

**EXTRAORDINARY GOVERNING BODY MEETING
IN PARALLEL WITH WAKEFIELD CCG AND NORTH KIRKLEES CCG**

**Thursday, 3 August 2017
The Reception Room, Dewsbury Town Hall, WF12 8DG
4.00 – 5.00 pm**

AGENDA

No.	Agenda Item	Lead officer
1.	Welcome and Chair's Opening Remarks	Chairs
2.	Apologies for Absence – Jo Webster, Dr Andrew Furber,	Chairs
3.	Declarations of Interest	Chairs
4.	Questions from the Public Members of the public may raise issues of general discussion	
5.	Recommendations from the Star Chamber to consider changes to hospital services	Pat Keane, Chief Operating Officer, NHS Wakefield and NHS North Kirklees CCGs
6.	Evaluation of the Meeting the Challenge Programme	Pat Keane, Chief Operating Officer, NHS Wakefield and NHS North Kirklees CCGs
7.	Questions from the Public Members of the public may raise issues of matters arising which relate to the agenda	
8.	Close	Chairs



Title of meeting:	Governing Body	Agenda Item:	5								
Date of Meeting:	3 August 2017	Public/Private Section:									
Paper Title:	Recommendation from the Star Chamber to consider changes to hospital services	Public	✓								
		Private									
		N/A									
Purpose (this paper is for):	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion</td> <td></td> <td>Assurance</td> <td></td> <td>Information</td> <td></td> </tr> </table>			Decision	✓	Discussion		Assurance		Information	
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Report Author and Job Title:	Ruth Unwin, Associate Director of Corporate Affairs										
Responsible Clinical Lead:	Dr Phillip Earnshaw, Clinical Chair										
Responsible Governing Board Executive Lead:	Pat Keane, Chief Operating Officer										
Recommendations:											
<p>Based on the deliberations of the Star Chamber it is recommended that the Governing Body assures itself that satisfactory information has been provided in relation to the specific areas identified in Section 4.0 before approving the following changes commencing on 4 September 2017:</p> <ul style="list-style-type: none"> • Centralisation of acute medical inpatient admissions to Pinderfields Hospital • Centralisation of critical care beds to Pinderfields Hospital 											
Executive Summary:											
<p>Under the Meeting the Challenge programme, changes to hospital services across North Kirklees and Wakefield were approved by the Secretary of State for Health in March 2014 following public consultation.</p> <p>The first major changes to services were implemented in September 2016 and included changes to maternity, children's inpatient care and surgical services.</p> <p>It was agreed in April 2017 that the remaining changes would be delivered in a phased way between May 2017 and September 2017 with a series of enabling projects being completed over that time period before changes to acute inpatient medical care were implemented. Relocation of critical care beds and complex surgery from Dewsbury Hospital to Pinderfields Hospital will coincide with the relocation of acute medical beds.</p> <p>Star Chamber is a process developed by the National Quality Board (NQB) to assess the safety implications of significant service changes and has been used as a mechanism for clinically assuring changes at every stage of implementing the Meeting the Challenge programme.</p>											

The Governing Bodies of both NHS North Kirklees and NHS Wakefield CCG agreed a series of developments to be implemented in June/July to facilitate the final phase of changes including:

- Introduction of a dedicated pathway for patients who meet the frailty criteria
- Relocation of acute respiratory inpatient beds within the Pinderfields hospital site and extension of the unit to manage other acute patients
- Development of a clinical decisions unit (CDU) at Dewsbury Hospital

A further Star Chamber meeting took place on 20 July to quality assure the remaining elements of hospital reconfiguration under the Meeting the Challenge programme. This includes:

- Centralisation of acute inpatient admissions to Pinderfields Hospital
- Centralisation of critical care beds to Pinderfields Hospital

The Star Chamber considered the assurances provided in the context of continued staffing pressures, which are expected to be highlighted in the report of the recent inspection by the Care Quality Commission, due to be published in September.

Link to overarching principles from the strategic plan:	Reduction in hospital admissions where appropriate leading to reinvesting in prevention	✓
	New Accountable Care Systems to deliver new models of care	✓
	Collective prevention resource across the health and social care sector and wider social determinant partners	
	Expanded Health and Wellbeing board membership to represent wider determinants	
	A strong ambitious co-owned strategy for ensuring safe and healthy futures for children	
	A shift towards allocation of resources based upon primary and secondary prevention and social determinants of ill health	
	Transforming to become a sustainable financial economy	✓
	Organising ourselves to deliver for our patients	✓

Outcome of Integrated Impact Assessment completed (IIA) Integrated Impact Assessment was undertaken to support development of the Full Business Case.

Outline public engagement – clinical, stakeholder and public/patient: Formal public consultation was undertaken to support development of the Full Business Case. There has been regular on-going dialogue with the Joint Health Overview and Scrutiny Committee.

Management of Conflicts of Interest: None

Assurance departments/ organisations who will be affected have been Chief Finance Officer
Clinical Chair and Deputy Clinical Chair
Clinical cabinet members

consulted:	Chief Nurse and Chief of service delivery Chief Operating Officer Clinical leads (insert job title) Mid Yorkshire medical director and clinical leads Yorkshire Ambulance Service operational and strategy leads
Previously presented at committee / governing body:	The Full Business Case for Meeting the Challenge was approved by the Governing Body in July 2014. The Governing Body has received regular updates on implementation of the changes and approved previous phases following assurance through the Star Chamber process.
Reference document(s) / enclosures:	Description of the Star Chamber process: www.wp.dh.gov.uk/health/files/2012/07/How-to-Quality-Impact-Assess-Provider-Cost-Improvement-Plans-.pdf
Risk Assessment:	The Star Chamber process is designed to assess the safety impact of changes to hospital services
Finance/ resource implications:	There are no resource implications specifically relating to these changes

Recommendations from the Star Chamber held on 20 July 2017 to quality assure the final elements of hospital reconfiguration in the Meeting the Challenge Programme

1.0 Background

Changes to 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 these changes in September 2014, with the opening of a children's assessment unit at Dewsbury Hospital. A new specialist eye centre opened at Pinderfields in June 2015. Changes to acute cardiology were implemented in September 2015. Changes to women's, children's and some surgical services were implemented in September 2016.

There has been an ongoing programme of work to enhance primary and community care services to reduce the needs for people to be admitted to hospital and to support earlier discharge.

In April 2017, the Governing Bodies of NHS North Kirklees CCG and NHS Wakefield CCG agreed that a greater number of beds than originally planned should be retained across the system. The impact of this will mean more beds will remain on the Dewsbury Hospital site than in the original plan.

The Governing Bodies of both NHS North Kirklees and NHS Wakefield CCG agreed a series of developments to be implemented in June/July to facilitate the final phase of changes, including:

- Introduction of a dedicated pathway for patients who meet the frailty criteria
- Relocation of acute respiratory inpatient beds within the Pinderfields hospital site and extension of the unit to manage other acute patients
- Development of a clinical decisions unit (CDU) at Dewsbury Hospital

The proposal in Phase Three is to complete the reconfiguration of the three hospital sites as set out in the Meeting the Challenge programme so acute care is delivered at the Pinderfields site, with less complex urgent and elective care delivered at the Dewsbury and Pontefract site.

2.0 Star Chamber

Star Chamber is a formal part of the Quality Impact Assessment (QIA) process developed by the National Quality Board to assess provider cost improvements and assure safety and effectiveness of services when changes are being implemented. It is designed to provide a forum for timely, open and constructive challenge by clinicians and managers to identify potential risks and unintended consequences. This process has been used at each stage of implementing changes under the Meeting the Challenge programme.

A further Star Chamber meeting took place on 20 July to quality assure the remaining elements of hospital reconfiguration under the Meeting the Challenge programme. This includes:

- Centralisation of acute inpatient admissions to Pinderfields Hospital
- Centralisation of critical care beds to Pinderfields Hospital

The Star Chamber examined the risks and benefits of implementing the reconfiguration over a two week period commencing on 4 September 2017, and the risks to service delivery should implementation not proceed on this date.

3.0 Evidence presented to the Star Chamber

A Quality Impact Assessment (QIA) setting out the benefits, risks and mitigation of the changes was presented to the Star Chamber.

The Star Chamber was advised that currently average length of stay was broadly in line with the plan following changes to the bed numbers that were previously agreed.

The frailty service had been launched at the beginning of July. During the first 16 days of operation, 75.8% of patients had stayed in hospital for less than three days. 91 patients had been discharged and 20 had required admission to hospital.

The plan to extend the hours of ambulatory emergency care at Dewsbury was still in development but it was anticipated that this service would operate alongside the clinical decision unit, which would be a 24/7 service, and would enable an ambulatory model of service to operate for longer hours.

The Star Chamber considered the risks associated with not completing the final phase of acute hospital reconfiguration and the rationale for the changes taking place on 4 September 2017.

A number of benefits to completing the reconfiguration were identified:

- Completion of hospital reconfiguration would enable the health economy to deliver the benefits in terms of clinical outcomes and patient experience that were promised through the Meeting the Challenge consultation
- The improvements that had already been delivered would be more sustainable
- Centralisation of services would deliver a more stable model of care which would enhance clinical safety and experience
- Clear pathways for acute, sub-acute, step down and rehabilitative care would improve patient flow and efficiency.
- Greater stability would improve the Trust's ability to recruit and retain staff in key specialties
- Centralisation of acute inpatient beds would enable the Trust to reduce reliance on additional beds which would reduce staffing pressures

- Centralisation of acute medicine and associated staffing would make the 4-hour ED standard more achievable
- Co-location of senior medical staff and acutely ill patients would deliver an improved level of care and would support senior medical staffing numbers to sustain extended hours and seven day consultant cover in ED and on the acute hospital site
- Centralisation of critical care and development of augmented care would deliver staffing efficiencies and make services more sustainable
- Some locum posts would be able to be converted to substantive posts
- Junior doctor rotas would be able to be reviewed to ensure better supervision and work experience.

It was also noted that there were risks associated with not completing the final phase of acute hospital reconfiguration:

- More proactive management of acute medical patients which could be achieved as a result of centralising acute inpatient care would not be delivered
- A number of service enhancements had already been delivered on the expectation of the final phase being completed in September 2017 and it would be difficult to sustain these changes
- The Trust would be unable to complete delivery of the commitment to extend the times when patients had access to senior clinical review
- The Trust's ability to recruit and retain senior doctors, nurses and therapists would be compromised
- The ability to deliver a coherent winter plan would be compromised if the changes did not take place
- Failure to centralise services would compromise the Trust's ability to move towards a 24/7 model of ambulatory emergency care and 24/7 consultant delivered services
- The Augmented Respiratory Care service and associated increase from eight to 14 beds could not be achieved
- Continued operation of critical care services on two sites could not be sustained
- The current model of care means patients have to be dispersed to extra capacity beds which results in inefficient use of doctors, increased reliance on locum and agency staff and longer lengths of stay
- Poor experience for junior doctors as a result of the current service configuration could lead to the Deanery removing posts

The rationale for the proposal to implement changes over a two week period commencing on 4 September 2017 to enact the changes was explained. When the decision was taken to adopt a phased approach to delivering the final elements of the programme, it had been agreed that early September was the optimum time as it would avoid the peak holiday period, be least impacted by junior doctor change over dates and would mean changes could be embedded before the winter period when demand would be expected to increase.

If the final changes could not be completed in September, it would have to be delayed until spring 2018 which would lead to increased risks as identified earlier in this section.

4.0 Conclusions

The Star Chamber concluded that before enacting the final phase, commissioners would need to receive information in relation to:

- Details of the plans in place to reduce the use of extra capacity beds
- An update on the implementation of frailty assessment
- The timetable for development of the Clinical Decision Unit and extended hours for ambulatory care at Dewsbury
- Medical cover arrangements at Dewsbury
- Detailed scheduling of the phase 3 implementation
- Confirmation that Yorkshire Ambulance Service had arrangements in place to manage changes in patient flow and that there was a mechanism in place to ensure a sustainable model of ambulance provision reflective of the changes taking place to services across Yorkshire

5.0 Recommendation of the Star Chamber

Based on the deliberations of the Star Chamber it is recommended that the Governing Body assures itself that satisfactory information has been provided in relation to the specific areas identified in Section 4.0 above before approving the following changes commencing on 4 September 2017:

- Centralisation of acute medical inpatient admissions to Pinderfields Hospital
- Centralisation of critical care beds to Pinderfields Hospital

Ruth Unwin
Associate Director of Corporate Affairs
NHS Wakefield CCG
July 27th 2017



Title of meeting:	Governing Body	Agenda Item:	6								
Date of Meeting:	3 August 2017	Public/Private Section:									
Paper Title:	Evaluation of the Meeting the Challenge Programme	Public	✓								
		Private									
		N/A									
Purpose (this paper is for):	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion</td> <td></td> <td>Assurance</td> <td></td> <td>Information</td> <td></td> </tr> </table>			Decision	✓	Discussion		Assurance		Information	
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Responsible Clinical Lead:	Dr Phillip Earnshaw, Clinical Chair										
Responsible Governing Board Executive Lead:	Pat Keane, Chief Operating Officer										
Recommendation:											
It is recommended that the Governing Body note the independent evaluation that has been commissioned from the Good Governance Institute and agree any follow up action											
Executive Summary:											
<p>Following formal consultation on the proposed changes to hospital services set out in the Meeting the Challenge programme, NHS North Kirklees and NHS Wakefield CCGs a series of commitments were built into the Full Business Case.</p> <p>Regular assurance has been provided to the CCG Governing Body through the system wide oversight arrangements and to the Joint Health Overview and Scrutiny Committee in relation to the changes that have taken place. This has included information from internal evaluation of the impact of the changes.</p> <p>As the programme approaches completion, the Mid Yorkshire System Oversight and Assurance Executive, which includes senior leaders from both CCGs and the Mid Yorkshire Hospitals NHS Trust, has agreed to commission the Good Governance Institute to carry out independent evaluation of the programme.</p> <p>The evaluation will review whether the commitments in the Full Business Case have been delivered, and identify the impact of any variance from the original proposals.</p> <p>Independent evaluation is designed to provide assurance to internal and external stakeholders, including the public, about the changes that have been delivered and whether these changes have resulted in the intended benefits of the programme. The Good Governance Institute have also been asked to identify further developments that may be required to ensure services are fit for the future.</p>											

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Outcome of Integrated Impact Assessment completed (IIA)	Integrated Impact Assessment was undertaken to support development of the Full Business Case.																
Outline public engagement – clinical, stakeholder and public/patient:	Formal public consultation was undertaken to support development of the Full Business Case. There has been regular on-going dialogue with the Joint Health Overview and Scrutiny Committee.																
Management of Conflicts of Interest:	None																
Assurance departments/ organisations who will be affected have been consulted:	Chief Finance Officer Clinical Chair and Deputy Clinical Chair Clinical cabinet members Chief Nurse and Chief of service delivery Chief Operating Officer Clinical leads (insert job title) Mid Yorkshire medical director and clinical leads Yorkshire Ambulance Service operational and strategy leads																
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Reference document(s) / enclosures:	Copy of the agreement with the Good Governance Institute																
Risk Assessment:	Not applicable																
Finance/ resource implications:	The evaluation is being provided within a previously agreed financial envelope.																

Meeting the Challenge Acute Hospital Reconfiguration
Transformation Programme: Review and Evaluation

Wakefield Clinical Commissioning Group Good Governance
Institute (GGI)

Statement of Work

Date: 30/06/17

Project description

GGI Development and Research LLP (GGI) has been appointed by Wakefield Clinical Commissioning Group (CCG) (Client) on behalf of North Kirklees and Wakefield CCGs to undertake an independent review and evaluation of *Meeting the Challenge Acute Hospital Reconfiguration Programme* (MtC) carried out by the CCGs and Mid Yorkshire Hospitals NHS Trust (MYHT). This review will be carried out as part of the closure and exit of the MtC programme.

North Kirklees and Wakefield CCGs and MYHT are embarking on the final stage of their three-year transformational journey. This independent review by GGI will assess qualitative and quantitative data to evaluate progress made to date, and capture key learning from the programme.

The review will be carried out in parallel with the final stage and closure activities of the MtC programme. This will include assurance around objectives met (and any that are outstanding or have been reconfigured) and lessons learnt, with a view to providing a platform to support the system's forward look and continued development and engagement with stakeholders.

This Statement of Work document outlines the focus of the work, clarifying expectations and illustrating how the programme will be implemented. It also sets out the terms on which GGI's services will be provided.

Key programme activities

The table below outlines GGI's approach to delivering this work with appropriate timelines indicated.

Phase	Activities	Timeframes
Pre-planning	<ul style="list-style-type: none"> • Project kick-off meeting; • Production and approval of Statement of work. 	By 30 June 2017
Delivery	<ul style="list-style-type: none"> • Documentation review of programme progress and outcomes; • Review of previously carried out 2015 gateways reviews; • Interviews with relevant individuals who were involved in the programme. 	July – August 2017
Interim report	<ul style="list-style-type: none"> • Develop interim report of emerging themes and key findings. 	September 2017
Interim report feedback	<ul style="list-style-type: none"> • Presentation of interim report and themes; • Collation and response to comments from interim report. 	September 2017
Final Report	<ul style="list-style-type: none"> • Develop and deliver final report carrying out further evaluation as required, and including 'public facing' articulation of the MtC review. 	September 2017 – February 2018
Review	<ul style="list-style-type: none"> • Project quality review. 	March 2018

Outputs

- Independent review and evaluation report of the Meeting the Challenge Acute Hospital Reconfiguration Programme. The report will address the following areas:
 - Assessment of MtC programme delivery compared to stated objectives and commitments;
 - Review of outstanding or reconfigured programme outputs, assessed in the context of policy developments and system challenges over the course of the MtC programme;
 - Review of the impact and effectiveness of the partnerships and joint working arrangements across stakeholders in the delivery of the programme;
 - Forward look and next steps for the system from March 2018