



# **West Midlands Clinical Senate**

## **Shropshire, Telford & Wrekin Future Fit Programme- Stage 2 Clinical Assurance Review Panel Final Report**

# **Shropshire, Telford and Wrekin Future Fit Programme**

## **Stage 2 Clinical Assurance Panel Report**

Version number: 1.0

Approved: November 2016

Date of Publication: November 2016

Prepared by: West Midlands Clinical Senate

Classification: OFFICIAL

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## **1. Forward by Clinical Senate Chair**

I was lucky enough to Chair a strong and hard-working multi-disciplinary panel to consider Future Fit and the future Safety of the residents of Shropshire, Telford, Wrekin and Mid-Wales. We read extensive files then sat for over 3 days including site visits to both DGH's concerned.

Reconfiguration in the NHS is never easy whatever the financial climate. Emotions run particularly high over A/E and Maternity departments but top-class elective care is as important to most of the population. Duplication exacerbates recruitment to many departments as critical mass is important to maintain safety standards and gain experience of both common and rare eventualities (some life-saving). Staff retention and rotas of substantive non locum staff are also affected. Separating high-level emergency care from elective work has advantages such as reducing cancellation rates by making ring fencing easier and is mitigated by having well thought through urgent care centres on every site dealing with the majority of cases.

We identified some cross-cutting themes relevant to all options accepting that already enormous effort by both CCG's and SaTH teams had covered much of this ground but have, we hope, added some helpful suggestions for further work. Their major concern has, like ours, been to improve safety and efficiency by seeing the right person at the right time with the right facilities. Alongside treating as many patient's as possible in the community where teams and information technology communications need to be more convincingly strengthened. More could be done on workforce working closely with Health Education England and the Deanery.

We were impressed that something needs to be done and fast with no further delay for patients and staff. Decisions need to be made accepting not everybody will be happy until they see a good result - that should be carefully monitored. All agree the status-quo is unsustainable. Both our panel members and those we spoke to were concerned at splitting acute maternity, paediatrics or stroke from other emergency services. We felt the urgent care centre and the level of post-operative care on the non-acute site had potential for further thought to avoid needless transfer to the more acute site. We were made aware of the differing current and future demographics pulling maternity and paediatrics toward PRH where it is has recently been built but more elderly around Shrewsbury pulls in the opposite direction. Moving the Trauma unit and therefore other acute and time-dependant services from Shrewsbury might disadvantage residents of Powys but advantage residents of Telford.

Decisions are difficult and trade-offs inevitable but the time has come to make them. After all, both sites will get considerable and needed capital investment.

**Adrian Williams**

**Professor of Neurology &**

**National Neurosciences Lead**

## 2. Advice Request

- 2.1. The West Midlands Clinical Senate was asked by the Future Fit Programme Board on behalf of Shropshire, Telford & Wrekin CCG to provide independent clinical advice on its preferred options for reconfiguring acute hospital services in Shropshire and Telford & Wrekin (including Powys)
- 2.2. The request was made in August 2016 and clarification of the scope of the request was developed during September and October 2016.
- 2.3. The West Midlands Clinical Senate was asked to review the documentation and evidence and consider, assess and confirm the clinical quality, safety and sustainability of the Future Fit Programmes preferred models of options B, C1 and C2 for reconfiguring acute hospital services in Shropshire and Telford & Wrekin prior to public consultation, then make recommendations on whether to support the models to the West Midlands Clinical Senate and thereafter to sponsoring organisations and the Future Fit programme board.
- 2.4. The scope of the review did not include the West Midlands Clinical Senate making any comment on any alternative models or options which have been considered, even if its view was that it did not consider the proposals would deliver the benefits outlined in the business case.
- 2.5. Nor did the scope of review consider any financial implications, either negative or positive.
- 2.6. The evidence and information provided for the clinical review panel was provided by the CCG and Shrewsbury and Telford Hospitals (SaTH) NHS Trust.

### 3. Summary of Key Findings and Recommendations

The summary, findings and recommendations are presented as cross cutting themes, which are applicable to any of the preferred options and then, specifically for the preferred options.

#### Emergency care and Urgent care

##### KEY FINDING

The panel was of the view that the modelling work undertaken (CSU 2014; FF 2015/16; SaTH 2016) was based on the former method of triage by the ambulance service and gave the numbers for those calls classed as red 1. The current method the ambulance response programme (ARP) reduces the number of calls formerly categorised as red 1, but significantly increases the calls classed as red 2, which may require a blue light transfer to hospital. Further modelling may need to be undertaken to ensure an accurate picture of future activity if they are to move to a single site ED for the county. The panel was particularly concerned with regards to the provision for patients seen at the non EC UCC in terms of what was in place to ensure safe stabilisation and transfer of patients to EC should the need arise.

##### RECOMMENDATION 1

The Future Fit Programme should collaborate with the ambulance services to map out the non –EC UCC functions, and patient pathways, there is also a need to further understand and update travel and clinical activity modelling.

##### RECOMMENDATION 2

A Task and Finish group should be set up to work with emergency and non-emergency transport providers to ensure transport alignment.

##### RECOMMENDATION 3

A clear narrative should be developed for 111 / GP out of hours and GP/ Community referrers to differentiate the patients to each of the UCC.

##### RECOMMENDATION 4

A clear and consistent message should be developed in terms of the functions of the EC and in particular UCC services in relation to the service specification, work force (skills and expertise) and diagnostics available.

##### RECOMMENDATION 5

Consideration should be given to developing an Integrated Decision Hub which will act as a single point of information and direction for patients.

## **Transport and Ambulance Service(s)**

### **KEY FINDING**

From the evidence provided, the panel was clear that more analysis and modelling is required to assure the Future Fit Programme that it will deliver the access to urgent care services required to meet the population needs, and that any inequities arising from whichever model is finally implemented are clearly articulated, understood and explicitly taken into account in any final decision making.

### **RECOMMENDATION 6**

The Future Fit Programme should review, test and if necessary refine or modify the proposal following the planned public consultation

### **RECOMMENDATION 7**

Modelling should be done in conjunction with the Air Ambulance service for this area and evidence their opinion regarding the Future Fit models.

## **Information Technology (IT)**

### **KEY FINDING**

From the evidence provided the panel was clear that the aspirations for IT were ambitious and were a significant element in the implementation and delivery of the Future Fit Programme.

### **RECOMMENDATION 8**

An IT strategy and delivery plan is developed and potential risks and mitigations are explicitly identified in these IT plans.

## **Community**

### **KEY FINDING**

The evidence submitted to support the Future Fit community transformation sets out general principles and direction, significant detail is required before the panel can give an informed opinion in terms of clinical quality, safety and sustainability of the model and how the required commitments from other stakeholders will be developed and delivered.

### **RECOMMENDATION 9**

Community service alignment across the system should be revisited. The panel advises that clarity is needed with regards to the current community capacity, the role of community hospitals, pathways for the frail elderly and how care would be joined up with statutory and other community providers.



## **Sustainability Transformation Plan (STP)**

### **KEY FINDING**

From the evidence presented the panel was clear that the Future Fit programme was part of the five key change programmes of the STP.

### **RECOMMENDATION 10**

The panel was of the view that further alignment of work should be undertaken to ensure work streams are fully aligned with the STP.

## **Boundaries & Public Behaviour**

### **KEY FINDING**

From the evidence presented it was apparent that there may be challenges in communicating to the public what the purpose of each site was should either option be implemented and, recognising that behaviour may take some time to change how the transition would be managed so that people received the right care in the right place from the outset.

### **RECOMMENDATION 11**

Analysis is undertaken by the Future Fit Programme Board to set the proposed changes within a broader health economy context.

### **RECOMMENDATION 12**

The Future Fit Programme Board undertakes public engagement and consultation to understand how they can support both parents and patients to realise the implications of a future reconfiguration so that misunderstandings are minimised at the point of implementation.

## **Workforce**

### **KEY FINDING**

The panel was of the view that there are a series of workforce assumptions within the Future Fit Programme with regard to job roles, recruitment, retention, training, supervision, sustainability and succession planning for Clinicians, Advanced Nurse Practitioners (ANPs), Allied Health Professionals (AHPs) and Advanced Clinical Practitioners (ACP's) which needs to be further clarified and supported with Health Education England and Deanery (West Midlands).

### **RECOMMENDATION 13**

A cultural shift may also be required and the panel felt that more detailed work needs to be done to ensure that the workforce, across the board, including GPs are able and willing to deliver the proposed model.

## **Clinical co-dependencies**

### **RECOMMENDATION 14**

The panel was of the view that the Future Fit programme should consider and make explicit the clinical relationships and dependencies of hospital-based services on each other and evidence this where this has been considered.

## **Patient Outcomes and Metrics**

### **KEY FINDING**

To demonstrate success a more structured approach is needed to be able to evidence the desired outcomes with appropriate metrics.

### **RECOMMENDATION 15**

The Future Fit Programme should ensure that a clear baseline of what good would look like and how progress will be measured against this. This should include patient and staff experience as well as patient benefits and the quality of the new services.

### **RECOMMENDATION 16**

The Future Fit Programme should consult with Town Planning for the Shropshire and Telford & Wrekin area to ascertain potential new developments and assess the impact for future health and care services.

## **Public Health**

### **RECOMMENDATION 17**

The Future Fit Programme should develop detailed plans in conjunction with key stakeholders of how the public health agenda will be delivered to health service users who are non-CCG residents of Shropshire and Telford & Wrekin.

### **RECOMMENDATION 18**

The Future Fit Programme should continue to build on the Equality Impact Assessment once the preferred option has been finalised through engaging the people that will ultimately be affected i.e. parent(s), patients and carers.

## Preferred Models

### Do Nothing Option

#### KEY FINDING

The Panel was of the view that a clear and compelling case for change was made, based on sound evidence presented to it on current performance, improvements seen in other regions by reconfiguration of services with multi-site Trusts, the potential long-term benefits, and alignment with national NHS strategy.

### Emergency and Acute Care at PRH and Acute and Planned Care at RSH (Option B) and Emergency and Acute Care at RSH and Acute and Planned Care at PRH (Option C1)

#### KEY FINDING

The panel received evidence that from the perspective of patients with major life threatening and life changing trauma, the regional lead for major trauma in conjunction with the provider of adult major trauma services in Stoke have expressed a preference for option C1. This has been driven by a number of factors but predominantly its geographical position – there is a significant number of patients, particularly out to the west in Wales whose care may be compromised by an additional journey time.

#### KEY FINDING

The Panel received evidence that from the perspective of the regional lead for major trauma if key services are available on the Telford site the PRH could get trauma unit recognition.

#### RECOMMENDATION 19

The Future Fit Programme Board should make a decision on their preferred option.

### Separation of Women's and Children's services from the EC (Option C2)

#### KEY FINDING

The panel supports the findings of the NHS Transformation Unit and SaTH NHS Trust that the C2 option presents a severe risk to the quality and safety of services for patients and has the potential to de-stabilise Women and Children's Services in the county.

### Summary of Future Fit Options

	Princess Royal Telford				Royal Shrewsbury Hospital			
B	EC	UCC	LPC	W&C	DTC	UCC	LPC	
C1	DTC	UCC	LPC		EC	UCC	LPC	W&C
C2	DTC	UCC	LPC	W&C	EC	UCC	LPC	

  

EC	Emergency Department	DTC	Diagnostic & Treatment Centre
UCC	Urgent Care Centre	LPC	Local Planned Care
W&C	Women's & Children's Services		

## 4. Methodology and Governance

### 4.1. Terms of Reference

- 4.1.1. The Shropshire and Telford & Wrekin CCG was formally adopted onto the Clinical Senate work programme by the Clinical Senate Council in July 2016, following a presentation to the council and request for NHS England Stage II Clinical Assurance. The adoption on to the work programme was done with the proviso that a preferred model would be reviewed. A request to the West Midlands Clinical Senate from Shropshire and Telford & Wrekin CCG for NHS England Stage II Clinical Assurance was formally received on 30th August 2016.
- 4.1.2. Terms of reference for the Council's work were developed as per NHS England guidance (See Appendix 1). This included the approach for formulating the advice and the overall process through which advice and recommendations would be developed. The initial draft of the terms of reference stated the aim as 'reviewing the preferred model' as agreed by the clinical senate council in July 2016 and was shared with Shropshire and Telford & Wrekin CCG, this ensured that the advice which the Clinical Senate had been asked to provide, and the approach to formulating it, was transparent to all stakeholders. Discussions took place from 29th September to 13th October between the sponsoring organisation, the clinical senate and NHS England regarding the need for the review to include additional models which have been considered by the Future Fit Programme Board. A consensus was achieved and the following preferred Future Fit models were agreed to be reviewed by the senate: Options B, C1 and C2.
- 4.1.3. The Terms of Reference for the review were agreed and signed by Dave Evans Accountable Officer Shropshire and Telford & Wrekin CCG and Professor Adrian Williams Chair of West Midlands clinical senate and council appointed Chair of this review panel.

### 4.2. Process

- 4.2.1. The process to formulate the advice was led by Professor Adrian Williams Chair, West Midlands Clinical Senate guided by the Clinical Senate Review Process Guidance Notes (2014).
- 4.2.2. The Clinical Senate formulated advice between October and November 2016. An Independent Clinical Review Team (ICRT) was established to assist the Senate. This included members from professional groups with specific knowledge and expertise in the areas which the Clinical Senate had been asked to provide advice. To ensure any advice given was robust, transparent and credible; the team included clinical experts from within and outside the West Midlands area (see Table 1 and Appendix 2). A Confidentiality agreement and potential conflicts and associations were declared during the process. These are recorded in Appendix 3.
- 4.2.3. Review dates were held on 17<sup>th</sup>, 24<sup>th</sup> and 31<sup>st</sup> August 2016 (see Appendix 4). The ICRT reviewed documentation provided by the Future Fit Programme Board (See Appendix 5). Presentations relevant to the review were made from key members of the Future Fit Programme.
- 4.2.4. This report presents the key issues that were discussed and emergent themes from the evidence presented (documentary and verbally). It is not intended to be a comprehensive record of the discussion.

### 4.3. Scope and Limitations

4.3.1. The scope of the review was agreed between the Shropshire and Telford & Wrekin CCG and the West Midlands Clinical Senate. The stage 2 review was necessarily limited by the number of preferred options presented to the senate. The conclusions are limited to the evidence presented, and are not exhaustive.

**Table 1 Independent Clinical Review Team Members**

Name	Position	Organisation
Prof Adrian Williams	Chair	University Hospitals Birmingham NHS Foundation Trust

**Members:**

Name	Position	Organisation
Mark Millins	Associate Director Paramedic Practice	Yorkshire Ambulance Service NHS Trust
Dr Anthony Kelly	Chair South Worcestershire CCG	NHS South Worcestershire Clinical Commissioning Group
Mr Phil Tooze-Hobson	Consultant Urogynaecologist	Birmingham Women's Hospital
Dr Simon Harlin	GP Lead, Frail Elderly Patients	Walsall Healthcare NHS Trust
Suzanne Nicholl	Clinical Director of Therapy	Heart of England NHS Trust
Dr Helen Carter	Consultant in Public Health & Deputy Director for Healthcare Public Health and Workforce	Public Health England
Peter Fahy	Director of Adult Services	Coventry City Council
Dr Irfan Chaudry	Anaesthetics / Intensivist	Lancashire Teaching Hospitals NHS Foundation Trust
Dr Akram Khan	GP and CCG Lead Clinician	Bradford CCG
Dr Chrisantha Halahakoon	Clinical Director – Paediatrics	The Royal Wolverhampton NHS Trust
Dr Kamal Nathavitharana	Associate Postgraduate Dean	HEEWM
Penny Snowden	Deputy Chief Nurse (Midwifery)	United Lincolnshire Hospitals NHS Trust
Margret Garbett	Associate Director of Nursing	University Hospitals Birmingham NHS Foundation Trust
Dr Jonathan Hopkins	Consultant Interventional Radiologist	University Hospitals Birmingham NHS Foundation Trust
Sir Keith Porter	Clinical Traumatology	University Hospitals Birmingham NHS Foundation Trust
Sonia Cox	Patient Representative	N/A
David Orme	Patient Representative	N/A
<b><i>In attendance</i></b>		
Angela Knight Jackson	Head of Clinical Senate	West Midlands CN and Senate NHS England
Katy Wheeler	Clinical Senate Administrator	West Midlands CN and Senate NHS England
Karen Edwards	Network Quality Improvement Officer	West Midlands CN and Senate NHS England

## 5. Background

- a. (The extract below was taken and adapted from the Future Fit Strategic Outline Case March 2016).
- b. The NHS faces challenges when planning for the future sustainability of its services. The Shropshire and Telford & Wrekin health economy is no exception and faces unique challenges in securing sustainable hospital services. Shropshire covers a large geography with issues of physical isolation and low population density and has a mixture of rural and urban ageing populations. Telford & Wrekin has an urban population ranked amongst the 30% of most deprived populations in England. Both are dependent on in-county acute and community care provisions operating across multiple sites with the challenges that that can bring. Commissioners are also aware of the needs of the Powys population who are dependent on utilising services from the same local hospital trusts.
- c. Shropshire CCG, Telford and Wrekin CCG, Shrewsbury and Telford Hospitals Trust (SaTH), Shropshire Community Health Trust and Powys THB have committed to work collaboratively to review clinical services, engage with the patient populations, in order to secure long-term high quality and sustainable patient care.
- d. The review programme focused on acute and community hospital services in Shropshire and Telford & Wrekin. The aim was to develop a clear vision for excellent and sustainable acute and community hospitals – safe, accessible, offering the best clinical outcomes, attracting and developing skilled and experience staff, providing rapid access to expert clinicians, working closely with community services, and focused on specialist services that were only provided in hospital.

### 5.1. Context

- 5.1.1. The “Future Fit” programme (FFP) was commissioned in response to NHS England’s ‘Call to Action’ survey undertaken in November 2013. A consultation exercise with clinicians and patient representatives met to establish a compelling case for change based around the needs of an increasingly ageing population, the rise in prevalence of long-term conditions, higher public expectations both of the quality and convenience of services and growing workforce pressures; all within an environment of economic challenge across all sectors.
- 5.1.2. In November 2014 the West Midlands Clinical Senate was asked to provide informal advice and expert ‘critical’ challenge, to the service models developed in the Future Fit: Shaping Healthcare Together programme as part of NHS England’s Stage 1 assurance process. The advice given was based on the Future Fit Programmes broad proposals, plans, projections and assumptions.
- 5.1.3. The Clinical Senate noted that a further panel would need to be convened at a later date to assess the Future Fit programmes progress. This review follows on from the Future Fit NHS England stage 1 review (Jan 15).

### 5.2. Case for Change

- 5.2.1. The Challenges faced by the Shropshire and Telford & Wrekin health economy are multi-faceted and include:

- a. Duplication of acute care service
- b. Rurality and the impact of accessing services
- c. Changes within the medical workforce
- d. Staffing challenges within the key acute services e.g. ED, acute medicine and critical care
- e. The quality of patient facilities and Trust's Estate
- f. Changes in the population profile and patterns of illness
- g. Higher expectations from patients and the public
- h. Clinical Standards and developments in medical technology
- i. Economic challenges and financial deficits
- j. Opportunity costs in quality of service (splitting acute hospital services over two different sites is difficult to maintain without compromising the quality and safety of the service)

### 5.3. National Guidance

- Department of Health (2010) Improving the health and well-being of people with long term conditions: world class services for people with long term conditions
- HM Government (2010) Healthy lives, healthy people: our strategy for public health in England
- Health and Social Care Information Centre (2013a) National Child Measurement Programme: England, 2012/13 school year. Public Health England
- Health and Social Care Information Centre (2013b) Statistics on Smoking.
- Health and Social Care Information Centre (2013c) Statistics on Women's Smoking Status at Time of Delivery
- The Marmot Review (2010) Fair Society Health Lives, The Marmot Review
- National Audit Office (2013) Emergency admissions to hospital: managing the demand, National Audit Office
- National Audit Office (2011) Transforming NHS ambulance services.
- NHS England (2014) Better Care Fund- Revised Planning Guidance
- Monitor (2014) Guidance: Enabling integrated care in the NHS
- NHS England (2013) Transforming urgent and emergency care services in England, Urgent and Emergency Care Review, End of Phase 1 Report.
- NHS England (2013) Transforming urgent and emergency care services in England, Urgent and Emergency Care Review, End of Phase 1 Report, Appendix 1 – Revised Evidence Base from the Urgent and Emergency Care Review.
- NHS England (2013) Statement on the health and social care: Integration Transformation Fund (2013)
- NHS Future Forum (2011) The NHS' role in the public's health
- NHS (2015) NHS Shared Planning Guidance 16/17- 20/21 STP
- National Information Board (2014) Personalised Health and Care 2020 Using Data and Technology to Transform Outcomes for Patients and Citizens A Framework for Action.

### 5.4. Local Drivers

- SaTH (2016) Future Fit Clinical Model –Option C2 August 2016
- NHS Transformation Unit (2016) Shropshire Acute Services Review
- SaTH (2016) Sustainable Services Programme, Strategic Outline Case
- Shropshire, Telford and Wrekin Sustainability and Transformation Plan Confidential document
- Shropshire, Telford and Wrekin Health and Social Care Local Digital RoadMap (2015)

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- Announcement of New Shropshire Women and Children's centre in Telford 2014
- Future Fit (2014) Clinical Design – Request for support to West Midlands Clinical Senate July 2014
- Future Fit (2014) Clinical Design Work Stream Final Report, Models of Care May 2014
- Future Fit Clinical Design Work Stream Appendix
- Future Fit Programme Execution Plan v1.4
- Future Fit (2013) Clinical Services Strategy – Shropshire Hospitals Strategic Context v11

*(See appendices for full references)*



## 6. Future Fit Programme's Preferred Options

- 6.1. The Future Fit Programme identified a number of ways services could be delivered. This was based on the need to provide:
- one Emergency Department(ED) (within a single Emergency Centre (EC))
  - one Critical Care (CC) Unit, to be co-located with the EC
  - two Urgent Care Centres (UCC), one at each site
  - a balance of activity across the two sites (PRH and RSH)
- 6.2. The site which accommodated the EC, CC Unit and a UCC would then become the Emergency and Acute site. The site which accommodated the Diagnostics Treatment Centre (DTC) and stand-alone UCC would become the Acute and Planned site. This configuration had the potential to provide services within a Diagnostic and Treatment Centre at the Acute and Planned site (SOC 2016). A further variation of the above options was the location of the Women & Children's Services.
- 6.3. The following options (See Table 2) were put forward for the Clinical Senate NHS England Stage 2 review:
- Emergency and Acute at PRH and Acute and Planned at RSH (Option B)
  - Emergency and Acute at RSH and Acute and Planned at PRH (Option C1)
  - Separation of Women's and Children's services from the EC (Option C2)

Table 2 Summary of the Future Fit Options

	Princess Royal Telford					Royal Shrewsbury Hospital			
<b>B</b>	EC	UCC	LPC	W&C		DTC	UCC	LPC	
<b>C1</b>	DTC	UCC	LPC			EC	UCC	LPC	W&C
<b>C2</b>	DTC	UCC	LPC	W&C		EC	UCC	LPC	

  

<b>EC</b>	Emergency Department	<b>DTC</b>	Diagnostic & Treatment Centre
<b>UCC</b>	Urgent Care Centre	<b>LPC</b>	Local Planned Care
<b>W&amp;C</b>	Women's & Children's Services		

## 7. Review and Recommendations

- a. The commissioners provided and presented a variety of information using the WM Clinical Senate Pre Assurance Framework with referenced appendices (see Appendix 5) for the panel to be able to assess and confirm the clinical quality, safety and sustainability of the Future Fit Programme preferred models of options B, C1 and C2. The Panel noted in advance of the review starting that the preferred options had been agreed by the CCG and SaTH NHS Trust.
- b. The panel formed the following views, findings and recommendations which are presented by first, looking at cross cutting themes, which are applicable to any of the preferred options and second, looking specifically at the preferred options.

### 7.1. Cross Cutting Themes

#### 7.1.1. Emergency care and Urgent care

- 7.1.1.1. The panel was of the view that the model of emergency centres and urgent care centres are in line with national guidance. The NHS Stage 1 clinical senate review noted that the success of the UCCs will be dependent upon ensuring a consistent and equitable service provision for all users regardless of where they live (or whether the UCC is co-located with the EC).
- 7.1.1.2. The panel noted the rethinking from the stage 1 review and not separating Emergency Care from public access, and co-locating one of the UCC with the EC.
- 7.1.1.3. **KEY FINDING:** The panel was of the view that the modelling work undertaken (CSU 2014; FF 2015/16; SaTH 2016) was based on the former method of triage by the ambulance service and gave the numbers for those calls classed as red 1. The current method the ambulance response programme (ARP) reduces the number of calls formerly categorised as red 1, but significantly increases the calls classed as red 2, which may require a blue light transfer to hospital. Further modelling may need to be undertaken to ensure an accurate picture of future activity if they are to move to a single site ED for the county. The panel was particularly concerned with regards to the provision for patients seen at the non EC UCC in terms of what was in place to ensure safe stabilisation and transfer of patients to EC should the need arise.
- 7.1.1.4. **RECOMMENDATION:** The Future Fit Programme should collaborate with the ambulance services to map out the non –EC UCC functions, and patient pathways, there is also a need to further understand and update travel and clinical activity modelling.
- 7.1.1.5. **RECOMMENDATION:** A Task and Finish group should be set up to work with emergency and non-emergency transport providers to ensure transport alignment.
- 7.1.1.6. **RECOMMENDATION:** A clear narrative should be developed for 111 / GP out of hours and GP/ Community referrers to differentiate the patients to each of the UCC.
- 7.1.1.7. The panel observed there was some dissonance with staff, commissioners and providers during the review as to the nature of EC and UCC provision. For example the Clinical Design Work Stream document (2014) alludes to each UCC offering the same consistent service. During the review the panel established that the UCC will be different in terms of workforce and there would be one ambulatory care unit. **RECOMMENDATION:** A clear and consistent message should be developed in terms of the functions of the EC and in particular UCC

services in relation to the service specification, workforce (skills and expertise) and diagnostics available.

- 7.1.1.8. The panel acknowledged the Care Co-ordination Centre which currently operates within the area. This could be developed further to reflect policies on admissions avoidance and enhancing patient flow. **RECOMMENDATION: Consideration should be given to developing an Integrated Decision Hub which will act as a single point of information and direction for patients.**

### 7.1.2. Transport and Ambulance Service(s)

- 7.1.2.1. The panel was of the view that within the geography of Shropshire and Telford & Wrekin travel times and distance may be significant. West Midlands and the Welsh ambulance service will have a key impact in delivering the models proposed by the Future Fit Programme. **RECOMMENDATION: Modelling should be done in conjunction with the Air Ambulance service for this area and evidence their opinion regarding the Future Fit models.**

- 7.1.2.2. **KEY FINDING: The panel was of the view that the modelling work undertaken (CSU 2014; FF 2015/16; SaTH 2016) was based on the former method of triage by the ambulance service and gave the numbers for those calls classed as red 1. The current method the ambulance response programme (ARP) reduces the number of calls formerly categorised as red 1, but significantly increases the calls classed as red 2, which may require a blue light transfer to hospital. Further modelling may need to be undertaken to ensure an accurate picture of future activity if they are to move to a single site ED for the county. The panel was particularly concerned with regards to the provision for patients seen at the non EC UCC in terms of what was in place to ensure safe stabilisation and transfer of patients to EC should the need arise.**

### 7.1.3. Information Technology (IT)

- 7.1.3.1. The panel acknowledged that the Local Digital Roadmap (LDR) submission sets out Shropshire and Telford and Wrekin's progress over the next five years to underpin the requirements of the Sustainability Transformation Plan (STP). To achieve transformation an informatics infrastructure is required which connects clinicians and patients. The LDR proposal acknowledges the roadmap will present challenges to the local health economy which are not significantly different from those faced nationally. The IT transformation will happen through accessing the NHS IT Fund.

- 7.1.3.2. **KEY FINDING: From the evidence provided the panel was clear that the aspirations for IT were ambitious and was a significant element in the implementation and delivery of the Future Fit Programme. RECOMMENDATION: An IT strategy and delivery plan is developed and potential risks and mitigations are explicitly identified in these IT plans.**

### 7.1.4. Community

- 7.1.4.1. The panel **supports** the view of one of the Future Fit programmes key system principle of 'Home is Normal'; and developing the options for out of hospital care based on sound evidence and best practice. This aligns with national strategic direction as detailed in the Five Year Forward View, delivering care as much as possible in people's homes, local surgeries and communities.

7.1.4.2. The panel noted that the Future Fit community model describes reducing demand on Acute Hospital Services of non-elective admissions and outpatient appointments. A system wide programme of work is underway under the STP Neighbourhoods to develop a community model to deliver the reduction by 2020/21. The evidence presented and the staff spoke to in the course of the site visit described a model that was very much based on 'getting the patient to the right professional' in either hospital setting. There is a discord with this and the Community programme which appears to be based on developing a model that 'gets the professional to the patient'. Clarity would be helpful for Community providers in developing a future model to support the Future Fit programme.

7.1.4.3. The panel also noted that references were made to the role of local government through Adult Social Care, and the broader voluntary and third sector, in ensuring that the community model is viable and supports delivery of the Future Fit outcomes. Evidence was provided indicating **support in principle** of this wider sector through CCG Boards and STP Partnership Board membership.

7.1.4.4. **KEY FINDING** the evidence submitted to support the Future Fit community transformation sets out general principles and direction, significant detail is required before the panel can give an informed opinion in terms of clinical quality, safety and sustainability of the model and how the required commitments from other stakeholders will be developed and delivered.

7.1.4.5. From the evidence provided the panel noted there will be some disinvestment in community services as part of the STP, and the community bed review has not been completed. The review panel raised concern about the potential impact of a reduction in community beds with the changes to Acute Hospital provision unless counterbalanced with increasing capacity to support people in their own homes, the use of technology to help achieve this shift is also something to consider in the approach to IT. **RECOMMENDATION: Community service alignment across the system should be revisited. The panel advises that clarity is needed with regards to the current community capacity, the role of community hospitals, pathways for the frail elderly and how care would be joined up with statutory and other community providers.**

### 7.1.5. Sustainability Transformation Plan

7.1.5.1. The panel acknowledged the unified vision of the Future Fit Programme and that of the STP of 'our population to be the healthiest on the planet.' **KEY FINDING: From the evidence presented the panel was clear that the Future Fit programme was part of the five key change programmes of the STP. RECOMMENDATION: The panel was of the view that further alignment of work should be undertaken to ensure work streams are fully aligned with the STP.**

### 7.1.6. Boundaries & Public Behaviour

7.1.6.1. The panel was of the view that moving services within SaTH's Trust may have an impact on where patients will choose to go. Patient Choice will have an impact on the surrounding health economy and may increase patient flows to Wolverhampton and possibly Wales.

7.1.6.2. The following scenarios were considered by the panel:

- a. Parental choice - in a situation where a child requires UCC services but there is potential for misunderstanding the services available, leading to parents bringing children to the wrong UCC when there is no specialist paediatric cover; and
- b. Patient choice - leading to patients choosing to access health care in other health economies. Reassurances regarding potential impacts upon other neighbouring areas were sought by the Panel - specifically relating to existing services in Wolverhampton. Patient choice may also impact upon maternity services

7.1.6.3. The panel was of the view that only limited work had been undertaken as yet regarding public behaviours and the impact this may have following the changes in hospital services. Further concerns were noted by the Panel with respect to the impact these changes may have upon patient flows to neighbouring health economies. **KEY FINDING: From the evidence presented it was apparent that there may be challenges in communicating to the public what the purpose of each site was should either option be implemented and, recognising that behaviour may take some time to change how the transition would be managed so that people received the right care in the right place from the outset. RECOMMENDATION: Analysis is undertaken by the Future Fit Programme Board to set the proposed changes within a broader health economy context.**

7.1.6.4. **RECOMMENDATION: The Future Fit Programme Board undertakes public engagement and consultation to understand how they can support both parents and patients to realise the implications of a future reconfiguration so that misunderstandings are minimised at the point of implementation.**

#### 7.1.7. Workforce

7.1.7.1. The Future Fit Programme Clinical Design Work Stream Report states workforce challenges are one of the key drivers for reconfiguration. The review panel **supports** the view that a transformation in the way in which services are delivered will have particular workforce challenges across multi-professional groups as reconfiguration is dependent on an appropriately skilled and sized workforce for the longer-term; with implications for workforce planning, training and education.

7.1.7.2. **KEY FINDING: The panel was of the view that there are a series of workforce assumptions within the Future Fit Programme with regard to job roles, recruitment, retention, training, supervision, sustainability and succession planning for Clinicians, Advanced Nurse Practitioners (ANPs), Allied Health Professionals (AHPs) and Advanced Clinical Practitioners (ACP's) which needs to be further clarified and supported with Health Education England and Deanery (West Midlands).**

7.1.7.3. The Communications and Engagement work stream provided evidence of engagement activities with staff and wider stakeholders building on the communication and engagement which was undertaken in the NHS England stage 1 review. **RECOMMENDATION: A cultural shift may also be required and the panel felt that more detailed work needs to be done to ensure that the workforce, across the board, including GPs are able and willing to deliver the proposed model.**

#### 7.1.8. Clinical co-dependencies

7.1.8.1. The national drivers on the future shape and function of hospitals, stakeholders in health care systems have to consider the most appropriate configuration of their hospitals so that

their clinical services are adequately supported by other specialties, are fit for purpose, sustainable, accessible and deliver the highest possible quality of care (SEC 2014). **RECOMMENDATION** The panel was of the view that the Future Fit programme should consider and make explicit the clinical relationships and dependencies of hospital-based services on each other and evidence this where this has been considered.

#### 7.1.9. Patient Outcomes and Metrics

7.1.9.1. The panel was of the opinion that in developing its preferred models, the Future Fit Programme had used an effective methodology of researching, looking at, and learning from good practice in other areas e.g. Northumbria Clinical model 'One Year On'.

7.1.9.2. **KEY FINDING: To demonstrate success a more structured approach is needed to be able to evidence the desired outcomes with appropriate metrics. RECOMMENDATION: The Future Fit Programme ensures that a clear baseline of what good would look like and how progress will be measured against this. This should include patient and staff experience as well as patient benefits and the quality of the new services.**

7.1.9.3. The panel noted several of the evidences submitted reported changes in the population profile - which is set to increase. However, there was no evidence to suggest whether modelling of the preferred options had been linked with Town Planning. **RECOMMENDATION: The Future Fit Programme should consult with Town Planning for the Shropshire and Telford & Wrekin area to ascertain potential new developments and assess the impact for future health and care services.**

#### 7.1.10. Public health

7.1.10.1. The panel recognised the challenges of providing a public health agenda for a mix of both urban and rural populations, such as across Shropshire, Telford and Wrekin where there are two highly-populated areas and a dispersed rural population across a large geographical area. The panel commended the Future Fit Programme for revising the ambitious preventative strategies which were presented at the Clinical Senate NHS England Stage 1 review, and presenting realistic strategies. The panel understands that the revised projects have been endorsed by Directors of Public Health in the local area.

7.1.10.2. The panel noted that 10% of the acute activity came from outside of the CCG area (the Future Fit Programme confirmed that this activity was from Powys), the current plans suggest the prevention strategy will deliver a reduction in activity. The panel highlighted the difficulty involved when influencing prevention activity for non – CCG residents. **RECOMMENDATION: The Future Fit Programme should develop detailed plans in conjunction with key stakeholders of how the public health agenda will be delivered to health service users who are non-CCG residents of Shropshire and Telford & Wrekin.**

7.1.10.3. The panel was of the view that the Future Fit Integrated Impact Assessment (2016) was a **considered and comprehensive document** and was sufficiently detailed to give assurance on the impact of the proposed changes on protected groups and others suffering health inequalities. The panel noted the assessment was not exhaustive and some impacts could not be fully assessed due to the preferred options not been finalised or because substantial additional data collection and analysis would have been required. **RECOMMENDATION: The Future Fit Programme should continue to build on the Equality Impact Assessment once the preferred option has been finalised through engaging the people that will ultimately be affected – parent(s), patients and carers.**

## 7.2. Preferred Model

### 7.2.1. Do Nothing Option

7.2.1.1. The do nothing option was outside of the Future Fit clinical senate Terms of Reference however, the panel was of the opinion that this option should be commented on within the report. The evidence suggests that the SaTH NHS Trust workforce is not sustainable and safe for patients:

- a. There are some specialisms e.g. A&E where there are seven consultants working across two sites. If there are any further reductions amongst this workforce this may mean that the current configuration will not be viable.
- b. The paediatric numbers in Shrewsbury are insufficient to maintain skills and there are challenges in recruiting nursing and agency staff.
- c. Also the estates in Shrewsbury are particularly poor and require investment.

7.2.1.2. **KEY FINDING: The Panel was of the view that a clear and compelling case for change was made, based on sound evidence presented to it on current performance, improvements seen in other regions by reconfiguration of services with multi-site Trusts, the potential long-term benefits, and alignment with national NHS strategy.**

### 7.2.2. Emergency and Acute at PRH and Acute and Planned at RSH (Option B) and Emergency and Acute at RSH and Acute and Planned at PRH (Option C1)

7.2.2.1. The two options of B and C1 have been considered together. At first glance the B and C1 options appear to be mirror images except for location however; the panel noted a number of key differences:

- a. Finances - Whilst the review of finances sits outside of the remit of the Clinical Senate, the panel noted that C1 required more capital investment
- b. Demography- Telford and Wrekin have a younger population and more deprived population; this would favour the Emergency Centre at the PRH Telford site. However, this is mitigated by the elderly population in the Shrewsbury area where Emergency Care services will be required by the elderly patients. However, if robust community based services are in place this service could address some of this demand.
- c. Current location of services - Women and Children's services and stroke services are currently located at the PRH this would favour option B as these services are already established. However if these services are co-located with the EC at the PRH the population of Powys will be disadvantaged due to travel times.
- d. Trauma - The proposed preferred options would have significant implications for the provision of trauma care. Major trauma services function on a networked basis, with common standards, protocols and processes. The protocol is clear for patients requiring major trauma services, patients should move within a 60 minute isochrones timeline if they are able to access a major trauma centre by road (The Royal Stoke Hospital, Birmingham Children's Hospital and Queen Elizabeth Hospital Birmingham are the major trauma centres serving the Shropshire and Telford & Wrekin area). The geography of the Shropshire Telford & Wrekin area means significant numbers of patients with life

threatening injuries can fall outside of the 60 minute transport isochrones. Therefore stabilisation is needed at a trauma unit before transfer to a trauma centre. The Royal Shrewsbury Hospital was designated a trauma unit approximately 4 years ago. An established trauma centre at the RSH would favour the C1 option. Conversely, the panel has received evidence from the trauma network that trauma unit status could be designated at the Telford site which would favour option B. However, with this option the population of Powys will be disadvantaged due to travel times.

**7.2.2.2. KEY FINDING:** The panel received evidence that from the perspective of patients with major life threatening and life changing trauma, the regional lead for major trauma in conjunction with the provider of adult major trauma services in Stoke have expressed a preference for option C1. This has been driven by a number of factors but predominantly its geographical position - a significant number of patients, particularly out to the west in Wales whose care will be compromised by an additional journey time.

**7.2.2.3. KEY FINDING:** The Panel received evidence that from the perspective of the regional lead for major trauma if key services are available on the Telford site the PRH could get trauma unit recognition.

**7.2.2.4. RECOMMENDATION:** The Future Fit Programme Board should make a decision on their preferred option.

### **7.2.3. Separation of Women's and Children's services from the EC (Option C2)**

**7.2.3.1.** From the evidence presented the panel was of the opinion that: Emergency Care and Women and Children's services should be located on one site and the critical mass is not present to have a stand-alone unit for emergency care for high risk obstetrics and paediatrics. The C2 option was the least popular option amongst staff.

**7.2.3.2. KEY FINDING:** The panel supports the findings of the NHS Transformation Unit and SaTH NHS Trust that the C2 option presents a severe risk to the quality and safety of services for patients and has the potential to de-stabilise Women and Children's Services in the county.



## **8. Conclusion**

The Panel acknowledged that a significant amount of progress has been made since the first NHS England stage 1 review in January 2015, and the Future Fit programme are commended for the work done to date. However, this report demonstrates that there is further work to be done. The evidence suggests that the Future Fit Team must now make the important decision of stating the preferred option; this will allow the programme to move forward in terms of planning, allocation of resources and having open and transparent engagement with staff, patients and the general public.

The Panel has made some cross-cutting and option specific recommendations and strongly advise that these are addressed to ensure that clinical quality, safety and sustainability of services are maintained for the population of Shropshire and Telford & Wrekin.

## 9. References

Announcement of New Shropshire Women and Children's centre in Telford (2014) [Online] Available from:

[http://www.sath.nhs.uk/media/news\\_archive/2014-09-September/140930-swccnowopen.aspx](http://www.sath.nhs.uk/media/news_archive/2014-09-September/140930-swccnowopen.aspx)

Call to Action Survey November (2013) [Online] Available from:

<http://www.sath.nhs.uk/call-to-action/default.aspx>

CSU (2014) Modelling Future Activity Levels Shrewsbury and Telford Hospital NHS Trust, May 14

Department of Health (2010) Improving the health and well-being of people with long term conditions: world class services for people with long term conditions. Department of Health. [Online] Available at:

[http://www.yearofcare.co.uk/sites/default/files/pdfs/dh\\_improving%20the%20h%26wb%20of%20people%20with%20LTCs.pdf](http://www.yearofcare.co.uk/sites/default/files/pdfs/dh_improving%20the%20h%26wb%20of%20people%20with%20LTCs.pdf)

Future Fit Call to Action (2013) [Online] Available at:

<http://www.sath.nhs.uk/call-to-action/default.aspx>

Future Fit Programme [Online] Available from:

<http://www.sath.nhs.uk/nhsfuturefit/default.aspx>

Future Fit (2014) Clinical Design Workstream Final Report. Models of Care Future Fit Programme Board, May 2014

Future Fit Clinical Design Workstream Appendix Future Fit Programme Board

Future Fit Programme Execution Plan v1.4 Future Fit Programme Board

Future Fit (2013) Clinical Services Strategy – Shropshire Hospitals Strategic Context v11 Future Fit Programme Board

Future Fit (2014) Clinical Design – Request for support to West Midlands Clinical Senate Future Fit Programme Board, July 2014

Future Fit Integrated Impact Assessment (2016) ICF Consulting Services and the Strategy Unit, Midlands and Lancashire Commissioning Support Unit, September 2016

Future Fit(2015-16) Non-Financial Appraisal Panel Evidence Pack September 2016

HM Government (2010) Healthy lives, healthy people: our strategy for public health in England. The Stationary Office. Available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216096/dh\\_12742\\_4.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_12742_4.pdf)

Health and Social Care Information Centre (2013a) National Child Measurement Programme: England, 2012/13 school year. Public Health England. [Online] Available at: <http://www.hscic.gov.uk/catalogue/PUB13115/nati-chil-meas-prog-eng-2012-2013-rep.pdf>.

Health and Social Care Information Centre (2013b) Statistics on Smoking, England – 2013. Available at: <http://www.hscic.gov.uk/catalogue/PUB11454>.

Health and Social Care Information Centre (2013c) Statistics on Women's Smoking Status at Time of Delivery - England, Quarter 4, 2012-13, HSCIC, Available at: <http://www.hscic.gov.uk/catalogue/PUB11039>

The Marmot Review (2010) Fair Society Health Lives: The Marmot Review [Online] Available from: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

National Audit Office (2013) Emergency admissions to hospital: managing the demand. National Audit Office. Available at: <http://www.nao.org.uk/wp-content/uploads/2013/10/10288-001-Emergency-admissions.pdf>

National Audit Office (2011) Transforming NHS ambulance service. National Audit Office. Available at: <https://www.nao.org.uk/report/transforming-nhs-ambulance-services/>

NHS (2015) NHS Shared Planning Guidance 16/17- 20/21 STP  
<https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/>

NHS England (June 2014) Clinical Senate Review Process: Guidance Notes. NHS England

NHS England (2014) Better Care Fund- Revised Planning Guidance NHS England. [Online] Available from: <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

Monitor (2014) Guidance :Enabling integrated care in the NHS. [Online] Available from: <https://www.gov.uk/enabling-integrated-care-in-the-nhs>

NHS England (2013) Statement on the health and social care: Integration Transformation Fund NHS England Publications Gateway Ref. No.00314. [Online] Available from: <http://www.england.nhs.uk/wp-content/uploads/2013/08/itf-aug13.pdf>

National Information Board (2014) Personalised Health and Care 2020 Using Data and Technology to Transform Outcomes for Patients and Citizens A Framework for Action. NHS England and HM Government. [Online] Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/376886/NHS\\_England\\_NIB\\_report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/376886/NHS_England_NIB_report.pdf)

NHS England (2014) Five Year Forward View. NHS England [Online] Available from: <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> [

NHS England (2013) Transforming Urgent and Emergency Care Services in England, Urgent and Emergency Care Review, End of Phase 1 Report. Available at: <http://www.england.nhs.uk/2013/11/13/keogh-urgent-emergency/>

## OFFICIAL

NHS England (2013) Transforming urgent and emergency care services in England, Urgent and Emergency Care Review, End of Phase 1 Report, Appendix 1 – Revised Evidence Base from the Urgent and Emergency Care Review.

Available at:

<http://www.nhs.uk/NHSEngland/keogh-review/Pages/published-reports.aspx>

NHS England, South (2014) Safe, compassionate care for frail older people using an integrated care pathway: practical guidance for commissioners, providers and nursing, medical and allied health professional leaders. NHS England

NHS Future Forum (2011) The NHS' role in the public's health. Department of Health. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216423/dh\\_132114.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216423/dh_132114.pdf).

NHS Transformation Unit (2016) Shropshire Acute Services Review August 2016

SaTH (2016) Sustainable Services Programme, Strategic Outline Case

SEC (2014) The Clinical Co-dependencies of Acute Hospital Services: A Clinical Senate Review, South East Coast Clinical Senate Dec 2014 Available at:

<http://www.secsenate.nhs.uk/clinical-senate-advice/published-advice-and-recommendations/clinical-co-dependencies-acute-hospital-services-clinical-senate-review/>

Shropshire, Telford and Wrekin Health and Social Care Local Digital RoadMap 2016 -21 Supported by STP Group (2015)

Shropshire, Telford and Wrekin Sustainability and Transformation Plan Confidential document

SaTH (2016) Future Fit Clinical Model –Option C2 (In Confidence) August 2016

## 10. Glossary

The following list is a glossary of terms used throughout the ICRP report:

A&E – Accident and Emergency

ACP – Advanced Clinical Practitioner

AHP – Allied Health Professionals

ANP – Advanced Nurse Practitioners

ARP- Ambulance Response Programme

CC Unit – Coronary Care Unit

CCG – Clinical Commissioning Group

CSU – Commissioning Support Unit

DGH – District General Hospital

DTC – Diagnostic Treatment Centre

EC – Emergency Centre

FF – Future Fit

GP – General Practitioner

HEEWM – Health Education England West Midlands

IT – Information Technology

NHS – National Health Service

PRH – Princess Royal Hospital

RSH – Royal Shrewsbury Hospital

SaTH – Shropshire and Telford Hospitals NHS Trust

STP – Sustainability Transformation Plan

ToR – Terms of Reference

UCC – Urgent Care Centre

## Appendices

### Appendix 1 – Terms of Reference



# West Midlands Clinical Senate

West Midlands Clinical Senate  
NHS England Stage 2 Clinical Assurance  
Shropshire, Telford & Wrekin Future Fit Programme

Terms of Reference.

# *Shropshire, Telford & Wrekin Future Fit Programme Review*

## *Terms of Reference*

First published: 27<sup>th</sup> September 2016

Revised 13<sup>th</sup> October 2016

**Prepared by**

**West Midlands Clinical Senate**

## TERMS OF REFERENCE

**Terms of Reference for:** Independent Clinical Review Panel

**Topic:** West Midlands Clinical Senate NHS England Stage 2 Review Future Fit Programme

**Sponsoring Organisations:** Shropshire, Telford & Wrekin Future Fit Programme Board

**Clinical Senate:** West Midlands Clinical Senate

**NHS England (Regional or DCO team):** NHS England Mids and East

**Terms of Reference agreed by:**

**Name**  **on behalf of the Clinical Senate**

*(signature to be inserted above)*

**Prof Adrian Williams**

**Date:** 11/10/2016

**Name** **on behalf of the Sponsoring Organisations**



**Mr David Evans**

*(signature to be inserted above)*

**Date:** Received on 11/10/2016

**NB:** The following Terms of Reference have been developed using the document 'Clinical Senate Review Process Guidance Notes'. This document should therefore be read in conjunction with the document 'Clinical Senate Review Process Guidance Notes'.



**Independent Clinical Review Team Members****Chair**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Prof Adrian Williams	Chair	University Hospitals Birmingham NHS Foundation Trust

**Members:**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Mark Millins	Associate Director Paramedic Practice	Yorkshire Ambulance Service NHS Trust
Dr Anthony Kelly	Chair South Worcestershire CCG	NHS South Worcestershire Clinical Commissioning Group
Mr Phil Tooze-Hobson	Consultant Urogynaecologist	Birmingham Womens Hospital
Dr Simon Harlin	GP Lead, Frail Elderly Patients	Walsall Healthcare NHS Trust
Suzanne Nicholl	Clinical Director of Therapy	Heart of England NHS Trust
Helen Carter	Consultant in Public Health	Public Health England
Megan Harris	Speciality Registrar	Public Health England
Peter Fahy	Director of Adult Services	Coventry City Council
Dr Irfan Chaudry	Anaesthetics / Intensivist	Lancashire Teaching Hospitals NHS Foundation Trust
Dr Akram Khan	GP and CCG Lead Clinician	Bradford CCG
Dr Chrisantha Halahakoon,	Clinical Director – Paediatrics	The Royal Wolverhampton NHS Trust
Dr Kamal Nathavitharana	Associate Postgraduate Dean	HEWM
Penny Snowden	Deputy Chief Nurse (Midwifery)	United Lincolnshire Hospitals NHS Trust
Margret Garbett	Associate Director of Nursing	University Hospitals Birmingham NHS Foundation Trust
Jonathan Hopkins	Consultant Interventional Radiologist	University Hospitals Birmingham NHS Foundation Trust
Sonia Cox	Patient Representative	N/A
David Orme	Patient Representative	N/A

<b><i>In attendance</i></b>		
Angela Knight Jackson	Head of Clinical Senate	West Midlands CN and Senate NHS England
Katy Wheeler	Clinical Senate Administrator	West Midlands CN and Senate NHS England
Karen Edwards	Network Quality Improvement Officer	West Midlands CN and Senate NHS England

All independent clinical review team members will sign a declaration of conflict of interest and confidentiality agreement (see appendix 1 and 2), and their names and affiliations will be published in the Clinical Senate Stage 2 report.

### **Aims of the Independent Clinical Review**

To assess and confirm the clinical quality, safety and sustainability of the Future Fit Programme preferred models namely, options B, C1 and C2 for reconfiguring acute hospital services in Shropshire and Telford & Wrekin (which also serves parts of Powys)

Consider the final preferred models option B, C1 and C2 prior to public consultation and make recommendations on whether to support the model(s) to the West Midlands Clinical Senate and thereafter to sponsoring organisations and the Future Fit programme board

### **Scope of the review**

The scope of the review will not include the West Midlands Clinical Senate making any comment on any alternative models or options which have been considered.

When reviewing the case for change and options appraisal the independent clinical review team (ICRT) should **consider whether the preferred model delivers real benefits to patients. The panel should also identify any significant risks to patient care in these proposals.**

The panel should consider benefits and risks in terms of:

Clinical effectiveness

Patient Safety and management of risks

Patient experience, including access to services

Patient reported outcomes

The clinical review panel is not expected to advise or make comment upon any issues of the NHS England assurance process that will be reviewed elsewhere (e.g. financial elements of risk in the proposals). However, if the panel felt that there was an overriding risk this should be highlighted in the panel report.

Questions that may help the panel in assessing the benefit and risk of the proposals include (but are not limited to):

Is there evidence that the proposals will improve the quality, safety and sustainability of care? (e.g., sustainability of cover, clinical expertise)

- Do the proposals reflect up to date clinical guidelines and national and international best practice e.g. Royal College reports?
- Will the proposals reflect further the delivery of the NHS Outcomes Framework?
- Do the proposals uphold and enhance the rights and pledges in the NHS Constitution?
- Will these proposals meet the current and future healthcare needs of their patients within the given timeframe of the planning framework (i.e. five years)?
- Is there an analysis of the clinical risks in the proposals, and is there an adequate plan to mitigate identified risks?
- Do the proposals demonstrate good alignment with the development of other health and care services, including national policy and planning guidance?
- Do the proposals support better integration of services from the patient perspective?
- Do the proposals consider issues of patient access and transport? Is a potential increase in travel times for patients outweighed by the clinical benefits?
- Will the proposals help to reduce health inequalities?
- Does the options appraisal consider a networked approach - cooperation and collaboration with other sites and/or organisations?

The ICRT should assess the strength of the evidence base of the case for change and proposed models.

### Timeline

The proposed timeline is subject to change. Changes to the timeline may originate from either the Sponsoring Organisation (SO) or Independent Clinical Review Team (ICRT). The ICRT may also take the decision to pause the review in order to gain more information and or expertise. All changes made to the timeline will be updated and circulated to both the SO, NHS England and ICRT by the Clinical Senate (CS).

<b>Overall timeline: September – December 2016</b>		
<b>Week Beginning</b>	<b>Action</b>	<b>Organisation</b>
29th August	Sponsoring Organisation (SO) formally requests clinical review of senate as part of NHS England's Stage 2 assurance.	SO
5 <sup>th</sup> September	Senate council member appoints Chair	CS
5 <sup>th</sup> September 12 <sup>th</sup> September 19 <sup>th</sup> September	Recruitment of Independent Clinical Review Team panel members.	CS
26 <sup>th</sup> September 2016	Senate office and SO agree terms of reference (question, timeline and methodology).	CS
26 <sup>th</sup> September	Senate Office request documentation from the sponsoring organisation	CS
26 <sup>th</sup> September	Conflict of Interest and confidentiality guidance to the Independent Clinical Review Team	
3 <sup>rd</sup> October	Documentation received from SO	CS

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3 <sup>rd</sup> October	Documents and Clinical Senate process, governance and guidance dispatched to the independent clinical review team	CS
10 <sup>th</sup> October	Independent Clinical Review Team reading	CS
	Independent Clinical Review Team meet Clinical review commences in line with TOR and methodology	CS
17 <sup>th</sup> October	Day 1 of Independent Clinical Review Team	CS
24 <sup>th</sup> October	Day 2 of Independent Clinical Review Team	CS
31 <sup>st</sup> October	Day 3 of Independent Clinical Review Team	CS
7 <sup>th</sup> November 14 <sup>th</sup> November	Clinical Senate team Report writing	CS
14 <sup>th</sup> November	Draft Report to Independent Clinical Review Team for input and amendments	
21 <sup>st</sup> November	Report updated to incorporate amendments	CS
21 <sup>st</sup> November	Draft Report to SO for fact checking (5 day Turnaround)	CS
28 <sup>th</sup> November	Finalise report	CS
28 <sup>th</sup> November	Virtual sign off by Clinical Senate Council	CS
5 <sup>th</sup> December	Formally submit final report to SO	CS
12 <sup>th</sup> December	Publish and disseminate as per terms of reference	CS

### Methodology

The role of the independent clinical review team will be to examine documentary evidence, carry out site visits if necessary and decide recommendations. The independent clinical review team may decide to increase or decrease the number of days required for review and also the method by which panel members provide input into the review.

It is anticipated that the review will be over 3 days and will take place on the following dates:

- 17<sup>th</sup> October
- 24<sup>th</sup> October
- 31<sup>st</sup> October

The independent clinical review team will need to consider the following bullet points 5-9:

### Reporting

A draft report from the Independent Clinical Review Team will be made available to the sponsoring organisation for fact checking prior to publication. Any comments / corrections must be received within 5 working days.

The Independent Clinical Review Team will submit a draft report proportionate to a Stage 2 review (see as a guide Clinical Review Team Report Template appendix 3) to the Clinical Senate Council who will agree the report and be accountable for the advice contained in the final report. The council

may wish to take a view or offer advice on any issues highlighted that should be taken into consideration in implementing change.

The Council will be asked to comment specifically on the:

- Comprehensiveness and applicability of the review
- Content and clarity of the review and its suitability to the population in question
- Interpretation of the evidence available to support its recommendations
- Likely impact on patient groups affected by the reconfiguration
- Likely impact / ability of the health service to implement the recommendations

The final report will be submitted to the sponsoring organisation by week commencing 12<sup>th</sup> December 2016 and the clinical advice will be considered as part of the NHS England's Stage 2 Assurance process for service change proposals. The report is not expected to comment upon issues of the NHS England assurance process that will be reviewed elsewhere (e.g. patient engagement, GP support or the approach to consultation).

The review report will remain confidential until placed in the public domain at the conclusion of the review process with the agreement of the sponsoring organisation.

### **Communication and Media Handling**

The Clinical Senate will ensure all communication activities, in whatever form, are conducted according to appropriate ethical, legal and professional standards, using professional guidance from in-house communications teams and or contracted external teams.

The Clinical Senate review will be published on the website of the Clinical Senate with the agreement of the Sponsoring Organisation. Council and assembly members will provide support to disseminate the review at a local level. The Clinical Senate may engage in various activities with the sponsoring organisation to increase public, patient and staff awareness of the review

### **Resources**

The West Midlands Clinical Senate will provide administrative support to the review team, including setting up the meetings and other duties as appropriate.

The independent clinical review team will request any additional resources, including the commissioning of any further work, from the sponsoring organisation.

### **74 Accountability and Governance**

The independent clinical review team is part of the West Midlands Clinical Senate accountability and governance structure.

The West Midlands Clinical Senate is a non-statutory advisory body and will submit the report to the sponsoring organisation.

The Sponsoring Organisation remains accountable for decision making but the review report may wish to draw attention to any risks that the sponsoring organisation may wish to fully consider and address before progressing their proposals.

## **Functions, Responsibilities and Roles**

### **The Sponsoring Organisations**

The Sponsoring Organisations will:

- Provide for the clinical review panel all relevant background and current information, identifying relevant best practice and guidance. Background information may include, among other things, relevant data and activity, internal and external reviews and audits, impact assessments, relevant workforce information and population projection, evidence of alignment with national, regional and local strategies and guidance (e.g. NHS Constitution and outcomes framework, Joint Strategic Needs Assessments, CCG two and five year plans and commissioning intentions).
- Respond within the agreed timescale to the draft report on matter of factual inaccuracy.
- Undertake not to attempt to unduly influence any members of the clinical review team during the review.
- Submit the final report to NHS England for inclusion in its Stage 2 formal service change assurance process.

### **The Clinical Senate Council and the Sponsoring Organisations**

The Clinical Senate Council and the Sponsoring Organisations will:

- Agree the terms of reference for the clinical review, including scope, timelines, methodology and reporting arrangements.
- Clinical Senate council will
- Appoint a clinical review team; this may be formed by members of the senate, external experts, or others with relevant expertise. It will appoint a chair or lead member.
- endorse the terms of reference, timetable and methodology for the review
- endorse the review recommendations and report
- provide suitable support to the team.
- Submit the final report to the sponsoring organisation

### **The Independent Clinical Review Team**

The Independent Clinical Review Team will:

- undertake its review in line with the methodology agreed in the terms of reference
- follow the report template proportionate to Stage 2 review process and provide the sponsoring organisation with a draft report to check for factual inaccuracies.
- submit the draft report to clinical senate council for comments and will consider any such comments and incorporate relevant amendments to the report. The team will subsequently submit final draft of the report to the Clinical Senate Council.
- keep accurate notes of meetings.

## **The Independent Clinical Review Team Members**

The Independent Clinical Review Team members will undertake to:

- Commit fully to the review and attend all briefings, meetings, interviews, and panels etc. that are part of the review (as defined in methodology).
- contribute fully to the process and review report
- ensure that the report accurately represents the consensus of opinion of the clinical review team
- comply with a confidentiality agreement and not discuss the scope of the review nor the content of the draft or final report with anyone not immediately involved in it. Additionally they will declare, to the chair or lead member of the clinical review team and the clinical senate manager, any conflict of interest prior to the start of the review and /or materialise during the review.

## **Appendices**

### **Appendix 1**

#### **Declaration of Conflict of Interest**

#### **West Midlands Clinical Senate Independent Clinical Review Team Shropshire, Telford & Wrekin Future Fit Programme**

To be completed by all members of the clinical review team. Clinical Senate Council members should also consider if they have any conflicts in considering the review team's report.

For advice on what items should and should not be declared on this form refer to the Conflicts of Interest Policy issued by the West Midlands Clinical Senate. Further advice can also be obtained from the Clinical Senate Manager.

**Name:**

**Position:**

Please describe below any relationships, transactions, positions you hold or circumstances that you believe could contribute to a conflict of interest:

For completion

Type of Interest – Please supply details of where there is conflict in accordance with the following list:

A direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);

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An indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;

A direct non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);

An indirect non-pecuniary interest: where an individual is closely related to, or in a relationship, including friendship with an individual.

A direct non-pecuniary benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);

An indirect non-pecuniary benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value but is a benefit to peers or colleagues (for example, a recommendation which results in an increase in revenue or status to their employing organisation or results in their organisation becoming the preferred provider).

An indirect non-pecuniary conflict: where the evidence of the senate may bring a member into direct or indirect conflict with their contracting or employing organisation, to the extent that it may impair the member's ability to contribute in a free, fair and impartial manner to the deliberations of the senate council, in accordance with the needs of patients and populations.

### Other – please specify

Name	
Type of Interest	
Details	
Action Taken	
Action Taken By	
Date of Declaration	

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature:

Name:

Date:



## Appendix 2

### Confidentiality Agreement

#### West Midlands Clinical Senate Independent Clinical Review Team

#### Shropshire, Telford & Wrekin Future Fit Programme

I (name) .....

hereby agree that during the course of my work (as detailed below) with the West Midlands Clinical Senate I am likely to obtain knowledge of confidential information with regard to the business and financial affairs of an NHS body, or other provider, its staff, clients, customers and suppliers, details of which are not in the public domain ('confidential information') and accordingly I hereby undertake to and covenant that:

I shall not use the confidential information other than in connection with my work; and

I shall not at any time (save as required by law) disclose or divulge to any person other than to officers or employees of West Midlands clinical senate, other NHS organisations, staff, clients, customers and suppliers whose province it is to know the same any confidential information and I shall use my best endeavours to prevent the publication or disclosure of any confidential information by any other person.

The restrictions set out above shall cease to apply to information or knowledge that comes into the public domain otherwise than by reason of my default of this Agreement.

The 'Work' (clinical review) is: Shropshire, Telford & Wrekin Future Fit Programme

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Name (caps) \_\_\_\_\_

## Appendix 3

### West Midlands Clinical Senate Independent Clinical Review Team Report Template

West Midlands Clinical Senate  
Shropshire, Telford & Wrekin Future Fit Programme

[senate email]@nhs.net

Date of publication to sponsoring organisation:

#### **CHAIR'S FOREWORD** (Independent Clinical Review Team)

Statement from Clinical Senate Chair

#### **SUMMARY & KEY RECOMMENDATIONS**

##### **BACKGROUND**

- [CLINICAL AREA]
- [Description of current service model]
- [Case for change]
- [Review methodology]
- Details of approach taken, review team members, documents used, sites visited, interviewees]
- [Scope and limitations of review]
- [Recommendations]

##### **CONCLUSIONS AND ADVICE**

[References]

This should include advice against the test of 'a clear clinical evidence base' for the proposals and the other checks defined in the terms of reference agreed at the outset of the review.

Has the proposal been founded on robust clinical evidence? What evidence has been used and how has it been applied to local circumstances?

Has the available evidence been marshalled effectively and applied to the specifics of the proposed scheme?

##### **GLOSSARY OF TERMS**

##### **APPENDICES:**

Terms of Reference

Independent Clinical Review Team Members biographies and any declarations of interest

Background-

(NB this should be a summary and is not intended to be the set of evidence or information provided)

## Appendix 2 – ICRT Panel Members’ Biographies

Name	Dr Helen Carter
<p>Helen is a Birmingham University Medical graduate who started working in the field of Public Health in 2001. She has worked for many different organisations during this time including Health Authorities, Primary Care Trusts, and Strategic Health Authority on a wide range of projects and programs. She joined Public Health England when it was formed in 2013. Her portfolio is currently very diverse and includes being the PHE Children and Young People Executive Team sponsor and the Vice chair of the West Midlands Clinical Senate.</p>	

Name	Dr Chrisantha Halahakoon
<p>Dr Chrisantha Halahakoon is a consultant paediatrician who has been working in the NHS since 1989 and has been a consultant since 1995. She is the Clinical Director for the paediatric services (acute paediatrics, neonates, community &amp; family services) in Wolverhampton. Her clinical job at present is working in Level 3 Neonatal Intensive Care Unit. She is responsible for the efficient working in the paediatric services making strategic decisions.</p> <p>Dr Halahakoon has multidisciplinary education in that, apart from her membership she has an MD in research, Masters in medical education and Masters in business administration from Open University.</p>	

Name	Dr Jonathan Hopkins
<p>Native to Birmingham. Also has connection to South West Shropshire (Bucknell)  Schooled at King Edwards VI Five Ways. University Nottingham  Operating Department Orderly at Birmingham Maternity Hospital  Medical training: Nottingham, Derby, Manchester, Fort William, Glasgow &amp; Birmingham  Consultant Interventional Radiologist since 2004, University Hospital Birmingham.  Honorary Senior Clinical Lecturer at University of Birmingham.  Specialist Senior Lecturer at Birmingham City University.  RCR College Tutor since 2006  RCR Regional Chair West Midlands since 2013  Chair, Physics Examination Committee (CR) RCR since 2016  Head of School (elect) HEE(WM) School of Radiology</p>	

Name	Dr Kamal Nathavitharana
<p>Kamal is Associate Postgraduate Dean, Quality, Research and Innovation, Health Education England - West Midlands. He is a Consultant Paediatrician and Gastroenterologist, Honorary Associate Professor at Warwick Medical School and Honorary Senior Lecturer at the Birmingham Medical School.</p> <p>Kamal is a strong advocate for paediatrics and is a published researcher in mucosal immunology and medical education. He is a passionate enthusiast for education and training, leading the development of the online generic induction through a multi-professional partnership across the West Midlands region.</p>	

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<b>Name</b>	Mark Millins
Associate Director Paramedic Practice for Yorkshire Ambulance Service and Chair of the NHS Ambulance Services Lead Paramedic Group. I am a member of the College of Paramedics Consultant Paramedic Group and was on the editorial team for the 2013 and 2016 versions of the UK Ambulance Services JRCLAC Clinical Practice Guidelines and member of the Yorkshire and Humber Clinical Senate.	

<b>Name</b>	Dr Akram Khan
Dr Khan is a GP Partner at Avicenna Medical Practice in Bradford. He is also the Chair of Bradford City CCG and member of Yorkshire and Humber Clinical Senate.	

<b>Name</b>	Dr Anthony Kelly
Dr Kelly has been a principal in General Practice for 38 years now, involved in both commissioning and innovative provider models of care since the advent of fundholding and through all the subsequent iteration. At present he is the Chair of NHS South Worcestershire Clinical Commissioning Group. He sits on the Board of West Midlands Clinical Senate and represents the West Midlands on the Board of NHS Clinical Commissioners.	

<b>Name</b>	Dr Irfan Chaudry
Dr Chaudry works clinically as a Consultant in Critical Care Medicine and Anaesthesia at Lancashire Teaching Hospitals Trust. He is also Divisional Medical Director for the division of Medicine and Emergency Medicine. He currently sits as a council member for the Greater Manchester Lancashire and South Cumbria clinical senate, and has been involved in providing senate advice on large service reviews including advice for other clinical senates. He also acts as a specialist advisor for the CQC.	

<b>Name</b>	Suzanne Nicholl
Suzanne is Chartered Physiotherapist, registered with the HCPC and a member of the Chartered Society of Physiotherapy. She has thirty years' experience of clinical and managerial roles in the UK and abroad. Suzanne has worked across a range of clinical specialises in both the acute and community settings and is currently the Clinical Director for Therapy Services at Heart of England NHS Foundation Trust. As such she is responsible for the operational delivery and strategic development of six AHP led services – dietetics; occupational therapy; physiotherapy; orthotics; speech and language therapy; podiatry and podiatric surgery; across 3 acute sites and a community service. Her areas of expertise include orthopaedic & musculoskeletal management; complex discharge planning and community therapy service provision; change management and clinical leadership.	

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<b>Name</b>	Margaret Garbett
<p>Qualified as a Registered Nurse in 1990 from the Queen Elizabeth School of Nursing. Further qualifications include ;-</p> <ul style="list-style-type: none"> <li>• ENB 998 (teaching, assessing and mentoring),</li> <li>• ENB 148 ( Neuroscience Nursing Specialist course),</li> <li>• Specialist Nurse Practitioner – Acute Adult,</li> <li>• PG Dip – Health sciences – Birmingham University</li> <li>• Various Leadership and management course</li> </ul> <p>Clinical background – various posts within Neurosciences for Staff nurse to Senior sister, this was in both Neurology and Neurosurgery. Also worked for a period of time within ITU.</p> <p>Clinical nurse Specialist in Neurosciences</p> <p>Matron for Elderly Care</p> <p>Matron Multispecialty Medicine</p> <p>Matron Emergency Department – 2009- 2014</p> <p>Associate Director Of Nursing –Specialist Surgery 2014- present</p> <p>Have been involved in clinical and managerial reviews as part of a service improvement group working with Medway Trust, Southampton Trust, Royal Manchester Infirmary and most recently Hereford Acute Trust. Each of these reviews included reviews of clinical services associated mainly with emergency care and patient flows.</p>	

<b>Name</b>	Peter Fahy
<p>Peter Fahy is the Director of Adult Services for Coventry City Council, a role he took up in October 2015. He has been in local government since 1997 and social care since 2003 in which has managed a range of service areas including Adults Safeguarding, Housing, Provider Services and Commissioning across children's and adult's services.</p> <p>External to the City Council Pete is national policy lead for ADASS (Association of Directors of Adult Social Services) for Physical and Sensory Impairment and West Midlands lead Use of Resources.</p>	

### Appendix3 – Declaration of Interest

<b>Name</b>	Megan Harris
Lives in Telford.	

## Appendix 4 – Agendas – Day 1, 2, 3



West Midlands Clinical Senate

DAY 1

## Independent Clinical Review Panel

Stage II Clinical Assurance of the Future Fit Programme Reconfiguration

Monday 17<sup>th</sup> October 2016, 9.30 am until 4.30 pm

Venue – The Birmingham Repertory Theatre, Centenary Square, Broad Street, Birmingham, B1 2EP

PLEASE REPORT TO THE MAIN ENTRANCE IN THE FIRST INSTANCE – SITUATED  
BETWEEN THE BAR NAMED MARMALADE AND THE LIBRARY OF BIRMINGHAM –  
YOU WILL THEN BE DIRECTED TO THE RELEVANT MEETING ROOMS

## AGENDA

Item			Purpose
09:30		Arrival with Refreshments Panel Pre-meet Adrian Williams & Clinical Senate Team	
10:00	1	<b>Session 1:</b> Introduction and Review of Documentation Submitted	Introductions Housekeeping Declaration of Interest Review ToR Overview of the documentation Additional questions posed by the programme board
11:30	2	Panel Discussion – Key Lines of Enquiry	Explore and clarify specific issues Formulate questions for Commissioners
1:00		Lunch and Refreshments	
1:45	3	<b>Session 2:</b> Presentation of Proposed Model and Clinical Case for Change from Sponsoring Organisation	Commissioners presentation of the Clinical Case for Change and preferred Clinical Model
2:45	4	Panel Questions to Commissioning Organisation	
3:15		Refreshments	

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<b>3:30</b>	<b>5</b>	<b>Panel Deliberations</b>	<b>Assess, Agree and Capture</b>
<b>4:30</b>	<b>6</b>	<b>ICRT Chair - Debrief with Sponsoring Organisation</b>	<b>Debrief</b>
<b>5:00</b>	<b>7</b>	<b>END</b>	



**DAY 2**

Independent Clinical Review Panel  
 Future Fit Programme  
 Monday 24<sup>th</sup> October 9:45am until 4:45pm  
 Venue – Site Visit – Shrewsbury & Telford

**AGENDA**

Timing	Item	Evidence
8:25	Train will depart from Birmingham New Street	
9:20	Train will arrive at Shrewsbury Train Station	
9:20	Minibus will be at Shrewsbury Train Station and will drive to Royal Shrewsbury Hospital (Seminar Room 5, Shropshire Education and Conference Centre)	
9:45	Arrival and refreshments	
10:00	Welcome and Introduction	Chair
10.10	Declaration of Interest	All
10.15	Review of Day 1 – 17 <sup>th</sup> October	All
10:30	Welcome from the Chair & Chief Executive of SATH NHS Trust	
10.40	Meeting with Medical Director (Edwin Borman) and Director of Nursing (Sarah Bloomfield)	
11.00	Tour of Royal Shrewsbury Hospital Group 1 A&E Group 2 Critical Care/Surgery Group 3 Paediatrics and obstetrics Group 4 Acute Medicine	Programme Team Leads accompanied by a Directorate Manager to lead the tour,
12.40	Lunch	
1.20	Minibus will arrive and drive to Princess Royal Hospital (Lecture Theatre, Education Centre)	
2.05	Welcome and Introduction	Chair
2.15	Tour of Royal Princess Hospital Group 1 A&E Group 2 Critical Care/Surgery Group 3 Paediatrics and obstetrics Group 4 Acute Medicine	Programme Team Leads accompanied by a Directorate Manager to lead the tour

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<b>4.00</b>		<b>Panel Discussion</b>	<b>All</b>
<b>4.45</b>		<b>CLOSE</b>	
<b>4:45</b>		<b>Minibus will take you to Telford Central Train Station</b>	
<b>5:08</b>		<b>Train departs from Telford Central</b>	
<b>5:55</b>		<b>Train arrives at Birmingham New Street</b>	

**DAY 3****West Midlands Clinical Senate**

**Independent Clinical Review Panel  
Shropshire and Telford & Wrekin – Future Fit Programme**

**Monday 31<sup>st</sup> October 2016, 09:30 am until 4.30 pm**

**Venue – The Birmingham Repertory Theatre, Centenary Square, Broad Street, Birmingham, B1 2EP**

**PLEASE REPORT TO THE MAIN ENTRANCE IN THE FIRST INSTANCE – SITUATED  
BETWEEN THE BAR NAMED MARMALADE AND THE LIBRARY OF BIRMINGHAM –  
YOU WILL THEN BE DIRECTED TO THE RELEVANT MEETING ROOMS**

**AGENDA**

Item			Purpose
09.30	1	Arrival with Refreshments Panel Pre-meet Adrian Williams (Chair) and Clinical Senate Team	
10.00	2	Declaration of Interest Review of Day 2	Review ToR (amended)
10.20	3	Session 1: Outstanding areas for consideration: PHE – Helen Carter Ambulance Service – Mark Millins HEEWM - Kamal Nathavitharana Midwifery - Penny Snowden	Perspectives from each of these specialisms Supporting desktop review documentation if available
11.10		Refreshment Break	
11.20		Panel Discussion	Points of clarification Explore and clarify specific issues Formulate questions for Commissioners
12.00		Programme Board Follow up Q&A (sponsoring organisation) Via Teleconference	Commissioners Q&A Debbie Vogler Acute Trust Rep
12.30		Lunch	
1.15- 3.45		Panel Deliberations	Assess evidence presented, Agree, revisit themes, Discuss and identify any areas of assurance Discuss and identify any recommendations Next Steps
2.30		Refreshment Break (if required)	

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3.45		Summary and Conclusions	Discuss next steps in review process
4.00		ICRT Chair, Vice Chair, Clinical Senate Team Debrief with Sponsoring Organisation Via Teleconference	Debrief - Debbie Vogler David Evans AO Shropshire, Telford an Wrekin CCG Simon Wright CEO SaTH
4.30		End	

## Appendix 5 – List of Evidences

Appendix 1	Future Fit Programme Execution Plan
Appendix 2	Clinical Design Workstream Report 2014
Appendix 3	Phase 1 & Phase 2 Activity Modelling Reports
Appendix 4	Shrewsbury and Telford NHS Trust CQC Report <i>**Available on the day</i>
Appendix 5	Shrewsbury and Telford NHS Trust Strategic Outline Case
Appendix 6	Community Fit PID
Appendix 7	Local Digital Roadmap - 2016
Appendix 8	Sustainability and Transformation Plan
Appendix 9	Sustainability and Transformation Plan – Deficit Reduction Plan <i>**Available on the day</i>
Appendix 10	C2 Review – SaTH Paper
Appendix 11	Independent C2 Review Final Report
Appendix 12	Non – Financial Option Appraisal Pack 2016
Appendix 13	Revised SaTH Delivery Model – As presented at the Non-Financial Option Appraisal
Appendix 14	Site Plans – as presented at the Non-Financial Option Appraisal
Appendix 15	Integrated Impact Assessment
Appendix 16	NHS Outcomes Domain Template
Appendix 17	Engagement Summary Evidence
Appendix 18	Future Fit Programme Board Terms of Reference and Membership
Appendix 19	Future Fit Programme Risk Register
Appendix 20	STP Partnership Board and Operational Group Terms of Reference
Appendix 21	Orthopaedic Review Terms of Reference and Scope (STP)
Appendix 22	Shropshire CCG Right Care Evidence Pack
Appendix 23	Telford & Wrekin CCG Right Care Evidence Pack
Appendix 24	Northumbria Clinical Model ‘One Year On’
Appendix 25	HOSC Letters and Responses
Appendix 26	LMC Letter and Response
Appendix 27	Clinical Reference Group Slides – 7 <sup>th</sup> September

Appendix 28	CCG Letter of Support
Appendix 29	Powys Letter & Response
Appendix 30	Out of Hospital Care Evidence Pack
Appendix 31	SaTH Benefit Realisation Plan
Appendix 32	Future Fit Clinical Design Workstream Terms of Reference and Membership (Old and Revised Version)
Appendix 33	Defend our NHS Challenge Document received 21 <sup>st</sup> Sept 2016
Appendix 34	SaTH Workforce Plan and Presentation
Appendix 35	SaTH Business Continuity Plan 2015 <i>**Available on the day</i>
Appendix 36	SaTH Week by Week Communication Planner <i>**Available on the day</i>
Appendix 37	Sustainable Services Programme Communication Plan <i>**Available on the day</i>
Appendix 38	SaTH Activity Modelling Report
Appendix 39	SaTH Centres of Excellence Report
Appendix 40	Draft QIA Clinical Model
Appendix 41	SaTH Task and Finish Group Plans
Appendix 42	Non – Financial Option Appraisal Pack 2015
Appendix 43	End to End Pathway Design Summary

### Additional evidence submitted on Days 1 – 3

1. Clinical Senate Presentation 17 October 2016
2. Future Fit Integrated Impact Assessment
3. Bridgnorth Rural Urgent Care Prototype Summary
4. Clinical Senate Visit 24 October 2016
5. FFP Response to the Save Our NHS Document
6. October 2016 STP Neighbourhood Submission

Produced by:  
West Midlands Clinical Senate  
St Chads Court, 213 Hagley Road, Edgbaston, Birmingham, B16 9RG, United Kingdom  
Tel: +44 (0)113 825 5538  
Email: [england.wmcs@nhs.net](mailto:england.wmcs@nhs.net)  
Date: November 2016