

Agenda Item 4

SHEFFIELD CITY COUNCIL

Health Scrutiny Sub-Committee (Statutory)

Meeting held 6 June 2024

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Toby Mallinson (Group Spokesperson), Rob Bannister, Laura McClean and Sophie Thornton

1. APOLOGIES FOR ABSENCE

- 1.1 Apologies for absence had been received from Councillor Mick Rooney, Councillor Ann Whitaker and Lucy Davis (Healthwatch).

2. EXCLUSION OF PRESS AND PUBLIC

- 2.1 No items were identified where resolutions may be moved to exclude the press and public.

3. DECLARATIONS OF INTEREST

- 3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

- 4.1 The minutes of the previous meeting of the Sub-Committee held on the 14th March 2024 were agreed as a correct record.

5. SHEFFIELD CHILDREN'S HOSPITAL TRUST QUALITY REPORT

- 5.1 The report, which shared the Sheffield Children's Hospital Trust Quality Account was presented by Yvonne Millard (Chief Nurse, Sheffield Children's Hospital Trust), and Craig Radford (Chief Operating Officer, Sheffield Children's Hospital Trust) who gave the following additional information in response to questions from Members:
- The over 65 week wait for some hand surgeries had been due to this being a highly specialised area with a small team which had been affected by absence and maternity leave. A new consultant had been recruited to resolve this.
 - The "Re-Think" contract had been extended for 6 months to provide the mental health crisis line.
 - Several different systems were used for electronic records due to the variety of services provided. Electronic prescribing had been rolled out.

These systems were embedded as they had been used for a number of years.

- The figure of 62% of staff taking up the offer of flu vaccinations was an improvement, but some vaccine hesitancy remained. Extra incentives had been put in place and access made easier. It was hoped that there would be further improvement next year.
- The low CQUIN (Commissioning for Quality and Innovation Framework) target relating to perinatal appointments signified how the outcome of appointments had been recorded i.e. whether this had been fed into a national system - there was no detriment to patient care.
- Regarding cyber security, each service had an Accountable Emergency Officer and for any new system, a business continuity plan was put in place to ensure care could continue if the system went down. This was tested throughout the year.
- There were gaps in data regarding Sepsis. Guidelines had been updated to clarify the “golden hour” for treatment and further work had been done to improve how families were listened to.

5.2 Panellists agreed with Members that it would be helpful if progress against objectives was presented more clearly in the report e.g. by a tick or a cross, or by traffic light colours.

5.3 The Chair confirmed that written feedback would be provided to the Trust which would reflect the discussion.

5.4 **RESOLVED:** that the Sub-Committee
(a) notes the contents of the Sheffield Children's Hospital Trust Quality Report and
(b) will provide written comments on the report by the deadline of 7th June 2024.

6. SHEFFIELD TEACHING HOSPITALS TRUST QUALITY REPORT

6.1 The report, which shared the Sheffield Teaching Hospitals Trust Quality Account was presented by Sandi Carmen (Assistant Chief Executive, Sheffield Teaching Hospitals Trust) and Angela Legge (Quality Director, Sheffield Teaching Hospitals Trust), who gave the following additional information in response to questions from Members:

- The move to electronic patient records would be made in October 2024 and pre work was taking place. There was a clinically led structure supporting this work. It was recognised that patient safety was an important factor.
- “Aperture” was used to ensure different programmes could be viewed at the same time on one screen.
- Meeting the national standards for the waiting times set out on page 108 of the agenda pack was an area of focus.
- The Trust was no longer in Tier 1, which recognised that improvements had been made.

- The figures on urgent GP referrals for suspected cancer, which had seen a decline since 2021, were an area of concern and further work was required. The Trust was focussing on faster diagnosis to tackle this, and also looking at the patients who had been waiting the longest, i.e. those on the 62 day pathway. The reasons for increased waits was varied across the organisation and was being investigated.
- 6.2 Members recognised positive achievements such as the embedding of PROUD values (Patient first, Respect, Ownership, Unity, Delivery), the “Dragon’s Den” approach to staff ideas, the continuous improvement culture, the extra work on climate action including consideration of food miles, and the work on health inequalities including dental care for homeless people.
- 6.3 Members requested further details regarding the Trust’s work with Yorkshire Ambulance Service including what was being done to limit patient waiting times, improve ambulance turnaround and improve “patient flow”.
- 6.4 The Chair confirmed that written feedback would be provided to the Trust which would reflect the discussion.
- 6.5 **RESOLVED:** that the Sub-Committee
- (a) notes the contents of the Sheffield Teaching Hospitals Trust Quality Report and
 - (b) will provide written comments on the report by the deadline of 10th June 2024.

7. SHEFFIELD HEALTH AND SOCIAL CARE NHS FOUNDATION TRUST QUALITY REPORT

- 7.1 The report which shared the Sheffield Health and Social Care NHS Foundation Trust Quality Account was presented by Vanessa Garrity (Deputy Director of Nursing and Quality, Sheffield Health and Social Care NHS Trust), Neil Robertson (Director of Operations, Sheffield Health and Social Care NHS Trust) and Tania Baxter (Head of Clinical Governance and Risk, Sheffield Health and Social Care NHS Trust). A presentation was given which was published on the Council’s website.
- 7.2 Panellists gave the following additional information in response to questions from Members:
- The Trust was transferring to a new EPR (Electronic Patient Record) system. The ability to connect different systems and ensure access for all staff who need it, was being taken into account.
 - The quality objectives for the next two years were decided by looking at national priorities and consulting stakeholder groups.
 - Co-production was still embedded in improvement work. “Lived Experience” contributors had also been involved in planning e.g. work on the sexual safety strategy had involved a community group, and a carers group had been involved in the strategy for dementia. There was a well-

- established engagement team which worked with communities on this.
 - When a board visit took place, a service was identified and that service would decide who the best people were to hear from, and this would include service users and carers. Efforts were then made to triangulate information arising from these sessions with other available information to make sure it matched up.
 - It was not anticipated that the 30% cut to the ICB (Integrated Care Board) budget would affect co-production work, e.g. the ICB had recommissioned Re-Think and maintained a clear commitment to co-production.
- 7.3 The Chair confirmed that written feedback would be provided to the Trust which would reflect the discussion.
- 7.4 **RESOLVED:** that the Sub-Committee
- (a) notes the contents of the Sheffield Health and Social Care NHS Foundation Trust Quality Report and
 - (b) will provide written comments on the report by the deadline of 7th June 2024.

8. ST LUKE'S HOSPICE QUALITY REPORT

- 8.1 The report, which shared the St Luke's Hospice Quality Account was presented by Louise Bearder (Head of Clinical Governance, St Luke's Hospice), and Jo Lenton (Chief Nurse, St Luke's Hospice). A presentation was given which was published on the Council's website.
- 8.2 Jo Lenton advised that SystmOne was still used for patient records, even though the other Trusts were moving away from it. This was because most of the Hospice's caseload was in the community and GP's and District Nurses needed access to records.
- 8.3 Members noted that the Hospice was budgeting for a deficit but welcomed that there were no planned cuts to services and that the emerging strategy for 2024 to 2028 would continue this approach, which Members felt was a brave decision.
- 8.4 Members welcomed the focus on social prescribing in order to prioritise quality of life, and the Hospice's ongoing involvement in Compassionate Sheffield.
- 8.5 The Chair confirmed that written feedback would be provided to the Trust which would reflect the discussion.
- 8.6 **RESOLVED:** that the Sub-Committee
- (a) notes the contents of the St Luke's Hospice Quality Report and
 - (b) will provide written comments on the report by the deadline of 7th June 2024.

9. WORK PROGRAMME

9.1 The report was presented by Deborah Glen (Policy and Improvement Officer, Sheffield City Council) who advised Members that the scheduled December item regarding sexual health was from the previous year and should have been deleted from the report.

9.2 Members requested the following items be added to the work programme

- Long Covid Rehabilitation Clinic - outcomes, waiting times, capacity.
- Waiting times, and the plans for improvements to performance against the 18-week target for outpatients and admissions, arising from the Sheffield Teaching Hospital Quality Report
- Yorkshire Ambulance Service and waiting times.

Members concluded that the above two items could be considered in conjunction with each other.

9.3 Deborah Glen advised that a workshop was being planned in July regarding waiting times for ADHD assessments, prior to the matter coming before the Sub-Committee in September 2024.

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

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