

Report to Joint Health Overview and Scrutiny Committee of South Yorkshire, Derbyshire, Nottinghamshire and Wakefield 7 November 2019

Report of: Alexandra Norrish

Subject: Hospital Services Review

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Summary:

The Hospital Services Review of the South Yorkshire and Bassetlaw Integrated Care System has now completed. The Review has looked at how to make acute hospital services in the area more sustainable in the long term. The attached report is the final report of the HSR.

The report has been requested by the Scrutiny Committee to enable it to scrutinise the strategic development of acute hospital services and to be aware of any requirements around public consultation.

The report relates to the acute providers in Barnsley, Chesterfield, Doncaster and Bassetlaw, Rotherham, Sheffield Teaching Hospital, and Sheffield Children's Hospital. It does not include Mid Yorkshire NHS Foundation Trust.

In summary, the Report recommends that:

- The system should take forward **shared working** between the Trusts, focused on developing Hosted Networks, as an important vehicle for transformation going forward.
- The **transformation** agenda should continue to go forward, in particular with a focus on strong workforce planning across the system, and development of new models of care and patient pathways, through shared working. This approach of collaboration was strongly supported by public engagement.
- Since it cannot be guaranteed that transformation will address all of the challenges, and unplanned workforce issues can arise at any time, a **monitoring** system with early warning signals should be put in place at a

system level, and transformation will be kept under ongoing review.

- On **reconfiguration**, the system recognised the potential benefits but also that reconfiguration carries a risk of unsettling the workforce and thereby destabilising the system. There is also the challenge that while reconfiguration significantly reduces demand for workforce on the site that is reconfigured, it has only a small effect in terms of reducing the demand for workforce overall at system level. The group felt that reconfiguration should therefore only be taken forward if it was felt that the system could not be made sustainable without it.

The only site where this was felt to be the case is in paediatrics at Bassetlaw which, due to staff shortages, has already had to transfer children requiring overnight admission to Doncaster Hospital. Bassetlaw continues to have obstetrician lead maternity services but the report highlights the challenges in staffing the 24/7 service. The report recommends that Bassetlaw CCG, and Doncaster and Bassetlaw NHS Foundation Trust, should continue to look at the options around reconfiguration.

- **Public engagement:** Any proposed permanent change to services will need to go through public engagement, and (following discussion with the relevant Overview and Scrutiny Committee) the CCG may consider formal consultation with patients and the public. The timing of such a consultation and other issues that may also be included in a consultation process are matters for the CCG to consider.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	X
Other	

The Scrutiny Committee is being asked to:

Consider the recommendations of the report.

If any individual CCGs choose to take forward recommendations around reconfiguration in their own areas they will engage with individual Overview and Scrutiny Committees as required, in addition to keeping the JHOSC engaged.

Background Papers:

The final report of the HSR and its appendices are attached.

Category of Report: OPEN

Report of the Programme Director of Hospital Services – Final Report of the Hospital Services Programme

1. Introduction/Context

- 1.1 Over the last two years, the South Yorkshire and Bassetlaw (SYB) health and care system has been considering how best to support the long term sustainability of acute hospital services in South Yorkshire and Bassetlaw (SYB), Mid Yorkshire and North Derbyshire (SYB(MYND)).

Analysis of the options has now been completed, and the conclusions are laid out in the final report. A draft of the final report which was discussed in public at CCG Governing Bodies has been in the public domain since August and the final version will be published shortly, following agreement of the report by the Joint Committee of Clinical Commissioning Groups.

The JHOSC has received regular reports on the development of the Hospital Services Review and have requested the current update on the recommendations of the final report.

2. Main body of report, matters for consideration, etc

2.1 Main issues

In summary, the Report recommends that:

- The system should take forward **shared working** between the Trusts, focused on developing Hosted Networks, as an important vehicle for transformation going forward.
- Hosted Networks will work in three ways: Level 1 will focus on shared approaches to workforce, clinical standardisation and innovation; Level 2 will involve a higher level of sharing resources across the system; and Level 3 will consist of a closer relationship with one Trust providing or supporting services on another Trust's site(s).

All of the Trusts will participate in setting up 'level 1' Hosted Networks for maternity, paediatrics, gastroenterology, stroke and Urgent and Emergency Care. These will focus on developing a shared approach to workforce and to developing the same clinical standards across all sites.

Sheffield Children's Hospital is also looking at developing a 'level 3' Hosted Network with Doncaster and Bassetlaw for paediatrics. The level 3 network allows for Trusts to work together in a more structured way to enhance patient services, helping with (for example) recruitment and training of workforce, and developing the clinical pathways and service model. Other NHS Trusts have developed similar models at a national level, for example Alder Hey supports paediatrics services in a number of hospitals nationally. The options and opportunities around this model are at an early stage and will be explored with staff and patients as they develop.

- The **transformation** agenda should continue to go forward, in particular with a focus on strong workforce planning across the system, and development of new models of care and patient pathways, through shared working. This approach of collaboration was strongly supported by public engagement.
- Since it cannot be guaranteed that transformation will address all of the challenges, and unplanned workforce issues can arise at any time, a **monitoring** system with early warning signals should be put in place at a system level, and transformation will be kept under ongoing review.
- On **reconfiguration**, the system recognised the potential benefits but also that reconfiguration carries a risk of unsettling the workforce and thereby destabilising the system. There is also the challenge that while reconfiguration significantly reduces demand for workforce on the site that is reconfigured, it has only a small effect in terms of reducing the demand for workforce overall at system level. The group felt that reconfiguration should therefore only be taken forward if it was felt that the system could not be made sustainable without it.
- The only site where this was felt to be the case is in paediatrics at Bassetlaw which, due to staff shortages, has already had to transfer children requiring overnight admission to Doncaster Hospital. Bassetlaw continues to have obstetrician lead maternity services but the report highlights the challenges in staffing the 24/7 service. The report recommends that Bassetlaw CCG, and Doncaster and Bassetlaw NHS Foundation Trust, should continue to look at the options around reconfiguration.

Bassetlaw faces particular challenges, owing to its size and geographical location. In 2016/17 the paediatrics services at Bassetlaw faced a significant level of challenge around the safety and sustainability of the service, following a sudden exacerbation of workforce challenges. In January 2017, as an immediate response, Doncaster and Bassetlaw NHS Foundation Trust, in discussion with commissioners and the Nottinghamshire Overview and Scrutiny Committee, made an emergency and temporary change to the inpatient paediatric service, turning it into a 7 day a week consultant led Paediatric Assessment Unit with overnight admissions being transferred to Doncaster Hospital.

Clinicians consider that the Bassetlaw paediatrics service has been sustainable since the changes made in January 2017, with no detriment to clinical outcomes and no formal complaints related to the new model of care.

The Hospital Services Review considered whether Doncaster and Bassetlaw had been able to address these issues through working across the sites, or whether a transformation model of collaboration between sites could relieve workforce pressures enough to allow for the re-opening of the overnight inpatients service.

The Review found that underlying challenges with staffing that led to the original concerns at Bassetlaw have not been resolved, as shown by ongoing recruitment challenges for the Trust, SYB as a whole, and at

national level. Considering the possible impact of transformation, it was felt that the workforce gap across the system is likely to increase, as shown in the modelling around the shortfall of workforce across the system, and national concerns about the shortages of paediatricians and specialist children's nurses.

It was felt that the challenges that all SYB Trusts face are exacerbated by Bassetlaw's geographical position and the demography of its local population, which makes it more difficult to rotate staff across sites or build a locally-recruited workforce. It was therefore felt to be unlikely that transformation alone would be able to improve the sustainability of Bassetlaw enough for it to return to running an overnight inpatient unit.

As a result of the specific challenges for Bassetlaw the report considered the future sustainability of maternity services at Bassetlaw. There are challenges in maintaining neonatology services at Bassetlaw, which in turn make it difficult to sustain a 24/7 obstetrics unit. The report therefore also invites the Bassetlaw commissioners, working with the Trust, to consider how to ensure that women in both areas have access to the appropriate acuity of services.

- **Public engagement:** Any proposed permanent change to services will need to go through public engagement, and (following discussion with the relevant Overview and Scrutiny Committee) the CCG may consider formal consultation with patients and the public. The timing of such a consultation and other issues that may also be included in a consultation process are matters for the CCG to consider.

2.2 Implications

- **Financial implications:** the main financial implication of the proposals for the system as a whole is around the cost of setting up and supporting the Hosted Networks.
- **Equality implications:** the aim of the Hospital Services Review is to provide the residents of South Yorkshire and Bassetlaw with a more equitable healthcare system. The aim of the Networks is to standardise workforce and clinical standards across the system so that patients receive the same standards of care regardless of which site they are on, and so that they have easier and quicker access to more specialised services should they need them.

We have also considered the equality implications for patients at Bassetlaw. Some of the rural populations who use Bassetlaw hospital are more geographically remote. To reduce the impact of service change, the Trust already has support in place to allow patients to be transferred between sites and to assist families who need to reach the Doncaster site.

- **Risks:** commissioners and providers are aware that either approach (just transformation, or transformation with reconfiguration) may carry risks. The workforce conditions across the NHS remain extremely challenging. In this context, there is a risk that reconfiguration could destabilise the current workforce, or that retaining the same configuration could be unsustainable. To address this the system is putting into place an approach to monitoring

performance through and key risk factors, to identify challenges before they emerge.

3 What does this mean for the people of South Yorkshire and Bassetlaw?

3.1 Implications

The proposals will impact on the quality of acute services that patients receive on the hospital sites. In the case of Bassetlaw, the Paediatric Assessment Unit model has been in place since 2017 so the local population would see the continuation of this model. It is possible that other potential changes e.g. to maternity might impact further on the local provision of services.

3.2 Public engagement so far

The Integrated Care System has engaged with patients and with members of the public throughout the process of the Hospital Services Review.

- A number of large open events were held throughout the two years of the Review;
- there were further individual events within each Place, run by Clinical Commissioning Groups;
- there has been a programme of targeted activity focused on seldom heard groups, to ensure that people such as BME communities, asylum seekers, the traveller community, the LGBT community and people with disabilities including the Deaf community;
- there have been targeted, qualitative discussions of the final recommendations with groups of women with babies and toddlers. These took place in parallel with the final recommendations being discussed by Governing Bodies of the CCGs, and informed discussion by the Joint Committee of CCGs.

Reports of all of the public engagement that has been undertaken are available on the ICS website, and the ways in which the public engagement has informed the development of the recommendations is laid out in the annexes of the final report.

4. Recommendation

- 4.1 The Committee is asked to consider the proposals and provide views and comments.