

South Yorkshire and Bassetlaw Accountable Care System: Hospital Services Review

Written Update for use in public Trust Boards and Governing Bodies

Current as of 27th October 2017

INTENDED AUDIENCE AND PURPOSE

- This briefing is intended for members of the Boards and Governing Bodies of the trusts and CCGs participating in the SYB Hospital Service Review (HSR). It updates Boards and GBs on progress and next steps on the HSR. It is intended for inclusion in public Board / Governing Body papers.

SUMMARY

- **Timelines and objectives.** The Review commenced in June 2017 and will run over a ten month period, concluding with a final report to be published at the end of April 2018. The final report will make recommendations on how unsustainable services could be made sustainable, and on the future role of the DGH in South Yorkshire and Bassetlaw.
 - **Progress to date.** The Review has completed Stage 1A and identified a final shortlist of five unsustainable services. This shortlist was agreed by the Partnership Board and Oversight and Assurance Group. It was made public in a report published on 27th October, accompanied by a Technical Annex, a report on public engagement so far, and the Terms of Reference for the Review. A communications strategy for staff and the public is in place.
- Alongside this the Review has also collected a large amount of data from trusts which is being analysed for discussion and presentation in Clinical Working Groups, which started 23rd October.

THE SECTION 1A REPORT

- The report lays out the process for agreeing which services the Hospital Services Review should focus on, and the shortlisted services. The report has been agreed by the Review Steering Group, JCCCG, Provider Federation, SYB Collaborative Partnership Board and Oversight and Assurance Group.
- The top five services that the Review will focus on are:

Service	Scope in CWG encompasses
Urgent and Emergency Care	<ul style="list-style-type: none"> • ‘front door’ hospital services such as A&E or equivalent, plus Medical Assessment Units
Maternity	<ul style="list-style-type: none"> • antenatal and perinatal services (including in relevant community settings), Early Pregnancy Assessment Clinics, obstetric, midwifery led units and neonatal units

<p>Care of the Acutely Ill Child</p>	<ul style="list-style-type: none"> • Paediatric A&E; Paediatric Assessment Units and acute inpatient paediatric beds
<p>Gastroenterology and endoscopy</p>	<ul style="list-style-type: none"> • Urgent and emergency and elective gastroenterology, particularly around GI bleed services and the structure of acute rotas; and U&E and elective endoscopy. Children’s GI bleeds will be considered in this workstream.
<p>Stroke</p>	<ul style="list-style-type: none"> • this takes into account the HASU proposals which have been defined by the Stroke review and as such the Review will look at Acute Stroke Units, supported discharge / and rehabilitation

COMMS AROUND THE PUBLICATION OF THE REPORT

The Section 1A Report was published on 27th October. The timings were as follows:

- 23rd-26th October – Comms leads in trusts co-ordinated communications to staff. Supported by materials laying out key messages for all staff, key messages for staff in the shortlisted specialties, and Q&A
- 27th October – Report was published, alongside the Technical Annexe, the Terms of Reference of the Review, and the report on public engagement so far. Comms were co-ordinated by the ACS comms team and media coverage was led by Chris Welsh, Independent Review Director, and Des Breen, Medical Director for the ACS

The key messages were:

- SYB has some excellent services but we know that there are also increasing challenges with workforce, quality and equality of care going forward: the current system is not sustainable
- We are committed to keeping all of our general hospitals
- We are looking at how hospitals can work together better and we can make better use of our staff and equipment to make services higher quality and safer
- We need all of our staff – we might ask staff to work in a different way or in different places but we do not anticipate that there will be any job losses as a result of the Review.

CLINICAL ENGAGEMENT

During October and November the Hospital Services Review team will be convening a series of Clinical Working Groups, to help to develop the recommendations of the Review. There are five Working Groups (one for each of the five core specialties). Each will meet three times, to discuss:

- Session 1: The main problems with the service
- Session 2: Possible models to address these problems
- Session 3: Implications for South Yorkshire and Bassetlaw, and how far the models meet the evaluation criteria.

Each trust has been asked to nominate two representatives, so the groups include a range of clinicians, nurses, general managers, and AHPs. The groups also include commissioner representatives, GPs, the ambulance service, and community providers.

ENGAGEMENT WITH STAFF

In the week of the 23rd October, all Chief Execs and Medical Directors were asked to work with their staff, to ensure that staff across the Trusts were aware of the Review and its process so far. Trusts were asked to particularly ensure that they had briefed the staff working in the 5 specialties that will be the focus of the Review.

Going forward, the members of the Clinical Working Groups will be asked to discuss the content of the discussion, and the developing solutions, with their colleagues in the 5 key specialties. This conversation will be supported by a one page summary of each of the CWG meetings, which will lay out key messages agreed by the members of the CWG. This will be drafted by the Review team, signed off by the comms team in each trusts and circulated within 48 hours of the meeting.

PUBLIC ENGAGEMENT

We need to be transparent and engage the public at every stage of developing proposals. We will hold:

- Individual events for seldom heard groups in each of our 7 Places
- A telephone survey to capture the views of people from across the population, and not just those that self-select
- An online survey so that anyone who wants to can respond
- One region wide event for the public and smaller events in each Place

The main questions that people will be asked are:

- What are the main problems in relation particularly to the services we are focusing on
- What would they like to see services look like / do they know of other examples elsewhere
- What is most important to them in terms of the evaluation criteria.

These questions parallel the issues that will be discussed with clinicians in the Clinical Working Groups.

EVALUATION CRITERIA

The ideas that the Clinical Working Groups develop will be assessed against a number of evaluation criteria. These will be confirmed over the coming weeks.

The draft criteria have been developed based on the Terms of Reference of the HSR, and on the criteria used by similar reconfiguration processes in the NHS. They have been discussed with the Steering Group, the JCCCG, the Partnership Board and the Oversight and Assurance Group. To reach a shortlist of the most important evaluation criteria, we will ask the Steering Group to vote, as well as asking the views of the public.

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