

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST**CHIEF EXECUTIVE'S BRIEFING****BOARD OF DIRECTORS – 17 FEBRUARY 2016****1. Integrated Performance Report**

The report for month 9 is attached at appendix 1. Each director will highlight key issues for the Board to note/consider.

2. Industrial Action by Junior Medical Staff

Regrettably negotiations between NHS Employers supported by Sir David Dalton, CEO Salford Royal Hospital NHS Trust, with Junior Doctors representatives have concluded without resolution. This being so, the BMA has decided to continue with its planned industrial action, however, it will not be a full walkout as planned, therefore alternatively, Junior doctors will now be offering emergency care only for 24 hours from 8am on Wednesday 10 February to 8am Thursday 11 February.

I just wanted to let you know that Sir David Dalton has written (extract of letter below) to all doctors in training across England to provide them with a clear outline on the current position of the negotiations and to highlight the ongoing areas of disagreement with the BMA as follows:

Following an improved offer made on 16 January, the proposed new contract allows every doctor to be paid for every hour worked with supplements for Saturday evening (from 5pm), night (from 9pm) and Sunday working – and for those who work for Saturdays more frequently (those working 1:3 or more), to receive additional payment for all the time they work on Saturdays. The substantive outstanding area of disagreement is about payment for evening and Saturday working. I have consistently made clear that the Employers' side would wish to talk further about this issue in an effort to reach a compromise - and I remain disappointed that the BMA has refused to negotiate on this issue. It seems to me that an inability by the BMA to find any room for manoeuvre on this outstanding issue is not helpful, if both sides are to reach a fair settlement.

I am pleased that we have reached agreement with the BMA on a new pay structure based on five pay points with pay progression linked to increased responsibility. The BMA has asked that the greatest rises occur at the earlier stages of the training career ladder – and we have agreed this. It has also been agreed that GP trainees should receive a significant pay supplement, of over £8000, to ensure pay parity with hospital based trainees, and that trainees electing for academic/research roles should have their pay protected to recognise their longer training path. Employers have proposed that trainees changing to 'shortage specialties' should have their pay protected, and that there should be an additional pay premia (£1500) paid to A&E ST4+ and Psychiatry ST1+; these additional payments have not been supported by the BMA, preferring 'fair pay' for all.

Payments for non-resident on call have also not been agreed. These staff are not required to be at their place of work for the period of on call duty unless they are required to attend, in which case they are paid full rates for the hours that they work. Our offer of a 10% maximum is less than the BMA would have liked at 20%, but it is more than that paid to consultants (or staff, associate specialist & specialist doctors), and is more than our original offer. Again it is unfortunate that we have not been able to reach agreement in negotiation with the BMA on what that rate should be.

Additionally, Sir David has written to the Secretary of State setting out the current negotiating position and this is attached at appendix 2.

3. **Appointments**

Following a lengthy tenure as Clinical Director for A&E, Francis Morris will be stepping down from 30 June 2016. Avril Khurt, currently a Clinical Lead in A&E, has been appointed to succeed him.

4. **Communications**

Perfect Patient Pathway become one of seven national NHS Test Beds for innovation.

The Sheffield City region has been announced as one of seven national 'Test Bed' innovation centres to take part in a major drive to modernise how the NHS delivers care. Test Beds are new collaborations between the NHS and innovators which aim to harness technology to address some of the most complex issues facing patients and the health service. Successful innovations will then be available for other parts of the country to adopt and adapt to the particular needs of their local populations.

The 'Perfect Patient Pathway', as the Sheffield City region Test Bed will be known, aims to create the 'perfect patient pathway' to bring substantial benefits for patients suffering from long term health conditions, such as diabetes, mental health problems, respiratory disease, hypertension and other chronic conditions.

By using new technology, coupled with new ways of delivering care, the intention is to keep patients 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.

A range of home-based monitoring devices and smart phone apps will mean patients 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 integrated intelligence centre to assess individual patient wellbeing and anticipate changing demands and patterns of care requirements in long term conditions both at patient and at a regional level, enabling a timely and effective response.

Initially the Perfect Patient Pathway will focus on people with three or more long term conditions, the vision of the programme is to create a model that will support holistic care for people, irrespective of age or condition, and that will be available across the country. Sheffield Teaching Hospitals NHS Foundation Trust is the lead organisation for the Perfect Patient Pathway which comprises 29 partners from health and social care, industry and academia.

Sir Andrew Cash OBE
Chief Executive
13 October 2015