

**Shropshire Future Fit:
Report of the Reconfiguration Assurance Panel
16 November 2017**

	NHS England Assurance Panel 19 October 2017 – findings	NHS England Assurance Panel 16 November 2017 – findings
1.	Written confirmation from the Clinical Senate that it considers sufficient progress has been made by the Programme over the last year in responding to the 19 recommendations for further work made following its previous review in October 2016.	Written assurance provided from the Clinical Senate noting formal Senate Council approval on 29 November 2017. The programme should inform NHS England once formal approval is agreed.
2.	<p>The plan to fully mitigate the clinical risk of an increase in death or disability for some trauma patients identified by the trauma network, and recognised in the Programme’s documentation, of option 2 (Referred to as Option B in the PCBC).</p> <p>The Trauma Network should be asked to review the planned mitigation of the increased risks it has identified with option 2 (B) and provide a letter of support confirming that the mitigation is sufficient.</p> <p>In the context of the mitigation and an updated view from the trauma network, the Programme should set out a clinical justification for consulting on this option.</p>	<p>The Panel noted areas the programme will explore as mitigating actions working with partners including ambulance services.</p> <p>Detailed plans to mitigate potential negative impacts of the final proposal should be agreed and included in the post-consultation decision-making business case. NHS England will assure the decision-making business case.</p> <p>The clinical justification for the Programme’s preferred option should be clearly stated up front in the consultation document. NHS England will assure the final consultation document.</p> <p>Consultation should not be launched until written approval is received from the NHS England Regional Director.</p>

3.	Clarification of the impact of the proposals by site and type on the number of hospital beds from the current levels, bed occupancy and length of stay; and the underpinning assumptions.	<p>The Panel noted the clarification provided. Prior to consultation, the programme should clearly set out to the Panel the proposed changes to the bed base on a like-for-like basis.</p> <p>The programme committed to provide this in the week commencing 20 November.</p>
4.	The pre-consultation business case has been incrementally updated over a long period of time. Some of the information contained within it is now out of date, internally inconsistent and/or not consistent with the current plans described in the Panel discussion. The pre-consultation business case needs a significant re-write to address this.	<p>The Panel noted the improvement. The programme should continue to work with NHS England North Midlands DCO team to finalise the pre-consultation business case.</p> <p>The programme committed to complete this work in the week commencing 20 November.</p>
5.	If there is a planned reduction in beds from current levels, then the support of the Regional Director of NHS Improvement as overseer of the system's Urgent and Emergency Care should be sought.	The Panel noted the programme's confirmation there is no overall reduction in beds proposed.
6.	Clarification of the breakdown of which activity reductions lead to bed requirement reduction and which lead to bed occupancy improvements.	The Panel noted the clarification.
7.	<p>a) Clarification and consistent triangulation of the proposed hospital changes for bed numbers, financial savings and the proposed workforce model.</p> <p>b) NHS Improvement's written view should be sought on</p>	NHS Improvement agreed to provide to the Panel a letter setting out its view on the positive impact of the proposals for Shrewsbury and Telford Hospital NHS Trust sustainability.

	<p>this with regards to the impact on provider sustainability.</p>	
8.	<p>The expectation of improvements in performance that the proposals will drive and the key underpinning milestones to achieve such improvements.</p>	<p>The Panel noted the further information provided. The programme should provide further detail in the post-consultation decision-making business case.</p>
9.	<p>Clarification of the level of capital investment NHS Improvement supports as a priority and its written view on the purpose, sources and constraints of the funding and the likelihood of securing the capital from the proposed sources.</p>	<p>The Panel noted the letter from NHS Improvement confirming its support for this scheme as a priority for capital. To give confidence in deliverability of the proposals:</p> <ul style="list-style-type: none"> • NHS Improvement agreed to provide to the Panel further information on the process Shrewsbury and Telford Hospital NHS Trust will follow to secure the privately funded capital assumed as part of the business case. • Confirmation is required prior to consultation of the publicly funded capital assumed as part of the business case.
10.	<p>The Panel requires a refresh of the final consultation documents taking into account all of the actions set out in this report and including the clearer narrative for the development of the out of hospital model particularly in Shropshire.</p> <p>The Panel needs to receive and approve the final plan and consultation documents prior to consultation being launched.</p>	<p>The Panel noted the improvements. The consultation documents should be further updated taking into account the actions set out above.</p> <p>Consultation should not be launched until written approval is received from the NHS England Regional Director.</p>