

# Annual Report

## 2022/2023

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# Lead Chair and Lead Chief Executive's Statement

Welcome to the South Yorkshire and Bassetlaw Acute Federation's Annual Report for 2022/23 which provides an overview of the progress made during the last 12 months.

Since the last South Yorkshire and Bassetlaw Acute Federation Annual Report, we have seen the introduction of new legislation to formalise integrated health and care systems in order to make it easier for organisations to deliver joined up care for their populations Health and Care Act 2022 ([legislation.gov.uk](https://www.legislation.gov.uk)). In it there is an emphasis on provider collaboration in recognition that the systemic challenges facing health and care organisations are more likely to be overcome through partnership working. Under this new legal framework, the Acute Federation, a provider collaborative of five acute Trusts in South Yorkshire and Bassetlaw, has made strides towards putting in place systems to strengthen our partnership working. This builds on South Yorkshire and Bassetlaw hospitals' history of working together and the success of collaborative working during the COVID-19 pandemic.

Our achievements in 2022/23 span a range of improvements for patients and staff. This year has seen the expansion of diagnostic testing capacity through the launch of three new Community Diagnostic Centres – at the Barnsley Glass Works centre, at the Breathing Space in Rotherham and at the Montagu Hospital in Mexborough - which will provide fast, convenient access to testing for the people of South Yorkshire and Bassetlaw. Elective care capacity is being increased for patients with the establishment of the Sheffield Elective Orthopaedic Centre at the Royal Hallamshire Hospital and forthcoming Montagu Elective Orthopaedic Centre.

To better enable collaboration across the Trusts, the Acute Federation has supported digital integration through a range of IT projects. Agfa Xero will enable clinicians to view medical images such as x-rays, CT and MRI scans across South Yorkshire and Bassetlaw hospitals. The clinical decision support system, iRefer, is being rolled out, starting in Rotherham, and will provide doctors and other health professionals with evidence-based guidelines to help decide the most appropriate imaging to perform in almost any clinical scenario. And digital solutions mean that patients are increasingly able to view details of their appointments, results and hospital letters online, with some able to rearrange appointments and provide updates to their clinician.

A network agreement is now in place for the single South Yorkshire and Bassetlaw Pathology service. Pathology services, involved in around 80% of diagnostic and treatment decisions, help in the study, diagnosis and management of disease and this project should benefit both patients and staff by ensuring patients receive an equal level of service and staff are part of a supportive, resilient team. And progress has been made towards standardising high-quality care through greater adherence to Getting it Right First Time (GIRFT) standards. To support our staff, we have invested in South Yorkshire training academies to increase access to high quality training and to make it easier for staff to work across the system as a networked workforce.

Progress in these areas has been supported through strong engagement with patients and the public to ensure we design and deliver services that meet their needs and help them to make informed decisions about their care.

Finally, our collaborative procurement efforts, working with the mental health Trusts in the system, have seen us make efficiency gains of £527,000 in collaborative efficiencies with an overall SYB Trust procurement saving of £2.96m.

This success has been achieved despite the difficult circumstances facing the NHS which include ongoing recovery of planned care following the pandemic, increased demand for healthcare services, growing financial pressures and industrial action.

This report sits alongside the Acute Federation's recently published [Clinical Strategy document](#) which aims to provide a framework for clinical collaboration because we know that strong clinical engagement and support for integrated working will be critical to the success of the Acute Federation.

We're proud of the last year's progress and grateful to all of the staff who have made it happen. However, we know that there is more to do in 2023/24 to capitalise on our alliance to deliver high quality, timely and efficient services for the 1.5 million people living in South Yorkshire and Bassetlaw.

*Annette Laban*

Annette Laban, Lead Chair for the  
South Yorkshire and Bassetlaw  
Acute Federation and Chair of  
Sheffield Teaching Hospitals NHS  
Foundation Trust

*Ruth Brown*

Ruth Brown, Lead Chief Executive  
for the South Yorkshire and Bas-  
setlaw Acute Federation and Chief  
Executive of Sheffield Children's NHS  
Foundation Trust

# Who we are and what we do

The South Yorkshire and Bassetlaw (SYB) Acute Federation is made up of five acute NHS Trusts: Barnsley Hospital NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, The Rotherham NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust. Together we have committed to using our collective expertise and resources to ensure the people of SYB have prompt access to excellent healthcare through:

- Working together to drive the quality of care to be amongst the best in the country
- Taking a proactive approach to reduce health inequalities for the populations we serve
- Collaboratively developing our colleagues and teams so that we have happy staff
- Being a great partner to the rest of the health and care system in SYB
- Supporting each other to achieve all the NHS waiting time standards for local people
- Seeking innovative ways to more effectively use the NHS pound so there is enough resource for the whole system

The Acute Federation is led by the Trust Chairs and Chief Executives, alongside a range of professional partnership groups and is supported by a Managing Director and programme team.

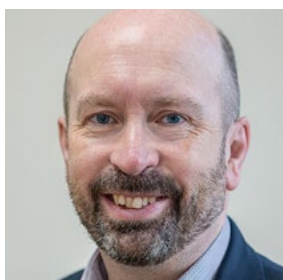


Dr Richard Jenkins, Chief Executive

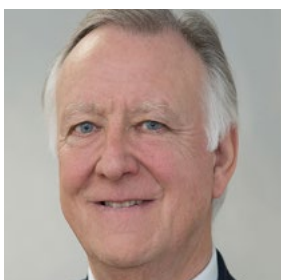


Sheena McDonnell, Chair

**NHS**  
**Barnsley Hospital**  
NHS Foundation Trust



Dr Richard Jenkins, Chief Executive



Martin Havenhand, Chair

**NHS**  
**The Rotherham**  
NHS Foundation Trust



Richard Parker OBE, Chief Executive



Suzy Brain England OBE, Chair

**NHS**  
**Doncaster and Bassetlaw**  
**Teaching Hospitals**  
NHS Foundation Trust



Kirsten Major, Chief Executive



Annette Laban, Chair

**NHS**  
**Sheffield Teaching Hospitals**  
NHS Foundation Trust

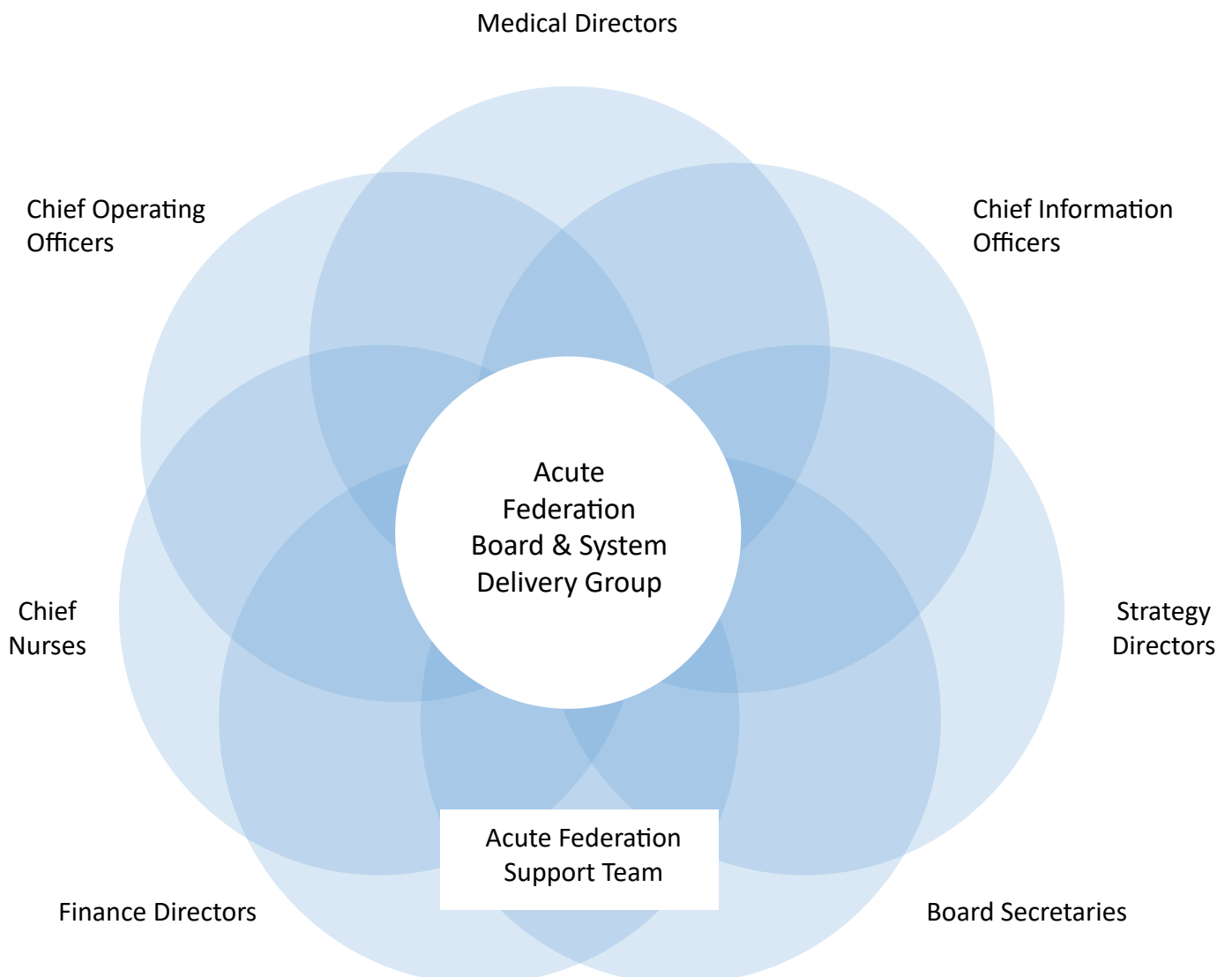


Ruth Brown, Chief Executive



Sarah Jones, Chair

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



# Progress against our 2022/23 priorities

## 2.1.1 Elective care recovery

Aim	Progress
To recover the elective waiting list to a safe and sustainable position in line with the national 18 week wait target.	Whilst there is still much to do to recover elective care waiting lists to pre-pandemic levels, the South Yorkshire Integrated Care System is in the top quartile in England for performance against the national referral to treatment target.

### Increasing activity and expanding service capacity

There have been a range of successes in 2022/23 which will expand elective capacity over the next year and beyond, helping to put our ability to deliver high quality care for patients on a sustainable footing.

This includes two new elective orthopaedic centres in Sheffield and Doncaster.

#### Sheffield and Montagu Elective Orthopaedic Centres

Following an investment of £5.5 million capital funding, phase 1 of the Sheffield Elective Orthopaedic Centre (SEOC) opened on 3 April 2023 at the Royal Hallamshire Hospital with the theatre assessment unit admitting all elective orthopaedic inpatients and day case patients. The facility will be the new home for elective lower limb, foot and ankle, shoulder and elbow and knee surgery, with emergency orthopaedic and trauma care, spinal and limb reconstruction continuing to be delivered at the Northern General Hospital. Two additional theatres opened in April 2023 and new ward facilities and an enhanced care unit will follow in July 2023 and investment to increase staff numbers is ongoing.

The Montagu Elective Orthopaedic Centre (MEOC) is the product of a collaboration between Barnsley Hospital NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and The Rotherham NHS Foundation Trust. An investment of £14.9 million will create a state-of-the-art hub in Mexborough with two theatres and 12 beds. Construction will commence in June 2023 and clinical service design and recruitment is underway for a scheduled opening in the winter of 2023. This centre is expected to provide around 3,400 high-volume low complexity orthopaedic procedures per year once it is fully operational. It will help reduce surgical waiting times for patients requiring ortho-

paedic procedures and release capacity at the host hospitals for other elective waiting list work.

#### Outpatient service improvements

General Practitioners (GPs) are increasingly able to access advice from another clinician or specialist to help identify whether a referral to an alternative service is required for a patient, and if so, to determine the most clinically appropriate pathway.

- The volume of specialist advice provided as a proportion of outpatient appointments has increased from 9% to 18.3% throughout 2022/23; more patients should be getting the right care from the right person in the right place as a result.
- We are giving patients more control over their follow-up care by expanding the use of patient initiated follow up (PIFU) across more clinical specialities and offering the opportunity to more patients (up from 1.66% to 2.15% of out-patient pathways) with work continuing to roll this out further. PIFU enables patients to avoid the inconvenience of appointments that are of low clinical value whilst enabling them to be seen quickly when they need to.

#### Getting it Right First Time

Trusts are using the national Getting It Right First Time (GIRFT) metrics in certain specialties to support clinical teams to discharge patients into the care of their GP where, if required, a patient can access medical support in an environment closer to home.

Throughout 2022/23 there have been targeted pieces of work to increase capacity whereby updating current practice and reducing inefficiencies has improved productivity.

- To reduce Did Not Attend (DNA) rates we have

introduced two-way text reminders for appointments in most services, where patients not only receive a reminder for their appointment but are also able to reply if the appointment is no longer required or they can not attend. This contributed to a reduction in DNA rates by almost 8% in one Trust, enabling them to utilise capacity for almost 2,200 patients across SYB.

- By optimising and coordinating booking, scheduling and theatre processes, Trusts have been able to safely increase the number of procedures on theatre lists and waiting times for patients are reducing as a result.
- Theatre productivity has also improved, with one Trust improving its Day case rates (enabling patients to return home on the day of surgery rather than staying overnight) in two procedures by 25% and 38% thus releasing hospital beds for other patients with a greater clinical need. One Trust has doubled the number of patients added to their theatre lists, increasing utilisation (use of allocated theatre time) by 8%. Two Trusts have increased the number of patients requiring cataract procedures on theatre lists by 60%. This is reducing the length of time patients wait for their procedures.
- For cataract surgery, all Trusts are now using similar on-the-day pre-procedure checks which have reduced the number of patient appointments being cancelled on the day.

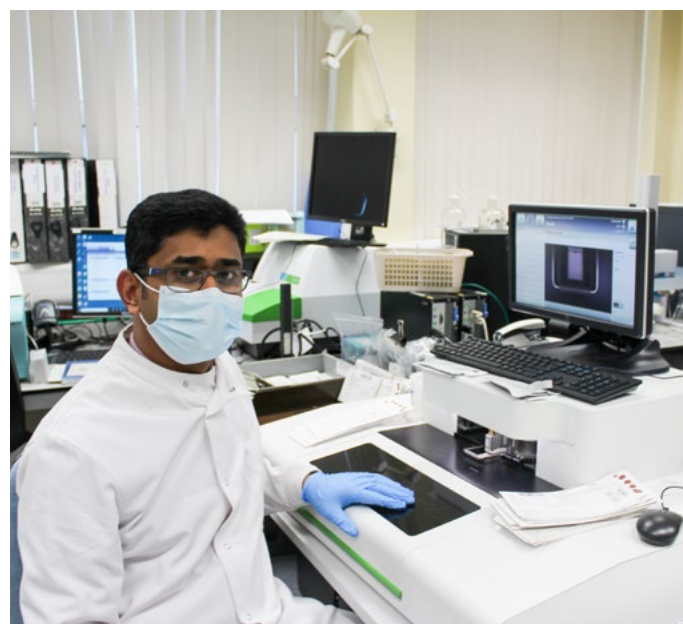


Primary and secondary care collaborative meetings continue to be held between Trusts to ensure patients are seen closer to home where possible, in services such as Ophthalmology, where local optometrist representatives are working closely with Trust Ophthalmology consultants, commissioning and contracting colleagues to ensure patients receive a streamlined service and only attend hospital when clinically necessary.

### Digital integration for joined up patient care

The year has also seen progress towards digital integration in elective care.

- To improve collaboration between hospital Ophthalmology departments and Optometry/Optician practices in the community, the EyeV electronic eye referral system is planned to go live in Sheffield in the first quarter of 2023/24. The system manages the clinical and administrative functions needed to deliver joined up high quality clinical services.



## 2.1.2 Diagnostic service recovery

Aim	Progress
Recovery of diagnostic waiting lists to a safe and sustainable position – within 6wks of referral - and delivery of Cancer Best Practice Timed Pathways.	Whilst there is also much to do to recover diagnostic waiting times to pre-pandemic levels, South Yorkshire and Bassetlaw has made progress towards the national target that 95% of patients should receive their test within 6 weeks of referral by March 2025. By February 2023 14.2% of patients were waiting over 6 weeks for a diagnostic test, a reduction from 27.7% in March 2022.

### Endoscopy service expansion

Endoscopy, which enables a clinician to look inside the body in order to diagnose a health problem, is forecast to be the most challenged diagnostic service at system level over the next year and significant efforts continue to increase staff and facilities to address this.

- Expansion of the Endoscopy service at the Royal Hallamshire Hospital in Sheffield has been achieved using £4 million of capital funding combined with investment in additional staffing. The new unit opened in April 2023 and at full capacity will be able to undertake more than twice as many procedures as the previous unit. This will help reduce waiting times for patients and provide capacity to support the expansion of the Bowel Scope Screening Programme planned across England.

### Community Diagnostic Centres

South Yorkshire and Bassetlaw patients are benefiting from faster and more convenient access to diagnostic tests following significant investment into three new Community Diagnostic Centres (CDCs).

- The first of its kind, a CDC sited in a town centre retail and leisure facility opened in the Barnsley Glassworks in April 2022 with capital investment of just under £3 million. The design and location of the CDC is proving very popular with patients and by encouraging attendance for scans and blood tests, it is expected to help with earlier detection of disease. Over 40,000 diagnostic tests were completed at Barnsley Glassworks in 22/23. With a further £1.4 million capital investment throughout 2023/24 and additional staff, the centre will offer a wider range of diagnostic tests and by 2024 will be completing more than 6,000 tests a month.
- Respiratory physiology testing services commenced at the Breathing Space CDC, Badsley Moor, Rotherham on 3 April 2023. Investment

into facilities and equipment is supporting the provision of diagnostic testing needed for patients living with long-term respiratory conditions such as emphysema and chronic obstructive pulmonary disease (COPD); about 6000 tests will be completed in the first year. By increasing capacity and supporting testing in primary care/community settings, the CDC will help to enable early, accurate diagnosis to inform proactive treatment and modify interventions that contribute to improved outcomes.

- Over £16 million is being invested to create a large CDC at Montagu Hospital, Mexborough, that will provide Endoscopy services, MRI and CT scanning, cardiac and respiratory testing alongside blood and other diagnostic tests. The range of testing is opening in a phased approach as the building work and staff recruitment is completed. Endoscopy service provision will commence in Autumn 2023 and building for the medical imaging unit that will include CT and MRI, is due to be completed by July 2024. Over 8,000 tests were undertaken at the CDC in 23/24 and full implementation will see this increase to well over 30,000 in 23/24 and more thereafter. All South Yorkshire and Bassetlaw patients that require cardiac MRI testing currently have to travel to Sheffield however, with the investment into this technology at Montagu CDC, many patients will benefit from shorter travel times, helping to reduce health inequalities.

In 2023/24 the Acute Federation will work with the Integrated Care Board and Yorkshire and Humber Academic Health Science Network to evaluate the impact of the CDCs and future work will involve ensuring GP Direct Access to diagnostic tests is consistent across the region.

## Pathology Network

Through the SYB Pathology Transformation Programme the five Acute Federation Trusts have developed ambitious plans to bring their separate laboratory services into a single service, hosted by Sheffield Teaching Hospitals NHS Foundation Trust on behalf of all, with a unified workforce delivering equitable access to high quality laboratory services across our network. Pathology involves the examination of tissues, organs, blood, other bodily fluids and autopsies in order to study, diagnose and manage disease and inform treatment decisions. Pathology is key to NHS services delivering essential patient care and is involved in around 80% of diagnostic and treatment decisions.

This work has been underpinned by a robust shared governance model and a collaborative principles-led approach, with plans shaped by extensive consultation with practitioners through expert reference groups. The programme has secured one of the largest national investments in digital infrastructure- £22 million- to be invested in a single Laboratory Information Management System (LIMS) to replace the currently separate individual systems, and to provide digital sharing of pathology images between sites.

## Workforce development

There are a range of initiatives designed to improve recruitment and retention of staff and develop specialist skills in diagnostic methods.

- The SYB Ultrasound Teaching Academy continues to deliver additional activity to enable more clinicians to develop ultrasound skills with positive feedback from students. Our focus in the next year will be to ramp up the Academy's capacity.
- Discussions are also underway with the Allied Health Professionals Faculty regarding hosting a SYB radiographer bank which will enable easier access to healthcare professionals when they are needed.
- We are also contributing to scoping for a Pan-Yorkshire Endoscopy Academy.



## Feedback from one of our trainee Sonographers:

"I would just like to say the help and guidance I received in regards to my scanning was very good. I found it very beneficial scanning with both Michelle and Richard. During my time scanning with the academy, I have adapted many skills which have helped me to develop as an aspiring sonographer. I have also had the opportunity to spend some time at Sheffield Teaching Hospital and this has allowed me to see how different trusts operate. I am really thankful to have had this opportunity and think this would be very beneficial for future students."

## Digital integration

The ability to access IT systems across organisations and share data are key enablers to collaboration and so has been a priority in 2023/24. Progress has been made across a number of projects.

- Currently, a patient's medical image e.g. x-ray, MRI and CT is stored locally where the scan is taken and manual processes may be needed so that a clinician working in another SYB location can view it. To avoid the delay and inefficiency associated with such manual processes, the five Trusts agreed to procure and implement a common IT solution; four Trusts are already linked up with the final one expected to be live soon. In addition, an options appraisal is underway to help align image storage, workflow management and reporting IT systems across the five Trusts with the aim of enabling cross-site reporting, globalised scheduling and system use of capacity (including that at CDCs). The Acute Federation is working towards a common solution for Picture Archiving System (PACS) and Radiology Information System (RIS) to support these aims.
- Funding has been secured to support Artificial Intelligence (AI) research and pilots to support rapid and accurate diagnosis e.g. to test multiple AI algorithms on the early detection of lung cancer on chest X-ray.

## Digital Referral System

The South Yorkshire & Bassetlaw Imaging Network is working with all acute providers on the utilisation

of Clinical Decision Support (CDS). iRefer is a CDS software tool that works within existing referral platforms to provide advice and guidance on the most appropriate diagnostic pathway into Imaging. CDS software is seen as key to ensuring patients receive the correct diagnostic test, first time, while also ensuring appropriate use of available capacity and rolling this out across SYB will mean patients receive

the same standard of referral using evidence-based guidelines. Implementation is underway with Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust, Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust, with systems expected to go live throughout 23/24.

## DIGITAL REFERRAL SYSTEM PATIENT STORY

The ability to instantly share Radiology images across multiple providers, via the Agfa Xero Exchange Network, not only provides benefits to clinicians but also improves care delivered to patients.

*"I brought my son into A&E for suspected shunt malfunction yesterday. We suspected a shunt malfunction previously (twice resulting in revision) however I've always taken him straight to Sheffield [Children's] Hospital.*

*"The care we received yesterday - and knowing that images can be seen straight away now by neuros [Neurosurgeons] - has given me the reassurance that, should the situation arise again, I can confidently bring him to Grimsby and get good care. This care he received was incredible and it made a very worrying time a lot less stressful."*

## 2.2 Hosted clinical networks

### Aim

Review existing hosted networks for Gastroenterology; Maternity; Paediatrics; Stroke services; Urgent and Emergency Care to ensure they are as effective and efficient as possible.

### 2.2.1 Stroke

The **South Yorkshire Integrated Stroke Delivery Network (SY ISDN)** supports national and local stroke priorities with both a strategic and operational focus. The ambition of the SY ISDN is to ensure that people within the region have equal and fair access to the highest quality stroke care across the whole pathway with good clinical outcomes, experience and safety. The ISDN brings people together empowering them to transform, innovate and develop Stroke services, improving outcomes for all involved.

The SY ISDN listens to and acts on the views of those people with lived experience of stroke, and they are at the heart of all the network does. Since the network was launched in 2020, it has successfully implemented shared clinical pathways and protocols, developed workforce capacity support and implemented a new Telemedicine system. The network has also secured funding to pilot pre-hospital stroke video triage, expand the use of stroke AI and improve stroke rehabilitation pathways. SY ISDN has established a regional Stroke Survivor and Carer Panel which continues to be an integral part of the network.

Through 2022/23, the network and its partners have continued to improve the urgent diagnosis and treatment pathway.

- The Hyper Acute Stroke Unit transformation is now well embedded and access to Mechanical Thrombectomy and CT Perfusion has been expanded this year into weekday evenings to give eligible patients a better chance of receiving clot removing treatment to prevent longer term disability.
- The Acute Bundle of Care for Intracerebral Haemorrhage (ABC) has been launched which standardises the management of those with haemorrhagic stroke leading to improved outcomes.
- Work has also been undertaken to refine Carotid Endarterectomy pathways to speed up referral to intervention times.
- Focus on rehabilitation pathways and collaborative gap analysis work of stroke rehabilitation and life after Stroke service has been undertaken. The findings from this work have helped to shape

quality improvement work for 2023/24 which include a focus on social prescribing, psychological support, vocational rehabilitation, stroke reviews and aligning services to new guidance.

- This year the ISDN has taken an active role in the implementation of the national Patient Reported Experience Measure Survey with all organisations in the regional participating. This will provide invaluable insights into the experience of those with lived experience of stroke and findings will be cascaded in 2023/24.
- Through 2022, the ISDN worked in collaboration with the Local Knowledge and Intelligence Service to co-produce a SYB Stroke Health Inequalities Report to help inform targeted prevention and awareness raising work. This has provided us with new insight on which populations in the region are more at risk of stroke, experience stroke or have poorer outcomes.
- Finally, the SY ISDN has focused on the development of the stroke workforce hosting a regional conference, a bespoke leadership programme and regional training series.



## Stroke Awareness Campaign

The SY ISDN has worked with young people at a local school on a Stroke Awareness project. A targeted campaign in Barnsley place has been launched and more community stroke teams are adopting blood pressure checks into routine practice. Data is being used to engage with Primary Care Networks and patients and the public, and strong links have been established with the SY Prevention Programme with plans to roll this out further in 2023/24.

### Key priorities for Stroke services over the next few years include:

- Expanding Mechanical Thrombectomy services into weekends and then 24 hours day.
- Implementing the National Optimal Stroke Imaging Pathway (NOSIP)
- Improving Thrombolysis rates.
- A continued focus on improving the quality of Stroke services.
- Improving access to Transient Ischaemic Attack Clinics.
- Working to prevent more strokes and raise awareness of stroke across the region.
- Delivering the SY Cardiovascular Disease Plan in collaboration with the prevention and cardiac programmes.
- Aligning Stroke Rehabilitation services to national guidance and in particular the Integrated Community Stroke Services Model.
- Delivering the Social Prescribing in Stroke project which will embed social prescribing link workers into Integrated Community Stroke Service teams across the region.
- Developing and implementing the SY ISDN Workforce Strategy.

## STROKE PATHWAY PATIENT STORY

*'I had my stroke whilst at work in Barnsley and luckily my colleagues recognised the symptoms I was having as stroke. They rang 999 and the ambulance crew contacted the Hyper Acute Stroke Unit at Pinderfields Hospital using the 'pre-alert' system.*

*I was quickly taken to the stroke unit and received a 'clot busting' treatment called thrombolysis. I stayed in hospital for a few days and when I went home, I had help from the Community Stroke Team.*

*They were brilliant. I have made a good recovery, but I still struggle with the symptoms I have been left with.'*

Together we can conquer stroke

## 2.2.2 Paediatrics

The SYB Acute Federation is host to one of 11 specialist children's hospitals in England which offers the region clear opportunities to innovate in the field of Paediatric care.

The acute providers have established 'Level 1 Hosted Networks', which support working across the system on matters related to workforce, clinical standardisation and innovation. The Level 1 networks focus on supporting all Trusts equally. Two specific networks were developed and continue to function well; The Care of the Acutely Ill Child Network and the General Surgery and Anaesthesia Network. Both networks focus on building and maintaining a standardised approach to acute Paediatric services through the development of shared guidelines, joint training and education, consider system solutions to increasing waiting times and workforce pressures, the development of the Healthier Together website. These networks create a platform for building relationships across organisations a key enabler for creating at pace a SYB children's emergency surgery pathway to support acute Trusts at the height of the pandemic.

Acute Trusts have also explored 'Level 3 Hosted Networks', which involve a greater degree of integration between two or more Trusts. The aim of the Level 3 network is to allow one Trust which has a particular strength in a specialty to support one or more other Trusts in this area.

The Sheffield Children's NHS Foundation Trust and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust have been building relationships to develop a Level 3 hosted network for acute Paediatric services. Their achievements include:

- **Joint working to address elective surgery waiting times**  
Clinicians and managers from the two Trusts have explored the possibility of developing a shared plan to reduce waiting times for Ear, Nose and Throat day surgery. This has laid the groundwork for sharing resources and risk management in readiness for future collaboration.
- **Building a sustainable pathology workforce**  
Three Joint Learning Event sessions took place during 2022 for pathology clinical leads and children's clinical directors across both organisations to share knowledge and insight and build working relationships to enable joint working. These sessions were extremely well attended with very positive feedback.
- **Bassetlaw Emergency Village (BEV)**  
The Paediatric network clinical leads have played a key role in supporting the design and development of the children's ward at the new BEV which will benefit hundreds of children each

year. They have been instrumental in the Clinical Senate planning process, became active members of the clinical working groups and have ensured that the right experts are engaged in the development at the right time. The network leads contributed and supported the BEV public engagement consultation and contributed to the final business case. They have also worked to strengthen anaesthetist capability to ensure capacity by developing and implementing the Anaesthesia Training Plan.

- **Nurse Education**  
The nurse educators across both Trusts have worked together to agree competency and training requirements for triage and are currently working together with Barnsley and Rotherham nurse educators to ensure the training requirements to support children and young people with special educational needs and disabilities are being met in acute Trusts.
- **Complex System Leaders Face to Face Workshops**  
A series of workshops to support collaboration across the two Trusts designed for senior leaders, surgeons and for nurse educators has been delivered. Attendees found workshops extremely helpful giving staff a deeper understanding of how working together will benefit the children and young people using their services.



## 2.3 Clinical service development

During the year the SYB Acute Federation identified a number of clinical specialities expected to benefit from collaboration.

### 2.3.1 Urology

#### Aim

To work collaboratively across Urology services to improve the quality, safety and efficiency of care provided to patients across SYB and Chesterfield, an important partner in the local area.

#### Progress

- We have taken a network approach to getting the best outcomes for our patients following GIRFT principles to reduce variation, standardise care and give patients the best experience first time round.
- Work is well underway to create a collaborative clinical pathway on a regional basis to put in place sustainable on-call rotas. As part of this we are focused on agile staff working to ensure we deliver care closer to the patient wherever possible, with some of our Urologists already moving around the SYB and Chesterfield network to provide expert support and advice to clinical teams on complex procedures.
- Clinical leads have agreed new parameters for standards of care in the treatment of benign prostatic hyperplasia which should enable productivity improvements to free up time for patient care, and a range of GIRFT metrics for measuring progress have been identified.

We are now focused on ensuring capacity and demand for Urology services is evenly matched across the network to realise the patient benefits of collaboration.

### 2.3.2 Rheumatology

#### Aim

To work collaboratively across Rheumatology services to improve the quality, safety and efficiency of care for patients across SYB.

#### Progress

The focus of this workstream has been on:

- Demand management standardising and optimis-

ing GP referrals to reduce unnecessary activity beginning with a standard referral form for GPs across South Yorkshire and Bassetlaw and learning from each other on best practice in patient triage.

- Workforce resilience Developing workforce models which give greater service resilience across the patch.
- Workforce sustainability in the longer-term Work with NHS England's workforce, training and education teams on the future pipeline for rheumatology in South Yorkshire.
- Productivity Benchmarking SY Trusts against, and working towards GIRFT best practice.

### 2.3.3 Gastrointestinal bleeds

#### Aim

To work collaboratively across Gastrointestinal Bleed (GI) services to improve the quality, safety and efficiency of care provided for patients across SYB.

#### Progress

- Work to strengthen SYB GI Bleed services is being taken forward by the Endoscopy Network. Endoscopy is the main tool for helping doctors to identify for gastrointestinal bleeding. The Endoscopy Workforce Group is supporting the development of a workforce strategy.
- Progress continues on the Pan Yorkshire Training Academy for Endoscopy which is due to be mobilised in shadow form from June 2023.
- A preliminary evaluation of the GI Bleeds arrangements was carried out and a more detailed evaluation is required to include the number of patients transferred, the impact both positive and negative on patients and also what is considered best practice in other areas looking at a variety of models e.g. individual rotas/mixed approach/system rotas.

## 2.4 Clinical Strategy

### Aim

To develop a framework which enables our clinical teams to collaborate to provide the safest, highest quality, and most effective care.

### Progress

The Clinical Strategy has been developed in collaboration with clinicians and operational managers across the patch and sets out the five-year clinical services framework for the SYB Acute Federation in its role to support acute service development and delivery. It aligns with and supports the wider work of the Integrated Care Board 5-year Joint Forward Plan and the South Yorkshire Integrated Care Partnership Strategy.

## Clinical Strategy in summary

This Clinical Strategy sets out the clinical services framework for the Acute Provider Federation in its role to support acute service development and delivery.

It is a framework which supports clinical teams to collaborate to provide the safest, highest quality, and most effective care. It aligns with and supports the wider work of the Integrated Care Board 5 year Joint Forward Plan and the South Yorkshire Integrated Care Partnership Strategy.

The full strategy document can be found here



South Yorkshire & Bassetlaw  
Acute Federation

### Our purpose:



Click here  
to enlarge

### The five-year vision

Services at different hospitals across South Yorkshire play complementary roles as part of a **collaborative model**

Patients experience **high standards of care**, no matter which hospital they attend; with constant energy on driving down unwarranted variation

**Shared care** to be developed further across primary and secondary care including Mental Health services

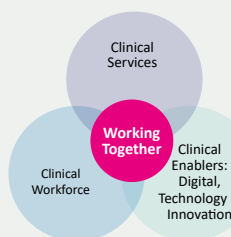
Standardisation for **better outcomes and patient experience**, and taking action on health inequalities

**Life stages** recognised as an important framework for end to end pathways, to support more proactive planning and working

Patients can **move seamlessly** from one hospital to another in order to access specialist care or faster treatment

**A networked workforce** build the system for developing opportunities for clinicians to gain experience/support patient services across South Yorkshire

**Resilience and sustainability** priority criteria for the system, future models of care incorporating new ways of working



Greater **interoperability** across the organisations so that our staff can seamlessly access and share electronic patient information and records

Best use of our **collective estate** to offer choice, access and state of the art facilities

**Models of care** that optimise new technologies, innovative ways of working and environmental sustainability, learn from new research evidence and change how, where and when we deliver services

### Strategic objectives

#### Maximising digital transformation and partnership approaches to innovation

- Look for new ways of delivering care, further use of research and technology to future-proof changes in care delivery including new diagnostics, treatments, drugs and Artificial Intelligence
- Find ways to collaborate and help unlock barriers to collaboration, e.g. IT access, clinical information sharing, funding mechanisms
- Develop further partnerships with academic institutions industry and delivery partners to further research and innovation
- In designing new service models we will look to support the best use of our collective estate to offer choice, access and state of the art facilities

#### Delivering more coordinated care through maximising the opportunities for our collective workforce

- Through the clinical working groups proactively share opportunities to work collaboratively
- Ensure that clinical leadership development is part of the Acute Federation Organisational Development programme
- Develop system-wide training and education plans to support future models of care
- Support the standardisation of new roles
- Develop and share the learning and insight from collaborative pathways to encourage best practice and continued relationship building
- Develop further the relationships with academic institutions to support future workforce models
- Work together to maximise the retention of trainees offering a wide range of placements, job plans and career progression

#### Enabling clinically-led standardisation of best practice acute care across South Yorkshire and Bassetlaw

- Create the evidence base, criteria and clinical discussion on areas for collaborative concern and opportunity for development
- Bring together expert and wide clinical knowledge to support service improvement and develop future models of care
- Support the infrastructure to develop further patient and public involvement
- Enable the spread of best practice and provide benchmarks for services
- Develop models that provide clarity on services provided at Place and at wider scale across South Yorkshire and Bassetlaw

### Examples of collaborative working

- South Yorkshire and Bassetlaw Cancer Alliance** There are many examples of joint working and redesigned services/pathways across cancer sites that are system-wide, from prevention and screening, inpatient pathways for specialist and non-specialist cancers, through to palliative and End of Life care
- The Children and Young People's Alliance** has supporting networks that focus on the acutely ill child, surgery and anaesthetics and wider collaborative working
- South Yorkshire Integrated Stroke Delivery Network** has evolved with successes in shared clinical pathways/protocols, involvement and support to patients and their families, workforce capacity support, developments in video triage, use of Artificial Intelligence and work on health inequalities
- The South Yorkshire Pathology Network** has achieved the national vision to consolidate and optimise local workforce, capacity and support a future model for networked delivery
- South Yorkshire Integrated Care Board Networks** are in place e.g. in respiratory, cardiology and dermatology to optimise end to end pathways from primary prevention to tertiary care and are working to improve access to cardiac rehabilitation services, improve cardiovascular disease detection and prevention and achieve early diagnosis and treatment of heart failure
- 2023/24 priorities** We will continue to prioritise rheumatology, urology, gastrointestinal bleeds, elective and diagnostics recovery. This will happen alongside acute paediatrics, with system-wide clinical working groups addressing end to end pathway opportunities and challenges, from immediate priority areas to future models of care

## 2.5 Financial improvement

We know that working together to share resources flexibly and align support services, where it makes sense to do so, will give us the best chance of enhancing productivity and value for money across SYB. Progress has been made in a number of areas.

### 2.5.1 Medical Agency

#### Aim

To reduce the numbers of vacancies for clinical roles and shift away from the use of medical agency and higher cost locum arrangements.

#### Progress

This year our nursing and medical leaders have worked as a network to focus on reducing variation in medical agency pay rates and standardise, where it makes sense to do so. They have shared best practice on permanent recruitment and retention of staff. This includes career development opportunities across the patch through joint appointments, where it is agreed there is a mutual benefit, matching capacity to demand through system-wide recruitment exercises such as in midwifery, recruitment from overseas and innovation in workforce and care models.

Developing a networked clinical workforce will be an important area of focus through the Clinical Strategy implementation in 2023/24.

### 2.5.2 Procurement

#### Aim

To reduce the cost of service provision through a set of targeted interventions which standardise goods and services and produce efficiencies.

#### Progress

We have achieved £527,000 in collaborative efficiencies with an overall SYB Trust procurement saving of £2.96m which is 83.95% of the target set in an extremely challenging year. This has been reached through:

- Implementation of a joint e-Tendering and Contract Management platform – Atamis- across the seven provider Trusts and Integrated Care Board

in South Yorkshire.

- Rolling out a joint Work Planning Tool across 80% of SY ICS organisation with final 20% onboarding due in the first quarter of 2023/24.
- Delivering 85% of the recommended Procurement Target Operating Model objectives set by NHS England, the second highest in the country.
- Establishing a Consumables Resilience Group which manages, mitigates and works to prevent supply disruption issues across the South Yorkshire Integrated Care System and supports clinical staff to deliver uninterrupted high-quality patient care.
- Delivery of a collaborative procurement project on Hip and Knee procedures leading to cost pressure avoidance of £500,000 and delivery of Cost Improvement Programmes (CIP) saving £1.18m across the patch through clinically-led standardisation and product rationalisation across the Hips and Knees range. This flagship procurement exercise has taken two years to complete and involved over 40 clinicians from SYB Acute Trusts and Chesterfield Royal Hospital NHS Foundation Trust.
- Developing shared career opportunities across teams and supporting staff to progress and move across Trusts ensuring skills remain in South Yorkshire.
- Establishing a bi-monthly Procurement Newsletter to share useful across the SY Integrated Care System procurement community.
- Utilising a shared work environment on the NHS Futures platform for sharing information, storing data and a means for collaborative working across multiple organisations.

Because of this we have been in a strong position to nominate teams and individuals for national Healthcare Supply Association awards.

## 2.5.3 Hospital transfer waits

### Aim

To improve operational efficiency and reduce bed days by reducing delays for inter hospital transfers.

### Progress

A policy has been developed to standardise inter-hospital transfers of patients across SYB acute Trusts and rapidly escalate delays where necessary. The policy outlines the expectations of the transferring and receiving Trusts where a patient requires ongoing hospital care. It sets the timescales and escalation processes that should be undertaken to

ensure patients are returned to their local Trust in a timely manner and when the patient is clinically safe to be transferred. The policy also includes full contact details for out of area agency contact details, these details are for patients who no longer require ongoing hospital care, but do require community care e.g. Physiotherapy and Occupational Therapy. This policy ensures patients are returned to their local Trust in a timely manner making it easier for family and friends to visit, the policy will also help to minimise delays in patients returning home or to other accommodation.

Operational management of this process will be via a single online dashboard which will allow operational teams to oversee medically fit patients being transferred to their destination.

## 2.6 Acute Federation organisational development – enabling collaboration

### Aim

To build the SYB Acute Federation into an innovative value-adding partnership, a single point of contact for the ICB, a trusted partner to other provider collaboratives and be nationally recognised as a pioneering example of acute care integration.

### Progress

This year the members of the Acute Federation have agreed their model of collaboration is one of purposeful active federation. Our shared principles are:

- We operate with mutual accountability.
- We are open with each other.
- We trust each other.
- We collectively hold high ambitions for the Federation.
- We are clear on our shared purpose.
- We support each other to 'land', in each other's organisations, decisions where one of us takes a cost for the team and in the interests of the people of SYB.
- We believe – and act – that we are mutually dependent in this interconnected system that is SYB.
- We communicate regularly and openly with each other.
- We talk positively and appreciatively about each other behind each other's backs.
- We know – and act – that our common purpose is in service of the health and wellbeing of the population of SYB.
- We ask for help from each other... and we readily offer help to each other across organisations.

In 2023/24 we intend to implement an organisational development plan that will help to further embed a collaborative culture across the members of the Acute Federation, break down organisational barriers and enable staff to work in partnership where it makes sense to do so, for the benefit of our patients.



# The year ahead

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Building on the progress made against priorities in 2022/23 the SYB AF's priorities for 2023/24 align with the South Yorkshire Integrated Care Partnership's strategy Integrated Care Partnership Strategy :: SYB ICS (syics.co.uk) for improved care and outcomes and include:

## 3.1 NHS recovery

We will continue to work together to recover elective and diagnostic services and reduce waiting times for patients, with specific focus on Orthopaedics, Ophthalmology, Ear, Nose and Throat and General Surgery.

## 3.2 Clinical Strategy

We will implement the Acute Federation clinical strategy to deliver improvements in care quality for the people of South Yorkshire & Bassetlaw, reduce unwarranted variation between providers, address inequalities in access and improve our resilience and efficiency. The Clinical Strategy covers:

- Clinical services which have been identified as likely to benefit from system collaboration. This will mean continuation of work on Urology, Rheumatology and GI Bleeds, spreading learning from collaboration e.g. Pathology Transformation Programme, Montagu Elective Orthopaedic Centre and developing a methodology for clinical service improvement across providers
- Clinical workforce – develop a networked workforce for resilience and sustainability.
- Clinical enablers: digital, technology, estates and innovation – we will focus on greater interoperability and data sharing across providers, better use of collective estate and models of care that optimise new technologies.

## 3.3 Innovative commissioning and financial models to improve efficiency and value for money

We will further explore opportunities to improve financial efficiency and integrate commissioning.

## 3.4 Flagship national innovator

Flagship national innovator scheme: Acute Paediatrics Innovator Programme – we will accelerate the design and implementation of the South Yorkshire & Bassetlaw collaborative model for acute Paediatric services as part of NHS England's national innovator scheme. The aim is to ensure timely access, outcomes and experience and reduce health inequalities for children and young people.

## 3.5 Engagement to drive collaboration

We will work with our staff on continued organisational development to strengthen the culture of collaboration.



**South Yorkshire & Bassetlaw**  
**Acute Federation**