

South Yorkshire and Bassetlaw Accountable Care System: Hospital Services Review

Written Update for use in private Trust Boards and Governing Bodies

Current as of 7th December 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 private Board / Governing Body papers.

SUMMARY

- **Progress to date.** The Review has now completed the first three rounds of work with clinicians, focused on Clinical Working Groups for each of the five specialities that the Review focuses on. The Review team have also held their second SYB-wide public event, and feedback from patients and the public is being used to inform options going forward.
- **Next steps.** A short summary of the evidence from the Review so far will be published in January. Alongside this, the Review team will be working up options in more detail for the beginning of January. The options for modelling will be agreed by the end of January and will be modelled in February. Options will be evaluated and the report drafted in March, ahead of completion of the report at the end of April.

CLINICAL WORKING GROUPS

- The Hospital Services Review focuses on 5 key services (Urgent and Emergency Care, Stroke, Gastroenterology and Endoscopy, Maternity and Care of the Acutely Ill Child). There is a Clinical Working Group for each of these specialties. The CWGs have each met three times, to discuss the main problems; practical solutions to these problems; and the best configuration of services to support long term sustainability. No decisions have yet been taken and the outcome of the Review is dependent on the analysis that will be done over the next 4 months.
- The main themes that have emerged from the engagement so far include:
 - **Workforce:** The groups felt that we can optimise the use, retention and training of current staff if we work as a single footprint. This should include a joint approach to training and development; and consistent approaches to training and using the alternative workforce / apprenticeships; pay and conditions; and locum pay. Different structures could support this including a single employer in which all organisations had an equal say.
 - **Clinical standardisation:** we should have standardised clinical pathways across the footprint, and a reduction in unwarranted clinical variation.
 - **Reconfiguration:** the groups all agreed that the current configuration of services is unsustainable. In general most of the groups were supportive of a dynamic of 'pairing' sites to reduce the amount of travel that patients and staff would have to do, although modelling is required to test this.

- **Enablers:** e.g. IT. The group agreed that these need to be looked at across the footprint; this work is being taken forward elsewhere in the ACS workstreams.

ENGAGEMENT WITH THE PUBLIC

- The Accountable Care System Comms team have been working with Comms teams in all trusts, as well as Healthwatches and the voluntary sector on the comms strategy. The main elements include an online survey to establish people's priorities for services and for the evaluation criteria; face to face sessions in most Places (ongoing); stalls in the reception areas of some of the hospitals (ongoing); sessions with seldom heard groups; a telephone survey which matches the demographic makeup of SYB; and a footprint-wide engagement event on 6th December.
- Ideas from the public engagement events which the HSR team are looking at include the need to make SYB a more attractive place to work and make more use of apprentices; closer working with mental health and social care; and clarity around patient transport.

ENGAGEMENT WITH STAFF

- As part of the Clinical Working Groups, a short writeup of each of the CWG meetings has been sent to CEOs, Medical Directors, Comms teams, and CWG members in each Trust. The CWG members have been asked to discuss these with their teams, and to report back the discussions.
- Feedback from staff is that engagement so far has been mixed. Some staff signed up for the public engagement event because they had heard limited information from their Trust, suggesting that it would be helpful if Trusts could continue to engage and discuss the HSR.
- The Review team have done a round of site visits, and Chris Welsh as the Independent Review Director will do a further round of site visits in the New Year.

STAGE 1B REPORT

- As part of the Review's commitment to being 'Honest and Clear' we will be publishing a second short Interim Report in January. This will effectively cover the materials that we have presented in the public engagement sessions: the problems in each service, some case studies of good practice, and an update on evaluation criteria and public engagement. It will identify key themes (as above) but will not include proposals or options. The draft report will go to the Steering Group on 14th December and will be signed off by the appropriate governance groups in January.

EVALUATION CRITERIA

- The team sought views from system leaders, clinicians, and patients and the public on their priorities for evaluating the options. The priority criteria were workforce; interdependencies; access; quality; safety and affordability.

NEXT STEPS

- The Review team will be working up options in more detail for the beginning of January. The options for modelling will be agreed by the end of January and will be modelled in February. Options will be evaluated and the report drafted in March, ahead of completion of the report at the end of April.

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