

THE FRIARAGE HOSPITAL CONSULTATION

1. INTRODUCTION & PURPOSE:

This paper provides the Governing Body of NHS North Yorkshire Clinical Commissioning Group (CCG) with the post-consultation document relating to the consultation on proposals for building a sustainable future for the Friarage Hospital. This, along with the supporting evidence pack, provides the Governing Body with an opportunity to consider all of the feedback gathered through the public consultation and decide whether or not to support the proposed recommendation.

2. BACKGROUND INFORMATION & CONTEXT:

In the summer of 2017 the provider of acute services in Hambleton and Richmondshire – South Tees Hospitals NHS Foundation Trust (STHFT) informed us of serious and on-going workforce sustainability concerns that were beginning to impact on service delivery at the Friarage Hospital, Northallerton in a number of clinical areas and specifically relating to:

- Anaesthetics
- Critical care; and
- A&E

The trust also informed the CCG of the work that had already been undertaken to mitigate and try to find solutions to these issues, without success.

Following the emergence of these challenges the Trust produced a document: 'Building a Sustainable Future for the Friarage Hospital' in Summer 2017, with input from partners which set out the case for change in order to sustain clinically safe, high quality services at the Friarage. It focused particularly on workforce sustainability.

The case for change was accepted by NHS England, including the workforce challenges, the fragility of a range of services and the clinical interdependencies. NHS England provided direction on the process to be followed and the evidence and assurance required to underpin any future plans.

Subsequent to this, significant public and stakeholder engagement was undertaken in partnership between the Trust and Hambleton, Richmondshire and Whitby CCG (HRW CCG) in the autumn of 2017. Through this the CCG identified the key issues and priorities of the patients, their carers and our partners. The biggest issue for the CCG population overall was transport/distance and other key themes included:

- Ambulance provision
- The value placed on local services (and concern over further loss of services)
- 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

During this period the Trust also commissioned two service reviews from the Royal College of Anaesthetists (RCoA) and the Royal College of Emergency Medicine (RCEM) in order to obtain objective views on the challenges faced and understand the scope of possible solutions.

In their service review report of visits in November 2017, the RCoA noted that there are 'compelling reasons to maintain healthcare provision at the Friarage but decisions regarding the A & E department 'will have consequences on the sustainability of the remaining services'. In particular, they noted that:

- 1 The two site model (referring to James Cook University Hospital (JCUH) and the Friarage) is compromising services due to inadequate numbers of staff. Though this is most obvious in anaesthetics, all medical staff rotas at the Friarage are dependent on locums at the middle tier level and on the goodwill and additional work at the consultant level. The current position is unsustainable due to the staffing levels and recruitment problems, as the middle tier anaesthetic rota depends on cover by some of the general anaesthetists as a short term resolution. This requires urgent action.
- 2 The current level of locums is not a solution for a safe and sustainable service and is not supported by the Royal College of Anaesthetists (RCoA).
- 3 There are significant financial implications regarding the current situation with the need for considerable investment in the staff and infrastructure and there are vacant posts despite being funded and the historical fill-rate for training places indicates that this will become a greater problem.

In their service review visit of December 2017 (report March 2018), the Royal College of Emergency Medicine review team noted that 'it is clear that the provision of urgent and emergency services in some form is a high priority of the local population, commissioners, managers and staff within the Trust. It is also clear that the status quo and the current uncertainty cannot persist.' They recommended that either of these two options were viable:

- Continuation of current arrangements but the A&E department closing at night
- Re-designation of the A&E department as an Urgent Treatment Centre with consideration of 24/7 opening

Following this period of review the Trust then undertook a 6 month clinical modelling phase, in partnership with clinicians and key stakeholders, in order to develop an overarching proposal for the future of the hospital and the options for the 'front of house' services at the Friarage.

As a result of engagement with service users and their families and carers, partners and clinicians, the Trust was able to articulate the evidence base for change and the options that could be implemented in order to ensure local NHS services are the best they can possibly be to meet future healthcare needs.

One integrated option was developed for the 'back of house' (beyond the first point of urgent contact) day case and inpatient acute and elective hospital services including:

- Acute admissions and ambulatory care seven days a week, with consultant on site to lead safe care with telephone triage before arrival.
- Anaesthetic support on site seven days a week.

- Surgical day case, 23-hour and short stay inpatients in specialties such as orthopaedics, urology, breast surgery and gynaecology.
- Extended recovery in theatre to support safe surgery for more complex patients.
- Patients with critical care need to be managed at JCUH.
- Patients repatriated for care closer to home if they required initial assessment and treatment at James Cook University Hospital (JCUH);

This proposal fits with the CCG's strategic direction to provide care closer to home, with a particular focus on frailty and rehabilitation. The presence of the Friarage enables much of this to be provided within the geographical footprint of the CCG in a safe and well-managed way.

Initially three options were developed for urgent care:

- Do nothing - Retain the current 24/7 A&E department with "managed" ambulance admissions direct to the Clinical Decisions Unit between the hours of 9pm and 8am 7 days per week, supported by existing ambulance bypass arrangements 24/7 for stroke, trauma, cardiac and paediatric patients to JCUH.
- 24hr Urgent Treatment Centre (UTC) - Seeing pre-booked (via NHS 111) and walk-in patients with minor illness and treating paediatric illness and primary care ailments enhancing the service in these areas, and working in an integrated manner with GP Out of Hours (OoH) service.
- Time limited UTC - Urgent Treatment Centre (UTC) operating 8am - 8pm 7 days per week with NHS 111 and GP OoH providing urgent cover and advice 8pm - 8am daily.

Options of an Urgent Care Centre (UCC) or Minor Injuries Unit (MIU) led by Emergency Nurse Practitioners were also considered. A shift in government policy has meant that the development of UCCs and MIUs is no longer supported, so these options have been discounted. Clinically they also provided a more limited scope of service to the population than a UTC.

An UTC model can be delivered will full integration of GP services where there is a GP embedded within the clinical team and providing clinical leadership for the UTC. Alternatively it can be delivered with overall clinical governance provided by JCUH ED consultant team, with OoH co-located. The GP OoH service is currently under review so the exact nature of the inter-relationship between UTC and GP OoH will be determined through this process. In the interim, clinical governance of the UTC will remain with the Trust.

Change to any new service model would constitute a significant service change which has a legal requirement to undertake a formal consultation with the public and stakeholders on the options. Therefore throughout the public engagement and options development phases of this work the CCG and South Tees Hospitals NHS Foundation Trust stated our intention to go out to full public consultation on the proposed model.

However, events overtook the Trust in March 2019 and, in order to maintain patient safety, they were required to implement urgent temporary changes to critical care and interdependent services at the Friarage on grounds of risk to patient safety. These changes came into effect from 27 March 2019.

The majority of services at the Friarage remain unchanged, with around nine out of ten patients continuing to be seen there.

The Trust has implemented the preferred clinical model for the Friarage Hospital and now assesses the appropriateness of all 999 and GP emergency activity prior to patients arriving at the Friarage. All critical-care-dependent surgery will be undertaken at JCUH, where patients with major trauma and serious illnesses, such as stroke, head or spinal injuries are already treated.

The Accident and Emergency service has changed to a 24/7 Urgent Treatment Centre (UTC) delivered, in line with clinical guidance. Going forward this means the Trust are now able to treat children with minor illnesses (such as fever, rashes, asthma), rather than just minor injuries, which was the case for a number of years. Two additional 24/7 ambulances have been commissioned from Yorkshire Ambulance Service to support the transition from Accident and Emergency to UTC and any resulting additional demand upon the ambulance service arising from the changes.

Please see **Appendix 1** - urgent temporary change activity data year-end report 20.04.20 – for detailed analysis of the temporary change activity.

It is important to note that these measures were temporary and that no permanent change would be made as change to any new service model would constitute a significant service change and the CCG were required to undertake a formal consultation with the public and stakeholders on the options.

3. THE CONSULTATION:

Initial work resulted in the development of three options however, after discussion with NHSE/I and the Northern Clinical Senate it was agreed that a do nothing option could not be included as there was and remains, no realistic possibility of recruiting to the anaesthetics posts. Discussion with the same bodies and a review of the capacity of alternative services, also led us to determine that a 16 hour option UTC was needed rather than the initial 12 hour option suggested.

Therefore, it was determined that there would be two consultation options:

Option 1 - 24/7 Urgent Treatment Centre (UTC)

As per the national service specification, this option provides a UTC seeing minor illness and minor injury patients. Delivered by ENPs and GPs. GPs could have a significant on-site presence providing clinical leadership for the unit and seeing walk-ins and NHS111 referrals. Ideally, this would be a fully integrated 24/7 urgent treatment service including GP OoH service. Ambulance arrivals for selected patients only, meeting UTC clinical criteria.

Option 2 - 16 Hour Urgent Treatment Centre (UTC) supported by GP OoHs service.

As per the national service specification, this option provides a UTC seeing minor illness and minor injury patients, 8am to 8pm. Delivered by ENPs and GPs. GPs could have on-site presence providing clinical leadership for the unit and seeing walk-ins and NHS111 referrals. Traditional OoHs service provision would continue to be accessed through NHS111 (6.30pm – 8am and 24hrs Sat/Sun/BHs).

The consultation on Building a Sustainable Future for the Friarage commenced on 13 September 2019 and was due to end on Friday 6 December. However, in the light of the General Election some modifications were made to the remainder of the consultation. Due to the fact that events scheduled in late November and early December could no longer be publicised because of the pre-election period, and therefore had low attendance, two events were cancelled and the consultation was extended to 17 January 2020. There were 13 public consultation events across the Hambleton & Richmondshire area.

The CCG invited residents of Hambleton and Richmondshire to local consultation events to hear ideas and give feedback around the transformation.

The consultation was promoted via widespread leafleting, newspaper, radio and television promotion, extensive social media coverage and targeted communication with stakeholders.

A full consultation document, a consultation summary document and a consultation background video were available on the CCGs and the Trusts websites, along with other supporting documents including a list of frequently asked questions.

How we communicated and engaged:

During the consultation we:

- Shared with the public key messages which were:
 - The Friarage Hospital will not be closing
 - Nine out of ten people will continue to receive healthcare in Northallerton
 - The CCG and the Trust are working to develop a model of care at the Friarage Hospital which is sustainable and fit for the future
 - The aim is to ensure high quality care that is local and easily accessible where possible, balanced with specialist care available in a smaller number of centres when required
 - The aim is to meet the needs of the changing population
- Published a full consultation document and summary consultation document (printed and made available online), which detailed the journey so far, why we needed to make changes, feedback from pre-engagement and pre-consultation engagement and the options for the future.
- Published an easy read version of the consultation summary document (printed and made available online), which detailed the journey so far, why we needed to make changes, feedback from pre-engagement and pre-consultation engagement and the options for the future.
- A consultation survey was conducted as an on-street face-to-face survey with residents of Hambleton and Richmondshire, with quotas set to achieve a sample that was representative of the area in terms of age group and sex.
- A self-completion survey that could be completed online or in a paper format. The online survey was promoted on the CCG's and the Trust's website and paper copies were handed out with pre-paid envelopes at the public consultation events, libraries, pharmacies and GP practices in the districts.
- Four focus groups with members of the public, broadly representative of the area in

terms of age group and sex. These were independently moderated by researchers from Eventure Research using a tailored focus group guide. Groups were held in Northallerton (two), Richmond (one) and Stokesley (one)

- Eight focus groups organized and held by Voluntary Community Sector Organisations (VCSOs)
- Held 13 open public consultation events in market towns in Hambleton and Richmondshire – 326 people attended in total.
- Held meetings with special interest groups
- Public meeting held by Snape Parish Council
- Three meetings with Trust staff which 48 staff attended
- Other submissions in written form, such as emails, letters and formal responses
- Briefed and gained approval from North Yorkshire County Council Scrutiny for Health Committee both prior to and during the consultation,
- Briefed NHS England and gained approval to proceed prior to consultation
- Presented the consultation options to North Yorkshire County Council
- Presented the consultation to the CCG Council of Members (representing each of the 22 GP Practices),
- Involved local GP practices through clinical visits, email correspondence and locality meetings,
- Produced and distributed posters advertising the consultation and events to 140 locations across Hambleton & Richmondshire
- Facebook posts (not including paid for posts) from the CCG and Trust reached 218,020 people and 112,213 people engaged with them in some form through likes, comments, shares and clicking links.
- 126 posts appeared on Twitter, which contained 57 unique messages. Tweets through Twitter from the CCG and Trust reached 52,264 people and generated 224 engagements through comments, likes, shares and direct messages
- Issued 7 proactive media releases and 10 reactive statements to promote the consultation, which generated print and online coverage including 5 radio interviews and 2 television features
- Responded to 5 media enquiries and 1 MP letter
- Included 5 updates in the monthly public CCG newsletter (25 September 2019, 30 September 2019, 16 October 2019, 23 December 2019 and 31 January 2020 issues),
- Included 2 updates in the monthly CCG GP newsletter (13 September 2019 and 17 January 2020 issues);
- Eventure Research was commissioned to assist with the survey design, conduct fieldwork and analyse and evaluate the feedback from the consultation and provide a comprehensive report on the findings.

All comments received were logged, reviewed and considered as part of the consultation process. We have also incorporated an analysis of the responses to the questionnaire, a summary of the emails and letters received and the themes raised and discussed at events.

We received correspondence regarding the service change from system partners at County Durham and Darlington NHS Foundation Trust, North East Ambulance Trust, Yorkshire Ambulance Trust and the Cumbria and North East Integrated Care System regarding the proposed changes. We engaged in dialogue with each of our partners in order to ensure that the activity and financial implications of the change were absorbed within current financial positions and future financial planning.

3.1 Changes to A& E Services at The Friarage Hospital - Summary of Challenges via Judicial Review

Judicial review is the legal process by which decisions made by public bodies can be challenged; when challenged, the Courts consider the lawfulness of a decision or action made by a public body. The Court reviews the way that the decision has been made by the public body, not the rights and wrongs of the conclusions reached.

The CCG received 2 challenges regarding change of services at the Friarage Hospital using the mechanism of Judicial Review:

In the first challenge, the claimant sought judicial review of the decision made on or around 26 February 2019 by South Tees Hospitals NHS Foundation Trust (the Trust) and the CCG to suspend A&E services at the Friarage Hospital, on the grounds that the Trust and the CCG had breached legislative requirements intended to ensure patient, public and local authority involvement in decisions about NHS services. More specifically the claimant cited a breach of duty to involve the public/failure to consult, a failure to consult with the local authority, irrationality, breach of the Tameside duty of inquiry and a breach of the public sector equality duty. The claimant sought mandatory orders requiring the Trust and CCG to; re-instate A&E services at the Friarage Hospital, undertake a full public consultation in relation to the proposed changes to health services at the Friarage Hospital, to carry out consultation with the Local Authority regarding the proposed changes and a declaration that the Trust and CCG had acted unlawfully.

The first stage in Judicial Review proceedings is the permission stage, at which the Court considers whether the claimant has an arguable case which should be considered at a full hearing.

The Trust's position was that the decision to suspend A&E services at the Friarage Hospital was an urgent decision made on patient safety grounds, which was properly considered.

The CCG's position was that it should not have been joined as a defendant to the proceedings, as it did not take the decision to suspend A&E services at the Friarage Hospital, this was a decision made by the Hospital Trust (despite the CCG being supportive of the Hospital Trust's decision given that it was taken on patient safety grounds).

At a Court hearing on 24 April 2019, permission for the case to proceed was refused; the Judge considered that the decision taken by the Trust to suspend A&E services at the Friarage Hospital had been properly considered and was not made unlawfully. The Judge also confirmed that the CCG should not have been named as a Defendant in the proceedings. Despite this, the Claimant sought reconsideration of the refusal at a renewal hearing; on this occasion the CCG was named as interested party to the proceedings

instead of a Defendant. In the interim, the CCG and Trust had been preparing to go to public consultation regarding services at the Friarage Hospital, and prior to the renewal hearing a settlement agreement was reached by the Trust and the Claimant, the terms of which provided assurances around the planned public consultation.

The second challenge raised was made on 17 January 2020, at the end of the consultation period. The challenge was made by way of a Letter before Action which raised a challenge to the lawfulness of the public consultation on urgent and emergency care at the Friarage Hospital on the grounds that:

- The CCG breached its statutory duty of public involvement in the development and consideration of proposals.
- The failure to have reconsidered the sustainability of A&E services at the Friarage Hospital was irrational in light of government changes designed to ease workforce pressures within the NHS.
- The CCG breached the public sector equality duty.
- The CCG breached the principles set out in the *Tameside* case by failing to ask the right questions and take reasonable steps to gain the relevant information to answer them.

The claimant sought review and amendment of the CCG's public consultation by way of a 3 month extension to the consultation period, in order to rectify the alleged errors in the CCG consultation, before making a final decision about the future of the Emergency Department services at the Friarage Hospital.

The CCG provided a response to the claimant on 31 January 2020; the CCG took the position that the claimant's case was out of time for consideration by way of judicial review on the grounds that, the CCG's decision not to consult on the option of retaining the existing emergency department at the Friarage Hospital was clearly documented when the consultation was launched on 13 September 2019. The period for issuing judicial review proceedings is 3 months from the date of the decision made by the public body.

In any event the CCG took the opportunity to respond to each of the points raised by the Claimant, the CCG:

- substantiated its decision to not consult on the option of retaining the existing emergency department at the Friarage Hospital by reference to guidance issued by NHS England which makes it clear that *it is essential that only those options that are sustainable in service, economic and financial terms are offered publically*; on the basis of the information available, the CCG could not include the existing Emergency Department as an option that was capable of being delivered and sustainable in service.
- set out the wide range of methods used during the consultation period to ensure that as many people from across the local population had the opportunity to be involved in the consultation discussions.
- highlighted that there is no guarantee that government initiatives will be specifically available for additional services to be retained at the Friarage Hospital.
- made clear that the public sector equality duty had been complied with by reference to the CCG's detailed communication and engagement strategy, and stated that allegations of non-compliance were premature given that the decision regarding the

- provision of urgent and emergency care at the Friarage Hospital had not, at that time, taken place.
- provided specific details of how relevant considerations and *Tameside* has been complied with by reference to modelling to address travel and transport, and the ability of other hospitals to cope with increased patient flow.

To date, the CCG has not been provided with notice of any subsequent Court proceedings having been issued in order to pursue the matter further.

4. Consultation Feedback

The outcome of the public consultation and scoring demonstrated that Option 1 was the preferred option of the majority of people who indicated a preference.

Overall of the 2,064 people who submitted a response to us, 1,486 (72%) supported Option 1 as is shown below:

Option	Number of responses	% of responses
Option 1	1,486	72%
Option 2	103	5%

However, a number of concerns were also raised which were:

- There is a fondness for the Friarage Hospital, with other hospitals viewed negatively in comparison
- Opinion about the proposed vision is split
- Positivity for the vision centred around the Urgent Treatment Centre treating children, the provision of safe care and the repatriation of patients to the Friarage Hospital
- Some felt reassured as a result of attending an event that the hospital was not closing and had a sustainable future
- Those with disabilities, long-term illnesses and health conditions were more likely to think the vision did not meet their needs
- It was felt that the vision would put more pressure on alternative services that are struggling to cope
- It was felt by some that the proposed vision provided a scaled down service at the Friarage Hospital and there were worries about a perceived reduction in services overtime at the site
- There was some cynicism about the Trust's staffing issues, with questions about whether every option in relation to recruitment had been explored and there was a perception that the changes had been made at the hospital for financial reasons
- However, there is some acceptance about the staffing issues the Trust faces
- Concerns were expressed about the accessibility of other A&E departments due to the travel distances and time, the impact this might have on patient safety, and there is a wish to be treated close to home in familiar surroundings
- There is a general lack of awareness about what an Urgent Treatment Centre provides and of the GP out of hours service with uncertainty about where to go in relation to health matters
- There is a widespread preference for Option 1 (24/7 Urgent Treatment Centre)

- However, there is some limited support for Option 2 (16/7 Urgent Treatment Centre), when people realised how few patients use the facility overnight and that it is more sustainable
- There was a request for more data to be shared with the public about the Urgent Treatment Centre and the consultation options
- Agreement that the criteria used were the right ones was split, with a particular focus on the need to include future demand as the population changes
- Quality and safety of care are seen as important, but accessibility of services is also important
- Negative experiences of car parking were reported at alternative sites, and it was suggested that parking could be expanded to meet the extra demand
- Some would like to see the patient transport system reinstated, which used to operate between the Friarage Hospital and the James Cook University Hospital
- Some concerns about the consultation process were expressed, particularly the absence of reinstating the A&E as an option.

Overall, the key themes can be identified as:

- Ongoing fears for the future of the Friarage overall;
- Concerns relating to the possibility of increased travel distances and the availability of public transport to access inpatient care, should services at the Friarage not be available; and
- Queries relating to the detail and practicalities of the community- based treatment model and the move away from secondary care.

5. DECISION MAKING WORKSHOP

On Thursday 12 March 2020 a Decision Making Workshop was held with members of the NY CCG Governing Body, CCG Clinical Leads, Clinical Director, Friarage Hospital Service Manager, Medical Director STHFT and a number of STHFT Governors in attendance as well as a representative from Health Watch. The purpose of the workshop was to discuss:

- review and consideration of the concerns raised and how we would address them
- the proposed vision for the future of The Friarage Hospital
- the options
- the discounted options
- compliance with the 2019 Judicial Review
- travel & transport
- impact on other Providers
- steps STHFT have taken to try and recruit anaesthetists/critical care consultants
- the proposed model for The Friarage Hospital (and to gain assurance from STHFT that a 24 hour UTC was sustainable)
- agreement of a final recommendation to the governing body

The workshop produced a detailed and challenging debate on the issues described above.

In summary, it was concluded that STHFT has developed a clinical model which would ensure sustainability of services at the Friarage over the longer term, rather than continue to attempt to address workforce issues as they occur.

Moreover, this single option solution which has been developed following an analysis of the clinical evidence, the needs of the population, taking account of public opinion and addressing the three key public concern themes identified during consultation, would be to establish the following inpatient service model on the Friarage site:

- A consultant-delivered acute medical take, daily, with Anaesthetic support on site, meeting needs of 54% of current patients admitted as an emergency (medical or surgical), and 89% of all inpatient admissions;
- Medical patients repatriated for care closer to home after their initial assessment and treatment at JCUH; and
- Short stay elective surgery: Surgical day case, 23-hour and short stay inpatients in specialties such as orthopaedics, urology and gynaecology, supported with extended recovery in theatres to enable safer surgery for more complex patients.

Therefore the outcome of the Decision-Making Workshop was to strongly recommend Option 1 - the 24-hour option urgent treatment centre - to NY CCG Governing Body on 30 April 2020.

The workshop also recommended North Yorkshire CCG in collaboration with STHFT explore:

- Integration of the UTC service with the GO OoH to provide a more seamless 24 hour Urgent Care service offer for patients.
- Opportunities to access capital investment to further develop the Friarage site, in particular the possible development of a new theatre block
- Further expansion of outpatient capacity at the Friarage in specialties such as Ophthalmology.

6. STATUTORY ASSURANCE:

As is best practice, we sought to assure our decision making and process at each stage by seeking input from the North Yorkshire Scrutiny of Health Committee, the Northern Clinical Senate and NHS England/Improvement.

We have completed and received assurance of our compliance at each stage of the NHSE service change assurance process.

North Yorkshire Scrutiny of Health Committee

The CCG and the Trust regularly updated the North Yorkshire Scrutiny of Health Committee throughout the pre-consultation period and launched the consultation with the support of the committee on September 13th 2019.

The committee asked us to consider the accessibility of the consultation events for people who could not book onto events and in response to their feedback we arranged a further two events and included drop in sessions throughout the course of the consultation.

Northern Clinical Senate

The CCG issued the final draft report to NHS England and presented it to the Northern Clinical Senate in June 2019 for review and assurance.

The CCG received draft feedback from the Northern Clinical Senate which stated that the panel found that the majority of the issues which they had raised following their review of the consultation business case had been addressed, either through the inclusion of more detailed information within the public consultation document or in the findings of the post-consultation report.

The Senate also advised on some considerations that would need to be considered in the implementation phase primarily that the Trust's non-invasive ventilation (NIV) model should be approved by Health Education England (HEE). In response the Trust confirmed to the Senate that they would consult with HEE on the NIV model.

NHSE/

NHS England had helpfully shared their queries with us throughout the assurance process, clarification regarding their final queries has been provided to them in a letter dated 21 April 2020, a copy of which is included in the supporting information to this paper.

In particular, the Governing Body is asked to note that regarding finance:

All organisations impacted by the Friarage changes have provided an assessment of their financial positions in 2019-20 and will be concluding their annual accounts.

As part of the development of the consultation document South Tees Hospital NHS FT (STHFT) undertook significant financial modelling to understand the cost implications of the proposed options and impact on the internal cost base and on potential net patient flows with neighbouring health care providers. The underlying principle throughout this process has been that the financial impact of the change will be cost neutral across the system and resources would move between providers accordingly.

Since the changes took place, the impact on net patient flows has been monitored at the Friarage Hospital Northallerton, James Cook Middlesbrough and Darlington Memorial Hospital (DMH). During the year it became apparent that the number of patients attending the DMH A&E department and other services was slightly higher than originally anticipated.

Further analysis showed that this increase was not entirely due to the impact of the changes at the FNH, general CCG growth in patient numbers was also identified as a contributing factor.

The CCG, STHFT and County Durham and Darlington FT (CDDFT) agreed the funding transfers which would be made to CDDFT during 2019/20, due to the levels of general growth, Friarage activity transfer and the financial position of Providers; this required some additional investment from the CCG.

The CCG is therefore confident that the year-end positions take account of the financial impact of the changes and the 2019-20 outturn positions will inform future financial planning for 2020-21 and beyond. As such, the CCG considers the financial implications of the change have already been absorbed within current financial positions and future financial planning.

The CCG received formal feedback from NHS England on April 24th 2020 which provided conditional assurance over the totality of the consultation process pending confirmation that the additional information that was provided to NHS England is also provided to the Governing Body on the following points:

- Evidence of NE critical care network support for proposed model and commitment to a plan for addressing under-capacity across wider system with clear deliverables and timetable
- Evidence of progress on workforce plans to support the proposed model and HEE engagement
- Assurances on bed capacity to support increased repatriation

This information has been requested from STHFT however, due to the unprecedented nature of the Covid 19 pandemic they have not been able to share it with us at this time. We are assured that the information will be collated once business returns to usual in due course.

7. CONCLUSION:

The outcome of both the public consultation and the Decision Making Workshop supports Option 1 – 24/7 Urgent Treatment Centre.

The post consultation document has been developed in partnership with many local and statutory organisations, without whose input, advice and support, it would not have been possible. They have worked with us to ensure we make the best possible decisions for people who need the support of specialist mental health services.

Our thanks go to all involved including local GPs, South Tees Hospitals NHS Foundation Trust, NHS England, North Yorkshire County Council, North Yorkshire Scrutiny of Health Committee, Northern Clinical Senate, Healthwatch North Yorkshire, Hambleton District Council, Richmondshire District Council and numerous local voluntary sector groups and organisations.

8. RECOMMENDATION:

The Governing Body is asked to:

Review all of the information and evidence gathered during the consultation process and, on the basis of the analysis undertaken, recommend Option 1 (24/7 Urgent Treatment Centre) is taken forward.

APPENDIX 1 – Urgent temporary change activity data year-end report 20.04.20

Urgent Temporary Changes to the Friarage: Year End Report 20.04.20

Building a
sustainable future
for the Friarage



Activity comparison

Report period **16/03/2020** **Year to date from 27/3/2019**

Data period start 27-Mar
 Data period end 14-Mar 354

	Expected Model	Actuals From 27-Mar to 14-Mar	2019 equivalent period	Change 2019 vs 2018	Change Vs Model
UTC attenda	17498	19138	19218	-80	1840
UTC attendances under 18s	2478	4788	2980	1788	2288
FHM admits non-elective	4802	5058	7328	-1970	758
Repetitions to FHM	759	583	240	343	-176
Total FHM NEL & Repats	5561	5641	7568	-1827	580
FHM admits elective	18790	17115	18398	717	325
NY occupied bed days JCUH	41185	32191	27928	4265 (12 beds)	-8974
FHM to JCUH Ward transfers	354	488 (EI 57, Net 409)	505 (EI 40, Net 565)	-129	112
FHM to JCUH A&E transfers	708	731	358	375	29
NY occupied bed days JCUH CC	3253	3189	2345	844 (2 beds)	-84



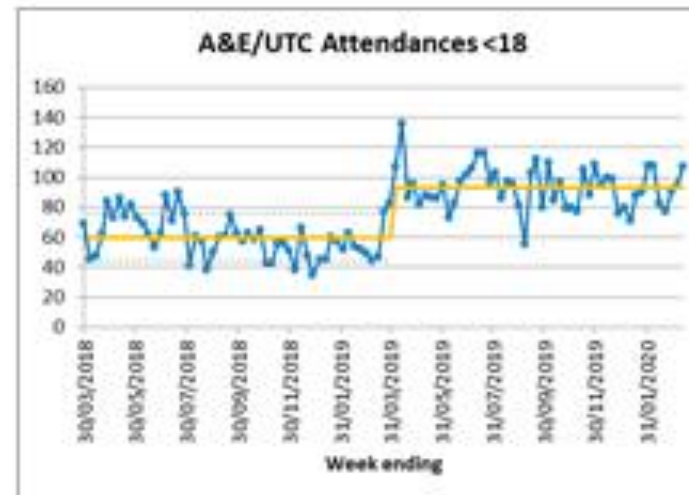
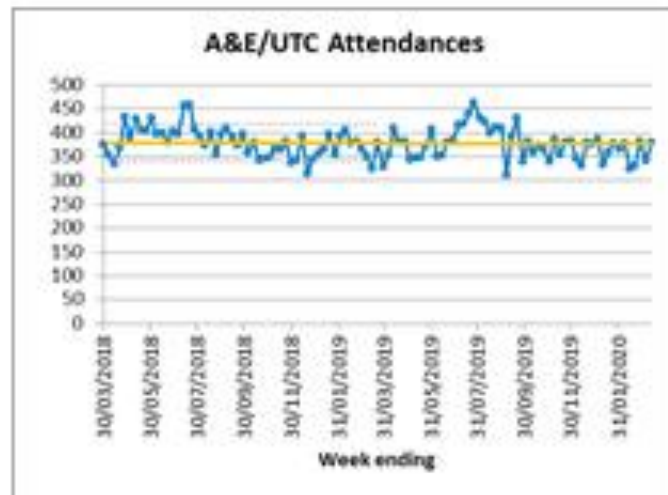
Activity Summary

- UTC Attendances at FHN were c: 10% higher than the original modelling predicted
- This growth was attributable in the main to the growth in under 18's
- Non-Elective admissions are up c: 16% on plan, but at c: 70% of the previous year
- Repatriations to FHN were lower than plan, but 3 times higher than the previous year
- Elective admissions are up 2% on plan and also up 2% on the previous year
- Occupied bed days for North Yorkshire patients at JCUH have increased from the previous year (the equivalent of 12 beds), but are significantly lower than the original modelling predicted
- Ward transfers from FHN to JCUH were c: 30% over plan, but lower than the previous year and the majority of those were Non-Elective transfers
- A&E transfers from FHN to JCUH were in line with the number predicted in the original modelling, which was double those seen in the previous year
- Critical Care bed days for North Yorkshire patients at JCUH are up c: 36% on the previous year (the equivalent of 2 beds), but are in line with the plan.



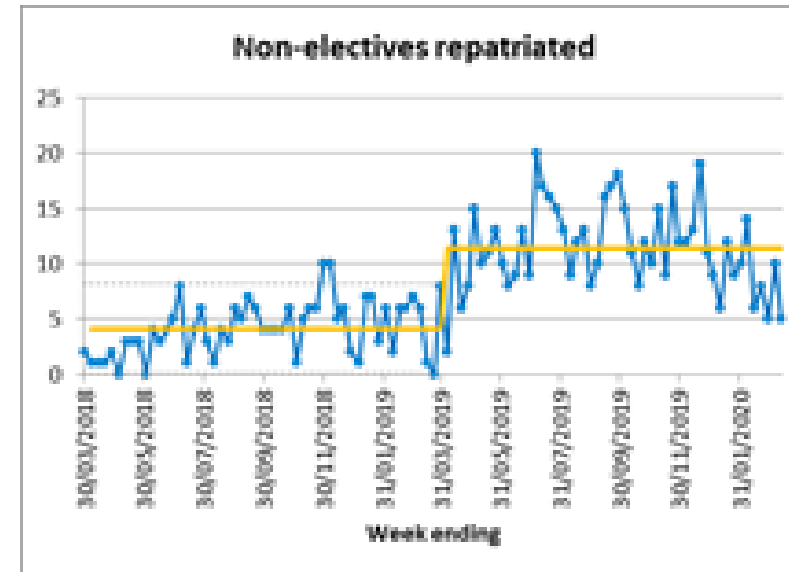
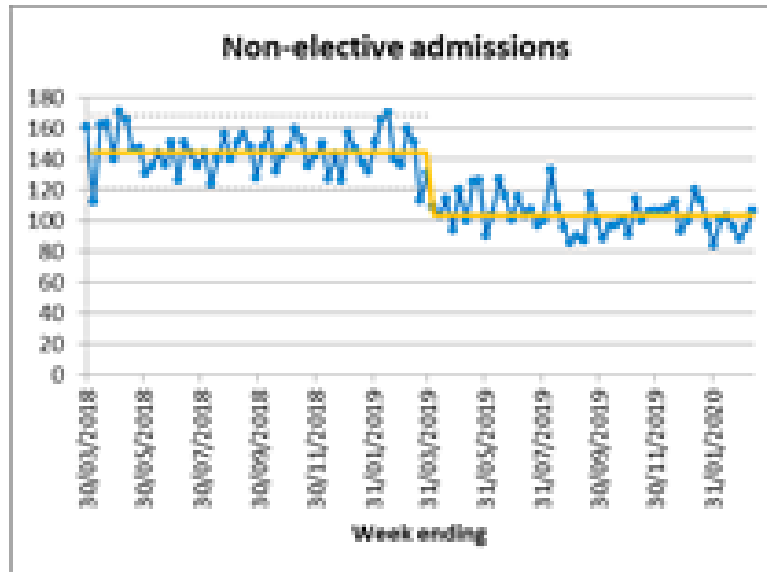
Urgent Treatment Centre attendances

- UTC had same volume of activity as A&E in the previous year
- Number of children attending has increased by >50%



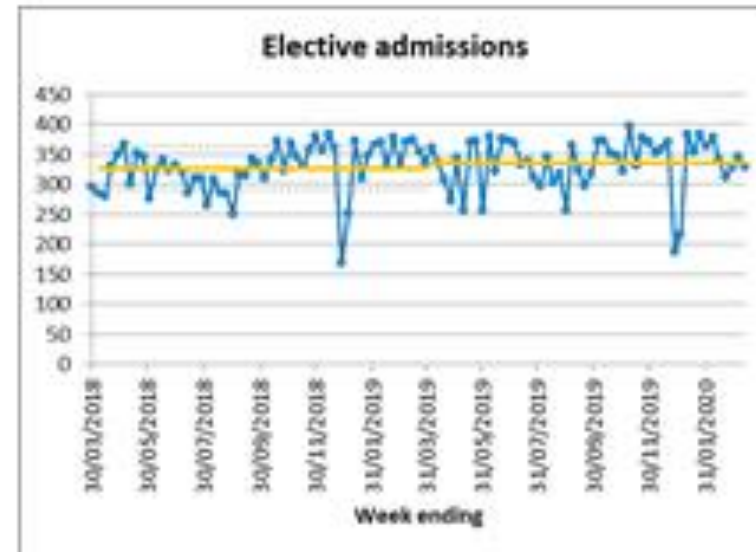
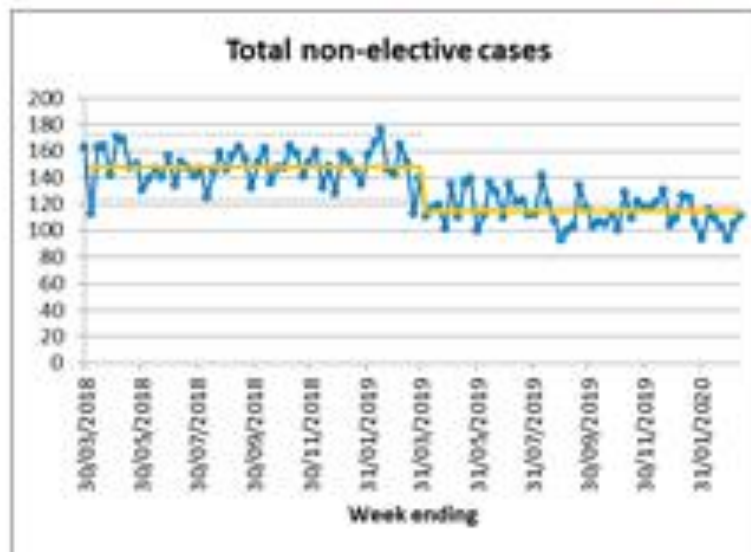
Non-elective admissions

- Non-elective admissions direct to FHN are >70% of previous activity
- 3 times as many patients are now repatriated from JCUH
- Repatriation is extended to elective pathways and Darlington hospital



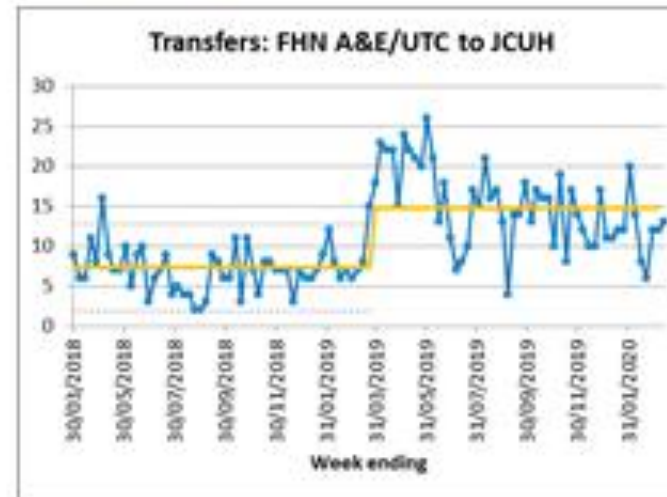
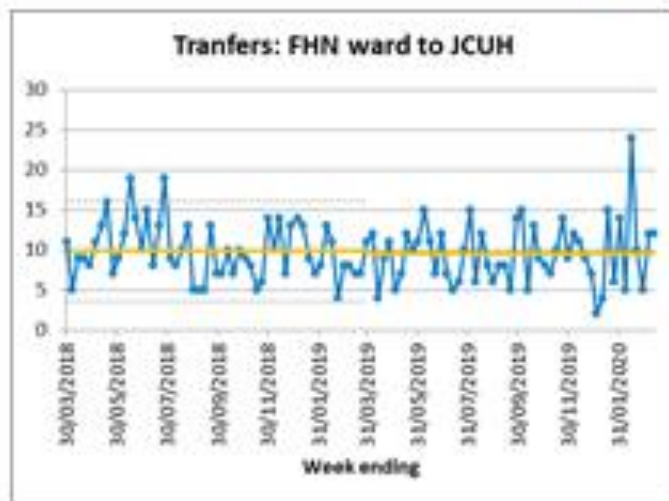
Total acute and elective admissions

- Total admissions to acute medicine are 77% of previous volume
- Elective activity increased by 2%



Patients transferred from Friarage Hospital

- There were 10% fewer inpatient transfers off-site
- Transfers from UTC doubled, to just over 2 per day



North Yorkshire patients at JCUH

- Patients from HRW occupy 11 more ward beds at JCUH than previous year
- Patients from HRW occupy 2.5 more critical care beds (the same average number as were used at Friarage before the change)

