

The Shrewsbury and Telford Hospital NHS Trust

Trust Board 24th March 2011

“Keeping It In The County” The Future Configuration of Hospital Services Programme

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Corporate Objective	CO1: Improving safety, effectiveness and patient experience
Goal	CO1.1: Delivering improvements in clinical outcomes CO6.2: Developing the Trusts Clinical Services Strategy
Executive Summary	<p>This paper</p> <ul style="list-style-type: none"> • Summarises the background to the “Assurance and Consultation” Phase and the initial proposals presented to the Trust Board on 2 December 2010 • Describes the process and outcome from Assurance and Consultation, including: Programme Management Arrangements; Office for Government Commerce Review; “Keeping It In the County” public consultation led by NHS Telford & Wrekin and Shropshire County PCT; Local Assurance Panel; National Clinical Advisory Team; Equality Impact Assessment; and, Scrutiny by the Joint Health Overview and Scrutiny Committee. • Outlines the work that has taken place to develop and review the clinical care pathways and models of care based on assurance and consultation • Summarises the work that has taken place to develop and review the finance, estates and workforce implications of the proposals based on assurance and consultation • Subject to the decisions of the Trust Board, and the Boards of NHS Telford & Wrekin and Shropshire County PCT, sets out proposed arrangements moving to the next stage of planning for implementation for a reconfiguration of services by 2014, including ongoing assurance and safeguards • Makes recommendations to the Trust Board on a way forward for safe and sustainable health services in the Royal Shrewsbury Hospital and Princess Royal Hospital, which will be commended to NHS Telford & Wrekin and Shropshire County PCT
Recommendations	The Board is asked to AGREE the recommendations set out in Section 6 of this document.

**“Keeping It In The County”
The Future Configuration of Hospital Services Programme**

Contribution to Inspection, Registration, Performance and Delivery

Risks and Assurance	The Future Configuration of Hospital Services Programme supports the local NHS to address risks to the clinical quality and sustainability of local hospital services.
Contribution to Key Performance Indicators	Not applicable
Compliance with Clinical and other Governance Requirements	The “Keeping It In The County” consultation has addressed legislative requirements in relation to engagement and consultation set out in Section 242 and Section 244 of the NHS Act 2006 and related policy and guidance, and supports the local NHS to develop proposals that take account of the Government’s four tests for service configuration (“the Lansley Tests”).

Impact Assessment

Quality	The Future Configuration of Hospital Services Programme supports the local NHS to address risks to the clinical quality and sustainability of local hospital services.
Financial	The proposals are not driven by financial considerations and will not lead to financial savings. Instead they aim to deliver safe, sustainable services within available resources. The high level financial implications of the options for reconfiguration in terms of capital and revenue have been developed. Subject to the decisions of the Trust Board and of the Boards of Shropshire County PCT and NHS Telford & Wrekin, the detailed financial implications would be addressed within the Outline Business Case.
Workforce	The high level potential workforce implications of the options for reconfiguration have been developed. Subject to the decisions of the Trust Board and of the Boards of Shropshire County PCT and NHS Telford & Wrekin, the detailed workforce implications would be addressed within the Outline Business Case.
Legislation and Policy	The Future Configuration of Hospital Services Programme supports the local NHS to fulfil legislative requirements for patient and public engagement and policy requirements as set out in government guidance on service configuration. It is also supports the NHS to fulfil legislative and policy requirements to maintain the quality and sustainability of health services.
Equality and Diversity	The equality and diversity implications of the options for reconfiguration have been considered as part of the consultation process. The Equality Impact Assessment Summary is enclosed with this report.
Communication and Marketing	Consultation on the “Keeping It In The County” proposals has now concluded. Subject to the decisions of the Trust Board and of the Boards of Shropshire County PCT and NHS Telford & Wrekin, a communications and engagement plan for the next phase of the work would be developed during April and May.

Engagement and Decision-Making Process

The consultation proposals were considered by the Trust Board on 2 December 2010 and further updates have been presented to the Trust Board meetings on 27 January 2011 and 24 February 2011. A summary of scrutiny and assurances during the consultation process is included in the paper. The report from the Local Assurance Panel on 28 February 2011, the public consultation process from 9 December 2010 to 14 March 2011, the National Clinical Advisory Team visit in December 2010 and the Equality Impact Assessment are enclosed with this report.

Keeping It In The County

**Report to the Board of The Shrewsbury and Telford Hospital NHS Trust
on the “Assurance and Consultation” phase of the
“Future Configuration of Hospital Services” programme**

March 2011

“Keeping It In The County” The Future Configuration of Hospital Services Programme

Summary

The primary responsibility of The Shrewsbury and Telford Hospital NHS Trust is to ensure the quality and safety of the services we provide for patients and communities across Shropshire, Telford & Wrekin and mid Wales. This includes striving for continued improvement in patient safety, clinical effectiveness and patient experience.

There has been a long debate over many years without resolution on a series of challenges to the safety and sustainability of hospital services at the Royal Shrewsbury Hospital (RSH) in Shrewsbury and the Princess Royal Hospital (PRH) in Telford. This has focused on safety and sustainability challenges affecting a range of services including acute surgery and children’s services. If these challenges are not addressed there are risks both to the ongoing quality and safety of patient services and to the sustainability of these services within our hospitals in Shrewsbury and Telford.

The “Future Configuration of Hospital Services” programme was established in summer 2010 to secure high quality, safe, sustainable hospital services with the goal of keeping services in our hospitals in Shrewsbury and Telford. Phase 1 of the programme has involved:

- “Discussion and Design” (Phase 1a, July to November 2010): Clinically-led development of proposals for the future configuration of hospital services and the modelling of options.
- “Assurance and Consultation” (Phase 1b, November 2010 to March 2011): Pre-consultation assurance of the proposals developed during Phase 1a (including Local Assurance Panel, National Clinical Advisory Team, Office for Government Commerce) and public consultation and ongoing scrutiny and assurance of the proposals, concluding with decisions on a proposed way forward for local hospital services.

There are two stages to the decision-making process following “Assurance and Consultation”:

- The Shrewsbury and Telford Hospital NHS Trust recommends to NHS Telford & Wrekin and Shropshire County PCT a proposal for safe and sustainable hospital services, taking account of the assurance and consultation.
- NHS Telford & Wrekin and Shropshire County PCT decide the shape of services they intended to commission on the basis of the recommendation from the Trust, on the outcome of public consultation and on the wider assurance and consultation.

Proposals to change hospitals are always likely to rouse strong opinions, particularly where people perceive that services are moving further away. Whilst the formal consultation responses demonstrate that a majority of respondents were broadly supportive, there has been widespread media and public debate with expressions of public anxiety and concern through petitions presented to local Primary Care Trusts, articles in local media and representations at public meetings. Members of staff have also expressed concerns as part of this consultation.

This presents a challenge for NHS organisations between responding to understandably strong feelings, and determining whether the proposals are an appropriate means of retaining safe and sustainable clinical services within the county, whether the risks of change have been identified and acknowledged and whether they can be satisfactorily mitigated.

In order to support this decision-making process in this context, this paper summarises the work undertaken during “Assurance and Consultation” (Phase 1b). This phase has included the “Keeping It In The County” consultation from 9 December 2010 to 14 March 2011 led by NHS Telford & Wrekin and Shropshire County PCT.

The paper therefore:

- Summarises the background to the “Assurance and Consultation” Phase and the initial proposals presented to the Trust Board on 2 December 2010 (Section 1)
- Describes the process and outcome from Assurance and Consultation (Section 2), including: Programme Management Arrangements; Office for Government Commerce Review; “Keeping It In the County” public consultation led by NHS Telford & Wrekin and Shropshire County PCT; Local Assurance Panel; National

Clinical Advisory Team; Equality Impact Assessment; and, Scrutiny by the Joint Health Overview and Scrutiny Committee.

- Outlines the work that has taken place to develop and review the clinical care pathways and models of care based on assurance and consultation (Section 3)
- Summarises the work that has taken place to develop and review the finance, estates and workforce implications of the proposals based on assurance and consultation (Section 4)
- Subject to the decisions of the Trust Board, and the Boards of NHS Telford & Wrekin and Shropshire County PCT, sets out proposed arrangements moving to the next stage of planning for implementation for a reconfiguration of services by 2014, including ongoing assurance and safeguards (Section 5 and Annex 1)
- Makes recommendations to the Trust Board on a way forward for safe and sustainable health services in the Royal Shrewsbury Hospital and Princess Royal Hospital, which will be commended to NHS Telford & Wrekin and Shropshire County PCT (Section 6)

The assurance and consultation process has been a rich and varied opportunity to hear from the patients and communities who use our services, the staff who deliver them and the organisations that work in partnership with us. Irrespective of the decisions made by the Boards of the Trust and the PCTs, it has:

- highlighted the features of local NHS provision that are valued by patients and communities across Shropshire, Telford & Wrekin and mid Wales
- highlighted risks and challenges in our current model of services, including the existing inequalities in transport and access, and helped us to identify ways in which we can address these
- supported us to find solutions whereby 24/7 hyper-acute stroke services could be maintained at both sites
- emphasised opportunities for bringing more care closer to home, for example through the use of telehealthcare and through working in partnership with GPs, community hospitals and other primary and community care providers
- reinforced the importance of continued strategic engagement across the border between England and Wales and the need to find innovative ways to address the health and care needs of rural communities
- stimulated a wide-ranging debate with patients, communities, staff and partner organisations about their aspirations and concerns for health and health services in the current economic climate

These issues should be taken forward as part of the wider strategic plans for the local NHS, and if the proposals in this document are approved by the Trust Board they will form part of the assurance, risk mitigation and implementation for the next phase of the Future Configuration of Hospital Services programme. Subject to the decisions of the Trust and PCT Boards, the next steps would include continued clinically-led development of care pathways and risk mitigation strategies that deliver the intended benefits and address the anxieties raised during the Assurance and Consultation phase. It will also be essential to ensure that there is ongoing patient engagement in the development and implementation of these pathways, and that they are communicated clearly to the people who use our services.

We would like to thank patients, members of the public, staff and partner organisations for the amount of time, effort and consideration that they have brought to the "Keeping It In the County" consultation – expressing support, raising concerns, attending public and stakeholder meetings, contributing to the development of clinical pathways, reviewing and developing the financial and workforce plans. We are committed to continue to work with patients, communities, staff and partner organisations in this ongoing work.

1. Background to the Future Configuration of Hospital Services Programme and the “Keeping It In The County consultation

The primary responsibility of The Shrewsbury and Telford Hospital NHS Trust is to ensure the quality and safety of the services we provide for patients and communities across Shropshire, Telford & Wrekin and mid Wales. This includes striving for continued improvement in patient safety, clinical effectiveness and patient experience.

There has been a long debate over many years without resolution on a series of challenges to the safety and sustainability of hospital services at the Royal Shrewsbury Hospital (RSH) in Shrewsbury and the Princess Royal Hospital (PRH) in Telford. This has focused on safety and sustainability challenges affecting a range of services including acute surgery and children’s services. If these challenges are not addressed there are risks both to the ongoing quality and safety of patient services and to the sustainability of these services within our hospitals in Shrewsbury and Telford.

The “Future Configuration of Hospital Services” programme was established in summer 2010 to secure high quality, safe, sustainable hospital services with **the goal of keeping services in our hospitals in Shrewsbury and Telford**. The first stage of this work (Phase 1a - Discussion and Design, July to November 2010) launched a renewed, clinically-led debate on proposals for the future configuration of hospital services and the modelling of options.

1.1 Dilemmas

This debate focused on three dilemmas facing hospital services:

- Making sure that we can continue to provide 24 hour acute surgery in the county
- Making sure that we can keep our range of inpatient children’s services in the county
- Planning to move out of the deteriorating maternity and children’s services building at the Royal Shrewsbury Hospital before this building fails



1.2 Essential Requirements

Plans for resolving these issues were underpinned by two essential requirements:

- Making services safer now and in the future
- Making services sustainable now and in the future

1.3 Issue and Challenges

These needed to be considered in the context of a wide range of current and future issues and challenges:

- The current clinical safety and sustainability risks facing hospital services, and the very real risk that some services will become unsafe or not sustainable.

- The needs of the different communities we serve across Shropshire, Telford & Wrekin and mid Wales.
- Maintaining important clinical linkages between hospital services (e.g. the clinical links between obstetrics and neonates, and the medical cover arrangements between neonates and paediatrics).
- A drift of services out of county. For example, patients with ST elevation myocardial infarction are already driven past our hospitals to heart centres in Stoke and Wolverhampton for primary angioplasty (PCI) as this is not performed in our hospitals. In recent years we have also seen different types of cancer surgery leave our hospitals because we have not been able to demonstrate compliance with Improving Outcomes Guidance.
- Medical workforce issues such as restrictions in working hours for junior doctors, reduced opportunities for international recruitment and a medical training programme resulting in earlier specialisation and a narrower expertise set and in some specialties smaller numbers of available staff.
- An environment of increasing external scrutiny of health services, including from Monitor and the Care Quality Commission and the implications of the Health and Social Care Bill currently being considered by Parliament.
- The availability of capital funding for building and equipment, and the revenue implications from capital loans.
- The prolonged debate on the future shape of hospital services without resolution: the current risks are getting harder to manage and the opportunities for solving them are reducing.

1.4 Reconfiguration Principles

The development of options for addressing these dilemmas and meeting these essential requirements was framed by three reconfiguration principles set out by NHS Telford & Wrekin and Shropshire County PCT:

- Keeping two vibrant, well balanced, successful hospitals in the county
- A commitment to having an Accident and Emergency Department on both sites
- Access to acute surgery from both sites

1.5 Clinical Leadership and Patient & Public Engagement

Central to this programme has been the commitment to clinically-led development of proposals for addressing the challenges faced by the Trust, and testing these with patient and public representatives. The process has included:

- A Clinical Problem Solving Workshop in August, involving hospital consultants and local GPs to review the emerging patient safety issues facing local hospital services and suggest ways in which these might be addressed.
- Clinical debate within the Trust to consider the emerging ideas and develop these further.
- A second Clinical Problem Solving Workshop in November to review the work to date, propose a way forward and identify any new risks that may emerge from a reconfigured service.

In addition to clinical discussions and debate, the emerging reconfiguration ideas were shared with the public and patient representatives at workshops in November.

1.6 Options for Change

Based on this work, the Trust identified four initial strategic options for appraisal. The initial appraisal at the outset of consultation is summarised below, and an updated appraisal is included in Section 4.1.3.

Do nothing and maintain all services as they are (Consultation Option 1)

It was felt that this option would neither address the clinical challenges faced by local hospital services nor extricate services from the deteriorating women and children's building at the Royal Shrewsbury Hospital. This would result in risks that services would decline and possibly reach crisis point, in which case emergency changes would need to be made to services. Other implications could include:

- Further services drifting out of the county and no longer provided in either Shrewsbury or Telford.
- Options for addressing our challenges continue to reduce.
- If services decline then we may lose our "licence" to operate certain services and the decisions about them will be taken out of the hands of local NHS organisations working with patients and communities.

Concentrate all services on one site – either a new single site or one of the existing hospitals (Consultation Option 3)

There was strong clinical support for concentration of services onto a single site. However, the capital costs, and revenue implications of this option were not considered affordable in the current economic climate.

Major and emergency work on one site and planned activity on the other (Consultation Option 4)

This model also had strong clinical support, but the reality is that the Trust undertakes much more urgent and emergency activity than elective planned activity, and that this also represents the majority of patient bed days in hospital. Given that one of our sites would handle much reduced levels of activity and the other would require significant expansion (both in terms of beds, and in related services such as A&E, Critical Care and diagnostics), this would require significant capital investment which was also considered neither feasible nor affordable.

Move some services from PRH to RSH and some services from RSH to PRH (Consultation Option 2)

Given that the options discussed above would either not address the risks faced by hospital services, or would not be feasible or affordable, the development of a safe and sustainable model of care focused on:

- Using our existing resources as best as possible.
- Achieving the highest possible standards of clinical safety and sustainability.
- Feasible delivery within the human, financial and other resources available to us.
- Maximising acceptability to patients and communities, including continuing to provide services where they are now where this is clinically safe, feasible and appropriate.

The Trust Board received the Strategic Outline Case¹ at its meeting on 2 December 2010 and approved the following proposals for consultation:

- **Most services for most patients remain the same at both PRH and RSH:**
 - A&E service at both hospitals
 - Most outpatients and diagnostics unchanged
 - Most day case procedures unchanged
 - Children's Assessment Unit at both hospitals
 - Midwife Led Unit at both hospitals
 - Urgent and emergency medical patients at both hospitals (e.g. heart attacks, serious chest infections)
 - With the support of Lingen Davies, improved facilities for cancer patients at RSH
- **The establishment of a Women's and Children's Centre on the PRH site:**
 - Midwifery Led Units at both hospitals (and continuing at Bridgnorth, Ludlow and Oswestry)
 - Women would receive their antenatal and postnatal appointments at the same location as now
 - The obstetric unit and neonatal intensive care unit would move from RSH to PRH, along with inpatient gynaecology.
 - The two inpatient children's units would be consolidated at PRH, including the Rainbow Children's Cancer Unit
 - Children's Assessment Units at both hospitals
- **An acute inpatient surgery centre at RSH including:**
 - Acute and inpatient vascular surgery
 - Establishment of an abdominal aortic aneurysm screening centre
 - Acute and inpatient colorectal surgery
 - Acute and inpatient upper GI surgery
- **Additionally:**
 - The maintenance of breast surgery at the PRH site
 - Head and Neck services transferred from RSH to PRH due to the high level of paediatric activity
 - In this context, review the provision of urology and stroke services

Following approval by the Trust Board, the "Future Configuration of Hospital Services" programme progressed to Phase 1b "Assurance and Consultation".

¹ "Keeping It In The County: A proposal for the future configuration of hospital services in Shropshire, Telford & Wrekin", November 2010

2. Assurance and Consultation

The development and review of the “Keeping It In The County” proposals has been undertaken within a comprehensive framework of assurance and consultation. This has involved local and national bodies in testing the proposals against the Government’s four key tests² for service configuration (see right) and for their clinical safety, sustainability and feasibility.

The main aspects of this assurance and consultation are summarised in the Sections 2.1 to 2.7 below, and have included:

- The Programme Management Arrangements in the Trust (Section 2.1)
- Office for Government Commerce Review (Section 2.2)
- “Keeping It In The County” Public Consultation (Section 2.3)
- Local Assurance Panel (Section 2.4)
- National Clinical Advisory Team (Section 2.5)
- Equality Impact Assessment (Section 2.6)
- Scrutiny by the Telford & Wrekin and Shropshire Joint Health Overview and Scrutiny Committee (Section 2.7)

A summary analysis of how the issues raised through assurance and consultation have influenced the ongoing development and review of the proposals, and the recommendations to the Trust Board, is set out in Sections 3 and 4.

A summary of how the assurances and recommendations would be taken forward subject to the decisions made by the Trust Board and the Primary Care Trusts is set out in Section 5 and the Annex to this paper.

2.1 Programme Management Arrangements

The Trust has established programme management arrangements and an action plan for Phase 1b (January to March 2011), which were received by the Trust Board on 27 January 2011 with a further update presented to the Trust Board on 24 February 2011. The programme remains on track against the key milestones and deliverables set out in the action plan.

The programme management arrangements have strengthened clinical and stakeholder engagement in the development and review of the proposals as set out in the table overleaf:

“The Secretary of State has identified four key tests for service change, which are designed to build confidence within the service, with patients and communities. The tests were set out in the revised Operating Framework for 2010-11 and require existing and future reconfiguration proposals to demonstrate:

- *support from GP commissioners;*
- *strengthened public and patient engagement;*
- *clarity on the clinical evidence base; and*
- *consistency with current and prospective patient choice.”*

In assessing compliance with these tests, “commissioners should apply a ‘test of reasonableness’ which considers the balance of evidence and stakeholder views in support of a substantial service change.”

*Department of Health, 29 July 2010
(Gateway reference 14543)*

² These tests are known as the “Lansley Tests” as they were identified by Secretary of State for Health Andrew Lansley MP

Group	Membership	Responsibility
Clinical Working Groups for Surgery, Children's Services and Maternity/ Gynaecology/ Neonatology	Clinical and management representatives from the Trust and partner organisations – see individual terms of reference for details	To develop pathways and processes, including the mitigation of risk needed prior to, during and following the implementation of any proposed reconfiguration To deliver working group work plan and ensure appropriate engagement and involvement To update the FCHS Steering Group on progress
Clinical Assurance Group	Medical Director (Chair) Clinical representatives from primary and secondary care in Shropshire, Telford & Wrekin and mid Wales	To provide overarching clinical advice and assurance of the proposed pathways To understand and check the development of existing and new clinical interfaces and co-dependencies To work with and feedback to the clinical working groups to identify and mitigate future risks
Future Configuration of Hospital Services Steering Group	Chief Executive (chair), Chairs of each working group, Medical Director, Director of Quality & Safety, Director of Strategy, Finance Director, Head of Human Resources, Chief Operating Officer, Head of Communications, Programme Manager	To oversee and coordinate the Trusts actions and deliverables in progressing the FCHS programme To support the working group chairs in the leadership and delivery of their work plans To undertake this role within the context of clinical engagement and leadership; patient and public involvement; change management planning and risk management and governance To work in partnership with the commissioners in the delivery of the FCHS programme

Clinical Working Groups

Since January 2011, meetings of the three clinical working groups have taken place. Each of these meetings have been well attended and over 50 different clinicians have participated directly in the discussions on the care pathways, estates implications, travel needs and the issues, risks and concerns of the proposed reconfiguration. This has included clinicians who bring a wide range of views and opinions on the consultation proposals, including clinicians who have spoken publicly both in support and with concerns about the impact the changes may bring for some patients.

Alongside the clinical working groups and sub-groups there has been wider clinical and staff engagement through specialty-based meetings and discussions, consultant and team meetings, staff briefings and other mechanisms.

A total of 23 pathways have now been agreed and signed off by the clinical groups. The clinical pathways have all been developed to address the risks to clinical safety and sustainability that drive the Future Configuration of Hospital Services Programme, and also to minimise ongoing risks to safety and sustainability. The pathways are now being shared with a wider network of clinicians and staff for their input and comment, as well as through ongoing patient and public involvement including a workshop provisionally scheduled for April 2011. The ongoing programme is subject to decisions made by the Boards of the Trust and the PCTs.

Clinical Assurance Group

A Clinical Assurance Group has been established as part of the programme management arrangements. This group involves Trust clinicians (medical, nursing/midwifery and therapies), GPs (from Shropshire County PCT, NHS Telford and Wrekin and Powys Teaching Health Board), ambulance service representatives from West Midlands and Wales, PCT Directors of Public Health and Trust executives.

This group has been responsible for:

- the overarching clinical advice and assurance of the proposed pathways
- understanding and checking the development of existing and new clinical interfaces and co-dependencies;
- working with and feeding back to the clinical working groups to identify and mitigate future risks

Discussions have also taken place with all relevant Royal Colleges. The Royal College of Obstetricians and Gynaecologists nominated a representative to join the Local Assurance Panel. The Royal College of Surgeons have commented on the proposals for surgery and have identified the support and advice available from the Royal College for ongoing development. The Royal College of Paediatrics and Child Health participated in a workshop with the paediatricians and neonatologists with an independent facilitator on 7 March 2011.

Strategic Engagement and Partnership Working

In addition to the Clinical Assurance Group, wider strategic engagement and partnership working have been integral to the assurance and consultation phase. This has included meetings and workshops with key stakeholders and partner organisations about the proposed reconfiguration. These have focussed primarily on the following issues:

- Discussion of the implications of the proposals for specific organisations, sectors or communities.
- The specific challenges relating to cross-border services between England and Wales, and wider rural health issues.
- Travel times and access for patients and visitors.
- Current and future challenge for ambulance response times as part of the overall pre-hospital transfer time.
- The alignment of future strategies and service changes between NHS organisations in England and Wales, and with partners in social care and other sectors.

Specific examples include:

- Discussions with Welsh Ambulance Service NHS Trust, Montgomeryshire Community Health Council and Powys County Council to discuss the specific issues relating to people in mid Wales
- Discussions with West Midlands Ambulance Service NHS Trust regarding their strategy for improvement and development and how this aligns with the Trusts proposals for change
- Discussions with local councillors from south west Shropshire and mid Wales, GP and PCT commissioners, the Trust, West Midlands Ambulance Service NHS Trust and Welsh Ambulance Service NHS Trust around the challenges in ambulance response times, opportunities for cross-border collaboration and how this can be improved in the short and longer term.

- Discussions between Chief Executives and Executive Directors from the Trust, NHS Telford and Wrekin, Shropshire County PCT, Powys Teaching Health Board, West Midlands Ambulance Service NHS Trust, Welsh Ambulance Service NHS Trust and Betsi Cadwaladr University Health Board regarding the changes within each organisation and health system.

Based on these meetings, there is a commitment to continue to work in partnership to improve health and health services, irrespective of the decision around the reconfiguration of services.

Illustrative examples of meetings, events, workshops and discussions are set out in the table below.

Week Beginning	Examples of Public and Stakeholder Engagement
10 January	Meeting between Chief Executive, Clinical Director for Women & Children's Services, Heather Kidd and Wyn Williams on 10 January Maternity/Gynaecology/Neonatology Working Group on 10 January Meeting between Head of Communications & Business Development and Montgomeryshire CHC representatives on 11 January Presentation to Montgomeryshire Committee of Powys County Council on 12 January Chief Executive and Clinical Director of Women and Children's Services on the panel for Shrewsbury Public Question Time Event on 13 January
17 January	Chief Executive briefing for Shropshire Council members on 17 January Chief Executive and Chief Operating Officer presentation to Local Medical Committee on 18 January Chief Executive and Clinical Director of Women and Children's Services on the panel for Public Question Time Event in Oswestry on 20 January Meeting with local MPs on 21 January
24 January	Chief Executive Radio Shropshire Phone-In on 24 January Chief Executive meeting with Ron Jones on 24 January Chief Executive meeting with the Trustees of Lingen Davies on 24 January Chief Executive presentation to Shrewsbury Town Council on 24 January The Future Configuration of Hospital Services - Children's Working Group meetings on 24 January Women and Children's Staff Briefing at RSH on 26 January Head of Communications & Business Development presentation to Voluntary and Community Services Assembly on 27 January Trust Board on 27 January Maternity/Gynaecology/Neonatology Working Group on 27 January Director of Strategy meeting with West Midlands Ambulance Service representative on 28 January
31 January	Director of Strategy meeting with representatives from Betsi Cadwaladr University Health Board on 31 January Chief Executive meeting with Telford & Wrekin Senior Citizen Forum on 31 January Chief Executive briefing for Telford & Wrekin Council members on 2 February Director of Strategy teleconference with Powys Local Health Board on 3 February Visit by Health Overview and Scrutiny Committee representatives to Royal Shrewsbury Hospital women and children's department on 4 February Chief Executive Staff Briefing on 4 February

Week Beginning	Examples of Public and Stakeholder Engagement
7 February	<p>Medical Director and Head of Communications & Business Development presentation to Royal Shrewsbury Hospital League of Friends Committee Members and Fundraising Committee Members on 7 February</p> <p>Director of Strategy teleconference with Welsh Ambulance Service NHS Trust on 7 February</p> <p>The Future Configuration of Hospital Services - Surgery Working Group meeting on Monday 7 February</p> <p>Clinical Assurance Group on 8 February</p> <p>Women and Children's Staff Briefing at PRH on 8 February</p> <p>Chief Executive Staff Briefing on 9 February</p> <p>Chief Executive and Clinical Director of Women and Children's Services on the panel for Public Question Time Event in Craven Arms on 9 February</p> <p>Chief Executive meeting with Shrewsbury and Atcham GPs on 10 February</p> <p>Chief Executive Presentation to Joint Health Overview and Scrutiny Committee on 11 February</p> <p>Public Question Time Event in Shrewsbury on 11 February</p>
14 February	<p>Visit by Health Overview and Scrutiny Committee representatives to Princess Royal Hospital women and children's department on 14 February</p> <p>Chief Executive and Medical Director presentation to Powys Local Health Board on 16 February</p> <p>Chief Executive and Clinical Director of Surgery on the panel for Public Question Time Event in Telford on 16 February</p> <p>Director of Strategy meeting with Welsh Ambulance Service on 17 February</p> <p>Maternity/Gynaecology/Neonatology Working Group 17 February</p> <p>The Future Configuration of Hospital Services - Children's Working Group meeting on 17 February</p> <p>Chief Executive, Medical Director and Chief Nurse on the panel for Public Question Time Event in Llanidloes on 18 February</p>
21 February	<p>Public members of the Local Assurance Panel visit to women and children's services at the Royal Shrewsbury Hospital on 21 February</p> <p>Chief Executive discussion with NHS Telford & Wrekin Professional Executive Committee on 22 February</p> <p>Chief Executive, Medical Director and Chief Nurse on the panel for Public Question Time Event in Welshpool on 23 February</p> <p>Trust Board Meeting on 24 February</p> <p>Chief Executive, Clinical Director for Women and Children's Services and Chief Nurse on the panel for Public Question Time Event in Newtown on 24 February</p> <p>Cross-border strategic forum event on 25 February</p> <p>Chief Executive and Chairman meeting with Chief Executive and Chairman of Powys Local Health Board on 25 February</p>
28 February	<p>Local Assurance Panel on 28 February</p> <p>Head of Communications & Business Development presentation to League of Friends volunteers and to Association of Local Councils meeting in Bridgnorth on 1 March</p> <p>Chief Executive meeting with Heather Kidd, Wyn Williams, Nigel Hartin and cross-border ambulance services on 2 March</p> <p>Head of Communications & Business Development attending Montgomeryshire Community Health Council meeting on 2 March</p> <p>Meeting of hospital consultants on 3 March</p> <p>Chief Executive and Clinical Director for Surgery attending Public Question Time event in Bridgnorth on 4 March</p>

Week Beginning	Examples of Public and Stakeholder Engagement
7 March	Chief Nurse Staff Briefing on 7 March Workshop with Royal College of Paediatricians and Child Health on 7 March Visit by Health Overview and Scrutiny Committee representatives to Princess Royal Hospital women and children's department on 8 March (for those unable to attend 14 February) Chief Operating Officer Staff Briefing on 8 March Chief Nurse attending Telford & Wrekin Local Involvement Network meeting on 8 March Head of Communications and Business Development attending Broseley Town Council AGM on 8 March Director of Strategy attending Shropshire Council Cabinet Meeting on 9 March Head of Communications and Business Development meeting with Powys County Councillors on 10 March Joint Health Overview and Scrutiny Committee meeting on 11 March

Subject to the decisions of the Trust and PCT Boards, we propose to strengthen strategic partnerships in the programme arrangements for the next phase of the work. This is included in the Draft Programme Structure in the Annex to this paper.

2.2 Office for Government Commerce

As described in the proposal to the Trust Board on 2 December 2010, NHS organisations are required to undertake an independent review of programme management arrangements by the Office for Government Commerce (OGC) before proceeding to consultation.

The recommendations from the OGC review were considered by the Trust Board on 2 December. These will form part of the ongoing development and assurance process for the Future Configuration of Hospital Services Programme. Further information is available in the Annex to this report setting out the proposed next steps, subject to the decision of the Trust Board and of the Boards of NHS Telford & Wrekin and Shropshire County PCT. This highlights that a further OGC review would be required before the Outline Business Case is considered by the Trust Board.

2.3 “Keeping It In the County” public consultation led by NHS Telford & Wrekin and Shropshire County PCT

Alongside extensive clinical pathway development work, Trust clinicians and staff have been heavily involved in robust and widespread engagement with staff, partner organisations, patients and the public through the “Keeping It In The County” consultation. Updates on this engagement were reported to the Board in January and February 2011.

The consultation report, prepared by Merida Associates³ on behalf of NHS Telford & Wrekin and Shropshire County PCT, is included with the Supporting Papers.

A summary analysis of how the issues raised through Public Consultation have influenced the ongoing development and review of the proposals, and the recommendations to the Trust Board, is set out in Sections 3 and 4. Further information about how these recommendations would be taken forward, subject to the decisions of the Trust Board, is set out in the Annex to this paper.

³ Merida Associates is an independent partnership, based in the West Midlands, with extensive experience of research and consultation within voluntary, community and statutory sectors. The partnership is an accredited consultancy with the National Council of Voluntary Organisations (NCVO).

Engagement and Assurance in the Consultation Plan

The public consultation period commenced on 9 December 2010 and ended on 14 March 2011. The consultation process was jointly designed by Patient and Public Involvement (PPI) teams from NHS Telford & Wrekin and Shropshire County NHS PCT, with input from The Shrewsbury and Telford Hospital NHS Trust. Stakeholder advice and support for the process has been provided by the Engagement and Consultation Governance Group (ECGG), which is made up of patient representatives from the Local Involvement Networks for Shropshire and Telford & Wrekin, Montgomeryshire Community Health Council, local authority officers from the Joint Health Overview and Scrutiny committee, representatives from umbrella bodies for voluntary organisations and PPI team lead officers.

Part of the role of the ECGG has been to quality assure, and act as a 'critical friend' for, the consultation process; to make sure that the consultation reaches as many groups as possible who might be affected by service changes and that as many people as possible have the opportunity to give their views on the proposals. The group's role is also to show how the views of the public and patients have been taken into account in the decision-making process.

As part of the Keeping it in the County consultation, members of the ECGG have:

- considered and contributed to the plan for consultation i.e. ideas for how it should be carried out
- helped to identify groups and people to receive copies of the consultation documents
- provided panel members for the public meetings which were part of the consultation and also the Assurance Panel
- suggested groups to receive presentations on the proposals e.g. hard to reach groups.

Consultation Process

Key features of the consultation process have included:

- Publication of a consultation document, consultation summary and Welsh language and Easy Read – printed copies and available from the consultation website.
- A variety of mechanisms for people and organisations to provide their feedback – including a feedback form in the consultation document and summary, an online questionnaire, email, letter and via public and stakeholder meetings.
- Public question time events in Shropshire, Telford & Wrekin and mid Wales
- Offering speakers to attend meetings of community & voluntary organisations and other partners.
- Local newspaper, radio and TV press releases and interviews.
- Independent petitions signed by 33,193 people
- Meetings with public and partner organisations to discuss the proposals. This has included discussions and presentations to Local Joint Committees, community and voluntary organisations, network events, partner organisations, local authorities, professional and representative bodies and statutory scrutiny and assurance bodies.
- Information available via the consultation website including a detailed set of Frequently Asked Questions responding to the main issues raised in letters and public meetings.
- Ongoing staff engagement as part of this consultation including open briefings by the Chief Executive, specialty-specific meetings, discussions with staff-side representatives and information available on the Trusts intranet.

- Visits to the women and children’s facilities at both PRH and RSH by representatives from the Joint Health Overview and Scrutiny Committee.

The consultation report presents the views of individuals, groups and organisations from across Shropshire, Telford & Wrekin and mid-Wales that has been gathered from the following sources:

- 1124 completed “Keeping It In The County” consultation questionnaires (online and paper versions) from patients, members of the public, NHS staff and voluntary organisations.
- 8 public question time events across Shropshire, Telford & Wrekin and mid-Wales
- 25 stakeholder meetings with a range of groups including local council committees, voluntary organisations, older people’s groups, GP committees and disability groups
- 28 formal written responses to the consultation from e.g. statutory agencies, GPs and MPs
- 44 letters and email responses from members of the public.

Consultation Findings

The consultation report identifies the following main factors that people liked about the proposals:

Better building and facilities
Proposed location of services reflects population trends
Best use of limited resources
The retention of day time assessment at both hospital sites
Improved quality of service and better care
Improved access to services – older people and Stroke/Urology
Centres of excellence and specialist services would be created
Keeps skills and services in the County
The potential to modernise hospital sites
Consultants and other medical staff have been involved in drawing up the proposals and that there is a clinical evidence base

The consultation report identifies the following main concerns about the proposals:

Travel time, distance and transport

By far the most widespread concerns expressed in the consultation are issues relating to travel, distance and transport. The most cited concerns are:

- Longer journeys for patients – both for routine appointments and in the event of an emergency.
- The potential risks to patients arising from longer journey times. People were particularly concerned about women in labour who needed to transfer from a midwife led unit and babies who need specialist care.
- Stroke services need to be close to home, people were concerned that any increases in travelling times may delay treatment and therefore affect recovery.
- Poor public transport services, poor road links and the additional costs of travelling further.

- Whether emergency services would be able to cope with the proposed reconfiguration. How communication between hospitals, ambulance services and paramedics will be managed to ensure that any changes to response times does not affect patient safety, particularly at peak travel times and in poor weather conditions.
- The increased time spent travelling, particularly for families of sick children, would create additional difficulties for parents who had other children and family members to care for.
- Inpatient children and women in the consultant led unit may feel more isolated if the additional journey times/cost reduced the number of visitors they receive.
- Poor public transport links to Telford.
- The need for affordable transport between sites for families and staff.
- Car parking at both sites was raised as an issue, as was accessible, affordable accommodation for parents near to the PRH.

Location of services

- Many people would prefer that services are retained at RSH.
- Many people stated that they did not want services to change, many others shared instances (often from personal experience) where additional travelling time would have been dangerous. People from all areas were concerned about additional travel times and distance, particularly for people from rural areas and mid-Wales.
- Many people identified with Shrewsbury as the County town, considering it the 'Hub' linked to 'spoke' towns and communities around the County and into mid-Wales.
- Some stakeholders think that if services move from Shrewsbury, it may result in the eventual downgrading of the RSH, or that services moving from Shrewsbury would disproportionately affect some parts of the County.
- There is considerable opposition to the proposed loss of 24 hour paediatric assessment at RSH.

The report also identifies several areas where respondents sought further reassurance, including:

Nothing to change

Public transport and shuttle bus arrangements

Reassurance on travel times, transfer between sites and emergency transport

Clear clinical pathways and arrangements in place to mitigate risk

That clinicians support the proposals

That there will be sufficient trained and qualified staff to ensure that the proposals are sustainable

In the consultation questionnaires, people were asked to rate what they thought of the proposals in the document. These charts show the total responses to the ratings questions for each set of proposals. 54% of people who completed a questionnaire supported the overall proposals and 42% were against them (Chart A).

Chart A: Overall proposals

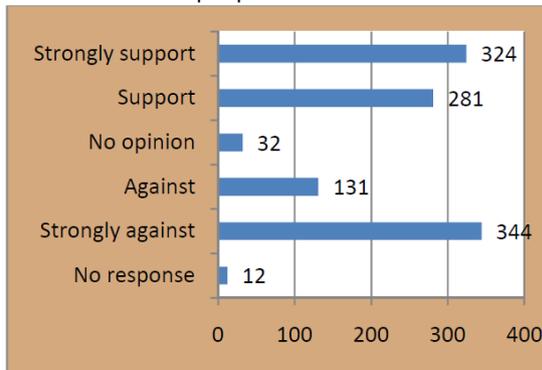


Chart B: Inpatient children's proposals

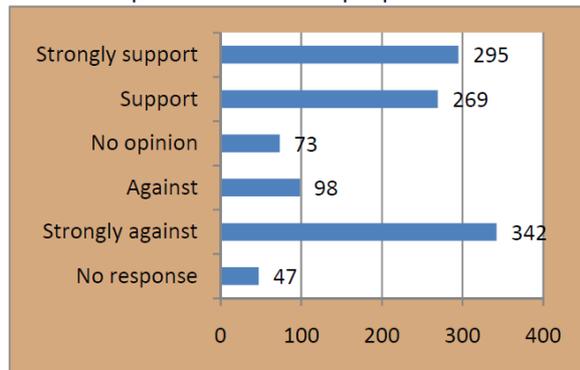


Chart C: Maternity proposals

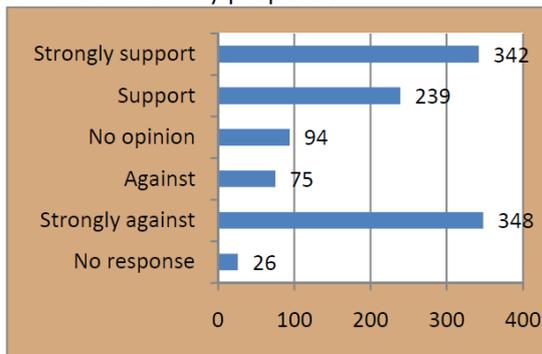
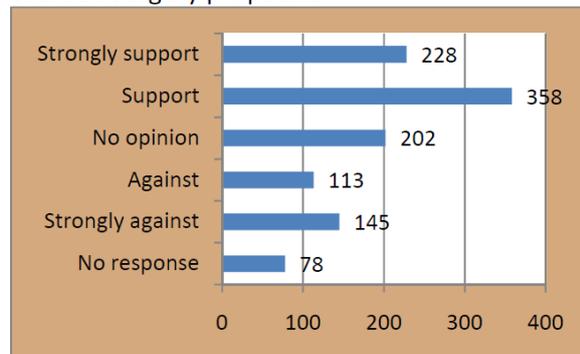
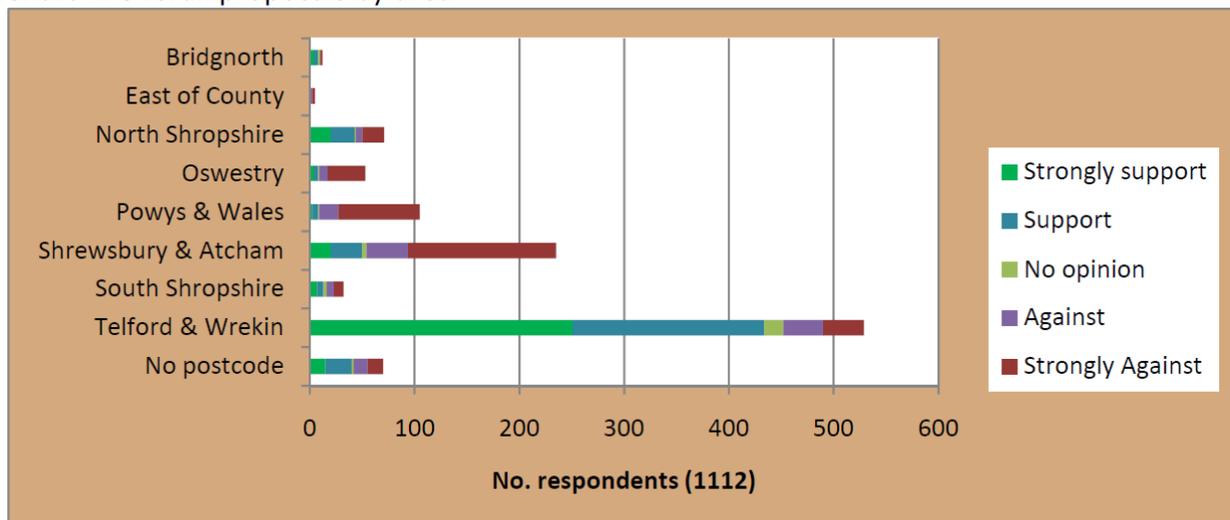


Chart D: Surgery proposals



The breakdown of responses by area in Chart E shows that, in broad terms, there was overall support for the proposals in Telford & Wrekin and the Bridgnorth area, whereas in Shrewsbury & Atcham, Oswestry area and mid-Wales people were generally against the proposals. There was an even spread of people in support and against in South Shropshire, and more people in support in North Shropshire. Where people are in favour of the proposals, there is an even spread between 'Strongly support' and 'Support', whereas in areas against the proposals, they tend to be more 'Strongly against'.

Chart E: Overall proposals by area



2.4 Local Assurance Panel

The establishment of a local assurance process was agreed by the Boards of NHS Telford & Wrekin, Shropshire County PCT and The Shrewsbury and Telford Hospital NHS Trust in order to enable the PCTs, advised by independent experts, to test the clinical proposals put forward for acute hospital reconfiguration by local clinicians. In particular the Local Assurance Panel was convened to assure the two PCT Boards for Shropshire County and NHS Telford and Wrekin and key stakeholders, that the proposals put forward by the Trust, to reconfigure acute services across two hospital sites, addressed the Government's four key tests for service configuration based on a 'test of reasonableness'.

In addition the Panel was tasked with providing assurance that three local criteria, agreed by the Boards of Shropshire County PCT and NHS Telford and Wrekin were also met:

- The proposals need to be clinically safe
- The proposals need to be robust and sustainable
- The proposals need to be financially viable and affordable

A two-day local assurance process took place in November 2010 to review the initial proposals before these were presented to the Trust and PCT Boards in December 2010. The Panel supported the proposals in principle, and found all of the Lansley tests were met except for part of one test, which reflected the Panel's wish to have further information about clinical pathways and risks. A presentation of the Panel's findings from the 22/23 November event was made to the Trust Board on 2 December 2010.

A second local assurance process took place on 28 February 2011 to consider further information with a view to providing full assurance to the Boards and to local stakeholders. In advance of this event, the local PCTs set out a range of specific areas on which the Panel required further assurance. The Trust provided responses on these assurances through:

- A detailed written submission to the Local Assurance Panel⁴
- Presentations⁵ and Question & Answer sessions with Trust clinicians (representing paediatrics, A&E, surgery, obstetrics, gynaecology, midwifery and neonatology) and managers (representing finance, workforce and estates)
- A presentation from clinicians from Calderdale and Huddersfield NHS Foundation Trust

The report from the Local Assurance Panel is included with the Supporting Documents attached to this paper.

The conclusions and assurance of the Panel against the "Lansley Tests" was as follows:

"The Panel agreed all the "Lansley Tests" had been met

- **Engagement with and support from GP commissioners**
- **Strengthened public and patient engagement**
- **Clarity on the clinical evidence base**
- **Consistency with current and prospective patient choice"**

⁴ A list of the additional assurances, and a schedule of the written information provided by the Trust for the Local Assurance Panel on 28 February 2011, can be found in the "Useful References and Further Reading" section in the Supporting Documents. The submission is available from the consultation website.

⁵ A copy of the presentation from the Finance Director is available from the consultation website.

Specific conclusions and assurance of the Panel against the three local criteria are included in Sections 3 and 4.

Subject to the decisions of the Trust and PCT Boards, the conclusions and recommendations from the Local Assurance Panel would be integral to the next phase of this programme (see Section 5 and the Annex to this paper).

2.5 National Clinical Advisory Team

The National Clinical Advisory Team (NCAT) provides an independent pool of clinical experts to support, advise and guide the local NHS through independent assessment of local service reconfiguration proposals. All reconfiguration proposals going to public consultation are subject to clinical assurance provided by NCAT members.

Representatives from NCAT visited the local NHS on 8 December 2010. A summary of the report of their review is included with the Supporting Documents attached to this paper, and is summarised below:

- **Clinical Safety and Sustainability** - ‘the single proposed option seems logical and we believe could deliver safer and more sustainable service across the county and beyond. The model for maternity care is an excellent example of this. An opportunity to achieve much needed capital investment for the people served seems to be available. The option appears to be widely supported by stakeholders in primary and secondary care. However it is critical that the clinical leaders and senior managers continue to work together to:
 - Define all the pathways affected
 - Identify risks that currently exist and those that are potentially increased by the option
 - Develop solutions with fellow clinicians, other stakeholders and patients and the public that meet and exceed current levels of quality and safety
 - Ensure that transport and travel plans and systems are robust
 - Develop a comprehensive governance system with training simulations and testing that keep the staff and procedures at high levels of readiness’
- **Lansley Tests** - NCAT stated that they felt that the “Lansley tests” had been met, subject to ongoing work.

Subject to the decisions of the Trust and PCT Boards, the conclusions and recommendations from the National Clinical Advisory Team would be integral to the next phase of this programme (see Section 5 and the Annex to this paper).

2.6 Equality Impact Assessment

NHS Telford & Wrekin and Shropshire County PCT commissioned Step Up Consulting (UK) Ltd. to carry out an Equality Impact Assessment (EqIA) on the “Keeping It In The County” proposals. The key aim of this assessment was to identify and explore the potential adverse impact and issues in relation to equality (for patients and communities across six equality strands⁶), and considering the opportunities to promote equality through the proposed development and make recommendations to mitigate the identified adverse impact.

⁶ Age, Disability, Gender, Race, Religion/Belief, Sexual Orientation

A summary of the Equality Impact Assessment is included with the Supporting Documents attached to this paper, and the full report is available from the consultation website at www.ournhsinshropshireandtelford.nhs.uk

The conclusions of the Equality Impact Assessment Summary were as follows:

“The proposals in relation to the “Keeping it in the County; A Proposal for the Future Configuration of Hospital Services in Shropshire, Telford and Wrekin” are in pursuit of opportunities to improve and enhance care outcomes. The impetus is therefore for patient benefit focused to achieve a significant step-change in the delivery of services in the area. Overall this is consistent with the NHS strategy including delivering improvement in the quality of the physical environment of local facilities and providing access to locally based and integrated services.

“The potential adverse impact on equality targeted communities is noted. However, balancing this with the mitigating steps and recommendations that can be implemented as outlined in this EqlA report, along with the benefits to patients that the proposals have to offer, there is a justification to proceed with the proposals of change as outlined in the consultation document.

“Therefore on the basis of this analysis there is no reason identified by this EqlA why the proposed reconfiguration of Hospital Services in Shropshire, Telford and Wrekin should not proceed as proposed. On the whole looking at the benefits, this new development would be more advantageous for people from equality targeted groups as long as the future planning and implementation embeds equality and diversity requirements at all levels and the recommendations of this EqlA in mitigating the potential adverse effects as a consequence of the implementation of these proposals are taken forward.”

Subject to the decisions of the Trust and PCT Boards, the conclusions and recommendations from the Equality Impact Assessment would be integral to the next phase of this programme (see Section 5 and the Annex to this paper).

2.7 Scrutiny by the Joint Health Overview and Scrutiny Committee

Section 244 of the National Health Service Act 2006 sets out the requirement for local health organisations to request Local Authority Health Overview and Scrutiny Committees (HOSCs) to review and scrutinise proposals for reconfiguration of health services. HOSCs have an important statutory role in relation to the reconfiguration of health services provided by NHS organisations in England. This includes the power to refer contested decisions to the Secretary of State for Health.

Telford & Wrekin Council and Shropshire Council have established a joint Health Overview and Scrutiny Committee to scrutinise the Keeping It In The County proposals. This has included:

- Presentations to the Joint Health Overview and Scrutiny Committee on 8 October 2010, 13 December 2010, 11 February 2011 and 11 March 2011
- Visits by representatives on behalf of the Joint Health Overview and Scrutiny Committee to Women & Children's Services at the Princess Royal Hospital and the Royal Shrewsbury Hospital.
- Observers at the Local Assurance Process on 22/23 November 2010 and 28 February 2011.
- Attendance by Joint Health Overview and Scrutiny Committee members at public question time events.

In preparation for the final meeting of the Joint Health Overview and Scrutiny Committee during the consultation period on 11 March 2011, the Committee set out a series of questions and assurances for the Trust and local Primary Care Trusts.

The Trust provided responses on these questions and assurances through:

- A detailed written submission to the Health Overview and Scrutiny Committee⁷
- A presentation and Question & Answer session with the Chief Executive of the Trust⁸

The response from the Joint Health Overview and Scrutiny Committee is included with the Supporting Documents attached to this paper.

The Committee indicated that they were supportive of the proposals for children's services, maternity services and surgery subject to the assurances identified in their response.

Subject to the decisions of the Trust and PCT Boards, the conclusions and recommendations from the Health Overview and Scrutiny Committee would be integral to the next phase of this programme (see Section 5 and the Annex to this paper).

RECOMMENDATIONS

The Trust Board is asked to:

- **NOTE the update on the Programme Management Arrangements and Office for Government Commerce Review (see Sections 2.1 and 2.2)**
- **NOTE the report on the “Keeping It In The County” public consultation (Section 2.3 and attached)**
- **NOTE the Local Assurance Panel report (Section 2.4 and attached)**
- **NOTE the summary of the National Clinical Advisory Team report (Section 2.5 and attached)**
- **NOTE the Equality Impact Assessment Summary (Section 2.6 and attached) and the full Equality Impact Assessment (available from www.ournhsinshropshireandtelford.nhs.uk)**
- **NOTE the response from the Telford & Wrekin and Shropshire Joint Health Overview and Scrutiny Committee (see Section 2.7 and attached)**
- **NOTE that Assurance and Consultation has been integral to the ongoing development and review of the proposals for reconfiguration of hospital services and, subject to the decisions of the Trust and PCT Boards, will shape the next phase of the programme to develop an Outline Business Case and Full Business Case**

⁷ A list of the questions assurances, and a schedule of the written information provided by the Trust for the Health Overview and Scrutiny Committee on 11 March 2011, can be found in the “Useful References and Further Reading” section in the Supporting Documents. The submission is available from the consultation website.

⁸ A copy of the presentation from the Chief Executive is available from the consultation website.

3. Analysis and Synthesis of Clinical Proposals

As described in Section 2, the development and review of the “Keeping It In The County” proposals has been undertaken within a comprehensive framework of assurance and consultation.

This Section summarises the key issues raised through assurance and consultation in relation to each of the clinical pathways.

The key messages that were being raised through assurance and consultation were fed back on an ongoing basis to the clinical working groups for consideration as the pathways were constructed. As the groups included GPs, paramedics, consultants and clinicians from many specialties including radiologists, intensivists and therapists this enabled broad-ranging discussion and input into the solutions proposed. This supported the Trust to develop the submission to the Local Assurance Panel on the clinical care pathways and related concerns on 28 February 2011, and subsequently to the Joint Health Overview and Scrutiny Committee on 11 March 2011⁹.

3.1 Surgery

3.1.1 What we proposed

The proposals within surgery included:

- All inpatient general surgery, both planned and emergency, for vascular, colorectal and upper gastro-intestinal surgery would be carried out at the RSH
- Breast, gynaecological and head and neck surgery would be carried out at the PRH
- All trauma surgery would continue to be carried out at RSH as now
- Orthopaedic surgery would continue to be carried out at both sites as now
- Head and Neck services transferred from RSH to PRH due to the high level of paediatric activity
- Most outpatient appointments would continue to take place at the same hospital as now
- Most day case surgery will also continue to take place at the same hospital as now

3.1.2 What we heard from assurance and consultation

Key Issues

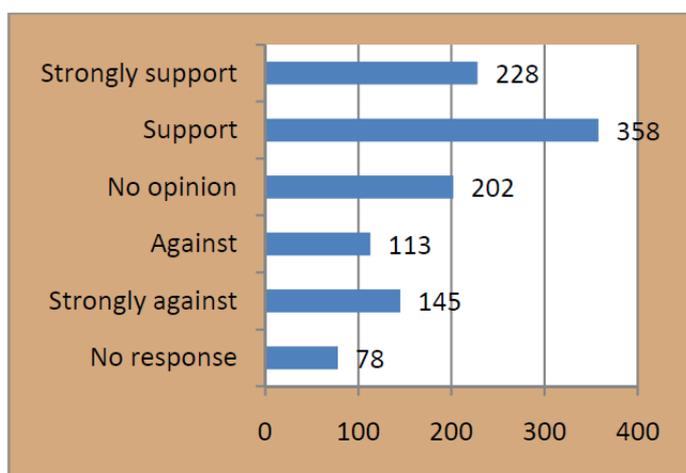
What we heard	What we did
Concerns about the supporting infrastructure at RSH to enable the changes to surgery e.g. ITU, theatres, beds	<p>Development of the ITU at RSH is already in the Trusts capital programme as it is acknowledged improvements to this facility need to be made irrespective of reconfiguration.</p> <p>A high-level options paper was developed to support further discussion, subject to the decisions made by the Trust and PCT Boards.</p> <p>Discussion took place within the Surgery Clinical Working Group regarding</p>

⁹ The analysis and synthesis in Section 3 refers to briefing documents that are contained in the Submissions to the Local Assurance Panel on 28 February 2011 and/or the submission to the Joint Health Overview and Scrutiny Committee on 11 March 2011. Detailed references can be found in the “Useful References and Further Reading” in the Supporting Documents accompanying this paper.

	<p>theatres, beds, staffing etc. and this would continue into the OBC planning phase.</p> <p>There are a number of productivity initiatives already underway within the organisation to improve patient flow, capacity and scheduling which would be a vital element in the required infrastructure plans.</p>
<p>Concerns about the availability of surgical opinion at the PRH if the acute surgeons are at RSH</p>	<p>This issue was discussed in all the Clinical Working Groups, acknowledging the close working relationships between the specialties for a number of patients.</p> <p>The Surgical Team at the Trust propose the provision of a dedicated surgical middle grade doctor, available 24/7 to assess, review and operate if necessary, with the support of the on-call vascular and general surgery consultants. In hours, there will be consultants at PRH as outpatients and day cases will continue to be provided as now. Out of hours, the consultant support will be from RSH.</p> <p>The unplanned emergency surgery pathway has been agreed. The implementation of the Surgical Triage Tool currently used in both sites for the surgical assessment of patients will be rolled-out across the Trust. This assesses patients according to a risk criteria which then dictates the time frame in which the patient must be seen e.g. within 30 minutes.</p> <p>Where joint operating is required, for example in some gynaecological cases, job planning and theatre scheduling will enable this to be managed effectively. In the rare circumstances when additional clinical input is required in theatre due to an emergency complication, the relevant consultant on-call will travel to the patient.¹⁰</p>

Public Consultation

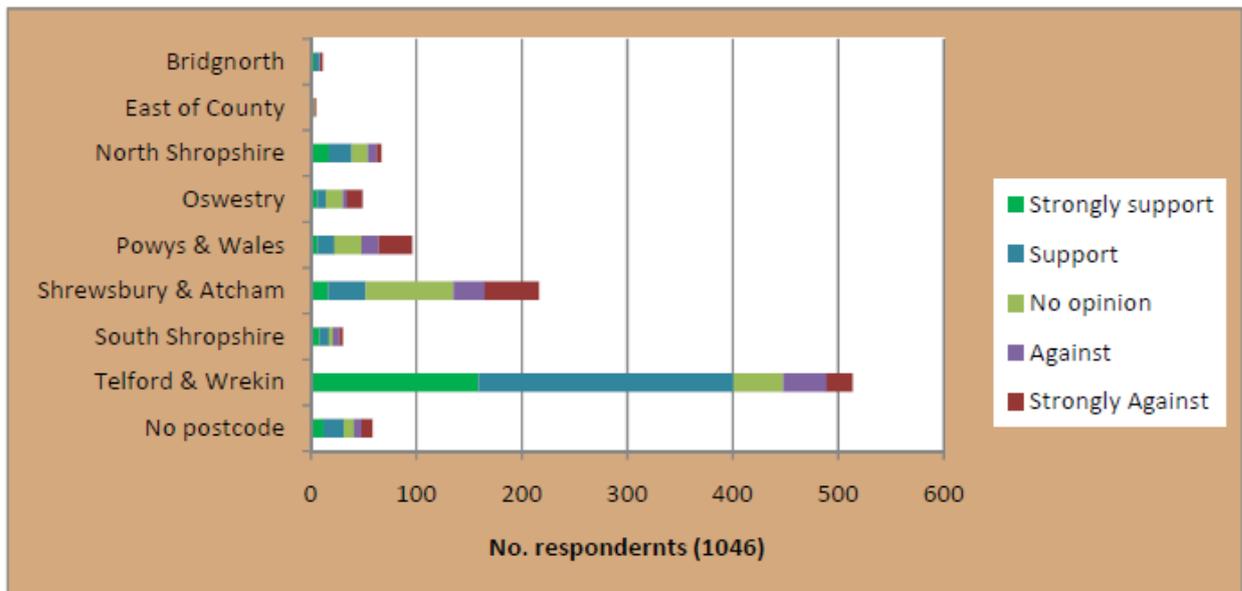
People completing the consultation questionnaire were asked to what extent they supported or were against the proposals for surgery. Overall, responses to this question were more supportive than those for inpatient children’s and maternity services. 202 (20%) of respondents chose ‘No opinion’, with noticeable figures for this option from Shrewsbury & Atcham, Oswestry and Powys.



See note^a

¹⁰ All clinical care pathways were submitted to the Local Assurance Panel on 28 February 2011 (see “Specific Pathway Issues and Pathways for Maternity and Gynaecology; Midwifery; Neonatology; Children’s Services and Surgery”) and to the Joint Health Overview and Scrutiny on 11 March 2011.

^a Erratum: The charts and accompanying analysis of the public consultation have been copied from the Consultation Outcome Report prepared by Merida Associates for NHS Telford & Wrekin and Shropshire County PCT. Three charts were incorrectly positioned in that report. This has been corrected in an amended version of the Consultation Outcome Report and the chart above. This does not affect the accompanying analysis in Section 3.1.2, the conclusions or recommendations in this paper or the chart in Section 2.3 of this report.



The main factors that people liked about the proposals were:

- Centres of excellence
- Keep skills and services in the county
- Modernise hospital site

The main concerns about the proposals were:

- Travel times, distance and transport
- A lack of resident surgeons on each site
- Impact on waiting times for planned surgical procedures
- Skills gap between general and specialist surgeons
- Impact on children

The main areas of reassurance sought by respondents were:

- Nothing to change
- Public and emergency transport
- A clearer understanding how accident and emergency services will work

The concerns raised by the public broadly mirror those that have been raised and discussed within the Local Assurance Panel and the Joint Health Overview and Scrutiny Committee. These concerns will be addressed as the programme develops (see Section 5 and the Annex to the paper).

The proposed solution for paediatric surgery at PRH was developed through discussions in both the Surgery and Children’s Services Clinical Working Groups and reflects the most recent guidance from the Royal College of Surgeons for the Provision of Paediatric Surgical Services.

This guidance¹¹ aims to support commissioners and service planners in ensuring the continued availability of high-quality general paediatric surgery close to patients' homes and families and is endorsed by all other relevant Royal Colleges.

The surgeons currently performing paediatric surgery on an elective basis at the PRH will continue to do so. These surgeons are well-trained and very experienced at operating on and caring for children and have agreed to form a stand-alone paediatric surgical rota for the provision of emergency surgery at the PRH, for those children able to stay within a district general hospital setting and who do not require the services of a specialist Trust. The surgeons will be joined on the rota by one associate specialist in gastro intestinal surgery, one associate specialist in upper gastro intestinal surgery (who currently undertakes paediatric surgery) and a new appointment of an Oncoplastic surgeon. Due to the changing needs of service and subsequent changes in surgical training, many surgeons are increasingly dual trained in breast and paediatric surgery. It is planned that a dual trained surgeon will join the team.

Whilst the finer details need to be carefully worked through, this development offers a robust and sustainable 24/7 dedicated paediatric surgical team within the Trust¹².

Assurance

The Local Assurance Panel was fully assured in relation to the proposed changes within surgery.

The HOSC requested a detailed project plan with timescales and workforce planning. They also asked for details of the arrangements for patients at the PRH A&E who cannot be stabilised and transferred and therefore may need to be operated on at PRH.

Equality Impact Assessment

The Equality Impact Assessment Summary concluded that "there is no reason identified why the proposed reconfiguration of Hospital Services should not proceed as proposed". In terms of the proposals for surgery, it identifies issues and recommendations so that any potential adverse impact can be addressed. For example:

- Examples of potential disadvantage include transport and access for people in western Shropshire and mid Wales, and future work would need to consider how this could be addressed.
- Consideration of equality impact should continue as part of the ongoing work, including as part of the design of any new and refurbished facilities and as part of engagement and communication on changes to services and in addressing anxieties that patients may have in relation to the transfer of services (e.g. in relation to disability, religion, language and communication difficulties).

¹¹ "Ensuring the provision of general paediatric surgery in the district general hospital" (Royal College of Surgeons, 2010)

¹² Details of the proposed solution for paediatric surgery in the county were discussed at the Local Assurance Panel on 28 February 2011 and were presented to the Joint Health Overview and Scrutiny on 11 March 2011. This is available in "Briefing Note: Royal College of Surgeons Guidance and the Provision of Paediatric Surgical Services".

RECOMMENDATIONS

The Trust Board is asked to:

- **NOTE the significant assurance and consultation that has influenced and shaped the ongoing development of the consultation proposals for surgery**
- **COMMEND the following proposals to NHS Telford & Wrekin and Shropshire County PCT, subject to the ongoing assurances set out in Section 5 and the Annex to this paper:**
 - **All inpatient general surgery, both planned and emergency, for vascular, colorectal and upper gastro-intestinal surgery would be carried out at the RSH**
 - **Breast, gynaecological and head and neck surgery would be carried out at the PRH**
 - **All trauma surgery would continue to be carried out at RSH as now**
 - **Orthopaedic surgery would continue to be carried out at both sites as now**
 - **Head and Neck services transferred from RSH to PRH due to the high level of paediatric activity**
 - **Most outpatient appointments would continue to take place at the same hospital as they do now**
 - **Most day case surgery will also continue to take place at the same hospital as now**
- **NOTE that subject to the decisions of the Trust and PCT Boards, the issues raised during assurance and consultation will shape the next phase of the programme to develop an Outline Business Case and Full Business Case (as summarised in Section 5 and the Annex to this paper)**

3.2 Maternity, Gynaecology and Neonatology

3.2.1 What we proposed

The proposals within maternity, gynaecology and neonatology were included in the development of a Women's and Children's Centre at PRH. This would include:

- The consultant led maternity unit currently on the RSH site would move to the PRH site. Both sites would continue to provide midwifery led units (MLU). The MLU accommodation at the RSH would be improved
- The neonatal intensive care unit currently provided at the RSH site would move to the PRH site so that it is on the same site as the consultant led maternity unit and inpatient services
- Pregnant women would continue to have their outpatient antenatal care, including scans at the same hospital they would go to now
- All pregnant women assessed as likely to have a low risk of complications in the later stages of pregnancy and during delivery would still have the opportunity to have their baby in an MLU or at home
- All pregnant women assessed as likely to have a high risk of complications would have their baby in the consultant led unit at PRH

- Gynaecology inpatient services for women would be concentrated within the women's and children's centre at the PRH. Most outpatient care would continue to be at the same hospital as now

3.2.2 What we heard from assurance and consultation

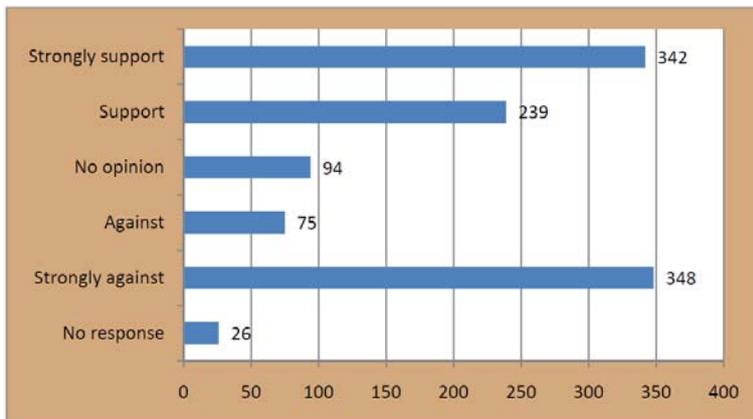
Key Issues

What we heard	What we did
<p>Concerns about the safety and impact of additional travel time in an emergency for mother and baby</p>	<p>The midwifery pathways have all been agreed by the Maternity/Gynaecology/Neonatology Clinical Working Group. These pathways currently exist now for women and babies at the Telford, Oswestry, Ludlow and Bridgnorth, Newtown and Welshpool MLUs. Further training in advanced life support for midwives in the MLUs is already planned irrespective of reconfiguration. WMAS have been part of all the clinical pathway working groups and support the proposed pathways.</p> <p>Discussion with both WMAS and WAS have started to understand the current and future challenges around delivering better ambulance response times with the aim of reducing the overall pre-hospital transfer time.</p> <p>A postcode analysis of current consultant-led births identified that moving the obstetric unit to PRH will significantly increase the number of women who are able to access this service within 20 minutes. However, we do recognise that for some women, their travel time will be longer.</p> <p>In discussions with clinical colleagues in Powys, it has been agreed that further training may be required for the Midwives with regards to anxieties over increased travel times. Colleagues advised that they are already safely transferred longer distances within Wales than those introduced by the Trust's proposals. Trust officers are in contact with their colleagues in Wales to understand the linkages and interdependencies as this work develops. All these discussions regarding the maternity service in Wales would need to reflect current reviews led by the Welsh Assembly for maternity and neonatology care</p> <p>A literature review was undertaken. Published research and data on the impact of travel time on neonates is extremely limited however recent research from Holland has been reviewed and was analysed with regards to the proposed local configuration of services.</p>
<p>The extra distance and transport needs for some patients and their families will be difficult, especially for those from Wales and north and west Shropshire</p>	<p>Low risk pregnant women will still be able to have their babies at home or in their nearest MLU and the pathway remain unchanged in terms of what would happen if complications arose and there was a need to safely transfer a mother to the consultant led obstetric unit. Women who deliver at the consultant unit (due to choice, being high risk or transferring in) will still be able to return to their nearest MLU for their postnatal care, as soon as it is thought clinically appropriate as they do now.</p> <p>The new Women's and Children's Unit at PRH would have improved, fit for purpose accommodation and facilities for fathers and families should this be required.</p>

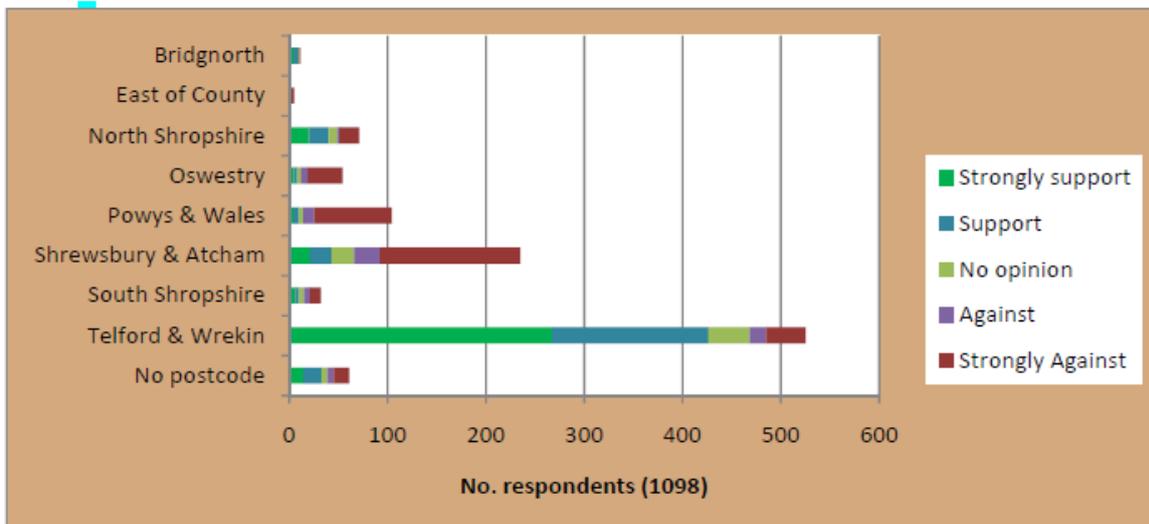
<p>Worries about which hospital women with abdominal pain should attend i.e. RSH for surgery or PRH for gynaecology</p>	<p>The GPs in the Maternity/Gynaecology/Neonatology Clinical Working Group helped steer the solution to this concern. All the clinicians in the group agreed that a number of investigations should be undertaken by the GP prior to referral into the Trust. If the problem was clearly gynaecological, patients should be directed/ taken to the PRH and if it is non-gynaecological, they should go to the RSH. If the GP is uncertain, then the patient should go to their nearest hospital for a set sequence of investigation which would determine their treatment path. The pathways have been agreed between both the Surgery Clinical Working Group and the Maternity/Gynaecology/Neonatology Clinical Working Group and are also available on the website.</p>
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Public Consultation

People completing the consultation questionnaire were asked to what extent they supported or were against the proposals for maternity services. A few more people answered this question compared to the equivalent question on proposals for inpatient children's services. The support from Telford & Wrekin is slightly stronger here and there are more neutral (no opinion) responses overall, including from Shrewsbury & Atcham, Oswestry and Powys & Wales. However there is the same number, or a couple more, of 'Strongly against' from each of those 3 areas for proposals on maternity services as were 'Strongly against' the inpatient children's services proposals.



See note relating to chart (left)^b



^b Erratum: The charts and accompanying analysis of the public consultation have been copied from the Consultation Outcome Report prepared by Merida Associates for NHS Telford & Wrekin and Shropshire County PCT. Three charts were incorrectly positioned in that report. This has been corrected in an amended version of the Consultation Outcome Report and the chart above. This does not affect the accompanying analysis in Section 3.2.2, the conclusions or recommendations in this paper or the chart in Section 2.3 of this report.

The main factors that people liked about the proposals were:

Improved quality of service

Improved facilities

Reflects population trends

Access to services

Better use of limited resources

The main concerns about the proposals were:

Distance and travel

Midwife-Led Unit

Neonatal services

Impact on home births

Location of services

The impact on women or babies with specific conditions or illnesses

The main areas of reassurance sought by respondents were:

Transport and transfer arrangements

Nothing to change

The concerns about extended travel time, the impact this may have on women in labour, particularly in an emergency, and the increased risks this may cause to the baby have been highlighted throughout the development of the proposed option and the consultation period. At both of the Clinical Problem Solving Workshops (August and October 2010) this issue was raised and at the October session, a number of potential risk mitigation strategies were discussed. This included a Maternity Flying Squad and the air ambulance flying at night. The Trust agreed to explore these options further and presented the outcome to the Joint Health Overview and Scrutiny Committee on 11 March 2011¹³.

Maternity Flying Squads: At their visit to the Trust in December 2010, the National Clinical Advisory Team (NCAT) stated that the development of obstetric flying squads should not be explored due to the evidence that it does not improve patient outcomes and is operationally and financially challenging to deliver. In 1990, the Royal College of Obstetricians and Gynaecologists published a report titled *The Future of Emergency Domiciliary Obstetric Services* ('Flying Squads'). They recommended that all calls for obstetric emergencies outside hospital should be responded to by a paramedic team. The full report is available in the submission to the Joint Health Overview and Scrutiny Committee¹⁴.

Night Air Ambulance: Productive discussions with both the Welsh and West Midlands Ambulance Services continue regarding their involvement in the current and future pathways of care and the solutions to the concerns about extended travel time. However, both organisations

¹³ Please see "Briefing Note: Travel, Parking and Feasibility of Ideas Set Out In The Consultation Document" as part of the submission to the Health Overview and Scrutiny Committee on 11 March 2011

¹⁴ Ibid.

have confirmed that the air ambulance is not currently available at night and is sometimes restricted due to adverse weather conditions.

The West Midlands Ambulance Service NHS Trust has developed a service improvement programme with the aim of improving response times, efficiencies and the overall experience for patients. This includes:

- Increasing the paramedic skill-mix within the workforce up to 70% to ensure a paramedic is dispatched with every vehicle
- Continuing to develop Emergency Care Practitioner roles and so reduce admissions and the automatic response of taking someone into hospital
- Improving productivity and efficiency

The concerns from the public around extended travel times for women and babies was also discussed in detail at the Local Assurance Panel and will continue to be addressed as the programme develops (see Section 5 and the Annex to the paper). This discussion between the panel members and the Trust's consultants and Head of Midwifery included an analysis of the potential risks for neonates and the numbers of patients who may be affected, positively and negatively, by the proposed changes¹⁵. As described in section 3.2.2 and above, the Trust is committed to working closely with the ambulance services to look at reducing the overall pre-hospital transfer time which will mitigate the risks of the additional travel time.

Assurance

The Local Assurance Panel was assured on the majority of the maternity pathway, and concluded that full assurance can be given provided the following areas are addressed:

- Formal pathway risk assessment carried out
- Confirmation of detailed arrangements for transfers from Midwife Led Units
- Engagement with Powys LHB on issues for Wales
- Capacity and capability of WAS

In terms of neonatology, the Panel was assured on the majority of the pathway, stating that full assurance can be given provided the following issues are addressed:

- Further discussions to take place with consultant neonatologists to identify the risks in the current service and solutions for providing the service in a clinically safe way, recognising that resolving the problem of the maternity building must be part of the solution¹⁶.
- Workforce plans to be completed.

The HOSC requested that further work be undertaken with GPs and Midwives to assess those considered at risk and appropriate action taken to ensure the safety of mothers and their unborn children.

Equality Impact Assessment

The Equality Impact Assessment Summary concluded that "there is no reason identified why the proposed reconfiguration of Hospital Services should not proceed as proposed". In terms of the

¹⁵ The activity analysis is available within the submission to the Local Assurance Panel on 28 February 2011 and Joint Health Overview and Scrutiny Committee on 11 March 2011.

¹⁶ The ongoing discussions with the Trust's four consultant neonatologists have included a joint workshop for Trust paediatricians and neonatologists and the Royal College of Paediatrics and Child Health on 7 March 2011.

proposals for maternity, gynaecology and neonatology, the Equality Impact Assessment reviewed Women's and Children's Services as a whole (as opposed to individual pathways or service areas). It identifies issues and recommendations so that any potential adverse impact can be addressed. For example:

- There are examples of equality disadvantage in the existing women and children's facilities at the Royal Shrewsbury Hospital in relation to space, access, privacy and transfer to the main hospital (for theatres, critical care etc.).
- Although there are many benefits for service reconfiguration proposals, there are also potential disadvantages to the equality targeted groups if the policies, functions and procedures do not identify and address the specific needs of equality groups to mitigate the disadvantages.
- Examples of potential disadvantage include transport and access for people in western Shropshire and mid Wales, and future work would need to consider how this could be addressed.
- Consideration of equality impact should continue as part of the ongoing work, including as part of the design of any new and refurbished facilities, as part of engagement and communication on changes to services and in addressing anxieties that patients may have in relation to the transfer of services (e.g. in relation to disability, language, communication, religion etc.).

RECOMMENDATIONS

The Trust Board is asked to:

- **NOTE the significant assurance and consultation that has influenced and shaped the ongoing development of the consultation proposals for maternity, gynaecology and neonatology**
- **COMMEND the following proposals to NHS Telford & Wrekin and Shropshire County PCT, subject to the ongoing assurances set out in Section 5 and the Annex to this paper:**
 - **The consultant led maternity unit currently on the RSH site would move to the PRH site. Both sites would continue to provide midwifery led units (MLU). The MLU accommodation at the RSH would be improved**
 - **The neonatal intensive care unit currently provided at the RSH site would move to the PRH site so that it is on the same site as the consultant led maternity unit and inpatient services**
 - **Pregnant women would continue to have their outpatient antenatal care, including scans at the same hospital they would go to now**
 - **All pregnant women assessed as likely to have a low risk of complications in the later stages of pregnancy and during delivery would still have the opportunity to have their baby in an MLU or at home**
 - **All pregnant women assessed as likely to have a high risk of complications would have their baby in the consultant led unit at PRH**
 - **Gynaecology inpatient services for women would be concentrated within the women's and children's centre at the PRH. Most outpatient care would continue to be at the same hospital as now**

- **NOTE that subject to the decisions of the Trust and PCT Boards, the issues raised during assurance and consultation will shape the next phase of the programme to develop an Outline Business Case and Full Business Case (as summarised in Section 5 and the Annex to this paper)**

3.3 Children's Services

3.3.1 What we proposed

The proposals for children's services are also included in the development of a Women's and Children's Centre at PRH. This would involve:

- Concentrating inpatient services for children on the PRH site with Paediatric Assessment Units on both sites
- Children attending hospital as an outpatient continuing to go to the same hospital as they do now
- Head and Neck services transferred from RSH to PRH due to the high level of paediatric activity

3.3.2 What we heard from assurance and consultation

Key Issues

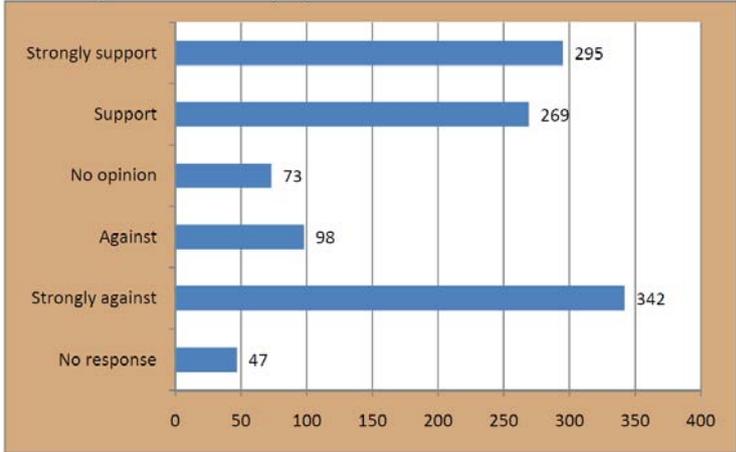
What we heard	What we did
Concerns about the safety and outcome for children in an emergency due to additional travel time	The pathways for critical illness and trauma have been agreed by the Children's Services Working Group and WMAS have been part of all of these pathway discussions. Those children with serious illness or injury would continue to be safely transferred out of county for the specialist care and treatment they require as they are now to Birmingham Childrens Hospital or to Alder Hey Hospital. The transport specification for the small number of children who would stay in county and be transferred from RSH to PRH has been further defined and would continue to be worked on in the OBC planning phase ¹⁷ .
Anger about the transfer of the Rainbow Unit from RSH to PRH	The Trust has acknowledged that this is a real and difficult issue for the parents, friends, families and members of the public who raised a huge amount of money for this unit to be built. However, because it is attached to the maternity building it would need to be part of the plan to transfer this service from its current location. In addition, the oncology unit must be in the same location as the other inpatient children's services and so the move to PRH has been proposed. The new oncology unit would be provided to at least the same standards as now with the addition of a much needed filtration system. Parents and families have been invited to help design the new care environment and the legacy that will remain at the RSH site.

¹⁷ Information about the pathways for children in an emergency were discussed at the Local Assurance Panel on 28 February 2011 and included in the submission to the Joint Health Overview and Scrutiny Committee on 11 March 2011.

<p>Worries about a lack of specific care and support for children out of hours at RSH</p>	<p>The vast majority of children access hospital care in-hours and into the early evening with activity within the Trust significantly reducing at around 22.00 hrs. For children who do access the RSH out of hours via the A&E department, staff have the necessary skills and competencies in caring for children and their families. The majority of children attending A&E are currently seen, treated and discharged by A&E consultants and do not clinically need a referral to a paediatrician. An on-call paediatrician would only be contacted for advice or to attend for a minority of cases. The Trust continues to explore the service model of the PAU at the RSH, the capacity and demands on this service particularly out of hours and as part of that process will consider a number of options for the opening hour of PAU at RSH.</p> <p>The work will continue with GPs, Shropdoc, WMAS and WAS to ensure that patients are taken directly to the right hospital to be cared for by appropriate medical and nursing teams.</p>
<p>Concerns about the distance and transport from Wales and north and west Shropshire for patients and their families and the added stress for parents if their child has to be admitted, especially if they have other children</p>	<p>The majority of children accessing the Trust do not need to stay in hospital overnight. When they do need to stay in, about 40% do so for less than 24 hours. The added stress and pressure of travelling an additional 17 miles on top of their current journey for some parents is acknowledged and all attempts will be made to make this as straight-forward and as short a stay as clinically appropriate. The support parents and families coming from outside of Shrewsbury and Telford receive now from the children's services teams would continue. The Trust is also looking at a range of opportunities to improve transport, including an inter-site shuttle bus.</p>

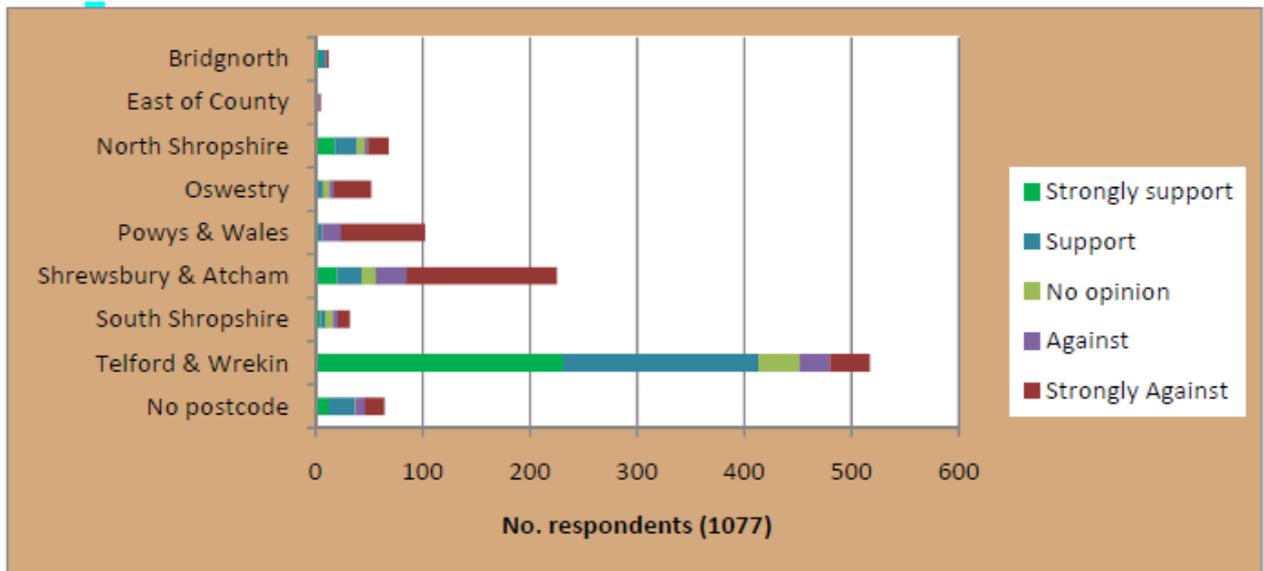
Public Consultation

People completing the consultation questionnaire were asked to what extent they supported or were against the proposals for inpatient children’s services. The pattern of responses to this question was similar to the pattern for the overall proposals (see Section 2.3) with a few (c.30) more neutral responses across areas and a few less ‘Against’.



See note^c

^c Erratum: The charts and accompanying analysis of the public consultation have been copied from the Consultation Outcome Report prepared by Merida Associates for NHS Telford & Wrekin and Shropshire County PCT. Three charts were incorrectly positioned in that report. This has been corrected in an amended version of the Consultation Outcome Report and the chart above. This does not affect the accompanying analysis in Section 3.3.2, the conclusions or recommendations in this paper or the chart in Section 2.3 of this report.



The main factors that people liked about the proposals were:

- Improved services and better care
- Better building and facilities for children
- Reflects population trends
- Better use of limited resources
- The retention of day time assessment at both hospital sites

The main concerns about the proposals were:

- Travel time, distance and transport
- Location of services
- The impact on children with specific conditions or life limiting illnesses
- The Rainbow Unit

The main areas of reassurance sought by respondents were:

- Nothing to change
- Public transport and shuttle bus
- Reassurance on travel times and emergency transport
- Provision for parents

The concerns from the public around extended travel times, safe transfer of sick children, the Rainbow Unit and the impact on parents and families were all discussed in detail at the Local Assurance Panel (see Section 5 and the Annex to the paper for the ongoing work required within the programme).

The Panel was reassured that with appropriate pathway and protocols in place children can be safely transferred between the hospital sites as very sick children are already safely transferred longer distance to specialist tertiary centres. The ongoing work around the service model and the opening hours of the PAUs will also take into account the current activity with the aim of enabling the majority of children to be assessed at the hospital nearest to where they live. An

initial options paper for the PAUs was presented to both the Local Assurance Panel on 28 February 2011 and the Joint Health Overview and Scrutiny Committee on 11 March 2011¹⁸.

As described in section 3.3.2 the Trust is committed to working closely with the ambulance services to look at reducing the overall pre-hospital transfer time.

Assurance

The Local Assurance Panel was assured on the majority of the pathway, and concluded that full assurance can be given provided the following issues are addressed:

- Clarity on PAU demand/capacity to define purpose, staffing and opening times
- Workforce modelling to be undertaken
- Virtual testing and formal risk assessment of pathways
- Risk mitigation needs further work
- The legacy of the Rainbow Unit needs to be addressed
- Communication strategy developed for parents accessing paediatric inpatients or PAU

The HOSC requested that acknowledgment must be given to those involved in raising funds for the Rainbow Unit and that they should be invited to be involved in the design of the new unit at PRH , with similar an hopefully improved standards. They also expressed the need for further work to be undertaken with commissioners to develop Hospital at Home to avoid unnecessary hospital admission.

Equality Impact Assessment

The Equality Impact Assessment Summary concluded that “there is no reason identified why the proposed reconfiguration of Hospital Services should not proceed as proposed”. In terms of the proposals for children’s services, the Equality Impact Assessment reviewed Women’s and Children’s Services as a whole (as opposed to individual pathways or service areas). It identifies issues and recommendations so that any potential adverse impact can be addressed. For example:

- There are examples of equality disadvantage in the existing women and children’s facilities at the Royal Shrewsbury Hospital in relation to space, access, privacy and transfer to the main hospital (for theatres, critical care etc.).
- Although there are many benefits for service reconfiguration proposals, there are also potential disadvantages to the equality targeted groups if the policies, functions and procedures do not identify and address the specific needs of equality groups to mitigate the disadvantages.
- Examples of potential disadvantage include transport and access for people in western Shropshire and mid Wales, and future work would need to consider how this could be addressed.
- Consideration of equality impact should continue as part of the ongoing work, including as part of the design of any new and refurbished facilities, as part of engagement and communication on changes to services and in addressing anxieties that patients may have

¹⁸ The PAU Options paper can be found within the Local Assurance Panel submission (“Paediatric Assessment Unit – Options Paper”) and the Joint Health Overview and Scrutiny Committee submission (“Briefing Note: Paediatric Assessment Unit”).

in relation to the transfer of services (e.g. in relation to disability, language, communication, religion etc.).

RECOMMENDATIONS

The Trust Board is asked to:

- **NOTE the significant assurance and consultation that has influenced and shaped the ongoing development of the consultation proposals for children's services**
- **COMMEND the following proposals to NHS Telford & Wrekin and Shropshire County PCT, subject to the ongoing assurances set out in Section 5 and the Annex to this paper:**
 - **Concentrating inpatient services for children on the PRH site with Paediatric Assessment Units on both sites, with further work to consider the demand and capacity, purpose and staff of the PAUs as part of the development of the OBC and FBC**
 - **Children attending hospital as an outpatient continuing to go to the same hospital as they do now**
 - **Head and Neck services transferred from RSH to PRH due to the high level of paediatric activity**
- **NOTE that subject to the decisions of the Trust and PCT Boards, the issues raised during assurance and consultation will shape the next phase of the programme to develop an Outline Business Case and Full Business Case (as summarised in Section 5 and the Annex to this paper)**

3.4 Stroke

3.4.1 What we proposed

The consultation did not define a proposal for the stroke service. It invited comments from the public on the pattern for local stroke services which takes into account how best to introduce new techniques and develop the service in line with modern standards.

Since the launch of the consultation, and in response to comments from patients, public and from staff delivering the service, work had been undertaken within the Trust to provide a 24/7 service for thrombolysis at both sites from May 2011. This has been achieved by working in partnership with the PCTs, the Shropshire and Staffordshire Heart and Stroke Network, University Hospitals of North Staffordshire NHS Trust and Burton Hospitals NHS Foundation Trust to develop and provide a safe and robust rota for this model of care.

3.4.2 What we heard from assurance and consultation

Public Consultation

There were 121 specific responses regarding stroke services. This covered:

- Immediate access to services (comments that stroke services should be available at the nearest hospital to them)
- Local rehabilitation (comments that stroke rehabilitation services should be close to home, in community settings where possible)

- Family involvement (comments highlighting the importance of family support for stroke sufferers)

Assurance and Equality Impact Assessment

As there was no formal proposal from the Trust, the Local Assurance Panel did not consider changes to the stroke service and an equality impact assessment was not undertaken.

The Equality Impact Assessment Summary recommended that impact assessment should be undertaken if specific proposals are developed that change the shape of urology services.

The Joint Health Overview and Scrutiny Committee has received a presentation on the work undertaken during consultation and “welcomes the decision to provide thrombolysis service 24/7 on both sites” and has requested updates on progress on the wider strategy for stroke services.

3.4.3 Conclusions

Based on the work that has taken place during the assurance and consultation phase it is proposed that hyper-acute stroke services can continue to be provided at both the Princess Royal Hospital and the Royal Shrewsbury Hospital through the establishment of a 24/7 thrombolysis service at both sites through partnership with local PCTs, the Shropshire and Staffordshire Heart and Stroke Network, University Hospitals of North Staffordshire NHS Trust and Burton Hospitals NHS Foundation Trust. This will be progressed as part of the wider service improvement programme for stroke.

RECOMMENDATIONS

The Trust Board is asked to:

- **NOTE the significant assurance and consultation that has influenced and shaped the ongoing development of the consultation proposals for stroke services**
- **COMMEND the following proposal to NHS Telford & Wrekin and Shropshire County PCT, subject to the ongoing assurances set out in Section 5 and the Annex to this paper:**
 - **The provision of hyper-acute stroke services at both the Princess Royal Hospital and the Royal Shrewsbury Hospital through the establishment of a 24/7 thrombolysis service at both sites**
- **NOTE that subject to the decisions of the Trust and PCT Boards, the issues raised during assurance and consultation will shape the next phase of the programme to develop an Outline Business Case and Full Business Case**

3.5 Urology

3.5.1 What we proposed

The consultation did not define a proposal for urology services rather it stated that the Trust’s consultant urologists agree that the inpatient urology service needs to be consolidated on one site.

3.5.2 What we heard from assurance and consultation

Public Consultation

There were 41 comments on urology services. Overall comments generally supported the idea of there being a specialist centre of excellence in urology on one site however views were mixed as to where this should be.

Assurance and Equality Impact Assessment

As there was no formal proposal from the Trust, the Local Assurance Panel and the HOSC did not consider changes to urology and an equality impact assessment was not undertaken.

The Equality Impact Assessment Summary recommended that impact assessment should be undertaken if specific proposals are developed that change the shape of urology services.

3.5.3 Conclusions

It is recommended that the work to conclude the review for urology should continue and that the outcomes of this work should form part of the OBC and FBC development.

RECOMMENDATIONS

The Trust Board is asked to:

- **APPROVE that the work to conclude the review for urology should continue and that the outcomes of this work should form part of the Outline Business Case and Full Business Case**

4. Analysis and Synthesis of Finance and Workforce Implications

4.1 Finance: Capital and Revenue Implications

4.1.1 Initial Analysis

The initial analysis concluded that:

- The Maternity building at RSH is over forty years old and is the Trust's oldest building. It is also in the worst condition.
- Alternative provision at the RSH had been examined but buildings and land opportunities were severely limited. A new build on the car park adjacent to the Treatment Centre may offer the only solution but this was not considered affordable.
- At PRH there were no inherent building deficiencies meaning that investment would go immediately into productive facilities. The site also offered more flexibility in terms of where new facilities could be built and there are greater opportunities to resolve space and quality standards, and capital options were in the range of £27-£30 million.
- With the proposed reconfiguration of services it was not anticipated that there would be an increased cost for the Trusts commissioners and whilst not solving the Trust's financial challenges, it would give opportunities to make the organisations financial position stronger. The reconfiguring of services would enable the flexibility to look at current models of care and working practices, which over a period of time would help and contribute to the overall long term programme to deliver efficiencies in all hospital services. Several key areas where efficiency and productivity improvements could be made were identified.

4.1.2 What we heard

Key issues

What we heard	What we did
Comparability between the costs of the building and refurbishment schemes at PRH (£28m) and RSH (£62m)	The Trust clarified the capital costs to the Local Assurance Panel on 28 February 2011 and the Joint Health Overview and Scrutiny Committee on 11 March 2011, through written submissions and presentations. This would be further tested and clarified through the development of the Outline Business Case and Full Business Case.
Affordability of revenue consequences of the capital borrowing.	<p>The Trust clarified the revenue consequences of capital borrowing in presentations to the Local Assurance Panel on 28 February 2011 and the Joint Health Overview and Scrutiny Committee on 11 March 2011. This would be further tested and clarified through the development of the Outline Business Case and Full Business Case.</p> <p>Whilst the Local Assurance Panel concluded that it was neither assured or not assured on financial sustainability, it noted that "there is a clear process for the Trust to work up an outline business plan for proposals if they ultimately are supported to go ahead, in agreement with commissioners ... This will then be followed by detailed business plans being developed that are informed by workforce development plans."</p>

<p>Potential for capital borrowing for the schemes</p>	<p>We have reviewed the capital and revenue implications and our assessment is that a scheme in the region of £28m is at the limit of current capital borrowing affordability. This would be further tested and clarified through the development of the Outline Business Case and Full Business Case.</p>
<p>Clarification and review of the feasibility of single site (option 3) and major/minor site (option 4)</p>	<p>An update on the assessment of the feasibility of Options 3 and 4 was presented to the Joint Health Overview and Scrutiny Committee on 11 March 2011. This was initially costed as part of the Developing Health and Health Care work in 2009. The major capital costs and the revenue implications of capital borrowing for a single site (Option 3) are not considered affordable in the current economic climate and for the foreseeable future.</p> <p>The delivery of a model of care for a major/minor site would involve significant movement of beds. A modelling exercise was undertaken in July 2010 to test out the high level requirements of both sites within this option. This modelling showed that there would be a need for 673 'acute' beds at one site, and if this was modelled on RSH (as the site receiving major trauma) this would need an additional 280 beds in addition to significant development of A&E, ITU, diagnostics and a wide range of support services. The Trust would not be able to manage the acute and urgent activity within the current estate at RSH and the financial requirements of such an expansion would not be affordable. The resulting model of care is also unlikely to be consistent with the reconfiguration principles (Section 1.4).</p>
<p>Understanding how the options and context had changed between 2009 (Developing Health and Health Care) and 2011 (Keeping It In The County)</p>	<p>The Trust provided a written briefing to the Joint Health Overview and Scrutiny Committee on 11 March 2011. This clarified that the long term vision that was being developed in 2020 also proposed moving out of the women and children's building at RSH, and also that longer term vision included an option in which PRH would be the site for inpatient obstetric and children's services.</p>
<p>Clarification of the methodology and external assurance and scrutiny for the development of capital costings</p>	<p>A briefing on costings guidance and costings protocols was provided to the Joint Health Overview and Scrutiny Committee on 11 March 2011, and copies of relevant guidance and documentation have been published on the consultation website.</p>
<p>Clarification of the risks pertaining to the women and children's services building at the Royal Shrewsbury Hospital</p>	<p>A copy of the most recent site survey for the women and children's building has been made widely available, and a summary of the key issues was shared with the Local Assurance Panel on 28 February 2011 and the Joint Health Overview and Scrutiny Committee on 11 March 2011.</p>
<p>Alternative build options at PRH</p>	<p>An initial build option was developed for feasibility purposes during Phase 1a. During the assurance and consultation phase, risks and opportunities were raised in relation to clinical linkages between women and children's services and other services such as A&E, theatres. As a result of this we have reviewed the potential building options and identified a new sub-option for building new accommodation adjacent to the existing children's ward at PRH. The building options were discussed during visits to PRH by representatives on behalf of the HOSC.</p>

Assurance and Equality Impact Assessment

As mentioned in the table above, the Local Assurance Panel concluded noted that “there is a clear process for the Trust to work up an outline business plan for proposals if they ultimately are supported to go ahead, in agreement with commissioners ... This will then be followed by detailed business plans being developed that are informed by workforce development plans.”

The Joint Health Overview and Scrutiny Committee noted that “members have been informed that the funding for capital costs will be agreed. However, it is vital that the Trust and PCTs have robust plans for all aspects of the financial planning to ensure that the proposals are financially sustainable.”

The Equality Impact Assessment Summary recommended that equalities issues should be reflected in new facilities in the future, and that this should be reflected in the project management and procurement arrangements.

Current Position

A presentation on the latest position on the capital and revenue implications will be made to the Trust Board on 24 March 2011.

4.1.3 Updated assessment of the capital options in the consultation document

<p>Do nothing and maintain all services as they are (Consultation Option 1)</p>	<p>During assurance and consultation, many patients and members of the public have told us that they would like services to stay where they are and/or for services to continue to be provided close to where they live. However, this does not address the dilemmas we face and no material alternative options have been identified that would enable services to stay as they are. Specifically, no feasible and alternative options for re-providing women and children’s services from the deteriorating building at the Royal Shrewsbury Hospital have been identified. The National Clinical Advisory Team, Local Assurance Panel and Joint Health Overview and Scrutiny Committee have concluded that the status quo is not an option.</p> <p>The updated assessment following assurance and consultation is that Option 1 is not feasible.</p>
<p>Concentrate all services on one site – either a new single site or one of the existing hospitals (Consultation Option 3)</p>	<p>During assurance and consultation, we have continued to receive representations proposing a new acute hospital site for Shropshire and Telford & Wrekin. However, whilst there is strong clinical support for this model our review of the capital borrowing requirements and revenue implications indicate that this is not affordable.¹⁹</p> <p>The updated assessment following assurance and consultation is that Option 3 is not feasible.</p>

¹⁹ Detailed information about the feasibility study undertaken as part of the options appraisal for the Developing Health and Health Care programme in 2009 is available from the consultation website.

<p>Major and emergency work on one site and planned activity on the other (Consultation Option 4)</p>	<p>During assurance and consultation, we have continued to receive representations proposing a major/minor model of care between the two hospitals. However, whilst there is also clinical support for this model our review of the operational impact (e.g. beds and support services) indicated that the capital borrowing requirements and revenue implications are not affordable.</p> <p>The updated assessment following assurance and consultation is that Option 4 is not feasible.</p>
<p>Move some services from PRH to RSH and some services from RSH to PRH (Consultation Option 2)</p>	<p>During assurance and consultation, concerns have been raised about proposals to move services between the two sites. However, this remains the main practicable solution to address the challenges to the safety and sustainability of the services we provide for patients and communities in Shropshire, Telford & Wrekin and mid Wales.</p> <p>If this is supported as the preferred option then detailed work would need to take place as part of the development of the Outline Business Case, Full Business Case and ongoing planning and implementation to ensure that the risks and concerns raised during consultation are being addressed.</p> <p>The updated assessment following assurance and consultation is that Option 2 remains the preferred option.</p>

RECOMMENDATIONS

The Trust Board is asked to:

- **NOTE the assurance and consultation that has influenced and shaped the development of the high-level capital options and revenue implications**
- **COMMEND Option 2 (moving some services from PRH to RSH and some services from RSH to PRH) to NHS Telford & Wrekin and Shropshire County PCT as the preferred option**
- **NOTE that subject to the decisions of the Trust and PCT Boards, the capital options and revenue consequences would be further tested and clarified as part of the development of the Outline Business Case and Full Business Case (as summarised in Section 5 and the Annex to this paper)**

4.2 Workforce Implications

The “Assurance and Consultation” phase has included the identification of high-level workforce implications based on the consultation proposals and the draft care pathways.

Key activities during this phase have included:

- Development of high level workforce implications within the Clinical Working Groups.
- The development of an initial strategic workforce planning framework.
- The identification of common themes and areas of inter-dependency that would be critical to the delivery of the next phase of this programme (e.g. change of working patterns, skill-

mix changes, workforce supply, training needs, use of extended roles, retaining teaching hospital status, staff travel and relocation).

- Learning visits and teleconferences with other Trusts where similar models of care have been implemented (e.g. to learn about the establishment of new roles and working practices).
- Communication and engagement with staff (e.g. through Clinical Working Groups and Sub Groups, Chief Executive and Director briefings, team meetings, staff newsletters, intranet, consultation documents and summaries distributed through the hospitals, cascade briefings for clinical and operational managers).

Examples of workforce issues in relation to specific pathways are discussed in Section 3 (e.g. surgical support to paediatrics, paediatric advanced nurse practitioners, training and development for midwives including cross-border issues).

Detailed assessment of the workforce implications can only take place once the Trust and PCT Boards have made a decision on the proposed model of care to progress to Outline Business Case and Full Business Case. The draft programme managements summarised in Section 5 and the Annex to this paper outline the proposed timetable for developing the detailed HR plan as part of the Full Business Case in October 2011.

Assurance and Equality Impact Assessment

The Joint Health Overview and Scrutiny Committee highlighted issues relating to staff travel and parking between the sites and also to ensure that there should be workforce and contingency planning to ensure that patient safety is not compromised once the process of transferring services begins.

The Equality Impact Assessment Summary highlights the need to build on the consultation that has taken place so far to ensure that equality issues are considered as part of ongoing staff engagement and as part of formal change management arrangements.

RECOMMENDATIONS

The Trust Board is asked to:

- **NOTE that subject to the decisions of the Trust and PCT Boards, the detailed workforce implications would be developed as part of the Outline Business Case and Full Business Case (as summarised in Section 5 and the Annex to this paper)**

5. Proposed Next Steps

If the Trust Board accepts the recommendations set out in Sections 2, 3 and 4 then this does not represent a decision to implement changes to health services. Instead (and subject to the decisions of the boards of NHS Telford & Wrekin and Shropshire County PCT) the Board is being asked to approve that the preferred option is tested further through the development of an Outline Business Case and Full Business Case, which would be presented to the Boards of the Trust and the PCTs for approval later in the year.

In order to assure the Trust Board that the feasibility of delivering this programme of work has been considered, this section and the Annex to this paper set out in principle the draft programme management arrangements that would need to be in place for the 'Planning for Implementation' phase from March 2011 to October 2011.

This phase would include:

- Ongoing clinical leadership and development in the care pathways/models of care, risk mitigation plans, workforce, service models and redesign (including care at or closer to home).
- Development of an Outline Business Case, followed by a Full Business Case
- Ongoing partner and stakeholder discussions and work to address the wider issues of rural health care, ambulance, transfers and transport, neighbouring health system reconfigurations etc.
- Robust patient and public involvement and engagement in the pathways, service models and the way services are designed and ultimately delivered.
- Continued local and national assurance, including updates and discussions with the Health Overview and Scrutiny Committees, Local Involvement Networks, Community Health Council, Clinical Assurance Group, the Strategic Health Authority and the Office for Government Commerce. It will also include ongoing review and progress to address the recommendations from the Local Assurance Panel and National Clinical Advisory Team.
- Proactive engagement and information sharing with patients, the public, staff, partners, stakeholders, councillors and MPs as the next phase progresses.

Attached as an Annex to this paper is a summary of the proposed next steps including:

- Current Position, Next Steps and Ongoing Assurance in relation to the recommendations from the Local Assurance Panel, National Clinical Advisory Team, Office for Government Commerce, Joint Health Overview and Scrutiny Committee and Equality Impact Assessment:
- Draft Programme Structure
- Draft Programme Workstreams and Outline Business Case Process Map
- Draft Timeline March to October 2011

RECOMMENDATIONS

The Trust Board is asked to:

- **APPROVE the development of an Outline Business Case and Full Business Case, subject to the decisions made by the Boards of The Shrewsbury and Telford Hospital NHS Trust, NHS Telford & Wrekin and Shropshire County PCT**

6. Summary of Recommendations

Assurance and Consultation (Section 2)

The Trust Board is asked to:

- NOTE the update on the Programme Management Arrangements and Office for Government Commerce Review
- NOTE the report on the “Keeping It In The County” public consultation
- NOTE the Local Assurance Panel report
- NOTE the summary of the National Clinical Advisory Team report
- NOTE the Equality Impact Assessment Summary and the full Equality Impact Assessment
- NOTE the response from the Telford & Wrekin and Shropshire Joint Health Overview and Scrutiny Committee
- NOTE that Assurance and Consultation has been integral to the ongoing development and review of the proposals for reconfiguration of hospital services and, subject to the decisions of the Trust and PCT Boards, will shape the next phase of the programme to develop an Outline Business Case and Full Business Case

Clinical Proposals (Section 3)

The Trust Board is asked to:

- NOTE the significant assurance and consultation that has influenced and shaped the ongoing development of the consultation proposals for surgery, maternity/gynaecology/neonatology, children’s services and stroke services
- COMMEND the following proposals to NHS Telford & Wrekin and Shropshire County PCT, subject to the ongoing assurances set out in Section 5 and the Annex to this paper:

Surgery

- All inpatient general surgery, both planned and emergency, for vascular, colorectal and upper gastro-intestinal surgery would be carried out at the RSH
- Breast, gynaecological and head and neck surgery would be carried out at the PRH
- All trauma surgery would continue to be carried out at RSH as now
- Orthopaedic surgery would continue to be carried out at both sites as now
- Head and Neck services transferred from RSH to PRH due to the high level of paediatric activity
- Most outpatient appointments would continue to take place at the same hospital as they do now
- Most day case surgery will also continue to take place at the same hospital as now

Maternity/Gynaecology/Neonatology

- The consultant led maternity unit currently on the RSH site would move to the PRH site. Both sites would continue to provide midwifery led units (MLU). The MLU accommodation at the RSH would be improved
- The neonatal intensive care unit currently provided at the RSH site would move to the PRH site so that it is on the same site as the consultant led maternity unit and inpatient services

- Pregnant women would continue to have their outpatient antenatal care, including scans at the same hospital they would go to now
- All pregnant women assessed as likely to have a low risk of complications in the later stages of pregnancy and during delivery would still have the opportunity to have their baby in an MLU or at home
- All pregnant women assessed as likely to have a high risk of complications would have their baby in the consultant led unit at PRH
- Gynaecology inpatient services for women would be concentrated within the women's and children's centre at the PRH. Most outpatient care would continue to be at the same hospital as now

Children's Services

- Concentrating inpatient services for children on the PRH site with Paediatric Assessment Units on both sites, with further work to consider the demand and capacity, purpose and staff of the PAUs as part of the development of the OBC and FBC
- Children attending hospital as an outpatient continuing to go to the same hospital as they do now
- Head and Neck services transferred from RSH to PRH due to the high level of paediatric activity

Stroke Services

- The provision of hyper-acute stroke services at both the Princess Royal Hospital and the Royal Shrewsbury Hospital through the establishment of a 24/7 thrombolysis service at both sites
- APPROVE that the work to conclude the review for urology should continue and that the outcomes of this work should form part of the Outline Business Case and Full Business Case
- NOTE that subject to the decisions of the Trust and PCT Boards, the issues raised during assurance and consultation will shape the next phase of the programme to develop an Outline Business Case and Full Business Case

Finance and Workforce Implications (Section 4)

- NOTE the assurance and consultation that has influenced and shaped the development of the high-level capital options and revenue implications
- COMMEND Option 2 (moving some services from PRH to RSH and some services from RSH to PRH) to NHS Telford & Wrekin and Shropshire County PCT as the preferred option
- NOTE that subject to the decisions of the Trust and PCT Boards, the capital options and revenue consequences would be further tested and clarified as part of the development of the Outline Business Case and Full Business Case
- NOTE that subject to the decisions of the Trust and PCT Boards, the detailed workforce implications would be developed as part of the Outline Business Case and Full Business Case

Proposed Next Steps (Section 5)

- APPROVE the development of an Outline Business Case and Full Business Case, subject to the decisions made by the Boards of The Shrewsbury and Telford Hospital NHS Trust, NHS Telford & Wrekin and Shropshire County PCT

Keeping it in the County

Securing the future of hospital services
in Shropshire, Telford and Wrekin

Annex: Next Steps

1. **Introduction**
2. **Recommendations from the Local Assurance Panel, National Clinical Advisory Team, Office for Government Commerce, Joint Health Overview and Scrutiny Committee and Equality Impact Assessment: Current Position, Next Steps and Ongoing Assurance**
3. **Draft Programme Structure**
4. **Draft Programme Workstreams and Outline Business Case Process Map**
5. **Draft Timeline March to October 2011**

1. Introduction

The Trust's proposed option for the reconfiguration of hospital services has been clinically developed, widely debated as part of a formal consultation process and rigorously tested by local and national assurance processes and organisations. Subject to the decisions of the PCT and Trust Boards, the high level of clinical leadership and engagement since the work was re-launched in July 2010 would need to continue into the next stage of the programme. The three Clinical Working Groups would therefore remain central to this work as it progresses. In addition, ongoing assurance and engagement with the Health Overview and Scrutiny Committees (HOSC), Local Involvement Networks (LINKs) and Community Health Council (CHC), the Office for Government Commerce (OGC) and the National Clinical Advisory Team (NCAT) would also need to be maintained.

Recommendations from the Local Assurance Panel, National Clinical Advisory Team, Office for Government Commerce and Joint Health Overview and Scrutiny Committee: Current Position, Next Steps and Ongoing Assurance

The recommendations and areas for further assurance from the Local Assurance Panel, OGC, NCAT and HOSC are outlined in the attached grid. The issues raised by the Local Assurance Panel and the HOSC also incorporate many of the key issues and concerns raised by during public consultation. The grid will continue to be updated to reflect the main issues and themes from public consultation and ongoing engagement.

The current position and proposed next steps are also described. This would be a live document which will be reviewed by the Steering Group at each meeting to monitor progress and agree actions to ensure these recommendations are delivered.

The Gateway Review process is prescribed by the OGC and reviews would be undertaken at key points during the programme, namely the Outline Business Case and Full Business Case stages.

NCAT do not need to undertake another assessment. The team have offered to support the clinical development and discussions as required, and would provide external objectivity and a national perspective to the local solution.

The robust involvement and updating of the HOSCs would also continue, along with continued strengthening of arrangements for wider engagement of communities and their representatives.

Draft Programme Structure

The draft structure is based on the need to have a programme that is clinically driven whilst acknowledging the complexities and interdependencies within this programme, the wider Trust, the local NHS and the communities we serve.

The structure and lines of accountability are drawn from best practice programme and project management and guidance from the OGC on "Why Programmes Fail".

Draft Programme Workstreams and Outline Business Case Process Map

There are five clear workstreams or projects within the programme. The structure supports their delivery with the Clinical Working Groups, patients and public involvement and communications and engagement running throughout each one.

The workstreams are:

- Clinical Pathways
- Change Management
- Business Case
- Strategic Engagement, and
- Governance/Assurance

The submission of an Outline Business Case (OBC) to the Trust Board in June 2011 dictates the sequence of much of the work going forward. However, the development of an OBC cannot be done in isolation and must be delivered in the context of the wider programme of work.

The OBC process map proposes a methodology to achieve a draft document by the end of May 2011. This will enable discussion with the HOSC, review by the OGC, discussion within the Trust's relevant committees and groups prior to presentation to the Trust Board in June 2011.

Draft Timeline March to October 2011

The draft timeline has been developed to meet the milestones of presenting the Outline Business Case to the Trust Board in June 2011 and a Full Business Case in October 2011 within the context of the wider Future Configuration of Hospital Services programme.

2. Recommendations from the Local Assurance Panel, National Clinical Advisory Team, Office for Government Commerce, Joint Health Overview and Scrutiny Committee and Equality Impact Assessment: Current Position, Next Steps and Ongoing Assurance
March 2011

	Area	(a) LAP	(b) OGC	(c) NCAT	(d) Joint HOSC	(e) EqIA
1	Clinical Care Pathways	Assurance about clinical risk mitigation for the proposed configuration, focussing in particular on the new risks that are introduced by the proposed changes and with detailed care pathways for categories of patients for whom particular risks have been identified, for instance children with major injuries being taken to the Royal Shrewsbury Hospital.	Complete at appropriate detailed level how the proposed option will work in practice	Define all the pathways affected Identify risks that currently exist and those that are potentially increased by the option	All clinicians working together to ensure clinical pathways and arrangements are in place to mitigate risks	See Governance (12)
2	Maternity	Formal pathway risk assessment Detailed arrangements for transfers from MLUs Engagement with Powys LHB on issues for Wales Capacity and capability of WAS finalised Training for midwives in Wales			Further work with GPs and Midwives to assess those considered at risk and appropriate action taken to ensure the safety of mothers and their unborn children	See Governance (12)
3	Neonates	Further discussions to take place with consultant neonatologists to identify the risks in the current service and solutions for providing the service in a clinically safe way, recognising that resolving the problem for the maternity building must be part of the solution Workforce plans to be completed				See Governance (12)
4	Paediatrics	Clarity on PAU demand/capacity to define purpose, staffing and opening times Workforce modelling to be tested Virtual testing and formal risk assessment of pathways Risk mitigation needs further work The legacy of the Rainbow Unit to be addressed Communication strategy developed for parents accessing paediatric inpatients or PAU			Acknowledgment of the Rainbow Unit and those involved in raising funds should be invited to be involved in the design of the new unit at PRH, with similar and hopefully improved standards Further work is undertaken with commissioners to develop Hospital at Home to avoid unnecessary hospital admission	See Governance (12)
5	Surgery				Detailed project plan with timescales and workforce planning Arrangements for patients at PRH A&E who cannot be stabilised and transferred to be operated on at PRH	See Governance (12)
6	Support Services	Further detail on arrangements for anaesthetics, ITU and ENT in the reconfigured services				

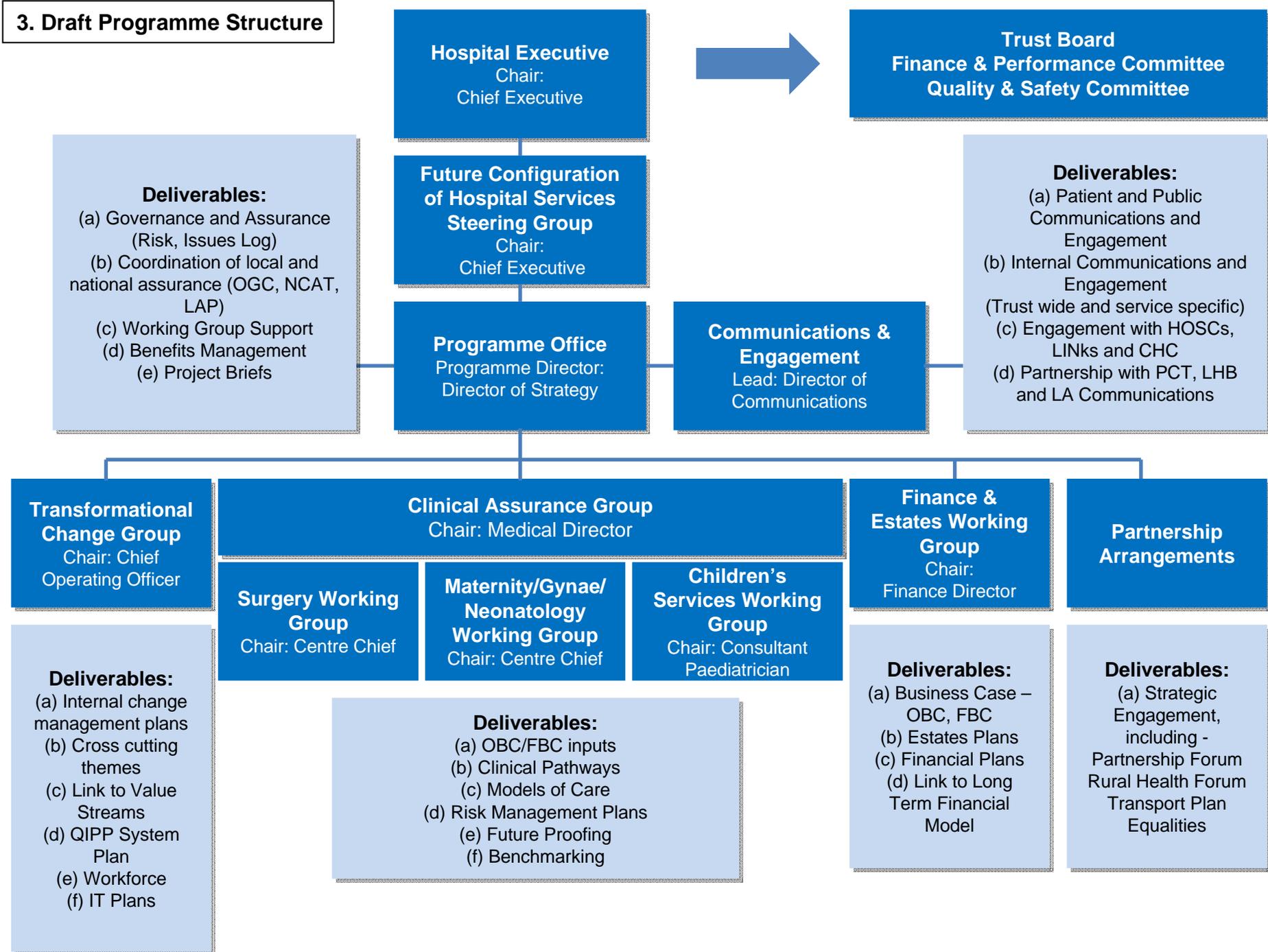
2. Recommendations from the Local Assurance Panel
March 2011

	Area	(f) Current Position	(g) Next Steps
1	Clinical Care Pathways	Initial care pathways have been developed by Clinical Pathway Groups. Work has progressed to identify and mitigate risks in relation to current services and any new or different issues arising from changes to pathways. An update on risk mitigation was presented to the Local Assurance Panel on 28 February 2011 and was included in the submission to the Joint Health Overview and Scrutiny Committee on 11 March 2011.	Agree key milestones for implementation, ensuring further clinically-led development of detailed care pathways with patient involvement by May 2011
2	Maternity	Discussions with WAS and Powys LHB re issues for patients in Wales are well underway. The outcomes and ongoing work plan were included in the LAP and HOSC submissions. The Head of Midwifery for Powys is engaged in the process and established joint working practices will continue to take this work forward.	Current activity modelling being undertaken by WAS. Analysis will inform ongoing discussions re transfer of patients from Wales. May 2011 Formal risk assessment to be undertaken by June 2011 Training needs of all staff to be identified within the workforce element of the Outline Business Case. May 2011. Workforce strategy to be in place by October 2011.
3	Neonates	All neonatologists attended a workshop with the Royal College of Paediatrics and Child Health on 7th February 2011. Work and discussions to continue within the clinical pathway groups re current risks and solutions.	Way forward to be agreed within the consultant team. Option for further work with RCPCH to be considered. Workforce planning to be undertaken as part of pathway group by May 2011.
4	Paediatrics	Initial 6 week PAU audit at RSH completed as part of scoping future understanding capacity and demand. Contact made and lessons learnt from other Trusts delivering care within a similar configuration and policies and pathways shared. Clinical pathway group continuing to work on the pathways of care	PAU service to be scoped and options agreed by May 2011 for inclusion in OBC work up. Workforce planning to be undertaken for inclusion in OBC including scoping PANPs. Care pathway development to continue and be tested through scenario work. May 2011 Specific group to be established to determine the needs of the Rainbow Unit, including the legacy at RSH. Parents of those who were involved in its development to be invited to be part of this group. Communication re service location to form part of the implementation described above. Hospital at Home service discussions to resume with local commissioners. May 2011
5	Surgery	Pathways presented to the LAP. High level planning undertaken and initial workforce modelling completed.	Timescales for change to be agreed. Outline implementation plan to be developed by end May 2011 (including workforce). Specific care pathways to be developed with GP commissioners by September 2011.
6	Support Services	Clinicians part of all pathway groups. High level detail and ENT pathways presented to the LAP. Initial options for ITU scoped.	Detail to be developed as part of the development of the OBC by May 2011 within the cross-cutting themes work alongside diagnostics and therapies.

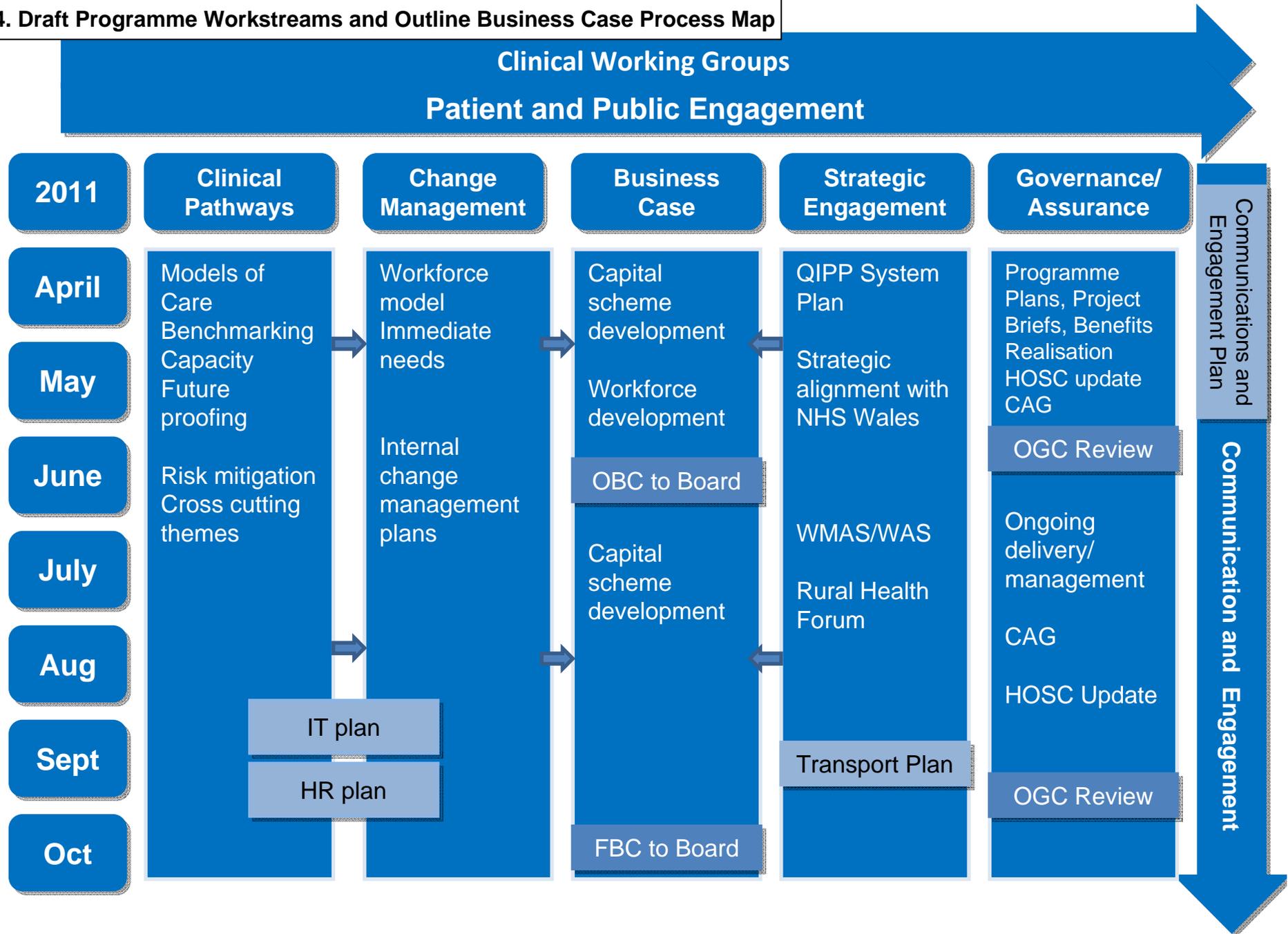
	Area	(a) LAP	(b) OGC	(c) NCAT	(d) Joint HOSC	(e) EqIA
7	Communication - clinicians and staff	The outcome of further discussions with hospital clinicians who had expressed concerns, reported to the panel, regarding the clinical and service risks associated with the proposals.		Develop solutions with fellow clinicians, other stakeholders and patients and the public that meet and exceed current levels of quality and safety	The Trust must do all they can to alleviate the concerns of those who have opposed the proposals. Discussions and work must continue with Welsh colleagues to address the concerns of those in Wales	
8	Communication - patients and the public				It is essential that the public are kept fully informed of any service changes and the implications for patients prior to any such change taking place	
9	Travel, transport and transfers	Assurance about mitigating concerns about travel and about increased travel times. This should include the outcome of further work undertaken with Welsh and West Midlands ambulance services and other partners to identify how the disadvantages of increased travel times for patients in Wales and some of the more sparsely populated areas in the West of Shropshire could be mitigated		Ensure that transport and travel plans and systems are robust	Reassurance from WMAS that they are able to reach, stabilise and safely transport children the further distance to the PRH plus any additional costs of increased transfers between sites must be taken into account Inter-site transfers for staff, patients and visitors Adequate car parking at both sites	See Governance (12)
10	Financial planning	Financial sustainability referred to SCPCT and NHST&W	Complete detailed Financial, Estate and HR plans to support the programmes objectives		Continued transparency in financial and estates planning. Robust plans to be put in place	
11	Workforce	Further detail on the workforce planning which has been undertaken to demonstrate the sustainability of the proposed new arrangements Also see specific specialties above			Detailed evidence of workforce planning and availability. Contingencies to be put in place once the process of transferring services begins to ensure patient safety is not compromised	See Governance (12)
12	Governance			Develop a comprehensive governance system with training simulations and testing that keep staff and procedures at high levels of readiness		Continued Equality Impact Assessment in ongoing development and implementation. Action plan for equality strands and ongoing reports on delivery.
13	Implementation Planning		Produce a draft implementation plan for transition in order to ascertain resource requirements for the new ways of working		The Joint HOSC request details of any changes prior to implementation	
14	Change Management		Consider the further development of an integrated change management plan to support the longer term cultural and behavioural changes required			
15	Benefits Management		Put in place a benefits management plan			

	Area	(f) Current Position	(g) Next Steps
7	Communication - clinicians and staff	Clinician and stakeholder discussions have shaped the clinical care pathways and options for delivery. Specific work has also been undertaken with colleagues in Wales. The outcomes and next steps for this work were presented to the LAP and HOSC.	The three clinical working groups and the Clinical Assurance Group will continue to meet to enable ongoing discussions April-June 2011. Future meetings planned diaried for discussions with commissioners/providers in Wales in April and May 2011. Plans for a Rural Health Symposium to be progressed. To be held in July/August 2011.
8	Communication - patients and the public	Widespread public consultation has taken place, as set out in the consultation report.	A detailed communication and engagement plan will be developed to support the next phase of this work during April 2011. Health Overview and Scrutiny Committees, Local Involvement Networks and Community Health Councils will be consulted on the development of this plan.
9	Travel, transport and transfers	Travel time analysis on the outcomes for neonates presented to the LAP. The outcomes of the work and discussions with WAS and WMAS were also presented to the LAP and HOSC. Commitment has been given by all three organisations (SaTH, WAS, WMAS) to work together to understand and address current and future transport/transfer challenges.	Specific transfer needs within each pathway to be progressed within the Clinical Pathway Working Groups by May 2011 Transport and travel plans to be progressed by the Change Partnership Group. Initial scoping to form part of the OBC by May 2011. Details to form part of the FBC by September 2011.
10	Financial planning	High level financial plans developed and presented to the LAP and HOSC.	Detailed capital and revenue implications to form part of the OBC in June, then progressed further within the FBC by September.
11	Workforce	A description of the workforce discussions and methodology for progressing workforce plans was presented to the LAP. Service specific planning has commenced within the Clinical Pathway Groups.	Initial workforce plans to form part of the OBC in June 2011. A full workforce strategy to be in place by October 2011.
12	Governance	Pathways developed and agreed to enable testing options to be explored. Equality Impact Assessment undertaken alongside public consultation.	Programme plan and project briefs to be in place by April 2011 to include implementation plans, for each clinical stream. Implementation plans to include options for road testing pathways, systems and processes prior to service change - June 2011. Establish equalities action plan as part of ongoing programme arrangements - Oct 2011.
13	Implementation Planning	Contacts within Trusts who have recently reconfigured, or are in the process of doing so, have been made and sharing of experience agreed.	Draft implementation plans to be developed in readiness for the next OGC review at the end of May 2011.
14	Change Management	Initial change management requirements scoped by Human Resources.	Draft Integrated Change Management Plan to be developed by the Transitional Working Group to reflect the wider transformational change programme within the Trust and the changes within the local NHS. To be in place by the end of May and to form part of the OGC review. Final plan to be agreed by the end of October 2011.
15	Benefits Management		Benefits management and realisation plans to be scoped and to provide a framework for the implementation planning process. June 2011

3. Draft Programme Structure



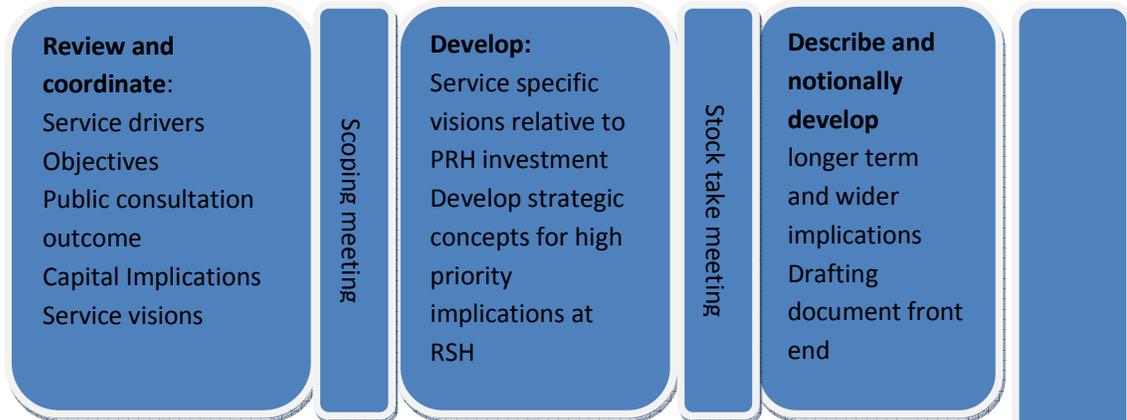
4. Draft Programme Workstreams and Outline Business Case Process Map



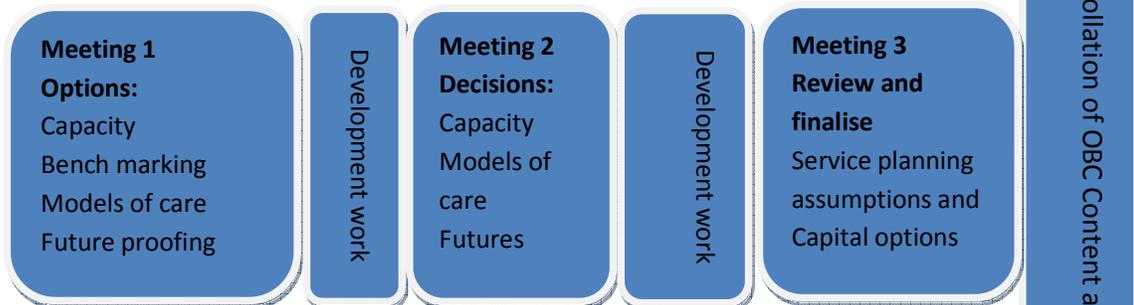
The Shrewsbury and Telford Hospital NHS Trust

OBC Process map and timetable

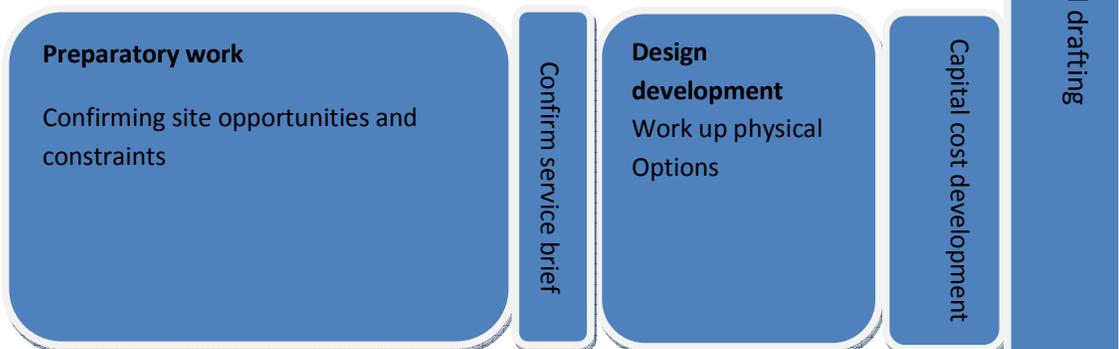
Strategic Context section of Outline Case



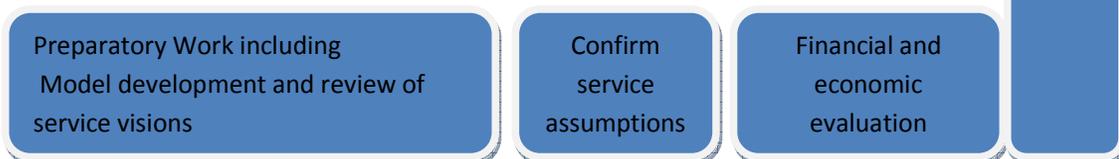
Capacity and Model of Care development



Capital Scheme development



Staffing and Revenue development



Collation of OBC Content and final drafting

W/e	W/e	W/e	W/e	W/e	W/e	W/e	W/e	W/e	W/e
25 th	1 st	8 th	15 th	22 nd	29 th	6 th	13 th	20 th	27 th
March	April	April	April	April	April	May	May	May	May

5. Future Configuration of Hospital Services Programme: Draft Timeline March to October 2011

Week	Date w/c	Work Plan	Output
0	21 st March	Trust and PCT Boards and HOSCs meet 24 th March	
1	28 th March	Draft programme structure, timescales and team identified External provider for OBC development commissioned Reconfiguration submission to SHA (31 st)	
2	4 th April	FCHS Steering Group meets to agree next 7 months work plan, including further assurance, communications, risks and issues OBC development work commences (see separate plan) Strategic Forum with PCTs, Powys LHB, Betsi Cadwaladr, WMAS, WAS (7 th)	Structure, work plan and process agreed
3	11 th April	Centre Chiefs Workshop Programme Plan, Project briefs and communications and engagement plans finalised Draft Benefits Management Plan circulated	Programme Plan Project Brief for each work strand Communications Plan
4	18 th April		
5	25 th April	Implementation and change management planning commences Workforce and training models agreed and fed into OBC 1 st meeting of Patient and Public Forum	Benefits Management Plan Workforce model including immediate needs re ANPs
6	2 nd May	FCHS Steering Group – review of models of care, benchmarking, capacity, future proofing, initial workforce model, Benefits Management Plan Strategic Forum with PCTs, Powys LHB, Betsi Cadwaladr, WMAS, WAS (6 th)	
7	9 th May	Clinical Assurance Group	
8	16 th May	Service planning, capital options and capital and revenue costs completed (20 th May)	Implementation Plan
9	23 rd May	Draft OBC content circulated and discussed at Executive Group	Draft OBC circulated Draft Integrated Change Management Plan
10	30 th May	Final drafting of OBC Reconfiguration submission to SHA (31 st)	OGC submission
11	6 th June	FCHS Steering Group – review of risk mitigation, cross cutting themes and Change Management Plan HOSC update	
12	13 th June	OGC Gateway Review – exact date to be agreed	
13	20 th June	Trust Board papers circulated	Final version OBC
14	27 th June	OBC presented to Trust Board (30 th June)	
15	4 th July	FCHS Steering Group meets to agree next 4 months work plan External provider for FBC development commissioned	
16	11 th July	FBC development work commences	
17	18 th July	Rural Health Symposium (date tbc)	
18	25 th July	Clinical Assurance Group Reconfiguration submission to SHA (29 th)	
19	1 st August		
20	8 th August		
21	15 th August	FCHS Steering Group	
22	22 nd August		
23	29 th August		
24	5 th September		
25	12 th September		
26	19 th September	FCHS Steering Group – review of IT Plan, Workforce Strategy and Transport Plan agreed and fed into FBC	IT plan Workforce Strategy Transport Plan
27	26 th September	Reconfiguration submission to SHA (30 th)	
28	3 rd October	FCHS Steering Group HOSC update	OGC submission
29	10 th October	OGC Gateway Review – date to be agreed	
30	17 th October	Trust Board papers circulated	Final version of FBC
31	24 th October	FBC presented to Trust Board (27 th October)	
32	31 st October		