

The Shrewsbury and Telford Hospital NHS Trust

Trust Board 27th January 2011

Update on the Future Configuration of Hospital Services Programme

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Corporate Objective	CO1: Improving safety, effectiveness and patient experience
Goal	CO1.1: Delivering improvements in clinical outcomes CO6.2: Developing the Trusts Clinical Services Strategy
Executive Summary	<p>This paper provides an update on the Future Configuration of Hospital Services Programme, including:</p> <ul style="list-style-type: none"> • an update on the formal consultation process • the conclusions from the National Clinical Advisory Team (NCAT) and • the progress made since the Board meeting in December 2010 <p>The paper also sets out the Trusts approach to delivering the programme up to the end of March 2011 in the Phase One B Action Plan.</p>
Recommendations	<p>The Board is asked to:</p> <ul style="list-style-type: none"> - NOTE the process and plan for public consultation - NOTE the content of the consultation documents - NOTE the progress to date on the Future Configuration of Hospital Services Programme - NOTE the Phase1B Action Plan and key milestones

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 developed, 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 planned engagement and decision-making processes up to the end of March 2011.

The Shrewsbury and Telford Hospital NHS Trust
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.

Proposals for the future reconfiguration of acute hospital services in Shropshire were considered at Board meetings of The Shrewsbury and Telford Hospital NHS Trust, Telford and Wrekin PCT and Shropshire County PCT on 2nd December 2010. Taking into account assessments from external assurance processes and comments received from the public and members themselves, all organisations agreed that the proposals should now be issued for widespread public consultation. Approval of a consultation document was delegated to the Chief Executive on behalf of the Trust Board.

The Trust's Phase 1B Action Plan is attached at appendix 1. This document outlines the Trust's internal structure and processes and the timeline and key dates to progress the work internally up to the end of March 2011.

1. Public Consultation

1.1 'Keeping it in the County', a public consultation document, was subsequently issued by the two PCTs on 9th December 2010 for consultation until 14th March, 2011. This is available from the consultation website at www.ournhsinshropshireandtelford.nhs.uk, it has been distributed to Trust Board members and copies will be available at the meeting.

1.2 All three NHS organisations are 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.

1.3 Consultation is being supported by distribution of information about the consultation by email and post, public meetings across Shropshire, Telford & Wrekin and Powys, continuing discussion with local primary and secondary care clinicians, media interviews, website updates and discussions with partner bodies, including Local Authorities and MPs, the Strategic Health Authority, local Ambulance Services and the NHS in Wales.

1.4 Public meetings and question time events have been organised as part of the consultation as follows:

13/01/11	Shrewsbury
20/01/11	Oswestry
09/02/11	Craven Arms
16/02/11	Telford
18/02/11	Llanidloes
23/02/11	Welshpool
24/02/11	Newtown

A verbal update on the consultation process will be presented to the meeting.

1.5 Recommendations on the next steps following consultation will be presented to the Trust and PCT Boards in March following the end of the consultation process.

2. The National Clinical Advisory Team (NCAT)

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

Following their visit on 8th December 2010, NCAT provided verbal assurance on the proposal to be shared with the public as part of the formal public consultation. The written draft report was received by the Trust on 12th January 2011. The report concluded that,

‘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’

In addition, NCAT state achievement of the four Secretary of State criteria for reconfiguration but note that,

‘ 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’.

3. Progress Update

3.1 The programme remains on track against key milestones and deliverables. The Trusts FCCHS Steering Group has been established and Terms of Reference agreed.

3.2 The clinical working groups have all met and have agreed Terms of Reference, membership and work plans in place. The next meetings are planned to be held before the end of January 2011. Draft pathways have been developed and areas for future work agreed. This includes understanding: ITU capacity; the impact on radiology services and; staff and skills requirements.

3.3 The initial financial modelling presented to the Board in December 2010 is being developed further and in more detail as the pathway work also develops.

3.4 The Clinical Assurance Group will meet in early February. The pathway and risk mitigation work will be received and discussed and further work identified.

3.5 The first public meeting was held in Shrewsbury on 13th January 2011. The Chief Executive and the Clinical Director for Women’s and Children’s were on the panel alongside a GP from Shropshire County PCT and the Chair of Community Involvement in Care and Health (the Local Involvement Network for Shropshire). The public meetings in England are being chaired by Eric Smith, Radio Shropshire.

4. Recommendations

The Board is asked to:

- **NOTE** the process and plan for public consultation
- **NOTE** the content of the consultation documents
- **NOTE** the progress to date on the Future Configuration of Hospital Services Programme
- **NOTE** the Phase1B Action Plan and key milestones

THE FUTURE CONFIGURATION OF HOSPITAL SERVICES

PHASE ONE B ACTION PLAN for THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST

January - March 2011

Author(s)	Kate Shaw, Programme Manager Debbie Vogler, Director of Strategy/ Programme Director
Version No.	Final
Date:	18 th January 2011

Overview

This document outlines the work plan, objectives and deliverables for the Shrewsbury and Telford Hospital Trust in the progression of the Future Configuration of Hospital Services programme, for the period January to March 2011 (Phase 1b). It should be read in conjunction with the Phase One Project Plan and the Project Initiation Document for The Future Configuration of Hospital Services Programme.

The FCHS programme is now in Phase 1b – assurance and public consultation (as detailed in the Project Initiation Document). The assurance element has been completed for this stage of the programme. The public consultation started on 9th December 2010 and will run until 14th March 2011. The SRO role has now transferred from the Trust to the PCT's. As such, the programme management structure for this phase and the programme as a whole needs to be agreed, resourced and planned.

This action plan therefore relates to the activities and responsibilities of the Trust which has a number of essential actions and deliverables that need to be achieved over the coming months in parallel with the public consultation. Within the Trust, the Director of Strategy will retain the role of Programme Director supported by the Programme Manager.

Objectives

2.1 The Future Configuration of Hospital Services Programme Objective

The ultimate objective for the Future Configuration of Hospital Services Programme is to secure high-quality, safe and sustainable services in Shrewsbury and Telford.

2.2 Future Configuration of Hospital Services Programme – Phase One Objective

The objective for Phase One (August 2010 – March 2011) is that a proposal for the future configuration of services will be presented to the Boards of SaTH, NHS Telford and Wrekin (NHS T&W) and Shropshire County PCT (SCPCT) in March 2011.

The key actions and deliverables and associated timeframe are outlined below:

Key Actions and Deliverables

- 1) Agree the internal leads, teams and individuals, process and structure to progress the programme to the next phase (Director of Strategy)
- 2) Care pathway development – how would the reconfigured services actually work in practice (Medical Director)
- 3) Finance and estates detailed planning (Director of Finance)

4) Development of a draft Outline Business Case (to be developed further in response to the feedback and outcome of the public consultation and once the Trust Boards have discussed the outcome and agreed the next stage) (Director of Strategy)

5) Support the PCTs in the delivery of the public consultation and identify the clinicians and staff needed to support the public events. Develop Frequently Asked Questions and briefs (Head of Communications)

6) Implement the recommendations from the OGC 0 Gateway Review in preparation for the next review in May 2011 (Director of Strategy):

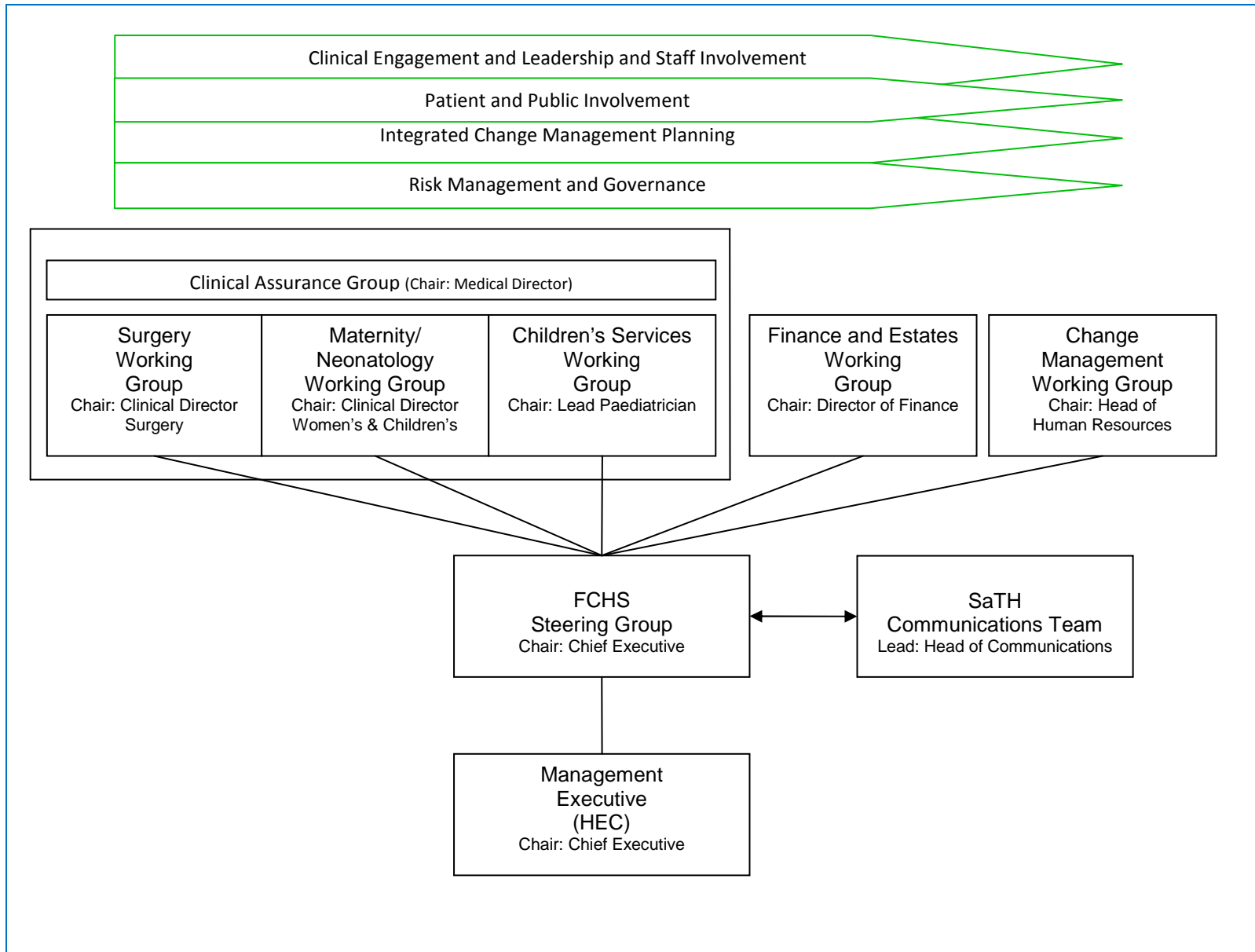
- i. Ensure that any recommendations from the NCAT review are incorporated into the proposed option
- ii. Complete at appropriate detailed level how the proposed option would work in practice
- iii. Finalise a detailed consultation plan and identify the resources required for successful execution and a plan for the rest of the programme
- iv. Produce a draft implementation plan for transition in order to ascertain resource requirements for the new ways of working
- v. Complete detailed financial, estate and HR plans to support the programmes objectives
- vi. Ensure that the Board decisions are clearly communicated to all clinicians and staff before consultation, making sure that the objectives and scope of the consultation are clearly understood
- vii. Consider the further development of an integrated change management plan to support the longer term cultural and behavioural changes required
- viii. Put in place a benefits management plan

6) In partnership with the PCTs, develop the overarching programme plan in preparation for the completion and outcome of the public consultation

7) Identify wider stakeholder groups and organisations to be involved as the programme progresses

3.2 Work Stream Structure

A work stream structure has been developed to take these actions forward. This is shown below.



This structure is intended to continue to support the achievement of the Secretary of State for Health's four key tests for service change, which are designed to build confidence within the health service and with patients and the public. Any reconfiguration proposals must therefore demonstrate:

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

Phase 1b of the FCHS programme therefore continues to focus heavily on the opinions of the health economies clinical workforce to identify, shape and agree the detailed pathways to be shared with the wider public as part of the consultation and the second stage of the assurance process.

Governance and Accountability

This phase of the project will be delivered according to the roles, responsibilities and structures outlined below.

Group	Who	Responsibility
Working Groups	See individual Terms of Reference	<ul style="list-style-type: none"> • To develop pathways and processes, including the mitigation of risk needed prior to, during and following the implementation of any proposed reconfiguration • To deliver working group work plan and ensure appropriate engagement and involvement • To update the FCHS Steering Group on progress
Clinical Assurance Group	Medical Director (chair) and representatives from primary and secondary care	<ul style="list-style-type: none"> • To provide overarching clinical advice and assurance of the proposed pathways • To understand and check the development of existing and new clinical interfaces and co-dependencies • To work with and feedback to the clinical working groups to identify and mitigate future risks
FCHS Steering Group	Chief Executive (chair) Director of Strategy (deputy chair) and chairs of each working group: Clinical Chairs Director of Finance Head of Human Resources plus Chief Operating Officer Director of Quality and Safety/ Chief Nurse Medical Director Head of Communications Programme Manager	<ul style="list-style-type: none"> • To oversee and coordinate the Trusts actions and deliverables in progressing the FCHS programme • To support the working group chairs in the leadership and delivery of their work plans • To undertake this role within the context of clinical engagement and leadership; patient and public involvement; change management planning and risk management and governance • To work in partnership with the PCTs in the delivery of the FCHS programme • To make recommendations and report into the Management Executive • To update the STEG (Shropshire and Telford Executive Group) each month.
Management Executive	Trust CEO, Executive Directors and Divisional General Managers	<ul style="list-style-type: none"> • To ensure the delivery of the Trusts programme objectives • To advise and support the Programme Director in the delivery of the programme • To receive progress reports and offer solutions to issues and barriers • To oversee the management of risk for the programme and support its mitigation.

5.2 Timeline for Delivery

Month	Week commencing	Date	Description	Duration/ time	Lead
December 2010	Mon 6th	09/12/10 - 14/03/11	Public consultation	14 weeks	PCTs
	Mon 13 th	15/12/10	PCT/SaTH update/planning meeting	12.00 midday	PCTs/ SaTH
	Mon 20th	20/12/10	SaTH internal clinical meeting - clinical leads agreed - working group structure, work plan and deliverables discussed	17.30	SaTH
	Mon 27th		Clinical and other working groups and Clinical Assurance Group set-up	1 week	PM
January 2011	Mon 3 rd		Clinical and other working groups meet, work plan agreed and delivered	8 weeks	PM
		06/01/11	Surgery Working Group	17.00	Chair
		07/01/11	Children's Services Working Group	13.00	Chair
		07/01/11	FCHS Trust Steering Group	16.00	DoS
	Mon 10th	10/01/11	Maternity/Neonatology Working Group	17.00	Chair
		11/01/11	Clinical working group chairs public meeting pre-meet	17.00	Chairs
		13/01/11	Public meeting Shrewsbury (Football Club)	19.00	PCTs
	Mon 17th	20/01/11	Public meeting Oswestry (Memorial Hall)	19.00	PCTs
		19/01/11	STEG – progress update	1 day	DoS
	Mon 24th	26/01/11	FCHS Trust Steering Group	17.30	Dos
		28/01/11	FAQs published on website	1 day	PCTs
	Mon 31st				

Month	Week commencing	Date	Description	Duration/ time	Lead
February 2011	Mon 7 th	w/c 07/02/10	Initial Consultation feedback fed into working groups	1 day	PCTs/ SaTH
		09/02/11	Public meeting Craven Arms (Community Centre)	19.00	PCTs
	Mon 14 th	16/02/11	Public meeting Telford (Holiday Inn)	19.00	PCTs
		16/02/11	FCHS Trust Steering Group	17.15	DoS
		18/02/11	Public meeting Llanidloes (Community Centre)	19.00	PCTs
	Mon 21 st	23/02/11	STEG progress update	1 day	Dos
		23/02/11	Public meeting Welshpool (Royal Oak Hotel)	19.00	PCTs
		23/02/11	Working groups pathways/proposals/final outputs due		PM/ Chairs
	Mon 28 th	24/02/11	Public meeting Newtown (Elephant and Castle)	19.00	PCTs
	28/02/11	Local Assurance Process assessment		PCTs	
March 2011	Mon 7 th				
		09/03/11	FCHS Trust Steering Group	17.30	DoS
	Mon 14 th	14/03/11	End of consultation	1 day	PCTs/ SaTH
		by 17/03/11	Final review of consultation and development of consultation outcome proposals for SaTH and PCT Boards	1 week	SaTH/ PCTs
	Mon 21 st	w/c 21/03/11	SaTH and PCT Boards meet and make decisions following consultation	1 day	SaTH/ PCTs
	Mon 28 th				
June		w/c 13/06/10	OGC visit and assessment	tbc	SaTH