

## The South Yorkshire and Bassetlaw Hospital Services Review

### Community Engagement

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## 1. SUMMARY

This field research project was conducted by South Yorkshire's Community Foundation (SYCF) on behalf of the South Yorkshire and Bassetlaw Integrated Care System (ICS). The ICS has been working towards a better understanding of how they could take forward the recommendations made in the recently completed Hospital Services Review, and part of this has been through public engagement. This project sought the views of young mothers living in South Yorkshire and more specifically, those considered to be seldom heard<sup>1</sup>, about the proposed recommendations.

SYCF, as a local grant making organisation, utilised its extensive network of community groups to access those aimed at young mothers who would be least likely to participate in this type of research. In total, five place-based focus groups took place in Barnsley, Rotherham and Sheffield with a total of 31 participants.

Most of the young mothers (and two grandmothers) had strong views about the recommendations because of their experiences with maternity and paediatric care. Common themes that emerged included:

1. **Carrying on with the development of closer working relationships across all of our hospitals.** They agreed this makes sense. All hospitals should have the same quality of patient care and services, so people wouldn't have to travel too far. Another advantage could be improved communications between and within hospitals. Consistently high-quality recruitment and training that included patient care, were often mentioned. There were concerns that standardisation could lead to lack of personalised care, and that the network system risks being led by managers who do not always understand the clinical implications of their decisions. The groups identified the risk that the high standards of patient care in Sheffield might be diminished because of a levelling of standards throughout the whole network. They agreed that more resources would be needed for the host Trust.
2. **Doncaster and Bassetlaw Hospital and Sheffield Children's working together more closely.** Rotherham and Barnsley participants were keen to have the same support provided to their hospitals and all participants, but Sheffield participants questioned its' feasibility. Everyone agreed that enough time must be allocated to staff within their working day at all of the hospitals involved, and the network must enable these hospitals to make improvements without causing problems for Sheffield Children's. Some advantages identified included better children's services at Doncaster and Bassetlaw, and in the longer term, easing the pressure on Sheffield Children's as people would go back to their local hospitals. One of the many disadvantages mentioned included staff demoralisation, as people would have to work at sites that

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<sup>1</sup> Seldom heard' is a term used to describe groups who may experience barriers to accessing services or are under-represented in healthcare decision making.

were not local to them and may also resent training those on higher pay grades than them.

3. **Hospitals take forwards their own changes locally because the report has found that a South Yorkshire & Bassetlaw solution isn't always the best option.** The groups agreed that enabling hospitals to take forward their own changes locally makes good sense, provided the changes are consistent with national standards, and a fair system of allocating financial resources to individual hospitals is implemented. Each site serves communities with different demographics and must be able to respond to the needs of their communities.
4. **Bassetlaw partners take forward work to consider local solutions.** Participants agreed that getting immediate help locally for poorly children is a priority, but if the lack of staff made this unsafe, then it would not be right to put them at risk. For people without resources, however, this is not ideal. If a child is very ill, the hospital should be able to provide overnight services. Having to transport them to another hospital is not a good service. Everyone agreed that staff shortages are a huge problem for the NHS. One participant felt that the government should reinstate bursaries for nurses, midwives and paramedics, which would increase available staff around the country.

Although the participants from the three local authorities agreed on many points there were some clear differences of opinion. People from Rotherham and Barnsley were keen for as much support as possible to improve their own local hospitals, while people from Sheffield who are very satisfied with the quality of patient care in Sheffield, were more concerned about the quality of these services deteriorating.

## 2. RESEARCH LIMITATIONS

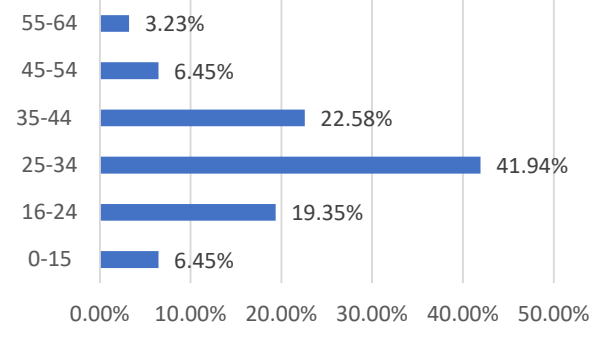
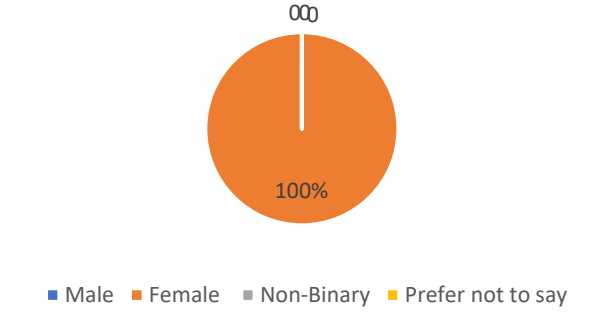
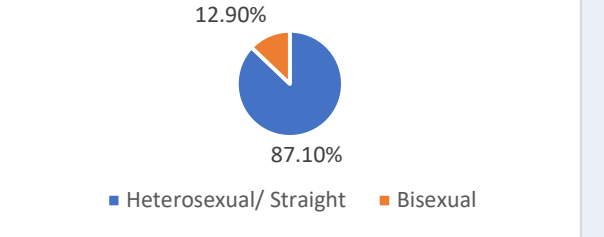
- a. The participation rates were low, due mainly to the end of summer holidays and start of school.
- b. There was a lack of diversity amongst participants, reflecting the demographic profiles of the community groups, and communities they were members of.
- c. Community groups in Doncaster were not able to attract participants to a focus group and therefore the research has not been informed by young mothers in Doncaster.

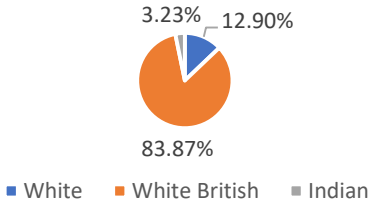
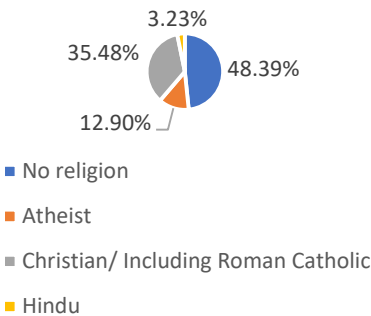
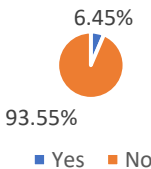
## 3. FOCUS GROUP ACTIVITIES

Five place-based focus groups took place:

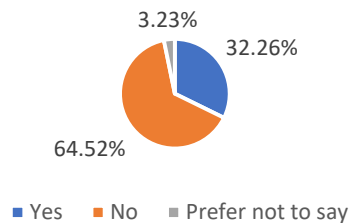
- 2 in Barnsley attended by 9 people
- 1 in Rotherham attended by 7 people
- 2 in Sheffield attended by 15 people
- Total of 31 participants

#### 4. PARTICIPANT DEMOGRAPHICS

<p>1. What age are you?</p>  <table border="1"> <thead> <tr> <th>Age Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>55-64</td> <td>3.23%</td> </tr> <tr> <td>45-54</td> <td>6.45%</td> </tr> <tr> <td>35-44</td> <td>22.58%</td> </tr> <tr> <td>25-34</td> <td>41.94%</td> </tr> <tr> <td>16-24</td> <td>19.35%</td> </tr> <tr> <td>0-15</td> <td>6.45%</td> </tr> </tbody> </table>	Age Group	Percentage	55-64	3.23%	45-54	6.45%	35-44	22.58%	25-34	41.94%	16-24	19.35%	0-15	6.45%	<p>Most participants were aged between 16 – 44, with the largest proportion aged 25-34. This is consistent with the aims of the participating community groups, which support young mothers</p>
Age Group	Percentage														
55-64	3.23%														
45-54	6.45%														
35-44	22.58%														
25-34	41.94%														
16-24	19.35%														
0-15	6.45%														
<p>2. What is your sex/gender?</p>  <table border="1"> <thead> <tr> <th>Sex/Gender</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>0%</td> </tr> <tr> <td>Female</td> <td>100%</td> </tr> <tr> <td>Non-Binary</td> <td>0%</td> </tr> <tr> <td>Prefer not to say</td> <td>0%</td> </tr> </tbody> </table>	Sex/Gender	Percentage	Male	0%	Female	100%	Non-Binary	0%	Prefer not to say	0%	<p>All participants were female and identified as female.</p>				
Sex/Gender	Percentage														
Male	0%														
Female	100%														
Non-Binary	0%														
Prefer not to say	0%														
<p>4. Which of the following options best describes your sexual orientation?</p>  <table border="1"> <thead> <tr> <th>Sexual Orientation</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Heterosexual/ Straight</td> <td>87.10%</td> </tr> <tr> <td>Bisexual</td> <td>12.90%</td> </tr> </tbody> </table>	Sexual Orientation	Percentage	Heterosexual/ Straight	87.10%	Bisexual	12.90%	<p>Most participants were heterosexual.</p>								
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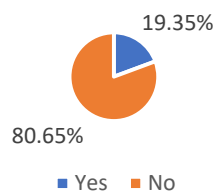
<p>5. What is your ethnic group?</p>  <p>■ White ■ White British ■ Indian</p>	<p>All participants were White or White British except for one Indian woman.</p>
<p>6. What is your religion?</p>  <p>■ No religion ■ Atheist ■ Christian/ Including Roman Catholic ■ Hindu</p>	<p>The largest proportion of participants had no religion, followed by Christian, atheist and one Hindu participant.</p>
<p>7. Do you consider yourself to have a physical disability?</p>  <p>■ Yes ■ No</p>	<p>Only two participants considered themselves to have a physical disability, but this did not affect their ability to access services.</p>

8. Do you, or do you consider yourself to have a mental health condition?



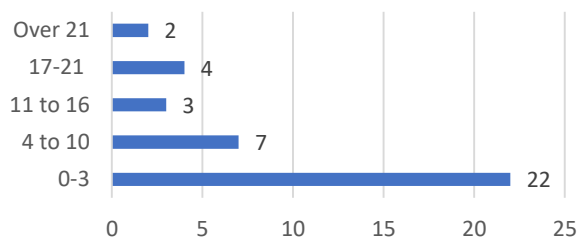
Almost 33% (10 in number) of participants had or considered themselves to have a mental health condition. Two participants felt this affected their ability to access services.

9. Are you currently pregnant, or expecting a baby?



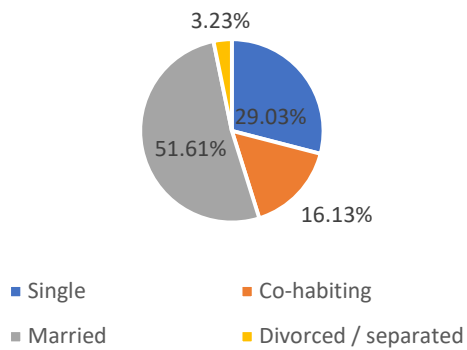
Almost 20% of participants were pregnant.

10. Please specify the number of children that you have, in the following age ranges



As most of the participants were young mothers, the largest proportion of children were aged 0-3 years.

### 11. What is your marital status?



Over half of the participants were married.

### Further questions

3. Have you gone through any part of a process, to bring your physical sex appearance, and/or your gender role, more in line with your gender identity?

- All participants answered No.

3a. Have you had thoughts about going through a process to bring your physical sex appearance, and/or your gender role, more in line with your gender identity?

- All participants answered No.

12. Do you have caring responsibilities?

- Four participants (13%) answered Yes.

13. Are you serving military personnel or a military veteran?

- All participants answered No.

## **5. RESULTS**

### **5a. Carrying on with the development of closer working relationships across all of our hospitals**

#### **Common themes amongst the focus groups**

It was generally agreed that improving services across the hosted network makes sense for all patients. They would like all hospitals to have the same quality of patient care and services, so people wouldn't have to travel too far. This is particularly relevant to mothers having to travel with children, but many of the participants' and their families who do not live in Sheffield have experienced inconsistent quality of care in other services, and no longer trust their local hospitals.

#### **Advantages**

It might result in patients being spread out more equally. People would therefore not be obliged to use just one or a limited number of hospitals for a particular service, which increases waiting times and puts pressure on staff. Another advantage would be improved communications between and within hospitals. Participants also feel that a system where hospitals had shared policies and guidelines for patient care would be fairer.

They would therefore be happy if the new system ensured best practice amongst network members. Consistent approaches to recruitment, and high-quality training that included patient care, were common themes amongst the focus groups. The groups agreed that all clinicians should have the same education and training and be assessed using national standards.

#### **Disadvantages**

The new and standardised practices could mean that patient care at the hospitals the participants use deteriorate. In addition, a standardised network may not be flexible enough to enable the right level of personalisation that each patient requires. The network system risks being led by managers who do not always understand the clinical implications of their decisions and they also do not understand how important administrative systems are to patient care.

The focus groups recognised the risk that the high standards of patient care in Sheffield might be diminished because of a levelling of standards throughout the whole network. This is a risk to all participants because regardless of where they live, they depend on (and are often referred to) Sheffield hospitals for many services. Provided all hospitals in the network raised their standards of patient care then they would agree with the hosted network concept.

The groups agreed that more resources would be needed for the host Trust.



### **Differences amongst the focus groups**

The focus groups from Barnsley and Rotherham were more enthusiastic about the proposal because they are not satisfied with the quality of patient care at their local hospitals and are very keen for standards to rise. The focus groups from Sheffield, who are very satisfied with the quality of patient care in Sheffield, were more concerned about the quality of these services deteriorating. For example, if Rotherham is not able (at least in the shorter term) to deliver the same perinatal services as Sheffield, then it is important that the quality of service in Sheffield is not compromised because of the risk of too many patients being referred from Rotherham for the numbers of available staff in Sheffield.

### **5b. Doncaster and Bassetlaw Hospital and Sheffield Children's working together more closely**

#### **Common themes amongst the focus groups**

Participants in Rotherham and Barnsley thought the concept of Sheffield Children's helping Doncaster and Bassetlaw Teaching Hospitals was a good one and they felt that Rotherham and Barnsley hospitals could benefit from Sheffield's assistance as well. The participant who used Doncaster hospital was very enthusiastic because she was not happy with current services there. All participants agreed that hospitals are understaffed and that more money was needed if patient care was to be at a consistently high level in all hospitals.

Although participants in Sheffield saw the idea as a potentially good one, they questioned its feasibility. They felt that the concept must be thought through carefully because healthcare professionals are under so much pressure already that this must not become a 'tick box exercise'. Enough time must be allocated to staff within their working day at Doncaster and Bassetlaw Teaching Hospitals and at Sheffield Children's Trust in order for the network's objectives to be achieved.

All participants have a very high opinion of Sheffield Children's Trust. Many are concerned about eroding the quality of care (and its' reputation) if numbers of staff were moved for any length of time to Doncaster and Bassetlaw. It would be ideal if all hospitals could have many specialist areas, such as maternity, but not to the detriment of those hospitals that already excel. The network must enable all the hospitals within it to make improvements without causing problems for the strongest ones.

Although it would be a good idea for all staff to undergo the same training, and for hospitals to gain specialist support from within the network, the main problem is lack of staff. Good recruitment practices can help the situation, including hiring experienced and successful recruitment specialists, but the best recruits tend to seek employment at hospitals with the best reputations and so those hospitals that have problems recruiting staff must also address the issue of how to improve their reputations.

### **Advantages**

There would be Improved children's services at Doncaster and Bassetlaw. In addition, a precedent could be set so that Barnsley and Rotherham could eventually benefit from support from Sheffield.

It could ease the pressure from Sheffield Children's as people would go back to using Doncaster and Bassetlaw. It would help people in Rotherham because they would have two choices and be able to use Doncaster rather than having to travel to Sheffield. Things would be easier for parents.

### **Disadvantages**

Staff recruited to work at, for example, Sheffield Children's would most likely not be happy to work at other sites that were not as local to them, causing staff demoralisation.

People would resent having to share their expertise with other professionals who, in many cases, were on a higher pay scale. Until there is more consistency of pay scales, the problem won't be solved.

There may not be enough benefits to Sheffield.

If staff from Sheffield Children's were given more time to help with training and delivery of services at Doncaster and Bassetlaw, the group questioned whether this would reduce patient care at Sheffield Children's. They agreed that standards should be equally high within the network, but not to the detriment of Sheffield Children's.

The group concluded that if the level 3 hosted network were to proceed without careful consideration to these and other factors, Sheffield residents could lose the excellent service they are receiving. In addition, clinical standards in general risk being lowered because Sheffield hospitals teach the clinicians that go on to serve other hospitals.

Sheffield has a reputation for being up to date and using new techniques. People were concerned that this may have a negative impact on Sheffield's reputation.

### **Differences amongst the focus groups**

Whilst participants in Sheffield worried about the risks to their children's hospital, those in Rotherham and Barnsley were more positive because they feel that children's services in their local hospitals are not good enough, and they therefore have more to gain in the longer term.

### **5c. Hospitals take forwards their own changes locally because the report has found that a South Yorkshire & Bassetlaw solution isn't always the best option**

#### **Common themes amongst the focus groups**

The group agreed that enabling hospitals to take forward their own changes locally makes good sense, provided the changes were consistent with national standards of service and

delivered good patient care. Each site serves communities with different demographics and must respond to these needs.

One group felt that local changes should be made before moving to the network model. If local services were improved first, then further improvements through the network would be more effective. They agreed that it is not practical to have a 'one size fits all' approach and that local hospitals need to respond to the particular needs of the people in the area they serve. Once a hospital has decided on the services it needs to offer, then it must develop the infrastructure needed to deliver them, which could then be supported by the network. Services that are not critical to the area would need to be delivered elsewhere.

### **Advantages**

Hospitals could be more responsive to the needs of their communities.

### **Disadvantages**

Some hospitals may be better at attracting the financial resources required to make their own changes and this would be perceived by other hospitals or residents of other areas as being unfair. Nevertheless, stopping hospitals from making these changes could also stop their ability for improvement and excellence. A fair way of allocating money for local changes could be by basing this on the number of patients they served.

Another disadvantage might be that the hospital focuses so much on local priorities that if a patient's condition does not fit the priority, they will lose out. Hospitals need to make sure that everyone has the same level of care.

## **5d. Bassetlaw partners take forward work to consider local solutions**

### **Common themes amongst the focus groups**

Participants agreed that getting immediate help locally for poorly children is a priority, but if the lack of staff made this unsafe, then it would not be right to take any risks. For people without resources, however, this is not ideal. If a child is very ill, the hospital should be able to provide overnight services. Having to transport them to another hospital is not a good service.

Improvements to hospitals are important but without adequate staffing patient care will not improve. It would be pointless to invest in strengthening services unless staffing levels rise, and this is unlikely to happen without additional funding and other improvements.

Accepting patients from Bassetlaw at Sheffield Children's is not sustainable if the hospital is not resourced to deal with them. Closing Bassetlaw altogether is not an option because it is unlikely other hospitals have the capacity or resources to replace its' services. Even if extra staff were able to be recruited, there would probably not be enough beds/rooms and other resources.

Everyone agreed that staff shortages are a huge problem for the NHS. One participant felt that the government should reinstate bursaries for nurses, midwives and paramedics, which would increase available staff around the country.

### **Advantages**

It keeps children safe – if they are at risk from the service then Bassetlaw is doing the right thing by not reopening overnight services.

### **Disadvantages**

Moving a sick child to a different hospital could cause complications and puts the child at risk. It is also difficult for many families to be able to travel to Sheffield.

## **6. COMMUNITY ORGANISATIONS THAT PARTICIPATED IN THE FOCUS GROUPS**

<b>Community Group</b>	<b>Area</b>	<b>Services</b>
Jenga Training CIC	Barnsley	Supports young mothers and that are long-term unemployed. Offers 10-week beauty training course with accreditation.
Cortonwood Comeback Centre	Barnsley	Community Centre that aims to help overcome the inequalities and lack of access to services that have a direct impact on the elderly, young people, and those on low incomes. The weekly playgroup service for mothers and toddlers participated in the focus group.
Light Sheffield	Sheffield	Light is a charity working to support the emotional wellbeing and mental health of mothers and their families during pregnancy, birth and afterwards.
Light Sheffield	Sheffield	As above
YWCA Yorkshire	Rotherham	A charity that supports children and families through a range of accommodation, support, empowerment and advocacy services

## 7. APPENDIX

### 7a. Demographic data

Where are you from?		
Barnsley	9	29.03%
Sheffield	15	48.39%
Rotherham	7	22.58%
<b>Totals</b>	<b>31</b>	<b>100.00%</b>

1. What age are you?	0-15	16-24	25-34	35-44	45-54	55-64
Barnsley	2	0	2	4	1	0
Sheffield	0	2	9	3	0	1
Rotherham	0	4	2	0	1	0
<b>Totals</b>	<b>2</b>	<b>6</b>	<b>13</b>	<b>7</b>	<b>2</b>	<b>1</b>
	6.45%	19.35%	41.94%	22.58%	6.45%	3.23%

2. What is your sex/gender?	Male	Female	Non-Binary	Prefer not to say
Barnsley	0	9	0	0
Sheffield	0	15	0	0
Rotherham	0	7	0	0
<b>Totals</b>	<b>0</b>	<b>31</b>	<b>0</b>	<b>0</b>
	0%	100%	0%	0%

3. Have you gone through any part of a process, to bring your physical sex appearance, and/or your gender role, more in line with your gender identity? Yes = 0, No = 31 (100%)

3a. Have you had thoughts about going through a process to bring your physical sex appearance, and/or your gender role, more in line with your gender identity? Yes = 0, No = 31 (100%)

4. Which of the following options best describes your sexual orientation?	Heterosexual/Straight	Gay	Lesbian	Bisexual
Barnsley	8	0	0	1
Sheffield	13	0	0	2
Rotherham	6	0	0	1
<b>Totals</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>4</b>

	87.10%	0.00%	0.00%	12.90%
5. What is your ethnic group?	White	White British	Indian	
Barnsley	3	6	0	
Sheffield	1	14	0	
Rotherham	0	6	1	
<b>Totals</b>	<b>4</b>	<b>26</b>	<b>1</b>	
	12.90%	83.87%	3.23%	

6. What is your religion?	No religion	Atheist	Christian/ Including Roman Catholic	Hindu
Barnsley	3	3	3	0
Sheffield	10	1	4	0
Rotherham	2	0	4	1
<b>Totals</b>	<b>15</b>	<b>4</b>	<b>11</b>	<b>1</b>
	48.39%	12.90%	35.48%	3.23%

7. Do you consider yourself to have a physical disability?	Yes	No	Prefer not to say
Barnsley	1	8	0
Sheffield	0	15	0
Rotherham	1	6	0
<b>Totals</b>	<b>2</b>	<b>29</b>	<b>0</b>
	6.45%	93.55%	0%

**7a. If 'Yes' to question 7, does your disability affect your ability to access services? If so, please tell us briefly how.** Yes = 0, No = 2. No description of how provided.

8. Do you, or do you consider yourself to have a mental health condition?	Yes	No	Prefer not to say
Barnsley	0	9	0
Sheffield	9	5	1
Rotherham	1	6	0
<b>Totals</b>	<b>10</b>	<b>20</b>	<b>1</b>
	32.26%	64.52%	3.23%

**8a. If 'Yes' to question 8, does your disability affect your ability to access services? If so, please tell us briefly how.** Yes = 2, No = 8. Answers: 1. Anxiety and depression. 2. Sometimes I'm not up to it.

<b>9. Are you currently pregnant, or expecting a baby?</b>	Yes	No	Prefer not to say
Barnsley	0	9	0
Sheffield	5	10	0
Rotherham	1	6	0
<b>Totals</b>	<b>6</b>	<b>25</b>	<b>0</b>
	19.35%	80.65%	0%

<b>10. Please specify the number of children that you have, in the following age ranges</b>	0-3	4 to 10	11 to 16	17-21	Over 21
Barnsley	3	3	2	4	0
Sheffield	14	3	0	0	2
Rotherham	5	1	1	0	0
<b>Totals</b>	<b>22</b>	<b>7</b>	<b>3</b>	<b>4</b>	<b>2</b>

<b>11. What is your marital status?</b>	Single	Co-habiting	Married	Divorced / separated
Barnsley	5	0	4	0
Sheffield	1	4	10	0
Rotherham	3	1	2	1
<b>Totals</b>	<b>9</b>	<b>5</b>	<b>16</b>	<b>1</b>
	29.03%	16.13%	51.61%	3.23%

<b>12. Do you have caring responsibilities?</b>	Yes	No
Barnsley	2	7
Sheffield	1	14
Rotherham	1	6
<b>Totals</b>	<b>4</b>	<b>27</b>
	12.90%	87.10%

<b>13. Are you serving military personnel or a military veteran?</b>	<b>Yes – serving military</b>	<b>Yes - veteran</b>	<b>No</b>
Barnsley	0	0	9
Sheffield	0	0	15
Rotherham	0	0	7
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>31</b>
	0%	0%	100%

## 7b. Focus groups quotes

### 1. Barnsley

#### Response to Proposal 1

- At A&E in Mexborough you are straight in straight out whereas in Barnsley you could be waiting hours
- Sheffield specialises in more things
- I go to Sheffield for my treatment (for MS)
- We like the idea of everyone having the same standards and same treatments
- People don't always have the means to travel too far. If you have kids, it's not ideal.
- It's more convenient to have services closer.
- Disadvantages? No. a resounding no.
- It's been a long time they have been saying things will be the same level everywhere. Stop saying it and do it.
- All we want is for Barnsley to be as good as everywhere else.
- I think it would be a good thing.
- You used to get earlier scans at Barnsley than Rotherham, but now they are at 12 weeks and 20 weeks.
- This would be good for me, so everyone is getting the same care.
- It might spread out patients more equally – not too many at one hospital.

#### Response to Proposal 2

- Do we think it's a good idea? Yes, we do.
- You wouldn't have to move about as much
- There would be more appointments available
- And more staff
- We want it in Barnsley.
- It might set a precedent and then hopefully Barnsley will catch on
- It would be good if they could do this in Rotherham. I don't want to go all the way to Sheffield.
- They are all understaffed
- A lot more money is needed



### **Response to Proposal 3**

- If you take your child to Barnsley, you end up in Sheffield.
- It isn't the building, it's just that Sheffield hospitals have more specialists
- Sheffield has three hospitals – Northern, Children's, Royal Hallamshire. Barnsley hospital isn't as big as the Sheffield ones.
- If Barnsley can't cope here, they are sent to Sheffield
- Barnsley needs to have more space in A&E, they are laying on corridors in beds
- And more operating rooms
- Improvements would be welcome.
- As long as all the services are there it doesn't matter. It's national standards that they should be abiding by.
- Money should be allocated based on the number of patients they have
- Hospitals don't communicate with each other.
- Your records should be able to be found via your NHS number

### **Response to Proposal 4**

- If your kid's poorly you are not bothered where they stay, you just want your kid looked after
- It's all about staff, isn't it? Unsafe because there's not enough staff to look after kids
- Disadvantages would be moving and travelling with your kid
- Travel could cause complications
- The underpinning issue is travel and staff
- How can they share care if they have understaffing to start with?
- They are trying to do something that's impossible, aren't they?
- So really, it's a waste of time.
- If they share their staff, they will cause a safety issue for themselves.
- It isn't fair – adding upset and stress to situation as it is. they should have enough staff
- It puts more pressure on Sheffield to cover these areas
- Moving the walk-in centre to A&E was a mistake
- This can't succeed if they can't get the staff

## **2. Rotherham**

### **Response to Proposal 1**

- It's worrying when you can't trust what they are saying.
- It's different every time I go – it's confusing to me.
- People are choosing not to go to Rotherham hospital.
- If they raise standards to Sheffield level, I would be more confident of getting the same standard of care. People wouldn't have to travel to another hospital.

- Raising standards won't happen overnight, and more resources will be needed for the host Trust.

### **Response to Proposal 2**

- This would be good for me, because I use Doncaster Hospital. It's a fantastic step forward because Doncaster's services are not the best.
- As long as it doesn't impact on the number of staff and resources, spreading them too thinly, then generally it's a good idea.
- It will ease the pressure off Sheffield Children's because everyone goes there. When our children have needed hospital services, Doncaster has often not been able to resolve them, so we go to Sheffield.
- If I could drive, I would use Sheffield Children's, because all the specialists are there.
- My brother had a stab wound and had to use Sheffield. I had no money and had to walk there from Rotherham to visit him.
- Sheffield is already understaffed. If they don't have enough people for their own needs, then nobody will get a good service.
- These are teaching hospitals and you must take care to have enough trainers in the hospital to teach the students. Sheffield has a reputation for being up to date and using new techniques.
- It's scary to challenge the doctors.
- All we want is to be a good parent to our child.
- First mums should have more support.

### **Response to Proposal 3**

- I agree with training staff being in the room, so that doctors can get practical experience. They will learn faster.
- I was waiting in emergency and noted that drug-related problems were given priority, while other people had to wait for a much longer time.
- Hospitals need to make sure that everyone has the same level of care.

### **Response to Proposal 4**

- I would rather to go Sheffield than stay in an unsafe hospital. For people without resources, however, this is not ideal.

## **3. Sheffield**

### **Response to Proposal 1**

- They should all have the same services
- In Rotherham, if a woman was presenting with perinatal mental health issues, they wouldn't have infrastructure to support that person. In Sheffield they are seen within a certain time frame.

- If it's going to improve services across all districts that would be good, but if it was going to reduce in some areas that could be problematic.
- Improving services overall shouldn't come at the detriment of other services
- I didn't like my midwife
- My midwife was brilliant.
- Chesterfield hospital was easy for me to get to for labour scans, and my midwife appointment was at my GPs. Because they worked in two completely different ways and didn't communicate about it, my midwife didn't know what was going on at the hospital.
- Because of different procedures in both and paperwork is different, there was a miscommunication...if it was the same procedure in both Trusts then that wouldn't have been a problem.
- The maternity pack should be the same across south Yorkshire
- It would seem much fairer
- All my friends in Sheffield told me I should have had a scan. This caused me anxiety.
- I'm really excited about it.
- Sheffield is renowned nationally for loving home births. It's encouraged in Sheffield but not so much in Chesterfield.
- Too many managers in the NHS – would it be led by managers rather than healthcare professionals? Managers that don't understand the clinical side.

## **Response to Proposal 2**

- I am very sceptical that something like that could ever happen
- Because I worked with the NHS, my husband works in the NHS there's an awful lot of politics. People are leaving for other local Trusts because pay is better, the conditions are better, the wellbeing is better.
- Until you get pay sorted amongst Trusts you are never going to sort this out.
- Say you are mental health nurse in Sheffield, and you are on a band 6, because Sheffield has a fantastic system (in my opinion) why would you give your knowledge and experience to someone at Bassetlaw who is on a grade 8?
- If you are on the lower pay rate, you will apply to the place with the higher one.
- This happens in education, there is no benefit to the person who has the expertise. No benefit to the school other than prestige.
- The people down the line will be told to do extra stuff – increase their workload, increase their responsibility with no increase in pay.
- It's hard to find the balance.
- In Sheffield we are so better at providing services ...that parity needs to be dished out...but at what cost?
- The system needs to change so training and education are brought to a more nationwide standard.
- In nursing, radiography, for example, every university is different. The basics are the same but patient care is taught differently.

- You can have two members of staff working in the same hospital but trained in different ways.
- The benefits would be obviously to Doncaster and Bassetlaw
- There needs to be allocated time for that – thought through carefully.
- I have seen where they give enough time for a tick box exercise but not enough time for real healthcare benefits
- There needs to be allocated time to people in their working day. If they did have that, it would be great that other areas in South Yorkshire could benefit from the expertise that we've got.
- Sheffield Children's are amazing. It's not because we don't want Doncaster to improve, but if Sheffield became less specialist, then it's not just us losing out, its Doncaster as well.
- The worry would be about diluting things.
- All the specialists are in Sheffield. It would take time for parents to understand where to go.
- In theory its good, it takes a huge amount of time and effort and culture change for it to be practical
- There are certain things you can't teach, like values. Recruitment specialists need to know how to recruit the right people.
- Sheffield Children's can attract the best staff, but Doncaster can't. They need to change their reputation.

### **Response to Proposal 3**

- You need to build local services first so that they can then build their care levels and then start sharing expertise...do it like a tiered plan.
- If you have already improved local services, the foundations are there for them to improve more.
- Partnership working should be introduced slowly.
- You can't have a blanket one size fits all.
- No money has been put forward in Barnsley and Rotherham for perinatal services.
- Sharing expertise alone doesn't solve this.
- You don't necessarily need to standardise everything.
- If one hospital kept on getting funding more than others it would be perceived as unfair.
- If you stopped that you would be stopping the hospital being the best they could be. Why would you do that?

### **Response to Proposal 4**

- It's worrying because if those people are coming to Sheffield, that's putting strain on Sheffield
- That shouldn't happen...how is that allowed?
- If you are closer to Bassetlaw, that could potentially save that child's life.

- You can raise awareness as much as you want, but what you really need is a nurse, a person.
- I don't think you can compromise on safety

**7c. Email addresses of participants who would like to be kept updated**

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