Health and care working together in South Yorkshire and Bassetlaw

Hospital Services Review

South Yorkshire, Bassetlaw and North Derbyshire: Considering the case for change

Governing Bodies Note: Annex C

Methodology

Contents

1 Introduction

This methodology annex has been produced to outline the work that has been produced during Phase II of the Hospital Services Programme, following and building on the publication of the Stage 2 Report in 2018. This document outlines the timeline of key meetings and deliverables produced, including the groups we have consulted with, their membership and purpose. Finally, we have detailed the supplementary reports produced to synthesise knowledge gathered and facilitate decision-making.

2 Phase II project timeline

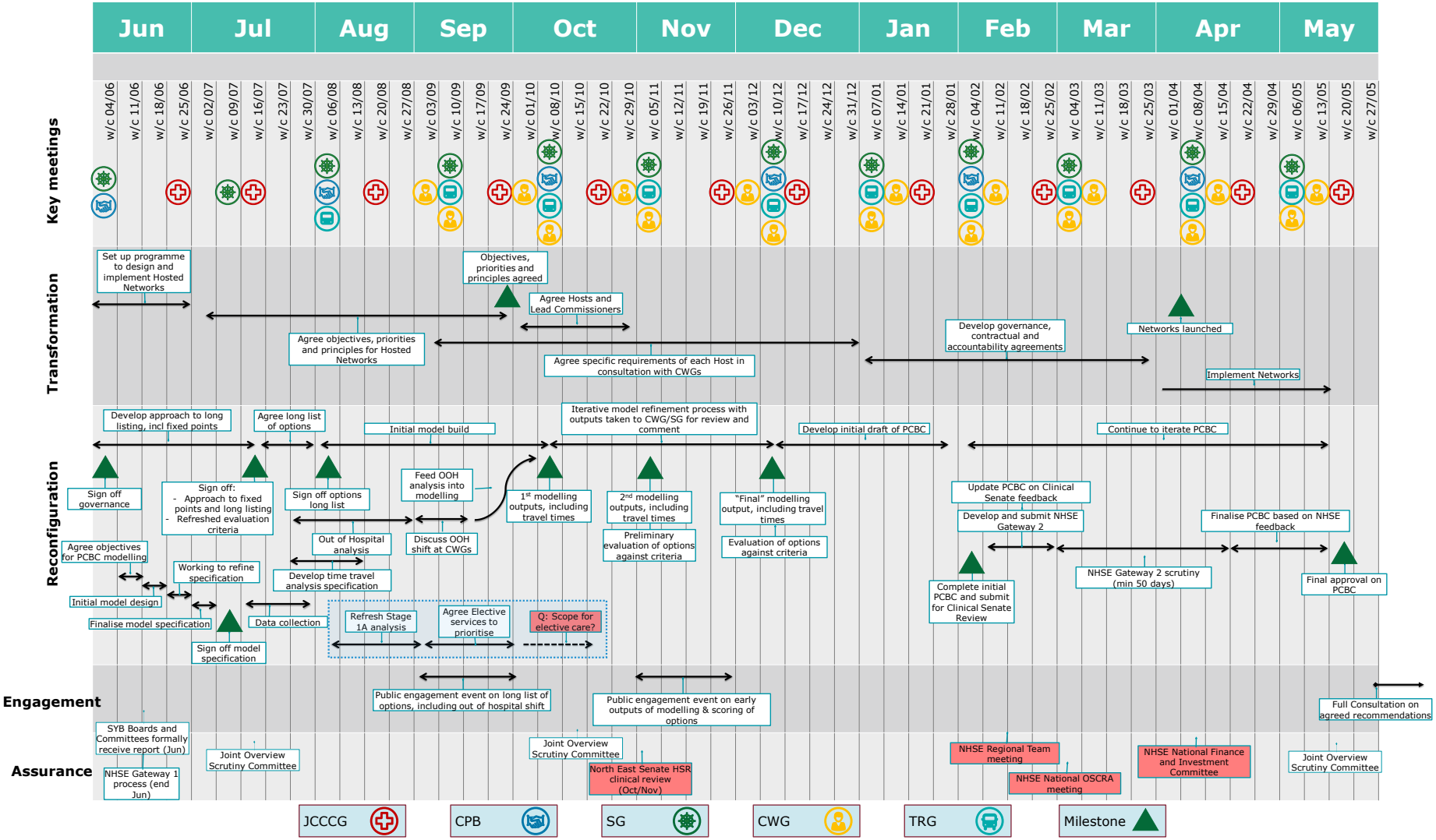

Figure 1: Project timeline for Phase II of the HSR

Phase II of the Hospital Services Review was commissioned to follow up on the Strategic Outline Case for the system, developed in Phase I of the review. Phase I of the Hospital Services Review (HSR) was carried out to ensure people across South Yorkshire and Bassetlaw, Mid-Yorkshire and North Derbyshire (SYB(MYND)) were continuing to receive excellent hospital services. It focussed on five hospital based services which were identified during Stage 1A of the Review as facing significant difficulties with workforce and quality, and have a significant impact on the health service as a whole:

- Care of the Acutely Ill Child (CAIC)
- Maternity
- Gastroenterology and Endoscopy
- Urgent and Emergency Care
- Stroke

The recent Strategic Outline Case for the system from Phase I laid out three main proposals tackling some of the problems identified in the Hospital Services Review:

- **Hosted Networks:** Developing the infrastructure to support shared decision-making and cooperation between organisations, supported by a centralised workforce function and Innovation Hub
- **Transformation:** Developing shared standards for clinical pathways supported by new resilient workforce models to ensure patients receive the right care, in the right place, at the right time
- **Changing the clinical model:** Modelling and exploring new, more sustainable options for the delivery of paediatrics, Maternity and out-of-hours gastrointestinal bleeds across SYB(MYND)

Phase II of the Hospital Services Programme commenced in August 2018 and has progressed until the summer of 2019. Figure 1 shows the timelines of the different aspects of work included in Phase II (Transformation, Reconfiguration, Engagement & Assurance), including key meetings and deliverables. Figure 1 also includes the frequency of meetings with key working groups that we have consulted throughout the process.

3 Consultation

Throughout Phase II of the Hospital Services Programme, we have consulted with many different groups and bodies, which are outlined in more detail below. They include groups focusing on leadership, clinical direction, finance, HR and transport.

4 Hospital services steering group

4.1.1 Remit and purpose

The role of the HSR steering group was to provide oversight and strategic direction as the HSR progresses. The steering group acts as the governing body for this large scale project. The steering groups provided oversight of the following HSR activities:

- Development of the Hosted Networks from existing clinical networks
- Implementation of transformation activities, including the development of the Health and Care Institute and Innovation Hub, aimed at reducing unwarranted clinical variation and tackling workforce challenges
- Development of site-specific modelling of acute non-elective services as per reconfiguration recommendations outlined in the Stage 2 report
- Development of modelling of the out-of-hospital shift of activity for each Place
- Modelling and assessment of travel times impact for patients and families
- Development of specific proposals around reconfiguration based on site-specific modelling, transport modelling and CWG input
- Development of proposals on reconfiguration of elective services, as part of the work on the role of the DGH
- Patient, public and staff engagement
- Drafting and submission of the relevant NHS Gateway approval and assurance process documents

4.1.2 Frequency of meeting

The steering group met face to face on a monthly basis for the duration of the HSR and also held a WebEx meeting two weeks after each face to face meeting.

4.1.3 Membership

The Hospital services steering group was made up of the following individuals:

- Trust representation
  - Medical directors
  - CEOs
  - Directors of strategy and business development
  - Directors of planner and partnerships
  - Operations Directors

- Other representation
  - Lead for system reform
  - Clinical chairs
  - AOs

- ICS lead
- STP Programme Director
- SYB ICS Directors
- HSR Directors and Managers

5 Reference Group

5.1.1 Remit and purpose

The reference group was set up to review progress on the Hospital Services Review, provide input and feedback on the deliverables produced, and to help guide the strategic thinking moving forward

5.1.2 Frequency of meeting

The reference group met on a bi-weekly basis.

5.1.3 Membership

The membership of this groups consisted of:

- SYB ICS representatives
- Representatives from each SYB(ND) Trusts, including clinicians and hospital managers

6 Hosted Network Consultations

6.1.1 Remit and purpose

Workshops were held with leadership and existing networks in the ICS, to test the proposed Hosted Network framework, review the priorities for the Hosted Networks, discuss governance and membership before the Hosted Networks were launched. The purpose, form and function of the Hosted Network was in part developed through these sessions.

6.1.2 Frequency of meeting

Three workshops were held during phase II of the Hospital Services Review.

6.1.3 Membership

The Hosted Network workshops were attended by:

- Leadership across SYB(ND)
- Members of existing networks e.g. LMS

7 Workshop with existing networks

7.1.1 Remit and purpose

The workshop with existing networks was held in order to establish how the Hosted Networks would be combined or work alongside existing networks within the SYB(ND) ICS moving forwards. The discussion centred on the structure of the Hosted Network, accountability, the role of the Host and the scope of the network.

7.1.2 Frequency of meeting

One workshop was held with the existing networks to help develop the Hosted Network.

7.1.3 Membership

The workshop was attended by representatives of existing networks such as the LMS.

8 Trust consultation

8.1.1 Remit and purpose

Interviews with Trusts were held to help contextualise the case for change, providing additional information to the evaluation metrics suggested by the Clinical Working Groups. Participants answered questions on the biggest challenges their service faced, as well as the key strengths and opportunities for the future.

8.1.2 Frequency of meeting

One interview was held with each SYB(ND) Trust.

8.1.3 Membership

The interview was attended by Clinical Leads for the three services under review as well as the Medical and Finance Directors.

9 Clinical working groups (CWGs)

9.1.1 Remit and purpose

The clinical working groups were established to advise on the design of options for transformation of the three services, as part of the Hospital services review.

9.1.2 Frequency of meeting

Clinical working groups were held on a monthly basis, with participants being asked to provide local insight as well as expert clinical input. For the three services under review, there were seven CWGs for both Care of the Acutely Ill Child and Maternity, and six for Gastroenterology.

9.1.3 Membership

The CWGs comprised of the following individuals:

- **Acute Trusts:** a clinical lead and nurse lead, plus other core specialists e.g. neonatologists; midwives; stroke therapists; assistant healthcare professionals from each Trust
- **CCGs:** a GP lead from each CCG
- **Primary care:** LCS and Federations invited to send a representative from each Place
- **Ambulance services:** one representative from Yorkshire Ambulance Service and East Midlands Ambulance Service per group
- **Community:** one representative from Nottinghamshire healthcare, per group

10 HR Directors joint meeting

10.1.1 Remit and purpose

This group was devised to discuss all HR and workforce issues across SYB(ND). In addition, there is a teleconference in the months where the HRD meeting is not taking place, to discuss Hospital Services issues that relate to workforce in particular.

10.1.2 Frequency of meeting

The HR directors group met on a bimonthly basis.

10.1.3 Membership

The HR directors group comprised of the following members; some of the HRDs have specific portfolios for HSP subject areas and therefore sit on the relevant CWGs:

- Maternity – Paul Ferrie, Rotherham
- Care of the Acutely Ill Child – Steven Ned, Sheffield Children's Hospital
- Gastroenterology – Zoe Linton, Chesterfield
- Stroke – Karen Barnard, Doncaster & Bassetlaw Teaching Hospitals
- Urgent & Emergency Care – Mark Gwilliam, Sheffield Teaching Hospitals

11 Model owners group

11.1.1 Remit and purpose

The model owners group was devised to oversee and support day to day model development. The group was also asked to take ownership of the model going forward, following the end of the programme.

11.1.2 Frequency of meeting

The model owners group met on a monthly basis, throughout the development of the model.

11.1.3 Membership

The model owners group consisted of:

- Senior sponsors
- A data analyst
- Finance managers

12 Modelling steering group

12.1.1 Remit and purpose

The modelling steering group was founded to provide input during iterations of the model to ensure that all the relevant outputs were captured in the model specification. The group also advised on the depth of detail required from the model as well as the breadth of the model scope. Finally, the group was also tasked with advising on any other elements of the modelling which might be necessary to inform the PCBC.

12.1.2 Frequency of meeting

The modelling steering group met on a monthly basis, throughout the development of the model.

12.1.3 Membership

The modelling steering group consisted of:

- Deputy Chief Executive and Chief Operating Officer of Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
- Medical directors
- A senior programme manager
- Strategic finance leads
- Directors of Finance[1]

13 Transport advisory group (TAG)

13.1.1 Remit and purpose

The Travel Advisory Group (TAG) was created to bring together key stakeholders to improve the experience of travelling to health services in SYB(ND). The group also advised on any transport and travel elements of public engagement. The group also ensured that the travel implications of any proposals for change to services were identified, and the opportunities for improvements and appropriate mitigations of any issues were considered.

13.1.2 Frequency of meeting

The group met on a number of times throughout the Hospital Services Review.

13.1.3 Membership

The TAG comprised of the following members:

- Representation from the commissioner-led implementation team
- CCG representation
- Acute Hospital Trusts: Travel/Patient Transport Leads
- Yorkshire Ambulance Service
- East Midlands Ambulance Service
- Local Authority Travel Planners
- Local Transport Providers

14 Public group on travel and transport (PGTT)

14.1.1 Remit and purpose

The public group on travel and transport was created to advise on transport issues affecting patients and the public. They were also asked to provide input on what should be expected from the travel and transport network in the system.

[1] The Directors of Finance also provided a high level overview of the use of Finance data, alongside the Modelling Steering Group

14.1.2 Frequency of meeting

This group met on a monthly basis throughout the Hospital Services Review.

14.1.3 Membership

The PGTT comprised of the following members:

- Two representatives from each Place: one public transport user and one private transport user
- Chaired by Citizen's Panel representative

15 Public consultation

Throughout the Hospital Services Review we have also spoken to a variety of public groups such as mothers groups and family hubs. The purpose of this consultation was to find out what they consider important for their local health services and ultimately guide the strategic thinking behind the services review.

The consultation included questions such as:

- **Quality of care:** *'In your opinion, what's the most important thing for us to consider when we are thinking about quality of care you receive?'*
- **Workforce:** *'What is important about people in hospitals who look after pregnant women, babies and children?'*
- **Access:** *'In your opinion, what's the most important thing for us to consider when we are thinking about access?'*

15.1.1 Groups consulted

A comprehensive list of the groups we spoke to is given below. When deciding on groups to engage with, we wanted to speak to a diverse group, in terms of ethnic group, age, race, religion, sexual orientation, employment status, and people with disabilities. There was a particular focus to choose groups with seldom heard members, who are often not provided with representation:

General

- SAVTE (Sheffield Association for the Voluntary Teaching of English) AGM
- Rotherfed (Rotherham Federation of Communities)
- Chesterfield PRG group
- Lavender Court TARA, Barnsley
- Sheffield Futures Young Advisors Meeting
- Meeting with the locality managers of Yorkshire Ambulance Service
- Derbyshire MVP
- RDash Listen to Learn Network
- Barnsley MVP
- Shipshape Family Learning
- Harrogate Court TARA, Barnsley

Barnsley

- Loundwood family centre
- Penistone
- Athersley

BCVS

- Centre for sport and learning
- Harworth lunch club
- Mattersey
- Grove Street
- Joel the Complete Package (a family which supports families through pregnancy and parenting after baby loss)
- The Crossing

Doncaster

- Bullcroft Memorial Hall
- Balby Family Hub
- Askern Family Hub
- Mexborough Family Hub
- Central Family Hub
- Moorends Family Hub
- Adwick Family Hub

SYCF

- Cathedral Archer Project (1:1 interviews), Sheffield, drugs and alcohol addicts, some in recovery
- Ben's Centre, Sheffield, drugs and alcohol addicts currently still using the substances
- Life in the UK, Rotherham, mixed
- Family Voices, Sheffield, mothers
- YWCA, Rotherham, young mothers
- Rotherham United English Speaking class, Rotherham, migrants / mothers
- Edlington, Doncaster, mixed
- The Light, Sheffield, mothers
- Mexborough Slimming World, Doncaster, mixed, addictions
- JENGA, Barnsley, young mothers

15.1.2 Outcomes of the discussions

The outcomes of the discussions with the above groups are summarised below. The key themes raised by participants were concerned with being seen by a specialist, requirement for more staff, a preference for local services and a consistent quality of care across the region:

Workforce

- When asked about workforce, 3 in 10 participants mentioned a specific preference for specialist staff

- 1 in 5 felt that generally services required more staff
- 1 in 5 participants also said that there should be a greater emphasis on clinical staff's experience and skills

Affordability

- When asked about affordability, 1 in 5 participants believed effective management of funding to avoid wasting money should be a key priority
- A further 1 in 5 participants believed that funding should be invested renovating existing buildings, as opposed to building new ones

Access

- When asked about access, a 6 in 10 participants expressed a preference for local services
- A further 3 in 10 participants mentioned the importance of effective and affordable transport in their local area, in order to access the care they need

Quality of care

- When asked about quality of care, 2 in 5 participants thought that a consistent quality of care across sites should be a priority
- 3 in 10 participants emphasised the importance of compassionate and caring staff, citing soft skills as an important factor to consider for the quality of care

Interdependencies

- When asked about interdependent services, 1 in 5 participants proposed that interdependent services should be offered in one location
- A further 1 in 5 participants suggested that interdependent services should be offered locally

15.1.3 Impact on strategic thinking

Using the feedback from public consultation, we have considered the opinions presented through setting up a travel group, developing appropriate clinical models and addressing the variation in the quality of care across the region. The specific actions for each service are explained below:

Care of the Acutely Ill Child

- We have developed clinical models which concentrate specialised Paediatric services, to provide greater access to services offered by specialists
- We have established two travel groups with members of the public and representatives from travel providers, to explore concerns around transport to reach acute care sites

Maternity

- We have engaged with the Local Maternity System (LMS) to increase the range of choice available to women in SYB(ND)
- We have developed consultant-led Maternity clinical models, due to opinions expressed during public consultation

Gastroenterology

- We have prioritised recruitment and retention of staff in Gastroenterology as part of the Hosted Network, based on concerns around staffing levels in Gastroenterology

16 Supporting documents

In addition to supporting and guiding the working group discussion s outlined above, throughout Phase II of the HSR we have produced a number of supplementary reports and tools, which are outlined in more detail below.

17 Financial model

We have developed a financial model, underpinned by a set of assumptions developed and refined with clinicians through a series of Clinical Working Groups (CWGs). The assumptions include the proportion of time 1 WTE at each staff grade would typically be allocated for annual leave, study leave, and activities outside of their primary clinical role.

Using assumptions focusing on workforce, we have calculated the number of staff required to sustainably staff units, for both Care of the Acutely Ill Child and Maternity. We have calculated these numbers at the regional (SYB(ND)) level as well as individually for each individual Trust. Using these numbers and the number of staff at each grade currently in post, we have calculated the gap between current workforce and the number of staff currently in post and the number of staff required to sustainably staff units.

Using pay cost information provided by SYB(ND) Trusts, we have then been able to calculate the pay cost gap between current expenditure on staff salaries and the cost required to sustainably staff a unit.

We have also used the financial model to calculate the workforce savings, pay cost savings and change in activity levels for any potential change to the clinical model. For Care of the Acutely Ill Child, reconfiguration options were to change one or two Paediatric inpatient units to SSPAUs, and for Maternity the options were to change one or two Obstetrician led units into standalone Midwifery-led units.

The outputs of this model are included in Annex A.

18 Case for change

We have looked at the case for change for each Trust, evaluating the three services under review (Care of the Acutely Ill Child, Maternity & Gastroenterology). For each service, these reports include the current provision of services, the key challenges faced and opportunities for the future.

We have assessed each service against five evaluation metrics listed below:

- Quality

- Workforce
- Affordability
- Access
- Interdependencies

Within each evaluation criterion, we have assessed the service against metrics decided through discussions with clinicians over several CWGs.

The case for change is summarised in annex B of the final report.

19 Clinical model summit with AOs and CEOs

We produced a presentation for the summit with CEOs and AOs on the 21st March 2019. This presentation included an overview of the current provision of services in SYB(ND), a review of the financial and workforce modelling, the Hosted Networks and the potential reconfiguration options for changing the clinical model for Care of the Acutely Ill Child and Paediatrics.

We included an example of the modelling associated with changing the clinical model for Maternity at one site. This assessed the consequent change in workforce, pay cost and activity upon changing the clinical model, as well as the implications of changing the clinical model on patient travel times to their nearest and next nearest Trust.

We also produced a presentation for the subsequent session with CEOs and AOs on 1st April 2019. This presentation included an overview of workforce transformation, potential changes to the clinical models for Care of the Acutely Ill Child and Maternity, an overview of the current provision of services and conclusions from the financial modelling around changing the clinical model.

20 Note to the Governing Bodies

The note to Governing Bodies was produced to provide an overview of the work carried out during Phase II, as well as the conclusions of the two sessions with CEOs and AOs. We provided a view of the current provision of services, the key challenges faced and key opportunities for the future.

We also included a case for change for the SYB(ND) region as a whole, outlining the current quality of the services, as well as the cost this is being delivered at. The case for change also included a review of the sustainability of the services moving forwards.

Finally, we included a summary of the potential options for changing the clinical model, including the opinions of the CEOs and AOs from the two sessions.