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South Tees Hospitals NHS Foundation Trust

The role of South Tees Hospital NHS Foundation Trust is to provide high quality health care to patients and to ensure the services it delivers are safe, meet national clinical standards and can be sustained in the long term.

The Trust operates from two main hospital sites:

- The James Cook University Hospital in Middlesbrough, a tertiary site with a major trauma centre, and
- the Friarage in Northallerton, which provides district general hospital services.

It also provides a range of community and district nursing services and covers a local population of 435,000 which extends to 1.5 million catchment area for its specialist services.

Hambleton, Richmondshire and Whitby CCG

The purpose of the CCG is to:

- commission and achieve the best possible health outcomes with the funds available, working with patients and the public, clinicians and providers.
- engage with its population and partners to improve the quality of health services and secure improved health and wellbeing, whilst achieving financial balance.
- respond to health needs, by supporting partnership initiatives to address inequalities in health outcomes and to ensure that all patients are treated equitably.
- ensure quality and safety in everything it commissions.
- promote prevention, enablement and empowerment, supporting self-care through commissioning.
- strengthen partnership working in the interests of better healthcare and a sustainable NHS.

As a commissioner, the CCG has a statutory responsibility to engage patients and the public at each stage of the *'Commissioning Cycle'* where appropriate. The cycle refers to the different activities which make up the process of planning and buying services, ensuring that they meet the needs of the population and are being delivered to the right quality standards and within the available resources.

The CCG aims to further strengthen individual and public participation over and above that which it is statutorily required to do, in order to better understand the needs of the communities it serves and through effective communication and engagement to empower local people to make better choices about their own health, wellbeing and future.

Any reconfiguration of services requires a robust and comprehensive engagement and consultation process and it is the CCG's statutory duty to ensure that local people, stakeholder and partners are informed, involved and have an opportunity to influence any change.

PURPOSE OF THE REPORT

The purpose of the report is to:

- outline the extent of communications and engagement activity during the programme of engagement branded 'Building a sustainable future for the Friarage' which took place from 4 October to 20 December 2017
- outline feedback received from the broad range of activities undertaken.

EXECUTIVE SUMMARY

A process of engagement was carried out by South Tees Hospitals NHS Foundation Trust with staff, patients, the public, local authorities, community and voluntary sector organisations and other key stakeholders from 4 October to 20 December 2017.

This was against a background of an immediate challenge to stabilise a number of key emergency care services at the Friarage Hospital, Northallerton, due to workforce challenges in three areas which are interlinked and provide care for the most poorly patients:

- the provision of anaesthetic cover overnight
- critical care
- 24/7 rota for A&E doctors

These challenges are compounded by a national shortage of doctors in some specialist areas, resulting in serious recruitment difficulties and a heavy reliance on the use of locum (temporary) doctors at the Friarage. This is not sustainable in the long term and is much more expensive than employing permanent doctors.

Other challenges taken into account include changing population needs with people living longer, national standards around 24/7 access to a consultant in emergency departments, medical advances, the fact that the Friarage is one of the smallest district general hospitals in the country and that since 2016 it has not been allowed to have anaesthetic trainees covering the overnight period.

All of these issues led to the Trust beginning a public conversation to raise awareness of the challenges and seek views about what is important to people when they need to use emergency services. The Trust was also keen to seek views on what other services could be developed at the Friarage. The aim was to collect feedback to help inform the development of a long term plan for the Friarage.

Throughout the engagement process it was stressed that the Trust and NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG), the body responsible for planning and buying most hospital and community health services for the local population, were committed to ensuring a strong future for the Friarage.

The opportunity was taken to outline some of the developments that have taken place at the hospital in recent years.

Prior to the start of the engagement, there were discussions with the Trust's Board of Directors, the CCG, NHS England (which leads the NHS in England and which operates a comprehensive assurance process in relation to any major reconfiguration of health services), North Yorkshire County Council Scrutiny of Health Committee (which reviews any matters relating to the planning, provision and operation of health services in the county) and other key stakeholders including MPs and council leaders.

There had also been discussions over the summer with staff involved in the provision of emergency care services at the Friarage.

The engagement started with a stakeholder event attended by more than 30 people. As a result of comments made at this meeting changes were made to a video prepared for use during the engagement which included adding a voice-over. There was also a briefing for media at this event which resulted in television, radio, newspaper and online coverage.

Information about the engagement was widely shared with an extensive range of local organisations and individuals. These included 22 GP practices, 3,484 members of the Trust, county, district, parish and town councils, patient groups and community and voluntary sector organisations. An offer was made by the Trust to meet with organisations if they felt this would be helpful (this offer was followed up by telephone to a number of key local organisations).

A dedicated microsite with information about the engagement was established. Its homepage had 2,317 views. This included a link to an online survey which was hosted and analysed independently (paper copies were also made available of the survey). More than 900 completed surveys were analysed (764 online and 144 paper copies).

The challenges facing the Friarage were discussed at just over 40 meetings, involving hundreds of people from different parts of the catchment area and with different responsibilities, interests and experiences, as follows:

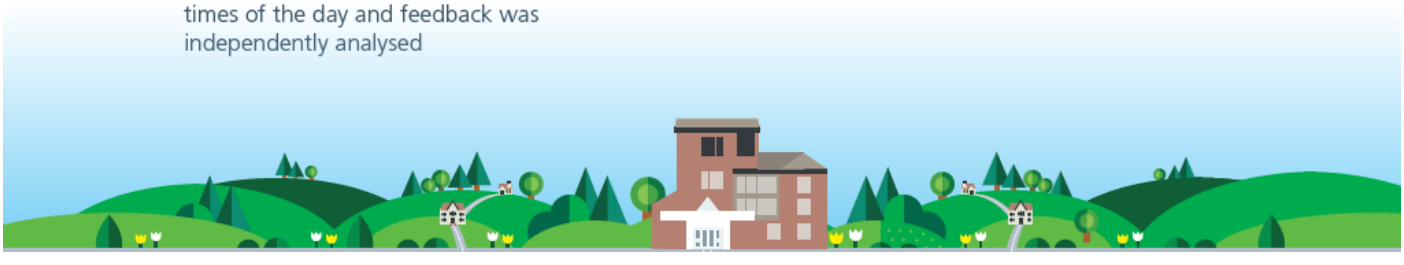
- six staff events took place, five at the Friarage and one at The James Cook University Hospital (James Cook), attended by 74 staff
- senior representatives from the Trust attended two external NHS meetings: the CCG's Council of Members meeting which comprises of representatives from all GP practices, and the Heartbeat Alliance, which is the GP Federation, involving discussions with 37 people
- 11 public events, with an attendance of 480, were organised at Northallerton, Hawes, Richmond, Catterick, Stokesley, Leyburn, Thirsk, Bedale and Masham, on different days of the week and different times of the day and feedback was independently analysed
- two additional public/community events
  - one in Thirsk, attended by 34 people, arranged following discussions with local councillors as a result of a large turn-out at the initial public engagement event in the town
  - another in Middleham, attended by 22 people, which was promoted by Middleham Town Council and took place immediately prior to a Town Council meeting in late November
- attendance at 11 community events at Catterick Garrison, Northallerton, Osmotherley and Leyburn which provided the opportunity to engage with almost 200 people with different interests and experiences, such as young families, including some with children with disabilities, older people, including some with disabilities, users of mental health services, carers, representatives of the Gurkha community and people who are active supporters of the Friarage
- senior representatives of the Trust also attended eight meetings of county, district, town and parish councils, some of which had members of the public in attendance and which provided opportunities for discussions with more than 120 people

Five press releases were sent out resulting in 38 items of coverage, which was generally balanced.

Ongoing use was made of the Trust's social media channels, particularly Twitter, which at the end of the engagement process had over 7,400 followers.

As the engagement progressed a number of organisations helped to promote the events and the online survey using their own mechanisms for sharing information. NHS Hambleton, Richmondshire and Whitby CCG were also supportive in sharing engagement messages.

Overall, discussions were constructive and the Trust is grateful that so many people were willing to have a conversation to help inform the development of a long term plan for the Friarage.



Given that a focus of the engagement process was to outline the recruitment/workforce challenges at the Friarage, there was much discussion about these issues. While some were aware of these challenges, others were less so. Many expressed surprise that doctors would not wish to work in such a beautiful part of the country and there were suggestions about what might be done, including incentivising doctors to work there.

There was a consistency in emerging themes throughout the process and these were:

- **Transport / distance**

  This was the biggest issue and was mentioned at the majority of meetings. Access was also ranked highly as a priority by people who completed the survey and was referred to in a petition, signed by 200 people and handed to the Trust by the local secretary of the Green Party (Richmondshire constituency).

  Concerns about transport included the distance people have to travel, lack of local transport, the cost of taxis, car parking at James Cook and the removal of the shuttle bus between the Friarage and James Cook. Some also talked about the practical difficulties of getting to James Cook for early morning appointments particularly if a carer has to help a frail older person to get ready for the journey.

  Younger families talked about the difficulties of travelling for appointments when they have children who need to be taken to, or collected from, school. Some older people said that while they are confident driving around their own local areas, they are less so when travelling further afield.

  Others commented on lack of signposting for James Cook on the A66. People felt that there could be more communication about available transport and community initiatives, including volunteer drivers.

- **Ambulance provision**

  There were concerns that ambulances would not be available in an emergency, longer response times and the potential impact on ambulance services if more patients had to travel further afield. There were also comments that the air ambulance should not have to rely on public donations.

- **Communications about the Friarage (to dispel myths and promote services)**

  There were many comments indicating that more communication is needed generally about the Friarage including to dispel myths and rumours and to promote services available there. Many people said how pleased they were to hear that there is no intention to close the Friarage and there were comments about the ongoing negativity about the future of the hospital which people felt didn't help with recruitment. Staff said the public were worried about the hospital closing and that some think it is already closed overnight.

- **Value of local services** (and concern over loss of services)

  There were many comments about the need for as many services as possible to be provided as close to home as possible and it was very clear that the services provided at the Friarage are held in very high regard. Concerns were expressed about more services being lost from the Friarage, compounded by the recent closure of the Lambert Memorial Hospital and the recent consultation about mental health services. There were suggestions about what services people would like to see at the Friarage, including more care for the elderly, end of life care, eye injections, follow-up appointments, a bone density scanner and the development of a centre of excellence for hip and knee surgery.

- **Quality of care and importance of receiving the right care in an emergency**

  While there is no doubt that people very much value local services there were comments at many meetings that when someone is seriously ill or injured they need expert care which will not always be provided locally. This was also a clear message in the independent analysis of the survey which showed a significant number of people ranking quality and safety as their top priority.

  Some reflected on the expert care they had received at James Cook followed by rehabilitation, which was also very good, at the Friarage.

- **Impact of potential changes to emergency care services at the Friarage**

  At some meetings, including with staff, concerns were raised about the impact of potential changes to emergency care services on other services provided at the Friarage. The inference was that changes to emergency care services would result in the Friarage becoming nurse-led. Towards the end of the engagement, an anonymous letter was circulating to this effect.

- **Impact of population growth**

  At a number of meetings there were questions about whether the increase in population, due to the growth in numbers at Catterick Garrison and new housing developments at Northallerton, Sowerby and Colburn, was being taken into account when formulating a long-term plan for the Friarage.

- **Meeting the needs of specific communities of interest**

  During discussions with the settled Gurkha community there were comments about difficulties with language barriers when using hospital and emergency services.

  There were also comments from parents whose children have special needs about what could be done to improve their experience of using hospital services, including through better training of staff particularly for children with communication issues. There were also comments about the difficulty of long waits in A&E for children with autism.

The Trust will assess all of the feedback and data received and share its findings with the CCG to help inform a draft business case, including the development of proposals to ensure safe and sustainable emergency care services for local people.

This draft business case will be shared with NHS England as part of a comprehensive assurance process which is carried out before any consultation can begin on any potential service reconfiguration.

It is also planned to present this draft business case to the North Yorkshire County Council Scrutiny of Health Committee during summer 2018 prior to the start of any potential public consultation.

Pending the outcome of discussions with NHS England and the Scrutiny of Health Committee a formal 12 week consultation period could begin during summer 2018.

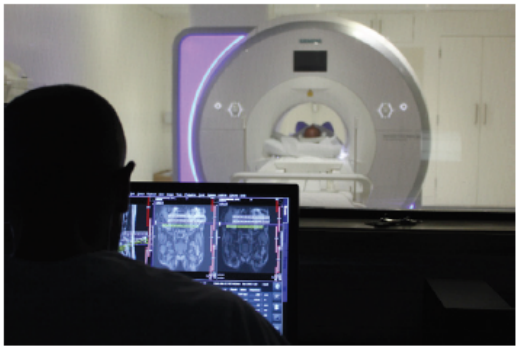
In the meantime, the Trust will aim to keep all key stakeholders updated on progress and will share this engagement report.

1. BACKGROUND

The Friarage Hospital in Northallerton became part of South Tees Hospitals NHS Trust in April 2002 (which subsequently became South Tees Hospitals NHS Foundation Trust in 2009).

Over the past 15 years more than £40 million has been invested in the hospital by the Trust with support from The Friends of the Friarage and NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG).

More recent developments include introducing lung cancer surgery, the opening of an MRI scanner and the start of work on The Sir Robert Ogden MacMillan Centre – a state of the art cancer centre due to open in the Autumn of 2018. Discussions are also ongoing about the introduction of more eye (ophthalmic) services on site.



The Friarage Hospital is and remains an integral part of the organisation and a strategically important point of delivery for South Tees Hospitals NHS Foundation Trust.

The Trust's Board of Directors remain strongly committed to making sure that the hospital continues to play a vital role in the delivery of clinically safe and sustainable services to the Hambleton and Richmondshire population it serves.

In early October 2017, the Trust launched a programme of engagement branded 'Building a sustainable future for the Friarage' which ran until 20 December 2017 to inform the development of a long-term plan, sustainable strategy for the hospital for the next 10-15 years.

This was against the background of an immediate challenge to stabilise a number of key emergency care services due to workforce issues; in particular in three areas which are interlinked and provide care for the most poorly patients:

- the provision of anaesthetic cover overnight
- critical care
- 24/7 rota for A&E doctors

1(i) Anaesthetic cover overnight

The Trust's biggest problem is the provision of anaesthetics cover overnight which involves making sure that there is a resident anaesthetist (a middle grade doctor) available in the hospital overnight.

This cover was previously provided by trainee doctors who were withdrawn from the Friarage site in August 2016 by Health Education North East, which is responsible for the education, training and workforce planning for all NHS staff. As such the Trust has had to rely on locums (temporary doctors).

This is a key role at the hospital as it allows emergency services to remain on site, supported overnight by a consultant anaesthetist on-call from home.

A team of seven doctors is needed to provide this overnight rota and during the engagement period there were five vacancies filled by locums. This is more expensive than employing permanent doctors and is not sustainable in the longer term.

On average the anaesthetists see three emergency patients a week in the overnight period.

1(ii) Critical care

A team of eight consultant anaesthetists are needed to provide 24/7 cover at the hospital, including the overnight anaesthetics on-call rota.

Previously four of these consultants provided specialist intensivist knowledge and covered the critical care unit during the day. Only two of the four are still in post and additional support is currently being provided by consultants from James Cook (which also has anaesthetic and intensivist vacancies).

Despite extensive efforts to recruit, the Trust had only attracted one new anaesthetist to cover the Friarage critical care unit and, again, most vacancies are covered by locum doctors.

1(iii) Accident and emergency

A team of seven A&E doctors are needed to provide the 24/7 rota at the Friarage. Four are permanent and locum doctors are being used to fill the other three posts.

This makes sure that there is a doctor in the department around the clock, supported by an emergency medicine consultant on-site from 8am to 6pm, Monday to Friday, and available by phone outside these hours.

The number of patients attending the Friarage has reduced to around 60 a day which on average equates to four an hour between 8am and 8pm and one an hour during the overnight period.

1(iv) Other factors

All of the above challenges exist against several other factors which must be taken into account including:

- Changing population needs with people living longer and requiring care close to home to help them stay well
- National standards around 24/7 access to a consultant in emergency departments to make sure that people have the best chance of a good outcome
- Medical advances which have greatly improved people's chances of recovery from serious accidents and serious illnesses but which have already led to the centralisation of some services (such as heart attacks, strokes and major trauma)
- The Friarage is one of the smallest district general hospitals in the country and doctors often choose to work in larger hospitals where they treat more patients and get the chance to maintain and develop their skills
- Trainee doctors have an important role in bigger hospitals. Due to its size the Friarage has never been a training site for doctors in emergency medicine and as outlined above, since 2016 the Trust has not been allowed to have anaesthetic trainees covering the overnight period at the Friarage

1(v) Purpose of engagement

The purpose of the engagement was to provide opportunities for the Trust to raise awareness of these challenges and to begin a conversation with people living in the area served by the Friarage about what is important to them when they need to use emergency services.

It also provided opportunities to seek views on what other services could be developed at the Friarage, in line with the commitment of both the Trust and NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) - the body responsible for planning and buying most hospital and community health services for the local population - to ensure a strong future for the hospital.

1(vi) Discussions prior to engagement

The engagement took place following discussions with:

- The Board of Directors of South Tees Hospitals NHS Foundation Trust
- NHS Hambleton, Richmondshire and Whitby CCG
- NHS England, which leads the NHS in England and which operates a comprehensive assurance process in relation to any major reconfiguration of health services
- North Yorkshire County Council Scrutiny of Health Committee, which reviews any matters relating to the planning, provision and operation of health services in the county
- Other key stakeholders including MPs and council leaders

Prior to the engagement starting there were discussions with staff involved in providing emergency care services at the Friarage Hospital and this continued throughout the process.

2. COMMUNICATIONS AND ENGAGEMENT METHODS USED

The engagement has been carried out in line with statutory requirements to involve patients and the public in the planning and development of health services as set out in The NHS Act 2006 (as amended by the Health and Social Care Act 2012), under Section 14Z2 and in line with the rights and pledges around the planning and development of services in the NHS Constitution.

As such there has been a comprehensive programme of engagement since 4 October 2017 including a range of ways to provide people living in the catchment area served by the Friarage Hospital the opportunity to be involved in discussions and share their views.

The plan underpinning the engagement included the widespread distribution of information, a series of organised public events in central venues, attendance at some scheduled meetings, proactive approaches to a range of local organisations and community groups and several different ways for people to comment.

This included targeting specific groups, with protected characteristics,(age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex (gender), sexual orientation and marriage & civil partnerships) as set out in the Equality Act 2010 to make sure that they had the opportunity to make their views known.

The engagement started with a stakeholder event held at The Forum in Northallerton on 4 October 2017 which was attended by more than 30 representatives from Healthwatch North Yorkshire, local authorities, the MP for Richmond's office, the Friends of the Friarage, Governors of South Tees Hospitals NHS Foundation Trust and the community and voluntary sector.

The opportunity was taken at the event to seek views on a 12 minute video that had been produced by the Trust explaining why it was having this discussion with the public. Their feedback led to some adjustments to the video including adding a voiceover by senior hospital doctors.

On the same day, a media briefing was held at The Forum and information about the engagement was also sent to a large number of organisations including over 160 parish and town councils, district councils, North Yorkshire County Council, MPs, Healthwatch and community and voluntary sector bodies.

This included a letter/email with an offer to meet to provide more information about the challenges and links to a dedicated microsite established by the Trust – **www.southtees.nhs.uk/friarage** - within the Friarage section of their existing website, with more information including access to the video, Q&A, useful information and a link to an online survey (see below).

There was also:

- a written staff briefing and information packs distributed to 22 GP practices across Hambleton and Richmondshire
- a letter with details of the engagement to 3,484 members of the Trust
- a media release which was sent to regional and local television, radio, newspaper and online journalists
- ongoing use of social media including regular postings on Facebook and Twitter throughout the engagement period (see social media/media section)

Thousands of leaflets (one about the challenges and the opportunities to comment/ the other about 15 years of developments at the Friarage) and posters about engagement events were also made available at the Friarage Hospital and at a range of local venues, including GP practices, libraries, supermarkets and shops, petrol stations, public houses, post offices, village halls and council offices.

Information sent to local groups has been cascaded further including by Hambleton Community Action to around 300 contacts, and by St Peter's Church, Osmotherley, to local people through its newsletter and by the Masham Community Office.

A number of other organisations including county and district councils also offered to share information using their own local mechanisms and networks (for example to schools and colleges) including Richmondshire District Council which shared and retweeted information through its social media accounts. Middleham Town Council also promoted an additional community event which was held immediately before a Council meeting.

Over the period of engagement there were around 40 meetings:

- Six staff engagement events (5 at the Friarage/1 at James Cook) attended by 74 staff (these drop-in sessions were in addition to clinical working group meetings which had been established).
- Attendance at two external NHS meetings including NHS Hambleton, Richmondshire and Whitby CCG's Council of Members which comprises representatives of all GP practices and the Heartbeat Alliance, involving 37 people in total. In addition, weekly meetings were held with the CCG regarding the engagement process.
- Eleven public events attended by 480 people. These were led by senior doctors who work across the Friarage and James Cook and held in Northallerton, Hawes, Richmond, Catterick, Stokesley, Leyburn, Thirsk, Bedale and Masham. These were held on different days of the week, including Saturdays, and at different times giving people the flexibility of attending on a drop-in basis or taking part in round table discussions. Feedback from these events was analysed independently.
- Two additional public/community events:
  - a public event in Thirsk, attended by 34 people, arranged following discussions with local councillors as a result of a large turn-out at the initial public engagement event in the town (ie one of the 11 public events referred to above) to make sure that anyone who wished to attend and make their views known were able to do so
  - a community event in Middleham, attended by 22 people, which was promoted by Middleham Town Council and took place immediately prior to a Town Council meeting in late November
- Attendance at 11 meetings of community groups across Hambleton and Richmondshire which involved discussions with almost 200 people including young mothers, wives and partners of armed services personnel, mental health service users and carers, older people and the Friends of the Friarage.
- Attendance at 8 meetings of county, district, town and parish councils (including a meeting of North Yorkshire Scrutiny of Health Committee on 22 September 2017, prior to the start of the engagement), a mid-cycle briefing with committee representatives on 3 November and a meeting of the committee on 15 December. These enabled discussions with around 120 people.

During local discussions the Trust has been asking people for their thoughts on the challenges and exploring what is important to them when they need to use emergency services.

People have also been asked for their views on what other services might be developed at the Friarage Hospital. A key message at every event or meeting has been that there is no intention to close the Friarage Hospital.

People have been able to comment by attending one of the events, where all comments have been noted, or by completing an online survey at **www.friarage.nhs.uk** (paper copies have also been made available with a Freepost address), by completing comments cards, or by emailing, telephoning or writing to the Trust. Just over 900 completed surveys were independently analysed.

To ensure a level of independence, an external agency was commissioned by the Trust to support the organisation of 11 public engagement events, including helping to note comments received at those events and to independently evaluate all feedback from those events. They were also commissioned to analyse all completed surveys and to support the production of leaflets, posters, display panels and other materials associated with the engagement. NHS Hambleton, Richmondshire and Whitby CCG were also supportive in sharing engagement messages.

The Trust has explained during its discussions that all feedback received would be taken into consideration in the development of any proposals for potential future arrangements for emergency care services at the Friarage Hospital which would be the subject of a formal process of public consultation in line with statutory requirements.

It has also been clear that a report with feedback from the engagement would be made public.

3. FEEDBACK RECEIVED

3(i) NHS meetings, including staff events, where the engagement was discussed

There were eight events involving NHS staff and local NHS organisations during the engagement process. This followed on from staff engagement over the summer to outline challenges at the Friarage. This does not include the clinical working group meetings which were established to look at existing models of care and potential future operating models.

Date	Name of group/ venue	Attendees
6 November	Staff engagement event, Postgraduate Lecture Room, Friarage Hospital	35 members of staff attended the whole meeting and five came later. Senior representatives from the Trust were present.
8 November	Heartbeat Alliance Board, Mowbray House Surgery, Northallerton	7 people in attendance including Managing Director Iain Murray.
13 November	Staff engagement event, Postgraduate Lecture Room, Friarage Hospital	15 members of staff attended the meeting. Senior representatives from the Trust were present.
30 November	NHS Hambleton, Richmondshire and Whitby CCG Council of Members	30 people in attendance.
4 December	Staff engagement event, Cleveland Room, The James Cook University Hospital.	2 members of staff attended. Senior representatives from the Trust were present.
5 December (x2)	Staff engagement event, Board room, Friarage Hospital	15 members of staff in attendance including therapy and nursing staff.
11 December	Staff engagement event, Postgraduate Lecture Room, Friarage Hospital	7 members of staff attended. Senior representatives from the Trust were present.

Staff meetings

Following the launch of the engagement activity on 4 October, the Trust held six events for staff including five at the Friarage and one at James Cook. Senior representatives from the Trust were present at each to give a presentation and answer questions.

There was an opportunity for round table discussions at each event and 74 staff attended.

Special Briefings were also cascaded to all Friarage staff from the Chief Executive and Friarage Medical Director (via email and hard copies) and information was made available to staff through the Trust's intranet site.

Following the establishment of a new leadership structure at the Friarage, further appointments were made to the hospital's onsite management team to reflect the commitment of the Medical Director and Board in developing a longer term strategy and clinical model for the Friarage Hospital.

The Friarage Medical Director, along with the Operations Director and the Associate Director of Nursing, also had an 'open door' policy for staff with any queries or concerns.

At the five events at the Friarage, which included opportunities for round table discussions, questions focused on:

- the future of the hospital
- staff communications
- the independent clinical reviews taking place by the Royal Colleges and what could be achieved
- efforts to address recruitment difficulties, including why the difficulties exist and the potential impact on other services
- clarification around the figures for A&E throughput as quoted on the video (ie the one being used for engagement purposes)
- what contact had been made with other Trusts where there are similar problems
- whether there are any plans to invest in theatres at the Friarage
- sessions in different specialties being cancelled at the Friarage

- potential models of care and options for the future
- whether there are any options yet (ie proposals for the way emergency services might be provided in the future)
- ambulance availability
- why maternity services are not mentioned in the presentation

At the event at the James Cook, only two staff attended and questions focused on:

- cross-working between both sites
- the longer term plan for the Friarage
- potential service developments on site

In terms of the future of the Friarage, there were questions about whether the hospital is going to close and if not, what services will be left. There were comments that the public don't really understand the issues and are concerned that the hospital is closing, with some thinking that it is already closed overnight. It was felt that this is a particular concern for people living in the Dales, especially older people and pregnant women.

One member of staff commented that there is a perception that since the Friarage became part of the Trust, the money spent on the hospital had reduced and services moved out.

Some staff also commented that they had been concerned about the way some recent bed closures at the Friarage (made for operational reasons) had been communicated to them.

Linked to this were references to communication issues around the closure of the Lambert Hospital with comments that more needed to be done to improve staff communication in wards and departments. As part of this conversation there were also comments about some staff training being withdrawn from the Friarage and about staff having to go to James Cook for occupational health.

Staff were keen to understand what the Trust expects from the independent reviews from the Royal Colleges.

There were comments that recruitment difficulties are impacting on the NHS across the country and that there is a need to understand why this should be the case. There were also questions about why young doctors are leaving the NHS. There was a comment that 'we've tried this and it's not worked' and that if the hospital doesn't have anaesthetists at night, 'then it's not happening'.

Some asked if all staff being recruited to the Trust are now expected to work across the two sites. Some also raised concerns about the potential impact of the workforce challenges on elective work and on theatres. There were comments that people sometimes choose not to book appointments at the Friarage because they don't want to build relationships with consultants who might not be available for follow-up care, so they go to Darlington instead.

People have also said that if they can't get their ITU care following surgery they will choose to have their surgery elsewhere. On the other hand, there was a comment that a lot of patients from James Cook want to come to the Friarage.

There were feelings expressed that when James Cook is short of staff, the Friarage staff are expected to support them but this is not always reciprocated.

In relation to the workforce challenges, some thought the presentation was very negative. Others asked if the Trust is offering good opportunities to attract staff, whether the organisation is recruiting abroad, whether any improvements might be needed to the wording of advertisements for new staff and whether education processes need to be reviewed. Someone also suggested that staff are leaving because of continued uncertainty.

Some staff asked for more detail about the figures referred to in the video about A&E throughput and whether admissions were going through to the Clinical Decisions Unit instead.

Others asked if any contact had been made with other hospitals with similar workforce challenges to see if anything could be learned from their experiences and solutions.

In terms of theatres, there was a conversation at one meeting about the fabric of the buildings and questions about whether any work was planned to improve theatres.

One person commented that in individual specialties, particularly ENT, sessions are being cancelled because patients will not come to the Friarage. However staff said that the majority of patients who do come to the hospital praise the care they receive.

There were conversations about potential models of care, including early stroke discharge and having more therapists available in GP surgeries to help prevent admissions to hospital.

Staff talked about the potential of having more elective surgery at the Friarage and more follow-up appointments there, as well as the possible recruitment of more practitioners to bolster staffing capacity. Others asked about more telemedicine, quoting the model being developed at Airedale.

In terms of the next steps, there was a conversation about whether the Trust had any options in mind yet.

At one meeting there were also comments about ambulance response times, with one person quoting an example of a recent accident in Leyburn when it was an hour before the ambulance arrived.

Finally at one meeting there were questions about why maternity services had not been mentioned in the presentation, as there were still maternity services available at the Friarage.

At the meeting at James Cook, which was attended by two members of staff, there was a conversation around rotating staff from James Cook to provide anaesthetic cover and it was explained that the workforce issues impacted on both hospital sites.

One member of staff asked about the longer-term plan for the hospital and whether there was scope to move more patients from James Cook to the Friarage for their treatment and the importance of having follow-up appointments closer to home.

Meetings with other NHS organisations

The Operations Director for the Friarage, Berenice Groves, attended a workshop held by the Heartbeat Alliance – an alliance of 21 GP practices who have come together as a GP federation in Hambleton, Richmondshire and Whitby – on 8 November in Mowbray House Surgery to discuss current workforce challenges at the Friarage Hospital. In total seven people were present.

The Clinical Director of the Friarage, Dr James Dunbar, also attended NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group's Council of Members on 30 November which was attended by around 30 people.

3(ii) Independent analysis by an external agency of stakeholder event, 11 public engagement events and survey

A North Yorkshire based agency, Standoutmedia, was commissioned by the Trust to provide a level of independence to some of the engagement activities.

As such, the agency provided an independent report (attached as Appendix A) outlining feedback from the stakeholder event held at the start of the engagement process, 11 public engagement events and a survey (online and paper copies).

Some background about these activities and some findings from the Standoutmedia report are outlined below.

Stakeholder event

An event for key stakeholders was held at Hambleton Forum on 4 October after invitations were sent to a database of approximately 400 people including elected representatives, Healthwatch, patient groups, GP practices, Foundation Trust governors and members and community and voluntary groups.

In total, 32 people attended representing a number of organisations including Healthwatch North Yorkshire, local authorities, the MP for Richmond's office, the Friends of the Friarage, governors of South Tees Hospitals NHS Foundation Trust and the community and voluntary sector.

The purpose was to:

- Share the Trust's current challenges so a conversation could be started about how these might be addressed and to help shape any proposals going forward
- Gather feedback and thoughts on how the Trust can deliver safe and sustainable services in the long-term from the Friarage site, given the challenges it faces

The format of the event was a video outlining the key challenges (which was subsequently changed following feedback on the day to include voiceovers from senior hospital doctors) and the importance of capturing people's views, followed by round table discussions (including a mad, sad, glad exercise to explore how people were feeling about the situation at the Friarage and the engagement process).

Central themes to emerge from these discussions included:

- Travel times, distances, transport and parking at James Cook
- Closure by stealth, fragmentation of services, lack of planning, uncertainty
- Quality of and need for local services, outstanding staff, patient focus
- Poor communications, rumour mill, scepticism about intent

The agency said that the audience involved 'is invested in the future of the Friarage and generally supportive of the people who are working to secure sustainable, appropriate, safe services at the site.'

In terms of opportunities going forward it suggested that the audience could be engaged in a communications campaign 'focused on transparency and positivity about the hospital that describes clear messages and the challenges and the opportunities for the Friarage.'

Eleven public engagement events

Eleven public events, attended by 480 local people, took place as follows:

Date	Place	Attendees
Monday 9 October 6pm-8pm	Northallerton Town Hall	78 members of public
Monday 16 October 6-8pm	Fountain Hotel, Hawes	36 members of public
Saturday 21 October 1.30-3.30pm	Richmond Town Hall,	43 members of public
Monday 6 November 6-8pm	Catterick Garrison Leisure Centre	52 members of public
Wednesday 8 November 4-6pm	Stokesley Town Hall	15 members of public
Thursday 9 November 6-8pm	Northallerton Town Hall	41 members of public
Monday 13 November 6-8pm	Old Leyburn School Arts and Community Centre	41 members of public
Wednesday 15 November 4-6pm	Golden Fleece Hotel, Thirsk	46 members of public
Tuesday 21 November 6-8pm	Bedale Hall, Bedale	24 members of public
Saturday 2 December 12noon-2pm	Masham Town Hall	48 members of public
Thursday 14 December 4-6pm	Northallerton Town Hall	56 members of public

Each event was led by a senior clinician from the Trust with a number of clinicians, managers, non-executive directors and public governors in attendance to facilitate discussions and answer questions.

A senior representative from NHS Hambleton, Richmondshire and Whitby CCG was also present at each event to take part in discussions and hear feedback.

In addition, representatives from Standoutmedia were available to support the organisation and running of the events.

Members of the public attending the events included county, district, town and parish councillors and representatives from the community and voluntary sector.

The events were promoted as drop-in sessions but the majority of those attending took the opportunity to stay and watch a 12 minute video presentation and then take part in round table discussions, focusing on the following questions:

- Have the challenges been explained clearly?
- What are your thoughts about the challenges the Trust is facing in delivery emergency services?
- What is most important to you and your family when you need emergency care and why?
- Are there any opportunities you would like the Trust to consider in its long term plan?
- Is there anything else the Trust should be doing to engage the public in this?

Attendances ranged from over 70 at Northallerton on 9 October to 15 at Stokesley. At the Richmond event on Saturday 21 October 43 signed in and stayed for discussions but a number of others called in to pick up information.

Due to the high turn-out at the Thirsk event on 15 November, an additional event was held in Thirsk (the feedback from this second event at Thirsk was not included in the independent analysis featured in 3(ii) and Appendix A).

People attending the events were asked to complete a feedback form. Of those who completed forms almost 86% said they were likely or very likely to recommend the event to others, more than 75% described the event they attended as good, very good or excellent and almost 86% felt the event they attended was well organised.

Most said they liked being able to speak directly to and hear from members of the Trust management and they valued the opportunity to have group discussions.

Where people were less happy with the events, their comments centred around the quality of the video, difficulties in hearing what was being said and in the case of the Thirsk event, the suitability of the venue (ie to accommodate the turn-out).

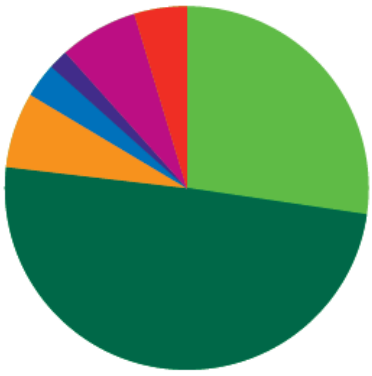
Survey

An online survey was hosted by Standoutmedia and paper copies (with a Freepost address) were made available at meetings and other venues, including GP practices, to ensure that people who wished to complete it and who did not have access to the internet would be able to do so. A copy is attached as Appendix B.

Just over 900 completed surveys were analysed independently by Standoutmedia – 764 online and 144 hard copies.

Most people who took part in the survey said they were current (54.99%) or past (97.06%) users of the Friarage and most (88.2%) lived within 20 miles of the hospital with just over half (55.38%) saying they lived between 10 and 20 miles.

The biggest group of people who took part in the survey (42.1%) said they were aged 45-64; 24.7% said they were 25-44 and 20.55% said they were aged 65-74. When asked to rank their top priorities, most people ranked quality and safety and access to and from hospital, as shown in the pie chart below:



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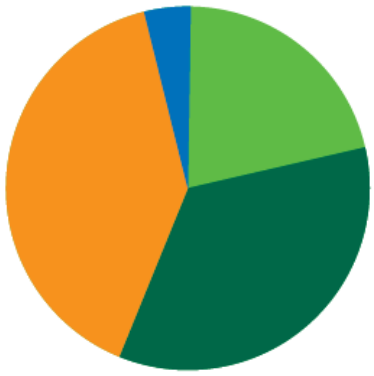
Over 40% felt they didn't know enough about the current challenges facing the Friarage, as shown in the pie chart below:



21.68%	Yes, I feel very informed
34.62%	I could do with a little more information
40.03%	No, I don't know enough
3.67%	I don't know

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Emerging themes from both the survey and the 11 public events

Across the public events and in the responses to the survey there were a number of core themes that were consistently played back:

1. **Travel time, distance and transport difficulties to JCUH; parking issues at JCUH; patient transport**
2. **National recruitment issues causing local problems but local solutions are not able to or allowed to be found e.g. incentives; golden handshakes; support from training bodies / Royal College**
3. **Negativity, rumours and cynicism about the future of the Friarage in the community not addressed by communications from the Trust / CCG / other responsible bodies; lack of information / understanding about the services that are available at the Friarage**
4. **Running down of services at the Friarage in favour of James Cook; key services have been taken away e.g. maternity and paediatrics; stroke; need for more services not less as more new housing is built and military families return. Most respondents hold positive views about the Friarage and negative views about transfer of services to JCUH**

JCUH – The James Cook University Hospital

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The Standoutmedia report lists a number of quotes to illustrate comments made under each of these themes.

The agency said that the 'uniformity of comments and shared concerns by people who took part, whether in person or online, is an outstanding feature of this engagement work.'

In summary, the report said that the feedback from the public events indicates that people learnt about the challenges that exist for the Trust, understood that these challenges also exist for the NHS nationally and that they had a greater understanding of the difficulties that both the Trust and the commissioners face in making services at the Friarage sustainable for the future.

It said the survey results indicated that there is 'no appetite for any further changes to services at the Friarage' and that many respondents would like to see all services that had been transferred to James Cook brought back and a full acute hospital service, including 24 hour A&E, maintained at the site.

It also said that local people are worried about the loss of services and the myth that the hospital is closing is 'strong and enduring.' People are also concerned about pressure on services due to population growth through the building of more new homes and increase in the size of the military establishment.

It concluded that the events were 'largely well received and well-supported by an identifiable demographic' and that there is an appetite for much more communication into the community about positive news from the Friarage.

3(iii) Additional public/ community events

Additional public event in Thirsk

At the initial public engagement event held in Thirsk on 15 November (included in 3(ii)) there was a large turn-out and the room could not accommodate the number of people who wished to stay for discussions. It was therefore agreed with town councillors that the Trust would hold an additional event on 20 December at Thirsk and Sowerby Town Hall, from 4pm to 6pm. This followed the same format as the other 11 public events. Thirty-four local people attended.

Although there was some understanding of the challenges, people were passionate about the availability of local services and reassurances were sought that the Trust would do everything it could to maintain as many services as possible at the Friarage.

The recent closure of the Lambert Memorial Hospital compounded some people's fears that the Friarage would close, while others said they had been reassured at the meeting that the Friarage is open for business.

The main themes to emerge during discussions were around recruitment/staffing issues, transport/travel/distance, perception about diminution of services, the need for more communications and the impact of housebuilding on health services. There were also discussions about what other services could be provided at the Friarage or locally.

In terms of recruitment/staffing issues, discussions included:

- the withdrawal of trainees at the Friarage in 2016
- why it is difficult to attract doctors to Northallerton
- incentivising junior doctors to stay at the Friarage
- the Government funding doctors' training but including a requirement for them to work in the NHS for a number of years
- recruiting abroad and promoting the area as a great place to live and work
- the Trust training its own doctors and upskilling staff
- the role of military doctors and nurses
- the impact of withdrawing bursaries for nurse training and why nurses now need to have degrees

In terms of transport/travel/distance, discussions included:

- the rurality of the area and the impact of travelling further particularly in emergencies
- how patients would get home if in an emergency situation they were taken to a hospital far from home
- travelling to James Cook, particularly in the rush hour
- the cost of taxis (comments that it could cost up to £80 to get a return taxi to James Cook)
- lack of awareness of what transport (ie third sector schemes and volunteer drivers) is potentially available to them and the need for more information
- the development of local community schemes (ie the Trust working in partnership with local organisations)
- the impact of travelling on people visiting family and friends in hospital, including that many visitors are elderly and that patients need family support to keep up their morale and may feel isolated
- the withdrawal of the shuttle bus that previously operated between the Friarage and James Cook, with comments that it had not been well advertised
- an understanding among some that patients with more complex conditions need to go to James Cook but some would be prepared to wait to be seen at the Friarage for less urgent appointments
- the timing of appointments needs to take into consideration the fact that some older people are using public transport (some felt that James Cook is not as amenable over changing appointments for people who have to travel some distance to the hospital)

In terms of the perception of diminution of services, discussions included:

- anger about the sale of the Lambert
- concern that services 'were going to whittle away'
- comments that many nurses had wanted to work at the Lambert but were not allowed
- concerns about the way decisions had been made over previous service changes
- the Friarage had 'gone downhill' since becoming part of the South Tees Trust
- comments about cardiac and respiratory services at the Friarage and concerns that two acute wards are going to be taken away
- staff concerns about job security
- the impact of basing cardiology specialists in some GP surgeries

In terms of communications, people said if changes are to be made at the Friarage it will be important to ensure that these are well communicated so that everyone is aware of what services are available in which hospitals. As part of this discussion there were comments that the public need to agree which services are provided at James Cook and which at the Friarage.

In terms of the impact of house building in the area, there were comments about lots of new houses being built and therefore it is important to have an A&E close by. People asked if there would be any additional NHS resources to support the new estates, including a new GP practice.

Finally during discussions about what other services people would like to see at the Friarage, suggestions included:

- A&E and maternity services need to be provided there
- renal dialysis
- services for older people
- end of life care
- follow-up appointments (ie if more people are to be treated at James Cook)

Some said more patients might be encouraged to use the Friarage if they were aware of the services available there. People also talked about the need to make more use of GP surgeries for people who need physiotherapy and occupational therapy, especially for those with long-term conditions.

There was recognition by some of the need to optimise technology, including through telemedicine and education programmes for patients.

There were also comments about the need to have better access to first response services in rural areas and about empowering ambulance teams to triage patients to decide whether they really need to go to hospital.

Community event in Middleham

A community event was promoted by Middleham Town Council and held immediately before a scheduled meeting of the Council on 29 November to provide the opportunity for local people to hear about the engagement process and to ask questions. More than 20 were in attendance including 17 residents and councillors.

Senior representatives from the Trust showed the video outlining the challenges at the Friarage and then answered questions. Initial concerns were about travel times (to hospital) with a number of people talking about having had early morning appointments at James Cook which are impossible to attend for people who don't have their own transport (and if they do, it is difficult to park at James Cook).

On workforce challenges, they found it difficult to understand why people do not want to work at the Friarage as it is in a lovely part of the country and there was a discussion about the national shortage of doctors and the need for doctors to maintain their competencies.

People wanted to understand why trainees were no longer allowed to work overnight at the Friarage (including who Health Education North East is responsible to), about the steps being taken by the Trust to resolve the situation and about cross-working over the James Cook and Friarage sites.

One person reflected that when industry stopped apprenticeships there were workforce shortages and not enough staff available to cover the gaps when people retired. There were also questions about what steps are being taken to encourage locums to work substantively and why they would choose not to do this.

The general feeling at the meeting was that those present like the Friarage as they often know the staff who are usually from the local area. One suggested that the uncertainty over the future of the hospital services is putting people off applying to work there. There were concerns that the Lambert Memorial Hospital was closed due to lack of staff and that the same might happen at the Friarage.

There was a discussion about what happens next which included the independent Royal College reviews, involvement of the Clinical Senate and looking at other models around the country. People were interested to know about healthcare provision at Catterick Garrison.

Finally, someone asked whether the Trust was happy with the response rate to the engagement process which resulted in an explanation about all of the steps being taken to reach as many people as possible through attending meetings, providing multiple opportunities for people to comment and efforts to raise awareness of the process including through community newsletters.

(At the scheduled meeting of the Town Council which followed, it was felt that the engagement session had been worthwhile with local people posing good questions. Members agree to encourage completion of the survey and to also forward it to the local school.)

3(iv) Attendance at meetings of community groups

Discussions took place with 11 community groups involving almost 200 people. The purpose was to target groups and events attended by people who may not come to public events and who could provide different perspectives due to their own circumstances and interests.

At least one representative from the Trust attended each of these events or meetings to talk to people about the challenges facing the Trust, to seek their views about what is important to them when they need to use emergency services and to explore with them ideas about other services that could be provided at the Friarage. A note was made of comments received.

Most of the events provided the opportunity to share leaflets, comments cards and paper copies of the survey.

They enabled engagement with a wide range of people with different interests and experiences, such as young families, including some with children with disabilities, older people, including some with disabilities, users of mental health services, carers, representatives of the Gurkha community at Catterick Garrison and people who are active supporters of the Friarage Hospital.

Date	Name of group/venue	Attendees
13 November	Parents4parents at Poppies Centre, Carnagill Community Primary School, Catterick Garrison	A meeting of a peer support group run for and by parents from military and civilian families in North Yorkshire. The group provides free peer support to parents who are facing difficult circumstances when expecting or looking after their children. The discussion involved six women.
14 November	Phoenix Group at Mental health Unit, Friarage Hospital	A meeting for mental health service users and carers and NHS colleagues. The discussion involved 10 users and carers.
15 November	Osmotherley Community Group, St Peter's Church, Osmotherley	A soup lunch for members of the public, mainly retirement age and over and a number of younger people present as volunteers. Also present was a group from POSCH (parents and carers of children with special needs). There were discussions with 26 people.
22 November	Age UK, Northallerton Town Hall	Coffee morning attended mainly by older people, including some with disabilities, but a small number of young people also present. Representatives also present from Age UK, Hambleton Strollers, Yorkshire Housing, Alzheimers Society and Trading Standards. There were discussions with 38 people.
23 November	Coffee morning, Army Welfare Service, Hipswell Lodge, Catterick Garrison	Coffee morning attended by wives and partners of serving soldiers, a serving soldier and an Army community support development officer. There were discussions with nine wives and partners.
29 November	Coffee morning, Gurkha Company Infantry Training Centre, Helles Barracks, Catterick Garrison	Coffee morning attended by Nepalese wives and partners of serving soldiers and two Army community support development officers. The discussion involved 11 wives and partners.
30 November	Friends of the Friarage	Annual General Meeting attended by active supporters of the Friarage Hospital. The discussion involved 20 people.
7 December	Over 50s Forum/ Age UK, Northallerton	A joint meeting of the Over 50s Forum/ Age UK coffee morning, attended by 13 people.
8 December	Leyburn Women's Institute, Community groups at Arts and Community Centre, Leyburn	Drop-in session promoted by Leburn WI, attended by 15 people (middle-aged and older), including a district councillor.
12 December	Gurkha veterans' group, Hipswell Lodge, Catterick Garrison	A regular informal meeting of Gurkha veterans and wives at Catterick Garrison. The discussion involved 30 veterans and wives.
14 December	Alzheimers Society meeting, Rivendale Extra Care, Northallerton	An informal gathering for people with dementia and their carers. Ten in attendance, one younger carer and the remainder were over retirement age. One worker also present.

Parents4parents

Six mothers, some with young children, were present at this meeting held at Poppies Centre, Carnagill Community Primary School, Catterick Garrison. The Trust covered the cost of a crèche so that the mothers could take part in the discussion. A couple of the mothers also referred to older children.

The mothers were surprised to hear that it is so difficult to recruit doctors to work in such a beautiful place, although some said that trainee doctors would want to work in cities.

Most commented that when they need emergency care they are looking for quality – 'It is always about quality – you want it to be right'. They referred to situations where family members had had to travel for specialist treatment and had had positive experiences.

A key concern was transport and distance, in particular the lack of local buses. They explained that some of them don't have cars and that the wives and partners of military personnel often don't have family living near and if they are new to the area they don't have friends they can call on for lifts to hospital appointments.

There were comments also that in the event of an emergency they would rather make their own way to hospital than wait for an ambulance.

Some gave examples of being sent from one hospital to another – one woman said that when she was pregnant she needed two scans in one day, one at the Friarage and the other at James Cook. She spent most of her day travelling and said a better solution for her would have been to be able to have both scans at the same hospital.

There were also examples of taking young children to the Friarage with injuries that needed to be stitched, being sent home with dressed wounds but being asked to return the next day for stitches.

One woman talked about a family member's contraceptive coil becoming loose and spending a whole day driving between the GP practice, the Friarage and James Cook only to be told to go back to the GP practice where it was initially fitted.

There were comments that people don't always know where to go for urgent / emergency care within the local area and that a handy pocket-size leaflet would be helpful.

They said that in terms of what services could be developed at the Friarage, if emergency care had to be provided somewhere else it would be good to have follow-up care and outpatient appointments at the Friarage – 'we don't want to be travelling all the time.'

Given the travelling difficulties they said they would welcome flexibility around appointment times and also more outreach services at their GP practice.

There were comments that 'the press don't always get it right' and give the impression that the Friarage provides very few services. They suggested more information for the public about the services it provides.

Finally they commented on the growing size of the Garrison (and the consequent need for more services locally).

Phoenix Group

Ten users and carers were present at the meeting and a number of NHS representatives.

The discussion focused on recruitment challenges and they sought clarification on the extent of the problem in relation to its impact on care. There were comments that staff 'feel demoralised' and a suggestion that anaesthetists should be paid to come back to work at night at the Friarage.

They also felt it is important to promote the message to future employees that 'there is a future at the Friarage'. There were comments that there are also difficulties in recruiting nursing staff and questions about whether there is a process in place to second a healthcare assistant to a nursing post. All present agreed that this is a national problem across all services and other Trusts.

Osmotherley Community Group soup lunch

This was a very busy event at St Peter's Church, Osmotherley, attended mainly by men and women of retirement age and older, some with mobility problems.

There were some younger people present who were volunteers helping with the event. Attendees included a number of retired healthcare professionals. A representative from the Trust had discussions with 23 people, including some of the volunteers.

Most people involved in the discussions had some understanding of the challenges facing the Friarage. Some said there needs to be more medical training places and that some young people can't afford to go to medical school. There were suggestions that there needs to be better salaries and improved working conditions for doctors and nurses.

People generally couldn't understand why it is so difficult to recruit to such a 'wonderful place'. Some suggested that there is too much bureaucracy in the NHS and too much money spent on managers.

There were a number of references to meeting the needs of a growing population with 'housebuilding everywhere'.

Most people present said that for them living around Osmotherley they are close enough to James Cook – it is as easy to get to James Cook as it is to the Friarage. They said when they are very ill they understood why it is important to go to James Cook – people want to get the best care so that they survive.

One man talked about how he received stents at James Cook and spoke highly of the care he received – his follow up care was at the Friarage, a rehabilitation course where the staff were very good and helped him at a time when his life had been 'turned upside down'.

Some commented that when their grandchildren need hospital care they know to go straight to James Cook.

Comments included 'To me you go to the best place where you get the best treatment for that condition…' and 'The biggest thing is having the expertise'.

However, a number commented that it is very different for people living in the Dales who live a distance away from James Cook, with limited public transport and others talked about the shuttle bus between the Friarage and James Cook being taken away. It was suggested that people could have been charged for using the bus – 'People are paying for taxis'.

Someone else (who used to be a nurse at the Trust) said – 'You need the right care – and you need a bed'. She said that people don't want to be on a stretcher or a trolley in A&E for hours. She said if changes were to be made to emergency care, more money would need to be invested in community services.

There was a discussion (linked to need for more community services) about bed blocking with examples given by people who had been aware of this when they were inpatients.

There were other comments about the need for more allied health professionals to help with hospital discharge (with a perception that physiotherapy is not available at weekends) and about the need for more residential care.

'Shutting down community hospitals was a real issue….' 'The buildings were falling to bits…..shutting the community beds means the patients have nowhere to go…'

There were comments that 'all this boils down to money' and also that the 'big issue' at James Cook is car parking.

While there was a recognition that not all services would be able to be provided at the Friarage, people spoke highly about the hospital. In one group discussion, there were comments that the Friarage 'is ideal for outpatients'….'it is easy to get to and easy to park'.

One woman who works with people aged over 50 with special needs said that taking people to the Friarage is better than having to go to James Cook, with less waiting and 'so much quicker'.

In one group people felt strongly about comments made through the media which gave the impression that the Friarage is being wound down.

POSCH (parents and carers of special children)

A group from POSCH (parents and carers of special children) were present at the Osmotherley Community Group soup lunch and a Trust representative was able to have discussions with three of them.

There were mixed views about how emergency care services should be provided – one said there needed to be local services (because of the distances involved and because of the difficulties in travelling with a child with special needs) with another saying that while people complain about services leaving the Friarage 'everyone says if you have a heart attack you have a higher survival rate in a hospital with a specialist team'.

There were comments that the shuttle bus between the Friarage and James Cook being discontinued and about how difficult it is to get to James Cook from Thirsk.

There were suggestions that all A&E staff need to be trained to deal with children with autism and that just because a child can talk it didn't mean that they would be able to answer questions – 'some need to be shown pictures'.

There were also comments about how difficult it can be spending a few hours in A&E with a child with special needs and a suggestion that perhaps a parent and child should be able to check in and then go away (maybe back home if possible) and then return at an agreed time to be seen by a doctor.

There were comments that people don't always understand about the investment that has been made in improving ambulance services and that greater prevention would reduce the need for hospital visits.

Age UK coffee morning

The event was held in the Town Hall in the Market Square, Northallerton, on a market day. It ran for over two hours and was busy from the doors opening to the end. There were also stands in the room from a number of organisations including the Alzheimer's Society, Age UK, Yorkshire Homes (who work with people with care needs) and Hambleton Strollers.

Attendees were mainly by older people, although a smaller number of younger people also called in. The event provided the opportunity to have discussions, over coffee, with 38 people, including some with mobility issues, visual impairment, mental health issues (some of whom said they were in receipt of Alzheimer's services) and people who were carers.

Just about everyone referred to travelling difficulties, if not for themselves, for people living further afield in the Dales. There were comments about lack of or infrequent public transport, the removal of the shuttle bus between the Friarage and James Cook (which some suggested people would have been happy to pay to use), difficulties in parking at James Cook and the cost of taxis ('£80 for a round trip to James Cook from Northallerton').

There was a suggestion that perhaps the NHS could have an arrangement with named taxi firms who could take patients and visitors to Middlesbrough at a cheaper rate. There were also comments that while there are volunteer driver schemes, this means a reliance on goodwill and also that not everyone knows of their existence.

There was a level of awareness among a number of those present that specialist hospital care is already provided at James Cook with one woman in her 80s speaking very highly of the care she had received earlier this year when she had heart surgery there:

'It was wonderful – if I was the Queen I couldn't have been cared for better.'

Others said they would want to go to the best hospital for something serious.

One man who was fairly new to the area said he was waiting for planned knee surgery. He said it made sense to have centres with experts even for planned surgery (and that hopefully this might result in quicker care for routine operations).

However, a couple of people felt strongly that everything should be provided at the Friarage.

A number of older people commented that they were travelling for treatment and appointments that they felt could be provided at the Friarage. Someone referred to her neighbour in her 90s who had to go to James Cook to have her thumb stitched. There were comments about older people having to travel to Middlesbrough for eye injections for Macular Degeneration which they felt could be routinely available at the Friarage.

One older woman talked about the need for more thought about the appointment times given to frail older people, especially if they have to travel. She said her husband who is 'not very good at the moment' got a 9am appointment to see a consultant at Guisborough.

She managed to get a later appointment and they saw a 'wonderful consultant' who said he would need a procedure and this would take place at James Cook or Whitby. He said he only worked very occasionally at the Friarage. They then got an appointment for 8am at James Cook and although they have a car, her son took them so that they wouldn't have to worry about getting parked.

While there were a number of positive comments about the development of the new cancer centre, a number of people referred to the Friarage closing with one older man asking if it 'would close by stealth'. A number also referred to the recent changes in mental health services.

One person suggested the recruitment difficulties were down to the uncertainty of the future of the Friarage. He said his friend's granddaughter was training to be a nurse but she wouldn't come to work at the Friarage because of this. He also said he had been told by a taxi driver that staff from the Friarage were being taken to James Cook.

Finally, while some spoke very highly about the care they received at the Friarage, there were a couple of comments that the nursing staff could be better when caring for older people and for people with dementia.

Army Welfare Service coffee morning

There were discussions with nine women and one man, all attending the coffee morning with their young children and with the community support development worker. A number of those present had recent experiences of hospital services, particularly for their children as well as day to day experiences of primary care.

A husband and wife who were present were frequent users of healthcare services for their son, who has autism, and their daughter, who has asthma. They attend different hospitals depending on the condition. When they have an urgent healthcare problem, they tend to ring NHS 111 first and find this service helpful.

There were clear messages at the event that people wished to have as many services as possible close to home. A particular problem is that when their partners are away some of the women don't drive, public transport is limited, they don't have family networks nearby that they can rely on for lifts and friends who drive often have their own children to look after. Therefore, travelling to hospital appointments can be difficult.

Someone gave a recent example of having to collect a friend's wife who was stranded at James Cook after being taken there from the GP surgery with her disabled daughter. Her husband was currently in Afghanistan and her car was parked at the GP practice so she had no way of getting home from Middlesbrough.

Some said that for emergency care and hospital services they would prefer to go to Darlington as it is nearer and easier to get to than Middlesbrough.

Not all understood or were aware that specialist services can't be provided in every local hospital and that some are now centralised to ensure better outcomes for patients. Some who hadn't previously lived in a rural area had been used to being closer to hospital services (ie when their partners were stationed in other parts of the country).

Much of the conversation focused on the need for good local primary care services. There were mixed views about GP services with some saying they had to wait longer than they would wish to for appointments and a number of those present commented on the lack of dental services. Some said they could not get an appointment at the local dentists for either themselves or their children. The feeling was that some people have just decided not to bother getting dental checks.

They explained that serving soldiers use Army primary care facilities while their wives, partners and children use NHS funded services. There were suggestions that there could be closer working between the Army and NHS facilities with perhaps a range of services being provided from one new building. Such services could include GP services, minor injuries/ illnesses walk-in facilities, dentistry and breast and cervical screening services.

Gurkha community, Catterick Garrison

There were two meetings with members of the Gurkha community at Catterick Garrison. The first was with wives and partners of serving soldiers who spend a limited period in the area and the second with Gurkha veterans and wives who have settled in the local area.

• Wives and partners of serving soldiers

Eleven Nepalese women took part in a discussion over coffee. They are the wives and partners of soldiers from the Infantry Training Centre at Catterick Garrison who train Nepalese young people. Their husbands and partners are usually based at Catterick Garrison for a maximum of two years.

One of the women had a toddler with her and there were two Army community support development workers present (one of whom is Nepalese).

Since the women spend a relatively short time at the Garrison, they do not develop long term links with NHS services. Their experience of the services is mainly around primary care with use of hospital services as and when needed.

They had no knowledge of the challenges facing the Friarage, although they were aware of the hospital with some using the hospital services for themselves and their children.

There was an awareness of and acceptance that if their children need inpatient hospital care, this is provided at James Cook. One young mother said she had recent experience of that service at James Cook.

There seemed to be consensus that as far as emergency care is concerned, a short waiting time on arrival at the hospital is what they would be looking for. One woman had a very recent injury to her finger and said she only waited an hour (compared with five hours at a hospital in the south of England when their husbands were based there).

There were also comments that when they need appointments with a specialist, they are received quite quickly too.

Some commented on the long drive to James Cook – *'it can take an hour to get there and longer if the traffic is bad'*. They said it takes about 40 minutes to get to the Friarage. Some said that for them, Darlington is more convenient and they would go directly there.

While not all of them drive, most would have access to a car. If they couldn't get to a hospital appointment themselves they would ask their husbands who would then need to request time off work (which could be difficult depending on the training schedule).

The biggest difficulty expressed by the women was around long waits for NHS routine dental care. One said she paid £100 to have a filling replaced because she did not want to have a temporary filling for a number of months while waiting for an NHS appointment. The indications were that they would be able to access emergency dental care but for routine dental care there were long waits.

They seemed satisfied with access to GP services when they had an urgent need, although one woman said that she had to wait two weeks for a non-urgent appointment to get a prescription for antihistamine.

There was a low level of awareness of GP out of hours services and of NHS 111 (although one woman referred to an experience using NHS 111 when she had to go through a lengthy triaging process once with a call taker and then with a healthcare professional).

There was a discussion that it would be helpful to have basic information about NHS services, perhaps in welcome packs when they arrive at the Garrison.

• Veterans and wives

Around 30 veterans and wives, mainly retirement age and older, took part in an informal discussion at a regular get together at Catterick Garrison. These are Nepalese people who have settled in the local area after leaving military service. Interpretation services were provided by a retired physician.

The main issued raised was around the language barrier. Most of those present spoke little English which means it can be difficult when they are accessing NHS services.

One person said that he finds it a particular problem when he is making appointments. He felt there was no-one at the hospital (he referred mainly to Darlington Memorial Hospital) who could speak Nepalese, although there is someone at the GP practice, who works part-time, who he can seek help from.

There was a discussion about how this is compounded when an appointment is postponed and a patient has to call the hospital to rearrange. As well as being difficult when making appointments, it can also be a problem when booking patient transport or calling for an ambulance in an emergency situation.

One woman said the language barrier can be a problem when initial treatment is being administered by the ambulance paramedics before a patient is taken to hospital.

Someone said that although some of them have a little English, this is easily forgotten if an emergency situation arises or if they are ill.

The other issue was around travel and distance. The general feeling was that it is easier to get to Darlington Memorial Hospital than either the Friarage or James Cook. They said there are frequent bus services to Darlington but only two a day to Northallerton. Someone said that to get to a 2pm appointment at the Friarage they would have to get the 10.30am bus and then wait around for the appointment. It is even more difficult to get to James Cook.

Most said they would use public transport to travel for hospital appointments, although a couple said they used patient transport services. One man said that his wife has a back problem and has difficulty walking so they have used taxis to get to and from hospital. Another said it is difficult to take a sick person to hospital on the bus for appointments.

Friends of the Friarage

Friarage Medical Director Adrian Clements was invited as guest speaker at the annual general meeting of the Friends of the Friarage to talk about the engagement process. Twenty people were in attendance.

The video used at all of the formal public events was shown and questions were taken and responded to.

The first question was whether a big part of the problem is how the consultant staff at James Cook perceive the Friarage which led to a response about how the Trust has a responsibility to use its staff across both sites. As such consultant anaesthetists from James Cook are supporting services at the Friarage.

However, the main focus of the questions that followed was around the recruitment difficulties and how these could be resolved.

One person asked for clarification around the loss of training status for anaesthetics, which means that trainee doctors are no longer allowed to provide overnight emergency cover at the Friarage because the very small numbers of patients involved mean they do not get the level of clinical exposure needed to develop their skills.

The discussion was around whether Health Education North East would allow this status to be returned. Later in the discussion, someone asked whether if James Cook was very busy, would it not be possible to move emergency work to the Friarage (ie to boost throughput and enhance training opportunities).

It was recognised that there is a national shortage of doctors training as anaesthetists and there was a discussion around what is being done at national level to address this and why this has such a great impact on the Friarage.

This led to a question about the need to develop a strategy based on the needs of the population, rather than one which is predicated on the workforce issue.

Someone then expressed concern that due to the recruitment difficulties in anaesthetics it may be necessary to close ITU. If this happened the concern was that surgeons would no longer be operating at the Friarage, which in turn would mean that physicians wouldn't come to work there and it would end up being a nurse-led hospital.

A question followed seeking confirmation that the contract for clinicians coming to work at the Trust now covers work on both the James Cook and the Friarage sites.

Someone then asked whether it is possible to incentivise anaesthetists to come to work at the Friarage with a suggestion that if it is possible to have 'London Weighting', surely there could be 'Rural Weighting'.

The discussion moved on to concerns of local people that services may be lost (ie due to workforce challenges) and never come back to the Friarage. There was a question about if it is possible to influence 'the corridors of power' and resolve the workforce challenges, is it possible that the services could be returned to the Friarage in five to seven years' time.

Someone suggested that the uncertainty about the hospital can't be helping with recruitment and there was a discussion around how years ago doctors were recruited from South Africa and a question about whether the military would be able to offer more support at the Friarage.

There were questions around whether after completing their training doctors are not committed to working in the NHS for so many years and also whether nurses could be trained to do some of this work.

Finally someone asked if the predicted population increase and plans to build 1,700 new homes are being taken into consideration.

In the closing remarks for this agenda item, the President of the Friends of the Friarage said:

"It's very reassuring for me to hear you have the Friarage at heart which is what we're all passionate about. For me that's what has come over. I hope you put us first and I hope there's a successful outcome as many of us want to retain as many services as we can here."

Over 50s Forum/Age UK coffee morning

This joint informal event held in Age UK's Northallerton office was attended by 13 people. Overall feedback from those who attended was that the discussions which took place were helpful with some interesting comments received.

A key conversation was around the military and why many staff are not based at the Friarage anymore and it was explained that many of the skills required by military personnel, particularly for deployment, focus on emergency care such as major trauma and vascular services which are based on the James Cook site.

It was agreed that the Director of Operations for the Friarage Hospital would speak to the military to explore potential opportunities for rotation.

There was also an acknowledgement that there was greater 'management' visibility on the Friarage Hospital site and people felt that the engagement process was open and honest, with the same messages being delivered at each session.

This led to a discussion about the importance of communication with the wider public so they know what is happening and what the challenges are in 'plain English'.

During the coffee morning, some people said they had not appreciated that the recruitment issues were also a regional and national issue. A conversation also took place around whether the Trust could get training status back at the Friarage.

Questions were also raised about Accident and Emergency and whether the Friarage site was closed overnight and assurances were given that the service is 24/7 although a different approach was taken for ambulances after 9pm.

People felt it was important to find an urgent solution to the workforce challenges, particularly around critical care.

Distance and travel was a main theme - one person asked why the shuttle bus service was stopped – and there was a discussion about patient and public transport, particularly in rural areas.

One person asked whether a bone density scan could be provided on the Friarage site while a question was also raised about whether the Friarage could be a 'centre of excellence' for hips and knees. A question was also raised about redeveloping the theatre block.

Finally, people felt it was important the Trust discussed and explored other services such as community and social care and residential care.

Leyburn Women's Institute (WI) drop-in

The event was promoted by Leyburn WI and 15 people attended, including a district councillor. The video outlining the challenges at the Friarage was played and representatives of the Trust were present to answer questions.

The overriding key theme was distance and travel, including concerns about public transport, especially for people living in rural areas, although discussions also included the workforce challenges, the growth of Catterick Garrison, the need for back-up support at the Friarage following planned surgery, the need for communication about services available at the Friarage, waiting times in A&E at the Friarage and comments about last minute cancellations at the Friarage.

The feeling was that travelling is a big issue for older people, whether they are travelling for appointments, to A&E or for visiting.

One woman, who is currently using four hospitals including Sunderland, said: *"At one time we had a post bus which went straight from Hawes to Northallerton – now you've got to make your way to Bedale to be able to catch a bus into Northallerton. I think the Friarage is tremendously important – it's 45 miles from Hawes to James Cook, which seems to be on the extremity of the area it serves."*

Someone commented that while they understood about health services becoming more specialised the problem was around visiting – "When you live out here – and way beyond here – there's no way to get to James Cook if you can't drive."

This led to a discussion about the importance of being around family and friends and in familiar environments to help with recovery.

Although everyone agreed that distance/ travelling times were an issue one man said: "We choose to live in a more rural area – we choose to live remotely."

There was a discussion about an arrangement in the Durham / Dales area to help with travelling to hospitals and those present said a lot of people would subsidise some sort of travel scheme.

People were sympathetic to the workforce challenges but felt every effort should be maintained to keep as full a range of services as possible.

There were questions about whether salary scales are standard throughout the country, offering financial incentives, bringing retired doctors back to work and not paying locums so much money.

There were suggestions about marketing the area to attract people and questions about what is being done nationally to address the workforce issue and about why trainees were withdrawn from the Friarage.

One person talked about the state-of-the-art cancer centre development and asked if this could help with recruitment. Another asked if recruitment difficulties would impact on this service.

There were comments that the growth of Catterick Garrison would need to be taken into account as lots more service families were coming into the area.

One woman shared her personal experience with her husband, who suffered complications at the Friarage after a planned admission and said she had concerns about the back-up support. "If there's a complication the back-up isn't there for the patient."

There were differing experiences quoted of waiting times in A&E at the Friarage, a question about how many attend A&E because they can't get to see their GP or they're not registered with a GP and a comment that paramedics are discouraged from taking patients to A&E at the Friarage.

In terms of publicising engagement one couple suggested using the local church network.

Another person was complimentary about the video: "The film is very good – it's worth seeing."

Someone said that people don't know what is provided at the Friarage and added: *"There's a fear you're going to close it – people need to feel confidence in the Friarage and that you're not going to close it."*

Finally, the district councillor raised concerns about last minute cancellations at the Friarage, quoting examples of a cancelled operation and injections for Macular Degeneration.

Alzheimer's Society, group for people with Alzheimers and the carers

The group is an opportunity for people with Alzheimer's and their carers to come together informally. There were ten people present (with the exception of one younger carer, all were over retirement age) and one worker. Discussions took place in small groups.

A couple from Bedale talked about their experiences of using health services. They both had fairly recent experience of using specialist hospital services at James Cook and the husband talked about receiving follow-up care at the Friarage following treatment for prostate cancer and about other appointments at a clinic near his home.

They were very complimentary about hospital care, both at James Cook and the Friarage, at the GP surgery (where they had no problems getting appointments) and at the local clinic.

They also spoke highly of specialist nurses and said it would be good if the Friarage could have more of these.

The woman said: *'When I read these things about the NHS I wonder if I am on a different planet. I have never had any problems at all.'*

She talked about how when she was in James Cook for three weeks visiting was difficult for her family. The husband explained that they have a lot of family support and because they no longer drive, they have an arrangement with a local taxi driver to take them to their appointments.

They reflected that not everyone would be able to afford taxis and they talked about the shuttle bus between the Friarage and the James Cook. When this service was available they didn't use it because at that time they were using their car. However, they felt it hadn't been well advertised. In the apartments where they live a resident made a poster to promote it.

Two women, both carers, said they were aware of challenges at the Friarage. They had seen publicity about recruitment difficulties and they had both participated in the mental health consultation. One said it was understandable that trainees would want to work in bigger hospitals.

One woman talked about how her late husband had received specialist care at James Cook – there had been a case conference over whether he should be transferred to James Cook from the Friarage and she had the 'final say'.

She reflected that the Friarage is a 'cottage hospital' and a 'wonderful hospital for this area' but said 'the Friarage can't provide everything and we have to understand that'.

She suggested that perhaps the Friarage could be restructured to specialise in certain things, such as adult mental health.

The other woman said her husband had recently been treated at James Cook following a heart attack. It was ok for them because they live in Great Ayton but they came into contact with patients from Cumbria and the Dales and wondered how they managed with the travelling (not just as patients but their families for visiting).

3(v) Attendance at local authority meetings

Representatives from the Trust attended eight local authority meetings which provided the opportunity to have discussions with county, district and town and parish councillors. Some of these were also attended by members of the public and representatives from community and voluntary sector groups. Over more than 120 people were involved.

Date	Meeting	Attendees
22 September	North Yorkshire County Council Scrutiny of Health Committee, County Hall, Northallerton	Fifteen county councillors, 7 co-opted members (district council representatives), county council officers, representatives from Healthwatch, the Phoenix Group and several colleagues from the NHS.
12 October	Richmondshire District Council Overview and Scrutiny Committee	Seven district councillors plus the democratic services officer in attendance.
3 November	Mid-cycle meeting with representatives of Scrutiny of Health Committee, County Hall, Northallerton	Three councillors including the chair, and vice chair, an officer from the County Council and representatives from the Trust and CCG.
20 November	Northallerton Town Council, Town Hall, Northallerton	Ten town councillors, two district councillors, one officer, four members of the public and a journalist.
29 November	Richmondshire Area Committee, the Charles Brathurst Inn, Arkengarthdale, Richmond	Ten councillors (six from the county council and four co-opted members), ten officers from different departments of the county council, the police and fire and rescue service and six members of the public.
30 November	Thornton-le-Moor Parish Council, Thief Hall, Thornton-le-Moor	Six councillors, one officer and five members of the public.
14 December	Middleton Tyas Parish Council, Memorial Hall, Middleton Tyas	Seven councillors, one officer and four members of the public.
15 December	North Yorkshire County Council Scrutiny of Health Committee	Twelve county councillors, 5 co-opted members (district council representatives), several representatives from the NHS and County Council officers.

Three meetings of North Yorkshire County Council Scrutiny of Health Committee

The Trust recognises the important role played by the North Yorkshire County Council Scrutiny of Health Committee over any potential changes to healthcare services and as such presented to the committee in September (in advance of the engagement starting) as well as providing ongoing updates at both formal meetings and mid-cycle meetings.

The Clinical Director of the Friarage, Dr James Dunbar and the Medical Director of the Friarage, Dr Adrian Clements, were present at each of these meetings, along with senior representation from the CCG.

- **Attendance at committee meeting on 22 September**

There was a presentation outlining the challenges being experienced with the delivery of some emergency services at the Friarage and also the intention to begin an engagement process with the public

The committee was assured that the Friarage is a vital asset for the Trust and that there are no plans to close the hospital. Indeed new services could be provided from the Friarage, closer to people's homes.

However, the committee was told about the shortages of key personnel, such as consultant anaesthetists which were beginning to have an impact on services and that while a number of temporary solutions have been put in place, a permanent solution is needed to ensure long term sustainability of services.

Reassurances were provided that the Trust would keep updating the committee at both formal and mid-cycle briefings.

Members noted the interdependencies between key, skilled roles in a hospital setting and how shortages in one specialism could have a dramatic impact in other areas.

Members also commented that recruitment and retention to key roles is an ongoing issue being looked into by the committee and the Care and Independence Overview and Scrutiny Committee as part of a piece of joint scrutiny into health and social care workforce planning.

The committee chair encouraged the CCG and the Trust to engage with local people on the future of service delivery at the Friarage at the earliest possible opportunity. He reminded members that the focus must be upon outcomes for patients and carers.

- **Attendance at mid-cycle briefing on 3 November**

An update was provided on the engagement to date and some of the emerging themes, including transport, cynicism about South Tees Hospitals and what they are trying to do, lack of understanding of workforce pressures and the interdependencies between different clinical roles at the hospital and also lack of awareness that for many specialist services patients would usually be referred straight to James Cook.

Trust representatives explained that the Royal College of Anaesthetists would be conducting a review to inform future service planning at the Friarage. There would also be more engagement with staff at the Friarage and with Yorkshire Ambulance Service.

They told members that there are multiple clinical scenarios being looked at and that these would be firmed up during December 2017 and January 2018, followed by formal public consultation.

Concerns were raised about the future of Darlington Memorial Hospital and how this would impact on the Friarage and vice versa. It was agreed that there should be a further update to the committee on 15 December and that committee members would be invited to look at the video about the Friarage, being used during the engagement process, prior to that meeting.

- **Attendance at meeting on 15 December**

Members were reminded about the challenges at the Friarage and provided an update on engagement to date, saying that a report about the outcome of the engagement would be made public before the start of consultation. They outlined key themes which were similar to those set out at the mid-cycle meeting but also included ambulance response times.

A representative from the Trust acknowledged that people do not necessarily trust the management of South Tees Hospitals and that more work needs to be done to address this.

They provided an update on the reviews taking place by the Royal Colleges of Emergency Medicine and Anaesthetists, which would help to inform the development of options.

One councillor commented that concerns remained that there is a plan to close the Friarage by stealth which resulted in a discussion about the Trust's commitment to the future of the hospital and consideration about the development of new services such as ophthalmology.

Another councillor said that local people are 'very passionate' about the Friarage and that information received at the meeting 'concerning efforts to develop the hospital was very welcome'. It remains important to get out information to challenge misinformation and rumours that is causing 'so much upset and distress locally'.

The councillor stated his support for the work being done by South Tees Hospitals, the engagement to date and the efforts of the speakers. A paper was passed around at the meeting from a councillor at Northallerton Town Council which referred to medical services at the Friarage. The chair stated that the paper would not be accepted by the committee until legal advice is sought. The concern was that it was not clear who the paper was originally from so the contents could not be readily validated. It was noted that a date has been pencilled in to start consultation.

Richmondshire District Council Overview and Scrutiny Committee

Trust representatives provided a presentation on the challenges facing the Friarage Hospital and the steps being taken to support affected services. It was explained that a series of engagement events were being prepared to seek public and other stakeholder views on priorities for future provision of services at the hospital.

Following discussions at the meeting, the Trust also provided a written response to the following questions and issues raised:

- What is being done to recruit?
- Why is the Friarage no longer a training site?
- Cost of locum coverage at the Friarage for the out of hours rota.
- How many operations take place at the Friarage Hospital?
- Are beds being reduced?
- How is equipment recalled?
- Further background about work with the Nuffield Trust (ie in terms of approaches to making rural hospitals sustainable).
- Is it true that £3m has been invested in upgrading offices on the Friarage site?
- Is there any way that the Ministry of Defence doctors can be encouraged to work at the Friarage? Are they not based there?
- Car parking at James Cook site – concern about the length of time to queue to get into the car park.

It was also agreed that the Trust would be invited back to the Committee to present the outcomes of a business plan for future service provision at the hospital once the period of engagement had concluded.

Northallerton Town Council

Dr James Dunbar, Clinical Director and Berenice Grove, Operations Director from the Friarage attended the meeting. After showing the video outlining the challenges, they took questions from councillors. Eighteen people were in attendance including some members of the public.

The main focus of the questions was around the workforce challenges which led to discussions about efforts to recruit, including from abroad, and why the Friarage lost its training status (ie in relation to providing overnight cover in anaesthetics). There was a query around whether both James Cook and the Friarage had recruitment issues.

There was also a question about what the Trust Board thinks the future of the Friarage is which led to a response about how the hospital will not close. A councillor stressed that people do not want to lose any further services from the Friarage, especially the A&E department. Another queried why a patient was taken to James Cook following an accident outside the Friarage.

Finally there was a brief discussion about the relationship between A&E and GP out of hours services following a comment from a councillor about someone's experience of waiting four hours in A&E before being triaged and about the role of NHS 111.

Richmondshire Area Committee

Representatives from the Trust and CCG attended a meeting of the Richmondshire Area Committee on 29 November to outline the challenges facing the Friarage and to answer questions. There were 26 people present, including ten councillors, ten officers from the county council, the police and fire and rescue services and six members of the public.

Discussions focussed on a number of issues, as follows:

- it would have been good to provide options for the future vision of the Friarage
- if funding was available, could the vacancies at the Friarage be filled
- both the Friarage and James Cook have excellent facilities
- the Upper Dales is the furthest location from the Friarage and should services be diluted or lost the community would need to travel substantial additional distance
- any potential loss of services at Darlington Memorial Hospital would exacerbate the access problems for people in the Upper Dales

- previous consultations, including the recent mental health services consultation and that there is a lack of confidence within local communities about discussions over the future of the Friarage - a feeling that the current situation is closure by stealth
- rumours about the Friarage closing and the constant review of services is affecting the recruitment of staff
- the potential closure of A&E at the Friarage would be detrimental to the area
- more people may have got involved in the engagement if people felt that their views would be acted on

Thornton-le-moor Parish Council

Representatives from the Trust gave a presentation about the challenges facing the Friarage Hospital and about the work being done to find the best solution. Councillors heard that the out-of-hours cover in critical care is a problem as well as the availability of anaesthetists covering other aspects of emergency care. In response to questions councillors were advised that Ministry of Defence resources are used at both the Friarage and James Cook but these are also occasionally deployed to other areas outside of North Yorkshire.

Leaflets were left with the parish councillors and emphasis was made that residents should look at the on-line video at www.friarage.nhs.uk.

Middleton Tyas Parish Council

Seven councillors, one officer and four members of the public were in attendance. Senior representatives from the Trust were present to outline the challenges facing the Friarage and to take questions.

There was a discussion about why the training status had been removed and questions about whether this can be challenged by the Trust. Councillors wondered if the Trust is making the recruitment efforts sufficiently attractive and asked about financial incentives to encourage clinicians to work at the Friarage. They also asked about how resources are allocated across both hospital sites to ensure the best possible cover.

There was recognition and acceptance that some patients need to attend centres of excellence for immediate treatment but comments that they need to be transferred for ongoing care and recovery close to home as soon as possible.

There was a discussion about what would happen if the ITU at the Friarage had to close, what the model would be and how this might impact on the emergency department and acute services.

In terms of what other services could be delivered at the Friarage, there was a discussion about the development of the new cancer centre, the installation of the MRI scanner and active consideration of eye services. There were comments that the best use needs to be made of the Friarage which is a 'fantastic facility'.

There were comments about the need for better communications about the services available at the Friarage because the perception is that some services have already ceased.

Examples were also given of situations where ambulances and NHS 111 have advised alternatives other than the Friarage.

Finally transport was seen as a big issue both for people attending appointments and visitors.

The Chairman closed by agreeing to spread the Trust's messages to all residents.

3(vi) Parliamentary engagement/ interest

Prior to the engagement period, the Chief Executive contacted all local MPs – through meetings, phone calls and letters – to discuss recruitment challenges at the Friarage Hospital. Written responses were received from Rishi Sunak (MP for Richmond), Kevin Hollinrake (MP for Thirsk and Malton) and Alex Cunningham (MP for Stockton North), which acknowledged that they were all aware of the challenges faced.

Rishi Sunak MP for Richmond

Following an initial meeting between the Richmond MP and the Trust's Chief Executive and Friarage Medical Director on 30 June 2017, outlining some of the key workforce challenges at the Friarage Hospital, two further conversations were held with the MP during the engagement period.

At the start of the process in early October the MP publicly urged constituents through his own website/social media platforms, as well as the media, to 'join a conversation about the future of emergency care services at the Friarage Hospital'.

He said if people cared about their local hospital, they must get involved in the engagement exercise but also urged the Trust to step up its recruitment efforts, rota more doctors based at James Cook to work at the Friarage and set out a positive vision for the Friarage to end uncertainty about its future.

The MP also released all the correspondence he has had with the Trust on his website to help constituents understand the issues and inform their own contributions to the debate.

In his column in the Darlington and Stockton Times on 27 October, he reiterated the importance of attending the Trust's engagement events and in November, confirmed he had written to Simon Stevens, the Chief Executive of NHS England, with a request to allocate funding to help overcome the Trust's difficulties in recruiting emergency care doctors.

This followed a meeting the MP had held with the then Health Minister Phillip Dunne to discuss the workforce challenges at the Friarage Hospital.

During the summer the MP met with senior representatives from the Trust and raised the recruitment difficulties at the Friarage in Parliament and the Health Minister agreed to meet with him to discuss the issue further. He also met with doctors, nurses and other staff at the Friarage.

Responses to parliamentary correspondence

A couple from Richmond wrote to Rishi Sunak MP and to the then Health Minister Philip Dunne expressing their concerns about the future of the Friarage. This followed their attendance at a public engagement event at Catterick Leisure Centre on 6 November.

They said 'it appeared that a crisis of staffing has been allowed to develop' and felt there was an 'air of defeat and resignation on the part of the hospital leaders'.

They continued: 'It is our view, based on this engagement meeting, that there is a serious issue regarding the quality of imagination and drive in the leadership of the Friarage. It appeared to us that, sadly, there is an institutional willingness to accept the inevitable reduction in the services that the hospital can safely offer.'

They have current and previous experience of using services at the Friarage and James Cook.

'We are aware of the benefits that the partnership between James Cook and The Friarage brings and we are aware that some highly specialised and costly provision is better delivered on a more centralised basis. However, given the geographical area that the partnership covers, access to a good range of essential services at a local hospital is, in our view, essential. In short, we value and wish to retain the Friarage Hospital's services as they are now. We would wish to see the restoration of the services in paediatrics and maternity.'

The Trust subsequently provided a detailed response outlining its approach to engagement and its genuine commitment to developing a longer-term strategy for the Friarage Hospital. It acknowledged that the Trust has a responsibility to the people of North Yorkshire to provide a good range of high quality services which are accessible at their local hospital but that it also has a responsibility to be realistic about the challenges faced and ensure its services at the Friarage are safe and sustainable in the future with positive outcomes for patients.

3(vii) Comments cards

Comments cards were made available at the public events arranged as part of the engagement process in which members of the public could ask questions. Three questions were received and responded to by the Trust as follows (with the questions and responses also added to the Trust's Frequently Asked Questions website page):

- What will the two mental health wards be used for in the future?
- Can the Friarage guarantee that no other services will be cut once the overnight A&E service is resolved? People feel that they are having a lot of services cut from the Friarage – maternity, mental health and now A&E?
- Given the issues of sustainability identified, is the Trust satisfied that the sufficient level of infrastructure is in place to support the extensive level of house building taking place in Colburn/Catterick Garrison right now?

3(viii) Emails/phone calls/letters/ petitions

Email from councillor from Richmondshire District Council

A councillor from Richmondshire District Council emailed the Trust to say she had attended the public engagement event held at Richmond Town Hall and was very critical of how it had been organised. She felt it was 'extremely poor' for anyone with a hearing impairment and that people were steered towards a desired outcome. She felt that following on from the loss of mental health services that the county would not have adequate NHS services.

She commented on the 'fantastic frontline medical staff who punch above their weight day in and day out' but said there is a 'hierarchy of managers who feign consultation with the public in order to strip our area of a viable NHS'. She felt this would not encourage people to come and work in the area. She had heard someone at the meeting mention a consultant being offered a fixed term contract and she felt that if a job is permanent then the terms 'would and should be permanent'.

Petition from Green Party

Michael Chaloner, local secretary of the Green Party (Richmondshire constituency), handed over a petition with 200 names to the Medical Director of the Friarage at the public engagement event held in Northallerton on 14 December.

The petition was headed:

"We are against any further reduction in the medical services provided at the Friarage Hospital as of October 2017. The distances that many would have to travel to Middlesbrough or Darlington would reduce the chances of successful treatments. The population that the hospital serves is increasing so any change should be an increase in the service."

Anonymous letter

Towards the end of the engagement process an anonymous letter was sent to some local authorities, including to North Yorkshire Scrutiny of Health Committee. This was reported to have been signed from staff at the Friarage (including consultant surgeons and physicians).

It expressed concerns about the impact of potential changes to emergency services, including planned surgery. It stated that if ITU was closed, the Friarage would ultimately become a 'nurse run hospital'. It also commented on the impact of any changes at the Friarage on bed availability at James Cook.

3(ix) Media and social media

Media

Explaining the Trust's workforce challenges succinctly and clearly to members of the public is vital if people are going to understand current issues at the Friarage and feel sufficiently knowledgeable to contribute their views.

A media briefing was held on the same day of the stakeholder engagement event at Hambleton Forum, Northallerton to give journalists the opportunity to view the video and ask questions about some of the key workforce challenges facing the hospital.

Three journalists attended representing radio, print and on-line media and a written press release was subsequently circulated to local media outlets.

The key media in the area are the Darlington and Stockton Times, Richmondshire Today, Northern Echo, BBC (local radio – BBC Tees/ York and TV – Look North), Tyne Tees and Minster FM, all of which have provided coverage of the Trust's efforts to engage with, and update, members of the public.

This coverage, which was balanced, has helped promote the Trust's public engagement events and survey and the key messages for the media have been clear, with a consistent spokesperson.

As part of the campaign five proactive media releases were issued and in total there were 38 items of local media coverage.

Social Media

The Trust's website was identified as a main information resource for materials during the engagement period. It is the place where all information and key documents are published and the vast majority of publicity directed people to it.

A dedicated microsite 'Building a Sustainable Future for the Friarage' was established - www.southtees.nhs.uk/friarage - which included background material, access to the video, Q&A, events information, useful information and resources and a link to the online survey (hosted on a different site for independent evaluation).

Links and graphics were also added to the website's home page to direct people to it and a graphic advertisement ran on the home page of the website for the duration of the engagement period, which pointed visitors through to the main landing page.

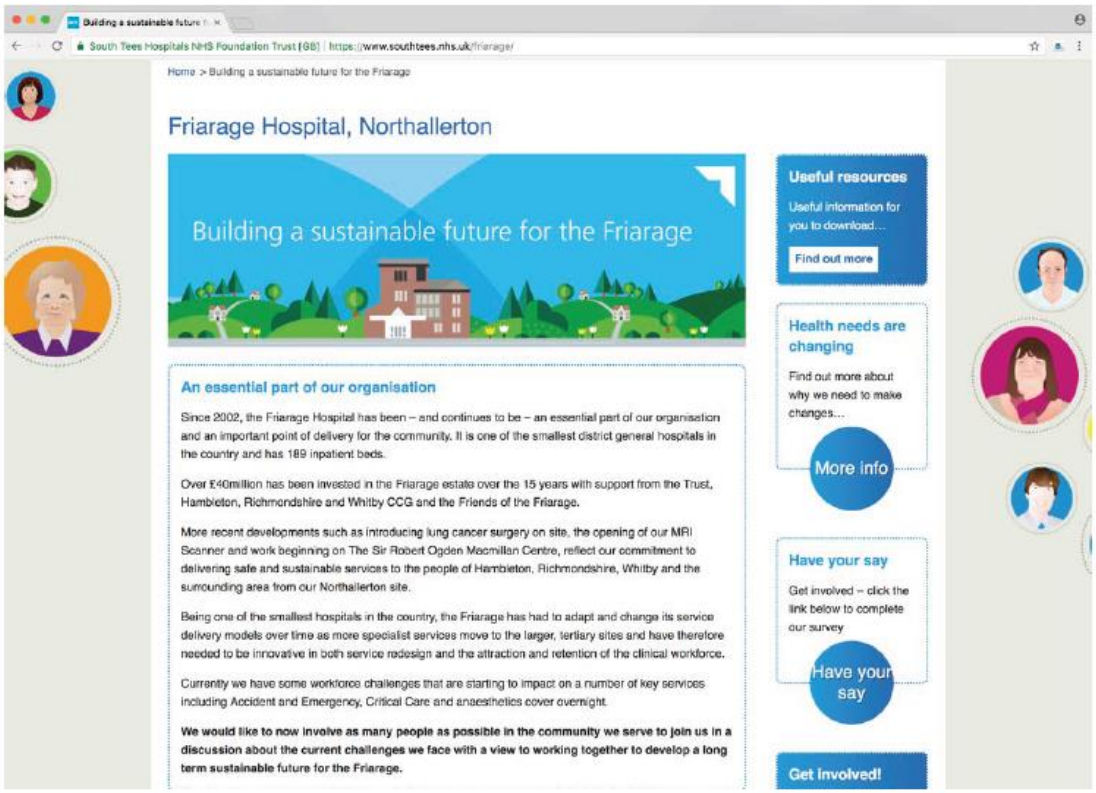
In total the microsite homepage had 2,317 views (from 1,851 individuals) while the events page attracted 820 page views.

The primary social media channel for engagement with members of the public was the Trust's Twitter account, which at the end of the engagement period had approximately 7,456 followers, and the Friarage Facebook page.

The main aim of tweeting and writing posts was to raise awareness of the public engagement events (as well as encouraging attendance at drop-in sessions), signposting to the information resource on the website and asking people to complete the on-line survey.

Social media activity took place throughout October to December 2017 and any on-line queries/questions were dealt with by the communication team. Following established communications principles, tweets and posts featured links, photos and video to boost profile and encourage engagement.

Each post on Facebook reached an average of 1,300 people with the Catterick Garrison event attracting a reach of 5,330 people. On Twitter, Tweets relating to the Friarage made over 30,000 impressions (# Top tweet – Hawes event – 2,777 impressions).



Dedicated microsite 'Building a Sustainable Future for the Friarage'

4. EMERGING THEMES

There was general consistency in the feedback received throughout the engagement process.

The biggest issue overall was transport/ distance and other key themes (all of which are outlined in further detail below) included:

- **ambulance provision**
- **communications about the Friarage (to dispel myths and promote services)**
- **value of local services (and concern over further loss of services)**
- **quality of care and importance of receiving the right care in an emergency**
- **impact of potential changes to emergency care services at the Friarage**
- **impact of population growth**
- **meeting the needs of specific communities of interest**

However, given that a major focus during the engagement was the recruitment issues/ workforce challenges faced by the Trust, there were many questions and comments about these matters, with people suggesting possible solutions.

Many people had already heard about the recruitment difficulties at the Friarage and at most meetings surprise was expressed that doctors would not want to come and work in such a beautiful area.

A number of people also felt that this should be rectified by offering financial incentives to work at the Friarage, with a question at the Friends of the Friarage annual general meeting about whether it would be possible to have 'Rural Weighting' in the same way as there is 'London Weighting'.

There was also recognition that the workforce difficulties are part of a wider national problem. Some people suggested that these should be resolved by better planning at national level.

There was a comment by the Friends of the Friarage that the strategy for the hospital was being predicated on the workforce issue, rather than on the needs of the population.

They wondered – if the national workforce issue was resolved - whether in several years' time it might be possible to bring services back to the Friarage.

At a meeting of Northallerton Town Council there was a discussion about what countries can be targeted for recruitment and in other meetings people also asked about efforts to recruit abroad.

At some meetings, including the staff meetings, there were discussions about whether the Trust is doing enough to make the posts attractive and if the wording in advertisements needs to be changed.

There were some comments that maybe there need to be some changes to the education process to ensure that people who want to join the professions are able to do so. Some also expressed the view that following training (which some felt should be paid for by the Government) there should be a clause in contracts that doctors had to work in the NHS for a set time.

There were also a lot of questions about the use of military doctors to alleviate the challenges at the Friarage and about why more doctors from James Cook could not be sent to the Friarage.

Transport/distance

The biggest issue was in relation to transport and distance, which were mentioned at the majority of the meetings. When asked to rank top priorities, access was also ranked highly by respondents who completed the survey. Distance was also referred to in a petition handed over by the local secretary of the Green Party (Richmondshire constituency), signed by 200 people, which was against any further reduction in services at the Friarage.

The feeling overall was that while travelling in such a rural area is generally difficult as distance is often involved, this is a particular issue for people living in the Dales, who have longer distances to travel and infrequent or no bus services.

Even people for whom access to James Cook was not such a problem commented on the difficulties for people living in more rurally isolated areas.

Transport was also a big issue for mothers at Catterick Garrison who said they are poorly served by public transport, sometimes don't drive and often have no families living nearby who they can rely on to take them to hospital appointments.

Comments about the lack of local transport were echoed by older members of the settled Gurkha community at the Garrison, who were clear that for them it is easier to get to Darlington Memorial Hospital by bus than to either the Friarage or James Cook.

Linked to the comments about distance, some people talked about receiving early appointments which aren't always convenient especially if children have to be taken to school first or if a carer has to help a frail older person to get up and ready for the journey.

At an Age UK coffee morning in Northallerton an older woman talked of the difficulties in getting her husband to early morning appointments at Guisborough and Middlesbrough. This was echoed in other meetings.

At many meetings there were references to the shuttle bus service between the Friarage and James Cook being stopped, with comments that this was a useful service for both patients and visitors.

At some meetings there were comments that people could have been charged to use the bus – and that they would have been happy to pay - to help with the running costs, as they have to pay for taxis instead. There were comments that the cost of a taxi from Northallerton to Middlesbrough is £80 for a round trip.

Some felt that the shuttle bus hadn't been well advertised and a couple from Bedale attending a meeting for people with Alzheimer's and their carers in Northallerton said a neighbour had made her own poster to promote the bus.

Similarly people felt that volunteer drivers' schemes aren't well advertised and there were comments that more information about available transport would be helpful.

People also commented that the train station at James Cook is a long walk from the hospital and that similarly, public bus stops are outside the hospital site and a considerable walk particularly for older people and those with mobility problems.

At many meetings there were comments about the lack of parking at James Cook with some saying that they have to come early for appointments to make sure they can get parked and that trying to find a space can be stressful. Some also commented that it was also becoming difficult to park at the Friarage. The cost of car parking was mentioned at some meetings.

At some meetings, there were comments that even though some people have a car, as they get older they become less confident about driving on unfamiliar roads and consequently find the journey to James Cook difficult.

There were a lot of comments about the impact of distance on visiting, both for patients (who don't have as many visitors when they are in hospitals further afield) and on family members and friends who aren't able to visit as much as they would like. It was felt this could result on the patient becoming isolated and was not good for their morale while in hospital.

There were comments about the lack of signage about James Cook on the A66 which adds to the difficulties for people who do not travel often to Teesside and who are unfamiliar with the roads.

A smaller number of people expressed concerns that if there are changes to emergency care services at the Friarage, people who are seriously ill may not survive the longer journey.

Ambulance provision

During comments about rurality and distance, at some meetings there were comments about ambulance services. These included concerns that ambulances would not be available in an emergency, response times and the potential impact on ambulance services if more patients had to travel further afield.

A number commented on the value of the air ambulance and said it should not have to rely on public donations but should be funded by the NHS.

Communications about the Friarage (to dispel myths and promote services)

There were many comments indicating that more communication is needed generally about the Friarage to dispel myths and rumours and to promote the services available there.

Many people said how pleased they were to hear from the senior representatives of the Trust at local meetings and engagement events that there is no intention to close the Friarage.

Linked to this there were many comments about ongoing negativity about the future of the Friarage. Some people commented about a negative portrayal of the future of the Friarage by the media and others suggested that local people sometimes 'talked down' the Friarage (mainly because they believed it was going to close). They felt this didn't help with recruitment.

Similar comments were made by staff who said the public were worried about the hospital closing and that some people already think it is closed overnight. Staff also commented on the need for better internal communications to ensure they are up to date with developments within the hospital and local NHS.

At a public event in Thirsk some people commented that the public are not aware of the services provided at the Friarage and perhaps if they were, they would choose to go there rather than to James Cook.

The independent analysis of the survey also showed that around 40% of respondents felt they did not understand enough about the current challenges at the Friarage.

Value of local health services (and concern over loss of services)

There were many comments about the need for as many services as possible to be provided as close to home as possible. This was a clear message in the independent analysis of the 11 public events and the survey and also at meetings with community groups and local authorities.

It was also very clear that the services provided at the Friarage are held in very high regard and in many meetings, including at Northallerton Town Council and the Friends of the Friarage Annual General Meeting, concerns were expressed about more services being lost from the hospital. The Standoutmedia independent analysis of the public events highlights these concerns.

At a number of meetings people talked about the recent closure of the Lambert Memorial Hospital, which followed a public consultation and the recent consultation about mental health services which will result in changes to the way adult mental health services are provided including the closure of the mental health wards at the Friarage. These comments were in the context of not wishing to lose more local services.

A petition signed by 200 people and handed over by the local chairman of the Green Party (Richmondshie constituency) was against the reduction of any further services at the Friarage.

There were some positive comments about GP services. People felt that both the services at the Friarage and those provided at GP practices could be expanded to reduce travelling.

There were comments at a number of meetings about different clinics that could take place at the Friarage rather than at James Cook and other venues further afield such as Guisborough.

At an Age UK coffee morning in Northallerton a number of older people talked about travelling to James Cook for eye injections for Macular Degeneration. Some said they knew of people who were having these injections at the Friarage and they wondered why they couldn't have their treatment there too.

Others commented about travelling to Guisborough to see a consultant, including one older woman who had to take her elderly husband there for an appointment, when the Friarage would have been more convenient for them.

There were comments that more older people's services and end of life care could be provided at the Friarage.

Members of the Over 50's Forum wondered if a bone density scanner could be made available at the Friarage and if the hospital could become a centre of excellence for hip and knee operations. They also talked about the redevelopment of the theatre block at the Friarage.

Some young families talked about their young children attending the Friarage and having to return the following day for stitches or being sent to James Cook for what appeared to be minor injuries. There were also anecdotal comments about frail older people having to go to James Cook, again for treatment for what appeared to be minor injuries.

Young families at Catterick Garrison talked about the value of having GP and other services on one site. There were references from a number of people about the lack of NHS dental services for themselves and their children. Comments about the lack of dental services locally were also prominent in the discussions with wives and partners of serving Gurkha soldiers.

Linked to these discussions there were some suggestions, including at the meetings with Parents4parents and the Gurkha wives, that a handy sized leaflet would be useful so that they would know what local services are available in terms of urgent and emergency care.

People at some meetings also asked if it would be possible for pre-operation assessments to take place in GP surgeries rather than having to travel to hospital. Similarly people wondered if more follow-up appointments could be provided at the Friarage to reduce travelling.

Quality of care and importance of receiving the right care in an emergency

While there is no doubt that people very much value local services, there were comments at many meetings that when someone is seriously ill or injured they need expert care which will not always be provided locally.

This was also a clear message in the independent analysis of the survey which showed a significant number of respondents ranking quality and safety of care as their top priority.

Comments included one from an older woman who attended a meeting in Northallerton for people with Alzheimer's and their carers who said the Friarage is *'a wonderful hospital for this area'…. 'it's a cottage hospital' but it 'can't provide everything and we have to understand that'.*

At some meetings, including a community lunch at Osmotherley people were complimentary about the specialist care they received at James Cook following a heart attack or another serious illness and also reflected on the rehabilitation care they then received at the Friarage which they said was very good too, and close to home. Similar comments were made at an Age UK coffee morning in Northallerton.

At the Richmondshire Area Committee, when concerns were raised about the potential loss of more local services, members were complimentary about the level of care provided at James Cook.

Impact of potential changes to emergency care services at the Friarage

At some meetings questions were asked and concerns raised about the impact of potential changes to emergency care services on other services provided at the Friarage. This was noticeable in the last few weeks of the engagement process but was also mentioned at staff meetings, the Friends of the Friarage meeting, a public event in Northallerton and Middleton Tyas Parish Council meeting. The inference was that changes to emergency care services could result in the hospital becoming nurse-led.

Towards the end of the engagement process, an anonymised letter, reported to be signed from staff at the Friarage (including consultant surgeons and physicians), was sent to Northallerton Town Council and circulated to the Scrutiny of Health Committee, which questioned the wider impact on surgical and general medical care at the hospital.

Impact of population growth

At a number of meetings, including at the Friends of the Friarage Annual General Meeting and at meetings at Catterick Garrison, there were questions about whether the predicted increase in population is being taken into account when formulating a long term plan for the Friarage. This included specific references to the planned growth in numbers at Catterick Garrison and housing developments in Northallerton, Sowerby and Colburn.

Meeting the needs of specific communities of interest

There were two meetings with representatives of the Gurkha Community at Catterick Garrison. One group involved wives and partners of serving soldiers who are based for up to two years at the Garrison and the other, veterans and wives who after leaving military services have settled in the local community.

A very clear message from the second group was that they have a language barrier when they use hospital and emergency services. Although there is some help available at their GP practice, they find it difficult when arranging hospital appointments and using ambulance services (both patient transport and emergency services).

During discussions with parents of children with special needs, including autism, there were comments that there could be more training for staff so that they understand better how to communicate with their children. One parent said that just because a child can speak does not mean that he or she can answer questions.

A parent also commented about how difficult it is to sit and wait in A&E with a child who has such needs. He suggested it would be so much easier to be able to check in and then to be asked to return at a specific time.

5. CONCLUSION

There have been concerted efforts by the Trust to ensure a comprehensive approach to the engagement process, in line with statutory requirements and best practice.

There was widespread sharing of information about the challenges faced by the Friarage, including directly targeting thousands of interested individuals and local organisations, and through the media, social media and websites. Information was further cascaded through local networks by a number of community groups and organisations.

Over the period of engagement there were more than 40 meetings involving hundreds of people from across the catchment area of the Friarage.

A total of 480 attended the 11 public events, attendance at 11 community groups or events provided an opportunity to speak to almost 200 people of different ages with different interests and experiences and attendance at eight meetings of the county, district, parish and town councils involved discussions with more than 120 people.

Two additional public/community events, one in response to discussions with local councillors and the other promoted by a town council, involved more than 50 people.

There were events for staff, including those working in emergency care services at the Friarage and for other key NHS audiences, including the GPs who are responsible for commissioning local health services. These involved discussions with more than 100 people.

Comments made in all of these meetings were noted. People could also complete comments cards, email or phone the Trust with comments or complete an online survey, which was also available in hard copies. More than 900 completed surveys (online and hard copies) were analysed.

To ensure a level of independence the Trust commissioned an external agency to analyse the initial 11 public events and the surveys.

Overall discussions were constructive and the Trust is grateful that so many people gave up their time to participate and to share their views.

There was a lot of consistency in the comments received through meetings, the survey and other feedback.

While some were aware of the workforce challenges facing the Friarage, others were less so and 40% of people who completed the survey said they didn't know enough about these challenges. In meetings people asked many questions about why recruitment was so difficult, particularly given the beautiful countryside, and they made suggestions including incentivising doctors to work at the Friarage.

It was clear throughout that people are passionate about the Friarage and about maintaining as many services locally as possible, with some saying no more services should be removed from the Friarage. This was also seen in a petition from the local Green Party (Richmondshire constituency) signed by 200 people.

Many people said they were pleased to hear that the Friarage is not closing and there were comments about rumours and myths about the future of the hospital and the need for more communication by the Trust both to dispel myths and to promote services.

Some were cynical about the Trust's intentions for the Friarage and some felt that developments at the hospital are wholly dependent on the goodwill and generosity of the public through fundraising.

There were comments that there could be better communications by the Trust to counter myths and rumours and to make sure that the public know what services are available at the Friarage.

Although many people said they wished to have as many services as possible as close to home as possible, they were also clear (as shown in the independent analysis of the survey) that a top priority is quality of care/ safety.

However, the biggest issue overall was around travelling and distance. This was evident in the public events, the feedback received through the survey and in meetings with local authorities and community groups.

Associated with this were comments about car parking problems at James Cook, the cost of taxis and the practical challenges of having to get to James Cook for an early morning appointment. The latter included the lack of public transport and the practical difficulties of taking a frail/unwell patient on a long journey first thing in the morning. Young families at Catterick Garrison also talked about lack of public transport and about the time involved in travelling for hospital appointments.

Many commented on the removal of the shuttle bus between the Friarage and James Cook, which some felt hadn't been well advertised. Others commented that people weren't aware of community transport schemes, including volunteer drivers.

There were also comments about the impact on patients who may not get as many visitors because of the distances and practicalities involved in travelling.

Some expressed concerns about ambulance availability and commented that the air ambulance should be funded and not have to rely on public donations.

In staff meetings and some other meetings there were increasing comments about the impact of further changes at the Friarage, which some said would result in the hospital becoming nurse-led. Towards the end of the engagement, an anonymous letter was circulating expressing similar concerns.

There were helpful comments about the support needed by members of the settled Gurkha community when accessing health services and by families of children with special needs.

Finally, the level of participation and feedback has shown that many people and local bodies were willing to have discussions with the Trust about future arrangements for hospital services and were prepared to make their views and concerns known so that these can be considered by the Trust when developing a long term vision for the Friarage. People seem generally keen for more communication about the Friarage and to be kept involved.

6. NEXT STEPS

The Trust will assess all of the data collated during this engagement exercise and share its findings with the CCG to help inform a draft business case, including the development of proposals to ensure safe and sustainable emergency care services for local people. This draft business case will be shared with NHS England as part of a comprehensive assurance process which is carried out before any consultation can begin on service reconfiguration.

It is also planned to present this draft business case to the North Yorkshire County Council Scrutiny of Health Committee during summer 2018 prior to the start of public consultation.

Pending the outcome of discussions with NHS England and the Scrutiny of Health Committee a formal 12 week consultation period could begin during summer 2018.

In the meantime, the Trust will aim to keep all key stakeholders updated on progress and will share this engagement report.

If you would like to be added to the Trust's stakeholder list to receive further information please email **stees.public.relations@nhs.net**

Appendices

Appendix A – Independent analysis of the stakeholder event, public events and survey by Standoutmedia

Appendix B – Copy of survey

APPENDIX 3 – CLINICAL CASE FOR CHANGE

NHS
South Tees Hospitals
NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust – Building a sustainable future for the Friarage

A Case for Change – the Friarage Hospital

Excellence in Patient Outcome and Experience

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Glossary of Terms

Term	Description
Acute Care	Medical or surgical treatment usually provided in a general hospital.
Care Pathway	An agreed and explicit route an individual takes through health and/or social care services that detail the activities and professionals involved at different times and stages.
CCG	Under the Health and Social Care Act (2012) from 1 April 2012 CCGs (made up of GPs from constituent practices and other primary care professionals) will take over from Primary Care Trusts the responsibility for commissioning hospital and other healthcare services for the local population. Front line clinicians are provided with the resources and support to become more involved in commissioning decisions and clinicians have greater freedoms and flexibilities to tailor services to the needs of the local community.
Certificate of completion of Training (CCT)	A CCT confirms that a doctor has completed an approved training programme in the UK and is eligible for entry onto the GP register or the Specialist Register. It is a legal requirement that a doctor practising as a substantive, fixed term or honorary consultant in the NHS holds specialist registration.
Clinical	Literally means 'belonging to a bed' but is used to denote anything associated with the practical study or observation of sick people
Clinician	A qualified professional who carries out clinical work as opposed to experimental/research work. Can include doctors, nurses, therapists etc.
Commissioning	A continuous cycle of activities that underpins and delivers on the overall strategic plan for healthcare provision and health improvement of the population. These activities include stakeholders agreeing and specifying services to be delivered over the long term through partnership working, as well as contract negotiation, target setting, providing incentives and monitoring.
Critical care / Intensive care levels	Level 1 – ward based care where the patient does not require organ support. Level 2 – High dependency care required. Patients needing single organ support (excluding mechanical ventilation. The beds are staffed with one nurse to two patients Level 3 – Intensive care. Patients requiring two or more organ support or mechanical ventilation. The beds are staffed with one nurse per patient and usually with a doctor present 24 hours a day.
General Practitioner	A doctor who has a medical practice (general practice) in which he treats all illnesses. Usually referred to as a GP and sometimes known as Family Doctor/Practitioner.
Integrated Care	Bringing together health, social care and voluntary and private sector services to provide a 'one-stop shop' for health and social care. May include community wards, outpatient

Term	Description
	clinics, GP and dental practices, social services department.
Integrated Health & Social Services	Bringing together commissioning and provision of services by health and local authorities to work in partnership and deliver integrated care for patients.
Intermediate Care	Short term intervention (usually up to six weeks) by a multi-disciplinary team, provided in patients' own homes or a care environment, aimed at preventing hospital admissions or facilitating hospital discharge.
Junior doctors	Medical graduates enter the medical workforce as 'junior doctors' on a two year work based training programme. This is known as the 'foundation programme' and is the first level of clinical training for qualified doctors that bridges the gap between medical school and specialty training. The foundation programme is carried out in hospitals and the two years are often referred to as 'FY1'(foundation year one) or 'FY2' (foundation year two) by medical staff, and as such, junior doctors on the foundation programme may introduce themselves to patients as an 'FY1' or 'FY2' doctor. Completion of FY1 allows junior doctors to gain full registration with the GMC and completion of FY2 allows them to apply for further study and training in a specialised area of medicine.
Locum doctors	A locum doctor is a fully qualified doctor who is temporarily covering a position, for example, if a doctor is on sick leave or there is large workload in a GP surgery or hospital ward that requires the support of a temporary doctor. All doctors, other than a foundation year one doctors, can work as locum doctors. Locum doctors can therefore be foundation year two junior doctors, junior doctors in speciality training, SAS doctors, GPs or consultants working in hospital. All locum doctors are fully-registered with, and regulated by, the General Medical Council
Long term conditions	Conditions (for example, diabetes, asthma and arthritis) that cannot, at present, be cured but whose progress can be managed and influenced by medication and other therapies.
Medical students	Medical students typically undertake a five-year course of study for undergraduate or a four-year postgraduate course to become a doctor. This usually includes two years studying basic medical sciences, followed by three years of more clinical training during which they work in hospital wards under the supervision of consultants. Following completion of their medical degree, newly qualified doctors gain provisional registration with the medical regulator, the GMC, and receive their primary medical qualification, typically denoted in the UK by one of the following acronyms: MBBS, MBChB, BM, MB BCh.4
Minor injuries	Examples are cuts, bruises, scalds and suspected closed limb fractures. The role of a minor injury unit or service would be to provide treatment for such minor injuries.
Models of Care	Guidance on ways of treating patients that are based on clinical evidence.
NHS Foundation Trust	Public bodies providing NHS hospitals, community and mental health care and ambulance services.

Term	Description
OHPAT services	Stands for outpatient and home parenteral antimicrobial treatment when given either at a clinic or in a patients home. Antibiotics are used to fight infections caused by bacteria. When given via a vein it is called intravenous (IV) or parenteral therapy.
SAS doctors	SAS doctors are Staff Grade, Associate Specialist and Specialty Doctors. SAS doctors have at least four years postgraduate experience, two of which are in their chosen specialty. This means that doctors can move into these posts at various levels of experience and seniority, as well as gaining experience and promotion within the grade itself.
Secondary Care	Specialist health care services that treat conditions which normally cannot be dealt with by primary care practitioners (i.e. GPs, therapists, community nurses etc) or which are as the result of an emergency. It covers medical treatment or surgery that patients receive in hospital following a referral from a GP. Secondary care is made up of NHS foundation, ambulance, children's and mental health trusts.
Social Care	Care provided in people's own homes or in care/residential homes which does not require nursing skills, for example, washing, dressing, and housework, help with eating.
Specialty doctor/ Specialty Registrar	A specialty registrar (StR) at times referred to as a registrar, is a junior doctor who has completed their foundation training but is still in training in a specialty area of medicine.
wte	Stands for whole time equivalent. It is a unit that indicates the workload of an employed person. 1 wte is equivalent to a full time working which is usually 37.5 hours per week.

South Tees hospitals NHS Foundation Trust – BUILDING A SUSTAINABLE FUTURE FOR THE FRIARAGE

Foreword

This document sets out the case for change for sustaining clinically safe, sustainable and high quality services on the Friarage site.

The Friarage Hospital is and remains an integral part of our organisation and a strategically important point of delivery for South Tees Hospitals. The Trust Board remain strongly committed to the delivery of clinically safe and sustainable services to the population we serve. The immediate challenge is to stabilise the affected services whilst we undertake the engagement work to achieve a longer term, sustainable strategy for the Friarage hospital for the next 10-15 years.

The case for change focusses on the current workforce sustainability concerns that are now impacting on the service delivery in a number of clinical areas and outlines the work that has been undertaken to mitigate and try to find solutions. This document also introduces the engagement phase of our work programme to begin the discussions with the local population.

We know and understand from previous engagement programmes undertaken with Hambleton, Richmondshire and Whitby clinical commissioning group, some of the main issues and priorities for our patients, their carers and our partners. We know how important the Friarage Hospital is and maintaining its presence as a clinical hub for the local population it serves.

We need to ensure that clinical services delivered from the Friarage site are safe and meet the clinical standards expected whilst providing appropriate access to the population. Any service re-configuration needs to follow the general principles of providing care closer to home wherever possible, allowing people to remain at home as long as possible and putting quality of care, patient safety and experience at the heart of what we do.

By the end of the engagement phase of this work we hope to have identified the changes that we need to make to ensure local NHS services are the best they possibly can be to meet future healthcare needs, meeting high quality care standards that can be sustained in the longer term.

We are looking forward to meeting as many people as possible and hearing your ideas and opinions.

Acknowledgements

The writing and development of this document has been undertaken by South Tees NHS Foundation Trust and been reviewed by the Clinical Directors for each of the service areas affected within this case for change document. Representatives from partner organisations have had an input into the content of this document.

Introduction

The Friarage hospital, Northallerton came under the management of South Tees in 2002 which subsequently became a NHS Foundation Trust in 2009.

South Tees NHS Foundation Trust operates from 2 main hospital sites, a tertiary site with a major trauma centre and specialist services from the James Cook site in Middlesbrough and its second site at the Friarage Hospital in Northallerton, offering district general hospital services. South Tees Hospitals collectively covers a local population of 435,000 which extends to 1.5 million catchment area for its specialist services.

The Friarage Hospital is the smallest district general hospital in the country serving a rural population of around 144,000 people across Hambleton and Richmondshire (JSNA). The hospital has 189 inpatient beds and a 24-hour urgent & emergency care service with acute medical and surgical admissions. Theatre specialties include general surgery, thoracic, colorectal, breast, urology, gynaecology, orthopaedics, ophthalmology, ENT, oral, plastics and endoscopic procedures.

Current services provided from the Friarage include accident and emergency, intensive care/high dependency, diabetes, respiratory medicine, endoscopy, chemotherapy, rheumatology, elective orthopaedics and plastic surgery, pathology, surgery (including lung cancer, urology, colorectal), a midwifery-led unit and short-stay paediatric assessment unit, urology, pain services and a wide range of diagnostics and support functions.

The Friarage site has seen a number of service developments and investment over the last 15 years (appendix 1), supported by investment from Hambleton, Richmondshire and Whitby CCG and the friends of the Friarage charity who have supplemented the Trusts investments into the site. The more recent service developments include the expansion of radiology services following the opening of the new MRI Scanner and building work will begin this summer on a multi-million pound cancer redevelopment in partnership with Macmillan Cancer Support and Sir Robert Ogden.

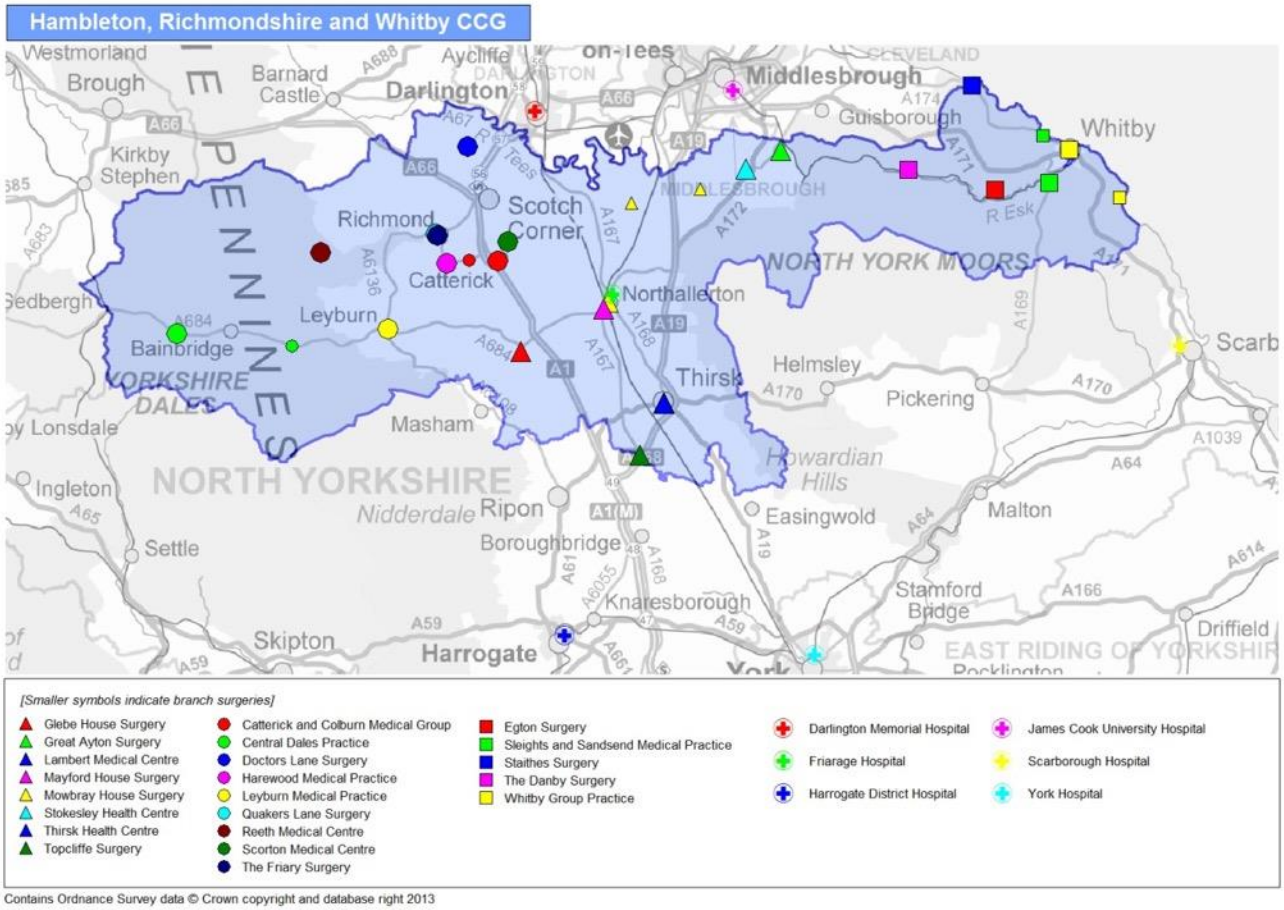
The workforce challenges that are outlined in this document are not new, they have been mitigated over the years with a number of initiatives that have been undertaken to trial new ways of working and support new workforce models to maintain services at the site.

Hambleton, Richmondshire and Whitby locality

2.1 The local area.

The catchment area for the Friarage hospital covers an area of 1,000 square miles extending from the North Yorkshire moors to the central Pennines, the borders of York district in the south to the borders of Darlington in the north. Approximately 10% falls within the North York Moors National Park.

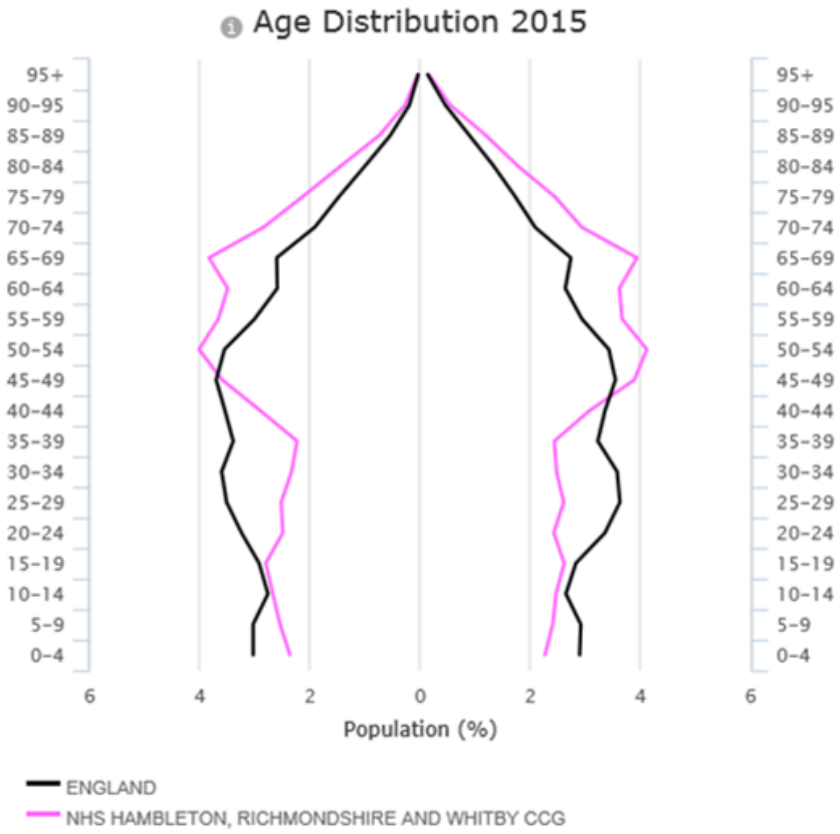
Richmondshire is one of the largest districts in England, covering an area of just over 500 square miles, two thirds of which is in the Yorkshire Dales main centres of Richmond, Catterick Garrison, Leyburn, Hawes and Reeth. Outside of the urban areas and market towns, HRW is sparsely populated with 70.6% of the population living in rural areas and 15.3% of the population living in areas which are defined as super sparse (less than 50 persons/km). The HRW CCG extends across parts of the North Yorkshire Moors to the seaside town of Whitby.



2.2 Population Demographics

Hambleton and Richmondshire is a predominantly rural area with a local ageing population that is increasing in size, with significant in-migration from other parts of the UK in the pre-retirement and the recently retired age groups.

The total number of patients registered to practices within the CCG is currently around 144,000. In contrast, the office for National statistics mid-year population estimate for 2015 gave a CCG-wide population of 153,800, forecast to rise to 155,200 by 2020. Life expectancy at birth is 80.6 for men and 84.3 for women, both above the national average. Life expectancy varies for men and women considerably across North Yorkshire (between the most affluent and the most deprived).



The population benefits from health outcomes that are better than the national average in many areas. The potential years of lost life from conditions considered amenable to health care are lower across the CCG for males and females than that observed nationally, reflecting the generally better levels of health enjoyed by much of the CCG population.

It is well-recognised that age is directly linked to the prevalence of long term conditions, such as heart disease, diabetes, chronic obstructive pulmonary disease, or dementia. As people get older, people are increasingly likely to have at least one long term condition, with many older people having to manage several such conditions. In addition, frailty is increasingly being recognised as an important health and social care issue. Particularly in those patients who are over 85 years old, frailty makes people more vulnerable to falls, more at-risk of an admission to hospital, and less able to recover after a crisis or episode of ill-health (and then often not to the same level of function). Age therefore has a significant impact on the utilisation of

health and social care services, both in an acute hospital as well as the community settings, as well as significant impacts on housing, transport, and a patient's carers and families.

The rate of emergency admissions for acute conditions that should not usually require hospital admission is higher for Hambleton, Richmondshire and Whitby CCG compared to the national rate (1446 per 100,000 locally compared to 1273 per 100,000 population nationally. The gap between the CCG rate and the national rate is widening, from 62 per 100,000 in 2011/12 to 174 per 100,000 in 2014/15 (JSNA Annual report 2016).

The CCG are sighted on the findings from The Joint Strategic Needs Assessment (JSNA) which recognises the need to develop versatile and flexible local responses and services to reflect a person-centered, user-led approach for the population, and plan for increasing numbers of older people with more intensive needs. In order to achieve this vision it is acknowledged that there is a need to strengthen services for prevention and provision of care close to home as an alternative to continually investing in acute services.

National Context and drivers for change

Every part of the NHS system - providers, commissioners and regulators has a role in making sure patients receive high quality care. The Francis report (2013) included a recommendation across the healthcare sector of a culture of "patients first" promoted by strong leadership and transparent use of information to demonstrate expected standards of care are provided to patients. Sir Bruce Keogh's subsequent review of 14 hospital trusts with higher than expected mortality echoed the need for strong clinical leadership and a culture of continuous learning to seek to improve patient experience and outcomes.

The NHS Shared Planning Guidance asked every local health and care system in England to come together to create their own ambitious local plan for accelerating the implementation of the Five Year Forward View (5YFV). These blueprints, called Sustainability and Transformation Partnerships (STPs), are place-based, multi-year plans built around the needs of local populations. They provide the local vehicle for strategic planning, implementation at scale and collaboration between partners. The STP which includes Hambleton and Richmondshire (Appendix 2) acknowledges that service cannot continue to be delivered in their present form sustainably for the next 10-15 years. The clinical strategy is a system wide solution- from effective screening and prevention to more integrated community models of care with hospital services transformed so more local services are delivered closer to home but access to specialist Consultants is enhanced. Less variation, with an associated improvement in quality, would be a key outcome at every stage of a patients pathway with services delivered in an extended, 7 days per week as promoted by NHS England and the Academy of Royal Colleges. It is widely acknowledged that financially, new models of integrated care need to be developed as the NHS is facing significant financial challenges

All these drivers are contributing to thinking how hospitals can deliver acute based care. In 2014, the Nuffield Trust commissioned a study to rethink the role of the hospital, especially in regard to the role of the smaller acute hospital. The work has outlined the challenges faced in ensuring clinical roles in smaller hospitals are of interest to retain high quality clinical staff and acknowledged the role of specialisation has not supported the smaller acute hospital provision who require a more generalist approach to the patients they see in their service model.

Lessons from hospital systems in other countries demonstrate a more tiered approach with escalation of more complex cases are a good way of providing access and quality for the local patient population, reducing the need to travel. The work advised new integrated models of care to centralise most acute patients while providing local ambulatory care and specialist support to primary care, working alongside primary, community and social care provision.

For patients who cannot go home, intermediate care facilities would provide accommodation rather than allowing people to reside in an acute medical bed that has proven to reduce a patients ability to rehabilitate to their potential (Edwards, 2014).

The traditional system of the smaller district general hospitals attempting to provide a complete range of services by specialist teams with too small a staffing pool for a sustainable rota provision cannot continue, and a look at what is deliverable as opposed to the desirable to allow the flexibility of new models of safe and efficient care provision (Evans, 2016). The Northumbria model is cited in the work as their largely rural population is serviced by 6 smaller hospitals that are mainly day surgery and outpatient and diagnostic facilities with a smaller number of inpatient beds for the active rehabilitation for the older person.

Standards and training requirements upheld by the Royal Colleges and regulators often require a minimum number of patients or a specific number of Consultants to maintain a level of competency. This can often be difficult to meet or if required numbers are recruited, the rotas are often unaffordable due to the relatively

small number of patients seen. For many services, the development of cross-site working between James Cook site and the Friarage has enabled the Trust to retain skilled clinicians and maintain service delivery across both sites. Edwards (2016) outlines the specific challenges for remote and/ or rural services are not acknowledged by regulatory standards, and the increasing shift towards sub-specialisation has created a skills gap of general physicians and surgeons to support a range of emergency patients. This coupled with the relatively low volumes of work make these positions either undesirable for trainees or newly qualified doctors, or not viable to meet the standard required by the colleges.

The work of the Nuffield Trust (Edwards, 2016) highlights a change in approach is required to develop new models of care, development of technology, a different approach to running the clinical networks, underpinned by ensuring fit for purpose guidance in standards, training and regulations.

The work offers suggested approaches in making rural hospitals sustainable by:

- New staffing models
- Combining rotas and services- merging medical and surgical assessment services
- Minor injuries and primary care components of the emergency department could be re-modelled with GP's and nurse practitioners delivering the service
- Dual and broad based training to create a larger pool of staff with wide range of skills
- Advanced Nurse Practitioners- nurses who are trained to a more specialist level who are often undertaking work that was the traditional remit of a junior doctor. It is acknowledged that further development of the nursing roles is required.
- Combining GP, ambulance and hospital services – will offer a better use of staff resources and reduce overall costs.

Background to the Friarage Hospital

As a small district general hospital the Friarage historically delivered all services from its site. It has had a long history of change as it has evolved and mirrored the changes that have occurred within the wider system level reform of the NHS.

From its origins as the Carmelite Friary from 1356-1539, the site re-opened in 1939 as an emergency medical services hospital to receive casualties in the event of a bombing within the Teesside population. From 1943-47 it functioned as a Royal Air force hospital and then in 1948 it re-opened as a satellite unit of the Adela Shaw Orthopaedic Children's Hospital where it was re-named as the Friarage Hospital and came under the control of the newly formed NHS.

The hospital came under the management of South Tees in 2002 (which subsequently became an NHS Foundation Trust in 2009) and in 2007 the hospital had a £21 million re-development to replace older parts of the building with more modern facilities.

As one of the smallest hospitals in the country, the Friarage has always faced challenges around the sustainability of some its clinical services, particularly in terms of maintaining patient safety in the face of ever changing and improving clinical standards and technology, alongside national workforce and recruitment issues.

Service delivery has changed in line with these national drivers, often leading to specialisation and centralisation of services on fewer sites in order to maintain clinical competencies as well as to drive up standards in both the quality of care provided and improving outcomes for the patient population.

This has meant smaller hospitals, like the Friarage, have had to adapt and change the service delivery models over time as more specialist services move to bigger, tertiary sites and have therefore needed to be innovative in both service design and the attraction and retention of the clinical workforce.

These issues are not dissimilar to hospitals nationwide, and in the case of the Friarage, have been continually examined and openly discussed with our healthcare partners, key stakeholders and the wider public (as outlined below in our engagement timeline) since the Friarage became part of our organisation.

The majority of the Friarage work has evolved through both national and locally driven service re-design and is now largely based around the delivery of outpatient services and planned (elective) care. However, to maintain an emergency department receiving unselected patients (no clinical triage before arriving at the department) either by ambulance or who self-present at the department, an immediate response is required from experienced medical staff around the clock due to the nature of what urgent medical care patients may require on arrival.

There have been risks which have had to be managed over the years to maintain an emergency department with the appropriate hospital services to support this model.

4.1 Historic Engagement Timeline: the Friarage Hospital

In 2004, the Trust, in partnership with Hambleton and Richmondshire PCT launched the 'Clinical Futures' project with extensive public and patient involvement which drew attention to the 'very considerable risks' in a number of key areas:

- Anaesthesia
- Obstetric services
- General surgery
- "Front of House" (A&E and acute medicine)
- Trauma and Orthopaedic services

The remit of this work, which was the subject of extensive analysis between the Trust and PCT with the support of two external expert reviews, was to devise a strategic vision for our Northallerton hospital which would achieve both the continued provision of local district general hospital (DGH) services and fulfil our overall responsibility to provide safe services.

The report highlighted maintaining the traditional DGH model for the Friarage as a high-risk strategy and documented the risks that would have to be managed over the coming years. It also acknowledged that not all risks were in the direct control of the hospital and the Primary Care Trust who were the commissioners of the services in the HRW catchment area at the time.

To retain an emergency service on the site, a number of solutions were presented with the associated risks to maintaining the services sustainably, with the viability of many services revolving around successful recruitment and retention of the clinical workforce.

Maternity and Paediatrics

However in 2009, the Trust was forced to temporarily close children's and maternity services for safety reasons over a three-month period (17 July to 26 October) due to a combination of factors including consultant retirement, long-term consultant sickness and a shortage of registrar level staff.

Despite re-opening these services, the challenges in paediatrics and maternity continued and on the basis of advice from the National Clinical Advisory Team, a period of engagement with the public commenced in 2012 about their long-term sustainability which, ultimately, led to formal consultation between September to November 2013 and a reconfiguration of services from 1 October 2014.

In summary the changes were as follows:

- Closure of the inpatient (overnight) children's ward and establishment of a seven-day short-stay paediatric assessment unit (SSPAU) to assess and treat children referred by their GP or who have open access arrangements (with an activity review after a year).
- The establishment of the Friarage maternity centre – a midwifery-led unit – where women assessed as low risk could give birth (women assessed as a higher risk who required consultant-led obstetric and neonatal services would deliver at another hospital of their choice but could still receive outpatient antenatal care at the Friarage).
- Closure of the special care baby unit.

In addition, a public information campaign was launched to inform the local population that because there were no children's doctors or inpatient facilities at the Friarage site overnight, the hospital's accident and

emergency department was no longer the right place to bring unwell children, although the department would continue to treat children with minor injuries.

In January 2015, further staffing pressures meant the short-stay paediatric assessment unit had to temporarily change its opening hours although in the following year (April 2016) after an activity review, the unit closed on weekends (average attendance was below four children a day).

In 2013, the Trust was an active partner in Hambleton, Richmondshire and Whitby CCG's 'Fit 4 the Future' programme to involve local people and service users in the commissioning of services and to prepare the local health and social care system for the changes required to deliver healthcare effectively and sustainably to meet the challenges of its ageing population.

It was acknowledged that there are significant workforce challenges for the area's healthcare system, both in the recruitment of appropriately skilled workforce and also the retention of key skills required.

The first phase was to take a blank canvas approach to understanding the views of patients and stakeholders and a series of events were held to understand the key themes and messages which were:

- Keeping people in their own homes for as long as possible, building resilience and ability to self-care
- More information and support for patients and their carers
- Improving access through better patient transport and technology
- Facilitating social interaction especially among the elderly population and developing a more holistic non-medical model to support this population within their communities.
- Integrating primary and secondary services at Friarage Hospital
- Utilise new technologies as part of the solution

Public and stakeholder engagement undertaken during this time demonstrated support for the case for change, with a real understanding from the public for the need to change. A constant theme throughout was the Friarage Hospital is very much at the heart of Hambleton and Richmondshire localities and needs to become a beacon for rural health care with an integrated way of delivering services to overcome the various challenges and delays caused by multiple assessments and handovers between organisations.

In 2015, HRW CCG held a clinical summit in partnership with South Tees Hospitals NHS Foundation Trust, Heartbeat Alliance, North Yorkshire County Council and Tees Esk and Wear Valleys NHS Foundation Trust.

Over 200 clinical professionals attended from across all professional groups and organisations to help shape and influence how health and social care can be delivered effectively and sustainably into the future. The summit focused a number of key themes and further detail of the report is outlined in appendix 3.

- Rural health
- Urgent care provision
- Technology in supporting health and care of the frail and elderly

The mandate from the summit was to move forward to develop the right service delivery for community services and, ultimately, led to the CCG's 'Transforming our Communities' consultation, resulting in a range of step-up/step-down beds being provide in the community supported by integrated locality teams.

The CCG also recognised the need to integrate urgent care services to provide resilience to the acute medical model, particularly to help resolve the serious challenges around staffing numbers and the ability to retain staff in the acute service.

Additional investment was provided to support the staffing of the unit to sustain the hospital site before developing a more robust community service provision. This included the appointment of GP hospitalists to work alongside acute physicians with additional monies for advanced nurse practitioners to help support the training to embed training and skills development with a view to supporting the medical rota.

4.2 History of service changes at the Friarage.

The safest way to deliver healthcare is to make sure that the right professional, with the right skills, is in the right place whenever patients need them.

As the NHS has evolved, very specialist services have become more centralised to ensure patients receive the timeliest access to specialist care, in order to have the best possible chance of recovery and maintain a good quality of life.

Since the Friarage became part of our organisation in 2002, some service changes have been nationally driven whilst others have been required locally for either safety or sustainability concerns:

New treatments for heart attack patients in Hambleton and Richmondshire (June 2006)

Hambleton and Richmondshire was the first area in the country to 'test' the practicality of offering a new treatment for heart attack victims living in a rural setting given all its difficulties around remoteness, travel and communication.

It meant any patient suspected of suffering a particular type of heart attack, known as a STEMI (ST elevation myocardial infarction), would receive immediate life-saving treatment (a coronary angioplasty) at The James Cook University Hospital rather than being admitted to a ward at the Friarage and then transferred to Middlesbrough.

Stroke, trauma and orthopaedic services (January – April 2011)

In 2010, the Trust worked closely with primary care organisations, GPs and ambulance services across the area to develop proposals on how best to deliver these services in line with national healthcare guidance and to reflect best clinical practice, recognising that more lives could be saved by quicker and more specialist responses to life-threatening illnesses or injuries.

The changes implemented in 2011 included developing the Friarage Hospital as a centre for elective (planned) orthopaedic surgery for treatments such as hip and knee replacements with the treatment of trauma concentrated on The James Cook University Hospital site.

This model remains in place today and has seen more orthopaedic consultants and sub-specialists working at the Friarage with the vast majority of elective orthopaedic surgery carried out on the site.

In addition, a new hyper acute (in the first 72 hours) service was established at The James Cook University Hospital for patients with suspected stroke from April 2011, providing access to specialist stroke consultants, rapid diagnosis and a 24-hour and a seven-day-a-week thrombolysis service.

Once Hambleton and Richmondshire patients have received their intensive treatment in Middlesbrough, their rehabilitation can be provided at the Friarage Hospital or at home.

Acute Medical model 2013-2015

Since 2013, the Friarage team have worked to expand the medical ambulatory care service to allow appropriate emergency patients to be seen and treated on the same day, reducing the need for an overnight stay wherever clinically feasible. This service combined with OHPAT (Outpatient home parenteral antimicrobial therapy) and the district and community nursing teams providing care in peoples' homes have reduced the amount of time patients need to travel to the hospital site for treatment.

In 2015 the medical team joined forces with surgical colleagues to create a combined medical and surgical assessment unit known as the clinical decisions unit (CDU). This was a partnership approach not only with hospital colleagues but with the local CCG and GPs, who combined agreed a single referral pathway for patients to be triaged and assessed in one area by a multi-skilled team so patients had earlier access to a senior decision maker.

The support from the CCG and the Friends of the Friarage in the investment to employ more staff and equipment has aided the unit to realise the vision. A new and innovative role was created and GP hospitalists were recruited to the team who added a breadth of clinical competence to the team. These posts alongside nurse practitioners who were trained in surgical assessments help to provide a more sustainable, safe and cost effective approach to managing acute admissions to the site. Despite referrals overall increasing by 28% over the last 3 years, admissions have only increased by 3.5%, bucking the national trend despite an ageing population, highlighting the success of the combined ambulatory care and clinical decisions unit in managing and admitting only appropriate patients. This has subsequently allowed a 46% increase in elective work though the hospital, despite bed closures due to the more effective way of working. Not only has this development allowed the patients access to the beds for their planned surgery, it has supported the compliance of patients been seen and treated within the 4 hour A&E standard as well as receiving positive patient feedback. The introduction of the GP hospitalist role has been instrumental in developing strong relationships between primary and secondary care.

Maternity and paediatrics (October 2014)

After a sustained period of engagement and consultation alongside rigorous clinical reviews, the CCG announced the new service delivery model. The requirement for change had been raised following concerns about future safety and sustainability of the service model, primarily around retaining clinical skills due to the low numbers of both deliveries and children attending the services.

The future delivery model agreed was:

- Midwifery led unit for women viewed as having a low risk of complications in childbirth (women deemed as high risk would deliver at another hospital but could still receive outpatient antenatal care at the Friarage)
- Paediatric short stay and assessment unit for unwell children with continued presence of both consultant and paediatric nurse led outpatient clinics at the site
- Children who were unwell should not be taken to A&E at the Friarage (in the absence of an inpatient (overnight) children's ward), although the department would continue to treat minor injuries

Urgent and Emergency Care Proof of concept model 2017

Since autumn 2015 the CCG and South Tees Hospitals have been discussing the current provision of emergency services at the site, although acknowledging that the risk to maintaining services has been well documented since 2004.

Since 2013/14, HRW CCG have commissioned a number of initiatives to support the delivery and improve the quality and performance of both urgent and emergency care services across the region, often in collaboration and partnership with other organisations.

These include:

- A minor injury service which supports the management and treatment of minor injuries in the community and avoids unnecessary A&E attendances to principally FHN, JCUH and Darlington has been in place for 3 years within the region. Patients, often holiday makers in the Dales can go into the surgery with minor injuries.
- A paramedic from the Yorkshire Ambulance service (YAS) has been integrated within two GP practices in working hours (Mowbray & Mayford GP Practices). This has been in operation for the last 2 years receiving referrals from GPs to see treat and refer patients in the community avoiding A&E/hospital attendance and supporting "home visiting" plus responding to any Category 1 and 2 emergency calls in the Northallerton area, improving the response time performance against the 8 minute standard.
- Community Defibrillators have been installed in more than 85 locations across HRW and are now linked to ambulance control and supporting the "chain of survival" with an emergency response to suspected cardiac arrest emergency calls.
- GP "In Hours" Triage – involving all 22 HRW Practices since July 2013. Managing c250 patients per year in the community and avoiding unnecessary A&E attendances.
- 365Response – is a GP Urgent and Urgent Inter Facility Transfer conveyance across HRW and Teesside which has been operational for 3 years. This service transports non-urgent patients to other hospitals or places of care which releases c400hrs of A&E ambulance resource per month back onto the road across HRW. This provides patients and clinicians with a higher quality and more responsive service at a lower tariff.
- YAS stand by points – additional YAS stand by points sourced at strategically important locations in Catterick (GP practice) and Richmond centre (Co-Op) through collaboration with the GP practice and Co-Op. YAS ambulance capacity better placed to respond to 999 calls in local area with reduced response and call cycle times.

All the above initiatives have been in place for a number of years and largely support the ambulance service in releasing additional resource to provide a better quality service to the population in terms of their ability to meet their mandated quality indicators and emergency response times.

The mandate was given in the clinical summit in 2015 that a combined organisational response between primary, ambulance, community and hospital based services to integrate clinical skills and define a model to ensure quality and resilience was built into the system to maintain services.

The development of the Urgent and Emergency care model was developed over a period of 12 months and a proof of concept phase was commenced in March 2017 with support from the CCG. This is discussed in more detail in section 7.4.3

The local challenge - Case for Change.

Reflecting the national trend, there are a number of workforce challenges facing the Friarage which combined are now creating additional impact on some key services which questions the long term clinical sustainability of offering these services from the site. These areas of service provision include:

- A&E
- Consultant Anaesthetists/ Intensivists to cover the Critical Care Unit
- Anaesthetics out of hours cover.

The vulnerability of the site is exacerbated by the fact that it will always be affected by the unstable labour market conditions because of its size and lack of critical mass of some of its clinical services. This is often driven by recommended staffing levels in support of the delivery of quality care and training experience.

The workforce challenges are not new and are complex due to the interdependency of the services upon one another which means the challenges cannot be looked at in isolation.

If these workforce challenges remain unresolved it has the potential to have a significant impact on sustaining the emergency care service delivery model on the Friarage site and will impact on the acute pathways flow into the hospital site.

The fourth service that does need to be considered as part of the case for change is the acute medicine directorate. Although this service is not as critical in terms of their workforce challenges, the clinical interdependencies of all the services mentioned are significant. There are also gaps in the trainee rota, with similar challenges in having a sufficient pool of senior decision makers to manage the acute workload onto the site. Any significant changes to any of the above listed services would have an impact on what emergency patients could be brought onto site; therefore all have to be considered as part of the future sustainable vision for the Friarage Hospital

5.1 Interdependency of services

Health care systems and their commissioners, in partnership with providers and the public, have to consider the most appropriate reconfiguration of their hospitals so that clinical services are adequately supported by other specialties, and they are fit for purpose, sustainable, accessible and deliver the highest possible quality of care (Goldberg, 2014).

There has been a focus in recent years on the shape and function of hospitals, triggered by the Royal College of Physicians' future hospital commission, NHS England's Urgent and Emergency Care Review, Monitors report "smaller acute providers" and most recently NHS England's Five Year Forward view and the Dalton Report.

The clinical relationships and dependencies on hospital based services are fundamental when considering service reconfiguration. The South East Coast Clinical Senate commissioned a report on the co-dependencies between acute hospital services as an aid to inform planning discussions.

Eleven major acute services were selected as the principal components of current hospital: A&E, acute medical and surgical take, critical care (ITU), trauma, vascular surgery, cardiac, stroke, renal, consultant-led obstetric services and acute general paediatrics. The clinical dependencies of these services were then mapped against other hospital based services and a four level system for describing the strength of the dependencies were developed.

The Friarage hospital already has a selected acute take with only four of the eleven acute services are delivered from the site due to previously mentioned service re-configurations that have occurred over the past 11 years based on achieving better clinical outcomes for patients by a first attendance at a specialist centre.

As Appendix 4 demonstrates, it is possible to identify core groupings of services required to be based at the same hospital site. Hospitals with an A&E department receiving acute patients (an “unselective take”) need on site acute and general medicine, acute surgery and critical care. These hospitals need to provide the supporting clinical services that are required as a minimum to maintain a clinically safe model, with the availability of an anaesthetist 24/7 is one of these requirements (Golberg, 2004). Without this cover, the site is unable to remain safe having unselected patients turn up to the site.

The Role of the Royal Colleges

Doctors in training are required to meet curriculum standards, learn technical skills and pass examinations in order for them to obtain the certificate of completion of training (CCT standard). This then allows trainees to be placed on the specialist register and is the usual pre requisite for a consultant post in the NHS.

As part of these responsibilities, the quality of the training programme must meet curriculum and specialty standards. The Postgraduate Schools support the Postgraduate Dean in assurance against these standards; therefore training must be in a post that meets these needs. In addition, doctors in training often deliver significant service provision for the providers as part of their programme.

Data from Health Education England (HEE) indicate that fewer trainees have been accepted into the first year of core and specialty training this year. Figures show that the number of trainees accepted into the first year of specialty training (ST1) and core training (CT1) in 2017 has fallen by 2.5% from 2016. However, the number of GP trainees has increased by 3.5% (Rimmer, 2017)

6.1 Emergency Medicine Trainees

The Friarage site has never been a training site for doctors in emergency medicine, primarily due the lower volume of patients who attend the site, driven by the creation of major trauma centres and the centralisation of more specialist services which sees patients bypass the Friarage site with complex conditions to the James Cook site in Middlesbrough. As a result, the site does not provide the adequate training opportunities to be compliant with the college curriculum for trainees to experience major trauma and complex cases as they are conveyed directly to a larger hospital.

6.2 Anaesthesia Trainees.

The hospital medical workforce has changed dramatically in the last 25 years. In the past, the career structure in medicine was pyramidal. There were a large number of junior doctor posts called Senior House Officers (SHOs), a smaller number of more senior doctors in training called Registrars and a very small number of highly experienced doctors called Senior Registrars (SRs). Progression to the higher level of training was achieved on passing post graduate examinations and successful at competitive interviews. Because of the reducing number of posts with increasing experience most SHOs and Registrars never made SR status and thus never became Consultants. In anaesthesia, doctors unsuccessful in career progression either left the specialty or took up permanent non training posts called staff grade posts. Staff grade doctors therefore had a degree of experience but not to the level of Consultants. The Anaesthetic service across the country was “Consultant led” with the vast majority of the service being delivered by staff grade doctors and anaesthetists in training. The vast majority of training posts were in large teaching hospitals and larger district general hospitals. Training was controlled by the Medical Royal Colleges. They undertook regular hospital visits and if specific standards were not met, training recognition and the posts were withdrawn.

6.3 Anaesthetists in training - background

The Anaesthetic service was traditionally provided by a relatively small number of Consultants and a number of staff grade doctors who had either been unsuccessful or decided against career progression. Out of hours the staff grade doctors and anaesthesia trainees provided the resident tier of doctors with a Consultant tier available on call from home. This was a stable structure up until the year 2000 when a number of key policy changes were introduced.

Key changes were:

1. The introduction of the European Working Time Directive (2003). This substantially changed the number of hours doctors could work requiring a larger number of doctors on rotas to make them compliant.
2. The desire of central government to move from a Consultant led service to a "Consultant delivered" service where much more of the day to day care is delivered by fully trained doctors of Consultant status with certificates of completion of training (CCTs). Department of Health. The NHS Plan (2000).
3. A complete change in the structure of post graduate medical training called "Modernising Medical Careers (2003)." This fundamentally changed the organisation of training from a pyramidal structure with multiple interviews to a single interview at application to a training grade and transition through to CCT and Consultancy with few blocks to progression. This has delivered an increased number of Consultants and a reduction in the duration of training. There are now few doctors falling out of the system to take up staff grade posts.
    - The General and Specialist Medical Practice Order (2003). This was a Statutory Instrument which removed the setting of standards and control of post graduate medical education from the Royal Colleges to a new "Non departmental Public Body" initially called PMETB. It included a specific instruction for training to be delivered to clearly written Curricula.
      The Lansley reforms (Health and Social Care Act 2013) introduced further changes to Postgraduate Medical Training. PMETB was abolished.
    - The General Medical Council (GMC) was charged with setting standards for Post Graduate Medical Training.
    - A new non departmental public body Health Education England (HEE) was established. It is responsible for the organisation and quality assurance of training. It commissions training posts for doctors from appropriate Trusts (Training Units) who are expected to deliver training to appropriately agreed standards. It is grouped into 13 executive teams each led by a Post Graduate Dean.
    - The Royal College (of Anaesthetists) is now responsible to ensure that the Curriculum is delivered and assist in the Quality Assurance of training. It sets Post Graduate examinations and writes the Curriculum of Training which has to be approved by the GMC.

The effect of these multiple changes is that there are no longer a group of doctors wishing to undertake staff grade posts at the Friarage Hospital, Northallerton or any other hospital in UK. As staff grade doctors have retired, it has been increasingly difficult to recruit replacements in Anaesthetics or any other specialty. Almost all other hospitals of a similar size to the Friarage in England were unable to maintain a resident anaesthetic tier and ceased providing an acute medical and surgical service. The merger with South Tees coincided with the significant political changes and the middle tier coming under pressure. In an attempt to preserve the middle tier rota, the local PCT responded by investing money to enable the establishment and recruitment of a number of senior trainees fellowship posts (posts outside recognised training structures). The posts were based principally at the James Cook site to offer desirable specialist training opportunities, with the trade-off that they covered the rotas at the Friarage out of hours. This sustained a vulnerable service which had publically broken other similar sized units for a number of years, but is now no longer tenable.

Anaesthesia recruitment and retention of trainees has been problematic within the North East region over recent years, it has historically always been a Northern Deanery concern, but this is fast becoming an issue for other schools and training units across the Country.

In the North East and North Cumbria we have high standards of training and far more educational capacity than juniors within them. Every trust and the HEE NE governing body have been advised that applications for specialty training are falling year on year, with only 48% of local F2 trainees having entered specialty training in England in August 2015.

The School of Anaesthesia has been aware that applications have been falling and have considered the best approach to preserve high quality training whilst understanding the impact of loss of trainees on the acute service. Since 2011, there has been an increasing difficulty in recruiting to specialty training programmes in a number of areas with multiple gaps at the start of each training year. The higher Anaesthetics programme had an average of 89% of posts filled over the year in 2014 and 85% of posts filled in 2015; including many trainees choosing to work part-time hours which reflects a generation change in expectations of a work/life balance.

Fill Rates % (number posts offered)	2011	2013	2015	2016	2017
East Midlands North	(10) 100%	(9) 100%	(25) 100%	(32) 62%	(26) 69%
East Midlands South	(13) 100%	(12) 100%			
East of England	(8) 100%	(11) 100%	(8) 100%	(12) 100%	(16) 100%
Kent, Surrey, Sussex	(9) 100%	(21) 100%	(24) 100%	(26) 100%	(22) 100%
London	(86) 100%	(103) 100%	(85) 100%	(83) 100%	(79) 100%
North West	(25) 100%	(20) 100%	(24) 100%	(40) 100%	(40) 97%
Northern	(10) 90%	(20) 50%	(15) 55%	(25) 68%	(24) 67%
Oxford / Thames Valley	(13) 100%	(12) 100%	(12) 100%	(10) 80%	(11) 100%
Severn	(7) 100%	(11) 100%	(24) 100%	(20) 100%	(17) 100%
South West Peninsula	(6) 100%	(11) 100%			
Wessex	(23) 100%	(20) 100%	(18) 100%	(20) 100%	(6) 100%

Source: Dr M. Tremlett, Regional Advisor Anaesthesia (Northern)

6.4 Future role of training at the Friarage Hospital

The regional situation has also exacerbated the situation at the Friarage. It has been increasingly difficult to fill training posts in anaesthesia and a number of other specialties in the North of England in general (and the North East and North Yorkshire in particular). This reflects a historical concentration of medical schools and training posts particularly in London and the South East. Few graduates on completion of undergraduate training now move regions. In the past the North East was always a net recruiter of trainees particularly from Scotland. The devolution of health and the imposition of the new junior doctor contract in England has not encouraged medical graduates in Scotland to come south to England. In addition, the figures represent a headcount not whole time equivalent. With generational change, 30% of anaesthetic trainees choose to work less than full time further reducing the hours of work available to the system.

Health Education England (HEE) led by the local executive office Dean has a responsibility for ensuring the doctors in training receive this training in a timely manner as specified in the GMC approved Curricula. The shortfall in trainees meant that the previous number of training posts could no longer be filled.

Their primary responsibility was to ensure the continued delivery of the curriculum to the trainees. The College then supported the training units by ensuring the gaps in the rota were shared proportionally across all providers. In April 2016, in order to protect training, trainee posts were removed from two training units. Firstly, they were no longer able to routinely undertake a module of training on the Paediatric Intensive Care Unit in Newcastle, as this was not a core requirement of anaesthetic training. Secondly, trainees were no longer able to form part of the resident tier of the out of hours rota at the Friarage. This was because it used up a substantial number of hours available for work in the week with almost no delivery of training, meaning that the overall Curriculum could not be delivered in the time specified.

The decision was announced in April 2016 by Health Education England (HEE) and was fully supported by the Royal College of Anaesthetists reflecting its role to support quality assurance in the delivery of the Curriculum (GMC: The Gold Guide – a Reference guide to Post graduate Specialty Training in the UK 2016)

Friarage Hospital - Current service provision

A number of workforce concerns have been discussed with stakeholders at various times since 2004. A series of clinical workshops were held in mid-September to review the current clinical sustainability of the services and whether the current provision could be maintained for the next 10-15 years. The workshops all followed the same agenda which was to understand the current workforce position and whether the group felt that the current model could be maintained. The groups were all then encouraged to ensure all available workforce options had been explored and then the discussion naturally explored what opportunities do exist to provide high quality, safe care for the population.

From the outset, it was clear that this was only the beginning of a more formal way of engaging with the key clinical staff groups and stakeholders, ensuring there was a representative from the clinical, nursing and managerial workforce as well as primary care colleagues to ensure the whole system was taken into account and the various clinical areas would be considered as a whole given the clinical interdependencies of all the services.

The vision for the Friarage through this process of engagement is to focus on providing a safe and clinically sustainable services for the next 10-15 years at the Friarage, considering all aspects of service provision including:

- Delivery to nationally mandated clinical standards across the Trust
- Ensuring appropriate access to services for the population we serve
- Sustainability from a workforce perspective in the long term
- The ability to be operationalised within the available cost envelope
- Consideration of the wider system impact

The discussions from each of the workshops are outlined below in the different specialty areas.

7.1 Accident &Emergency

The current service is staffed with Trust grade/ Specialty doctors on a rota to cover 24 hour a day, 7 days a week. During the week between the hours of 8am-6pm, the site is supported by an Emergency Medicine Consultant and out of hours and at weekends, the site is supported by the on-call Emergency Medicine Consultant from the James Cook Hospital in Middlesbrough. The General Medical Consultants from the Friarage do support the site but patients are the responsibility of the on-call Emergency Medicine Consultant.

The challenge for the Friarage Accident and Emergency Department has always been the availability of Trust grade/ specialty doctors to maintain a 24/7 rota. This has meant the team has relied heavily on locum doctors to fill vacant shifts as trainees from James Cook Hospital are not permitted to carry out their training at this site as there is no Consultant cover after 6pm during the week and at weekends for support. Trainees from the James Cook site are unable to work at the Friarage as it is not recognised by the Royal College of Emergency Medicine as an appropriate training facility due to the limited case-mix and volume of the patients that are seen in the department.

Over the past 15 years since the Friarage hospital came under the management of South Tees, there have been a number of changes that have affected the flow of patients to the Friarage A&E department as outlined previously. This has then impacted on the ability to attract highly trained clinical staff to maintain longer term substantive post at the site with the reduced ability to maintain clinically competent in all emergency department skills.

7.2 Activity levels

The A&E department at the Friarage had 20,000 attendances in the last financial year. For the first 5 months of 2017/18, 73.6% of the patients attending the department were treated for minor injuries and illnesses and discharged home. The more complex admissions equate to 26% of the patients attending the department, with only 0.4% of the activity classified as patients requiring resuscitation support. This equates to a total of 32 patients in the first 5 months of the year, a reduction of 47 patients compared to the same period last year.

A&E attendances have reduced by 13% overall across age groups in the first 5 months of 2017/18 compared to the same period last year. There has also been a significant reduction in the number of emergency ambulances to site, largely within the out of hours period from 9pm-8am. This coincides with the start of the Urgent and Emergency care proof of concept model that is discussed in more detail in section 7.4.3.

Further work is being undertaken to understand the patient flows within this time frame and to understand if the some of the reduction can be attributed to the schemes that look to minimise unnecessary conveyances to hospital.

7.3 Current workforce Challenge.

The A&E department have 4 members of staff at the Trust grade level in post out of the 7 that are needed to fulfil a 24/7 rota. The reliance on locum doctor cover is significant and an ever decreasing pool of available doctors available to support the site.

Despite considerable efforts by South Tees Hospitals NHS Foundation Trust to recruit over recent years, the only appointments secured have been staff grade posts for employees who are delayed in their onward training programme for various reasons, it is not a role that often attracts new recruits to work substantively within the site.

7.4 Mitigation Efforts

7.4.1 Recruitment

There have been several recruitment campaigns over the years to secure this workforce with varying levels of success over the years as this is a constant recruitment effort as often this grade of doctor usually spends an additional year gaining more experience before continuing their studies (Appendix 5). The department has been successful to date in recruiting Trust grade doctors who support the rota and provide the out of hours cover.

Within the department, evidence of efforts to recruit to this workforce and solutions to support the rota are evident within the minutes of directorate meetings and clinical events over the years. Despite considerable efforts by South Tees Hospitals NHS Foundation Trust to recruit over recent years, the only appointments secured have been staff grade posts for employees who are delayed in their onward training programme for various reasons, it is not a role that attracts new recruits to work substantively within the site.

7.4.2 Staffing solutions

In October 2013, the workforce gaps in the rota were escalated to the Clinical Commissioning Group and an offer to cover overtime shifts for Consultants to work additional shifts to cover the weekends at the Friarage over the winter period was agreed.

Throughout 2015, a number of meetings were held with the Directorate highlighting the concern with the number of gaps in the rota with weekly monitoring of the situation and the gaps put in place from July 2015 onwards. The concerns escalated in December 2015 when many shifts were unfilled, resulting in the Directorate having to put a business continuity plan in place in the event that a locum doctor or a Consultant from JCUH was not available to cover the available shifts. In the event of this worst case scenario, the only way to maintain safety on the site was to trigger a full A&E divert from the Friarage site to the James Cook site in order to maintain patient safety.

The situation improved throughout 2016 with specialty doctor appointments and fluctuated throughout 2017 as staff members left to continue their training programme.

7.4.3 Other Models of care - The Urgent and Emergency Care proof of concept model.

The development of a new Urgent and Emergency Care model (UEC) that includes primary care was a partnership model developed between STFT, HRWCCG, Yorkshire Ambulance service (YAS) and Harrogate District Foundation Trust (HDFT) who currently operate the GP out of hours contract based at both Northallerton and Catterick. The partnership approach was instigated as a way to maintain 24 hour/365 days a year services based on the hospital site given workforce concerns and the aim was to ascertain whether a different model of service delivery could support the site in the out of hours period.

The aim of this model is to integrate primary care, ambulance service and hospital based services to improve quality, resilience and sustainability and to become a pathfinder for the delivery of Integrated Urgent and Emergency Care with the Yorkshire Ambulance Service, GPs and clinicians working as an integrated urgent care team.

A number of clinicians and managers from all the partners met regularly over the course of a year to work through the detail of what an integrated front of model could look like. The aim was to test out the concept that we could manage urgent and emergency care cases differently at the site, in a clinically safe and more sustainable way.

Due to the low numbers of admission during the night, it was felt that a selected take to the site triaged by the medical registrar would work to support the lack of available front of house emergency doctors in the out of hours period.

The out of hours model was staffed with the same nursing and healthcare staff with the addition of a paramedic as part of the team and the co-location of the primary care out of hours GP's next to the department. The model was to test whether we could maintain the urgent ambulances to the site via the medical registrar and the Clinical Decisions Unit, with the team in A&E supporting the minor injuries and illness that self-present. The model was tested safely with an A&E doctor present and on shift but data has been collected since the go live date to understand how many times the doctor had to intervene with care and whether the model is clinically safe to manage in the event we can no longer recruit to all the outstanding shifts, especially in the out of hours period.

The pilot started on the 20th March and has had some success in a new model for managing patients on a smaller acute site. Throughout the proof of concept phase, the model has been tested and the main conclusion for the longer term viability of the service is to invest in additional training for the paramedic team to assess, diagnose and treat minor injuries, or invest in more emergency nurse practitioners to pick up this caseload of work. The proof of concept is continuing as the teams are working together to integrate more fully and currently the A&E doctor post is being supplemented by locum doctors whilst a more permanent solution is agreed.

In essence, the proof of concept was to test the system with an integrated workforce if the system could support the flow of medical patients into the hospital by a selected medical take by the medical registrar liaising with the ambulance service before any acute admissions arrive on site. The project has been clinically effective but further work on patient pathways and developing a true integrated model are needed to build on the successful work that has been undertaken to date.

This work formed part of the new care models programme under the acute medical model work stream where a cohort of small district general hospitals formed part of a network looking at the challenges facing smaller acute sites and the ability to recruit and retain the clinical staff needed to construct rotas, keep clinical skills up to date and attract trainees into the posts.

7.5 Anaesthetics provision.

There are two workforce concerns for anaesthesia at the Friarage site, the Consultant cover for the critical care/ high dependency beds and the middle grade doctors who historically have undertaken the resident anaesthetist post to support the hospital in the out of hours period.

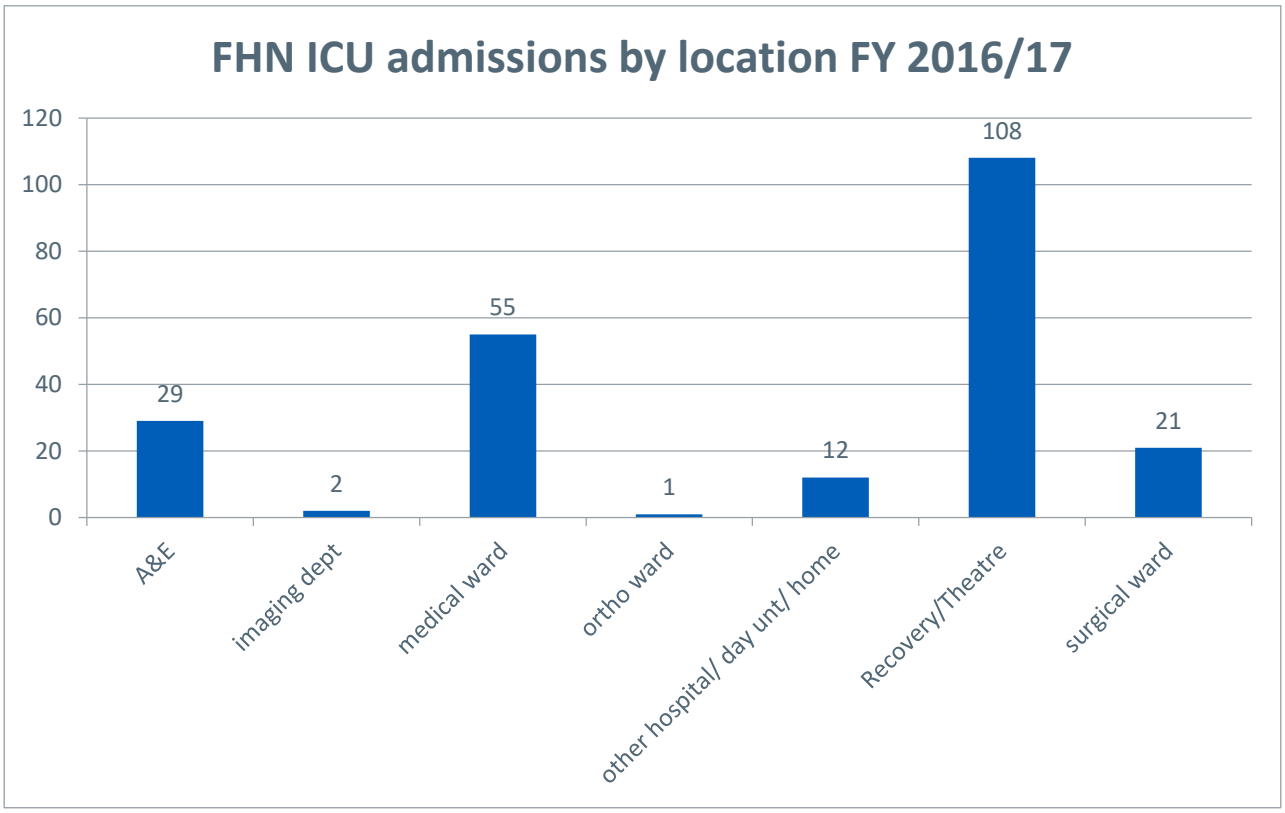
The Friarage site has 6 operating theatres and a 6 bedded combined level 2/3 ICU and HDU unit which flexes based on clinical need and is staffed by anaesthetic Consultants. As a smaller site, the critical care beds are staffed by anaesthetic Consultants historically and not an intensivist who specialises in critical care medicine. The challenge with the reduction in workforce is that due to the sub-specialisation in the profession over recent years, there are less anaesthetists coming out of training who are dual accredited in both anaesthesia and critical care medicine.

Out-of-hours this unit is supported by a resident middle grade anaesthetist (see above) and an on-call consultant anaesthetist.

7.5.1 Activity levels - Critical Care

The critical care unit is one of the smallest in the UK but clinical outcomes are good with a standard mortality rate of around 0.8.

In 2016/17 there were 228 admissions of which 129 were post-operative surgical patients, 55 were admitted from acute medicine and 29 admitted directly from the A&E department.



7.5.2 Activity levels -Theatre provision

There are 6 theatres at the Friarage but due to low demand there are no dedicated 'emergency lists'. Over the last 12 months 345 emergency cases have been carried out, 140 of these have been carried out within hours (Monday-Friday 0800-1800), 205 were carried out out-of-hours (Monday-Friday 1800-0800 or at weekends).

7.6 Current workforce challenge – Critical Care

The critical care unit is facing significant workforce challenges as a result of the decision to withdraw anaesthetic trainees who cover the out of hours rota. In order to sustain a level 3 critical care service on site an out of hours a resident anaesthetist is mandatory.

There is a National shortage of trained Anaesthetists in the UK. The Royal College of Anaesthetists National Survey in 2015 found that 4.4% of all Consultant Anaesthetic posts were vacant.

Consultant Anaesthetists/ Intensivists

The age profile of the Friarage Consultant anaesthetists is a concern as two of them will be 65 (or over) years of age by November 2017. In addition, over the last 18 months, there have been three anaesthetists resign from the Friarage and another one leaves in November which means that there will be 4 consultant vacancies out of a compliment of 8 by December 2017. Of the remaining four, two are approaching retirement age.

There are currently 5 consultant anaesthetists (as of 15/9/2017), 3 Specialty and associate specialist doctors and 1 Trust doctor based at the Friarage. The consultant anaesthetist on call rota is currently supplemented

by 5 anaesthetists based at the James Cook site who are essentially filling one of the vacant slots – this may increase to 12 in October 2017. This is very much a temporary measure and is not sustainable as these consultants come from general anaesthesia, paediatric anaesthesia and critical care and are providing this additional cover over and above their current James Cook on-call.

Consultant rota requires 8wte

- 5 in post with 1 post shared between 5 Consultants at JCUH (as of 15/09/2017)
- 3 Consultants have left and one more leaves end of November 2017
- By December 2017, 4wte Consultant vacancies

The Critical Care National standards require daily Consultant ward rounds which are currently not undertaken by specialist intensive care doctors (Intensivists) at the Friarage site. (along with compliance to the new quality requirements which require a daily ward round, 7 days a week by an Intensivist). If a physical ward round is undertaken, further consultant appointments would be required, and this would be achieved by replacing the ITU consultants at the FHN as they retire with intensivists working between both hospital sites.

Out of hours cover would still need to be provided by a resident anaesthetist and Consultant on call tiers. This is necessary to support the critical care unit as well as all acute services on site such as the A&E department and any medical and surgical emergency admissions into the Clinical Decisions Unit.

Mitigation Efforts

7.6.1 Recruitment

There have been continued efforts to recruit to the Consultant positions at the Friarage as demonstrated in appendix 6. Since July 16, there have been 9 Consultant appointments which have offset some of the workforce reductions who have either retired or left the organisation. The Trust have re-focused their recruitment campaigns and increased our presence at national conferences with recruitment stands, alongside various other marketing and advertising campaigns that are also highlighted in appendix 6

7.7 Current workforce challenge - Middle grade / specialty doctors in Anaesthesia

Although, the caseload is small at the Friarage site with low out of hours anaesthesia activity (on average one case every 3 nights), the implications for the site are significant. The lack of resident airway cover 24/7 for the hospital places all acute services at risk, including the A&E department, acute medicine and critical care provision. A resident anaesthetist must be maintained on site in order to continue level 3 critical care beds and open to acute admissions overnight.

Training accreditation for anaesthetic trainees is only recognised at the Friarage for in-hours training following a HEE recommendation in August 2016.The options to support a resident anaesthetist out of hours would require a rota of 7 wte Specialist doctors for which there are on-going recruitment drives. The current middle grade rota will have 5 vacancies (out of a compliment of 7) which are currently staffed by one Specialty doctor and one Trust grade doctor with the remaining shifts being covered by locum doctors.

- 2wte in post, 5 posts currently filled with locum shifts
- The Trust grade doctor is potentially leaving the rota in February 2018
- Resulting in 5-6wte vacancies

Maintaining this rota is both expensive and clinically unsustainable due to the heavy reliance on locum doctor cover of varying clinical experience

7.8 Mitigation Efforts

7.8.1 Recruitment

In an attempt to preserve the middle tier rota, the North Yorkshire and York Primary Care Trust responded by investing money to enable the establishment and recruitment of a number of senior trainees fellowship posts (posts outside recognised training structures). The posts were based principally at the James Cook site to offer desirable specialist training opportunities, with the trade-off that they covered the rotas at the Friarage out of hours. This sustained the service which had publically broken other similar sized units for a number of years, but is now no longer tenable.

For the last few years, the Trust has actively recruited a small number of doctors who have failed to progress through training because they have not yet passed Post graduate examinations. They have taken up short term trust grade posts to reattempt the examinations in a supported atmosphere, but there are only a small number of individuals and most rapidly re-enter training after 6 months in post.

There have been multiple attempts to recruit to both sites at the Specialty doctor level also which has yielded little success over the years with only 1 in the last 12 months despite advertising and promoting the hospital in a number of ways including recruitment within the European Union as there are currently no visa issues from the European Union.

7.8.2 Staffing solutions

The Critical care unit requires Consultant appointments; it is the anaesthetist overnight role that has required other workforce solutions to be considered.

Other workforce solutions that have been considered by the Directorate include:

- Arranging medical training initiatives (MTI scheme), these are Royal college recognised and sponsored positions but are not allowed therefore to work on sites which are not recognised by HEE for training. Part of their terms and conditions are that they are exposed to the same training opportunities as HEE trainees. They are therefore not allowed to work at the Friarage site during their training hours.
- Overseas recruitment for staff grades. This recruitment could not be for a training post so would attract candidates who could not or have chosen not to progress as a Consultant. There are a small number of UK doctors available but multiple doctors wanting an additional year of experience after FY2 year in ICM before applying for core training. It does however require regular recruitment efforts as doctors only want to stay in these types of roles for a year usually.
- Staff and Associate Specialist grades. These posts are available for personnel who wish to step off the career trajectory. There are a small number of doctors with UK experience and inadequate numbers to resolve the workforce challenges.
- Physician Associates. These posts need to work directly under the supervision of a Consultant Anaesthetist so would not be viable for the out of hours cover at the Friarage site.
- Advanced Critical Care Practitioners (ACCPs) to function as resident airway cover the Friarage site. This role is not supported by national standards as part of their role necessitates support by a trained anaesthetist/ intensivist within the hospital.
- Overturn the decision made by the Deanery- this is not a likely option given there is not enough out of hours experience and emergency procedures for a trainee position.

- Consultants taking on the residency role- agreed that this is not an option to proceed due to the loss of the elective income for time in lieu for being on site as a resident anaesthetist. Estimated loss of elective income is ~£8m and it is unlikely we will retain the Consultant staff if this option was enforced.
- Critical care Consultants are equally unable to support both on call rotas but could be on call for advice to the Friarage site as they are unable to be physically present out of hours as they are on call for a 32 bedded Intensive Care Unit within a 1000 bedded major trauma centre.
- Consultant anaesthetist cover from James Cook to Friarage.
  The James Cook Site employs 37 anaesthetists (not including critical care) and is currently short of 8 WTE consultants to maintain the current elective and emergency programme. Of those working predominantly at James Cook 90% are working greater than full time (10PAs) with 43% working greater than 12PAs. The trust is currently employing 3 full time locum consultant anaesthetists who are providing 30 sessions of planned elective activity each week on the James Cook site.

Currently 5 Consultants from James Cook are participating in the on call rota at Friarage to make up a wte equivalent working on the rota to support the FHN site.

7.9 Summary

The general consensus from all the workshops was that the current configurations of services were not sustainable given the significant workforce challenges within all the areas. Although the acute medicine service does not have the same level of workforce challenges, the service delivery model would be impacted if one or more of the services could not be maintained safely on the site and this needs to factor into the discussions as we progress.

The outputs have largely been reflected in the content of this case for change, articulating the challenges whilst then acknowledging what other workforce or service delivery models have or could be explored.

All workshop groups did start to look at what is possible to maintain safely and sustainably both from a workforce point of view but to also achieve and or maintain national clinical standards. Most of the clinicians felt that there was a different level of service offered to the patients of the Friarage which was not acceptable and to enable the services to offer the same level of Consultant cover across both sites is not operationally feasible for many specialties, largely due to the fact that there is not the Consultant workforce available.

Most of the workshops then looked into developing the discussions of what the service delivery model could look like based on varying scenarios, largely dependent on the other clinical interdependencies. This is at the start of the clinical discussions and further engagement events are planned with the clinical services throughout the engagement period.

It is important to acknowledge that work undertaken between South Tees Hospitals and HRW CCG over a number of years to try and sustain the emergency acute care provision on the Friarage site, both in terms of investment and collaborative working to find a sustainable workforce and service delivery model.

Despite the work undertaken, and largely undertaken suggestions as to future solutions outlined by the work of the Nuffield Trust, South Tees Hospitals is still facing the challenge of maintaining safe and sustainable clinical services with the workforce availability in this region. If the key critical workforce challenges cannot be met, the impact on the service provision will be affected.

There is a serious concern that the fragility of some of the services mentioned above will be difficult to maintain over the next few months whilst we undertake a period of engagement with our staff, patients,

stakeholders and the wider population. There are also clear dependencies on service provision at the Friarage Hospital and our neighbouring Trusts especially Darlington Memorial Hospital as they also service a cohort of the Hambleton and Richmondshire population. These workforce pressures and service challenges also impact over the wider footprint within our region and need to be considered whilst we undertake this process.

Engagement Process.

It is important we take into consideration what has already been said over recent years of change.

We know from our involvement in previous engagement with the local community, such as Hambleton, Richmondshire and Whitby CCG's 'Fit 4 the Future' and 'Transforming our Communities' programmes that:

- Patients want to be cared for at home or as close to home as possible.
- Integration of health and social care services is important.
- The Friarage Hospital is at the heart of Hambleton and Richmondshire localities.

The Trust is doing everything possible to avoid any changes in service delivery but given the co-dependencies of any services all with workforce challenges, the Trust needs to plan for any potential change in service provision to ensure safety.

It is not in the best interest of the patients or the Trust if services have to close to patients sporadically if there is inadequate staff cover. This is not acceptable for continuous provision to our patients but also unsettling for staff members, especially in areas where clinicians need to maintain their skill set.

Our immediate challenge is to stabilise our service areas affected and attract the workforce we need into key roles whilst ensuring we work in partnership with our current staff and retain their talents, knowledge and skills as we work to develop a clear clinical strategy.

Following previous engagement work by HRW CCG, this engagement will be guided and influenced by the following principles:

1. Care and support is person-centred; personalised, coordinated and empowering
2. Services are created in partnership with citizens and communities
3. Voluntary community and social enterprise, and housing sectors are involved as key partners and enablers
4. Volunteering and social action as key enablers

At the heart of the principles is the assertion in the NHS Five Year Forward View that a "new relationship with patients and communities" is key to closing the three gaps identified by the NHS Five Year Forward View: health and wellbeing, quality of care and treatment, finance and efficiency.

It is for NHS organisations to ensure that the focus is on ensuring people understand the challenges that the NHS are facing both locally and nationally to ensure patients have as much information as possible to have meaningful engagement and discussion within this process.

The key messages revolve around the challenges faced:

- Workforce challenges
- Rurality of services and ability to recruit to more rural areas
- Providing safe and sustainable care and services as close to home as possible, reviewing services that can be delivered in community settings and those that need to be delivered in a hospital setting.
- Achieving best clinical outcomes for patients within the available budget across health and social care partners.

The way in which healthcare can be delivered is changing and evolving. In the last 15 years, there have been great advances in medical knowledge and technology. This has enabled more services to be provided outside of hospitals, in GP practices and community-settings

- Because of national challenges facing the NHS and local authority financial climate there is an increasing need to use resources effectively and efficiently. We must achieve the best outcomes for our patients within the available budget
- The public tell us that they want to see more services being provided at home or as close to home as possible.
- We need to review the type of services that are available in community settings and those that are delivered in hospital. We also need to look at integrating some services and providing others so that more can be delivered locally, close to where people live.

Phases of Engagement.

Phase 1 will be the listening phase to take place between October and December 2017. This phase will be led by the Trust, with support from Hambleton, Richmondshire and Whitby CCG, and other partners and is about helping the public to understand our challenges and their complexity whilst gathering views and suggestions from patients, carers, clinical staff and other stakeholders.

We will widely communicate the engagement plan to assure patients and public that they have will have the opportunity to get involved in the work at an early stage as we need to ensure as many people as possible have the opportunity to understand the issues and get involved – this way we have the best information to help us shape solutions and make informed decisions.

A detailed programme of engagement events will be undertaken across the locality area and information (including ways people can feed back) will be made available on line and upon request. The objectives sought from the engagement:

- Confirm people's understanding and requirement for the case for change
- Understanding of the national and local context and the mitigation the Trust has undertaken to resolve the workforce challenges.
- Encourage discussions around new models of care to review how the Friarage site can be maintained as a central hub for healthcare, serving the local population.
- Services offered at the Friarage meet the needs of the local population and have the confidence of General Practitioners so they remain economically viable
- To ensure the services offered are safe and sustainable for the longer term (10-15 years) and provide good quality outcomes to meet the needs of the population.

Principles of the engagement:

- To maintain safe and clinically sustainable services
- To maintain services as close to people as is clinically feasible
- To maintain the Friarage Hospital site as a clinical hub
- To support frail/ elderly pathway given the demographics of the area
- Minimise impact on people travelling out of the area for care

Key questions will include:

- *What is important to our stakeholders in terms of local healthcare provision?*
- *How can we meet our shared goal in developing a long-term vision and strategy for the Friarage Hospital given the current workforce challenges in key areas?*
- *How can we maintain the Friarage site as a central hub for healthcare? Can we do more on the hospital site and in the community? Can we do more to support people to stay well at home?*

Phase 2 from December to January will cover reporting and options development. This will include reviewing feedback from the listening phase, responding to queries and developing consultation options.

If required, phase 3, which will be led by the CCG, will be a formal 12 week consultation period likely to be between February to the end of May 2018.

A detailed consultation document will be written outlining the options that have emerged and developed during the engagement phase-.

Following the consultation period all feedback will be analysed and a post consultation report will be developed and recommendations made to the CCG Governing Body

Conclusion and next steps

This document is intended to provide information and provoke discussion. It starts to set the scope of both the challenge and the opportunity relating to commissioning safe, sustainable and high quality health services across the population that the South Tees Hospitals serve.

The scale of change and formal proposals for what needs to be developed will require extensive local discussion with clinicians and staff members, service users, their carers; partner organisations and other stakeholders.

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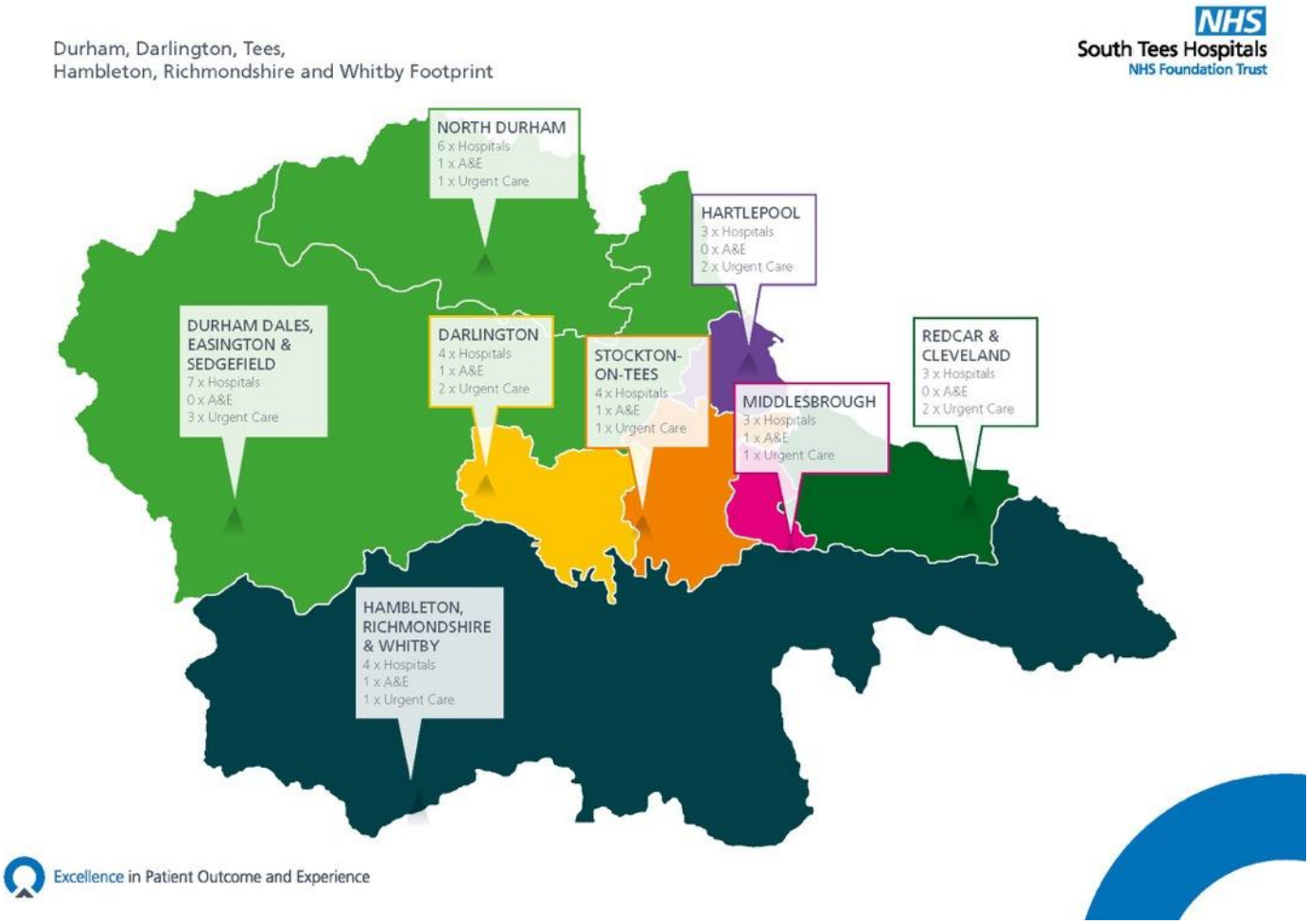
APPENDICES

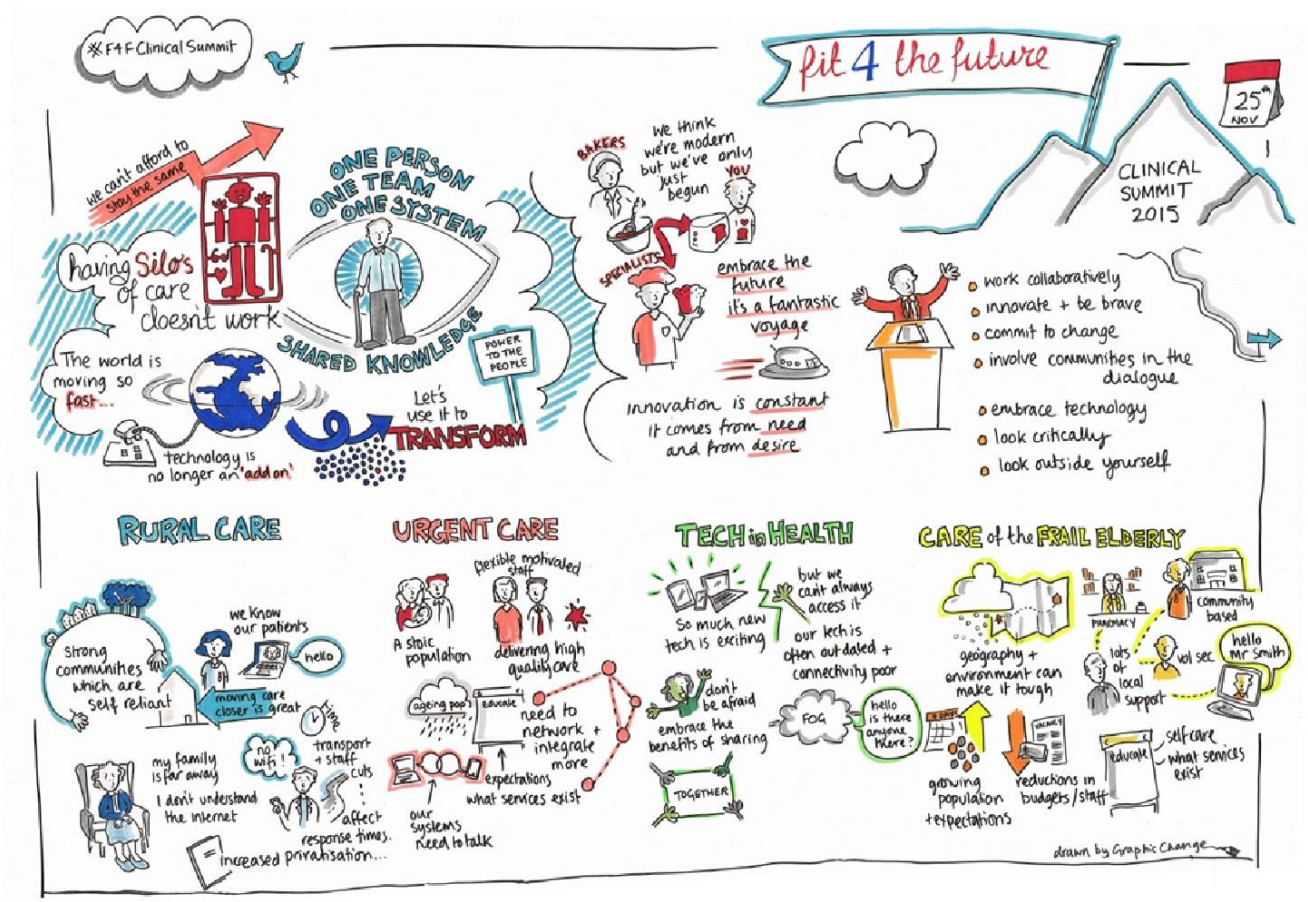
Excellence in Patient Outcome and Experience

Appendix 1 - 15 years of the Friarage - service development and investment

Appendix 2 - STP FOOTPRINT



Appendix 3 - HRW Clinical Summit Overview



Grid B. Dependencies of the eleven acute services on other clinical specialties and functions: services that should be based on the same site (the Purple dependencies).

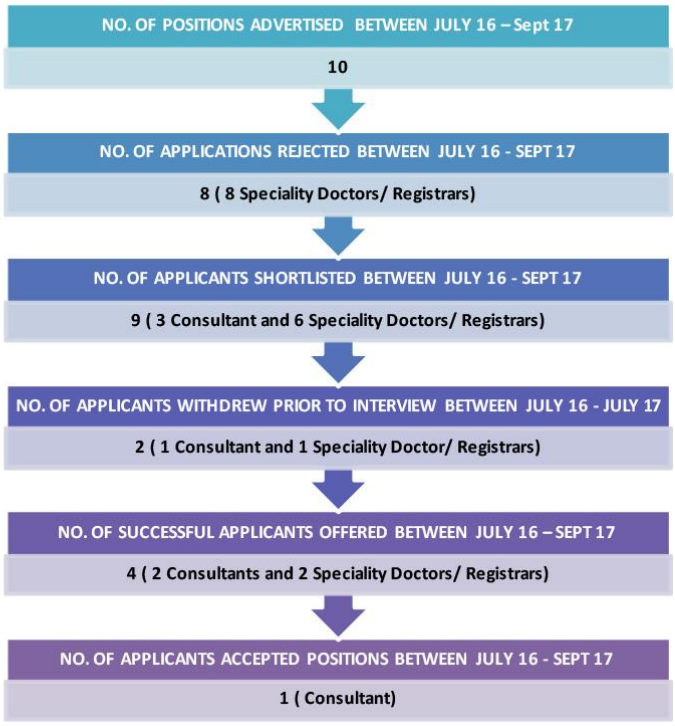
		COLUMN TITLES: Clinical specialties and functions supporting the 11 major acute services in the rows																																																			
	ROW TITLES: The 11 major acute services whose dependencies on the specialties and functions in the columns is being described.	A&E /Emergency Medicine	Acute and General Medicine	Elderly Medicine	Respiratory Medicine (including bronchoscopy)	Medical Gastroenterology	Urgent GI Endoscopy (upper & lower)	Diabetes and Endocrinology	Rheumatology	Ophthalmology	Dermatology	Gynaecology	General Surgery (upper GI and lower GI)	Trauma	Orthopaedics	Urology	ENT	Maxillo-facial Surgery	Hub Vascular Surgery	Spoke Vascular Surgery	Neurosurgery	Plastic Surgery	Burns	Critical Care (adult)	Critical Care (paediatric)	General Anaesthetics	Acute Cardiology	Thoracic Surgery	Cardiac Surgery	Hyper-acute Stroke Unit	Acute Stroke Unit	Nephrology (not including dialysis)	Inpatient Dialysis	Acute Oncology	Palliative Care	Neurology	Acute Paediatrics (non-specialised paediatrics and paediatric surgery)	Neonatology	X-ray and Diagnostic Ultrasound	CT Scan	MRI Scan	Cardiac MRI	Nuclear Medicine	Interventional Radiology (including neuro-IR)	Clinical Microbiology/ Infection Service	Laboratory microbiology	Urgent Diagnostic Haematology and Biochemistry	Acute Inpatient Rehabilitation	Occupational Therapy	Physiotherapy	Speech and Language	Dietetics	Acute Mental Health Services
1	A&E (Emergency Medicine). Acute unselected take (including acute surgical patients)		■	■	■	■						■	■	■	■									■		■	■												■	■	■				■		■		■	■			■
2	Acute Medical Take																							■		■	■												■	■	■				■		■		■	■			■
3	Acute (Adult) Surgical Take	■	■	■	■	■	■					■		■		■	■							■		■													■	■	■						■		■	■			
4	Adult Critical Care (Intensive Care)		■		■		■																			■													■	■	■						■			■			■
5A	Major Trauma Centre	■	■	■	■	■	■	■				■	■	■		■	■	■	■		■	■	■	■	■	■	■	■	■	■					■	■	■	■	■	■	■		■	■	■		■		■	■			
5B	Trauma Unit	■	■	■	■							■	■	■		■	■							■		■											■		■	■	■								■	■			
6A	Vascular Surgery (Hub)	■	■										■											■		■	■			■									■	■	■			■					■	■			
6B	Vascular Surgery (spoke)												■											■		■													■	■	■			■					■	■			
7A	Cardiology: Non-interventional																							■		■	■												■	■							■						
7B	Cardiology: Interventional - primary PCI for STEMI																							■		■	■												■	■							■						
7C	Cardiology: Interventional - PCI (non-STEMI) and devices																							■		■	■												■	■							■						
7D	Cardiology: Interventional - structural heart disease (including TAVI, MitraClips)																		■					■		■	■												■	■	■	■						■						
7E	Cardiac Surgery				■	■	■												■					■		■	■	■	■										■	■	■	■		■			■			■			
8A	Hyper-Acute Stroke Unit	■	■	■	■		■																	■		■	■												■	■	■								■	■			■
8B	Acute Stroke Unit	■	■	■	■																			■		■	■												■	■								■	■	■			■
9	Renal Services inpatient Hub				■		■						■							■				■									■						■	■	■			■			■						
10	Consultant led Obstetric Services																							■		■												■	■	■							■						
11	Acute (non-specialised) Paediatrics and Paediatric surgery	■											■	■	■											■												■	■	■							■						■

Services offered at the Friarage

Appendix 5 - Overview of recruitment for A&E doctors

Attraction Methods

Success Rates



Appendix 6 - Overview of Anaesthetic recruitment

Attraction Methods

Success Rates