

# Meeting of Governing Body

Date: 7<sup>th</sup> May 2019

Time: 1.30pm

Location: The Vassall Centre, Gill Avenue, Downend, Bristol, BS16 2QQ

---

## Agenda number: 6.2

### Report title: Healthy Weston - Overview of the process to decision

Report Author: Rebecca Dunn, Healthy Weston Programme Director

Report Sponsor: Julia Ross, SRO for Healthy Weston Programme, BNSSG Chief Executive

#### 1. Purpose

- To outline to the Governing Body the process that the Healthy Weston Steering Group has agreed to reach a decision on the clinical model for hospital based urgent and emergency care, emergency surgery and critical care.

#### 2. Recommendations

The Governing Body is asked to:

- Review and confirm the process proposed.

#### 3. Summary

- 3.1 The Healthy Weston Programme moved into public consultation on three changes to hospital services at Weston General Hospital on 13<sup>th</sup> February 2019, following a robust clinical design and evaluation process.
- 3.2 As part of the consultation, feedback is being received from a variety of sources, including specific stakeholder groups, the general public and hospital staff. In order to take the models that are proposed to a greater level of detail for the decision making business case and incorporate feedback on the proposals from local clinicians and the general public a 4 part evaluation and assurance process is described.
- 3.3 Decision making will take place only when all parts of the process have been completed. Current timelines see the October 2019 meeting of the BNSSG CCG Governing Body receiving the final decision making business case.

#### **4. Financial resource implications**

Not applicable

#### **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 is part of the process presented and under continual review as part of the Healthy Weston Programme.

#### **9. Implications for Public Involvement**

The process describes how feedback from the public consultation will be evaluated within the Healthy Weston Programme.

#### **10. Appendices**

The "Healthy Weston clinical model for hospital based urgent and emergency care, emergency surgery and critical care: Overview of the process to decision" is attached.

## Healthy Weston clinical model for hospital based urgent and emergency care, emergency surgery and critical care: Overview of the process to decision – UPDATED FOLLOWING REQUIREMENT TO EXTEND PURDAH

### 1. Background

The Healthy Weston Programme moved into public consultation on three changes to hospital services at Weston General Hospital on 13<sup>th</sup> February 2019, following a robust clinical design and evaluation process. This is detailed in the pre-consultation business case, which was assured by NHS England on 25<sup>th</sup> January 2019 and can be found at: <https://bnssghealthiertogether.org.uk/documents/healthy-weston-pre-consultation-business-case/>.

As part of the consultation, feedback has been received from a variety of sources, including specific stakeholder groups, the general public and hospital staff. In order to take the models that are proposed to a greater level of detail for the decision making business case and incorporate feedback on the proposals that has been provided by clinical staff at Weston General Hospital as part of the consultation process, a wide range of local clinicians were engaged in a workshop on the 21<sup>st</sup> March 2019.

Clinicians from across the system attended (attendance list attached as Appendix 1) and the facilitated session reviewed the existing proposals in detail, suggesting amendments and bringing in points of clarification. A proposal from the consultants at Weston General Hospital surrounding an extended option for a 24/7 front door was also described and commitment was made to evaluate this alongside the existing proposals.

This briefing paper outlines the process by which this evaluation will be undertaken in order to provide the Steering Group with clarity on the governance of this part of the Healthy Weston process.

### 2. Evaluation process for the Clinical feedback

#### Part 1: Clinical evaluation

As part of the consultation process, a new proposal has been put forward from consultants at Weston General Hospital. This was reviewed by clinicians across the system at a clinical workshop on 21<sup>st</sup> March and is described below:

- i. The proposal from the consultants at Weston General Hospital takes the front door urgent care offer at the hospital further than the current clinical proposals, re-establishing a service overnight for ambulance admissions and walk in patients suffering from injury (walk-in Minor Injury Unit function) in a phased way, improving ambulatory urgent care pathways and maintaining Level 3 critical care on the Weston Hospital site. It also continues level 3 critical care provision as now.

Feedback from the clinical workshop was also received on the critical care model; this will also be considered and the impact of the proposed changes confirmed by the CSDDG:

- ii. The clinical workshop fed back that they would prefer to see a more flexible, less time-restricted model of level 3 critical care at Weston Hospital. It was described that, instead of being a time-based decision to transfer patients with Level 3 requirements at 12 hours, which is what was recommended by the Clinical Senate, Level 3 provision remains on the Weston Hospital site for less complex, more stable patients whilst some level 2 patients that would benefit from the input of a wider multidisciplinary team would transfer to Bristol for specialist input.

The consultants' proposal has been documented in the same format as the clinical model that is out for consultation and will be signed off by the core clinical design and delivery group (CSDDG) (which has been extended to ensure

that there is expertise against all key hospital service lines) for clinical evaluation at the CSDDG meeting on 18<sup>th</sup> April 2019. Further work is underway to understand the impact on medical rotas associated with the proposal and the activity changes that this would result in, in line with the work done in the Autumn of 2018 on the clinical model that is out to public consultation. The detailed evaluation criteria used in the Autumn of 2018 to develop the pre-consultation business case will be used again as the criteria under which the new proposal will be examined. Information required by the CSDDG to effectively consider and assess the consultants' proposal will also be confirmed at the April meeting and made available in advance of the evaluation being undertaken.

The CSDDG will also consider the further proposals on critical care coming from the clinical workshop, including the impact that including any suggested changes would have on patient care and transfers, and on interdependencies with other aspects of the clinical model. Further work is underway between Weston General Hospital and University Hospitals Bristol clinical teams to determine the activity and workforce model that would be required.

Clinical evaluation of the new proposal and review of the feedback from clinical staff on the critical care proposals will take place at the CSDDG meeting in May 2019, with final evaluation work taking place in July (as described in Part 2 below).

## **Part 2: Evaluation of the public feedback**

The public consultation runs until 14<sup>th</sup> June 2019 and an independent report detailing the findings of the evaluation is expected on 12<sup>th</sup> July 2019. The BNSSG CCG Governing Body will receive information surrounding the findings of the public consultation ahead of the full feedback report being published in its July private seminar meeting. This presentation will also be made available to the CSDDG.

Following its publication on 12<sup>th</sup> July, the feedback report will be considered in full by the CSDDG, and the themes from the report will be tested against the clinical proposals that have been developed at the CSDDG meeting in July 2019. This meeting will agree and recommend the preferred clinical model, taking into account feedback from the public consultation, to the Healthy Weston Steering Group in July 2019. The model and first draft of the decision making business case (DMBC) will be reviewed and considered by the BNSSG Governing Body in private at their August meeting.

The public meeting of the BNSSG Governing Body in August will receive the full feedback report for consideration.

## **Part 3: Equality impact assessment**

The equality impact assessment is being continually developed as information is gained from the consultation process. Once a preferred clinical model is available there will be a full review of the equality impact assessment to support the development and finalisation of the decision making business case. If changes made to the clinical model negatively impact the assessment, further consideration of the clinical model will be required by the CSDDG.

## **Part 4: Regulator assurance**

Regulator assurance was gained on the proposals prior to commencing the public consultation. Following the consultation and the inclusion of any amendments to the proposals, regulator assurance will be sought again prior to the decision making business case being finalised. It is anticipated that this will occur in August/September 2019. This reflects the latest NHSE guidance on service changes, which state that NHS England should be informed of the proposed next steps once all feedback from the consultation has been gathered and analysed, and that the decision on whether or not the DMBC needs to be formally assured will be discussed at the assurance checkpoint. This is to ensure that any major deviation from the original proposals have been looked at and to assure that the new proposals have been consulted upon, are clinically sound and financially viable.

### 3. Decision making

Decision making will take place only when all parts of the above process have been completed. Current timelines are presented in Figure 1 and see the October 2019 meeting of the BNSSG CCG Governing Body receiving the final decision making business case.

Figure 1: *Healthy Weston Programme decision making process*

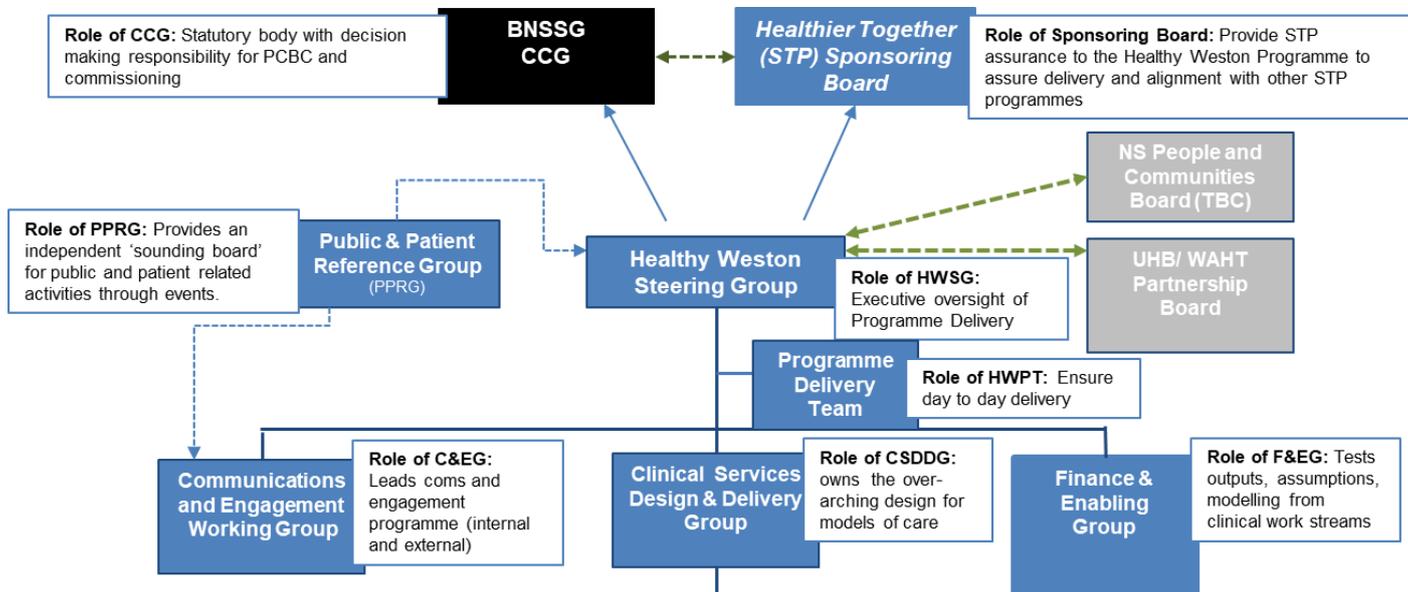


### 4. Governance

The governance structure of the Healthy Weston Programme can be seen in figure 2. It should be noted that the committees associated with the programme will be receiving regular updates and be given opportunity to scrutinise the process and proposals with feedback to the Clinical Design and Delivery Group, this includes the Steering Group, Healthier Together Executive Committee and BNSSG Governing Body, and other key stakeholder groups, such as the Weston Area Health Trust Board and BNSSG CCG Commissioning Executive. Organisations, such as North Somerset Community Partnership, the neighbouring Acute Trusts, Somerset CCG and South Western Ambulance Service Trust, will also be regularly updated and have opportunity to feed into the process.

Feedback will be tightly managed and put forward for consideration by the most appropriate committee according to the nature of the information received. A full audit trail of feedback from stakeholders will be maintained by the Healthy Weston Programme Management Office.

Figure 2. Healthy Weston Programme Governance, approved in June 2018.



**Appendix 1. Attendance at the extended CSDDG workshop, 21<sup>st</sup> March 2019**

NAME	Role	ORGANISATION	ARRIVED
Abigail Saville	Prog. Coordinator	CCG	X
Aidan Marsh	ITU cons	NBT	X
Amanda Yates	Children's Lead	NSCP	X
Anna Thursby-Pelham	CD Children's Services	UHB	X
Andrew Hollowood	Clin Lead for Strategy	UHB	X
Beccie Watkins	ADN	WHAT	-
Chris Palmer	GM Urgent Care	NSCP	X
Christopher Chubb	GP	GP	X
Claire Weatherall	ACC Project Dir.	UHB	X
Colin Bradbury	Area Director	CCG	X
David Crossley	ITU Cons	WAHT	X
Graham Brant	Lead Nurse	SW Critical Care Network	X
Helen Bishop	Matron	UHB	
Hester Taekema	Cons Paediatrician	WAHT	X
Ian Barrington	Divisional Dir.	UHB	X
Ioannis Tsgurnis	ITU Cons	WAHT	X
Jim Portal		UHB	
Joe Middleton	Physio	WAHT	X
Johanna Lloyd-Rees	Matron	UHB	X
John Hadfield	ITU Cons	UHB	X
John Heather	GP	GP	X
Julia Marker	Sister	WAHT	X
Julia Stroud	ADN	WAHT	X
Julie Johnson		NSCP	X
Kathryn Bateman	CD Medicine	UHB	X
Katy Richards	Strategy Lead	SWASFT	X
Kevin Haggerty	GP	GP	X
Kiaran Flanagan	ED Cons	UHB	X
Kurien John	Cons Medicine	WAHT	X
Koye Odutola	Cons Ortho	WAHT	X
Laura Oates	Lead Nurse ITU	WAHT	X
Mark Goninon	HoN Children's	UHB	X
Martin Jones	MD	CCG	X
Mary Lewis	DN	NSCP	X
Ned Brown	Project manager	CCG	X
Niall Prosser	Divisional Dir	WAHT	X
Nick Kennedy	ITU Cons	CCG & TST	X
Nicola Freeman-Fielding	Matron	UHB	X
Nicola Woodland		NSCP	X
Padma Ramanan	Finance Lead	CCG	X
Parag Singhal	Cons Medicine	WAHT	X
Peter Collins	MD	WAHT	X
Phil Walmsley		WAHT	-
Pradip Karanjit	GM	WAHT	-
Rachel Morris	Frailty Medical Lead	WAHT	X
Rebecca Dunn	Prog Dir	CCG	X



<b>Reuben West</b>	Cons Surgeon	WAHT	X
<b>Sam Jeynes</b>	Locality Devel. Manager	CCG	X
<b>Sanjoy Shah</b>	CD Surgery & Crit Care	UHB	X
<b>Sharon Cox</b>	ED Sister	WAHT	X
<b>Sophie Whitehead</b>	Prog Manager	CCG	X
<b>Stuart Walker</b>	MD TST	T&SFT	X
<b>Tim Gould</b>	CD	SW Critical Care Network	X
<b>Tim Whittlestone</b>	CD	NBT	X
<b>Meg Finch-Jones</b>	Cons Surgeon	UHB	X
<b>Stuart Webber</b>	Cons Rheum	WAHT	X
<b>Penny Dash</b>	Senior Partner	McKinsey	X