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Mr William Powell AM  
Chair, Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

5 December 2011

Dear Mr Powell

### **P-03-318 Cross Border Maternity Services**

Thank you for your letter dated 9 November 2011 regarding the petition relating to the provision of cross border maternity services.

#### **Where we are now**

In my letter in May I provided an overview of the context and reasons for the proposed changes to service in our hospitals, the challenges faced in sustaining safe hospital services, and the work that had taken place and continued to take place with clinicians and communities to address these challenges and agree a way forward.

This included tackling three dilemmas facing services in our hospitals:

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

With clinicians and partners we agreed that the development of plans to address these dilemmas must:

- Make patient services safer now and in the future
- Make patient services sustainable now and in the future

The development of options for addressing these dilemmas and meeting these essential requirements was also framed by three reconfiguration principles:

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

At the time of my last letter we had concluded the "Keeping it in the County" consultation, the Boards of the Trust and the two local Primary Care Trusts had met to consider the outcome of consultation, and work was underway to develop an Outline Business Case based on Consultation Option 2. This

involves moving some services from Shrewsbury to Telford and some services from Telford to Shrewsbury.

Specifically:

- The Royal Shrewsbury Hospital will be our main centre for inpatient acute surgery
- The Princess Royal Hospital will be our main centre for inpatient women and children's services as well as for head & neck services

The Outline Business Case for the reconfiguration of Women and Children Services, Acute Surgery and Head and Neck Services was developed during the summer. It was approved by the Trust Board in August 2011, and by the Boards of NHS Telford and Wrekin, Shropshire County Primary Care Trust and the West Midlands Strategic Health Authority Board in September 2011.

We are now working to develop the Full Business Case for these changes and expect to submit this detailed and final business case to the relevant NHS Boards in Spring 2012. Alongside this we are developing detailed building plans and designs which will form the basis of a planning application in the near future.

Subject to the planning application and Full Business Case, building work for the new facilities would take place from 2012 with the new services opening in 2014. This gives us at least a further two years to continue to develop and strengthen our model of care, and to work with patients and communities to identify and address any concerns that they may have before the new women and children's services are in place.

### **What do these plans mean for people in mid Wales**

We have continued to analyse these proposals in greater detail, and we can confirm that most services for most patients will remain the same.

This includes:

- 24-hour A&E services at both hospitals
- Most outpatients and diagnostics remaining unchanged
- Most day case procedures remaining unchanged
- A Children's Assessment Unit at both hospitals
- Midwifery Led Units provided by the Trust in Shrewsbury, Telford, Oswestry, Ludlow and Bridgnorth, and continuing to work closely with those provided by Powys Teaching Health Board in Welshpool, Newtown and Llanidloes
- Emergency medical patients being seen and treated at both hospitals (e.g. stroke, heart attacks and serious chest infections)

The changes – which relate to services such as inpatient care for children, consultant maternity services and inpatient surgery – will affect around 1 in 50 hospital contacts for patients from Wales. This means that around 49 out of every 50 patient contacts will continue as now.

I fully acknowledge the concerns of patients, the public and communities of the travel distance and time in the plans to move some services from Shrewsbury to Telford and, as mentioned in my previous letter, I am personally championing the programme of work being led by the Trust to ensure that cross-border implications continue to be central to the work going forward. I will return to this issue later.

There has been a long history of debate over many years without resolution on these challenges. Whilst making decisions about changes to health care services is never easy, the conclusions that we have reached mean that we are now able to take further steps to develop the services we offer. Associated with these plans, there are now major developments underway at the Royal Shrewsbury

Hospital (RSH), many of which are contingent on the conclusions of the "Keeping It In The County" consultation:

- The hospital is benefiting from improved facilities for cancer patients with a newly refurbished and extended Cancer and Haematology Centre due to open in 2012. These facilities are currently being built.
- The development of RSH as our main centre for Adult Inpatient Surgery means that we have been designated as a Trauma Unit within the new Trauma Network arrangements for the West Midlands region. This means that we will be able to continue to provide an enhanced level of life-saving trauma care, and further strengthen this service.
- The consolidation of inpatient vascular surgery onto a single site in Shrewsbury means that RSH will become a centre for the Abdominal Aortic Aneurysm (AAA) Screening Programme in England which will commence from April 2012. I am aware that the AAA Screening Programme for Wales is also in development and will be provided during 2012/13. We are already talking to our partners in Wales to ensure that our services are aligned, especially for those patients on our borders.

As well as continuing to strengthen services at the Royal Shrewsbury Hospital and ensure that it has a vibrant future, I am also leading discussions with colleagues on both sides of the border about opportunities through telehealthcare to bring more care closer to home for more patients. The national border can present some challenges both for patients and for the organisations such as ourselves providing their care, and I would welcome any support that you can offer to help us realise our shared aspirations to offer local, seamless care wherever possible.

### **Midwifery-led care in Wales**

We are working closely with midwives across Montgomeryshire to ensure we continue to support midwifery-led care across mid Wales. Women in mid Wales will still be able to choose to have their baby at home, in our midwife-led units in Shrewsbury or Oswestry, or in one of the midwife-led units provided in Powys.

It is only if women need a consultant-led birth that they will be safely transported to the Princess Royal Hospital (PRH). Consultant-led births, or high risk births, include women having twins or those women with diabetes or other medical conditions that require medically led care during labour.

We already offer an exemplar maternity service through our model offering consultant-led birth alongside a network of midwife-led units. Through this model our clinicians have built up considerable experience and expertise around risk assessment, safe transfer and support for women and babies. We continue to build on this to develop the services that will be in place from 2014 once the new facilities are in place.

### **Transport and travel**

During the consultation, and in the many meetings that have taken place since then, I have heard concerns from people in Wales about the time taken for ambulance services to respond to their call and to get them to the right hospital as quickly as possible. These issues also affect people in rural west Shropshire.

We have been working in partnership with our commissioning colleagues and with the Welsh Ambulance Service (WAS) and West Midlands Ambulance Service (WMAS) to improve the current situation and plan for the future. WAS and WMAS now have a cross-border agreement in place which means the nearest ambulance will respond to patients irrespective of whether they live in Powys or Shropshire. The ambulance services have a number of service improvements underway and we are confident that, when taken together, they will mitigate risks associated with the additional travel distance for some patients for some services.

We already have considerable experience and expertise in transferring patients between our sites, and indeed to specialist hospitals out of county. We continue to review and strengthen these arrangements to ensure that we continue to transport patients safely and appropriately to the most appropriate hospital for their care. This means that if a patient arrives at one of our hospitals and needs to go to the other site, then this will happen safely, efficiently and as quickly as possible. These transfers already take place now, too often in an unplanned way because our staff are spread too thinly between our two sites. By providing strong inpatient facilities at each site we will be better able to ensure that patients are taken promptly to the best place with the right staff with the right expertise to provide the right care.

We also recognise particular concerns for families with children with complex and long term conditions. Ahead of the changes planned for 2014 we will ensure that all children with complex long term health needs who have more frequent access to the children's assessment services or inpatient ward have a personalised care plan so that parents and carers are clear and confident about how to access the health services they need.

We are continuing to talk with patients, carers and families about their concerns around travel and access so that we can develop solutions together. We are also working with our local and hospital clinicians, local authorities, councillors and Ambulance Services on travel and transport issues.

Based on these discussions we intend to public a Travel and Transport Plan for reconfiguration in summer 2012. This plan will draw together all our work on transport and transfers, not only in an emergency but in more routine situations and 'every-day' scenarios too. It will propose a shuttle bus between hospital sites, triage and transfer plans for children's services, and additional parking for patients and visitors. It will make recommendations and seek views on how we can reduce congestion on both sites. As mentioned above, we are also exploring wider opportunities to reduce the need for patients to travel to an acute hospital site through outreach services in community hospitals and the use of telehealthcare.

## **Communication and Engagement**

Ongoing communication and engagement is central to this work, and I have recently attended Welshpool Town Council, Newtown Town Council, Powys County Council Montgomeryshire Area Committee and the Montgomeryshire Area Committee to account for our plans. I also recently met with the MP and constituency AM for Montgomeryshire, and my Chief Nurse attended Llanidloes Town Council. These provided an opportunity to describe how the valuable feedback we received from the people of mid Wales is being taken into account in the development of our plans. We will be returning to mid Wales for further meetings in the New Year.

Over the coming months, we will be engaging with lots of expectant and new mothers around the changes to maternity services. This includes visiting parent groups across Powys, producing a special 'Women Services' issue of our "Looking To The Future" newsletter which will be sent to primary schools, nurseries and mother and baby groups. We have also established focus groups for women's services, children's services, children's cancer services and surgery to help us shape and refine our plans.

In addition, we are working with Powys Teaching Health Board to organise health information events in Newtown, Welshpool and Llanidloes in the New Year. This will be a great opportunity for people to not only find out more and ask questions about the reconfiguration but also find out about other health initiatives in their area too.

We have also been meeting with the Chief Executives and Lead Directors of Powys Teaching Health Board, Betsi Cadwaladr University Health Board and both ambulance Trusts to ensure our plans for improvements and changes to our health services are aligned and 'make sense' to the populations we serve. We are all committed to this 'Strategic Forum' and the group will continue to meet.

I have enclosed our most recent Board Paper on the reconfiguration programme, which had a special focus on communications, engagement and responding to the views and concerns raised by patients and communities.

### **Next steps**

Over the coming months, we will therefore continue to work with patients, carers, the public and staff to develop our services and address the issues and concerns that have been raised as we work towards our Full Business Case.

From Spring 2012, we plan to start putting these plans into place by building, training and developing staff and moving services. This will include establishing the Royal Shrewsbury Hospital as our main centre for inpatient acute surgery, whilst the changes to women and children's inpatient services can only take place once the new facilities are open in 2014.

From late 2013 there will be a major publicity drive relating to the planned changes to women and children's services, so that people know where they will go for their care and treatment when the new facilities and services are launched in 2014.

We are planning for all reconfigured services to be in place during 2014.

Once again, I hope that my response provides you with reassurance that careful consideration continues to be given to this important issue in the planning and leadership of the work, and The Shrewsbury and Telford Hospital NHS Trust remains committed to providing the highest standards of care for our Welsh patients based on the contracts placed with us by Powys Teaching Health Board.

I and my senior clinicians would welcome the opportunity to meet with Welsh Assembly colleagues to discuss plans and developments at the Trusts, and how we can continue to work together for the benefit of patients and communities living on the borders between England and Wales.

Thank you again for your ongoing interest in this important development for our organisation and for our patients. Please do not hesitate to contact my office if you need any further information about this work.

Yours sincerely



Adam Cairns  
**Chief Executive**

Enc. Future Configuration of Hospital Services update to the Trust Board on 24 November 2011

## The Shrewsbury and Telford Hospital NHS Trust

Trust Board  
24 November 2011The Future Configuration of Hospital Services Programme:  
Engagement and Communication Report, April to November 2011

<b>Executive Lead</b>	Adam Cairns, Chief Executive																
<b>Author</b>	Kate Shaw, Future Configuration of Hospital Services Programme Manager Adrian Osborne, Communications Director																
<b>Strategic Domain</b>	C. Quality and Safety A. Financial Strength																
<b>Organisational Objective</b>	C3. Provide the right care, right place, right professional C4. Deliver services that offer safe, evidence, based practice A1. Development and implement sustainable clinical strategies																
<b>Executive Summary</b>	<p>This paper provides an update on patient and public engagement and communication following the "Keeping It In The County" public consultation and sets out the next steps for engagement and assurance.</p> <p>A comprehensive programme of engagement took place during the public consultation. This provided an opportunity to identify issues, benefits and concerns relating to proposals to reconfigure local hospital services. Following consultation, public engagement and communication has continued with the aim of: addressing risks and concerns identified during consultation; engaging patients and carers in the development of new care pathways and facilities; providing an opportunity to identify new issues and concerns; and, ultimately to ensure that future services are as good as they can be through patient and public involvement in their design and delivery.</p> <p>A range of legislation and policy sets out guidance and best practice for the NHS in engagement and consultation. The Trust's engagement and communications programme: fulfils statutory requirements; supports progress towards best practice within the resources available to us; and, mitigates risks to the deliver of the Future Configuration of Hospital Services programme. Our current self assessment against key requirements and best practice is as follows:</p> <table border="1"> <tr> <td>Section 242 and Section 244 of the NHS Act 2006</td> <td><b>GREEN</b></td> <td>The Trust takes account of statutory requirements and puts plans in place to ensure compliance.</td> </tr> <tr> <td>Real Involvement: Working with people to improve services</td> <td><b>AMBER</b></td> <td>The Trust takes account of best practice. Whilst not all aspects of best practice are fully implemented, engagement priorities are agreed based on a clear assessment of risk (through the Project Board), and plans are in place to increase capacity and capability.</td> </tr> <tr> <td>The Secretary of State's four tests for service configuration</td> <td><b>GREEN</b></td> <td>The Trust takes account of the Lansley tests and puts plans in place to ensure compliance.</td> </tr> <tr> <td>Best practice guidance from the Independent Reconfiguration Panel</td> <td><b>GREEN</b></td> <td>The Trust takes account of best practice from the IRP and incorporates this into its engagement and communication plans.</td> </tr> <tr> <td>Equality Act 2010</td> <td><b>AMBER</b></td> <td>Shropshire County PCT and NHS Telford and Wrekin, in partnership with the Trust have undertaken an Equality Impact Assessment. The action plan in response to the Equality Impact Assessment is being developed.</td> </tr> </table>		Section 242 and Section 244 of the NHS Act 2006	<b>GREEN</b>	The Trust takes account of statutory requirements and puts plans in place to ensure compliance.	Real Involvement: Working with people to improve services	<b>AMBER</b>	The Trust takes account of best practice. Whilst not all aspects of best practice are fully implemented, engagement priorities are agreed based on a clear assessment of risk (through the Project Board), and plans are in place to increase capacity and capability.	The Secretary of State's four tests for service configuration	<b>GREEN</b>	The Trust takes account of the Lansley tests and puts plans in place to ensure compliance.	Best practice guidance from the Independent Reconfiguration Panel	<b>GREEN</b>	The Trust takes account of best practice from the IRP and incorporates this into its engagement and communication plans.	Equality Act 2010	<b>AMBER</b>	Shropshire County PCT and NHS Telford and Wrekin, in partnership with the Trust have undertaken an Equality Impact Assessment. The action plan in response to the Equality Impact Assessment is being developed.
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<b>Recommendation</b>	The Trust Board is asked to <b>NOTE</b> the engagement and communication report for April to November 2011																

## The Future Configuration of Hospital Services Programme

### Contribution to Inspection, Registration, Assurance, Performance and Delivery

<b>Risks and Assurance</b>	The Future Configuration of Hospital Services (FCHS) Programme supports the local NHS to address risks to the clinical quality of services. The programme management arrangements provide assurance that due process is being followed, and there is independent review of the programme management approach through the Office for Government Commerce Gateway Review process. Specifically, a risk register is maintained and reviewed by the Project Board to ensure that risks in relation to delivery of the FCHS programme are identified and managed. The Project Board is chaired by the Chief Executive and reports to the Hospital Executive Committee, which is a sub-committee of the Trust Board.
<b>Contribution to Key Performance Indicators</b>	Not applicable
<b>Compliance with Clinical and other Governance Requirements</b>	The Future Configuration of Hospital Services Programme supports the local NHS to address risks to compliance with a range of clinical safety standards. This includes compliance with legislative and policy requirements in relation to consultation and engagement in service change in the NHS. This report forms part of the process of providing evidence and assurance to the Trust Board and to external bodies that these requirements are being met. It includes a high level assessment of current compliance with statutory and mandatory requirements and best practice guidance.
<b>Engagement and Decision-Making Process for this paper</b>	The Future Configuration of Hospital Services is overseen by a dedicated Project Board comprising the Chief Executive, clinical leads, other Executive Director, Associate Director of Estates and Facilities Management and the Programme Manager. The Project Board reviews and oversees engagement and communication activity. Engagement and communication activity is also informed by feedback from patients, communities and other stakeholders including the Joint Health Overview and Scrutiny Committee.

### Strategic Impact Assessment

<b>Quality and Safety</b>	The Future Configuration of Hospital Services Programme supports the local NHS to address risks to the clinical quality of services. The engagement and communications activities outlined in this paper are integral to delivery of the Programme.
<b>Financial Strength</b>	The proposals are not driven by financial considerations and will not lead to financial savings. Instead they aim to deliver safe, sustainable services within available resources. The engagement and communications activities outlined in this paper are integral to delivery of the Programme.
<b>Learning and Growth</b>	The engagement and communication plan for the Future Configuration of Hospital Services supports the delivery of organisational objectives for Learning and Growth.
<b>Patients, GPs and Commissioners</b>	The proposals that are being developed further during this phase of the Future Configuration of Hospital Services Programme will change the way that some patients access local hospital services, and the way in which GPs refer some patients to our services. A comprehensive programme to communicate changes with patients and GPs is planned to take place in 2013 ahead of the main changes to local services.
<b>Equality and Diversity</b>	The ongoing programme of engagement and communication supports us to address the recommendations from the Equality Impact Assessment. An action plan for responding to the Equality Impact Assessment is currently being developed with local PCTs.
<b>Legislation and Policy</b>	The Future Configuration of Hospital Services Programme supports the local NHS to fulfil legislative requirements for patient and public engagement and policy requirements as set out in government guidance on service configuration. A high level of assessment of current compliance with statutory and mandatory requirements and best practice guidance is included in this paper.
<b>Communication and Marketing</b>	This report will be published on the Trust website as part of the Trust Board papers and also within the section of the Trust website dedicated to the reconfiguration of hospital services.

**The Shrewsbury and Telford Hospital NHS Trust**  
**The Future Configuration of Hospital Services Programme**  
**Engagement and Communication Report, April to November 2011**

**1. Overview**

- 1.1 This paper provides an update on patient and public engagement and communication following the "Keeping It In The County" consultation and sets out the next steps for engagement and assurance.

**2. Background and Context**

- 2.1 There has been a long debate over many years without resolution on a series of challenges to the safety and sustainability of hospital services at the Royal Shrewsbury Hospital (RSH) in Shrewsbury and the Princess Royal Hospital (PRH) in Telford. This has focused on safety and sustainability challenges affecting a range of services including acute surgery and children's services. If these challenges are not addressed there are risks both to the ongoing quality and safety of patient services and to the sustainability of these services within our hospitals in Shrewsbury and Telford.
- 2.2 A programme of clinical leadership and patient and public engagement began during 2010 to agree and deliver lasting resolution to mitigate these risks. A key feature of this was the "Keeping It In The County" consultation between December 2010 and March 2011, led by Shropshire County PCT and NHS Telford & Wrekin with support from the Trust.
- 2.3 Proposals to change hospitals are always likely to rouse strong opinions, particularly where people perceive that services are moving further away. This presents a challenge for NHS organisations between responding to understandably strong feelings, and determining whether the proposals are an appropriate means of retaining safe and sustainable clinical services within the county, whether the risks of change have been identified and acknowledged and whether they can be satisfactorily mitigated.
- 2.4 The formal public consultation aimed to: share the challenges faced by the NHS; set out the solutions that had been identified to address them; seek views on whether any alternative solutions were viable; and, identify benefits and concerns relating to the proposals and alternatives. The issues and feedback from the public consultation were considered by local Primary Care Trusts alongside other programmes of engagement and assurance when making decisions on the way forward for local health services at their meeting on 24 March 2011.
- 2.5 The PCTs agreed to proceed with the preferred option set out in the consultation document. Following this the Trust has continued with a programme of community engagement to: continue to review and respond to the issues and concerns raised during consultation; involve patients, parents and patient representatives in designing new care pathways and facilities; continue to identify new issues and concerns that had not previously been raised; and, plan ahead in detail for implementation and for the publicity that will be needed to inform our communities of changes to their local services.

**3. Legislation, Guidance and Best Practice in Consultation and Engagement**

- 3.1 The primary reason for engaging with patients, carers and patient representatives is to ensure that the services we plan and deliver are appropriate to their needs. Bringing patient experience to the heart of service change ensures that clinicians and managers are viewing both the challenges and the solutions from the perspective of the people who use our services, rather than being driven solely by clinical, management or governance considerations.
- 3.2 Alongside this general principle, the NHS is also required to comply with a range of legislation and guidance that supports the devolution of decisions on service change to the local NHS working with local partners (and particularly the statutory health overview and scrutiny role of local councils in England, and community health councils in Wales).



3.3 Key guidance is set out in the table below, along with an assessment of the current compliance status in the Trust:

Guidance	Comments	Status of Requirement	Compliance Status	Compliance commentary
Section 242 and Section 244 of the NHS Act 2006	This is the main statutory guidance setting out the duty of the NHS to involve and consult. This includes the statutory duty to consult with local authority health overview and scrutiny committees on proposals for substantial variations or developments of health services.	Statutory requirement	<b>GREEN</b>	The Trust takes account of statutory requirements and puts plans in place to ensure compliance.
Real Involvement: Working with people to improve services	"Real Involvement" was published by the Department of Health in 2008 and sets out guidance to the NHS on implementation of the statutory duties set out in Section 242 and Section 244 of the NHS Act 2006.	Good practice	<b>AMBER</b>	The Trust takes account of best practice. Whilst not all aspects of best practice are fully implemented, engagement priorities are agreed based on a clear assessment of risk (through the Project Board), and plans are in place to increase capacity and capability.
The Secretary of State's four tests for service configuration	The Secretary of State for Health set out four tests for service configuration in the revised Operating Framework for 2010/11. All proposals for reconfiguration of services must demonstrate: support from GP commissioners; strengthened public and patient engagement; clarity on the clinical evidence base; and consistency with current and prospective patient choice.	Mandatory requirement	<b>GREEN</b>	The Trust takes account of the Lansley tests and puts plans in place to ensure compliance.
Best practice guidance from the Independent Reconfiguration Panel	Health Overview and Scrutiny Committees have a statutory right to refer contested decisions to the Secretary of State who may then request independent review by the Independent Reconfiguration Panel (IRP). The IRP publishes occasional good practice guidance based on learning from reviews.	Good practice	<b>GREEN</b>	The Trust takes account of best practice from the IRP and incorporates this into its engagement and communication plans.
Equality Act 2010	Sets out the requirements for public sector organisations to pay due regard to the need to eliminate discrimination and promote equality.	Statutory requirement	<b>AMBER</b>	Shropshire County PCT and NHS Telford and Wrekin, in partnership with the Trust have undertaken an Equality Impact Assessment. The action plan in response to the Equality Impact Assessment is being developed.

#### 4. Issues Raised During the “Keeping It In The County” Consultation

- 4.1 The “Keeping It In The County” public consultation on the proposal to reconfigure hospital services between the Royal Shrewsbury Hospital (RSH) and the Princess Royal Hospital (PRH) took place from 09 December 2010 to 14 March 2011<sup>1</sup>. A detailed report on the consultation was presented to the Trust Board on 24 March 2011. This included an independent analysis of the feedback received during consultation<sup>2</sup>, prepared by Merida Associates<sup>3</sup> on behalf of the two local Primary Care Trusts. The full consultation report, and its summary, is available from the Trust’s website.
- 4.2 The following themes were highlighted in the executive summary of the independent consultation report:

##### What people like about the proposals

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

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##### Concerns about the proposals

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###### Travel time, distance and transport

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

- Longer journeys for patients – both for routine appointments and in the event of an emergency.
- The potential risks to patients arising from longer journey times. People were particularly concerned about women in labour who needed to transfer from a midwife led unit and babies who need specialist care.
- Stroke services need to be close to home, people were concerned that any increases in travelling times may delay treatment and therefore affect recovery.
- Poor public transport services, poor road links and the additional costs of travelling further.
- Whether emergency services would be able to cope with the proposed reconfiguration. How communication between hospitals, ambulance services and paramedics will be managed to ensure that any changes to response times does not affect patient safety, particularly at peak travel times and in poor weather conditions.

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<sup>1</sup> The Keeping it in the County consultation document and report are available via the reconfiguration pages on the Trusts website [www.sath.nhs.uk/future](http://www.sath.nhs.uk/future)

<sup>2</sup> “Keeping Hospital Services in Shropshire, Telford & Wrekin: Public Consultation Findings Report” (Merida Associates, March 2011)

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

- The increased time spent travelling, particularly for families of sick children, would create additional difficulties for parents who had other children and family members to care for.
- Inpatient children and women in the consultant led unit may feel more isolated if the additional journey times/cost reduced the number of visitors they receive.
- Poor public transport links to Telford.
- The need for affordable transport between sites for families and staff.
- Car parking at both sites was raised as an issue, as was accessible, affordable accommodation for parents near to the PRH.

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#### Location of services

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Many people would prefer that services are retained at RSH.

Many people stated that they did not want services to change, many others shared instances (often from personal experience) where additional travelling time would have been dangerous. People from all areas were concerned about additional travel times and distance, particularly for people from rural areas and mid-Wales.

Many people identified with Shrewsbury as the County town, considering it the 'Hub' linked to 'spoke' towns and communities around the County and into mid-Wales.

Some stakeholders think that if services move from Shrewsbury, it may result in the eventual downgrading of the RSH, or that services moving from Shrewsbury would disproportionately affect some parts of the County.

There is considerable opposition to the proposed loss of 24 hour paediatric assessment at RSH.

#### Reassurance required

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Nothing to change

Public transport and shuttle bus arrangements

Reassurance on travel times, transfer between sites and emergency transport

Clear clinical pathways and arrangements in place to mitigate risk

That clinicians support the proposals

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

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4.3 Following public consultation, continued engagement and communication has focused on:

- continuing to review and respond to the issues and concerns raised during consultation
- involving patients, parents and patient representatives in designing new care pathways and facilities
- continuing to identify new issues and concerns that had not previously been raised; and,
- planning ahead in detail for implementation and for the publicity that will be needed to inform our communities of changes to their local services
- and, ultimately, seeking to ensure that future services are as good as they can be.

## 5. Engagement and Communication Activity, April to November 2011

### *Public and Stakeholder Engagement*

- 5.1 Key patient and public engagement activities between April and November 2011 have included:
- Specialty-specific Focus Groups to involve patients, parents and patient representatives in reviewing and shaping care pathways and facilities.
  - Attendance at Local Joint Committee and Town and Parish Council meetings across Shropshire, Telford & Wrekin and mid Wales. These have featured presentations by the Chief Executive and Clinical Leads and Q&A sessions.
  - Attendance by the Chief Executive at meetings with Councillors from our three main local authorities.
  - Presentations and reports to the Joint Health Overview and Scrutiny Committee for Shropshire and Telford & Wrekin, and to Montgomeryshire Community Health Council.
  - Public briefing sessions at RSH and PRH in August and November, advertised in local press.
  - Attendance by members of the project team and other Trust representative at meetings of local voluntary or community groups.
  - Providing information and asking questions through information stand at local events, including the National Childbirth Trust Nearly New Sale, the Shropshire Patient Participation Group county wide meeting, and the Trust's Annual General Meeting.
- 5.2 The valued and robust involvement and challenge of the Joint Health Overview and Scrutiny Committee (JHOSC) has been maintained with a number of formal and informal update meetings. This has included updates against the JHOSC work plan, with a further presentation planned for December 2011.

### *Public and Stakeholder Communication*

- 5.3. Ongoing public and stakeholder communication has included:
- Two editions of a new "Looking To The Future" newsletter have been sent to Trust members, other interested parties, GP practices and available through our hospital sites. Alongside this, two "special editions" have been published via the Trust website and issued at meetings attended by Trust representatives.
  - A two page advert in the local press outlined the changes, when they will happen and what this means for patients and their families.
  - The consultation website at [www.ournhsinshropshireandtelford.nhs.uk](http://www.ournhsinshropshireandtelford.nhs.uk) has been archived, with news and information about the reconfiguration now available from a dedicated section of the Trust website at [www.sath.nhs/future](http://www.sath.nhs/future). This means that we now have a single dedicated web channel, integrated with wider news and information from the Trust. This includes a clinician blog section and a regularly updated Frequently Asked Questions from patients and the public.

### *Staff Engagement and Communication*

- 5.4 Staff engagement has also continued. For example, clinicians, support staff, managers and members of the Women and Children's clinical teams have been engaged in the development of the plans for the Women and Children's Centre at PRH.
- 5.5 Wider staff engagement and communication has continued through staff briefings (two on each site held in August and November) and the Trust's new internal weekly bulletin for the programme community (The Future This Week).

## 6. Status Report against Issues Raised During Consultation and Ongoing Engagement

Issues raised	Examples of how patient and public engagement is influencing the future shape of services	Current position and next steps
<i>Issues highlighted in the summary consultation report</i>		
<b>Better buildings and facilities</b> <b>The potential to modernise hospital sites</b>	Public briefings to share early plans for new facilities at PRH ahead of the Outline Business Case, more detailed proposals included within the Outline Business Case and continued engagement through focus groups in designing and shaping the new facilities. Ongoing work with patients, carers and communities to design new cancer facilities at RSH.	Engagement in the proposed building designs at PRH ahead of submission of planning application. Continued patient/carer/parent involvement in ongoing design of new facilities – see below for more information.
<b>Best use of limited resources</b>	Outline Business Case builds on feedback from patients, communities, staff and other stakeholders to develop affordable proposals for safe and sustainable services.	Continue development of Full Business Case.
<b>Retention of daytime assessment at both sites</b>	Work with focus groups, clinicians, Paediatric Triage and Transport group and others to develop model for paediatric assessment at both hospitals.	The group will continue to work to develop the protocols and procedures needed within the reconfigured children's service.
<b>Improved quality of service and better care</b>	Patient and clinical involvement in development of new care pathways where services are changing.	Continue work to develop and refine care pathways.
<b>Improved access to services</b>	See " <b>Travel Time, Distance and Transport:</b> Concerns about travel and transport – both for routine appointment and in an emergency / Concern about potential risks associated with longer journey times"	
<b>Centres of Excellence and specialist services would be created</b> <b>Keep skills and services in the County</b>	Work programmes underway to deliver additional benefits that build on the reconfiguration proposals, such as Trauma Unit designation at RSH and AAA screening centre at RSH. Building designs for PRH due to be submitted for planning application shortly, and these have been developed with patient, carer and parent involvement. Discussions continue with NHS partners on opportunities to further strengthen local services "e.g. through repatriation from regional centres).	Continue trauma unit and AAA screening developments. Engagement in the proposed building designs at PRH ahead of submission of planning application. Continue discussions with NHS partners re: opportunities to build on model of reconfigured services to strengthen local services
<b>Clinical involvement and leadership</b>	Clinical involvement and leadership has continued through the FCHS work programme. More information has been included in previous reports to the Trust Board.	Continue to ensure clinical leadership and engagement for FCHS programme.
<b>Travel Time, Distance and Transport:</b> Concerns about travel and transport – both for routine appointment and in an emergency / Concern about potential risks associated with longer journey times	Local cross-border travel and transport group established with involvement of local councillors. West Midlands Ambulance and Welsh Ambulance Services cross-border memorandum of understanding ensuring that the nearest ambulance attends to patients either side of the border. Paediatric Triage and Transport Group – developing guidelines and policies for the safe transfer of children from RSH to PRH should they need an inpatient stay. Neonatology – learning and development project to review best practice from elsewhere in the NHS and provide training and support to midwives in the identification and management of risk. Options for hospital shuttle bus being developed. Further detail about the proposals will be included in the Travel and Transport Plan. Options for additional car parking at the Princess Royal Hospital to be included within the planning application.	A draft Travel and Transport Plan will be published in 2012. This plan will draw together all elements of travel and transport, emergency and non-emergency into one plan. It will also describe the Trusts plans for parking, inter-site transfer and transport and signposts and entries.
<b>Travel Time, Distance and Transport:</b> Location of stroke services	Both hospitals will continue to provide acute stroke services, supported by a telemedicine network to provide specialist consultant input to support local decision-making on prescribing thrombolysis.	Continue to develop and evaluate telemedicine approach.

Issues raised	Examples of how patient and public engagement is influencing the future shape of services	Current position and next steps
<b>Travel Time, Distance and Transport:</b> Availability of public transport / transport links to Telford / affordable transport	Patient and carer views will influence the Travel and Transport Plan.	A draft Travel and Transport Plan will be published in 2012. This plan will draw together all elements of travel and transport, emergency and non-emergency into one plan. It will also describe the Trusts plans for parking, inter-site transfer and transport and signposts and entries.
<b>Travel Time, Distance and Transport:</b> Impact on emergency transport	Initial impact assessment indicates minimal impact from these proposals on emergency transport providers. Overall, around 1 in 50 patient contacts is affected by proposals.	Develop new emergency transfer protocols with ambulance service, care co-ordination centre etc. ahead of implementation of new services in 2014.
<b>Travel Time, Distance and Transport:</b> Concerns that additional travel may reduce visitors	Patient/carer feedback is influencing the design, look and feel of the new facilities including partner and family accommodation. Continue to use patient feedback to develop wider Travel and Transport Plan.	Relatives accommodation to be included in design of the new facilities. Travel and Transport plan to be published in 2012.
<b>Travel Time, Distance and Transport:</b> Car Parking	Outline plans for PRH development include additional car parking. In order to reduce impact on neighbouring residents, it is proposed that this will be ground level rather than multi-storey.	Include additional car parking at PRH in planning application.
<b>Location of services:</b> Impact on local hospital / concerns about risk of downgrading of RSH	The overall plans aim to maintain two vibrant and successful hospitals. Since consultation ended, two developments will support us to maintain and strengthen services at RSH – trauma network development across the West Midlands, and the establishment of AAA screening. The Trust has been given the go ahead for trauma unit status and an AAA screening centre at RSH (with screening also being delivered at locations across the county). The consultation proposals have strengthened our application for both developments.	Continue with plans to establish Trauma Unit and AAA screening centre at RSH.
<b>Location of services:</b> The impact of concentrating Women and Children's Services at PRH and Surgery at RSH would have on people's ability to access their local hospital	Development of model for Children's Assessment Unit at RSH adjacent to A&E. Development of options for re-provision of Midwifery-Led Unit, early pregnancy assessment service, antenatal clinics and day assessment, and children's outpatients at RSH. Continue to provide day cases and outpatient appointments at both sites. Analysis of overall impact of these proposals on where patients access services (these proposals will affect around 1 in 50 patient contacts). Continue to incorporate issues into the design and development of care pathways.	Development of the detailed operational plans for the Childrens Assessment Unit. Detailed design and planning for the relocation of services at RSH for inclusion in the Full Business Case.
<b>Location of services:</b> Concerns around the supporting infrastructure at RSH to accommodate surgery	Productivity and improvement projects are underway within the Trust to improve the outcomes and experience of patients including implementation of the Bed Bundle. Planning for the development of additional ITU capacity at RSH.	General and targeted engagement with all staff in relation to the Trusts transformational change programmes.
<b>Location of services:</b> Concerns about staff being able to access a surgical opinion at PRH	Patients engaged through a surgery focus group. Trust clinicians working to develop sustainable rotas, with appropriate scheduling and job planning to ensure the provision of 24 hour surgical support at PRH.	Theatre and outpatient mapping exercises underway to understand and agree future job plans to support new rotas.

Issues raised	Examples of how patient and public engagement is influencing the future shape of services	Current position and next steps
<p><b>Location of services:</b> Unhappiness about the transfer of the Rainbow Children's Cancer Unit from RSH to PRH</p>	<p>Paediatric oncology and haematology Focus Groups established with one over-arching group and three sub-groups (build/environment; access and transport; legacy). Meetings between the Trust, clinicians and parents to address concerns and develop plans.</p> <p>Development of a care pathway to reduce door-to-needle time to minimise the impact of additional travel time from Shrewsbury to Telford.</p> <p>Parent involvement in development of outline plans for the new services at Telford. Plans have been changed in response to parent feedback.</p>	<p>Parents to be involved in the design and environment of the new Children's Cancer and Haematology Unit at PRH.</p> <p>Clinicians and the Rainbow Unit team continue to be engaged in the development of the new unit.</p> <p>Engage local children in designing the look and feel of the new children's facilities.</p>
<p><b>Location of services:</b> Concerns about children accessing RSH out of hours</p>	<p>The Paediatric Triage and Transport Group is developing guidelines to ensure that, as far as possible, children access the right service at the right time based on their clinical need.</p> <p>The workforce plans outlined within the Outline Business Case support a consultant on-call 24/7 at RSH should a child be brought in out of hours who requires a paediatrician.</p>	<p>The group will continue to work to develop the protocols and procedures needed within the reconfigured children's service.</p>
<p><b>Further issues identified as part of ongoing patient and public engagement</b></p>		
<p><b>Impact of building work:</b> I live near PRH - what impact will the building work have?</p>	<p>Presentation to Hadley and Leegomery Parish Council as the host council for the PRH.</p> <p>Opportunities to reduce impact on neighbouring residential areas included within planning application process, and also in selection of Procure 21+ construction partner.</p>	<p>Drop in sessions to be held to provide an opportunity to review the proposed plans.</p> <p>Further environmental and noise impact to be included with planning application.</p> <p>Options for additional car parking to reduce risk of overspill to be included in planning application.</p>
<p><b>Practical issues associated with planned changes:</b> Which hospital will I need to go to?</p>	<p>Key issues and concerns are being logged, and will shape a comprehensive plan for communicating what people should do will be implemented nearer the time of change</p>	<p>Commitment to develop an individualised plan for all children subject to ongoing/regular treatment and follow-up plans.</p> <p>Main communication of changes to take place in 2013.</p>
<p><b>Practical issues associated with planned changes:</b> How do I get there, and where do I need to go to when I arrive?</p>	<p>Childrens and Childrens Oncology and Haematology Focus Groups have highlighted the need for clear signage; drop off/short stay bays; and dedicated entry points.</p> <p>Also the need for clear directions from western Shropshire and mid Wales, including alternative routes and public transport.</p>	<p>This is being incorporated into the plans for the new Women and Children's Centre at PRH</p>
<p><b>Telehealthcare development:</b> How will telehealthcare be of benefit and reduce the need to travel to hospital?</p>	<p>The Chief Executive has highlighted the Trust's aspirations to use modern technologies to deliver more care closer to home and reduce the need to travel to Shrewsbury or Telford.</p> <p>A rural health conference was held in October 2011 for clinicians and staff from Shropshire, Telford and Wrekin and Mid Wales to hear about options for developing telehealth services locally.</p>	<p>Continue clinically-led discussions to develop agreed plans for telehealthcare implementation.</p>

Issues raised	Examples of how patient and public engagement is influencing the future shape of services	Current position and next steps
<p><b>New Children's Cancer Unit:</b> Will the new Children's Cancer and Haematology Unit fulfil the commitments made during consultation?</p>	<p>Some draft design plans shared with a parents focus group did not fulfil the commitments made during consultation. Feedback received at these meetings has led to improvements in the proposed layout, design and facilities for the new unit.</p>	<p>The play leaders from the Rainbow Unit will be working with children to get their views and thoughts on the feel and design of the new unit. The group will then come together to see what the children would like within the new unit. Their 'collage boards' will then be used alongside the parents' and staff 'collage boards' to shape the colours and feel of the new unit.</p> <p>Improve internal approval process to ensure that design plans continue to address consultation commitments.</p>
<p><b>Children with complex needs:</b> Will the children's inpatient ward address the needs of children with complex needs?</p>	<p>Meetings with parents and families have been held and the Childrens Focus Group established. Feedback received has influenced the design and requirements of the inpatient ward.</p> <p>Consolidating children's inpatient services on one site provides ancillary benefits in that we can develop improved, dedicated facilities for adolescents. Views from parents and children are helping to shape these facilities.</p>	<p>The very practical and essential needs of patients raised by the group have been incorporated into the draft designs (e.g. the need for large changing tables, tracking hoists, sensory sensitive space). The group will continue to meet.</p>

## 7. Gap Analysis

- 7.1 A summary assessment against key legislation and guidance for patient and public engagement is included in Section 3. Engagement activity is focused on addressing statutory requirements, aspiring to best practice and addressing programme risks. Whilst improvements can be made to improve compliance and strengthen engagement, these need to be considered alongside other competing demands on the Trust resources. The Project Board keeps this under review and ensures that engagement is sufficiently prioritised within available resources and the principal risks are managed.
- 7.2 Key activities for the next phase of this work include:
- Reviewing and strengthening the distribution of the "Looking To The Future" newsletter
  - Developing and agreeing with our commissioners a plan for addressing the recommendations in the Equality Impact Assessment
  - Engagement in the plans for the new development at PRH, submission of planning application and ongoing engagement in detailed design of the new facilities
  - Maintaining focus groups to engage patients and parents in designing care pathways and new facilities
  - Establishing a stakeholder forum to engage partner organisations in shaping the future of health services.
- 7.3 A comprehensive engagement plan is being developed to respond to the issues raised by patients and communities, take forward the key themes and issues that they have raised, engage with stakeholders and plan for successful delivery of the new services. This plan will be agreed and monitored through the FCHS Project Board, which reports to the Hospital Executive Committee.

## 8. Conclusions and Recommendations

- 8.1 The Trust Board is asked to note the engagement and communication report for April to November 2011.