

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

CHIEF EXECUTIVE'S BRIEFING

BOARD OF DIRECTORS – 16 NOVEMBER 2016

1. Integrated Performance Report

The Integrated Performance Report is attached at Appendix 1. Each Director will highlight the key issues for the Board of Directors to note/consider.

2. South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP)

The South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) was been published on 11 November 2016. It sets out the vision, ambitions and priorities for the future of health and care in the region and is the result of many months of discussions across the STP partnership, including with patient representative groups and the voluntary sector.

It is being shared widely, with views sought from staff, patients and the public on the high level thinking about the future of health and care services in the region. All feedback will be taken into account before any further work takes place.

The South Yorkshire and Bassetlaw STP is the local approach to delivering the national plan called the Five Year Forward View. Published in 2014, it sets out a vision of a better NHS, the steps we should take to get us there, and how everyone involved needs to work together. Twenty-five health and care partners from across the region are involved in the STP, along with Healthwatch and voluntary sector organisations.

A full version of the plan can be found at www.smybndccgs.nhs.uk

Summary

The goal of the STP is to enable everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and to live longer.

The thinking starts with where people live, in their neighbourhoods, focusing on people staying well. Introducing new services, improving co-ordination between those that exist, supporting people who are most at risk and adapting the workforce so that people's needs are better met are also key elements.

Prevention is at the heart – from in the home to hospital care, supported by plans to invest in, reshape and strengthen primary and community services. At the same time, everyone should have improved access to high quality care in hospitals and specialist centres and that, no matter where people live, they get the same standards, experience and outcomes for their care and treatment.

Partners want to work together more closely to provide the care in the right place, at the right time and by the most appropriate staff. To do this, innovative, integrated and accountable models of care will be developed and the work of the Working Together Partnership Acute Care Vanguard will be built on.

The plan is also about developing a networked approach to services across South Yorkshire and Bassetlaw to improve the quality and efficiency of services, in areas such as maternity services. It is also about simplifying the urgent and emergency care system so that it is more accessible. It also focuses on other factors affecting health, including education, employment and housing, to not only improve the health, wellbeing and life chances of every person in the region but also to deliver a more financially sustainable health and care system for the future.

People's health is also shaped by a whole range of factors – from lifestyle and family backgrounds to the physical, social and economic environment. At the same time, NHS services tend to focus on treating people who are unwell. The partners want to look at the connections between the £11 billion of public money that is spent in South Yorkshire and Bassetlaw and the £3.9 billion that is focused on health and social care.

By working more closely and in new ways, contributions will be made to the region's economic growth. Helping people to get and stay in work, as well as supporting their health and wellbeing, will help to keep South Yorkshire and Bassetlaw economically vibrant and successful.

We will work better together to get the best value and services for everyone. If we don't work differently now, in five years' time, there would be increasing demand on our services and we would have an estimated financial shortfall of £571 million. Therefore, doing nothing is not an option. The way we are organised is out of date compared to people's needs – we therefore need to rethink and improve how health and care services are delivered.

The Case for Change

There have been some big improvements in health and social care in South Yorkshire and Bassetlaw in the last 15 years. People with cancer and heart conditions are experiencing better care and living longer. There has also been improvement in mental health and primary care services. On the whole, people are more satisfied with their health and care services. However, people's needs have changed, new treatments are emerging, the quality of care is variable, and preventable illness is widespread.

Quality, experience and outcomes vary and care is often disjointed from one service to another because our hospitals, care homes, general practices, community and other services don't always work as closely as they should. STP organisations have had some good Care Quality Commission feedback but there are areas for improvement.

In addition, there are some people admitted to hospital who could be cared for in the community if the right support was in place. There are growing waiting times for many services and access to primary care needs to be improved.

In some areas, there is a national shortage of clinical staff. Indeed, we are already consulting on proposed changes to hyper acute stroke services and some children's surgery (see update under Working Together) in the region because such shortages are already having an impact. Furthermore, there are high levels of deprivation, unhealthy lifestyles and too many people dying prematurely from preventable diseases and there are significant inequalities across the region. There are also

significant financial pressures on health and care services - with an estimated gap of £571 million in the next four years.

Working Together

The plan is built on a history of strong relationships and being able to quickly develop a strong partnership, where all can see the opportunities and are motivated to deliver significant improvements for the 1.5 million population. It is about working together even better, and in new ways.

It is based on the five 'places' within South Yorkshire and Bassetlaw – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

The plans are the foundation of what will be delivered in each area and they set out how the improvements from the new ways of working and prevention will be made. The place plans focus on aligning primary and community care, putting the greatest emphasis on helping people in their neighbourhoods and managing demand on services. They also hone in on improving health and wellbeing and the other factors that affect health, such as employment, housing, education and access to green spaces.

Work on place alone won't address the challenges, and so there are also eight priority areas of focus:

- Healthy lives, living well and prevention
- Primary and community care
- Mental health and learning disabilities
- Urgent and emergency care
- Elective and diagnostic services
- Children's and maternity services
- Cancer
- Spreading best practice and collaborating on support services

Taking Decisions Together

To deliver the change needed in South Yorkshire and Bassetlaw, the statutory organisations involved in health and social care have formally agreed to interim governance arrangements to help them to start to work and take decisions together.

An Oversight and Assurance Group will provide oversight governance, a Collaborative Partnership Board (CPB) will set the vision, direction and strategy and an Executive Partnership Board will support the CPB and develop policy and make recommendations to the Board. Already in place are a Joint Committee of NHS Clinical Commissioning Groups (JCCCGS) and an NHS Provider Trust Federation Board.

All these will run in parallel with partners' governance and help make decisions. This interim arrangement will remain in place until April 2017 during which time a review will take place to establish the right governance.

The members of these groups come from all statutory South Yorkshire and Bassetlaw health and social care organisations plus national bodies as appropriate (NHS England, NHS Improvement, Health Education England and others), as well as

other providers and representatives from primary care, the voluntary sector and patients, including Healthwatch.

A key principle of the governance arrangements is that local commissioning will remain a local responsibility. The JCCCG will only take precedent over local decisions where it agrees that it would be more efficient and effective for decisions to be made at a South Yorkshire and Bassetlaw level.

Rethinking and Reshaping Health and Care

In rethinking and shaping how partners currently work, the focus is on:

- Putting prevention at the heart
- Reshaping primary and community based care
- Standardising hospital services

Partners want to radically upgrade prevention and self-care, to help people to manage their health and look after themselves and each other. This will require improvements in how health and care services connect with people to help them stay well and also in how illness is detected and diagnosed.

Investment in health at community levels will be transformed. Focusing more on helping people where they live will also have an impact on people's employment and employability. Primary care services will be improved through the transformation of community based care and support and with GPs coming together at the forefront of new ways of working. Through wider GP collaborations, it will be possible to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt the workforce to better meet people's health and care needs.

At the same time, everyone should have better access to high quality care in specialist centres and units and, no matter where people live, they get the same standards, experience, and outcomes for their care and treatment. This will be done by standardising hospital care and developing a networked approach to services.

Spreading best practice and collaborating on support services, such as estates, procurement and pharmacy management, will also enable partners to meet the challenges. Technology and digital integration will also play a major role in helping shape the future of health and care services.

Developing and supporting staff is the only way these ambitions will be achieved. The right people, with the right skills in the right place and the right time are needed – whether this is in general practice, the community and neighbourhoods or in hospitals.

Rethinking and reshaping the workforce, developing ways of working that help people live healthy lives in their homes and communities and supporting GPs to be as effective as possible will also be key.

A flexible workforce that comes together to offer people the best and most appropriate care is envisaged.

Early Implementation

A number of priorities, led by NHS Commissioners Working Together and the NHS Providers' Working Together Partnership Vanguard, are already being progressed. Partners agree they want to take these forward using the governance that has been put in place.

The areas are:

- Spreading best practice and collaborating on support services
- Children's surgery and anaesthesia
- Hyper acute stroke services
- Acute gastrointestinal bleeds
- Radiology
- Smaller medical and surgical specialties

Finance

£3.9 billion is currently invested on health and social care for the 1.5 million population of South Yorkshire and Bassetlaw. This includes hospital services, mental health, GP services, specialist services and prescribed drugs, as well as public health and social care services.

After taking into account the resources that are likely to be available and the likely demand for health and social care services over the next four years, it is estimated that there will be a financial shortfall of £571 million by 2020/21.

If nothing is done to address this, £464 million will be the health service gap, while £107 million will be the social care and public health gap. To achieve the ambitions laid out in the plan, the £3.9 billion investment needs to work differently.

The high level planning assumes a significant reduction in demand for hospital services and potential changes to services which, if fully developed into cases for change, would require public consultation.

Listening to Our Staff and Communities

Between December 2016 and March 2017, STP partners will connect and talk with the staff in each partner organisations and local communities about the plan. They also will be working with Healthwatch and voluntary sector partners to ensure connectivity with all groups and communities.

All views will be taken into account and fed back into the plans.

Who is Involved?

There are 25 partners involved in the STP; 18 NHS organisations, 6 local authorities and 1 children's services trust involved in the STP. The plan has been developed in consultation with them. They are:

NHS Barnsley Clinical Commissioning Group
Barnsley Hospital NHS Foundation Trust
Barnsley Metropolitan Borough Council

NHS Bassetlaw Clinical Commissioning Group
Bassetlaw District Council
Chesterfield Royal Hospital NHS Foundation Trust
Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Doncaster Children's Services Trust
NHS Doncaster Clinical Commissioning Group
Doncaster Metropolitan Borough Council
East Midlands Ambulance Service NHS Trust
NHS England
Nottinghamshire County Council
Nottinghamshire Healthcare NHS Foundation Trust
NHS Rotherham Clinical Commissioning Group
Rotherham, Doncaster and South Humber NHS Foundation Trust
The Rotherham NHS Foundation Trust
Rotherham Metropolitan Borough Council
Sheffield Children's Hospital NHS Foundation Trust
Sheffield City Council
Sheffield Health and Social Care NHS Foundation Trust
NHS Sheffield Clinical Commissioning Group
Sheffield Teaching Hospitals NHS Foundation Trust
South West Yorkshire Partnership NHS Foundation Trust
Yorkshire Ambulance Service NHS Trust

It has also been developed in partnership with:

Healthwatch Barnsley
Healthwatch Doncaster
Healthwatch Nottinghamshire
Healthwatch Rotherham
Healthwatch Sheffield
Voluntary Action Barnsley
Bassetlaw Community and Voluntary Service
Doncaster Community and Voluntary Service
Voluntary Action Rotherham

Recommendation

Board members are asked to support the vision, ambition and priorities of the plan and to work with STP partners at a South Yorkshire and Bassetlaw level on the priorities and to support the direction of travel.

3. Working Together Commissioner's Public Consultation and Proposals for Service Change

This summary is intended to update Board members regarding forthcoming public consultations led by the Working Together Commissioners relating to proposed service changes in two areas:

- Children's surgery and anaesthesia
- Hyper acute stroke

The proposals will directly affect services provided in Sheffield and are likely to require important service changes and responses to new models of care should they be approved following public consultation.

Background

Services are being reviewed as part of work being carried out by Commissioners Working Together. Over the past year commissioners, working with providers, have been discussing hyper acute stroke care and children's surgery and anaesthesia. This has been undertaken in the context of workforce concerns as well as benchmarking against service specifications and outcomes in South Yorkshire compared to elsewhere.

Senior clinicians and managers from each of the Trusts were asked to assess themselves against national core standards for providing services, and gather data on numbers of people needing the services and staffing levels.

Hyper Acute Stroke Services

With hyper acute stroke services, the commissioners, supported by independent strategic clinical advice and an independent review have developed a proposal to reduce the number of hyper acute stroke units from five to three. Three of the five current units admit less than 600 patients per year, which is below the national best practice level. There are also challenges with medical cover and the timeliness of diagnostics in some units. This proposal recommends the hyper acute stroke units in Barnsley and Rotherham close, with the three remaining units in Chesterfield, Doncaster and Sheffield (STH). Patients would be repatriated to their local acute stroke unit following the first 72 hours of care. Should this proposal proceed as planned, this will result in a significant increase in activity for STH and will require important changes to workforce, diagnostic and physical configuration of resources.

There will also be a need to agree the financial model as well as day to day operational flows for repatriation.

Children's Surgery and Anaesthesia

Commissioners, working with the clinicians and managers from each of the hospitals have developed three options that would reduce the number of hospitals where operations for some conditions for children are carried out at night, at a weekend or require an overnight stay.

Operations under these circumstances would no longer be provided in Barnsley, Chesterfield, Doncaster or Rotherham.

Subject to approval by the Joint Overview and Scrutiny Committee and NHS England, both of the above proposals will be open to consultation with people across the region from 3 October 2016 to 20 January 2017. At the moment, it means no change as this is a proposal and subject to public consultation.

Next steps

A commissioner led public consultation will take place between October 2016 and January 2017 regarding hyper-acute stroke and children's surgery.

During this time Trusts will be working with commissioners on the practical implications of the possible outcomes of the consultations.

4. Awards and Events

Perfect Patient Innovation Test Bed

The Trust hosts one of seven national Test Bed Innovation hubs. Earlier this month NHS England Chair, Professor Sir Malcolm Grant CBE, visited the Sheffield City Region Test Bed which is called the 'Perfect Patient Pathway' to see how collaboration between the NHS, other providers of care, and industry innovators is harnessing technology to address some of the most complex issues facing patients and the health service.

Perfect Patient Pathway focuses on people with multiple long term conditions. By using new technology, coupled with new ways of delivering care, the intention is to keep people with these conditions well, independent and avoiding crisis points which often result in hospital admission, intensive rehabilitation and a high level of social care support.

The development of a range of home-based monitoring devices and smart phone applications will mean people can be supported to understand their condition and how they can manage it at home. It will include monitoring falls risk, tracking locations for people with dementia as well as sensors in the home, for example, on televisions, kettles and fridges to monitor mobility, nutrition and general wellbeing. Data received from these devices will then be collated and interpreted in an intelligence centre and then transmitted to either their GP, hospital, community health service or social care so that a timely and effective response can be provided which prevents them deteriorating or becoming ill.

During the visit Sir Malcolm said: "The Sheffield approach creates an environment in which exciting new technologies can be developed and trialed in real-world conditions, with a view to their being rolled out to patients across England."

New Digital Histopathology Partnership Launched

A pioneering digital histopathology partnership has been developed offering a ground-breaking solution to the growing demand for specialist histopathology services at a time when fewer pathologists are entering the profession. The East and South Yorkshire Digital Pathology Network (EASY Path) brings together the clinical expertise of Sheffield Teaching Hospitals NHS Foundation Trust and Hull and East Yorkshire Hospital NHS Trust with technology giant Philips to create a virtual distributed network of specialist pathologists at both Trusts, enabling work to be balanced between the two sites. This ensures rapid analysis of vital histology samples. The collaboration has received national interest and media coverage due to its innovative approach.

Awards and Achievements

The Trust's Diabetes team have won a national award for significantly improving the quality of care in newly diagnosed Type 1 diabetes patients. The team won the Patient Care Pathway Adult' award at the Quality in Care (QiC) Diabetes 2016 National Awards. In 2014 only 23% of patients newly diagnosed with Type 1

diabetes were controlling their blood glucose levels to the standards recommended by NICE one year after diagnosis, but thanks to a new education programme developed by the team this has now increased to 50%. Judges cited the work as a “great example of engagement” which “should be distributed across the country.”

Dietitians Sean White and Nick Trott won the Nutrition Support Professional of the Year and Coeliac Professional of the Year titles respectively at the Clinical Nutrition Awards for their work on good patient nutrition. Sean has been a Home Enteral Feed (HEF) Dietitian in Sheffield for 12 years, and also holds a number of national advisory roles. He led on the development of a toolkit that enables improved outcome reporting in nutrition support. He has also completed a week-long challenge where he stopping eating and drinking normally and instead received all his nutrition through a feeding tube in his nose to provide an insight into the experience of patients who have to be fed this way. He produced a video documenting his experience.

Nick is a Gastroenterology Dietitian specialising in coeliac disease. There has been a large increase in the number of people diagnosed with coeliac disease in the last decade, and in response to the increased service demand Nick developed a Coeliac Group Clinic service and 90-minute interactive educational package aimed at newly-diagnosed patients.

National Centre for Stereotactic Radiosurgery featured on BBC

And finally, a minimally invasive brain tumour therapy first pioneered at Sheffield's Royal Hallamshire Hospital has featured on BBC Inside Out East Midlands. The film followed Jessica Simpkin as she prepared to undergo cutting-edge gamma knife treatment for five brain tumours at Sheffield's National Centre for Stereotactic Radiosurgery. The Centre, based at the Royal Hallamshire Hospital, is one of only two centres in the country providing specialist gamma knife treatments for patients with rare and complex conditions.

Sir Andrew Cash OBE
Chief Executive
11 November 2016