North Kirklees Clinical Commissioning Group
Wakefield Clinical Commissioning Group

JOINT BOARD MEETING OF THE GOVERNING BODIES

Thursday 6 April 2017
Dewsbury RAMS, Tetley's Stadium, Owl Lane,
Dewsbury, WF12 7RH

11.30am – 12:00noon

AGENDA

1.	**Apologies**	**Chairs**
2.	**Declarations of Interest**	**Chairs**
2.	**To receive the recommendations from the Star Chamber held on March 24th to consider arrangements for the next phase of hospital reconfiguration**	**Pat Keane, Chief Operating Officer, NHS North Kirklees and NHS Wakefield CCGs.**
3.	**Close**	**Chairs**

NHS
North Kirklees
Clinical Commissioning Group

MEETING OF GOVERNING BODY OF
NHS NORTH KIRKLEES CCG IN PARALELL WITH NHS WAKEFIELD CCG

Title	**Recommendation from the Star Chamber, held on 23rd March 2017, to consider the next phase of Mid Yorkshire Hospitals Trust acute reconfiguration**		**Public/ Closed**:	Public
Date	April 6th 2017			
Paper Author and Job Title	Ruth Unwin, Associate Director, Corporate Affairs, NHS Wakefield CCG	**Clinical Leader and Senior Manager Responsible**	Dr David Kelly, clinical chair Pat Keane, Chief Operating Officer Deborah Turner, Head of Quality and Patient Safety and Chief Nurse.	
Purpose of Paper	**Decision**	**x**	**Assurance**	
Response required from the meeting	It is recommended that the Governing Body approve the recommendations of the the Star Chamber held on the 23rd March 2017 as follows • To agree that hospital beds cannot be taken out of the system as originally planned to enable medical reconfiguration, as per Meeting the Challenge Full Business case, at this time • To agree the system mitigation is robust to support additional beds in the system • Agree deferral of the planned medical reconfiguration • Support the proposed phasing of changes between April 2017 and September 2017, subject to further QIA and Star Chamber process to assess the risks and mitigation of full implementation of the hospital frailty model, changes to acute inpatient services and critical care prior to implementation • Support the proposed reduction in the surgical bed base • Support the proposal to develop enhanced rehabilitation services at Dewsbury and Pontefract, including rehabilitation for patients with fractured neck of femur in line with national best practice guidelines and with the commitments set out in the original FBC. •			
Time required				
Presenter	Pat Keane			
Assessment of implications in respect of:				
Patient Safety	The Quality Impact Assessment and Star Chamber process is designed to assure patient safety			

Finance/Resource	N/A
Risk Assessment	The Quality Impact Assessment and Star Chamber process is designed to provide assurance that risks have been appropriately mitigated
Outline public engagement and communications	Formal public consultation took place before approval of the Full Business Case and there has been on-going dialogue with the public and key stakeholders
Conflict of Interest	None
Equality and Diversity	An Integrated Impact Assessment was undertaken to support development of the Full Business Case
Quality impact assessment	Quality Impact Assessments for each of the proposals were scrutinised at the Star Chamber. The process concluded that risks had been adequately mitigated
Legal issues	None
FOI Exemption category	None
Previously considered by	Governing body previously approved the FBC and the first phase of changes following an equivalent assurance process through Star Chamber
Previously presented at which Committee/Group	Not applicable

EXECUTIVE SUMMARY *(limit 350 words)*

- Changes to the configuration of hospital services across North Kirklees and Wakefield were approved by the Secretary of State for Health in 2014 following formal public consultation
- The first major phase of changes was delivered in September 2016 with the opening of midwife led birth centres at Dewsbury and Pinderfields Hospitals and centralisation of consultant led births at Pinderfields; centralisation of acute surgery and centralisation of overnight children's inpatient care
- There was no definitive timeline for implementation agreed at the time of approval but the expectation was that reconfiguration would be fully achieved in 2017. It was provisionally agreed in September 2016 that reconfiguration of acute medical inpatient beds, complex colorectal surgery and critical care would take place in May 2017, along with a reduction of 171 beds, subject to satisfactory assurance.
- The commitment made by the CCGs at the time of approving the Full Business Case (FBC) was that no bed reductions would be removed unless there was sufficient capacity across the system to manage demand
- A recent review of the bed modelling has been undertaken, taking account of demand and capacity, length of stay and changes to the assumptions about drive time (where people picked up by ambulance would be conveyed) has led to a recommendation that it would not be safe to take out the number of beds proposed in the FBC at this point in time
- This recommendation was accepted by the whole system Oversight and Assurance Group which includes representatives of the CCGs and Mid Yorkshire Hospitals NHS trust, subject to assurance through a Star Chamber process to consider the mitigation plan and approval by the Governing Bodies of the CCGs and the Mid Yorkshire Hospitals Trust Board

The paper sets out the findings and recommendations of the Star Chamber which met on March 23rd and its recommendation that the mitigation plan which involves a revised bed model and a phased approach to implementing the remainder of the reconfiguration programme.

Recommendation from the Star Chamber, held on 23rd March 2017, to consider the next phase of Mid Yorkshire Hospitals Trust acute reconfiguration

1.0 Background

Changes to the configuration of hospital services across North Kirklees and Wakefield were approved by the Secretary of State for Health in March 2014 following formal public consultation

Work started on making changes to services in September 2014 with the opening of a children's assessment unit (CAU) at Dewsbury Hospital. A new specialist eye centre opened at Pinderfields in June 2015. Changes to acute cardiology implemented in September 2015 now mean that people from North Kirklees are being transferred to Pinderfields for specialist care on the day they present at hospital.

In parallel there have been ongoing programmes of work in North Kirklees and Wakefield to enhance primary and community care services to reduce the need for people to be admitted to hospital and support earlier discharge.

In September 2016, changes to women's, children's and some surgical services were implemented.

As a result, Dewsbury Hospital now has a children's assessment unit open 10am to 10pm daily and children requiring admission to hospital are transferred to Pinderfields. Consultant led obstetric services are now centralised at Pinderfields, which also has a new midwife led birth centre. Dewsbury Hospital also has a new purpose built midwife led birth centre. This is in addition to the birth centre at Pontefract.

Acute surgery is now centralised at Pinderfields, with the exception of some minor procedures which can be booked into local theatre slots. When services are fully reconfigured all complex surgery will be centralised at Pinderfields. Currently bariatric and complex colorectal surgery is still being provided at Dewsbury. Increased elective theatre sessions went into Dewsbury from Pinderfields in September. This includes additional sessions for urology, gynaecology and plastic surgery. Clinic bookings have been booked almost to full capacity. In total, there are 556 x ½ day clinics at Dewsbury Hospital each week.

The next phase of changes to surgery will involve transfer of complex elective surgery to Pinderfields. Initial evaluation of the changes made in September has been largely positive. Length of stay has reduced since centralisation for General Surgery by 1.3% which is beyond original expectations and means the Trust is performing in line with the best in peer group and has reduced length of stay by 7.2% since April 2015.

More than 100 babies have been born at the new midwife led unit at Dewsbury and transfer rates are consistent with the original plans.

2.0 Preparations for full reconfiguration

No definitive timeline for the phasing of implementation was given in the original FBC, although it was expected that all the changes would be delivered in 2017 and a provisional

date for full reconfiguration of May 2017 was put forward at the time when the first phase of changes was being agreed.

The commitment made by the Trust and commissioners when the FBC was approved was that changes would be progressed prudently to ensure sufficient capacity to meet the need for hospital inpatient care as schemes to extend and enhance care outside hospital took effect. This was reinforced in the Secretary of State's letter of support for the plans.

In preparing for the next phase, the Trust and commissioners have undertaken a review of capacity across the system and have revisited the assumptions that were made about the number of inpatient beds that are required.

It is acknowledged that, whilst work to develop enhanced services outside hospital settings is having a positive impact on system capacity, the number of hospital beds that are needed has not reduced to the extent that was originally planned. The original FBC planned for a reduction in beds across the system from 1148 to 985. Revised modelling indicates that the number of beds that are required is 1118.

A number of factors are influencing the requirement for additional inpatient capacity:

- Demand and occupancy rates have consistently been higher than predicted in our original planning. This reflects the challenges facing health systems across the country.
- Although the length of time people stay in hospital has reduced and the Trust performs well compared with other hospitals, this is also still slightly higher than planned. This is largely due to the high volume of admissions in specialties that traditionally require longer lengths of stay such as respiratory and frail elderly patients.
- Drive time effect, which would have resulted in some patients being taken by ambulance to another, nearer hospital will not be fully realised because of changes to service configuration by other Trusts – for example Leeds Teaching Hospitals Trust has changed the site where acute patients are taken to St James', which means that this will no longer be nearer than Pinderfields for patients living on the Leeds boundary.

There is commitment across the system to continuing to implement and develop schemes which reduce reliance on hospital admission and facilitate earlier supported discharge in line with the original plans. Opportunities to reduce occupancy rates or base beds to reflect this will continue to be explored and delivered.

3.0 Star Chamber

The Star Chamber is a formal part of the Quality Impact Assessment (QIA) process developed by the National Quality Board (NQB) to assess provider cost improvement programmes and assure safety and effectiveness through service transition. It is designed to provide a forum for timely, open and constructive challenge to identify potential risks and consequences of proposed changes.

A Star Chamber was convened on March 23rd 2017 to peer review and critique Quality Impact Assessments for each of the three proposals by means of open and constructive challenge. In accordance with NQB guidance, the process was clinically led and involved

representatives of NHS Wakefield CCG, NHS North Kirklees CCG, the Mid Yorkshire Hospitals NHS Trust and a representative of Healthwatch.

The purpose of the Star Chamber was:

- To ensure the impact of the proposed changes was fully understood
- To understand the risks associated with a reduction of 171 inpatient beds across the system at this time
- To consider an alternative plan for phasing of changes to mitigate the risks of reducing beds at this time
- To quality assure those aspects of the alternative plan that are to be delivered between March and May 2017, namely development of enhanced rehabilitation facilities at Pontefract and Dewsbury and development of a frailty service at Dewsbury Hospital
- To make a recommendation to the Governing Bodies of NHS North Kirklees and NHS Wakefield CCG and to the Mid Yorkshire Hospitals NHS Trust Board.

3.1 Evidence presented to the Star Chamber

The following information was presented to the Star Chamber:

- Details of the demand, activity and occupancy assumptions and trajectories set out in the original Full Business Case (FBC) and Service Change Assurance Process (SCAP)
- Details of how the commitments made during the Service Change Assurance Process had been delivered, including confirmation of increased availability outpatient and surgical procedures at Dewsbury Hospitals
- Information about how schemes put in place during the first phase of reconfiguration, including ambulatory emergency care and acute liaison psychiatry, had delivered bed day savings compared with the original projections
- Information about variance from the original assumptions in terms of demand and length of stay which meant that occupancy levels remained above the 85% optimum occupancy set out in the FBC based on the recommendation of the National Clinical Advisory Team (NCAT

Three separate Quality Impact Assessments covering clinical safety and patient experience were considered:

1. Mitigation for the revised timetable for reconfiguration
2. Development of enhanced rehabilitation services at both Pontefract and Dewsbury to manage patients who have experience a stroke of fractured neck of femur following their acute phase
3. Reduction in the surgical bed base at Dewsbury to reflect the impact of changes that took place in September 2016.

Three discussion groups considered:

- The risks associated with delivering a reduction of beds in line with the original FBC and the mitigations needed to manage the additional bed base
- The risks and mitigation associated with reduction in the surgical bed base
- The risks and mitigation associated with development of rehabilitation services for stroke and fractured neck of femur

3.1.1 Timetable for implementation

The alternative proposal put forward to mitigate the risks associated with such a significant bed reduction is to retain approximately 100 more beds at Dewsbury than in the original plan and to phase implementation of the changes required to complete the reconfiguration between April 2017 and September 2017.

The first (enabling) phase will concentrate on the development of enhanced services for frail older people, reconfiguration of rehabilitation services and agreeing the new configuration of wards and departments across all three hospital sites. This will require changes to the way in which beds at Pontefract are used as well as at Dewsbury: in order to fulfil the original commitment to improve clinical outcomes by concentrating acute and specialist services on one site (Pinderfields), more rehabilitation and step down care will need to be accommodated at Dewsbury and Pontefract. It is planned to implement these changes in April & May 2017.

The second phase will focus on the continued development of ambulatory care and frailty services as well as the development of a Clinical Decision Unit at Dewsbury and District Hospital. It is planned that a pilot scheme for management of frailty will commence in April/May with continued development of frailty, ambulatory care and clinical decision unit taking place through to August 2017.

The final phase will involve centralisation of acute inpatient medical care at Pinderfields and the opening of stepdown medicine and elderly care wards at Dewsbury. At this point all critical care service will also transfer to Pinderfields. Complex colorectal surgery will transfer to Pinderfields before critical care services transfer. It is planned to implement these changes in September 2017.

The discussion group concluded that pursuing a reduction in beds in the current context will be unsafe and the mitigation plan of retaining 1118 beds provided a safe alternative.

It was noted that the beds were currently open and there was a risk that if they were taken out it was likely they would need to be re-opened to accommodate surges in demand without robust staffing arrangements. Reducing beds at this time would increase the likelihood of staff movements from permanent base, which was a poor patient experience and poor staff experience as reflected in the recent staff survey.

It was acknowledged that the frailty model as proposed reflected only the hospital element of the service and there was commitment to work across acute, community and primary care services to develop the frailty pathway.

The proposed phasing will provide an opportunity to assess the impact of the frailty model, enhanced rehabilitation and emergency ambulatory care before changes to acute inpatient care and critical care are implemented.

3.1.2 Reduction in the surgical bed base

The change proposed for May 2017 is to deliver a reduction in the surgical bed base from 50 beds (13 Orthopaedic and 37 mixed elective beds) to 28 beds (10 Orthopaedic and 18 mixed elective beds). Within this configuration, there will be four level 1 augmented care beds which will be provided across the two wards for post-operative patients that may need enhanced recovery monitoring.

Since acute surgery was centralised in September 2016, the bed base which remained open at DDH has been above the number required in the modelling and FBC assumptions by 22 beds and this document assesses the impact of returning these beds to the trust in line with the expectations from the Meeting the Challenge programme. During this time, medical outliers have been admitted to this bed base in Ward 14, often in volumes between 20 and 37 patients and the division has managed to deliver the planned elective activity around this. It is believed that the reduction in surgical beds required for this programme to be delivered can be completed in May 2017 without impacting on this activity.

In relation to the workforce, there is some over establishment within admin and clerical, management and registered and non-nursing colleagues. There is work ongoing to provide alternative positions for colleagues within the Trust.

Operationally, the reduction of the bed base will be delivered within existing wards. Further estate works will need to be carried out to provide segregation for this cohort of patients if a combined Orthopaedic and mixed Surgery ward is to be provided. In the meantime this scheme is assessed on the understanding that the wards will remain separate physical areas with Orthopaedic patients ring-fenced in Ward 12.

The reduction in surgical beds at Dewsbury was supported on the basis that it had been demonstrated the beds were currently being used for medical outliers. Taking these out of the surgical bed base and thereby defining them as medical beds was effectively good clinical practice and would support more effective clinical management of patients.

3.1.3 Development of rehabilitation for stroke and fractured neck of femur

It was explained that development of rehabilitation services at Pontefract and Dewsbury Hospitals would prioritise capacity on the hospital sites in a way which was consistent with the original principles and proposals for hospital reconfiguration. The FBC described a distribution of services based on Pinderfields being the main centre for acute and complex care and Pinderfields and Dewsbury being developed to provide more routine care, including rehabilitation for stroke and orthopaedic patients.

The Star Chamber supported the proposal on the basis that they were assured that:

- The model will be a partnership between medical staff, nursing and therapies
- Staffing models will be developed to ensure sufficient capacity to meet the needs of patients
- Pathways will be designed in such a way that patients would be transferred to beds on each of the hospital sites according to their place of residence
- Transfer will take place when the patient no longer needed surgical intervention and

could be safely managed by the medical rehabilitation team.

It was agreed that evaluation of all service changes should be reported through the Mid Yorkshire Oversight and Assurance Group, and CCG Governing Bodies, and that this should include regular updates on the volume and proportion of people who were able to access care at their local hospital

3.2 Recommendation of the Star Chamber:

On the basis of the information presented and ensuing discussion and examination outlined above the Star Chamber recommended that the Governing Body of NHS North Kirklees/ NHS Wakefield CCG

- To agree that hospital beds cannot be taken out of the system as originally planned to enable medical reconfiguration, as per Meeting the Challenge Full Business case, at this time
- To agree the system mitigation is robust to support additional beds in the system
- Agree deferral of the planned medical reconfiguration
- Support the proposed phasing of changes between April 2017 and September 2017, subject to further QIA and Star Chamber process to assess the risks and mitigation of full implementation of the hospital frailty model, changes to acute inpatient services and critical care prior to implementation (timeline attached at Appendix 1)
- Support the proposed reduction in the surgical bed base
- Support the proposal to develop enhanced rehabilitation services at Dewsbury and Pontefract, including rehabilitation for patients with fractured neck of femur in line with national best practice guidelines and with the commitments set out in the original FBC.

Appendix 1

Timeline for assurance and approval

(MYOAE = Mid Yorkshire Oversight and Approval Executive, which includes representatives from both CCGs, Mid Yorkshire Hospitals and Local Authorities)

- **Green – estimated dates/times for meeting's that need to held**
- **Black – Meetings that are already in diaries and will be taking place**