

### Summary of National Clinical Advisory Team Report

This document summarises the report of the review by the National Clinical Advisory Team (NCAT) that took place on 8 December 2010 at the Royal Shrewsbury Hospital on “Keeping it in the County – A proposal for the future configuration of hospital services in Shropshire, Telford and the Wrekin”

This documents replicates the report of the review, including the discussion and analysis of the views expressed to the team, with the exception of the names of the individual interviews and the individual views expressed.

This NCAT review was commissioned in November 2010 and took place on 8 December. The public consultation about the proposals was planned to commence on 9 December 2010. This was NCAT’s second visit, the previous visit having taken place in January 2009.

#### The NCAT report summarised the background to the review as follows:

*“The previous recommendations had centered on the consolidation of acute services on to a single site. There was a possibility at that time of this being provided within a new build. The significant curtailment of capital investment opportunities as a consequence of the economic recession has essentially precluded this approach for the foreseeable future. There is a possible modest capital investment available to stabilize the safety and sustainability of key services. There is also a clear understanding from stakeholders that the economic context cannot be ignored and that the proposals had to result in:*

- *The best deliverable option to maximise safety and sustainability*
- *Pragmatic compromises being necessary*
- *That the clinical teams, accepting such a pragmatic approach needed to give the best advice possible by which key challenges and risks could be mitigated*
- *This consultation being part of a journey in constantly improving healthcare delivery and outcomes.*

*“It was also clear that the very poor nature of the maternity and neonatal estate at RSH was a key reason for the development of these plans. The NCAT visitors were taken on a tour of these facilities, noting the extreme overcrowding in the neonatal unit, the lack of a second maternity operating theatre and the compromise of standards of privacy and dignity. The point was made that the situation had been like this for a considerable period of time and could it be allowed to prevail any longer? All felt that the time to act was now and there was no reason to let such an unsatisfactory situation continue to the detriment and risk of local people.*

*“It was also noted that there was inclusion of stakeholders during the pre consultation phase and in the development of the preferred option, focusing particularly on children’s and maternity services. Was this pre-consultation meaningful? We believe that the consultation should explore with all key stakeholders how the quality of service could be upheld and even improved, how safety and access would be maintained and that the patient experience would be supported. We believe that the clinical leadership community working together across their traditional boundaries are prepared to consign organizational and profession silos to history and will use this consultation to deliver the*

*four key requirements set by the Secretary of State. It has to be said that the Country already possesses great examples of such services developed in this way; the midwifery and obstetric mode is one of them – providing safe and effective services over a very wide geographical area.”*

### **The NCAT review summarised the proposals as follows**

*“The formal proposal being consulted upon is:*

- *The establishment of a Women’s and Children’s centre on the PRH site:*
  - *The obstetric unit would move from RSH to PRH. Midwifery Led Units would remain on both sites*
  - *All women would receive their antenatal and postnatal care at the same location as now.*
  - *The Neonatal Intensive Care Unit would move from RSH to PRH and be co-located within the Women’s and Children’s centre*
  - *Consolidation of inpatient gynaecology onto a single site at PRH*
  - *Consolidation of inpatient paediatrics onto a single site at PRH*
  - *Consolidation of inpatient paediatrics onto a single site at PRH with enhanced Assessment Units on both sites.*
  
- *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*
  
- *The consolidation of acute inpatient general surgery onto the RSH site*
  
- *The maintenance of an A & E service on both sites. Major trauma would continue to be seen at RSH. Long bone trauma would be seen in both A & E’s.*
  
- *All urgent medical cases (for example, strokes, heart attacks and serious chest infections) would continue to be supported on the same hospital sites as at present*
  
- *Most outpatients would continue to be seen at the same hospital as now.*
  
- *Most patients being treated as day cases would go to the same hospital as now.”*

### **The NCAT review summarised the expectations as follows:**

*“It is expected that if this consultation is successful and meets the conditions set by the Secretary of State the result will be that:*

*(1) The hospital service is configured as outlined above.*

*(2) Clearly agreed care pathways, protocols, standard-operating procedures and a communication plan across communities that supports successful risk mitigation and the safe delivery of effective care across a widely distributed population will be put in*

place.

*(3) Significant health and health care benefit will be achieved within the financial resource available.*

*(4) A vibrant forward-looking clinical community will strive continuously to improve the health services of their local population.”*

**The NCAT visitors were presented with the following documents for the review:**

- The Future configuration of hospital services in Shropshire, Telford and Wrekin.
- Project Initiation Document
- The future configuration of hospital services in Shropshire, Telford and Wrekin Phase 1 Project Plan
- Service reconfiguration engagement log and attachments
- Keeping it in the county: a proposal (for the future configuration of hospital services in Shropshire, Telford and the Wrekin

**The NCAT review met GPs and officers from NHS Telford and Wrekin and Shropshire County PCT, clinicians and officers from SaTH and a patient representative.**

**The NCAT review provides the following discussion and analysis based on documentary reviews and interviews:**

*“Patient Safety and Outcomes: “The proposal outlines a solution which on balance coherently improves patient safety and assures the sustainability of services. However the service changes do move risks round the system (that currently exist and are managed) and create potential risks as outlined by the views expressed. Key risks relate to geographical access for emergency care and for illnesses which require different clinical services to interact (e.g. children’s medicine and general surgery). Robust protocols and transport arrangements that are tested regularly are required. Preferably these should be tested significantly before go-live. The ambulance service and air ambulance are key stakeholders and must be engaged on detail and early. Integrated IT solutions are also critical.*

*“Patient Experience: The proposals are coherent and will improve patient and staff experience provided they are based on an integrated pathway that maximises out-of-hospital and self care. Telemedicine could have a great part to play in management of long term conditions; empowering patients and reducing their dependency on hospital attendance.”*

**The NCAT review made the following conclusion:**

*“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”*

**The NCAT review summarised the proposals against the Secretary of State criteria as follows:**

***“Do the proposals have a clinical evidence base?***

*Yes, the proposals are based on clinical evidence, however it is imperative that in considering adaptations to pathways of care that further evidence is sought to ensure that the risks highlighted are considered and mitigations put in place. External assurance has been sought and given and a similar opinion to ours formed.*

***Are the proposals supported by the public and local authorities?***

*We believe so. Although we did not meet local authority staff or members, the engagement log indicates good engagement. We also note the assurance provided to the external assurance visit of 22<sup>nd</sup> and 23<sup>rd</sup> November.*

***Are the proposals supported by GP commissioners?***

*We heard evidence that they were and indeed we felt that there was a strong will to use this change to improve healthcare for all.*

***Do the proposals meet the requirements of patient choice?***

*We believe they do. We certainly believe that the reconfiguration will realise the ‘greater good’. We also believe with effective and integrated clinical leadership and public engagement that the mitigations required will be developed which will sustain and enhance choice and quality of care.”*

**The NCAT review made the following recommendations:**

*“That the consultation proceeds with the option as currently defined but that the consultation process itself should substantially address the outstanding concerns.”*

Shropshire County **NHS**  
Primary Care Trust

**NHS**  
Telford and Wrekin

**STEP UP**  
CONSULTING  
(UK) Ltd.



# *Equality Impact Assessment SUMMARY*

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*“Keeping it in the County,  
A Proposal for the Future Configuration of Hospital  
Services in Shropshire, Telford and Wrekin”  
16<sup>th</sup> March 2011*

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# Equality Impact Assessment Summary

## Keeping it in the County - A Proposal for the Future Configuration of Hospital Services in Shropshire, Telford and Wrekin

### 1. Introduction

Step Up Consulting (UK) Ltd. was commissioned to carry out an Equality Impact Assessment (EqIA) on the proposals related to “The Future Configuration of Hospital Services in Shropshire, Telford and Wrekin”. 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 strands) and, considering the opportunities to promote equality through the proposed development, to make recommendations to mitigate the identified adverse impact.

### 2. Scope of this EqIA - case for proposing the change

Over the past few years hospital services have begun to leave Shropshire. Gynaecology cancer and upper gastro intestinal cancer surgery are no longer provided in Shropshire. They have left because it was not possible to deliver these sustainably to the right level of quality.

Under the proposals, some specialist services would move from the Royal Shrewsbury Hospital (RSH) to the Princess Royal Hospital (PRH) in Telford, and vice versa. The purpose of the proposed changes is to make sure that patients receive safe, high quality care and that the two hospitals can continue to serve the people of Shropshire, Telford and Wrekin and Mid Wales for a long time to come. There is also a need to respond now to changes that have taken place over a number of years that have left some other services vulnerable. There are big question marks about whether all services can continue to be safely and sustainably provided within Shropshire unless changes are made.

The three local NHS organisations – the Shrewsbury and Telford Hospital NHS Trust (SaTH), Shropshire County Primary Care Trust (PCT) and NHS Telford and Wrekin – recognise that the proposed changes would result in some significant changes to the way that a small number of patients access these services. However, by far the majority of services would remain the same.

### 3. Methods

This Equality Impact Assessment (EqIA) involved undertaking a desktop analysis of various reports and data provided by Shropshire County PCT, NHS Telford and Wrekin and SaTH, considering a variety of documents. It also considered other local, regional and national policy and literature relevant to this assessment. Step Up Consulting (UK) Ltd. approach to this EqIA has been based on the steps recommended by the Equality and Human Rights Commission (EHRC).

It is important to note that this EqIA has been undertaken at a high level on plans for reconfiguration and includes local and national generic data. Therefore, each individual service as a part of reconfiguration would need to ensure that they undertake a full EqIA on their relevant functions and policies should the plans go ahead.

### 4. Assessment of impact across all equality groups

#### 4.1 Positive impact and opportunities to promote equality across all strands

In relation to the proposed changes to services, there are opportunities to create positive impact and to promote equality across all equality strands. These opportunities relate to the following:

- Improving access to services across the board in service planning and delivery as a part of design, refurbishment or in the development of a new building, where relevant. This offers enormous positive opportunities to proactively identify the needs of people from equality targeted backgrounds and to develop services to meet such needs, hence improving outcomes and reducing health inequalities.
- With the proposed changes and the re-development, refurbishment or relocation of services, the management and clinical staff will have the opportunity to get things right and embed the equalities agenda throughout from the start. This will include patient care pathways and the whole patient journey, systems and processes of recruitment and selection, ongoing management, development and capacity building of staff and teams, the facilities available to staff and the general working environment.
- The proposals offer excellent opportunities to provide patients with high levels of privacy and dignity that many patients at other modern hospitals take for granted. This would have additional positive impact on the needs of all equality targeted groups. Whilst it means re-locating services from one site to another, it also means providing better quality and may mean more services.
- Development of a new model of service through the development of alternative care pathways and a shift of a significant proportion of outpatient attendances into a community setting to ensure the very best practice in terms of accessibility, inclusive facilities and services for all users. These would also potentially increase patient choice for all sections of equality targeted groups.
- Improvement in the quality of the physical environment of Trust services/care facilities.
- Refurbished or modern facilities in keeping with the provision of modern and dignified health care, clinical rooms of sufficient size and lighting, and appropriate equipment to allow professional assessment of all patients, including for people with disabilities.
- Appropriate disabled access to all areas of the buildings and within all rooms.
- Potential to address parking issues with the hope that parking may be greatly increased, hopefully free and increased disabled parking, especially where it involves patients and visitors arriving from out of town locations.

## 4.2 Assessment of risks and adverse impact to all equality strands

Adverse impact as highlighted by this EqIA has considered the areas highlighted below. For more details please refer to the full report. Equality strands considered in this assessment include: Age, Disability, Gender, Race, Religion/ Belief and Sexual Orientation. Where relevant, references in relation to the broader inequality, rural and urban and deprivation, have also been included.

### 4.2.1 Women’s and Children’s Services

#### Maternity Services

- The existing facilities of the maternity building within the current location at RSH are inadequate, overcrowded and potentially disadvantage various sections of the equality targeted groups and communities - for example women with disability, gender issues, religious needs etc.
- Facilities do not meet modern space standards to enable the Trust to give patients privacy and dignity they expect (e.g. open bays, lack of en-suite facilities, creating additional disadvantage for all patients including people with disabilities, older people).



- The neonatal intensive care unit is extremely cramped and again this potentially creates issues from an access and disability perspective.
- The range of services offered or available with disability access is limited, including a lack of appropriate Disability Discrimination Act (DDA) lay-out compliance within the existing buildings.
- Limited infrastructure which, for example only a single lift being available which during periods of maintenance or service disruption, causes significant service difficulties for all patients needing access to main theatres and HDU/ITU and specifically disabled patients and or disabled visitors/carers. Also the transfer of children into the other parts of the hospital via the mortuary is not the desired option by anyone, regardless of the equality targeted groups.

## Maternity and Children’s Services (future potential implementation gaps)

Although there are many benefits for the 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 any adverse impact. It is important that the proposed approach outlined in relation to the maternity proposals simply ‘flips’ the model of service from one town to the other, i.e. currently women can have high or low risk birth at Shrewsbury, but only low risk at Telford. If the proposals go ahead, women would be able to have high or low risk birth at Telford, but only low risk at Shrewsbury. Examples of such disadvantage are briefly highlighted below.

- Transport and access: There is potential for additional disadvantage regarding travelling the further distance to PRH for the people of Shropshire and Powys, particularly for people with disabilities, people with dependants or caring responsibilities and parents, deprived communities, older people, people on low incomes, visitors etc. who may need to pay more frequent visits. The future work would need to ensure that the needs of such groups are identified in a holistic approach by considering the socio-economic model of health inequalities rather than only thinking of an appointments based approach.
- A detailed EqIA would need to be undertaken in relation to the refurbishment / establishment of a new Women’s and Children’s Centre on the PRH site to ensure that all stages of service planning and delivery, including project plans and financial decisions, are inclusive and proactively identify the needs of all groups.
- The obstetric unit moving from RSH to PRH and the Neonatal Intensive Care Unit moving from RSH to PRH and its co-location within the Women’s and Children’s Centre would require further detailed work with communities across the equality strands as there are potential issues to be considered from the perspective of language, communication, disability, religious and cultural needs as so far the consultation has been on a broader high level.
- Midwifery Led Units would remain on both sites and all women would receive their antenatal and postnatal care at the same location as now. This reconfiguration provides an opportunity to undertake detailed EqIAs to meet the statutory duties requirements and to ensure links are created with the new proposed pathways and the broader work being undertaken. This assessment did not find the evidence of any full EqIAs having been conducted in this area. The same applies in relation to the consolidation of inpatient gynaecology onto a single site at PRH and consolidation of inpatient paediatrics onto a single site at PRH with enhanced Paediatric Assessment Units on both sites.

## Proposed new pathways

- There is current national evidence that women from various equality targeted groups may be faced with additional disadvantage. For example women with various types of disabilities (physical or sensory) are faced with many additional disadvantages and problems related to their health. There is potential for disadvantage if inclusive approaches are not implemented across the proposed changes specifically in relation to equalities. For example the potential inequality may be in services for women with disabilities in relation to difficulties in accessing services because of physical inaccessibility of hospitals, lack of accessible information, support and interpreters or sign language; lack of resources and training coupled with the negative stereotyping of women with disabilities, leading to questioning of making the right choices and parenting abilities; poor communication and lack of involvement of women with disabilities

in the proposed service changes. Therefore the needs and circumstances of women with disabilities have to be considered in any development of models to meet the legal duty requirements.

- Various pathways for the above have already been agreed i.e. midwifery pathways, neonatology, maternity, gynaecology etc. Lack of inclusiveness in line with the duties requirements in all relevant maternity pathways can potentially disadvantage the equality targeted groups i.e. access, self /agency referral, assessment, triage, admission, care planning, treatment, discharge etc. Therefore full detailed EqIA/s should be undertaken in relation to each pathway to meet the requirements of the legislation. For more details please refer to the full report.

## Paediatric Inpatient Head and Neck Surgery

- All relevant children’s care pathways should assess the equality impact throughout the patient journey i.e. the adverse impact or potential for such at the stages of access, self /agency referral, assessment, admission, care planning, treatment, discharge etc. with specific focus on children. This would also need to include the needs of their parents/carers related to their disabilities, difficulties of travelling due to impairment, other responsibilities, religious needs, their accommodation, language, communication etc.
- Staff training across all children’s pathways would need to include relevant equality impact assessment training as well as the appropriate level of KSF equality and diversity training.
- The assessment identified that most of the potential issues in this area related to access, transport, language, communication, religious and cultural sensitivities with similar implications as highlighted in the section for Maternity and Children’s Services above.

## Making adjustments

There may also be potential to additionally disadvantage patients from equality targeted backgrounds if appropriate/reasonable adjustments to the equipment and environment are not made to meet cultural, religious, gender and disability needs. These may involve:

- Adjustable tables/beds that lower to the standard wheelchair height to facilitate access for the examination of people with disabilities.
- Ensuring provisions of appropriate beds, height adjustable cots, mobility aids, larger wheelchairs etc.
- Handrails allowing independent movement up or down.
- Making appropriate adjustments for patients with spinal cord injury (SCI), stroke, cerebral palsy (CP), orthopaedic injury, multiple sclerosis (MS), and even obesity.
- Lack of availability and adjustments in relation to making the practical arrangements to meet religious needs, i.e. prayer facilities and its preparation.

### 4.2.2 Acute Surgery - assessment of risks and adverse impact to all equality strands

- Various pathways have been agreed, i.e. trauma and surgery, however the detailed practicalities of these pathways have not been worked through and lack of inclusiveness in line with the duties requirements across the functions of these pathways can potentially disadvantage the equality targeted groups. The inequality or adverse impact may potentially be in part of or all areas of patient care pathways. Difficulties may include accessing services because of physical inaccessibility of getting in to the hospital using public transport and / or patients turning up at the wrong site. A lack of clarity about where to go may cause additional difficulties or disadvantage for people with disabilities, blindness, language and communication difficulties, etc. Therefore full detailed EqIA/s must be undertaken in relation to each pathway to meet the requirements of the legislation to ensure the process is inclusive across all related pathways, policies, processes and functions for the whole population.
- Various other types of disadvantage could potentially exist in relation to: language and communication in appropriate languages and formats including out of hours; staff training; lack of involvement of patients and carers; no systems and facilities to cater for dietary, religious or prayer needs, cultural sensitivities, or appointments made on specific religious or cultural festivals making it difficult for people to attend. Also, for example, staff may not be aware of the practicalities of someone fasting during Ramadhan and

assessing their fitness for fasting, and adjustments of their treatment and meal times from dawn to sun set, being unable to make reasonable adjustments in relation to scheduling ward meals at the appropriate times; being unable to provide answers around whether a particular treatment may break their fast in order to empower patient to make the best possible choice etc. For more details please refer to the full report.

### 4.2.3 Additional pathways

- In relation to the proposed changes, based on the gaps highlighted nationally for equality targeted groups and in order to meet the legislation requirements, there would be potential to disadvantage groups if the Trust fails to undertake the EqlAs in relation to Urology inpatient services, Stroke services and Accident and Emergency (A&E) departments across both hospitals.

### 4.2.4 Consultation and engagement

Although the consultation was well publicised across the health economy, this assessment has identified some gaps in relation to the equality strands which will need to be addressed at the next stage, as briefly detailed below:

- There was no evidence available to suggest that a formal EqlA had been undertaken around the process and methodology of such a major consultation, although the needs of the community were considered during the consultation planning meetings. This has been one of the major gaps from an equality and diversity perspective.
- The consultation document was produced in English. The document included explicit messages in relation to it being available in different languages and formats, however these were included on page 26 of the document. It would have been appropriate to include such messages at the front part of the document as those with language or communication difficulties would not have been able to read the relevant pages to reach page 26. This could have potentially resulted in a lack of involvement of some equality groups.
- One of the major gaps in the overall design and content of the questionnaire (for monitoring of responses) was that there were no sections about the respondent in terms of disability, religion/belief, language/communication, sexuality etc. Therefore it is not possible to gauge whether these groups were able to participate in the consultation, thus such groups and communities may be disadvantaged if not consulted in this process. In fairness the PCT did arrange visits and presentations to a large number of organisations as included in the separate consultation report.
- Telford & Wrekin LINK (Local Involvement Network) in their report to the public consultation (14<sup>th</sup> March 2011) highlighted that given the amount of time available to prepare for the formal consultation process and given the importance of getting it right, the consultation process itself could have been managed better than it has been had more thought been given to planning the detail. For example, the fact that the Easy Read version of the consultation document was not provided until mid February is unacceptable as more than 500 people with learning disabilities in Telford alone were excluded from the process until this format was made available; comments on the poor quality of the Easy Read version; lack of sign language support.

### Impact on workforce including staff consultation

- All services will be required to undertake formal change management in relation to working patterns. This is to ensure that the services are designed around the patient pathway and that the Trust manages services in the most efficient and effective way. However the impact of such changes on all staff members, including staff from equality groups, would need to be carefully considered. Although the Trust management has undertaken extensive consultation with its staff members, it is important that further specific work is done to consult staff by proactively asking specific questions in relation to their needs from a broader equality and diversity perspective and to address any particular issues which may arise. For example, the transfer of a significant number of staff between sites will present a number of

personal difficulties for individuals and may impact on retention, especially for staff members with caring responsibilities and/ or disabilities, religious needs etc.

- In case of job swaps where possible or relocation, it is important to develop and communicate clearly to all staff affected to ensure that the needs of the most vulnerable staff covered by the equality groups are also inclusive in the process, and that all opportunities are fairly distributed and these do not directly/indirectly disadvantage these groups.

#### 4.2.5 Transport, travel times and access

The following risks would need consideration and appropriate action to ensure the adverse impact for equality targeted patients and visitors is eradicated or minimised as detailed below:

- An increase in travel time and distance for patients, their families and visitors as a result of the proposed reconfiguration have been raised as major concerns by patients, the public and a number of clinicians. Equally these would also be major concerns across the equality groups, especially the elderly, people with disability and people without cars. Further detailed work in the planning and implementation of a robust travel solution would be required should the reconfiguration of surgery, paediatrics and maternity progress.
- Clear pathways of care that help the West Midlands Ambulance Service (WMAS) get the patient to the right hospital, first time, and a continued use of operational notices to support the delivery of the pathways. However these pathways would need to ensure that equality requirements are inbuilt as standard through their stages to ensure there is no additional adverse impact across any of these groups and communities.
- In terms of the travel needs, although there are plans to run a shuttle service and improve public transport, there may be disadvantages for some patients /carers who may need to use cars when bus or shuttle services are not available. Feedback from people also raised the issue that bus services can be particularly poor at evenings and weekends and this may have an adverse impact on emergency and evening visits to hospital for all, including the equality groups. This may add additional disadvantage for people who are unable to drive cars due to their disability/ies whether these patients are travelling from Telford to RSH or from Shrewsbury or mid Wales to PRH. The lack of availability of excellent public transport would have greater additional adverse impact on the population who are less mobile - elderly, disabled, parents with pushchairs, women using maternity services or unable to drive, but additionally those women from minority ethnic backgrounds who do not drive. Such additional disadvantage would need to be built in to the proposed care pathways and require further work. Good transport links are vital, to making trips to both hospital sites. Bus routes would need to be reviewed to make sure that all equality targeted groups have good access. Therefore in an effort to address these challenges, the three NHS organisations will also need to create discussions with local Statutory, Voluntary and Community sector organisations and communities to identify opportunities for improving access to the hospitals as proposed, including the use of free car parking facilities on site.
- Due to the gaps in recent consultation and the lack of appropriate travel data in relation to the equality targeted groups, SaTH should initiate a programme of action with the support of the PCTs to identify the needs of all equality targeted groups (including older people, disabled, parents with children) in relation to travel to the new site, cost and the need for car parking. This programme should ensure that the needs are identified using a holistic approach by considering the socio-economic model of health inequalities agenda, rather than just thinking about an appointment only approach. It should consider the impact of such travel to health care facilities on the lives of individuals, e.g. carers and dependants, balancing their life to get to the appointments. This may mean issuing concessionary free bus passes by assessing the cost impact for the vulnerable equality targeted patients and visitors. It is important to ensure that such work recognises the broader definition of disability under the DDA 2005 as well as the aspect of treating people with disability more favourably than others where appropriate.

#### 4.2.6 Overall project plan, management and other key areas

In relation to SaTH's overall planning, project management and various other systems and structures, there are a range of potential adverse impacts when appropriate scrutiny is applied from an equality legislative requirement perspective, particularly in relation to the following:

- Roles, responsibilities, skills and resources: There is a clear structure for the management of the project with the senior responsible officers roles identified. However there is no one taking a lead role in relation to championing the equalities agenda throughout this structure on a day to day basis with technical specialist knowledge in this area. Such a gap at such a high level can lead to potentially disadvantaging the equality targeted groups and communities.
- Although detailed and thorough business cases and project development plans have been produced with various support documents, there are gaps in most stages of such documents as processes do not ensure equality requirements are reflected and embedded at the relevant stages.
- Local Assurance Process: The report (28<sup>th</sup> Feb 2011): states that a total of 23 pathways have now been agreed and signed off by the clinical groups. The clinical pathways have all been developed to minimise, as far as possible, the negative impact a change would have on patients. This involves on-call and cross site cover, clear demarcation of who should do what and when, and the routes the ambulances should take in an emergency. However there is no evidence that the equality impact of these new proposed pathways has been considered as required by the legislation (this is one of the key legislative requirements when considering such functions). Therefore all such future work would need to consider such implications explicitly to ensure compliance, with the support of an equality and diversity expert to champion this agenda throughout the processes.
- Finance and budgetary control processes: The documents analysed do not currently factor in any consideration to calculations or budget setting to ensuring specific needs of equality targeted groups and communities are built in. Such a gap may result in potential disadvantage across equality targeted groups for patients at different levels of planning and delivery.
- Project Evaluation: This assessment was not provided with the details of any existing/ongoing evaluation and therefore it is difficult to make an assessment on such. However it would be appropriate for this assessment to highlight that there would be potential risk for equality targeted groups, patients and communities if evaluation processes across the board lacks clarity and inclusivity in relation to equality and diversity. For example, appropriate requirements not being laid out within the objectives of the evaluation; outputs to be evaluated and the success criteria against which they will be measured; performance indicators and measures for these criteria; identification of the budget and resources required to address any specific equality needs in all stages including potential future phases such as construction, design and refurbishment etc. The evaluation team membership should ensure it has appropriate understanding, knowledge, capacity and resources with specific equality and diversity expertise to ensure the appropriate requirements are embedded at each stage to ensure inclusivity.

#### 4.2.7 Buildings and site layout plans including service related issues

Facilities for the future, and the concepts upon which future facilities are designed should be inclusive of the needs of equality targeted groups and communities. There should therefore be a process to identify these needs appropriately before the next stages. If planning for the above is not inclusive, there are potential risks to disadvantage some sections of the equality targeted groups. The details of such are available in the full report.

#### 4.2.8 Future procurement (including all necessary tendering, construction and commissioning services and the new facilities)

- The focus of this EqIA was not to analyse the procurement and commissioning documentation of the organisations involved for compliance purposes. However the potential adverse effect has been proactively identified should the developments and changes as planned go ahead. This includes areas such as: lack of consideration and a failure to explicitly embed the appropriate equality requirements throughout the process of procurement and commissioning may disadvantage the equality groups; cascading the requirements of equality duty relevant obligations should be passed on and cascaded to

the contractor by clearly stating the equality elements in the contract conditions; the absence/ lack of relevant equality data requirement in effective commissioning and procurement i.e. lack of monitoring, collection and use of appropriate data; assessment of a provider’s capacity in relation to equality and diversity compliance; equality and diversity objectives and performance targets etc. For more details please refer to the recommendations and the full report.

## 5. Recommendations

The recommendations included in this document are only for the purpose of providing a brief summary, please refer to the full report for the full set of recommendations.

### Recommendations to mitigate the identified risks and adverse impact across all equality targeted groups

Based on the analysis of data and information as discussed in this document, we recommend that Shropshire County PCT, NHS Telford and Wrekin and Shrewsbury and Telford Hospital NHS Trust implement the following relevant recommendations to mitigate the risks and adverse impacts across the equality strands in taking forward the proposed changes in relation to service reconfiguration for “*Keeping it in the County; A Proposal for the Future Configuration of Hospital Services in Shropshire, Telford and Wrekin*”.

#### 5.1 Women’s and Children’s Services

##### Maternity and Children’s services (future potential implementation gaps)

- A detailed EqIA would need to be undertaken in relation to the refurbishment / establishment of a new Women’s and Children’s Centre on the PRH site to ensure that all stages of service planning and delivery, including project plans and financial decisions, are inclusive and proactively identify the needs across all equality groups.
- The proposed move of the Obstetric Unit and Neonatal Intensive Care Unit from RSH to PRH and the co-location within the Women’s and Children’s Centre would require further detailed work with the communities across all the equality strands. There are potential issues around language, communication, disability, religious and cultural needs and sexual orientation. So far the consultation has been at a strategic level.
- There is also a need for undertaking further work / potential case studies across the equality groups, for example to highlight the type of issues that may arise.
- Midwifery Led Units would remain on both sites and all women would receive their antenatal and postnatal care at the same location as now. The proposed reconfiguration provides an opportunity to undertake detailed EqIAs to meet the statutory duties requirements and to ensure links are created with the new proposed pathways and the broader work being undertaken. The same applies in relation to the consolidation of inpatient gynaecology onto a single site at PRH and the consolidation of inpatient paediatrics onto a single site at PRH with enhanced Paediatric Assessment Units on both sites.

##### Maternity and Children’s Services proposed new pathways

It is recommended that:

- Full detailed EqIAs are undertaken at the design and implementation stages of new pathways; that their functions and procedures meet legislation requirements; to develop systems to identify and address the potential for additional disadvantage for women from various equality targeted groups by ensuring it is eradicated in relation to:
  - The adverse impact at the stages of access, self /agency referral, assessment, triage, admission, care planning, treatment, discharge etc.

- Information for all women, including those with disabilities, in accessible formats and the availability of such to women in isolated or 'out of the ordinary' settings; appropriate support including meeting language and communication needs as well as their involvement in decision making.
  - Addressing specific gaps in relation to poor uptake of antenatal care, infant mortality rate for example for Pakistani and traveller mothers as highlighted in the section in the report on adverse impact.
  - Achieving sensitivity in the provision of maternity care to mothers with special and specific needs and care in an equitable, culturally appropriate and quality driven manner. This may involve ensuring arrangements are in place for a patient/visitor's religious needs, e.g. birth rituals or to pray at specific times during the day requiring practical ablution/ washing facilities for performing daily worship rituals. Inclusivity for women with learning and physical disabilities may mean taking into account their communication, equipment and support needs. Involvement of disabled fathers is also important as detailed in the section in the report on adverse impact.
  - Making adjustments to equipment, e.g. offering support to manage the difficulties in caring for babies in fixed height cots, including those women with back pain following birth.
  - Improve staff members' understanding of the process of arranging interpreters or sign language interpreters, video interpreters or the actual availability of such.
- Lack of understanding and appropriate knowledge about the needs of equality groups can potentially lead to staff members making assumptions, and direct or indirect discrimination across services. Therefore staff training across all children's and maternity care pathways would need to include equality impact assessment and equality and diversity training to ensure that staff have sufficient skills and the confidence to provide a competent and professional service to all, including the equality targeted groups.
  - In relation to consultant led care:
    - Lack of awareness of the process and the facilities when being transferred to PRH in an emergency can result in additional disadvantage/stress/anxiety for women who may be blind, visually impaired, have a learning disability, or in need of language and communication support. A private tour of birthing facilities may allow the visually impaired patient the opportunity to examine physical boundaries.
    - Similarly women with neurological impairment not being able to resolve access issues before the onset of labour. For example, a woman with hearing impairment can identify her interpreter before delivery or meet with labour and delivery staff, who can assure the patient that they have access to transparent masks and that they know not to speak too quickly or exaggeratedly if she lip reads.
    - Ensuring that support is available and that the ranges of choices available are made accessible to all women, including those with disabilities, without making assumptions about delivery choices.
    - Transfer of interpreters to PRH with the patient in cases where there are complications needs to be considered and addressed as a part of the new pathways.
    - Adjustment of the room layout and lighting for people with visual impairment.

## Head & Neck Services and Inpatient Surgery

- It is recommended that issues in relation to the above for access, transport, language, communication, religious and cultural sensitivities with similar implications as identified in the previous section are highlighted and addressed.
- Relevant Children Pathways to assess the equality impact throughout the patient journey, i.e. the adverse impact or potential for such at the stages of access, self/agency referral, assessment, admission, care planning, treatment, discharge etc. This would also need to include the needs of their parents/carers related to their disabilities, difficulties of travelling due to impairment, their other responsibilities, religious needs, accommodation for prayer needs, language, communication needs etc.
- It is extremely important that people who do not attend appointments are monitored across all equality groups concerned as the national data analysed suggests that people from Black and Minority Ethnic

communities, people with disabilities and carers do not attend their appointments due to systems and procedures failing to take account of their needs.

## Making adjustments

Appropriate adjustments would need to be made to address the potential to additionally disadvantage patients from equality targeted backgrounds by making appropriate/reasonable adjustments to the equipment and environment. These adjustments are as described in 4.2.1.

## 5.2 Acute Surgery

### Inpatient surgery

- Various pathways have been agreed i.e. trauma and surgery, however the detailed practicalities of these pathways have not been worked through and lack of inclusiveness in line with the duties requirements across the functions of these pathways can potentially disadvantage the equality targeted groups. Inequality or adverse impact potentially exists in various areas across patient care pathways. Difficulties may include accessing services because of physical inaccessibility of getting in to the hospital using public transport and / or patients turning up at the wrong site. A lack of clarity about where to go may cause additional difficulties or disadvantage for people with disabilities, blindness, language and communication difficulties, etc. Therefore full detailed EqIA/s needs to be undertaken in relation to each pathway to meet legislative requirements and to ensure the process is inclusive across all related pathways, policies, processes and functions for the whole population.
- Involve the disadvantaged groups and communities in the proposed service changes to ensure their needs are identified and met at the RSH. These needs may be dietary, religious, cultural sensitivities, prayer needs, appointments made on specific religious or cultural festivals making it difficult for people to attend the appointment and the impact of these missed appointments may mean increased waiting times. The same also applies for patients with disabilities in decision making regarding their choices, treatment and care.
- Ensure sensitivity in the provision of inpatient surgery and that patients with specific needs are given care in an equitable, culturally appropriate and quality driven manner. For example, understanding religious needs in relation to gender, modesty and other religious practices, e.g. staff members may not be fully aware of the practicalities of someone fasting during Ramadhan - assessing their fitness for fasting; adjustments of their treatment and meal times from dawn to sun set; being unable to make reasonable adjustments in relation to scheduling ward meals at the appropriate times; not being able to provide answers as to whether a particular treatment may break their fast in order to empower the patient to make the best possible choice; prayer needs and the availability for ablution and praying facilities.
- Religious sensitivities in relation to surgical systems and procedures would need to be identified and all possible reasonable adjustments made to accommodate such requests, e.g. a Jewish or Muslim patient may object to the insertion of pig heart valve, especially where alternative products are available. Such choices would need to be clearly communicated to the patient to enable the patient to make the right choice.
- Please refer to the recommendations in the section “Women’s and Children’s Services” in relation to the needs of patients for information in an appropriate format/medium, accessibility and making adjustments.
- Establish systems to ensure a close eye is kept on any issues arising due to the extended travel time for patients, including the vulnerable groups, to make sure the impact of the changes is not additionally impacting on equality groups.
- Undertake EqIAs on “Service Delivery” aspects in relation to the maintenance of breast surgery at the PRH site as a part of this service change opportunity; consolidation of acute inpatient surgery onto the

RSH site; all types of urgent medical cases (for example, strokes, heart attacks and serious chest infections) and major trauma and long bone trauma which would be seen in both A&Es.

- Although existing staff members from PRH may be re-locating to RSH, there would be some staff from RSH involved in the care that may not have had exposure to the needs specific to these equality groups in relation to their religious and cultural sensitivities. Traditionally staff working at the RSH may not be used to dealing with and providing services for the diverse ethnic, religious and faith groups coming in from Telford and Wrekin, as Shropshire traditionally has a very different population. This may require taking stock of training needs and strengthening knowledge via the existing equality and diversity and Equality Impact Assessment training programmes. It is also recommended that staff across the surgery pathways are trained to understand the requirements of the latest equality legislation and their obligations and how to undertake the equality impact assessments on relevant functions and policies.
- Set up systems to monitor DNAs (patients did not attend appointments) across all equality groups concerned as generally it is well known from the national data that people from Black and Minority Ethnic backgrounds and some people with disabilities and carers do not attend their appointments due to the systems and procedures failing to take account of their specific needs, e.g. 24% of deaf or hearing impaired people miss appointments, and 19% miss more than five appointments, because of poor communication. This would assist in ensuring appropriate issues are identified and plans put in place to address barriers.
- Also the needs of gay, lesbian, and traveller communities would need to be identified and addressed.

### 5.3 Additional pathways

- Based on the gaps highlighted nationally for equality targeted groups, this service redesign offers an excellent opportunity to undertake the EqlAs in relation to the Urology inpatient services, Stroke services and accident and emergency (A&E) departments across both hospitals.

### 5.4 Involvement, consultation and engagement

In general, recommendations are as follows:

- To establish an ongoing systematic structured consultation and engagement platform to engage with the communities across all equality strands. Develop participative ways to involve patients and staff across all equality targeted groups to ensure those vulnerable groups previously missed out in the consultation process are able to highlight their needs which can then be linked into the future planning, procurement and commissioning cycle.
- That the project management team create an environment and mechanism across their areas of responsibilities which encourage open discussions and debates to promote equality and to make changes to customs and practices.
- To build on all of the data gathered so far as a part of the recent work undertaken, and to set comprehensive and measurable actions to achieve improved outcomes across all equality targeted groups.

In addressing the gaps as highlighted in relation to consultation across the equality strands, recommendations are as follows:

- Undertake a detailed EqlA on any such future consultation and engagement and its processes and methodology, to ensure it is able to reach out to the equality targeted groups and communities. Questionnaire design also needs to ensure that all appropriate questions and sections in relation to Disability, Religion/Belief and Sexuality are included.
- Set up specifically focused proactive consultation events across the county specifically targeted at all equality groups, i.e. people with disabilities, learning disabilities, minority ethnic groups, gypsies and travellers, new migrants, religious groups, gay and lesbian. This will help identify the needs, priorities and aspirations of these communities and make sure they are reflected in future planning and decisions.

This would also need to focus on identifying any particular local obstacles for consultation with these communities to encourage full participation by groups that have proved hard to reach.

- To support the set up of appropriate arrangements regarding translating the consultation and publicity material into other languages and formats, support re language interpreters, BSL etc. and ensure that explicit statements as to the availability of such information are made at the front of the document. Also ensure that such information is made available at the start of the consultation and proactively offer channels of support in completion of the questionnaire forms for people with disability, older people, and people from black and minority ethnic backgrounds.
- Use third sector and community partners across the equality groups to seek and engage the voice of those who are seldom heard so project planning and future implementation decisions are inclusive of their experiences of health and care services and helping to decide local investment priorities.

### Workforce - impact on workforce including staff consultation:

It is recommended:

- To engage with staff members across all equality strands specifically affected by the move of relocating to the new sites with the aim of identifying the impact and needs:
  - Undertake further specific work to consult staff by proactively asking specific questions in relation to their needs from a broader equality and diversity perspective and to address any particular issues which may arise. For example, the transfer of a significant number of staff between sites will present a number of personal difficulties for individuals and may impact on retention, especially for staff members with caring responsibilities and/or disabilities, religious needs etc. Therefore it is important to identify the impact of relocation or changing work activity at the new site, and the type of groups adversely impacted by it.
  - In case of job swaps where possible or relocation, communicate clearly to all staff affected to ensure that the needs of most vulnerable staff covered by the equality groups are also inclusive in the process and all opportunities are fairly distributed and these do not directly/indirectly disadvantage these groups.
  - Impact on part-time workers, females, parents with young children, staff with disabilities and caring responsibilities as well as identifying additional cost implications.
  - Impact on travel time or using park and ride.
  - Changes to work activity and its links, requiring changes to be made to working patterns and hours to meet business need.
  - The impact on staff with disabilities, part-time employees (who are more likely to be female) and persons with dependants, whose working hours may be structured around current travelling times and domestic responsibilities/commitments; potential changes to travel routes may impact on all employees, but may have a greater impact on disabled employees.

## 5.5 Travel and transport

Transport and accessibility has been the main theme identified across the consultation process which can potentially lead to additional disadvantage for people from the equality backgrounds. It is recommended:

- In relation to transport and access, this report identifies potential for disadvantage across a range of equality targeted groups and communities either travelling to PRH or RSH for the people of Shrewsbury, Powys and Telford and Wrekin. The added adverse impact of travelling a further distance including cost of travel and parking would need to be addressed for people with disabilities, dependants, carers, parents with children, deprived communities, older people, people on low incomes etc., including those who may need to pay more frequent visits. Therefore it is recommended that SaTH initiates a programme of action with the support of the two PCTs to identify the needs and address the adverse impact for all equality targeted groups using a holistic approach by considering the socio-economic

model of health inequalities. This may also mean issuing concessionary free bus passes by assessing the cost impact for the vulnerable equality targeted patients and visitors. It is also important to ensure that such work recognises the broader definition of disability under the DDA 2005 as well as the aspect of treating people with disability more favourably than others where appropriate.

- In working with the ambulance service, establish clear pathways of care that help them get the patient to the right hospital, first time, and a continued use of operational notices to support the delivery of the pathways which need to ensure that equality requirements are inbuilt as standard through their stages to ensure there is no additional adverse impact across any of these groups and communities.
- Significant work has been done in relation to a shuttle bus and discussions have taken place with the West Midlands Ambulance Service in relation to minimising the adverse impact of additional travel for the affected population. However further work is required in the planning and implementation of a robust travel solution for equality targeted groups (i.e. elderly, women, disabled etc.) should the reconfiguration of surgery, paediatrics and maternity progress, as travel and transport has been one of the major concerns identified throughout the consultation process.
- In an effort to address the above challenges, to create discussions with local statutory, voluntary and community sector organisations and communities to explore opportunities for improving access in relation to the shuttle bus and public transport and their availability during working hours as well as evenings and weekends for both RSH and PRH. This may require negotiating route changes and improvements with Shropshire Council and other transport agencies including addressing the issues highlighted during the consultation.

## 5.6 Overall project framework, project management, project execution plan and other key areas

- SaTH, within the overall framework and related documentation, to clearly set out equality and diversity strategic objectives by explicitly outlining processes, clear direction and what is expected including the expected outcomes from an equality and diversity perspective to ensure inclusivity and ownership at high level. These commitments and processes to be cascaded in all future stages of implementation of the proposals to ensure inclusivity across all relevant equality strands.
- Ensure equality requirements are reflected and embedded in all relevant stages of overall project business plans, project development, planning and their related processes by identifying the appropriate equality performance indicators, baseline targets, monitoring processes throughout all stages.
- Identify a senior named equality lead at the Programme Board and management level to champion the equality legislative requirements.
- Involve an equality and diversity expert with technical specialist knowledge and experience in this area to provide appropriate ongoing support and advice in ensuring equality and diversity needs are appropriately reflected at all levels, offering hands on support in relation to identifying the issues related to equalities legislation and meeting local needs.
- Finance and budgetary control processes: Overall finance and budget allocation needs to factor in considerations to meet specific equality needs, to ensure project is achieving value for money across all patients and communities. This will ensure that there are no gaps in funding to meet the specific needs of equality targeted groups.
- Patient profiling: It is also recommended that as a part of this work, SaTH to strengthen its approach of collecting data in relation to patient profiling across the proposed changes as well as its overall broader work. This assessment identified gaps in the required data in line with the legal requirements across all relevant equality strands, which is needed to understand the profile and possible variations in the health and social care needs of the different sections of the population being served, and to inform future priorities.
- Project evaluation: this assessment was not provided with the details of any existing/ongoing evaluation. However it would be appropriate for this assessment to recommend that any existing or future evaluation process across the board is inclusive of the appropriate equality strands, for example with specific focus on the appropriate requirements to be laid out within the objectives of the evaluation;

outputs to be evaluated and the success criteria against which they will be measured; performance indicators and measures for these criteria; identification of the budget and resources required to address any specific equality needs in all stages including potential future phases such as construction, design and refurbishment etc. The evaluation team membership to ensure it has appropriate understanding, knowledge, capacity and resources with specific equality and diversity expertise to ensure the appropriate requirements are embedded at each stage to ensure inclusivity.

## 5.7 Buildings and site layout plans including service related issues

As a part of this EqIA, it is important to proactively highlight some of the potential gaps which may arise in future in relation to any building refurbishment or new development. It is recommended that facilities for the future, and the concepts upon which the design of future facilities are based should be inclusive of the needs of equality targeted groups and communities. It is important to identify a process to enable this. For more details please refer to the full set of recommendations in the main report.

## 5.8 Future procurement (including all necessary tendering, construction and commissioning services and the new facilities)

In relation to contracting out for services or any other functions, the legislation requires NHS organisations to ensure that relevant obligations are passed on to the contractor by clearly stating the equality elements in the contract conditions to ensure compliance. It is therefore recommended that:

- All individuals responsible for procurement, tendering, commissioning and purchasing should ensure that the services they purchase or commission are assessed for any relevance to the equality duties and to incorporate appropriate legislative equality considerations into all contracts, purchasing, procurement, commissioning and partnership processes. This would ensure that the whole process is underpinned by robust equality general and specific duties. Therefore the project team should ensure that the appropriate requirements are cascaded into the contracts for effective commissioning, tendering and procurement at all levels. Gaps in these areas would lead to non compliance with the equality duties.
- Equality requirements to be included to ensure:
  - That a provider’s capacity in relation to equality and diversity and support mechanism in related areas of services are considered in the commissioning, tendering and procurement processes.
  - Services procured and commissioned are responsive to the needs of disadvantaged communities and groups.
  - Equality and diversity objectives and performance targets are considered and embedded in all stages (both quantitative and qualitative as appropriate).
  - Equality and diversity requirements are included in the contract monitoring and measuring perspective.
  - Services may need to be commissioned or procured bearing in mind the need to treat people with disabilities more favourably where appropriate. This may have impact on the overall cost of the overall project budget.
- A considerable number of third sector agencies with a particular focus on equality target groups, currently provide services tailored to specific communities or are managed by people from minority groups – or both. The potential lack of processes and criteria to identify potential delivery partners may advertently/inadvertently screen out these smaller or not-for-profit organisations. Such can result in disadvantage across various community and patient groups.

For more details please refer to the full set of recommendations in the main report.

## 5.9 Recommendations for monitoring

It is vital for SaTH and the two PCTs to monitor the actual and ongoing impact on equality strands as highlighted by this EqIA. It is recommended that the following process is put in place to ensure meeting this part of the statutory duty requirements, as below:

- The above recommendations to be developed into an action plan with named responsible individuals and completion dates. Monitoring systems for achievements to be established linking the overall work to each organisational Single Equality Scheme and their monitoring processes.
- Provide ongoing progress reports on the implementation of the action plan to the Programme Board.
- The monitoring of patient profile, experience, uptake of services, complaints and feedback, and health outcomes should be triangulated in relation to meeting the needs of the relevant equality strands.
- Work with external statutory, voluntary, community and patient representative organisations to scrutinise the action plan developed and implemented as a result of this EqIA.

## 5.10 Publication of the EqIA - Recommendations

As a part of the statutory legal duties, the organisations are required to publish the outcome of this EqIA. It is recommended:

- To publish the findings of this EqIA on the three NHS organisations' websites.
- Share the findings with the groups and individuals consulted including staff and public as well as the equality targeted groups.
- Share the action plan produced as a result of this EqIA and subsequent reports to demonstrate how the NHS organisations will respond to the public feedback and this assessment.
- Publish EqIA's summary in annual reports.
- Ensure the full EqIA report and its summary is publicised and made available in appropriate languages, alternative formats including large print.

## 6. Conclusion

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 EqIA 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 EqIA 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 EqIA in mitigating the potential adverse effects as a consequence of the implementation of these proposals are taken forward.

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**TELFORD AND WREKIN AND SHROPSHIRE JOINT HEALTH  
OVERVIEW AND SCRUTINY COMMITTEE's - Final Response to  
Consultation *Keeping it in the County – Securing the future of  
hospital services in Shropshire, Telford and Wrekin***

**1. What do you think about our overall proposals for Services at the Royal Shrewsbury Hospital and the Princess Royal Hospital?**

Strongly support  
Support  
No opinion  
Against  
Strongly against

The Joint Committee believes that retaining the status quo is not an option if we are to maintain and protect valuable health services in Shropshire. It is essential that we secure the best possible Health Services for the County as a whole and give our support, subject to further reassurances that proposals put forward are safe, sustainable and affordable, as identified by both the Assurance Panel and in the Joint HOSC process.

**2. CHILDREN'S SERVICES**

**2a. What do you think about our specific proposals for inpatient children's services?**

Strongly support  
Support  
No opinion  
Against  
Strongly against

The Joint Committee is supportive subject to the assurances identified below.

**2b. What do you like about our proposals for inpatient children's services?**

Proposals have been clinician led with a focus on achieving improvements and consolidating services and resources on one site and not based around finance.

The PRH has the capacity to meet demand with paediatrics, neonatal, clinician led maternity, oncology, operating theatres and family accommodation close together with specialist Paediatric teams available 24/7. DoH research and health needs assessment have been taken into account in the decision to base services at the PRH

The services will no longer be located at the RSH in a building which is in a very poor condition and cramped, with only one operating theatre. This is unsustainable into the future, as is the continual struggle to ensure that sufficient clinicians and support staff are available.

The Joint Committee welcome the assurance that the proposals will maintain these services within the county and look forward to the possible repatriation of some services. It is acknowledged that currently some premature babies at PRH and RSH go out of county as there are not enough neonatal cots. It is hoped that the reconfiguration will address this capacity issue.

We welcome the assurance that the paediatric oncology facilities will be as good, if not better and that the families and members of the public will be invited to contribute to the development of the service.

### **2c. What, if anything, worries you about our proposals for inpatient children's services?**

Safety and outcome for children with trauma presenting at the RSH out of hours where there will be no in-house paediatrician and team other than on call arrangements. The Joint Committee recognise that this risk needs to be balanced against the recommendation from the Assurance Panel that the services should be provided only on the basis of clinical need.

Additional travel time to the PRH for children from the north west and south of the county with trauma, transported both by car and ambulance.

The availability of sufficient paediatric trained surgeons and associated staff at the PRH if proposals go ahead to ensure sustainable services in Shropshire.

Some paediatric clinicians have spoken against the proposals, albeit they have acknowledged the status quo is not an option and have agreed to work together to make the proposals workable.

The relocation of facilities that have been provided/funded with community support and investment at the RSH.

However, it is acknowledged that some premature babies at PRH and RSH have need to go out of county as there were not enough neo-natal cots. We would anticipate future service design and commissioning should plan for this situation and as such this will be addressed for the benefit of the children and their families.

**2d. What would reassure you on any worries you may have?**

All clinicians working together to ensure clinical pathways and arrangements are in place that mitigate risks to those having to travel the further distance to the PRH for those requiring emergency treatment and arriving out of hours at the RSH including the transfer between hospitals

Reassurance from the WMAS that they are able to reach, stabilise and transport safely children with trauma from the north west, and south of the county the further distance to the PRH.

That the excellent paediatric oncology unit at the RSH is acknowledged and those involved in raising funds to build the unit at the RSH will be invited to be involved in the design of the new unit at the PRH, with similar and hopefully improved standards to that originally provided at RSH.

Further discussions with parents to listen and discuss their particular concerns and give reassurance.

Further work is undertaken with commissioners to develop hospital at home to avoid unnecessary hospital admission.

Continuing transparency in the financial arrangements and estates planning for this service to support the proposals.

Detailed evidence of workforce planning and availability to support the proposals.

**3. MATERNITY SERVICES**

**3a. What do you think about our specific proposals for maternity services?**

Strongly support

Support

No opinion

Against

Strongly against

The Joint Committee is supportive subject to the assurances identified below.

**3b. What do you like about our proposals for maternity services?**

The relocation of the consultant led maternity unit to the PRH will provide a modern, improved environment where there will be capacity to meet demand now and into the future with linked services, including operating theatres.

**3c. What, if anything, worries you about our proposals for maternity services?**

The loss of the clinical led unit at the RSH leading to extra travel time for emergencies arising from midwife led units from the northwest, and south of the county. Depending on the route taken, the time pathways must be explored and safe routes established. We acknowledge that some journey times may be reduced and others increased.

The potential loss of midwives who do not want to move to the PRH. However, it has been acknowledged that there is a mix of midwives and staff across the county and so it is anticipated that there would be no reduction in the trust staffing overall if the unit moved to PRH.

**3d. What would reassure you on any worries you may have?**

Further development of the clinical pathways and arrangements to mitigate risks for those having to travel the further distance to the PRH.

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.

We are encouraged by the development of the clinical pathways thus far. We acknowledge assurance of further development of these pathways and the engagement of the WMAS in this programme and their commitment to this process.

**4. SURGERY**

**4a. What do you think about our specific proposals for surgery?**

Strongly support  
Support

No opinion  
Against  
Strongly against

The Joint Committee is supportive subject to the assurances identified below.

#### **4b. What do you like about our plans for surgery?**

Proposals will attract high quality surgeons and support staff, thus maintaining and ensuring improved and strengthened services for Shropshire, leading to our hospitals becoming recognised and accredited centres of excellence.

The Joint Committee supports proposals for vascular service on one site 24/7 which will result in the provision of AAA screening at the RSH which will improve timely access to services. Progress is also noted in terms of angioplasty procedures and surgery for widening the arteries around the heart without the need for patients to travel out of county.

#### **4c. What, if anything, worries you about our proposals for surgery?**

The possible impact that new commissioning arrangements may have and the impact that any new DOH plans on service provision may have that could lead to some services ultimately going out of county.

Service changes not meeting planned timescales putting patients at risk and impacting on the project as a whole.

Availability of funding and key staff.

#### **4d. What would reassure you about any worries you may have?**

A detailed project plan with timescales and workforce planning.

That arrangements can be put in place for all A&E patients who cannot be stabilised and transferred will be operated upon at PRH.

### **5. UROLOGY AND STROKE SERVICES**

Are there any comments you would like to make about the location of urology or about the future pattern of local stroke services?

Taking account of the inpatient figures quoted on Page 19 of the consultation document, the location of urology with acute surgery at the RSH is sensible.

With demographics relating to age of population, it would seem best to centre stroke services, with vascular surgery at the RSH, albeit preferable to retain some support at both sites, given that both hospitals will have A&E and urgent surgery can be undertaken to patients unable to be transferred.

The Joint Committee welcomes the decision during the consultation process to provide thrombolysis service 24/7 on both sites.

The Joint Committee would wish the PCTs to present it with an evaluation of the current position against the National Stroke Strategy and where there are areas of deficiency would wish to have a clear indication from the commissioners and SaTH what steps are being taken to ensure the full implementation of the Strategy for the local population.

## **6. OTHER COMMENTS**

Are there any other comments you would like to make?

Members have been informed that the funding for the capital costs will be agreed. However, it is vital that the hospital Trust and PCTs have robust plans for all aspects of the financial planning to ensure that the proposals are financially sustainable.

Because of the reorganisation of the services cognisance must be taken of route/pathways which must be explored, to enable safe routes to be established. We acknowledge that some travel time will be reduced, other increased.

The role of the West Midlands Ambulance Service is key to the planning and the implementation of the proposals. It is important that any additional costs for transfer between hospital sites are taken into account when considering the cost of the proposals for the commissioning organisations.

A key concern that has been raised throughout the consultation has been ensuring that there is good transport to both hospital sites. The Committee want to ensure that arrangements are made so that staff, patients and visitors can move between sites as soon as services are relocated. It is also important that arrangements are made to ensure adequate parking at both hospital sites and that the cost of any new build parking at the PRH can be met.

Another concern relates to workforce and contingency planning to ensure that once the process of transferring services begins, to ensure patient safety is not compromised.

The Joint committee has welcomed the opportunity to be involved in the consultation process and have an opportunity to comment on the outcome of the clinical workshop in August 2010 that started the discussion around the current proposals. The Chairmen particularly welcomed the opportunity to visit both the PRH and RSH and also to observe the PCTs' Assurance Panel meetings in November 2010 and February 2011.

A final comment relates to those who still have opposed the proposals. The Joint Committee asks that the Trusts do all they can to alleviate those concerns. The Joint Committee particularly requests that ongoing discussion and work continues with our Welsh colleagues to address the concerns of those in Wales who will also be affected by the proposed change in services they access.

The Joint Committee request details of any changes prior to their implementation.

Further, 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.  
**This will ensure patients access services at the right place first time.**

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# Keeping it in the County

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

### Useful References and Further Reading

Reference	Available from
<b>July 2010 to September 2010</b>	
Background information from the Developing Health and Health Care process in 2008/09	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a>
Briefing to local media on 7 July 2010	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a>
Update to GPs and Hospital Consultants on 7 July 2010	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a>
Update to local stakeholders on 7 July 2010	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a>
Data Pack prepared on 6 August 2010 to support participants in the first Clinical Problem Solving Workshop	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a>
Update to local stakeholders on 16 August 2010 following the first Clinical Problem Solving Workshop	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a>
Report published on 31 August 2010 following the first Clinical Problem Solving Workshop	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a>
Facilitator notes from the first Clinical Problem Solving Workshop	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a>
<b>October 2010 to December 2010</b>	
Presentation made to Joint Health Overview and Scrutiny Committee on 8 October 2010	Agenda, Papers and Minutes of the meeting are available from <a href="http://www.telford.gov.uk">www.telford.gov.uk</a> and <a href="http://www.shropshire.gov.uk">www.shropshire.gov.uk</a>
Draft notes from second Clinical Problem Solving Workshop on 17 November 2010	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a>
Office for Government Commerce Review – summary included within The Shrewsbury and Telford Hospital NHS Trust Board Papers on 2 December 2010	Available from <a href="http://www.sath.nhs.uk/about-us/trust_board_2010/2_December_2010.aspx">www.sath.nhs.uk/about-us/trust_board_2010/2_December_2010.aspx</a>

Reference	Available from
Local Assurance Process – presentation made to Trust and PCT Boards on 2 December 2010	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a>
Summary of National Clinical Advisory Team review	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a>
PCT and Trust Board Papers from 2 December 2010	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a>
Consultation documents (full version, summary version, Easy Read version and Welsh language version)	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications">www.ournhsinshropshireandtelford.nhs.uk/publications</a>
Frequently Asked Questions relating to the Keeping It In The County consultation	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/faq">www.ournhsinshropshireandtelford.nhs.uk/faq</a>
Press releases relating to the Keeping It In The County consultation	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/news">www.ournhsinshropshireandtelford.nhs.uk/news</a>
Viewpoint blogs relating to the Keeping It In The County consultation	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/blogs-viewpoint.aspx">www.ournhsinshropshireandtelford.nhs.uk/blogs-viewpoint.aspx</a>
Presentation made to Joint Health Overview and Scrutiny Committee on 13 December 2010	Agenda, Papers and Minutes of the meeting are available from <a href="http://www.telford.gov.uk">www.telford.gov.uk</a> and <a href="http://www.shropshire.gov.uk">www.shropshire.gov.uk</a>
<b>January 2011 to March 2011</b>	
Presentation slides used at consultation events	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a>
Information about Public Question Time Events in January, February and March	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/events">www.ournhsinshropshireandtelford.nhs.uk/events</a>
Update report to the Board of The Shrewsbury and Telford Hospital NHS Trust on 27 January 2011	Available from <a href="http://www.sath.nhs.uk/about-us/Trust_Board_2011/27_january_2011.aspx">www.sath.nhs.uk/about-us/Trust_Board_2011/27_january_2011.aspx</a>
Presentation made to Joint Health Overview and Scrutiny Committee on 11 February 2011	Agenda, Papers and Minutes of the meeting are available from <a href="http://www.telford.gov.uk">www.telford.gov.uk</a> and <a href="http://www.shropshire.gov.uk">www.shropshire.gov.uk</a>
Submission and presentation slides from The Shrewsbury and Telford Hospital NHS Trust to the Local Assurance Panel on 28 February 2011	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a>  The content of the submission to the Local Assurance Panel is summarised overleaf
Update report to the Board of The Shrewsbury and Telford Hospital NHS Trust on 24 February 2011	Available from <a href="http://www.sath.nhs.uk/about-us/Trust_Board_2011/24_February_2011.aspx">www.sath.nhs.uk/about-us/Trust_Board_2011/24_February_2011.aspx</a>
Report from the Local Assurance Panel on 28 February 2011	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a>
Submission and presentation slides to the Joint Health Overview and Scrutiny Committee on 11 March 2011	Available from <a href="http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx">www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx</a> Agenda, Papers and Minutes of the meeting are available from <a href="http://www.telford.gov.uk">www.telford.gov.uk</a> and <a href="http://www.shropshire.gov.uk">www.shropshire.gov.uk</a>

**Contents of Submission from  
The Shrewsbury and Telford Hospital NHS Trust  
to the Local Assurance Panel on 28 February 2011**

<b>The contents of the submission pack to the Local Assurance Panel were structured to reflect the questions in a letter from Shropshire County PCT on 24 January 2011. A copy of the letter is enclosed in the full submission for reference.</b>	
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.	Specific Pathway Issues Pathways for: Maternity and Gynaecology; Midwifery; Neonatology; Children's Services; and, Surgery.
Assurance about the paediatric pathway should detail the working of the paediatric assessment unit at the Royal Shrewsbury Hospital, and the nature of cross site cover	Paediatric Assessment Unit – Options Paper
Further detail on arrangements for anaesthetics, ITU and ENT in the reconfigured services	ENT Reconfiguration Principles Paper ENT Pathways Critical Care Reconfiguration Considerations
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.	Clinical Discussions Paper Clinical Assurance Group Membership Maternity/Gynaecology/Neonatology Clinical Working Group Membership Children's Services Clinical Working Group Membership Surgery Clinical Working Group Membership
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.	Travel and Travel Times Paediatric Transport Information regarding Shuttle Bus feasibility will be shared and discussed at the Local Assurance Panel
Further detail on the financial analysis underpinning the proposals, to provide assurance that the proposed changes will be affordable within tariff.	Presentation to the meeting
Further detail on the workforce planning which has been undertaken to demonstrate the sustainability of the proposed new arrangements.	Workforce Summary Report Initial Workforce Planning Framework

The submission, and the presentation made by the Finance Director, to the Local Assurance Panel is available from [www.ournhsinshropshireandtelford.nhs.uk/publications/event\\_reports.aspx](http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx)

**Contents of Submission from  
The Shrewsbury and Telford Hospital NHS Trust, NHS Telford & Wrekin  
and Shropshire County PCT  
to the Joint Health Overview and Scrutiny Committee on 11 March 2011**

**The contents of the submission pack to the Joint Health Overview and Scrutiny Committee were structured to reflect the questions in a letter sent by the Scrutiny Officer on behalf of the Committee on 24 February 2011. A copy of the questions is also enclosed in the submission.**

Question	Supporting Information
1) Clarification on the Royal College of Surgeon's guidance 'children's surgery a first class service' (2006) which sets out that trauma and paediatric services should be on the same site. What status does this guidance have?	Briefing Note: Royal College of Surgeons Guidance and the Provision of Paediatric Surgical Services
2) Clarification on why selling both sites and building a new hospital is not an option.	Briefing Note: Selling the two sites to establish a new acute site 2020 Vision: Feasibility Study - Executive Summary (September 2009)
3) Details of the costings for the building work options to develop the sites at RSH and PRH. What documents were used to support the calculations for the facilities needed and the cost for this work? Have these been applied equally to both sites?	Briefing Note: Costings Costings for re-providing women and children's services at RSH (2009) Costings for £28m scheme to provide women and children's services at PRH "Financial Failure: what it will mean for NHS Providers" (Capsticks)
4) Ensuring that the role of primary and community services are taken into account in the proposed reconfiguration - e.g. the development of hospital at home for children.	Briefing Note: The role of primary and community services
5) If agreed, how will the implementation of this proposal support ongoing work to support PCTs and GP commissioners to avoid unnecessary hospital admissions?	Briefing Note: Ongoing Work with GPs and PCTs to Avoid Unnecessary Hospital Admissions
6) Can the PCT, SaTH and Community Trust assure the Committee that the proposed reconfiguration of services will be sustainable at both sites if more patients are treated in the community? Does the calculations take account of demographic changes?	Briefing Note: Sustainability of Services Please also refer to the report from the Local Assurance Panel on 28 February 2011
7) What proportion of women who start their labour at a midwife led unit are transferred to a consultant led unit for the birth? 8) How many of the 326 births in the Consultant led unit to women in the Powys Health Board area were elective or emergency?	Briefing Note: Maternity Services
9) What discussions are taking place with other acute trusts outside Shropshire to develop care pathways to access services in emergency situations?	Briefing Note: Working Together to Deliver Emergency Care Pathways

<p>10) Information on the care pathways and assurance of the clinical safety for maternity, acute surgery and paediatric services.</p>	<p>Briefing Note: Care Pathways and the Assurance of Clinical Safety  Maternity and Neonatal Risks and Assurances, Care Pathways  Children's Services Risks and Assurances, Care Pathways  Surgery Risks and Assurances, Care Pathways  Additional / General Risks and Assurances  Briefing Note for Local Assurance Panel on 28 February 2011: Travel Time</p>
<p>11) How will the WMAS plans for the Make Ready system support the implementation of these proposals?</p> <p>12) Clarification of any additional costs identified by the WMAS in relation to increased demand for transfers and increased journey times. This should include the cost and time required to train additional paramedics required.</p>	<p>Information was provided to the Committee by West Midlands Ambulance Service NHS Trust</p>
<p>13) Are there any other options to mitigate risks that have been identified during the consultation process? Do these options involve additional costs and if so how will these costs be covered?</p>	<p>Briefing Note: Risk Mitigation Options  Briefing Note: Paediatric Assessment Unit  Briefing Note: Travel and Travel Times (including "Transport: A Guide for the Children's Working Group")</p>
<p>14) Confirmation that transport arrangements between sites for patients, visitors and staff will be established as soon as services move between sites. What are the proposals to improve transport e.g. working with public transport providers, developing existing volunteer driver schemes.</p> <p>15) Do the proposals include increasing the number of car parking spaces at PRH and if so have these costs been included?</p> <p>16) Has the Trust come to a view on feasibility of the ideas set out in the consultation documents for: Shuttle bus, Maternity flying squad, Night air ambulance, Telemedicine.</p>	<p>Briefing Note: Travel, Parking and Feasibility of Ideas Set Out In The Consultation Document  Draft Discussion Document: Travel, Parking and Shuttle Bus Feasibility  Draft Discussion Document: Telemedicine</p>
<p>17) Clarification on the stages in which the proposed changes would be implemented and commitment to give regular updates and ongoing engagement with the Joint HOSC and other stakeholders.</p> <p>18) Information on how the changes if agreed will be communicated to the public, patients and other service providers.</p>	<p>Briefing Note: Timetable for Implementation and Communication</p>

The submission, and the presentation made by the Chief Executive to the Committee, is available from [www.ournhsinshropshireandtelford.nhs.uk/publications/event\\_reports.aspx](http://www.ournhsinshropshireandtelford.nhs.uk/publications/event_reports.aspx)