

## BOARD OF DIRECTORS MEETING (Open)

Date: 11 July 2018

Item Ref:

16ii

<b>TITLE OF PAPER</b>	<b>SYB Integrated Care System (ISC) Hospital Services Review (HSR)</b>
<b>TO BE PRESENTED BY</b>	Margaret Saunders, Director of Corporate Governance (Board Secretary)
<b>ACTION REQUIRED</b>	Confirm acceptance of the Review recommendations

<b>OUTCOME</b>	To note the content of the paper including processes and next steps of the HSR
<b>TIMETABLE FOR DECISION</b>	July 2018
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Collaborative Partnership Board (CPB) Joint Committee of Clinical Commissioning Groups (JC CCGs) SYB Providers Working Together Committees in Common (CsIC)
<b>STRATEGIC AIM STRATEGIC OBJECTIVE  BAF RISK NUMBER &amp; DESCRIPTION</b>	Strategic Aim: A4 Value for Money Strategic Objective: A4.1 We will Improve The Productivity and Efficiency Of Our Services BAF Risk Number: A401 ii BAF Risk Description: Trust governance systems are not sufficiently embedded
<b>LINKS TO NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	<a href="#">Shaping the Future, the Trust Strategy &amp; Strategic Planning Framework 2017-2020</a>
<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	The total financial cost of the services covered in the independent Review triggers the national assurance for service change process (>£500m) and there will only be one opportunity to bid for capital funding for the next 5 years.
<b>CONSIDERATION OF LEGAL ISSUES</b>	Ensuring appropriate governance arrangements.

<b>Author of Report</b>	Margaret Saunders
<b>Designation</b>	Director of Corporate Governance (Board Secretary)
<b>Date of Report</b>	July 2018

# SUMMARY REPORT

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**Report to:** BOARD OF DIRECTORS

**Date:** 11 July 2018

**Subject:** SYB Integrated Care System (ISC) Hospital Services Review (HSR)

**Author:** Margaret Saunders, Director of Corporate Governance (Board Secretary)

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## 1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
	✓		✓		

## 2 Summary

The purpose of this paper is to set out the next steps, timeline and requirements for Foundation Trust (FT) Boards and CCG Governing Bodies following the publication of the independent Hospital Services Review (HSR) report in public on the 9 May 2018.

The Collaborative Partnership Board received the report at its meeting on the 8 June 2018 and supported the review to be shared with Boards and Governing Bodies in public sessions.

The report will be discussed by the commissioners of the Joint Committee of Clinical Commissioning Groups (JC CCGs) on the 27 June 2018 to consider the commencement of detailed work including site- specific modelling to support the development of business cases.

The SYB Providers Working Together Committees in Common (CsIC) will receive the report on the 2 July 2018.

## 3 Next Steps

The Board is requested to receive and provide comments to the attached report, Appendix 1, to feed into the next stages of the development of the Strategic Outline Case (SOC) which will set out the South Yorkshire & Bassetlaw, Mid Yorks and North Derbyshire (SYBMYND) system response to the Hospital Services Review. The SOC will be presented to the Joint Committee of Clinical Commissioning Groups (JC CCG) on 25 July 2018, for support as part of the mandated NHS England assurance process and to the Collaborative Partnership Board (CPB) on 10 August 2018.

#### **4 Required Actions**

BoD is requested to note the content of the paper including process and next steps of the HSR, confirm acceptance of the Review recommendations on behalf of their organisation and provide comments to HSR by 12 July 2018.

#### **5 Monitoring Arrangements**

The Trust will continue to monitor the Hospital Services Review.

#### **6 Contact Details**

For further information, please contact:

Margaret Saunders

Director of Corporate Governance (Board Secretary)

Direct Line: 0114 305 0727

Email: [Margaret.Saunders@shsc.nhs.uk](mailto:Margaret.Saunders@shsc.nhs.uk)



**SYB ICS Briefing paper**  
**for**  
**Foundation Trust Boards and CCG Governing Bodies**  
**on the**  
**Independent Hospital Services Review**  
**June 2018**

**Purpose**

1. The purpose of this paper is to set out the next steps, timeline and requirements for Foundation Trust (FT) Boards and CCG Governing Bodies following the publication of the independent Hospital Services Review (HSR) report in public on the 9<sup>th</sup> May 2018.
2. The Collaborative Partnership Board received the report at its meeting on the 8<sup>th</sup> June and supported the review to be shared with Boards and Governing Bodies in public sessions.
3. The report will be discussed by the commissioners of the Joint Committee of Clinical Commissioning Groups (JC CCGs) on the 27<sup>th</sup> June to consider the commencement of detailed work including site-specific modelling to support the development of business cases.
4. The SYB Providers Working Together Committees in Common (CsIC) will receive the report on the 2<sup>nd</sup> July.
5. Boards and Governing Bodies are asked to receive the report and provide their comments to feed into the next stages. Comments received will be used to inform the development of the Strategic Outline Case (SOC) which will set out the SYBMYND system's response to the Hospital Services Review. The SOC will be presented to the Joint Committee of Clinical Commissioning Groups (JC CCG) on 25th July, for support as part of the mandated NHS England assurance process and to the Collaborative Partnership Board (CPB) on 10th August.
6. **Please send comments following Board and Governing Body discussions to** Jane Anthony [jane.anthony1@nhs.net](mailto:jane.anthony1@nhs.net) by 12<sup>th</sup> July 2018.

**HSR Background**

7. In April 2017 the Chief Executives and Chairs of the five South Yorkshire and Bassetlaw (SYB) NHS Foundation Trusts, Chesterfield Royal Hospital NHS Foundation Trust and the Mid Yorkshire Hospitals NHS Trust agreed to fully engage in an independent review of hospital services across the SYB. The Review was also fully supported by the SYB commissioners comprising of Barnsley CCG, Bassetlaw CCG, Doncaster CCG, Rotherham CCG and Sheffield CCG.
8. The purpose of the review was to identify vulnerable services which required a different model of delivery to achieve sustainability and resilience for the future, and to consider the future role of the District General Hospital.
9. The Hospital Services Review was launched in June 2017 with a remit to develop ways in which acute services within SYBMYND can be put on a sustainable footing for the long term. It was an independent review supported by all members of the SYB ICS.

## Summary of the Hospital Services Review

10. The Review examined all the acute services provided in SYBMYND and through an agreed methodology five services were identified as the focus of the Review: paediatrics, maternity, urgent and emergency care, gastroenterology and endoscopy, stroke. Major issues identified by clinicians included workforce; clinical variation across trusts; and the uptake of innovation including IT systems.

### HSR Recommendations

11. The majority of the recommendations in the Review focus on transformation, through shared working between the trusts. There are also recommendations to undertake site-specific modelling of reconfiguration in a number of areas which are outlined in the report.

#### Shared working transformation.

- 11.1 The HSR identified a large number of challenges which the Clinical Working Groups felt could be addressed through better shared working between the Trusts. Recommendations were developed around a series of Hosted Networks, linked to the new integrated regulatory functions of the ICS. These would see one trust leading on each of the specialties, to deliver a number of workforce functions, addressing clinical variation, and developing innovation.
- 11.2 A number of the SYBMYND Trusts are already working together in some of these ways, and the intention is to support this shared working to develop to the next level as the Integrated Care System develops.

#### Reconfiguration

- 11.3 In some cases, the scale of the workforce challenges was so great that the HSR concluded that sustaining services could not be addressed through shared working alone. The Review considered a number of possible reconfiguration options for the services within South Yorkshire and Bassetlaw and North Derbyshire, and evaluated them. (Mid Yorkshire was excluded because it has already completed a reconfiguration.)

- 11.4 The reconfiguration recommendations of the Review are shown in Figure 1:

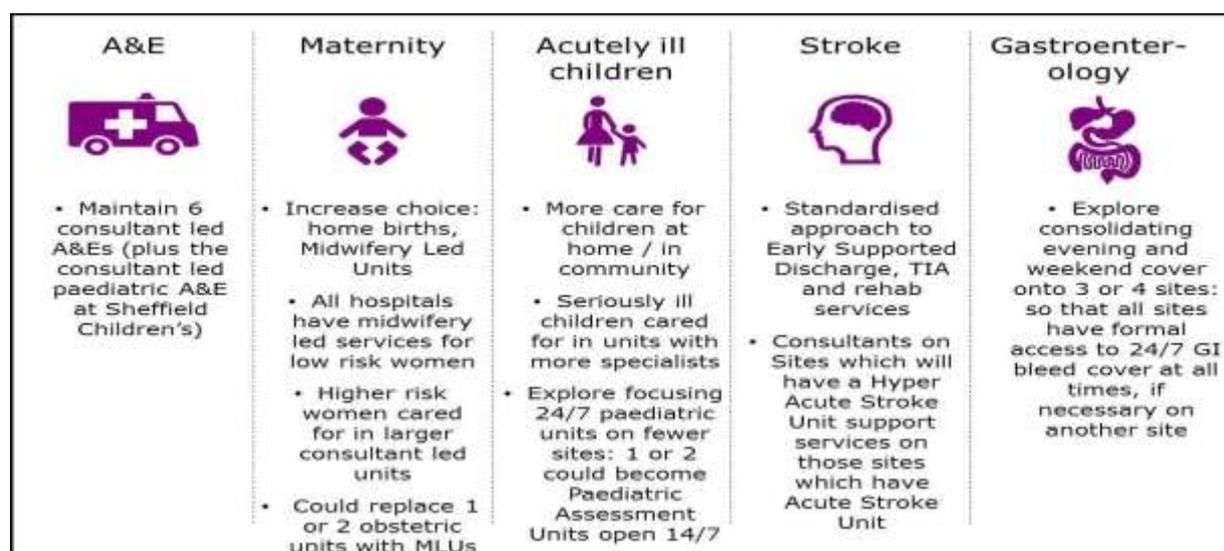


Figure 1: Recommendations of the HSR around reconfiguration

- 11.5 Whilst reconfiguration is likely to be the focus of much of the public's attention on the Review, the majority of the recommendations are focussed on the transformational element of the Review's proposals around shared working. It is important that this priority is not lost going forward.
- 11.6 The reconfiguration options as they are known so far are being used to inform the current capital bid for SYB ICS. The exact scope of reconfiguration options is not known. However, there will only be one opportunity to bid for capital funding for the next 5 years so the bid is being prepared using a number of agreed assumptions.

### **Engagement with the public and staff**

12. The HSR team has engaged widely with the public during the development of the Review and its recommendations. The engagement consisted of the following strands:
- 12.1 Public
- **Citizens' Panel:** Establishment of a Citizens' Panel which has advised on the public engagement process and has helped to draft the public-facing materials;
  - **Online presence:** An online survey; a website which contains all the documents for the Review as well as animations and videos explaining the proposals; social media;
  - **Public events:** Three events open to any member of the public; specific engagement events in individual Places and in the reception areas of some acute providers;
  - **Telephone survey:** A telephone survey of 1000 people designed to mirror the demographic makeup of the area.
- 12.2 Seldom heard groups
- **Targeted engagement:** interviews and group sessions with 96 members of seldom heard groups, e.g. young carers, BME groups, asylum seekers and the Deaf community.
  - **Young patients:** involvement with the Youth Forum of Sheffield Children's Hospital, which includes patients under the age of 16 from across SYBMYND.
- 12.3 Clinicians and staff
- **Clinical Working Groups:** Engagement with clinicians via Clinical Working Groups for each specialty, each of which has met for five workshops. These groups have a remit to communicate with the wider staff body in their trusts
  - **Briefings in Trusts** to engage the wider workforce.
- 12.4 Further engagement
- **Patients, the public and staff** have an opportunity to send their comments on the HSR by 12 July. This will ensure that their feedback is taken into consideration in the development of the Strategic Outline Case.

## Next Steps - Implementing the Review Timeline

The high level timeline is set out below:



### Agreeing the system response to the HSR – June to September 2018

- All responses to the Review should be submitted by 12<sup>th</sup> July 2018 to inform the SOC which will set out the system's response to the HSR. The SOC will be discussed with the Executive Steering Group on 17<sup>th</sup> July and the JCCCG on 25<sup>th</sup> July. It is expected to be signed off by the Collaborative Partnership Board in September.

### NHS England Gateway assurance process - June 2018

- The total financial cost of the services covered in the independent Review triggers the national assurance for service change process (>£500m). The assurance process will be led by NHS England (North Region) and will oversee from a scrutiny perspective the development of the business cases and planning arrangements. The North East Senate has agreed to undertake the clinical review assurance process with NHSE. The first step (gateway 1) is planned to commence at the end of June.

### Preparatory work over the summer (June-September)

- In order to ensure that work can proceed as quickly as possible once the Collaborative Partnership Board has agreed the SOC, a number of workstreams will be progressed over the summer as the work shifts to implementing the recommendations once accepted. This work focusses on preparing information or processes to be ready for the autumn - none of which pre-empt decision making on the system's response to the HSR.
- Preparing governance:** The ICS team will refresh the proposed governance of the Steering Group and clinical working groups. A part of this will be a review of which of the HSR recommendations can be taken forward as part of the core business of the ICS including next phase of work on provider development. A travel and transport reference group will also be established. The refreshed membership will inform the Terms of Reference for the next stage of the review, which will be signed off by the CPB. The ICS is also working with partners to consider any changes that are required to the wider governance in preparation for next stage of ICS development.

16.1 **Preparing data:** Whilst it is not yet clear which reconfiguration options the system will

decide to take forward, the model can be mapped and data collected as necessary to explore any options. To do this, a small Senior Stakeholder Group will be convened which has been discussed by the HSR Steering Group. The Senior Stakeholder Group (including finance, estates and operational leads, and clinicians) will help to design the specification for the model, and advise on data requirements to populate it. Data collection will begin in July so that the data is in place to start building the model once the CPB has agreed which recommendations and options are in scope.

- 16.2 **Desk research and internal thinking.** We will begin some desk research in three main areas: the approaches that other systems have taken to modelling reconfiguration options; the approaches that other systems have taken to shifting activity out of hospital; and evidence on the safety of transfer times. We will also start some thinking within the ICS to map the process for developing Hosted Networks. This work will then inform discussions with clinicians once the CPB has agreed the way forward.
- 16.3 **Tendering for support.** The tendering process for support on reconfiguration modelling has commenced. The contract will not be issued until after the Executive Steering Group has discussed the feedback from Boards and Governing Bodies and the direction of travel is clear.

### **Programme Governance**

17. The governance of the HSR programme is being currently being updated, now that its focus has moved from an independent review to implementing change. The HSR programme will work through the ICS governance processes and will continue to report to the CPB.
18. The membership of the HSR Steering Board is also being updated to ensure representation from medical directors and nursing / operational leads from all trusts; commissioning representation from all CCGs; primary care; community care; and the ambulance services. There is also likely to be a number of Clinical Working Groups for each HSR programme specialty established.

### **Recommendations**

Members of FT Boards and CCG Governing Bodies are asked to:

- note the content of the paper including process and next steps of the HSR
- to provide comments following board and Governing Body meetings in public to [Jane.Anthony1@nhs.net](mailto:Jane.Anthony1@nhs.net) by 12<sup>th</sup> July
- Confirm acceptance of the Review recommendations on behalf of their organisation.

Paper prepared by  
Alexandra Norrish, HSR Programme Director  
[Alexandra.Norrish@nhs.net](mailto:Alexandra.Norrish@nhs.net)