so staff know how they can access this.
- Staff are encouraged to attend university courses and additional clinical courses to improve their practice and the safety of the service users.
- Staff have a formal tracker of their current development and development needs. here is a clinical educator lead at site to support staff with training. Competence assessment for staff are completed annually.
- There is a topic of the month that is displayed in the staff area, to support with clinical learning and development, for all substantive and locum staff to see.
- A 4 week, level 6 training program was initiated in June-July, prior to starting university modules.



Support for Staff

- A Freedom to Speak Up Guardian in place for all staff to contact additionally to our HR team within the groups support centre. There is also an anonymous link on the staff intranet available for locum and substantive. This is displayed in the wellbeing area at the centre.
- There are twice daily team 'huddles' and monthly team meetings to support communication.
- Locums they have a log in to the intranet site where they can access policies, ways to communicate, including freedom to speak up policy and contact details.
- All staff have quarterly clinical supervision sessions and are appraised annually.
- The service has introduced an anonymous suggestion box for staff to put in any comments or concerns, these are then discussed in the monthly team meeting and any actions displayed on the staff's 'you said, we did' action board in the staff area.
- The service has introduced an 'employee star of the month' in which colleagues nominate a peer which is then recognised and celebrated within the monthly team meeting.



Support for Staff

- The wellbeing ambassador for the service which hosts a quarterly wellbeing event for the team where they can speak about any concerns.
- The team have access to an on-call wellbeing advisor if they need to access any support or discuss any scenarios company wide out of hours.
- The service has introduced 'circuit breakers' twice daily where staff are able to come together to get rest from the computer and their rooms and connect with colleagues.
- The Freedom to Speak up Guardian poster is displayed in staff areas and has been discussed in team meeting and daily huddles.
- There has been the introduction of an 8am huddle to ensure that all staff are aware of changes/issues/feedback, prior to starting shift.



Infection Protection and Control

- IPC audit now being completed on digital audit platform. All issues are reported to the OneMedicare Quality and operations team and placed on a tracker, with issue, action, owner and completion date
- There has been a formal review with cleaning contractors to improve standards of cleaning. There is now a supervisor available from the cleaning agency to report any concerns over the cleanliness of the centre.
- There is a cleaning schedule in place and this is checked daily by the site management team.
- Also a QR code that staff can report any issues in real time. There is a weekly walk around with site manager and cleaning company manager.



Both Sheffield Teaching Hospitals Quality Team and OneMedicare Senior Team have undertaken 'mock' inspections of the service, in May and September respectively, finding that the service has made significant improvement to practice, and that safety standards are being made.

Page 44

The OneMedicare Senior Team continue to work with the local team on a daily basis within the service to drive further improvement, support with embedding improvements made, and promoting a safety focused culture. We are preparing the service for imminent re-inspection.

OneMedicare is reviewing its winter planning to ensure that there is the right workforce capacity is present and that patients do not face long waits through the winter months, and that staff are well support through what is a challenging time for the NHS. We are also working with Sheffield Teaching Hospitals to expand on what services can be delivered within what is a key community asset, as well as ensuring the physical estate is optimised and made the most of.

Next Steps



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Report to Health Scrutiny Sub-Committee

11th October 2023

Report of: David Hollis, Interim Director of Legal and Governance

Subject: Work Programme 2023-24

Author of Report: Deborah Glen, Policy and Improvement Officer

Summary:

The Committee's Work Programme is attached at Appendix 1 for the Committee's consideration and discussion. This aims to show all known, substantive agenda items for forthcoming meetings of the Committee, to enable this committee, other committees, officers, partners and the public to plan their work with and for the Committee.

Any changes since the Committee's last meeting, including any new items, have been made in consultation with the Chair, and the document is always considered at the regular pre-meetings to which all Group Spokespersons are invited.

The following potential sources of new items are included in this report, where applicable:

- Questions and petitions from the public, including those referred from Council
- References from Council or other committees (statements formally sent for this committee's attention)
- A list of issues, each with a short summary, which have been identified by the Committee or officers as potential items but which have not yet been scheduled (See Appendix 1)

The Work Programme will remain a live document and will be brought to each Committee meeting.

Recommendations:

1. That the Committee's work programme, as set out in Appendix 1 be agreed, including any additions and amendments identified in Part 1;

Background Papers: None**Category of Report:** Open**COMMITTEE WORK PROGRAMME****1.0 Prioritisation**

1.1 For practical reasons this committee has a limited amount of time each year in which to conduct its formal business. The Committee will need to prioritise firmly in order that formal meetings are used primarily for business requiring formal decisions, or which for other reasons it is felt must be conducted in a formal setting.

1.2 In order to ensure that prioritisation is effectively done, on the basis of evidence and informed advice, Members should usually avoid adding items to the work programme which do not already appear:

- In the draft work programme in Appendix 1 due to the discretion of the chair; or
- within the body of this report accompanied by a suitable amount of information.

2.0 References from Council or other Committees

2.1 Any references sent to this Committee by Council, including any public questions, petitions and motions, or other committees since the last meeting are listed here, with commentary and a proposed course of action, as appropriate:

Issue	
Referred from	
<i>Details</i>	
<i>Commentary/ Action Proposed</i>	

3.0 Member engagement, learning and policy development outside of Committee

3.1 Subject to the capacity and availability of councillors and officers, there are a range of ways in which Members can explore subjects, monitor information and develop their ideas about forthcoming decisions outside of formal meetings. Appendix 2 is an example 'menu' of some of the ways this could be done. It is entirely appropriate that member development, exploration and policy development should in many cases take place in a private setting, to allow members to learn and formulate a position in a neutral space before bringing the issue into the public domain at a formal meeting.

2.2 Training & Skills Development - Induction programme for this committee.

Title	Description & Format	Date

Appendix 1 – Work Programme

Part 1: Proposed additions and amendments to the work programme since the last meeting:

Item	Proposed Date	Note

Part 2: List of other potential *items* not yet included in the work programme

Issues that have recently been identified by the Committee, its Chair or officers as potential items but have not yet been added to the proposed work programme. If a Councillor raises an idea in a meeting and the committee agrees under recommendation 3 that this should be explored, it will appear either in the work programme or in this section of the report at the committee’s next meeting, at the discretion of the Chair.

Topic	
Description	
Lead Officer/s	
Item suggested by	
Type of item	
Prior member engagement/ development required <i>(with reference to options in Appendix 2)</i>	
Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 3)</i>	
Lead Officer Commentary/Proposed Action(s)	

Part 3: Agenda Items for Forthcoming Meetings

Meeting 1	June 1 st 2023	10am				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Future Model for the provision of health services for people with Learning Disability/Autism	Follow up to the discussion at the 7 th December and 23 rd March meetings	Heather Burns, NHS SY	Policy Development	Previously discussed as part of 22-23 work programme	Detailed within the report	This committee
Sheffield Children's Hospital Quality Accounts						
Sheffield Teaching Hospital Quality Accounts						

Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					
Meeting 2	7th September 2023					
Consultation on proposals for a new City Centre health centre	The committee have previously received information about a proposed new health centre in the City Centre, however a suitable site had not been found at the time of the consultation launch. A commitment was given to the committee that they would receive updates as this progressed. A site has now been identified.	Richard Kennedy, Engagement Manager, NHS SY Jackie Mills Abby Tebbs Mike Speakman	Consultation	Last considered June 2022: Primary Care Estate Transformation plans and engagement findings	Contained within the report	This Committee
Sheffield Teaching Hospitals – Maternity Improvement Update	Update on progress in improving maternity services following CQ inspections.	Alun Windle Dani Hydes Jodie Deadman	Performance Update	Previously considered by sub-Committee at September meeting.		This Committee
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					This Committee

Meeting 3	11 th October 2023					
Walk in Centre - update	CQC inspection of Walk in Centre	Caroline Mabbett				
Winter Plan proposals	Challenges, learning from last year and this year's initiatives	Kate Gleave				
Adult A&E Performance position (Type 1 /2 /3)	The national ask this year in terms of performance expectation. Sheffield position at Month 6, SY position and National position.	Kate Gleave				
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 4	16 th November 2023					
Continence Services	Healthier Communities and Adult Social Care Scrutiny Committee received the NHS response to the report and recommendations of the Scrutiny Continence	Sarah Burt, NHS South Yorkshire ICB	Performance monitoring	Last considered March 2022: Continence Services.pdf (sheffield.gov.uk)		This Committee

	<p>Working Group in March 2022.</p> <p>Committee requested that the NHS be invited to give a further update on progress at a future meeting.</p>					
Adult Dysfluency and Cleft Palate Speech and Language Therapy Services	<p>Healthier Communities and Adult Social Care Scrutiny Committee has previously been involved in considering 'substantial change' to service. Proposals have since been reviewed – still awaiting new proposal on future service model. The Scrutiny Sub-Committee will need to consider the new proposal when it has been developed.</p>	Kate Gleave, NHS South Yorkshire ICB	Consideration of 'substantial change' to service.	Last considered January 2022: Adult Dysfluency and Cleft Lip and Palate Service Update.pdf (sheffield.gov.uk)		This Committee
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 5	25th January 2024					
Sexual Health		Greg Fell				
Bereavement Services		tbc				

Relocation of Stepdown Services	To consider an update on the relocation of services to Beech.	tbc		Previously considered in December 2022		
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Meeting 6	14th March 2024					
Standing items	<ul style="list-style-type: none"> • <i>Public Questions/ Petitions</i> • <i>Work Programme</i> 					

Items which the committee have agreed to add to an agenda, but for which no date is yet set.						
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer

Mental Health Interventions Workshop	To consider the support available for people with low-level mental health problems that don't reach the threshold for a clinical diagnosis.	Abigail Tebbs, NHS SY ICB, Joe Horobin, Director of Integrated Commissioning , SCC	Workshop	tbd	tbd	To be arranged
Primary Care Workshop	To hear a range of perspectives on Primary Care including GPs, Practice Managers, Local Medical Committee, patients	tbc	Workshop	Follow up to December 7 th Discussions around Primary Care.		To be arranged
Maternity Services	Update report from discussion in September 23 to be arranged following inspection outcomes	tbc	Agenda item			To be arranged
City Centre GP hub	Follow up from discussion in September 23	Richard Kennedy	Workshop			To be arranged
Dentistry			Workshop			Workshop
Investing in Health		Emma Latimer	Workshop			Workshop

Appendix 2 – Menu of options for member engagement, learning and development prior to formal Committee consideration

Members should give early consideration to the degree of pre-work needed before an item appears on a formal agenda.

All agenda items will anyway be supported by the following:

- Discussion well in advance as part of the work programme item at Pre-agenda meetings. These take place in advance of each formal meeting, before the agenda is published and they consider the full work programme, not just the immediate forthcoming meeting. They include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers
- Discussion and, where required, briefing by officers at pre-committee meetings in advance of each formal meeting, after the agenda is published. These include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers.
- Work Programming items on each formal agenda, as part of an annual and ongoing work programming exercise
- Full officer report on a public agenda, with time for a public discussion in committee
- Officer meetings with Chair & VC as representatives of the committee, to consider addition to the draft work programme, and later to inform the overall development of the issue and report, for the committee's consideration.

The following are examples of some of the optional ways in which the committee may wish to ensure that they are sufficiently engaged and informed prior to taking a public decision on a matter. In all cases the presumption is that these will take place in private, however some meetings could happen in public or eg be reported to the public committee at a later date.

These options are presented in approximately ascending order of the amount of resources needed to deliver them. Members must prioritise carefully, in consultation with officers, which items require what degree of involvement and information in advance of committee meetings, in order that this can be delivered within the officer capacity available.

The majority of items cannot be subject to the more involved options on this list, for reasons of officer capacity.

- Written briefing for the committee or all members (email)
- All-member newsletter (email)
- Requests for information from specific outside bodies etc.
- All-committee briefings (private or, in exceptional cases, in-committee)
- All-member briefing (virtual meeting)
- Facilitated policy development workshop (potential to invite external experts / public, see appendix 2)
- Site visits (including to services of the council)
- Task and Finish group (one at a time, one per cttee)

Furthermore, a range of public participation and engagement options are available to inform Councillors, see appendix 3.

Appendix 3 – Public engagement and participation toolkit

Public Engagement Toolkit

On 23 March 2022 Full Council agreed the following:

A toolkit to be developed for each committee to use when considering its ‘menu of options’ for ensuring the voice of the public has been central to their policy development work. Building on the developing advice from communities and Involve, committees should make sure they have a clear purpose for engagement; actively support diverse communities to engage; match methods to the audience and use a range of methods; build on what’s worked and existing intelligence (SCC and elsewhere); and be very clear to participants on the impact that engagement will have.

The list below builds on the experiences of Scrutiny Committees and latterly the Transitional Committees and will continue to develop. The toolkit includes (but is not be limited to):

- a. Public calls for evidence
- b. Issue-focused workshops with attendees from multiple backgrounds (sometimes known as ‘hackathons’) led by committees
- c. Creative use of online engagement channels
- d. Working with VCF networks (eg including the Sheffield Equality Partnership) to seek views of communities
- e. Co-design events on specific challenges or to support policy development
- f. Citizens assembly style activities
- g. Stakeholder reference groups (standing or one-off)
- h. Committee / small group visits to services
- i. Formal and informal discussion groups
- j. Facilitated communities of interest around each committee (eg a mailing list of self-identified stakeholders and interested parties with regular information about forthcoming decisions and requests for contributions or volunteers for temporary co-option)
- k. Facility for medium-term or issue-by-issue co-option from outside the Council onto Committees or Task and Finish Groups. Co-optees of this sort at Policy Committees would be non-voting.

This public engagement toolkit is intended to be a quick ‘how-to’ guide for Members and officers to use when undertaking participatory activity through committees.

It will provide an overview of the options available, including the above list, and cover:

- How to focus on purpose and who we are trying to reach
- When to use and when not to use different methods
- How to plan well and be clear to citizens what impact their voice will have
- How to manage costs, timescales, scale.

There is an expectation that Members and Officers will be giving strong consideration to the public participation and engagement options for each item on a committee’s work programme, with reference to the above list a-k.