

A Review of Acute Hospital Services

in
South and Mid Yorkshire, Bassetlaw and North
Derbyshire

**Commissioned on Behalf of the South Yorkshire
and Bassetlaw Accountable Care System**

Terms of Reference

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South and Mid Yorkshire, Bassetlaw and North Derbyshire Hospital Services Review Terms of Reference

1. Background

We are Health and Care Working Together in South Yorkshire and Bassetlaw. We are a partnership of 25 organisations responsible for looking after the health and care of the 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

We're made up of 18 NHS organisations, six local authorities and key voluntary sector and independent partners in our region. Through working together, we have been chosen by NHS England as one of the first areas of the country to become an accountable care system.

An accountable care system is another way of describing the ambition we have locally, supported by our patients and staff, to ensure health and care services are the best they can possibly be. Working together in this way means that we will be able to better join up GPs and hospitals, physical and mental healthcare, social care and the NHS and give our patients the seamless care they have told us they want.

The ambition

Our goal is to enable everyone in South Yorkshire and Bassetlaw to have a great start in life, with support to stay healthy and live longer.

Building on our original thinking as laid out in the Sustainability and Transformation Plan we published in November 2016, our ambitions start with where people live, in their neighbourhoods, focusing on people staying well. Introducing new services, improving co-ordination between those that exist, supporting people who are most at risk and adapting the workforce so that people's needs are better met are also key elements.

Prevention is at our heart – from in the home to hospital care – supported by plans to invest in, reshape and strengthen primary and community services. At the same time, we agree that everyone should have improved access to high quality care in hospitals and specialist centres and that, no matter where people live; they get the same standards, experience and outcomes for their care and treatment.

We will work as a network to improve the quality and efficiency of services, in areas such as maternity services and diagnostics. We will also simplify urgent and emergency care services so they are easier to navigate and are more accessible.

We know that people's health is shaped by a whole range of factors – from lifestyle and family backgrounds to the physical, social and economic environment. At the same time, NHS services tend to focus on treating people who are unwell. We're agreed that we need to focus on connecting health and care services to improve the health, wellbeing and life chances of every person in the region while also delivering a more financially sustainable health and care system for the future.

The case for change

Since its creation in 1948 the NHS has constantly adapted and it must continue to do so as the

world and our health needs change. We have many great people working in our services – and we want to support staff to continue to do an excellent job; providing safe care for everyone in the future.

There have been some big improvements in health and social care over the last 15 years. For example, people with cancer and heart conditions are experiencing better care and living longer. However, people's needs have changed and they are generally living longer. They want their health and care services in a place and at a time that is right for them. For many, this means care that is provided at home, or in local healthcare centres - not in a hospital.

At the same time, people are waiting longer for treatment and spending lengthy periods of time in hospital when they could be at home, or seen by their GP or at a local healthcare centre.

Things can also seem unnecessarily complicated sometimes. For example, people having to repeat themselves to doctors, nurses and care workers and sometimes having to go to lots of different appointments in different places. This could work better and services could be more joined up and easier to understand and use.

There are some big staff challenges that we need to deal with. Even though in recent years the number of qualified clinical staff in the NHS rose by 3.9 per cent, there are not enough nationally for some services. As healthcare has developed, so has the role of doctors and nurses. Care and treatment can be provided by a wide range of healthcare professionals - not just doctors. Working like this would mean people being seen and treated more quickly.

We've got some tough financial pressures too which is mostly down to increased demand on services and people living longer. It's a good thing that so many people are living longer but it means the way we work needs to change to meet the needs of an ageing population, so they can live well.

Working together

Building on our strong relationships, our partnership is based on five 'places' (Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield) – and partners in each of these places are also working together on a town and city level to improve health and care and have developed Accountable Care partnerships to do this.

The Accountable Care Partnerships bring together the different ideas and initiatives that have been developed with local communities and local people already, as well as providing opportunities for people to give their views and to get involved in shaping their future services.

By focusing attention on local communities and the services, care and wellbeing needed by the people who live in them, we can support everyone to be healthier. We want to make the most of the skills of local people, communities and organisations to support people to lead healthier lives and care for themselves and each other.

Work on place alone however won't address the joint challenges we face, and so at a regional level, we have a number of priority areas (called "workstreams") that we are working together on. All have input from all organisations, senior clinicians, members of staff and, as we start to

develop ideas and plans, the public. These workstreams broadly cover:

- Cancer,
- Mental health
- GP and community services
- Urgent and emergency care
- Managing long terms conditions
- Managing the pressures that build up across our services

Supporting our workstreams are a number of key projects – for example, early on in our thinking all partners committed to reviewing our hospital services to ensure they are sustainable for the future. We are committed to having a local hospital in every town and city and an independent review of hospital services in our region will look at how we can do this, identifying which services would benefit from being provided in different ways.

Taking decisions together

Our agreement to work together to improve health and care does not replace any legal, or statutory, responsibilities of any of the partner organisations. It is simply commitment to working together better.

An Oversight and Assurance Group will provide oversight governance, a Collaborative Partnership Board (CPB) will set the vision, direction and strategy and an Executive Partnership Board will support the CPB to develop policy and make recommendations to the Board. Already in place are a Joint Committee of Clinical Commissioning Groups (JCCCGS) and a recently developed NHS Provider Committee in Common.

All these will run in parallel with partners' governance and help make decisions and joint decisions will be made where we recognise there is a regional issue that needs solving together.

A key test to our success as a partnership and the strength of our relationships will be how well we “work as one” – such as how we respond to each other in times of need while putting the needs of individuals, patients and the public first.

We will also look at managing our finances together. While each organisation will still be responsible for its own spending, we will share the responsibility for our collective spending. This means we will share the responsibility for all our books to balance.

The following document gives further information to the review into acute hospital services across the region and includes an outline of the purpose, the context, the challenges and the approach taken.

2. Executive Summary of the Hospital Services Review

This review's overarching purpose is to improve acute healthcare for patients in South and Mid Yorkshire, Bassetlaw and North Derbyshire, by putting services for patients onto a sustainable footing for the future.

A number of acute services delivered in acute hospitals across this area are currently unsustainable, as a result of workforce shortages or other concerns. The review will focus on developing recommendations on how these services could be made sustainable. In addition, it will consider the future role of the District General Hospital both as part of local accountable care in each *Place*, and in delivering services for patients across the region.

The review has four key objectives:

1. Define and agree a set of criteria for what constitutes 'Sustainable Hospital Services'
2. Identify services that are unsustainable against these criteria
3. Put forward a future service delivery model or models which will deliver sustainable hospital services
4. Consider what the future role of a District General Hospital is in the context of the local health economy

The review will last 10 months and will report at the end of April 2018. It will be structured in two main sections;

Stage One – Assessment: identifying sustainability issues in clinical services

Stage Two - Identifying options for addressing these concerns, and developing recommendations

The Review has been commissioned by the Oversight and Assurance Group, which includes all the organisations who are members of the South Yorkshire and Bassetlaw Accountable Care System. The full list of partner organisations is at annex A. In April 2018 the Review will put forward a set of independent recommendations, which will be submitted to the Oversight and Assurance Group. Ultimately, it will be for commissioners to decide which if any recommendations they wish to take forward, and to lead public consultation on these.

The review will be headed by an Independent Review Director, supported by an independent Programme Director and secretariat. It will be managed through a Review Steering Group (Terms of Reference for this are attached as Appendix B).

The review forms part of a suite of initiatives across the South Yorkshire and Bassetlaw Accountable Care System. The Review focuses on acute services, but should be seen alongside other workstreams which are focusing on strengthening primary and community care, moving care out of hospital and developing the future of the Accountable Care System.

3. Purpose

The main purpose of undertaking this review is to identify those services which are unsustainable and which, to achieve sustainability and resilience (and, in doing so, to maintain and where possible enhance benefits to patients), would benefit from different delivery models. In addition, and in the context of the SYB ACS, it will consider how local hospitals will continue to provide services for the population both as part of local accountable care in *Place* and delivering services for patients across the region.

The review will have the following key objectives:

- a. **Define and agree a set of criteria for what constitutes 'Sustainable Hospital**

Services' for each *Place* and for South and Mid Yorkshire, North Derbyshire and Bassetlaw (in the context of the SYB ACS).

- b. **Identify any services that are unsustainable** and not resilient against these criteria, in the short, medium and long-term, including tertiary services delivered within and beyond the STP
- c. **Put forward a future service delivery model or models** which will deliver sustainable hospital services, with sustainability aimed at delivering long-term patient benefit.
- d. **Consider how local hospitals will continue to provide services for the population** in the context of the aspirations outlined in the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) and emergent models of sustainable service provision.

Due regards for equalities issues will be demonstrated throughout.

Whilst it is recognised that resilience is an important factor in a service's sustainability, and that it must therefore be considered, the focus of the review is upon developing a composite set of sustainable services.

It is not in the remit of the review to design or implement single-service short-term resilience solutions, should they be required during its lifetime. However, where these are required, it is assumed that there will be a dialogue between those services and the review in order that long-term sustainability aspects, with a view to maintaining and improving patient benefits over time, can be incorporated.

The review will contribute to aiding an understanding of current hospital services which will need to form part of local place and developing Accountable Care Partnerships (the Place-based components of the ACS), providing integrated services to local communities and neighbourhoods, ensuring people are supported to stay well for longer where they live. This will build on the tiering approach that has been developed in earlier review work.

- Tier 1: Services to be delivered within each local Place,
- Tier 2: Services which could be delivered as an accountable networked service
- Tier 3: Tertiary or specialised services

This approach is fully supported by providers and commissioners and is consistent with both aspirations of commissioners and providers to commission and provide high quality sustainable hospital services for all local populations. It also is consistent with emergent development of strategic commissioning across South Yorkshire and Bassetlaw.

Outputs of the review will be developed in partnership between providers, commissioners and partners at all stages, with a recognition that any proposals arising from the review will be subject to full commissioning scrutiny and will only be taken forward through appropriate commissioning processes. The review will take into account other reviews taking place in parallel across the region, and of the potential knock-on impacts of these upon local Trusts, as well as potential impacts of this work upon other enterprises. Whilst the scope of the review covers acute services, there is a recognition that, particularly for

Tier 1, emergent solutions in local *Place* plans and in the wider ACS may place a greater emphasis upon care being delivered in community settings and in greater collaboration with primary care, NHS community and mental health providers, social care and the third sector. As the review progresses into Stage Two (identifying new service forms), then these relationships may be increasingly important.

The review will also take account of reviews happening in parallel either outside of our region (but which may affect our region), or on a national footing – examples include: the acute hospital reconfiguration work currently underway in Calderdale and Huddersfield (which may affect patient flows in our region); changes to senior commissioning remits in Derbyshire (which may affect decision making for some of our partners); and national and regional specialist commissioning reviews (such as the review of neonatal services due autumn 2017).

The approach and the key objectives outlined above will be a central component in delivering the SYB ACS.

This document outlines the highest-level plan, and the terms and overarching actions that need to be undertaken to deliver the review and develop recommendations to ensure sustainability of hospital services. It has been used to further define the development of the *Terms* and to invite proposals from external consultancy partners to deliver the review.

4. Context: Relationship to the Wider South Yorkshire and Bassetlaw Accountable Care System

The Hospital Services Review is only one part of the work that is currently ongoing to improve healthcare across South Yorkshire and Bassetlaw, and neighbouring areas of North Derbyshire and Mid Yorkshire. The Review Terms of Reference refer only to the work that is being done to look at acute hospital services.

Other workstreams within the SYB Accountable Care System incorporate areas such as improving GP services, strengthening mental health services, and shifting care out of hospitals to be closer to patients' homes. There is also a large scale review of health commissioning across the area.

The Hospital Services Review sits alongside these workstreams and is interdependent with them, but it is important to recognize that it is only one strand within a much wider programme of work. These Terms of Reference are clear that whilst the scope of the review covers services which are currently delivered in an acute hospital environment (see Appendix A), any proposals resulting from the review may involve any combination of service delivery in acute, community, primary care or other environments – therefore the relationship with the wider Accountable Care system is crucial.

The review 'footprint' also covers organisations which are outside the boundaries of the SYB Accountable Care System. In some instances (e.g. North Derbyshire, Hardwick and Wakefield CCGs), review Steering Group members may not be represented in the ACS decision-making bodies (Collaborative Partnership Board, Oversight and Assurance Group). The expectation would be that these organisations would be expected to formally assess any proposals to change acute services in their area, were this to be a proposal arising from the review. It is

proposed that when it is necessary for North Derbyshire, Hardwick and Wakefield CCGs to be involved in structures such as the Oversight and Assurance Group, at key moments in the review, then this will be arranged on an ad hoc basis.

5. Current Challenges

South Yorkshire, Bassetlaw, North Derbyshire and Mid Yorkshire have some of the best hospital services with national and international reputations including a specialist cancer centre, children's hospital and numerous very high quality services in many locations. It also has one of the country's busiest accident and emergency departments.

However, residents across the same geography suffer some of the poorest health outcomes when compared to other parts of the UK. There is also a significant demand on services at a time when there are significant workforce pressures across all hospitals and finances are acutely tight. The 'do nothing scenario' estimated by Director of Finance colleagues across South Yorkshire and Bassetlaw is in the region of £570 million over the next four years and Trusts specifically are facing significant deficits and challenging control total positions which can only further impact negatively on quality and equality of access.

Outcomes of Care Quality Commission (CQC) reviews are variable across hospitals and range from "outstanding" and "good" to "requiring improvement" and "inadequate" for key review areas of being safe, effective, caring, responsive and well-led for some specific service areas. The current and foreseeable future context can only mean that this challenging environment will continue and worsen at the same time as Trusts are having to respond to NHS Improvement efficiency requirements.

Previous national policy has encouraged a competitive approach with contractual and competitive procurement processes and inflexible payment mechanisms which have made it difficult to take steps to collaborate more fully to improve sustainability. In addition, national performance metrics at Trust level have also hindered new approaches.

In agreeing to undertake this review Trusts aim to identify options to respond to a number of challenges they face including:

- Clinical services which have become unsustainable, or not resilient, as a result of shortages of key workforce and the inability to provide sustainable safe services in every hospital
- Services having to stop/start at short notice as a result of staff shortages and the inability to be able to take a planned approach
- Trusts continuing to find themselves competing for the same staff for many of the same service areas with the same Trusts unable to fill key staff vacancies
- Some service areas being heavily reliant on locum cover for key service areas including A&E and smaller medical and surgical specialties
- Different levels of access to services between different hospitals in local places
- Different levels of quality in some hospitals both between services and between the same services in different hospitals
- Services where there is unproductive duplication and quality risks as a result of having no option but to try and offer services locally in each hospital
- Potential expensive replication with underutilisation of equipment in the context of constrained capital funding

- Missed opportunities to improve quality, experience, access and safety by identifying delivery options based on closer working together

6. Review Approach

The proposal has specified that the review progresses as a defined project using a structured methodology with clear governance and reporting arrangements supported by both an external consultancy with a separate lead reviewer and local senior programme management input.

The review is being **commissioned** by the SYB ACS Oversight and Assurance Group (OAG) whose membership includes Trust Chairs, Health and Wellbeing Board Chairs (LA Members) and CCG Clinical Chairs. The review will be **managed** through the ACS Collaborative Partnership Board (CPB – membership includes all Trust Chief Executives and all CCG Accountable Officers), will be **managed day-to-day** by a Review Steering Group (SG – membership includes all Trust Medical Directors and Trust Executive Planning and / or Operational Directors, plus representation from each local CCG) and **delivered** through a dedicated team, including management consultancy secured externally, and an Independent Review Director and local senior programme management support.

The review approach and structure will need to take account of, and work with and draw on, existing work and collaborations within the ACS including work undertaken to develop the Sustainability and Transformation Plan, the provider Vanguard and other priorities and work-streams where the need for reconfiguration has been identified.

It will take place in two stages:

Stage One – Assessment:

Stage 1 will focus on identifying those services which exhibit clearly defined sustainability risks and would benefit from new delivery options

The scope of stage 1 includes:

- Clinical Services
- Clinical Support Services

The review will also take account of education, training and research considerations, noting that these play an intrinsic role in e.g. the attraction of a highly qualified workforce and of investment. However, the principal focus of the review will be upon the delivery of sustainable health services to meet the needs of our population now and into the future. Throughout the lifetime of the review, due regard will be paid to equalities issues at all times, and all outputs will be generated with this regard.

Significant work has been undertaken on support services and estates and this will be available to the review team. Further work may be required - the review will work in liaison with ACS Provider Efficiency streams, sharing information on possible impacts of work from either side and being mindful of key decision points and respective critical paths.

For clinical services, all acute Trust services will initially be in scope, notwithstanding work underway with the STP and collaborations within Working Together Programmes where

plans for change are advanced, for example hyper acute stroke services, children’s surgery and wider paediatrics. The review will take account of work already being undertaken and should make use of existing resource where this is available (e.g. working with existing Managed Clinical Networks) and should seek to avoid duplication where existing work is suitable for the review’s needs.

Appendix A shows the organisations, sites and services in scope for the review.

Community health services provided for SYB patients are not in scope. Where they are provided by a hospital Trust for example STHFT, TRFT, the review will take these into account and will report any best practice or learning.

As the review progresses into Stage Two and service models emerge, there may be a requirement to work more closely with services and stakeholders outside of the acute sector to deliver effective care and improved outcomes, keeping this close to the patient’s home where this is practicable and sustainable. The review will be mindful and inclusive of the need to involve patients, carers and the wider public.

The mechanism for this will be refined as the review methodology is finalised, though the ACS has already made provision for a Citizens’ Panel, linked to the ACS Executive Steering Group, and this may be an appropriate vehicle alongside further planned communications and engagement activity.

It is likely that a refined list of services will eventually be agreed that will therefore be the focus of stage two of the review.

Proposed themes to make an assessment and identify benefits:

A clear and agreed set of criteria of what ‘Sustainable Hospital Services’ are for South Yorkshire and Bassetlaw will be determined and agreed in reaching this stage. The criteria will include the following themes:

Theme	Scope
Clinical	Patient safety, clinical effectiveness, clinical outcomes
Patient	Patient experience, patient satisfaction
Research	Research, innovation and biomedical infrastructure
Workforce	Recruitment and retention of staff, staff satisfaction, education and training
Operational	Performance, operational effectiveness, integration
Financial	Financial savings, productivity/efficiency, investment requirements

In terms of defining the detailed structure of the criteria, the review team is likely to require substantial input from local clinicians and strategic managers, but should also draw upon a wider national and international evidence base to create an agreed and transparent methodology.

There will be an analysis of the existing service portfolios of all seven NHS Trusts involved. This will include data on all six benefits assessment themes. It will also include consideration of logistics of activity flows into and out of Trusts. The analytical methodology is likely to

contain clearly defined 'stress tests' against scenarios of (for example) activity growth or reduction, financial or tariff changes and workforce pressures. It will also consider existing ambitions articulated in the SYB STP and in the developing Memorandum of Understanding for the ACS.

Specialty (or specialty Group) based clinical work-streams will be established and will involve supporting clinicians to review and assess the data provided for each specialty to identify the potential benefits of increased alignment. Where existing structures (e.g. Managed Clinical Networks, or Working Together Vanguard working groups) already exist, the review will consider using these to maximize existing work and expertise, and to avoid duplication, whilst being mindful that the scale and scope of the review exceeds anything which has been undertaken locally before now.

Examples of the potential benefits expected to be identified are:

- Opportunities to improve equitable access and outcomes through improved sustainability
- Ability to improve recruitment and retention through more sustainable and flexible service models e.g. improved management of on-call rotas
- More sustainable service models through a standardised service approach
- Ability to improve performance by better management of capacity and demand for the same service across multiple hospitals and sites
- More efficient and effective and cost effective use of resources, workforce, estate and equipment.

For the avoidance of doubt, this stage of the process will not seek to identify locations for the delivery of services.

Stage Two - Identifying New Models/Models or Forms:

Stage Two will focus on identifying new models of delivery and will use any examples of best practice from Vanguard sites and other new model forms and will explore tangible examples which will lead to sustainable hospital services, which best serve patient care, and which address inequalities. This may involve working through models for provision of Tier 2 and Tier 3 services in both concentrated and diffuse forms across our geography.

This will involve a full review of potential options including options for governance and organisational arrangements, considering both UK and international examples. This stage in the process will need to be mindful of the Competition and Markets Authority requirements in relation to demonstrating that the patient benefits of new service models will outweigh any loss of choice or competition.

7. Resources and Funding

This review is a significant piece of work and requires the commitment of all stakeholders. It has central importance to delivering sustainable hospital services across the region and will require substantial leadership, management, analytical and senior project management resources to deliver within the planned timeframe. Trusts will also be required to commit time to ensure the review progresses within the timeframe set; it is recognised that this

could be a substantial commitment of clinical time and, whilst efforts will be made to minimize duplication with existing commitments, Trusts will be advised to plan sufficient capacity at an early stage.

The approach to the review has been to develop a summary scope from these *Terms* and invite proposals from external consultants to act as the secretariat to deliver the review. Procurement took place in spring 2017, with the secretariat joining the review after the 2017 general election. For contractual purposes, NHS Sheffield CCG is the hosting organisation, with whom the secretariat contract is signed. For clarity, this is for convenience purposes as the SYB ACS is not a statutory form. However, the review encompasses (and thus the secretariat's work is for) all of the organisations specified in Appendix A, and all other partners within the review area including local Clinical Commissioning Groups.

In addition, the following resources are also required as a minimum to support the review, and have been sourced:

- a. Independent Review Director (externally recruited)
- b. External Independent Expert input (externally commissioned)
- c. Review Programme Director (externally recruited)
- d. Senior local Project Management support

Recognising the mutual importance of the review and its contribution to delivery of the ACS it has been proposed that STP / ACS funding should be accessed to fund the review. In the short term, and given the importance and shared commitment, providers and commissioners will meet the funding of resources requirement on an equal basis to deliver the review and until such time that ACS funding can be committed.

There is previous and ongoing local work, through both the acute Vanguard and the STP / ACS workstreams, which has covered services which are in scope for the review. Both in terms of learning / best practice and service development / project management expertise, the review will give continual consideration to how best to maximise this resource. The commissioned secretariat will bring access to substantial capacity, research evidence and experience themselves, but may connect with local capacity in support.

8. High-level timeline

Below is a high-level timeline for the 2 stage review process:

Stage 1: June 2017 – November 2017

Stage 2: December 2017 – April 2018

9. Governance and Reporting Arrangements

The review will be commissioned by the SYB ACS Oversight and Assurance Group (OAG). OAG will receive regular progress reports via the ACS Collaborative Partnership Board.

The Collaborative Partnership Board (CPB) will manage the review on behalf of the Oversight and Assurance Group and will receive regular progress reports from the Independent Review Director (IRD) via the Review Steering Group.

The Review Steering Group will oversee the day-to-day delivery of the review, acting as the project board. It will be chaired by the IRD, meet fortnightly to progress the review at pace and provide monthly reports to the STP CPB.

The review IRD and the wider PMO will also meet with Trust Boards and relevant sub-committees to ensure ample opportunity for update on progress and emerging themes.

Recommendations will be presented to the SYB STP Oversight and Assurance Group.

The review team will present on a regular basis to the Joint Committee of Clinical Commissioning Groups (JCCCG), updating the JCCCG and taking note of their comments. The review recognises that any proposals arising from the review will need to be scrutinised by commissioners and will only be implemented through formal commissioner-led due process.

The review team will also engage with commissioners who are not members of the JCCCG but whose populations will be affected by the review, such as Wakefield, North Derbyshire and Hardwick. These CCGs will be represented on the Steering Group and on the Partnership Board (see table in annex). The governance and relationships diagram, included below, shows evolving ACS governance and relationships: JCCCG sits within the 'strategic commissioner' element of the ACS as shown. Additionally, there is also a relationship with the provider Chief Executives' forum and, through there, to the provider Committees in Common structure.

When it is necessary for North Derbyshire, Hardwick and Wakefield CCGs to be involved in the formal signoff structures such as the Oversight and Assurance Group, at key moments in the project, this will be arranged on an ad hoc basis.

The review also has a relationship with the South and Mid Yorkshire, Bassetlaw and North Derbyshire Joint Health Overview and Scrutiny Committee (JOSC) and will provide updates as requested.

Structure and Roles

- a. **ACS Oversight and Assurance Group (OAG)**
OAG membership includes all Trust Chairs and Health and Wellbeing Board Chairs (LA members) and CCG Chairs. It will receive reports at various stages of the review from the Independent Review Director. It will have responsibility for approving both stages of the review process and will receive the final report and recommendation.
- b. **ACS Collaborative Partnership Board**
The Collaborative Partnership Board will manage the review on behalf of the Oversight and Assurance Group. Its membership will include all Trust CEOs and CCG AOs, and key Arm's Length Bodies (ALB) senior staff. It will ensure the review progresses as planned and receive regular reports from the Review Steering Group.

c. **Review Steering Group**

The review Steering Group will be responsible for the day-to-day running of the project. It will be chaired by the IRD and coordinated by the Review Programme Director. Its membership will include all Trust Medical Directors, the Vanguard Medical Director, Executive Trust Planning or Operational Directors, one strategic commissioner, and senior representation from each local commissioner, plus YAS and HEE. It will act as the project board and will report progress to the ACS Collaborative Partnership Board.

d. **Joint Committee of Clinical Commissioning Groups, Joint Health Overview and Scrutiny Committee and Provider CEOs' Forum**

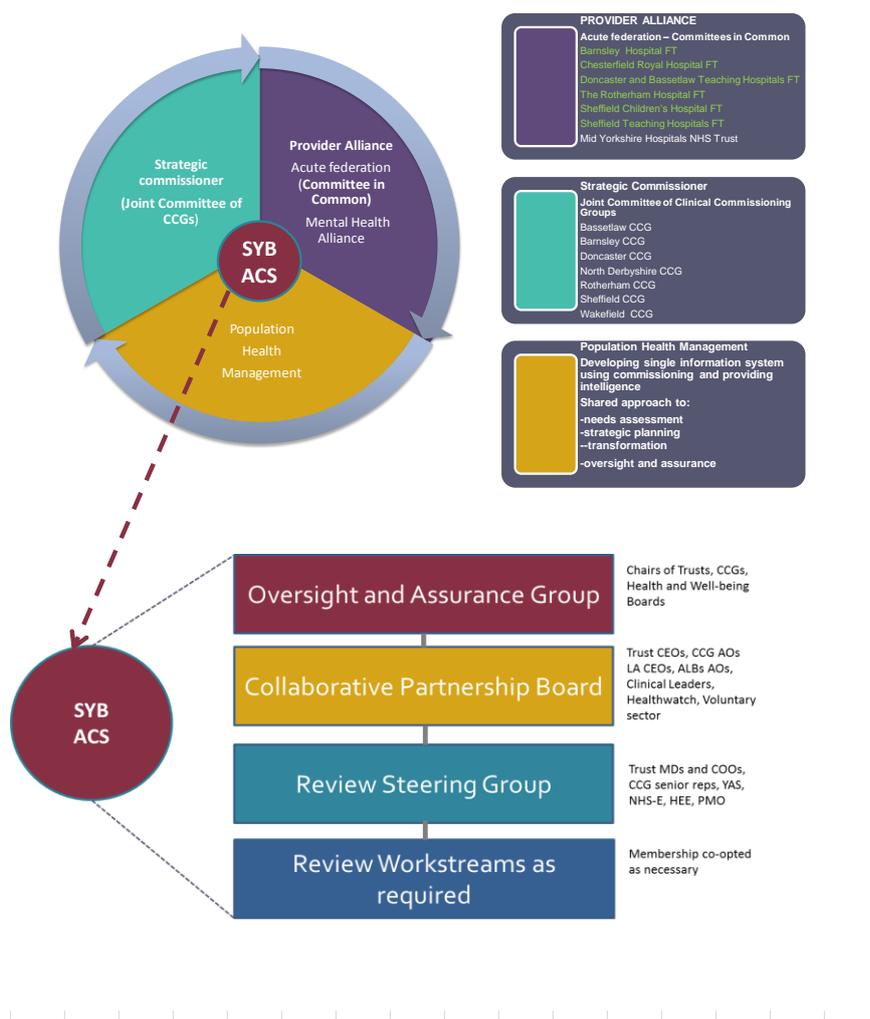
The review recognises a relationship with these functions through the overarching ACS relationships. These are evolving, and the diagram below shows the position as at September 2017.

It is recognised that the Steering Group will require significant senior input from partner organisations, however, given the importance of this work, members are requested to plan a clear commitment to provide senior attendance. As the Review Steering Group agrees its own Terms of Reference, issues around quoracy and deputies have been explored and clarified, although it is envisaged that the Steering Group will require Board level input from the majority of Trusts and CCGs at all times. Current Steering Group Terms of Reference are attached as Appendix B

Some commonality of membership between CPB, Joint Commissioner Committee (JCCCG) and the Review Steering Group may be helpful, and will be explored.

Additionally, where parallel governance structures exist (e.g. the acute Vanguard's Acute Federation and Clinical Reference Group) then consideration will need to be given as to how these fit with the governance of the review.

Review Governance Structure and Relationships – ACS Proposed Governance as at September 2017



e. Independent Review Director (IRD)

The role of the IRD is to lead the independent review of hospital services in South Yorkshire and Bassetlaw, North Derbyshire and Mid Yorkshire and to ensure the review responds to the key objectives outlined in the scope of the review.

The IRD will be responsible for:

- Defining the full scope of the review and reach consensus with each Trust
- Ensuring the review proceeds effectively and on time
- Delivering to the scope of the review
- Engaging key clinician and groups and facilitating key discussions with senior leaders clinical and executive
- Keeping key groups updated and ensuring formal reporting on progress takes place, and producing independent reports for CPB
- Leading the report for stage 1 and stage 2 and presenting to key groups

The IRD will be supported, on a call-down basis, by an external independent expert, offering support and challenge as and when either party believe it is appropriate.

e. Review Programme Director

The Review Programme Director will provide senior programme management, on behalf of the ACS and in support of the Independent Review Director and external consultancy, to ensure the review takes place within the defined timeframe.

The Review Programme Director will be responsible for:

- Ensuring the review progresses as planned working with both review secretariat and the Independent Review Director
- Supporting the development of a clear timeline with a critical path
- Developing a communications plan for the review, working with all communications teams to develop common internal and external messages
- Ensuring the project is delivered on time and to cost
- Reporting progress regularly to the Review Steering Group, ACS CPB, ACS Oversight and Assurance Group and Trust Boards
- Communicating with NHS Trusts and the external consultancy at senior level to ensure that tasks are completed on time and to high quality
- Influencing and unblocking issues as they arise locally
- Providing direct support to the Independent Review Director, including supporting the drafting of the review reports

The Review Programme Director will be supported in all of the above aspects by senior local Project Management resource.

Collectively, the above, along with the commissioned Secretariat, will comprise the Review Programme Management Office (PMO)

10. Communications

Communications will be provided by the ACS, working in partnership with the Review PMO and communications teams in partner organisations. Together, they will be responsible for ensuring there is robust and timely communication about the review for all relevant stakeholders within the review area.

Scope of Review – Organisations and Sites

The Review's scope encompasses all acute clinical and clinical support services provided by the following organisations:

- Barnsley Hospital NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- The Mid Yorkshire Hospitals NHS Trust
- The Rotherham NHS Foundation Trust
- Sheffield Children's NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust

This includes acute (inpatient and outpatient) activity delivered by those organisations both on their own premises and in other locations (e.g. community and primary health care facilities, Local Authority premises and other community locations), and includes any outreach activity undertaken by those organisations in patients' residences. For the purposes of the Review, the (non-exhaustive) list of main sites for acute inpatient and outpatient activity in the above organisations is assumed to be as follows:

Barnsley Hospital NHS Foundation Trust	Barnsley Hospital
Chesterfield Royal Hospital NHS Foundation Trust	Chesterfield Royal Hospital
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Bassetlaw District General Hospital
	Doncaster Royal Infirmary
	Montagu Hospital, Mexborough
The Mid Yorkshire Hospitals NHS Trust	Dewsbury District Hospital
	Pinderfields Hospital, Wakefield
	Pontefract Hospital
The Rotherham NHS Foundation Trust	Rotherham General Hospital
Sheffield Children's NHS Foundation Trust	Sheffield Children's Hospital
Sheffield Teaching Hospitals NHS Foundation Trust	Charles Clifford Dental Hospital
	The Jessop Maternity Wing
	Northern General Hospital
	Royal Hallamshire Hospital
	Weston Park Hospital

The above list does not preclude the inclusion of Trust activity provided at sites other than those listed. Additionally, in Stage 2 of the Review, where clinical models are proposed and developed, then further sites and partner organisations (e.g. NHS community healthcare providers) may be included in the scope of the proposals.

The table below illustrates the wider membership of the review Steering Group in relation to the wider ACS structures. Further organisations may be impacted to a degree by any resultant changes in patient flow, although these are not yet known and the organisations in that category are included for illustrative purposes at this stage:

1. Organisations within the ACS and / or Review

		Review Steering Group	Collaborative Partnership Board	Oversight and Assurance Group	Joint Committee of Clinical Commissioning Groups (JCCCG)	
	Organisation	Type				
Within the Review	Yorkshire Ambulance Service NHS Trust	Ambulance Service	x	x	x	
	NHS Barnsley Clinical Commissioning Group	Commissioner	x	x	x	x
	NHS Bassetlaw Clinical Commissioning Group	Commissioner	x	x	x	x
	NHS Doncaster Clinical Commissioning Group	Commissioner	x	x	x	x
	NHS England	Commissioner	x	x		x
	NHS Hardwick Clinical Commissioning Group	Commissioner	x			x
	NHS North Derbyshire Clinical Commissioning Group	Commissioner	x			x
	NHS Rotherham Clinical Commissioning group	Commissioner	x	x	x	x
	NHS Sheffield Clinical Commissioning Group	Commissioner	x	x	x	x
	NHS Wakefield Clinical Commissioning Group	Commissioner	x			x
	Health Education England	Other	x			
	Barnsley Hospital NHS Foundation Trust	Provider - Acute	x	x	x	
	Chesterfield Royal Hospital NHS Foundation Trust	Provider - Acute	x	x	x	
	Doncaster and Bassetlaw Hospitals NHS foundation Trust	Provider - Acute	x	x	x	
	Sheffield Children's Hospital NHS Foundation Trust	Provider - Acute	x	x	x	
	Sheffield Teaching Hospital NHS Foundation Trust	Provider - Acute	x	x	x	
	The Mid Yorkshire Hospitals NHS Trust	Provider - Acute	x			
	The Rotherham NHS Foundation Trust	Provider - Acute	x	x	x	
Within the ACS but outwith the Review SG	East Midlands Ambulance Service NHS Trust	Ambulance Service		x	x	
	Barnsley Metropolitan Borough Council	LA		x	HWB	
	Bassetlaw District Council	LA		x	x	
	Doncaster Metropolitan Borough Council	LA		x	HWB	
	Nottinghamshire County Council	LA		x	HWB	
	Rotherham Metropolitan Borough Council	LA		x	HWB	
	Sheffield City Council	LA		x	HWB	
	Nottinghamshire Healthcare NHS Foundation Trust	Provider - Other		x	x	
	Rotherham, Doncaster and South Humber NHS Foundation Trust	Provider - Other		x	x	
	Sheffield Health and Social Care NHS Foundation Trust	Provider - Other		x	x	
South West Yorkshire Partnership NHS Foundation Trust	Provider - Other		x	x		

2. Organisations Outwith ACS and / or Review who May be Affected

NHS Mansfield and Ashfield CCG	Commissioner	Possible patient flow issues
NHS North Kirklees CCG	Commissioner	Possible patient flow issues
NHS North Lincolnshire CCG	Commissioner	Possible patient flow issues
Kirklees Council	LA	Local hospital is review member
Wakefield Council	LA	Local hospital is review member
Northern Lincolnshire and Goole NHS Foundation Trust	Provider - Acute	Possible patient flow issues
Sherwood Forest Hospitals NHS Foundation Trust	Provider - Acute	Possible patient flow issues
Derbyshire Community Health Services NHS Foundation Trust	Provider - Other	Possible patient flow issues
Derbyshire Healthcare NHS Foundation Trust	Provider - Other	Possible patient flow issues