

**THE FUTURE  
OF CHILDREN'S URGENT AND  
EMERGENCY SERVICES  
AT BASSETLAW HOSPITAL**

Public consultation

December 2021 - February 2022














Artist's impression of the new Bassetlaw Emergency Village

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# Introduction

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NHS Bassetlaw Clinical Commissioning Group (CCG) is looking at how children's urgent and emergency care services at Bassetlaw Hospital should be provided in the future.

Our ambition is to improve access to local services, ensuring that **high quality care is provided at the right time as close to home as possible**.

To achieve this we are investing £17.6m on the development of a modern centre for urgent and emergency care services at the Bassetlaw Hospital site, termed an Emergency Village. This exciting new investment creates an opportunity to look at the way in which both adult and children's urgent and emergency services are provided to meet the needs of our local community, now and into the future.

The development specifically allows us to address the challenges which resulted in the temporary closure of the overnight children's inpatient service in January 2017 due to safety concerns. It means that we can look to improve the service we offer for children and families.

Between 7th December 2021 and 28th February 2022 we are seeking your views on this exciting new development and the options for a future service for children at Bassetlaw Hospital. We will be asking patients, service users, staff, community groups and partner organisations for their views.

The information we gather will help us to better understand what's important to you and will help us to make the decision about what the future of children's urgent and emergency care services should look like in Bassetlaw.

This document provides more information about why change is needed and the factors we need to take into account when making the decision about future services.

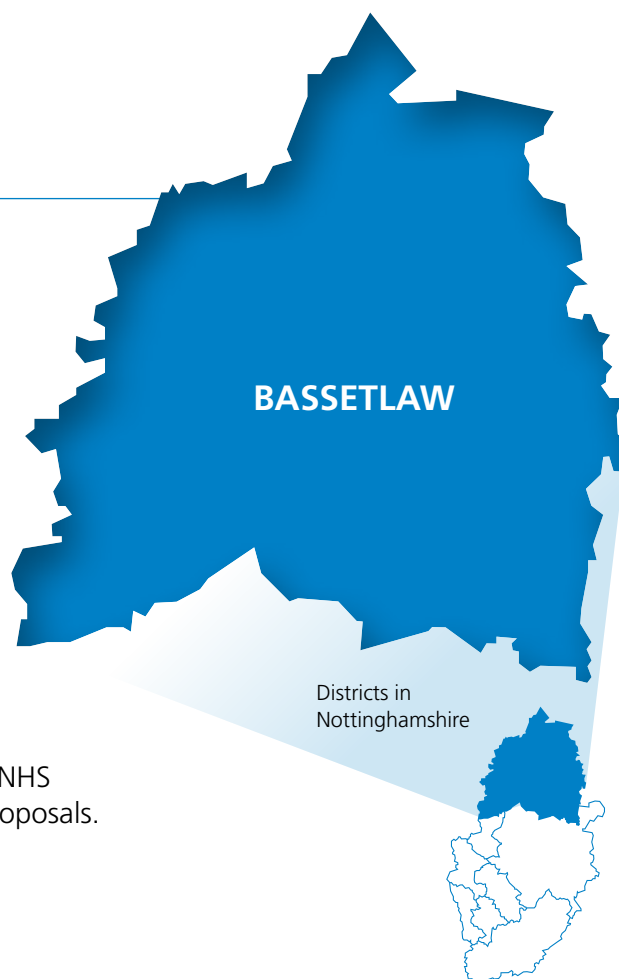
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## About us

NHS Bassetlaw Clinical Commissioning Group (CCG) is the local NHS organisation that plans and buys local healthcare services and makes sure that everyone in Bassetlaw receives good quality care.

Based in North Nottinghamshire, we are made up of **nine GP practices representing approximately 119,000 local people**. We work closely with our health and care partners across Bassetlaw to improve health and wellbeing outcomes for local people.

The CCG is the authority responsible for this public consultation, a formal process through which the NHS listens to the views of the public about service change proposals.



# Why we need to change

There are many well-known challenges facing the NHS across the country which mean that services need to adapt and transform.

The NHS Long Term Plan set out a route map for developing services that will help respond to the changing demand on the NHS, including what actions need to be taken to provide the best start for children and young people.

We also have to look at how use of and demand for services has changed following the pandemic. For urgent and emergency care, a new national Recovery Action Plan has also been developed to help respond to this.

One of the longstanding key challenges for our services is the recruitment and retention of staff. This is not unique to the local area and workforce shortages have been exacerbated by the pandemic. In December 2016 The Royal College of Nursing published the report 'RCN Safe and Effective Staffing: The Real Picture' which highlights how there are approximately 40,000 registered nursing vacancies in England.

In 2019 that number was reported at 43,000 vacancies, equating to a vacancy rate of 12%.

Significantly 22% of all reported hard-to-fill vacancies (hard to fill is defined as vacant for over three months) are in the fields of learning disabilities, mental health and children's nursing.

In 2017 these challenges led to the need to make temporary changes by closing the children's overnight service. These temporary changes are still currently in place. Before any temporary changes were made, there were 14 beds available for children and young people needing to stay in hospital at Bassetlaw. Just before the ward was temporarily closed staff shortages meant that there were 6 beds available. Under the current arrangements, the unit has 10 assessment spaces for children and young people. We now need to find a permanent solution for children who need urgent and emergency care at Bassetlaw Hospital.

**The significant local investment in urgent and emergency care at Bassetlaw Hospital offers the opportunity to secure high quality and sustainable services for the Bassetlaw community. We believe by improving urgent and emergency care services for adults and children there will be:**



**BETTER** patient and carer experience in a modern environment



**QUICKER** access to and more effective use of specialist staff and services



**IMPROVED** access to services and same day emergency care



**GREATER** ability to attract new staff to work in Bassetlaw



**GREATER** capacity to allow for social distancing and isolation when required



**MORE** flexibility and adaptability to respond to increased demand at different times



**IMPROVED** staff satisfaction and better staff retention, as they would be in more modern and sustainable services



**IMPROVED** access to diagnostic services at Bassetlaw Hospital by urgent and emergency staff to support timely assessment of patients

Overall, this considerable investment in Bassetlaw Hospital and the creation of the Emergency Village offers the possibility of better children's and urgent and emergency care.

It could mean that children coming to Bassetlaw ED and needing observation would be able to stay for longer at Bassetlaw Hospital, including overnight, before being safely discharged home.

This is because there is the opportunity to locate the Children's Assessment Unit and children's Outpatient Department with the ED to make best use of specialist nursing and medical staff capacity within the hospital.

Bringing services together this way will help us to create a more resilient service that is far more capable of meeting increased demand on Bassetlaw ED as a result of the pandemic,

increased attendances and expected changes in our local population needs.

Co-location of services will mean we can provide a greater range of services with the same level of staff, helping to reduce the risk of staff shortages leading to significant challenge to service resilience and safety. We anticipate that this new development will also attract more staff to Bassetlaw Hospital and Doncaster and Bassetlaw Teaching Hospitals because of the modern facilities and clinically robust delivery model. We will continue to work closely with Sheffield Children's NHS Foundation Trust to look at possible rotational posts to maintain a full staffing complement of suitably qualified nurses and improve overall retention rates once our model has been fully embedded.



### What is an Emergency Department?

The ED, often referred to as A&E, is open 24-7 to provide immediate and urgent care for patients who show symptoms of serious illness or are badly injured.



### What is a Children's Assessment Unit?

The CAU is a dedicated space where children can be assessed by hospital staff and observed for a short time if needed. Patients seen in the CAU have typically been referred by a clinician in ED or from a GP practice.



### What is an Outpatient Department?

In an outpatient department setting you will be invited by appointment to see one of our healthcare professionals, but you won't stay overnight or require a hospital bed. We can also offer outpatient appointments via video or telephone.



### What is an Inpatient Ward?

Inpatient wards are for patients who need to stay in the hospital. Patients may have been admitted urgently or as part of a planned procedure.

# Why did the temporary change happen?

In January 2017, temporary changes had to be made to the inpatient ward provision for children at Bassetlaw Hospital to address safety issues created by shortfalls in specialist children's nursing staffing at night. The changes meant that the overnight children's inpatient service was temporarily transferred to Doncaster Royal Infirmary (DRI).

The temporary model meant that the ward changed into a Children's Assessment Unit (CAU) with 10 clinical assessment spaces open until 9pm but only accepting referrals until 7pm. All children requiring overnight care (including observation) still continue to be transferred to DRI, a 20-mile journey which on average is a 35-40 minute drive. If patients are assessed as being well enough, they can travel in the family's own transport if available and if not transport is provided.

## Facts and figures about children's urgent and emergency care in Bassetlaw

**25,745**

There are 25,745 children aged 0-19 in Bassetlaw. This is expected to grow in line with natural population changes and significant housing development in the area.

**3,000**

Nearly 3,000 Bassetlaw children have one or more long term conditions. The most common conditions are asthma and neurodevelopment disorders.

**16.2%**

16.2% (3,205) of Bassetlaw children live in low-income households. Poorer health outcomes and higher use of ED are strongly associated with higher levels of deprivation.

**10,091**

In 2019, 10,091 children attended the ED at Bassetlaw. Some children attended multiple times.

**1.40 days**

In 2016/7 the average length of stay for Bassetlaw children (0-17) admitted as a non-elective patient to Bassetlaw Hospital was 1.40 days. In 2017/18 (after the temporary arrangement was put in place) this was 1.36 and it has continued to reduce to 0.8 days in 2021.

**25**

On average 25 patients per month are transferred from Bassetlaw CAU for overnight admission to DRI (from Feb 2017 to Sept 2021).

**208**

Over the past 12 months 208 children (an average of 4 per week) have been transferred to DRI who could have remained at Bassetlaw for overnight observation and would therefore benefit from an extension to the service currently in place.

**88**

In the last year only 88 children who were transferred to Doncaster remained on the Children's Ward at Doncaster for over 24hrs.



While overall feedback from families and patients about the current service is very good, a small number of complaints were received when the service initially changed. Ongoing feedback does indicate the desire from patients and carers for paediatric patients to stay at Bassetlaw overnight when safe to do so.



# Key factors

## in considering the options

In looking at future options for children's urgent and emergency care at Bassetlaw Hospital, a range of factors covering the **quality, access, affordability** and **deliverability** have been considered. This includes assessing the options against the following:

### Strategic fit and meets business needs

- Does the option improve clinical outcomes and patient experience?
- Does the option improve urgent and emergency care performance and flow?
- Does the option mean that transfers for non-clinical reasons are minimised?
- Does the option help to address health inequalities across the community?
- Does the option offer flexibility in use of space and allow for innovation and service change?



### Potential value for money

- Does the option provide value for money and not worsen the long term financial sustainability of the hospital?
- Does the option increase social value?
- Does the option enable future use of vacated space for service delivery?



### Supplier capacity and capability

- Does the option meet the ability of suppliers to deliver?



### Potential affordability

- Is the option affordable within the available resources?



### Potential achievability

- Is the option achievable in terms of the workforce in line with national guidance (Royal Colleges and Care Quality Commission)?







These criteria have been applied to the work done so far as part of a pre-engagement phase.

There has been significant clinical support for the development and pre-engagement work with clinical teams from the hospital, primary and community services, clinical colleagues in the South Yorkshire and Bassetlaw Integrated Care System (ICS), South Yorkshire and Bassetlaw Children's Hosted Network, NHS England and Bassetlaw Clinical Commissioning Group.

We have also sought out and considered views expressed by families who have recent experience of being transferred from the Children's Assessment Unit at Bassetlaw to DRI for observations lasting less than 24 hours.

During this process further options have been considered and discounted against the five criteria. This included specific consideration of re-opening the ward to provide the pre-2017 model with care being provided across both the ED and a separate Children's Unit some distance apart. This option was discounted since it does not meet the achievability criteria due to the ongoing concern of lack of specialist paediatric

nurses needed to staff both an ED and paediatric ward which are some distance from each other. An option to discontinue providing Children's Urgent and Emergency Services at Bassetlaw Hospital has also been discounted since it conflicts with patient feedback and the expressed desire of local parents and Bassetlaw CCG to ensure access to care closer to where people live. This option also fails to meet the criteria of strategic fit and business needs as Doncaster and Bassetlaw Teaching Hospitals is also committed to providing accessible services locally, wherever it is safe to do so.

In all options, as has always been the case, children will be transferred directly from ED to both Sheffield Children's Hospital and Doncaster Royal Infirmary when clinically indicated. We remain committed to ensuring all our children are provided care in an appropriate environment where their needs can best be met. DRI will therefore continue to provide care for more complex patient needs, for example, those requiring emergency surgery or high dependency or specialist care.

# Overview of the options

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We have taken all of the factors highlighted above into account in developing the options for children's emergency and urgent care at Bassetlaw Hospital.

We now want your views on these options.

## Option 1

Continue current temporary model but on a permanent basis. The existing Children's Assessment Unit (CAU) stays where it is (not near the Emergency Department) and closes at 9pm each evening with no further admissions from 7pm. Patients requiring overnight stay are transferred to the Doncaster Royal Infirmary site from 4pm.

This option would mean that the unit would provide 10 assessment spaces for children and young people at Bassetlaw Hospital.



### Benefits:

- Maintains stable position
- Model well established
- Maintains resilience of clinical oversight and delivery for paediatric nurse input



### Risks:

- Fails to consider opportunity for more patients to remain locally in Bassetlaw
- Patients might be transferred if there is a need for observations at night and hence potentially poor patient experience

## Option 2

A dedicated Children's Assessment Unit (CAU) is built next to the Emergency Department but still closes at 9pm each evening with no further admissions from 7pm. Patients requiring overnight stay are transferred to the Doncaster Royal Infirmary site from 4pm. This allows for better use of specialist children's nurses.

This option would mean that the unit would provide 10 assessment spaces for children and young people at Bassetlaw Hospital.



### Benefits:

- Creates improved resilience as a result of co-location



### Risks:

- Fails to consider opportunity for more patients to remain locally in Bassetlaw
- Patients might be transferred due to transient need for observations and hence potentially poor patient experience

## Option 3

A dedicated Children's Assessment Unit (CAU) is built next to the Emergency Department, which will allow children to remain on Bassetlaw Hospital site when they require a short stay for observation, which can be overnight.

Children needing more specialist care or surgery who require a longer length of stay will continue to be transferred to the Doncaster Royal Infirmary site. This allows for better use of specialist children's nurses and means children who require a short stay would be cared for at Bassetlaw overnight.

This option would mean that the unit would have 6 overnight short stay beds, 8 assessment spaces and a further 1-2 treatment rooms. This would mean that between 15-16 children and young people could receive care in the unit at any one time.



### Benefits:

- Creates improved resilience through co-location
- Supports more children staying for longer at Bassetlaw with reduced need for patients to transfer to DRI site without compromising patient safety or quality



### Risks:

- Transition of service from current temporary arrangements dependent upon building works completion and ongoing recruitment and retention of paediatric nursing staff
- Latter risk to be mitigated through increase in training places for nursing with phased implementation



With each of these options the children's Outpatient Department would remain on site at Bassetlaw Hospital and the services would remain unchanged. The children's orthopaedic theatre lists would also remain.

**Taking all the criteria into account, the CCG prefers option three. We believe this option would meet the needs of our community now and into the future and best matches our ambition of safely looking after as many children and young people as close to home as possible.**





## What will happen next?

Your views will help us make our decision about future children's urgent and emergency care at Bassetlaw Hospital.

**All feedback will be carefully recorded and considered.**

The Campaign Company, an independent research company, will provide analysis of all the responses received in a report following the end of the consultation.

All information you provide will be processed in line with the latest Data Protection regulations. Individual responses will remain anonymous and confidential.

Where views are expressed by a representative on behalf of an organisation or in an official capacity it may be attributed to them.

The analysis will then be made publicly available.

The views gathered are an important part of the decision-making process and will be taken into account alongside clinical, financial and other considerations later in Spring 2022.

The decision-making process will be assured by NHS England.

# How to have your say

We want you to get involved and to have your say. If you live in Bassetlaw or use these services, we would really welcome your views as the decision about the future may affect you.

We are offering a range of ways to get involved and we will continue to adapt our consultation activities in line with any changes to national or local guidance regarding the COVID-19 pandemic.

The consultation will be publicised widely to encourage as many people as possible to provide their views. There is a dedicated space on our website at [www.bassetlawccg.nhs.uk](http://www.bassetlawccg.nhs.uk) where all information about this consultation can be found.

To find out more:



## VISIT OUR WEBSITE

To find out more and get the latest information about this consultation go to [www.bassetlawccg.nhs.uk](http://www.bassetlawccg.nhs.uk)



## TALK TO US

when you see us out and about in the community



Let us know if you have a meeting **between now and 28th February 2022**. We would really welcome the opportunity to hear your views.

## You can respond to the consultation by:

### ONLINE QUESTIONNAIRE

Completing the questionnaire online at <https://bit.ly/bassetlawchildrensuecare> or contact us on the details below to request a paper version

### EMAIL US

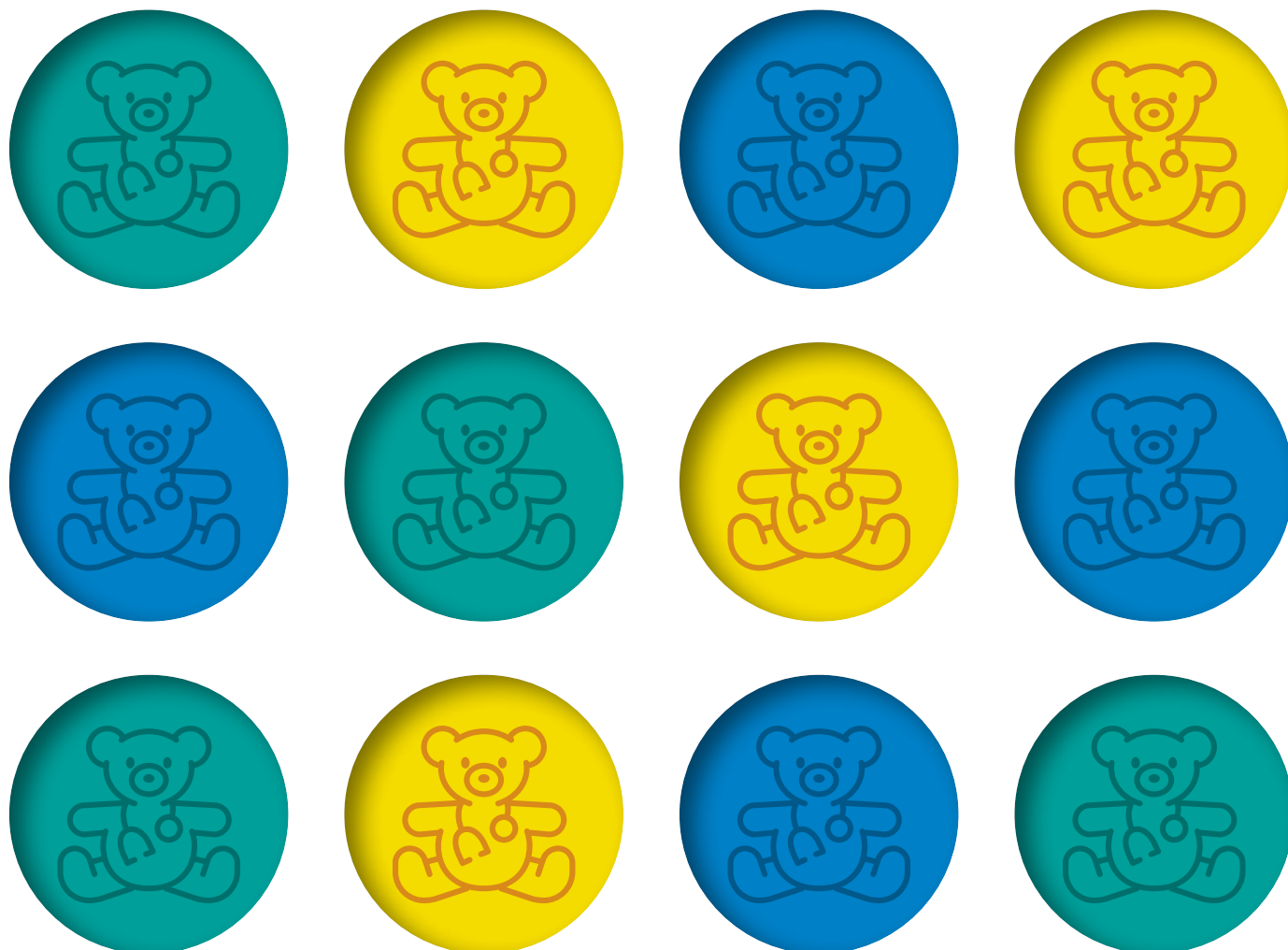
You can also send your comments in writing you can email [nhsbassetlaw@thecampaigncompany.co.uk](mailto:nhsbassetlaw@thecampaigncompany.co.uk)

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**EMAIL:**  
**mark.wall4@nhs.net**



**CALL US:**  
**01777 590050** (Monday-Friday, 9am-5pm, or leave a message).  
Calls are at a local rate but we can also call you back.



**WRITE TO US:**  
at **Freepost RTEK-SATU-YXEC** NHS Bassetlaw CCG,  
Retford Hospital, North Road, Retford, Notts. DN22 7XF  
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You can also find us on social media:



**TWITTER:**  
**@BassetlawCCG**



**FACEBOOK:**  
NHS Bassetlaw Clinical  
Commissioning Group