Governing Body

Chief Officer and Chair’s Report

1. Chair – Sherwood Forest Hospitals NHS Foundation Trust

Sherwood Forest Hospitals has announced the appointment of their new substantive Chair, John McDonald, who is starting on 1 March 2017.

John is a highly experienced Chair and former NHS Chief Executive of three major teaching hospitals and has held previous NHS roles in Nottinghamshire and Derbyshire. He is currently Chair at University Hospitals of North Midlands and will be undertaking a dual role at both Trusts when he joins Sherwood Forest Hospitals next week. John is no stranger to this arrangement, having been the Chair of the Staffordshire Sustainability and Transformation Plan (STP) until recently.

Before joining the NHS, John worked with Touche Ross Management Consultants in the UK and has ten years’ experience working as an economist with international aid agencies in Africa and the Middle East.

More recently, he has supported numerous NHS Boards to create highly effective top teams as well as to develop successful Trust strategies.

2. National rollout of 111 Business Intelligence Tool

111 interactive reporting dashboard has been specifically developed to support the Urgent and Emergency Care (UEC) system by linking 111 activity data with secondary care data. It enables key questions about the UEC system to be answered quickly and intuitively, and allows the user to be in control of carrying out further analysis where needed. It also enables a better understanding of performance and pressures across the system.

The tool provides a ‘single version of the truth’ with data that is accessible at national, regional and CCG level. Users are able to aggregate the full range of data using the dashboard, rather than undertaking a manual exercise to pull together information from different systems. The tool includes a wide range of indicators which are offered flexibly within the system, giving the user the ability to drill down to gain intelligence around the cohort of patients they wish to analyse, understand and report on.

3. STPs and Five Year Forward View Delivery Plan

In March NHS England will publish a Five Year Forward View Delivery Plan that will set out what the NHS will deliver in the next two to three years, within the resources available. This Delivery Plan will explain the improvements the NHS will achieve through the extra investment planned for mental health and cancer services, and our priorities for strengthening general practice and improving hospital services. The Delivery Plan will describe the changes to urgent and emergency care that people can expect to see in the coming years, using technology to help patients get the
right care in the right place. It will also aggregate some of the changes planned in the 44 STP areas and describe the hard choices the NHS will need to make to live within it’s means.

The plan will be published on the 28 March 2017.

4. **GP Five Year Forward View Plan**

The CCG has submitted a GP Five Year Forward View Plan. The plan sets out the Greater Nottingham Clinical Commissioning Groups (NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG) plan to transform and strengthen general practice during 2017/18-2018/19. The plan describes how the CCGs will utilise national and CCG funding to improve access and support transformation. It has been developed in response to the General Practice Forward View and the NHS Operational Planning and Contracting Guidance 2017-2019 and therefore contributes to delivery of the 9 ‘must dos’ identified in the planning guidance as demonstrated in the Operational Plans 2017-2019 for each CCG in Greater Nottingham.

The plan describes the CCG’s vision for general practice and how quality in primary care will be improved whilst also ensuring its future sustainability. It is acknowledged that although the approach to delivery and the progress made to date by individual CCGs within Greater Nottingham differs in some areas, the overarching vision and aims are consistent across all CCGs and align with both the Nottinghamshire Sustainability and Transformation Plan 2016-2021 and the plan for Greater Nottingham. To reflect this, the document describes the overarching Greater Nottingham approach to primary care as well as including CCG specific chapters. To accompany this plan each CCG has developed its own delivery plan. The Primary Care Co-Commissioning Committee of each CCG will assume responsibility for implementation and delivery.

5. **Chair – Nottingham University Hospitals NHS Trust**

Louise Scull, Chair of Nottingham University Hospitals NHS Trust (NUH), has announced that she will be stepping down this summer.

Louise said: "Following much reflection, I have decided to step down as Chair after almost 12 years on the Board of Nottingham's hospitals. The relationship between Chair and Chief Executive is an important one for any organisation, and bringing forward the end of my tenure as Chair will allow my successor to be involved in the recruitment of NUH's new Chief Executive; a process which is now underway. The Trust Board continues to review arrangements for the next phase of our strategic partnership with Sherwood Forest Hospitals, looking at how the two Trusts will work with each other in the longer-term. A new Chair and Chief Executive will be best placed to shape this future relationship which will crucially support the delivery of the 5-year plan for the health and social care system in Nottinghamshire.

Louise has been in post as Chair since December 2013, following a period as Acting Chair in 2013. She has been a well-respected Non-Executive Director (NED) since the Trust was formed in 2006, and was a NED at Nottingham City Hospital leading up to the merger of QMC and Nottingham City Hospital when one of the largest acute trusts in the country was created.

Louise will remain as Chair until a permanent successor is appointed. The recruitment process started in February.

6. **Congestive Heart Disease NHS England Consultation**

In July 2016, NHS England published a set of proposals regarding the future commissioning of congenital heart disease (CHD) services for children and adults. They describe the actions which
NHS England propose to take in order to ensure a consistent standard of care for CHD patients across the country, for now and for the future.

NHS England propose to do this by implementing national service standards at every hospital that provides CHD services. The effect of the proposals, if implemented, will be that some hospitals will carry out more CHD surgery and catheter procedures, while others, which do not meet the relevant standards, will stop doing this work.

Services are based around a three-tiered model of care with specialist surgical centres (Level 1) managing the most highly complex diagnostics and care, including all surgery and interventional cardiology. At the next level are specialist cardiology centres (Level 2), which provide the same level of specialist medical care as Level 1, but do not provide surgery or interventional cardiology (except for one, specific minor procedure – atrial septal defect (ASD) closures, more commonly known as ‘hole in the heart’ – at selected hospitals treating adults. These Level 2 hospitals focus on diagnosis, plus ongoing care and management of CHD. At Level 3 will be local cardiology services, which are services in local hospitals run by general paediatricians/cardiologists with a special interest in CHD. They will provide initial diagnosis and ongoing monitoring and care, including joint outpatient clinics with specialists from Level 1 and 2 hospitals. These services are commissioned by local Clinical Commissioning Groups (CCGs), and not by NHS England.

The proposals include that Level 2 specialist medical care and interventional cardiology should cease at Nottingham University Hospitals NHS Trust.

Other proposals that could impact the Nottinghamshire area include Surgery and interventional cardiology for children and adults ceasing at University Hospitals of Leicester NHS Trust (UHL).

There is also an issue for NUH as they currently act as a level 3 provider to UHL and NUH may not be able to continue as a level 3 provider under the proposal. There will also be limited specialists in the Nottinghamshire area to support level 3 as outlined in the proposal.

Concerns have been raised by citizens in Nottinghamshire include whether services will be equitable for the region, travel distances for patients and the availability of paediatric beds.

7. Consolidated Channel Shift Model To Help Commissioners Plan Urgent And Emergency Care Services

NHS England, as part of its Urgent and Emergency Care (UEC) Review, has developed a Consolidated Channel Shift Model (CCSM) to help commissioners and providers to understand shift activity and what happens when interventions are put in place. The CCSM will help commissioners to plan strategically and facilitate service design. It sets out 16 intervention models which include ambulatory emergency care, co-location of urgent care centres, GP extended hours, care homes falls response training and rapid response services.

As an Urgent and Emergency Care Vanguard we were one of the test sites for the channel shifting models and were involved very closely with their development so have already worked through for our system 4 of the models. Since their launch as a tool we have been the training events and are planning to use them where appropriate in certain specific areas where we have not done so to date.

8. National Budget 2017

Below is a summary of the main points of interest for the NHS and the NHS workforce from the budget.
Health and social care

An extra £2bn in funding for social care across the next three years, with £1bn available in the next year to allow local authorities to act now to commission new care packages. This funding will act as form a bridge to the Better Care Fund, which becomes available towards the end of this parliament.

The government will produce a Green Paper to be published in the autumn setting out the options for the future funding of social care.

£325m investment in a small number of STPs that are ready ahead of schedule, to allow the plans to proceed.

Further investment where necessary for other STPs, with a further announcement in the Autumn Budget around a multi-year capital investment programme for the implementation of STPs across England.

£100m investment to place more GPs in accident and emergency departments for next winter.

Other announcements

Abolition of Class 2 National Insurance contributions and an increase in Class 4 National Insurance contributions from 9 per cent to 10 per cent in April 2018 and to 11 per cent in April 2019. This will mean the self-employed will pay the same contributions as employees with the same salaries.

£5m funding to support people returning to work after a career break.

The chancellor also reiterated the commitments made in the 2016 Autumn Statement around the apprentice levy, tax-free childcare and the planned rise in personal tax-free allowance.