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

Thursday, 22 June 2017
The Reception Room, Dewsbury Town Hall, WF12 8DG
3.00 – 4.00 pm

AGENDA

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<th>No.</th>
<th>Agenda Item</th>
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<td>1.</td>
<td>Welcome and Chair’s Opening Remarks</td>
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<td>Apologies for Absence –</td>
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<td>3.</td>
<td>Declarations of Interest</td>
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<td>Questions from the Public</td>
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<td>Members of the public may raise issues of general discussion (10 minutes)</td>
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<td>5.</td>
<td>Formal Decision Making : Receive recommendations from the Star Chambers</td>
<td>Pat Keane, Chief Operating Officer, NHS Wakefield and NHS North Kirklees CCGs</td>
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<td>6.</td>
<td>Questions from the Public</td>
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<td>Members of the public may raise issues of matters arising which relate to the agenda (10 minutes)</td>
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<td>7.</td>
<td>Close</td>
<td>Chairs</td>
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**Title of meeting:** Governing Body Agenda Item:  
**Date of Meeting:** June 22\(^{nd}\) 2017  
**Public/Private Section:** Public ✓  
**Paper Title:** Recommendation from the Star Chamber to consider changes to hospital services  
**Purpose (this paper is for):** Decision ✓ Discussion Assurance Information  
**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:** Jo Webster, Chief Officer  

**Recommendation (s):**  
It is recommended that the Governing Body:  

- Approve the recommendation from the Star Chamber held on June 9th 2017 to proceed with the following changes to hospital services:  
  - 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  

Note the further assurance process that will take place before further changes to acute inpatient care proceed  

**Executive Summary:**  
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.  

The first major changes to services were implemented in September 2016 and included changes to maternity, children’s inpatient care and surgical services.  

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.  

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.
A Star Chamber met on June 9th to quality assure three projects which will facilitate the reconfiguration of acute inpatient care. These changes include:

- 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 paper sets out the findings of the Star Chamber and their recommendation to proceed with these changes.

A further quality assurance process will be undertaken prior to the implementation of changes to acute inpatient care.

### Link to overarching principles from the strategic plan:

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

There is a potential conflict of interest in relation to the primary care elements of the service model

### Assurance departments/organisations who will be affected have been consulted:

Insert details of the people you have worked with or consulted during the production of this paper:

- Chief Finance Officer
- Clinical Chair and Deputy Clinical Chair
- Clinical cabinet members
- Chief Nurse and Chief of service delivery
- Chief Operating Officer
<table>
<thead>
<tr>
<th>Clinical leads (insert job title)</th>
<th>Mid Yorkshire medical director and clinical leads</th>
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<tbody>
<tr>
<td>Yorkshire Ambulance Service operational and strategy leads</td>
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**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:**

Board Briefing on the Meeting the Challenge programme (attached)


**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 June 9th 2017 to quality assure changes to hospital services

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 changes that were reviewed by the Star Chamber on June 9th are part of the enabling projects that will facilitate reconfiguration of acute medicine by ensuring inpatient services are appropriately distributed across the Dewsbury and Pinderfields Hospital sites.

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.

A Star Chamber was held on June 9th 2017 to peer review and critique the Quality Impact Assessments for three services changes:

- Development of a frailty pathway for patients presenting at hospital
- Relocation of acute respiratory inpatient care within Pinderfields Hospital and expansion of the unit to accommodate other acutely ill patients
- Development of a clinical decision unit (CDU) at Dewsbury Hospital

The purpose of the Star Chamber was to

- Review the phased approach being taken by Mid Yorkshire Hospitals:
- Review developments since April 2017;
- Seek assurance around plans for enabling projects to be delivered in the next phase;
Consider the assurance requirements and process for changes to acute inpatient care.
Review the impact of ambulance ‘drivetime’ on YAS, MYHT and other acute Trusts;
Review the impact of YAS ‘drivetime’ and intra-site transfers on YAS capacity for 999 response and transfers, performance and activity.

3.0 Evidence presented to the Star Chamber

The following information was presented to the Star Chamber
- Quality Impact Assessment for development of the frailty pathway
- Quality Impact Assessment for relocation of the acute respiratory unit
- Quality Impact Assessment for the development of a clinical decision unit
- Details of the impact of the changes to date on Yorkshire Ambulance Service (A&E Operations and PTS)
- The anticipated impact of future changes to on Yorkshire Ambulance Services.

The impact for ambulance and hospital services were considered by two separate discussion groups.

4.0 Changes to Mid Yorkshire Hospital (MYHT) services

4.1 Frailty Model

The proposed change involves development of frailty units at Dewsbury and Pinderfields Hospital, which would be delivered by a consultant and multi-disciplinary Rapid Assessment and Care of the Elderly Team (REACT). All appropriate patients would be screened on arrival at hospital using a frailty scoring tool and those who meet the frailty criteria would be transferred directly to the Frailty Unit. The unit would be open from 8am to 8pm daily with access to clinicians on an on-call arrangement outside these times.

The Frailty Units have been planned in accordance with the Royal College of Physicians ‘Future Hospital’ principles using a scoring tool which is designed to work in a complementary way to frailty assessment tools used by professionals in the community. The service has been operating as a pilot.

It was acknowledged that there was an opportunity to further enhance the frailty model by aligning it to management of frail and elderly people in the community. It was agreed that there was consistency between the assessment tools used in community, primary and secondary care settings. The Star Chamber was also assured that a joined up system was being developed to ensure community and primary care is linked into acute models and that the patient’s frailty score would be available through the Summary Care Record, which is accessible to all relevant professionals. Strong links to community and social care would enable people to be offered care at or close to home as an alternative to being admitted to hospital, where appropriate. This approach is supported by evidence that frail and elderly patients are more likely to decompensate (lose ability to function or become more unwell) if they spend time as a hospital inpatient.
It was noted that the development of the frailty units would have a significant beneficial impact on quality, performance and patient experience by reducing unavoidable admissions for older people and ensuring people who do require admission are moved promptly to an appropriate setting.

4.2 Acute Care Unit

Pinderfields currently has eight high dependency respiratory beds (ARCU). The proposal is to move these beds from Gate 27 to Gate 45A and to create a 14 bed acute care unit capable of accommodating other associated specialties.

There is evidence that acute care for patients with ventilatory failure is better delivered in a high dependency area resulting in shorter length of stay and better recovery rates. It was noted that the development of an acute care unit would result in better outcomes for respiratory patents and those with acute kidney injury. Availability of isolation rooms would enhance care for patients with infections or reduced immunity.

4.3 Clinical Decision Unit

The proposal is to develop a clinical decision unit (CDU) on the Dewsbury Hospital site. This unit would be complementary to the ambulatory emergency care unit (AEC) providing ten beds for patients who are unlikely to need an extended admission to hospital but need to be in a bed while they are being assessed or treated.

Data analysis shows that during 2015/16 there were 1064 patients who stayed in hospital for less than 24 hours who were not managed through ambulatory care but potentially could have been. Selection of patients to be managed in the ambulatory emergency care unit and CDU is based on national guidance.

It was noted that the AEC and CDU would have a significant beneficial impact on quality and performance by ensuring patients are safely managed without admission, where appropriate and were provided with care at or close to home. The unit would also improve patient experience by reducing the need for patients to be transferred from Dewsbury to Pinderfields for a short admission.

4.4 Staffing

The most significant area of concern raised through the Star Chamber related to the availability and deployment of appropriately skilled staff to support the new models. MYHT colleagues advised that internally staff have been consulted to identify people with the requisite skills who have a preference for working in these particular environments. It is anticipated that allocating staff to a defined clinical area of their choice will lead to increased job satisfaction and better retention of existing staff. It will also facilitate recruitment of new staff to units which have a clearly defined function.

Rotas have been reviewed to match anticipated demand. It was acknowledged that in spite of the significant, innovative work done by the Trust to recruit and retain staff, staffing challenges were already present in the existing models, and the proposed changes would go some way towards mitigating this risk. The Trust agreed to share
details of their approach to developing a robust staffing establishment to support the proposed models of care.

4.5 Implementation of changes to acute medical inpatient care

MYHT colleagues confirmed that the benefit of some of the changes under consideration would not be fully realised until full reconfiguration had been implemented. However, it was noted that it would be helpful to be able to see that these enabling services were in place and operating effectively when considering the final phase of the Meeting the Challenge programme, which would result in inpatient care for patients requiring acute and specialist care being centralised at Pinderfields.

5.0 Ambulance journeys

Discussion groups considered the impact of the changes on:

- Ambulance journey times and distances and capacity.
- Inter and intra hospital transfers

5.1 Journey Times

The observed impact in terms of increased journey times and potential impact on overall response performance was noted.

5.2 Inter hospital transfers

The overall impact of reconfiguration changes to date and future planned changes in terms of increased numbers of transfers between sites was noted. Reassurance was sought from Mid Yorkshire Hospitals Trust and YAS regarding ongoing actions to ensure transfer times for patients do not increase adversely to affect outcomes.

It was confirmed that MYHT and YAS would continue to work closely to develop pathways for patients to transfer appropriately, safely and in a timely way.

5.3 Secondary Transfers

It was confirmed that when all the changes to inpatient medical beds are complete, ad hoc diverts of emergency ambulances from Pinderfields to Dewsbury will no longer take place intra site, however there will be an increase in transfers from Dewsbury Hospital to Pinderfields and from Pinderfields from other sites. A question was raised regarding YAS decision making from scene to A&E and there was an agreement to review the numbers of patients who were taken to DDH who were immediately transferred to Pinderfields without further intervention (pure secondary transfer from A&E)

5.4 Delays in Transfers

There was discussion around the further development of a Yorkshire Ambulance Service (YAS) transport model to minimise use of emergency crews and vehicles for non-emergency transfers between hospitals.
It was confirmed that MYHT and YAS clinicians and managers would continue to work closely to Identify and prioritise patients requiring transfer.

YAS confirmed that in the:

**Short term** – they would plan to support the changes set out in the paper if the resource allocation into the area could be increased using short term measures – for example by increasing the amount of overtime available to staff. However there was recognition that this would be a safe way to proceed but not a sustainable option;

**Long Term** – further work was needed to review resources to support the next phases of service reconfiguration at Mid Yorkshire and the wider across the Yorkshire region.

6.0 **Conclusion & next steps**

The Star Chamber agreed that the proposed MYHT models were agreed in principle to support phase 2 of the reconfiguration.

The Star Chamber were also content that the actions and mitigations proposed by YAS. Provided assurance that the required patient transport can be delivered safely and at the required quality during this phase but that a longer term solution was required via agreement with commissioners and YAS on a Yorkshire and Humber footprint.

It was noted that the timescales for implementing the final phase were subject to assurance around delivery of the models discussed. It was agreed that a further Star Chamber would need to be arranged to quality assure the final phase.

This Star Chamber would need to be arranged to allow sufficient time for the Governing Bodies to consider its recommendations and reach a decision; and to enable the date that changes would happen to be effectively communicated to the public.

The Star Chamber would need to receive evidence that the enabling projects set out above had been implemented and that there were robust plans to address staffing challenges.

It was agreed that MYHT would provide a Quality Impact Assessment setting out the risks and mitigations of proceeding with the changes and the risks and mitigation of delaying implementation.

Assurance on plans to increase local access to planned care and outpatient appointments for North Kirklees residents was also requested.

7.0 **Recommendation of the Star Chamber**

On the basis of the information presented and the discussions that took place, the Star Chamber recommends that the Governing Bodies of NHS North Kirklees and NHS Wakefield CCGs:

- Approve the recommendation from the Star Chamber held on June 9th 2017 to proceed with the following changes to hospital services:
  - 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

- Note the further assurance process that will take place before the planned changes to acute inpatient care, critical care and complex surgery proceed

Ruth Unwin
Associate Director of Corporate Affairs
NHS Wakefield CCG
June 14th 2017