

The Shrewsbury and Telford Hospital NHS Trust

Trust Board 24th February 2011

The Future Configuration of Hospital Services Programme

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Corporate Objective	CO1: Improving safety, effectiveness and patient experience
Goal	CO1.1: Delivering improvements in clinical outcomes CO6.2: Developing the Trusts Clinical Services Strategy
Executive Summary	This paper provides an update on the Future Configuration of Hospital Services Programme, including: <ul style="list-style-type: none"> • an update on the formal consultation process • the progress made since the Board meeting in January 2011
Recommendations	The Board is asked to NOTE the progress to date on the Future Configuration of Hospital Services Programme.

The Future Configuration of Hospital Services Programme

Contribution to Inspection, Registration, Performance and Delivery

Risks and Assurance	The Future Configuration of Hospital Services Programme will support the local NHS to address risks to the clinical quality of services.
Contribution to Key Performance Indicators	Not applicable
Compliance with Clinical and other Governance Requirements	The Future Configuration of Hospital Services Programme addresses legislative requirements on engagement and consultation set out in Section 242 and Section 244 of the NHS Act 2006 and related policy and guidance, and supports the local NHS to develop proposals that take account of the Government's four tests for service configuration.

Impact Assessment

Quality	The Future Configuration of Hospital Services Programme will support the local NHS to address risks to the clinical quality of services.
Financial	The proposals are not driven by financial considerations and will not lead to financial savings. Instead they aim to deliver safe, sustainable services within available resources. The financial implications of the options for reconfiguration in terms of capital and revenue are being further developed.
Workforce	There are no immediate workforce implications from this paper. The workforce implications of the options for reconfiguration are being developed.
Legislation and Policy	The Future Configuration of Hospital Services Programme will support the local NHS to fulfil legislative requirements for patient and public engagement and policy requirements as set out in government guidance on service configuration.
Equality and Diversity	There are no immediate equality and diversity implications from this paper. The equality and diversity implications of the options for reconfiguration are being considered as part of the consultation, and particularly issues relating to travel and transport form a central part of the consultation process.
Communication and Marketing	A stakeholder engagement plan has been developed and agreed to support the Future Configuration of Hospital Services Programme.

Engagement and Decision-Making Process

The attached paper describes the ongoing engagement and decision-making processes up to the end of March 2011.

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The Future Configuration of Hospital Services Programme

Board Update

This paper updates the Trust Board on the progress of the Future Configuration of Hospital Services (FCHS) Programme.

The programme remains on track against key milestones, deliverables and the structure detailed in the Phase 1b Action Plan presented to the Trust Board on 27th January 2011. The Trust's Future Configuration of Hospital Services Steering Group is meeting regularly and has clear programme management structures in place.

Key activities this month have included:

- Continuing public consultation and stakeholder engagement including public question time events and meetings with partner organisations (see Section 1).
- Continued development of clinical pathways and risk mitigation plans, including financial and workforce modelling (see Section 2).
- Wider and overarching clinical discussions through the Clinical Assurance Group, local Commissioning Consortia and within the Trust itself (see Section 3).
- Learning from Trusts who have faced and addressed similar clinical challenges (see Section 4).
- Preparing for the second Local Assurance Process, and submitting our monitoring returns as part of our accountability for service reconfiguration proposals through the regional Strategic Health Authority to the Department of Health (see Section 5).

1. Public and Staff Consultation

- 1.1 The public consultation, 'Keeping it in the County', continues until 14th March 2011. By the time of the Trust Board meeting, seven public question time events will have been held in Craven Arms, Llanidloes, Shrewsbury (two meetings), Oswestry, Telford and Welshpool. Two further public question time events are planned in Bridgnorth and Newtown. The meetings have been well attended to date, with around a thousand people in attendance.
- 1.2 In addition to these public question time events, representatives from the Trust and the two Primary Care Trusts have accepted invitations to attend meetings to discuss the proposals with public and partner organisations. This has included Local Joint Committees (e.g. Albrighton; Whitchurch & Prees; Bishop's Castle, Chirbury & Worthen and Clun), community and voluntary organisations (e.g. local League of Friends, Taking Part, Voluntary and Community Sector Assembly), network events (e.g. Telford & Wrekin Senior Citizens Forum, the Wrekin and Telford Labour Parties), partner organisations (e.g. NHS Telford & Wrekin Professional Executive Committee, Powys Teaching Health Board, Shropshire County PCT Professional Executive Committee), local authorities (e.g. Powys County Council Montgomeryshire Area Committee, Shrewsbury Town Council, Shropshire Council members, Telford & Wrekin Council members), professional and representative bodies (e.g. Local Medical Committee) and statutory scrutiny and assurance bodies (e.g. the Joint Health Overview and Scrutiny Committee, Local Involvement Networks). Further meetings are planned before the end of the consultation period.

- 1.3 NHS Telford & Wrekin, Shropshire County PCT and The Shrewsbury and Telford Hospital NHS Trust continue to be committed to widespread, open consultation on these proposals, recognising the value of strong clinical and public engagement in their development, and are committed to using the consultation process to further test the direction, shape and detail of the proposals.
- 1.4 The consultation website at www.ournhsinshropshireandtelford.nhs.uk continues to be updated, including with a detailed set of Frequently Asked Questions responding to the main issues raised in letters and public meetings.
- 1.5 There has been parliamentary interest in the proposals, including an Adjournment Debate on Shropshire Hospital Services on 9th February 2011.
- 1.6 There continues to be ongoing staff engagement as part of this consultation. Since the last meeting of the Trust Board this has included:
- A further meeting with women and children's staff, and staff in these services are being invited to take part in the ongoing work to develop clinical pathways
 - Open briefings for all staff led by the Chief Executive
 - An open letter to all staff from the Chief Executive as part of the quarterly newsletter included with all payslips
 - Discussions with staff-side representatives
 - Information available via the intranet
 - Summary leaflets distributed around the hospitals, available to staff as well as patients and visitors
- 1.7 There continues to be wide-ranging stakeholder engagement involving regular meetings, discussions and briefings with partner organisations. This has included:
- Visits to the women and children's facilities at both PRH and RSH by representatives from the Joint Health Overview and Scrutiny Committees, and presentations to the Joint Health Overview and Scrutiny Committee on 11th February 2011.
 - Meetings with representatives from local ambulance services in England and Wales.
 - Meetings with NHS commissioners and GPs in England and Wales.
 - Engagement of GPs, ambulance service representatives, PCT and LHB representatives and other partners in the Pathway Groups and Clinical Assurance Group
- 1.8 A verbal update on the consultation process will be presented to the meeting.

2. Clinical Pathways

- 2.1 The three clinical working groups (Paediatrics, Maternity and Surgery) continue to meet regular to develop and agree draft clinical pathways. All three groups have developed their final draft pathways. These are now being shared with a wider clinical network of primary and secondary care clinicians for final comment prior to submission to the second Local Assurance Process. The pathways have also been shared with the members of the Joint Health Overview and Scrutiny Committee at their meeting on 11th February 2011 where a reconfiguration update was given by the Chief Executive.
- 2.2 The second Local Assurance Process will take place on 28th February 2011. The panel will include an independent chair and independent clinicians, members of the emerging transitional GP commissioning boards, public health, other PCT representatives, public representatives nominated through Local Involvement Networks and the Community Health Council, patient representatives and observers from the Joint Health Overview and Scrutiny Committee.
- 2.3 The second Local Assurance Process will receive further information in response to the further assurances identified at the first Local Assurance Process in November 2010. This will include outline financial and workforce modelling based on the draft pathways developed by the clinical working groups.
- 2.4 The Trust is also developing arrangements for patient and public engagement in the development of care pathways as the Future Configuration of Hospital Services programme progresses.

3. Clinical Assurance Group

- 3.1 The Clinical Assurance Group is a multi-disciplinary clinical group that provides cross-organisational, multi-disciplinary clinical review and assurance of the proposals being developed by the individual pathway groups to support strategic coherence. It includes representatives from the Trust, GPs from England and Wales and ambulance service representatives from Wales and the West Midlands.
- 3.2 The Clinical Assurance Group met on 8th February 2011. Terms of reference were agreed and the pathways and risk mitigation discussed. The Clinical Assurance Group will meet again in early March following the second Local Assurance Process.
- 3.3 As part of the clinical assurance of these proposals we also continue to seek external advice from a variety of sources, including Royal Colleges, the National Clinical Advisory Team and regional Clinical Networks.

4. Learning From Other Organisations

- 4.1 A peer-to-peer visit to Calderdale and Huddersfield NHS Foundation Trust took place on 15th February 2011. The Trust operates a two-site model with significant similarities to the model proposed in the Keeping It InThe County consultation, with consultant obstetrics and inpatient consultant-led paediatrics on a separate site from the main acute surgery.
- 4.2 This visit involved the Chief Nurse, a neonatology consultant, paediatric consultants and nursing, emergency consultant and nursing, and project staff.
- 4.3 A verbal update on this visit will be provided to the meeting.

5. Assurance

- 5.1 The second Local Assurance Process takes place on 28th February 2011. Clinicians and lead officers will attend sessions to present the draft clinical pathways and discuss the financial and workforce modelling.
- 5.2 The NHS West Midlands Reconfiguration Information Table was submitted to the PCT Cluster Lead on 30th January 2011. This was the first of regular two-monthly updates on local service reconfiguration proposals submitted via the local PCT Cluster to the regional Strategic Health Authority. This supports scrutiny and assurance of local reconfiguration proposals to the Department of Health. The next submission is due on 31st March 2011.

6. Recommendations

- 6.1 The Board is asked to **NOTE** the progress to date on the Future Configuration of Hospital Services Programme.