

Meeting of Governing Body

Date: 4th June 2019

Time: 1.30pm

Location: Vassall Centre, Bristol, BS16 2QQ

Agenda number: 6.5

Report title: Healthy Weston - Update

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Report Sponsor: Colin Bradbury, Area Director (North Somerset)

1. Purpose

To provide the Governing Body with an update on the progress on the Healthy Weston Programme in May 2019.

2. Recommendations

The Governing Body is asked to:

- i. Note the update

3. Summary

- 3.1 Due to the extend purdah period to accommodate the European elections, the timeline for development of the delivery of the Decision Making Business Case (DMBC) has been revised. The latest timeline is included in Appendix 1 of this paper and the Governing Body is asked to note that the final delivery date for consideration of the DMBC has not changed. A risk on delivery has been added to the risk register to recognise the time lost and the challenging October decision making date; this is felt to be sufficiently mitigated at this time.
- 3.2 The Clinical Design and Delivery Group (CSDDG) met in May to review the Alternative Model that had been developed by a group of consultants from Weston General Hospital and apply the same set of Evaluation Criteria against which all other potential models had been tested in the process to date. This clinical evaluation was an important step in the process ahead of receiving feedback from the public consultation. Final evaluation work will take place in July 2019 follow receipt of the independent report on the findings of the public consultation.

The CSDDG is made up of local senior clinicians. The hospital consultants who had developed the Alternative Model attended and fully participated in the meeting to evaluate their proposal. The consensus conclusion was that the proposal that is currently out to public consultation (the Consultation Model) evaluated more favourably than the Alternative Model that has been proposed by consultants from Weston General Hospital. This was mainly because the Alternative Model was too similar to the status quo and so would not sufficiently address the case for change.

The CSDDG came to the following conclusions:

- i. There were many similarities between the Alternative Model and the Consultation Model – for example an increase in 24/7 direct admissions via GP referrals and ambulances.
- ii. There were a number of elements of the Alternative Model that improve the Consultation Model – for example the integration of A&E front door team with medical, surgical and trauma & orthopaedic teams, which is not detailed in the consultation proposals.
- iii. There were other elements of the Alternative Model that – upon closer examination – were not deliverable. For example, it was unanimously agreed (including by the doctors that had worked up the Alternative Model) that the proposal to return to a “traditional” 24/7 A&E was not feasible. The key reason for this was on the grounds of patient safety – particularly around the care of children in an urgent care setting, for which national standards have been published since the temporary overnight closure of Weston A&E.

It was agreed that the consultants from WAHT would continue to work as part of the CSDDG to improve the model that is out to consultation. This work will take the best parts of the Alternative Model and combine them with the Consultation Model. It was felt that, as well as developing an integrated model for A&E and strengthened direct admissions, there were also ideas on improving ambulatory care options that could be developed. One of the key objectives of the joint working will be to ensure the best possible 24/7 urgent care is available to meet the needs of the local population.

- 3.3 The CCG commissioned South Western Ambulance Service NHS Foundation Trust (SWASFT) to undertake an audit of a sample of patients who were conveyed to UH Bristol from the Weston area overnight as a result of the temporary overnight closure of Weston General. The aim of the audit was to understand if the increased travel times impacted on clinical outcomes, and to review the clinical safety of travel times for the proposed Healthy Weston model, which proposes making the temporary overnight closure permanent. The audit was undertaken a SWASFT Paramedic and Clinical Lead and a Consultant in Emergency medicine.

A total of 50 attendances were reviewed, evenly distributed across varying lengths of stay. The review concluded that increased travel times as a result of the Temporary Overnight Closure did not have any adverse impact on clinical outcomes for any of the attendances reviewed. Where required, appropriate interventions were initiated by the attending Ambulance Clinicians, stabilising patients prior to further treatment in hospital.

The Healthy Weston Steering Group has agreed for a similar piece of work to be commissioned for patients conveyed as a result of the Temporary Overnight Closure to Musgrove park and Southmead hospitals.

4. Financial resource implications

The Healthy Weston Finance and Enabling Group has been refreshed in May 2019 to lead the finance and activity work streams of the Programme in the DMBC phase. The DMBC finance group comprises Directors of Finance from each of the provider hospitals impacted by the service changes (and/or their nominated deputies) and reports into the Healthy Weston Steering Group with strong links to the Clinical Design and Delivery Group. The Finance and Enabling Group provide updates to, and seeks recommendations from, the BNSSG Sustainability and Transformation Partnership Directors of Finance group.

Good progress is being made, with finance colleagues working with the clinical teams, to describe the detailed financial implications of the consultation proposals, beyond that laid out in the pre-consultation business case in readiness for the decision making business case. It is important to note that the financial assessment remains “work in progress” until feedback from the public consultation has been received and the clinical models have been finalised.

5. Legal implications

The process presented has received scrutiny from and been informed by BNSSG’s legal advisors.

6. Risk implications

Programme risks are being managed via the Healthy Weston Programme Steering Group.

7. Implications for health inequalities

A Quality Impact Assessment has been completed and will be refreshed for the Decision Making Business Case

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

An Equality Impact Assessment was part of the Pre Consultation Business case published in January 2019. The Decision Making Business case will also include an Equality Impact Assessment focussed on the final proposals for consideration.

9. Implications for Public Involvement

The public consultation period is scheduled to resume following the European Election on the 23rd May and run until 14th June. All events that were originally scheduled to be held following the completion of the local elections have been rearranged to take place in this revised period.

10. Appendices



Appendix 1: Healthy Weston Programme decision making process

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