

Children's Non Specialised Surgery and Anaesthesia Update**Joint Overview and Scrutiny Committee****29th January 2018**

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Is your report for Approval / Consideration / Noting	
For Noting	
Are there any resource implications (including Financial, Staffing etc)?	
N/A	
Summary of key issues	
<ul style="list-style-type: none"> A decision was made by the Joint Committee of Clinical Commissioning Groups and Hardwick Clinical Commissioning Group to approve the decision making business case for children's non specialised surgery and anaesthesia on Wednesday 28th June 2017. Approval of the preferred model enables the majority of surgery to continue to be delivered locally and the development of three hubs, Doncaster Royal Infirmary, Sheffield Children's Hospital and Pinderfields General Hospital in Wakefield. The decision means that once implemented around one or two children per week needing an emergency operation for a small number of conditions, at night or at a weekend, will no longer be treated in hospitals in Barnsley, Chesterfield and Rotherham, and will receive their treatment at one of the three hubs. Implementation is now progressing with detailed work being undertaken to agree clinical pathways through the Managed Clinical Network, and a series of designation visits (to be completed by mid-February 2018). There has been some slippage from the anticipated due date of end Q4 2017-18 however implementation is still expected in Q1 2018-19. 	
Recommendations	
The Joint Overview and Scrutiny Committee members are asked to note the progress to enable the changes to children's non specialised surgery and anaesthesia.	

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1. Purpose

The purpose of this brief is to update the Joint Overview and Scrutiny Committee on the progress to implement approved changes to Children's Surgery and Anaesthesia (CS&A) services. JCCCG approved the decision making business case to progress the changes in a meeting in public on Wednesday 28th June 2017. The JHOSC were able to hear and scrutinise the decision making business case at this time. This paper follows an earlier update to the JHOSC in July 2017.

2. Introduction

A decision was made by the Joint Committee of Clinical Commissioning Groups and Hardwick Clinical Commissioning Group to approve the decision making business case for children's non specialised surgery and anaesthesia on Wednesday 28th June.

Over the last three years clinical commissioners and hospital trusts providing services in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield have come together to review and improve the care and experiences of all children needing an emergency operation in our region.

By working together better across all hospitals and commissioning organisations, new ways of working have been developed which means the number of children affected by these changes reduced significantly since the launch of the consultation in October 2016 and this has given staff working in the services more opportunities to improve and enhance their skills.

Approval of the preferred model enables the majority of surgery to continue to be delivered locally and the development of three hubs, Doncaster Royal Infirmary, Sheffield Children's Hospital and Pinderfields General Hospital in Wakefield.

The decision means that once implemented around one or two children per week needing an emergency operation for a small number of conditions, at night or at a weekend, will no longer be treated in hospitals in Barnsley, Chesterfield and Rotherham and will instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfield's General Hospital where the right staff, with the right skills, will be available 24 hours a day, seven days a week. The service at Bassetlaw Hospital will remain the same as it already does not provide acute surgery for children out of hours.

3. Implementation Progress

Implementation is progressing with the Managed Clinical Network taking a lead role. In particular progress has been made to -

- **Complete the designation visits.** There has been strong engagement from all the Trusts in populating teams for these visits and to date the three proposed 'hubs' visits are complete and in the process of receiving feedback, with the three non-hub visits to be complete by mid February 2018.

- **Develop and agree clinical pathways.** Working groups have been set up for each clinical pathway facilitated by the Managed Clinical Network. Through these groups good progress has been made to develop pathways or adopt existing pathways where possible and appropriate to do so. The aim is for the majority of clinical pathways to be ratified at the Managed Clinical Network meeting in February.

There remains an expectation that transfer numbers, given the adherence to the designation standards, will be low. Agreeing the necessary transport arrangements to facilitate these transfers is a key part of the plan going forward.

Overall there has been some slippage from the anticipated due date of end Q4 2017-18 however implementation is still expected in Q1 2018-19.

4. Power of Referral

The JHOSC has not yet informed the JCCCG if it wishes to use its referral power in regard to the decision on Children's non specialised surgery and anaesthesia. The JHOSC is asked to update the JCCG on its intentions.