Update on the Hospital Services Programme for the Joint Health Overview and Scrutiny Committee

1.0 Introduction

1.1 This paper describes the issues and options laid out in the Strategic Outline Case (SOC) on Hospital Services that has been developed by the providers and commissioners of South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire (SYBMYND). It lays out the background to the SOC; the key challenges relating to the long term sustainability of acute services; the proposals described in the SOC; the clinical and public engagement that has been undertaken so far and which will be delivered going forward; and the next steps.

2.0 Background

2.1 One of the workstreams within the Integrated Care System (ICS) is focused on the sustainability of acute services. The challenges facing the ICS around acute care (care concerned with short term or severe illness that requires treatment at a hospital) were identified in the 2016 Sustainability and Transformation Plan (STP). SYBMYND, like systems across the NHS, is facing increasing demand for acute care, due in part to an ageing population; changes in healthcare are rapidly changing the ways and places in which care can be provided; there are significant shortages of workforce; and there are financial pressures.

2.2 In response to the STP, the system launched an independent Hospital Services Review (HSR) in June 2017 to look at the issues around the sustainability of acute services. The recommendations of that Review were published in May 2018. The system's response and statement of intent around how it will take forward the recommendations of the HSR is published in a Strategic Outline Case (SOC) which is being signed off at the time of writing by CCG Governing Bodies.

3.0 The geographical areas and organisations covered

3.1 The independent Review, and now the SOC, covers the footprint of the original Working Together Vanguard. This consists of the commissioners and providers in SYB (Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield) as well as the providers Mid Yorkshire NHS Hospitals NHS Trust, and Chesterfield Royal Hospital NHS Foundation Trust, and their commissioners.

3.2 These organisations are included because the flows of patients mean that the providers are interconnected. However Mid Yorkshire and Chesterfield are also members of other STPs, and of networks outside SYB. As such, some of the SOC proposals do not apply to them: Mid Yorkshire is not included in the recommendations around reconfiguration, and is considering how far it wishes to be engaged in the recommendations around closer working; Chesterfield is included in all recommendations, but would not in the first stage be a full Host for a Hosted Network.

4.0 Identifying unsustainable services

Definition of sustainability

4.1 The STP said that SYB faces a number of challenges around the sustainability of its acute services. Sustainability was defined by the independent Hospital Services Review (HSR) as meaning:

- There are enough patients to operate a safe and efficient service;

- There is an appropriate workforce to meet staffing needs;
- There are interdependent clinical services in place, and in reach, to operate core clinical services safely and effectively; and,
- The service is likely to be deliverable within the resource envelope that is likely to be available.

Assessing the sustainability of services

4.2 The HSR began by looking at the sustainability challenges across all the acute services provided in SYBMYND. Services were reviewed through three 'lenses': their performance according to publicly available data such as delivery of national targets; concerns raised by providers themselves; and the degree of interdependency with other services. Each service was given a sustainability score. The sustainability score indicated that a number of services in SYBMYND were facing significant challenges. In order to reach a final list from the 15 most unsustainable services the HSR sought views from commissioners, NHS England and Health Education England.

4.3 The services which were finally identified as the focus of the HSR were not simply the top scoring services, although all but one appeared in the shortlist of the 15 most unsustainable. They were selected as being services where there was significant potential to improve acute services more widely, if that one service was strengthened. Maternity, which was not in the top 15, was added because of its interdependencies with paediatrics, and concerns raised by the CQC in some services.

The services which the Review focused on

4.4 The Review chose to focus on Urgent and Emergency Care, Care of the Acutely Ill Child (paediatrics), maternity, stroke, and gastroenterology and endoscopy.

5.0 Challenges

5.1 The STP identified challenges across the whole system, such as increasing demand, financial pressures, changes in ways of providing care. In addition, the HSR looked at specific challenges in the five services, and worked with the Clinical Working Groups (CWGs) to explore the underpinning reasons for these challenges.

Challenges in Urgent and Emergency Care (UEC)

5.2 The Clinical Working Group identified the following key challenges in UEC:

Workforce
- Significant gaps in rotas across all clinical grades and disciplines, including medics and nurses, and in particular at mid-grade level.
- Over-reliance on agency and locum members of staff, in particular Band 5-6 nurses.
- High rates of staff leaving and increased competition for limited workforce. This was attributed to the demanding nature of the job, which particularly affected mid-grade doctors; members of the group suggested that medical students were put off applying for a specialty in UEC because of the demanding hours.

Managing demand, capacity and flow
- Historical trend of providers not meeting the four-hour Accident & Emergency (A&E) waiting time standard.
- Ageing population and changing disease profile, leading to increased demand for emergency services.

- Rising attendance and admission rates.
- Increasing awareness of performance targets and growing patient expectations.
- Complex patient pathways often requiring multi-disciplinary working.

Challenges in Care of the Acutely Ill Child

5.3 The Clinical Working Groups identified the following key challenges in paediatrics:

Workforce
- Low fill rates, below the national average, across Yorkshire and the Humber. This particularly relates to middle grade, junior doctors and nurses. Members of the CWG pointed out that there are shortages at national level, and that the problem affects some trusts much more than others, with Sheffield Children's Hospital finding it easier to recruit owing to its reputation and specialism.
- High rates of trainees leaving the region. A number of reasons for this were explored including the competitiveness of roles in for example London.
- Significant workforce gaps in paediatrics impact negatively on other services, e.g. neonatology.

Training, education and capacity in the community
- Inequitable access to and availability of paediatric primary care services across the region.
- Substantial variation in the service provision and operating hours of community nursing teams.

Demand on paediatric emergency departments
- Rising patient expectations and increasing waiting times for routine appointments have resulted in growing demand for emergency departments.
- Limited co-ordination and communication across sites to manage demand / capacity

Challenges in Maternity

5.4 The data gathered from the participants in the Clinical Working Groups identified the following key challenges in maternity:

Workforce
- High proportion of unfilled posts across the footprint, due to difficulties in recruiting and retaining staff. This is applicable to all grades and professions, in particular staff grades, midwives and trainees; half of all training posts were vacant in the region. A specific issue about training posts (which was also raised in other CWGs) was SYB's position within Yorkshire and the Humber. A number of group members said that medical students were put off applying to Y&H, since their placements could be distributed across a wide geographical area, which made it difficult to settle in one place during training.
- Unsustainable and costly reliance on locum / agency clinicians.
- Ageing demographic of nursing and midwifery professionals, presenting a challenge to longer term sustainability.

Changing complexity of patients
- Increased number of highly complex patients requiring specialist care and additional resource.
- Reduced threshold for referrals into acute services is increasing demand, as are public health factors.

Consistency of care and quality standards

- High degree of unwarranted variation across trusts, in both process and outcomes
- Significant variation in neonatal mortality and stillbirth rates across the region

Challenges in Stroke

5.5 Recent reviews on the safe provision of care at hyper-acute stroke units has led to the proposed consolidation of hyper-acute and acute services across SYB. The HSR did not re-visit the work that had already been done around the size of units and the availability of workforce for the HASU transformation, since a commitment had already been given to retain Acute Stroke Units.

5.6 The data gathered from the participants in the Clinical Working Groups identified the following key challenges in stroke:

Workforce

- Shortage across the network of specialist stroke staff.
- Difficulties in recruiting and retaining, leading to gaps in the workforce. Stroke nursing in particular was identified as being physically demanding, since it involves moving and lifting patients, which contributes to a high rate of staff leaving.
- Funding shortage for therapists.
- Challenges in providing fully staffed rotas, despite exploring paying above cap for locum cover.

Access to service and flow

- There were a number of points during the stroke patient pathway where patients were transferred between services, which could result in delays, or breakdown of information transfer.
- Significant variation between Places / Trusts in the provision of services out of hours and on weekends.
- Cross-site variation in length of stay for comparable patients.
- Recognised inequity in the services commissioned and offered throughout the region, for example rehabilitation.
- Considerable variation in sites' ability to meet the required national standards.

Challenges in Gastroenterology and Endoscopy

5.7 The data gathered from the participants in the Clinical Working Groups identified the following key challenges in gastroenterology and endoscopy:

Workforce

- Significant workforce gaps, particularly in consultants and nurses, resulting in unsustainable out-of-hours and weekend rotas. Some group members raised concerns that some of the work, particularly in endoscopy, involved less variety than some nursing roles and so led to higher turnover of staff with people looking to gain new experience.
- Increased competition with private sector for limited workforce, since endoscopy in particular is now provided by a number of private sector providers.

Demand

- Increased number of highly complex patients requiring specialist care and additional resource.

- Reduced threshold for referrals into acute services is increasing demand, as are public health factors.

Inequality in access and variation in service provision

- Disparity in the provision of a robust, out-of-hours gastrointestinal (GI) bleeds rota.
- Difference in patient transfer protocols, including acceptance and repatriation.
- Variation in the standard of equipment available across the system.

6.0 Developing proposals based on the case for change

6.1 The information laid out above highlights the scale of the challenges that the SYBMYND trusts are facing, particularly in relation to workforce. Based on the nature of the challenges, and the issues that were identified in the Clinical Working Groups and public sessions, the Strategic Outline Case identifies three sets of proposals:

- Strengthening shared working across the trusts through Hosted Networks and innovation and workforce, to strengthen the ability to recruit, develop and retain staff, and to provide more consistent patient care.
- Transformation to make better use of the workforce and ensure that patients receive care in the best setting.
- Reconfiguration of some services (paediatrics, maternity and gastroenterology) if transformation alone cannot tackle the issues.

7.0 Proposals: Hosted Networks (HNs)

7.1 During the HSR, clinicians and executive teams described a wide range of challenges that result from Trusts not working together closely enough, and the inequalities in patient care and patient experience that result from this. A number of staff described work that they have done collaboratively through existing mechanisms such as the Working Together Vanguard, Managed Clinical Networks and Operational Delivery Networks. A common theme was that current shared working, which was based on voluntary collaboration, had limited traction.

7.2 The SOC therefore proposes a structure of Hosted Networks, which will bring the Trusts together to work jointly on specific services. The Hosted Networks are being designed at present. The intention is that there will be three levels of HN: level 1 will cover clinical standardisation and alignment of approaches to workforce such as use of the alternative workforce; level 2 will look at managing capacity more effectively across Trusts; and level 3 would involve a lead trust helping to support delivery of a service at one or more other sites in the area, at their invitation. The intention is that the HNs will be backed by more organisational levers to ensure that the decisions they reach are implemented.

7.3 The Hosted Networks are being developed in a series of workshops during the Autumn and the aim is to begin implementing them in April 2019.

8.0 Proposals: the Innovation Hub

8.1 The engagement with clinicians and the public found that while individual Trusts were often developing innovative approaches, these did not spread widely across the system. An Innovation Hub is being designed that will aim to identify major problems that could be solved by innovation; work with the Academic Health Science Network (AHSN) to find solutions; and support rollout to Trusts. The aim is to begin development and implementation of the Hub by April 2019.

9.0 Proposals: the Health and Care Institute

9.1 Much of the work across the system will require support on workforce planning and workforce development. In order to support this, a Health and Care Institute will be established that will draw together functions for workforce support across the system, and provide support to Trusts. The Institute will have a particular focus on working with schools across SYB to encourage young people to consider a career in the health service.

10.0 Proposals: Transformation

10.1 In order to make the system more sustainable in the long run, we need to address the challenges of rising demand and workforce shortages. We need to ensure that patients are being treated in the most appropriate place, rather than spending unnecessary time in acute hospitals; and that we are making the best use of our existing and available staff. This will be the focus of work initially by the Clinical Working Groups and ultimately by the Hosted Networks.

10.2 Care in the most appropriate setting: The STP said that SYB would focus on caring for people as close to home as possible. There is already a major workstream focused on this across the Places of SYB. The Hospital Services work will contribute to this through work in the Clinical Working Groups to assess, for the 5 services in the HSR, which activity needs to be delivered in an acute setting; what could be moved elsewhere; and what would be required to support such a move.

10.3 Workforce: given the existing and future pressures on the healthcare workforce, we need to ensure that we are making the best use of the staff that we have available to us, and that we are thinking creatively about new roles. The Clinical Working Groups will be asked to consider existing best practice / guidance, and to develop new thinking, about how SYB might make the best use of new roles such as Advanced Medical Practitioners to meet and alleviate workforce pressures.

11.0 Proposals: Reconfiguration

11.1 The aim of the Hospital Services programme will be to put existing services onto a sustainable footing wherever possible. However, in some services, the independent Hospital Services Review came to the conclusion that transformation and shared working alone would not be enough to meet the challenges, and in some cases that there were also potential quality gains to be made by changing the configuration of services.

11.2 The Strategic Outline Case lays out how the system is planning to take forward work to develop and test reconfiguration options. The modelling suggests that the existing number of A&Es and acute stroke units is sustainable so changes in these specialties will focus on developing the clinical model.

Urgent and Emergency Care

11.3 The SOC states that South Yorkshire and Bassetlaw and North Derbyshire (SYBND) will retain all of its A&E departments. This is based on the future availability of consultants: if SYB gets its fair share of trainees available at national level, there will be sufficient consultants to meet national standards around consultants in the current configuration.

11.4 Significant challenges will remain in mid-grades and the transformation work will address this. There will also be work to consider what the staffing model should look like in A&Es, and the implications of any other reconfiguration changes for A&E.

Stroke

11.5 The SOC states that, once the reconfiguration of Hyper Acute Stroke Units has completed across SYBMYND, all the existing sites which have Acute Stroke Units should retain them. However we will explore options to support staffing these with consultant teams working to support HASU and ASU-only sites, and to standardise the rest of the stroke pathway.

Care of the Acutely Ill Child

11.6 The SOC states that there are significant challenges to the sustainability of inpatient paediatric units in SYBND. The workforce challenges, as identified above, are significant and are not likely to be addressed in the medium term, as there is a national shortfall of paediatricians. The shortage of paediatricians also puts significant pressure on neonatology, since paediatricians at District General Hospitals tend also to cover neonatology.

11.7 The SOC therefore says that SYBND will look at options for paediatrics going forward. This includes changes to the clinical model, including looking at changing 1 or 2 Paediatric Inpatient Units into Paediatric Assessment Units, which would be open during the day. The early modelling suggested that this would strengthen the ability of all units to meet national standards, with 2 units coming close to the standards while minimising service change as far as possible. Further work will be undertaken to model the service models, workforce roles, and options in more detail at a site-specific level.

Maternity units

11.8 The SOC states that there are two main challenges to maternity services going forward: a shortage of midwives, and interdependencies with paediatrics.

11.9 Obstetric services and paediatrics are interdependent: if a site does not have 24/7 paediatrics, and thus the capacity to provide 24/7 neonatology, this has implications for whether it can provide obstetrics. A site could still provide Midwifery-Led maternity services, even without neonatology on site, since the babies and mothers in a Midwifery-Led Unit (MLU) are lower risk.

11.10 The SOC says that the Clinical Working Groups will be asked to look at a range of models, from national and international examples, to test whether there are other ways of addressing the interdependency between obstetrics and paediatrics. The modelling will consider a range of options, including moving to an MLU on the 1 or 2 sites which would move to having a Paediatric Assessment Unit.

11.11 The HSR noted that reconfiguration will not address challenges with shortages of midwives, since the number of midwives needed is linked to number of births; therefore this does not change significantly even if the configuration of services changes. Any growth in midwife numbers between now and 2021/22 would help to close the current gap, but the focus will need to be on improving recruitment levels through the Hosted Networks.

Gastroenterology and endoscopy

11.12 The SOC says that the current cover for emergency gastrointestinal bleeds, out of hours, is inconsistent and patchy. Some trusts are able to run GI bleeds rotas 24/7 independently, while others are unable to provide an adequate level of cover independently whilst also maintaining their general medical rotas.

11.13 Based on this the SOC proposes to consolidate the emergency out of hours GI bleed rota onto 3 or 4 sites, with transfer for patients to those services as required.

12.0 Timeline for reconfiguration workstrand

12.1 The aim over the next 12 months is to develop options and clinical models by the end of 2018; agree a preferred set of options to go to NHS England in early summer 2019; and go out to public consultation in autumn 2019. This timing may be subject to change as external events could affect the timing.

13.0 Clinical engagement

13.1 In addition to public engagement, there is a clear requirement laid out in NHS England guidance for clinical engagement in any changes to health services. The HSR established five Clinical Working Groups which provided the clinical input into the HSR, and the membership of these has now been refreshed and enlarged for the next stage of work. Each specialty CWG will consist of the clinical and nursing leads from each Trust; other clinicians as required e.g. a neonatologist or a therapist; a junior doctor; representatives from the mental health and community Trusts, and the two Ambulance Services; and up to three representatives from primary care.

13.2 In addition, the ICS communications team and the Hospital Services team have worked with staff, both via Trust communications teams and directly, to disseminate messages and to invite staff to comment e.g. through the online survey or events. Staff are engaged through monthly meetings of the Staff Partnership Forum.

14.0 Public engagement

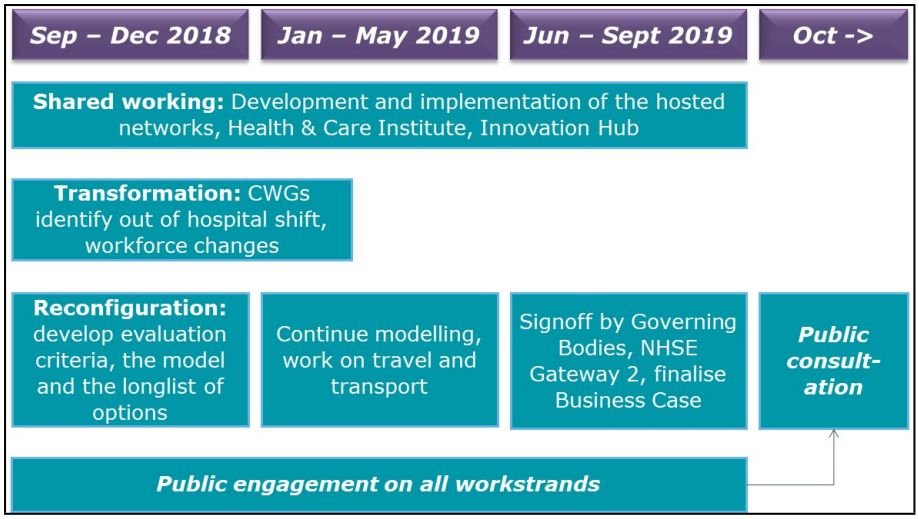
14.1 Public engagement is crucial and has been ongoing throughout the first stage of the Review and going forward. The reports of engagement up to now, including with people from the seldom heard communities, and an account of how the feedback has helped to shape the recommendations, are available on the ICS website. The communications strategy for the next stage will be published shortly and will include further engagement with seldom heard groups where there has been limited engagement up to now, as well as a programme of deliberative workshops with the wider public, and regular communications to stakeholders. Should any proposals for reconfiguration be taken forward, this would be subject to public consultation.

15.0 Next steps

15.1 The immediate next steps, over October and November: are

- Submit the SOC to the Collaborative Partnership Board on 19 October and publish it.
- Further develop proposals on the Innovation Hub and Health and Care Institute.
- Begin work via Clinical Working Groups from mid-October, focused on the transformation work and inputting into the development of options for the reconfiguration workstream.
- Develop the specification for the model and agree it in October, and begin building the model from November. The clinical models which are developed by the Clinical Working Groups will be modelled from December onwards.
- Develop the framework for the Hosted Networks, to be in a position to appoint Hosts after Christmas.

15.2 The 12 month timeline for the workstreams going forward is as in the figure below:



15.3 The JHOSC will be invited to oversee and scrutinise the process at each stage. At the request of the Committee, since the last meeting we have provided a summary of the key decision points to the Committee to ensure that the JHOSC has the opportunity to fully exercise its scrutiny function.

16.0 Glossary

A&E	Accident and Emergency
AHSN	Academic Health Science Network
ASU	Acute Stroke Unit
CLU	Consultant Led Unit
CQC	Care Quality Commission
CWG	Clinical Working Group
GI	Gastro-intestinal
HASU	Hyper Acute Stroke Unit
HN	Hosted Network
HSR	Hospital Services Review
ICS	Integrated Care System
MLU	Midwifery Led Unit
PAU	Paediatric Assessment Unit
SOC	Strategic Outline Case
STP	Sustainability and Transformation Plan
SYB	South Yorkshire and Bassetlaw
SYBMYND	South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire
UEC	Urgent and Emergency Care
Y&TH	Yorkshire and the Humber

17.0 Background papers

The documents for the HSR can be found online at:
https://www.healthandcaretogethersyb.co.uk/index.php/what-we-do/working-together-future-proof-services/looking-at-hospital-services.
Specific documents referenced in this paper can be found as follows:

HSR: Report 1A Analysis of the sustainability of services in SYB and process for shortlisting them	https://www.healthandcaretogethersyb.co.uk/application/files/7515/0903/4254/Hospital_Services_1a_Report.pdf

HSR: Report 1B Summaries of the key challenges for each service identified by the Clinical Working Groups	https://www.healthandcaretogethersyb.co.uk/application/files/9615/1809/8702/Hospital_Services_Review_1b_report.pdf
HSR: Final report Recommendations	https://www.healthandcaretogethersyb.co.uk/application/files/2515/2845/1016/25._HSR_Stage_2_Report.pdf
HSR: Final report technical annex Modelling of workforce shortages now and in the future; modelling of activity levels; modelling of capital costs of different options.	https://www.healthandcaretogethersyb.co.uk/application/files/5515/2845/1105/27._HSR_Stage_2_Report_Technical_Annex.pdf
HSR: Report on public engagement Summary of the public engagement and its findings. Individual writeups of the public sessions, sessions with the seldom heard groups etc are also on the website.	https://www.healthandcaretogethersyb.co.uk/application/files/4815/2231/8192/15._HSR_Stage_1b_Engagement_Report.pdf
Strategic outline case Agreed proposals for the system going forward. At the time of writing, available on CCG websites prior to public discussion in Governing Bodies; not yet formally agreed and published.	http://www.sheffieldccg.nhs.uk/Downloads/About%20US/CCG%20Governing%20Body%20Papers/2018/September%202018/PAPER%20A%20Independent%20Hospital%20Services%20Review%20FULL%20DOC.pdf