CLINICAL SERVICE REVIEW GROUP
Updated SEPTEMBER 2016

1 Group Purpose

- To review existing clinical services and make recommendations to the 'South Tyneside and Sunderland Healthcare Group' on the future configuration of services.

- Develop a strategic plan in relation to clinical services that covers the populations of South Tyneside and Sunderland and the organisations of STFT and CHSFT.

2 Role/Function/Duties

- Review current service model/configuration and recommended where appropriate a future model/configuration that:
  - Achieves relevant quality/safety standards and delivers all regulatory requirements
  - Delivers a sustainable service – workforce, population, competencies
  - Ensures the service(s) are efficient and cost effective
  - Takes into account and where possible addresses local, regional and national issues
- To produce a review timetable and ensure reviews are completed within the agreed timescales, ensuring blockages are removed where appropriate
- To produce and ensure the delivery of a communication and engagement plan (where applicable) that supports any service change, covering both internal and external stakeholders
- To facilitate discussions as part of the review process between teams to support implementation of agreed models of care
- Reviews all associated major risks and recommends mitigating actions.

3 Membership & Appointment

- Medical Director (STFT) – Joint Chair
- Executive Director of Strategy and Business Development (CHSFT) – Joint Chair
- Director of Operations (CHSFT)
- Chief Operating Officer (STFT)
- Director of Nursing (STFT)
- Director of Finance (CHSFT)
- Programme Manager (PG)
- Communication and Engagement Lead (CHSFT)
- Director of HR (CHSFT & STFT)
- Finance and Analyst Support (TBC)
- Commissioner lead(s)

The relevant clinical and management leads for each service will be heavily involved in their respective review and will present their recommendations to the group, but they will not be formal members of the group.

4 Detail - Service Reviews

All reviews will be approached from a 'group' and total population perspective, not individual organisations and will cover the following as a minimum. More details of the type of information contained in the report is included as Appendix 1.

- Current service model
- Proposed service model
- Quality/Safety benefits
- Learning from other organisations
- Financial benefits
- Performance impact
- Capacity requirements and demand predictions (high level)
- Capability to deliver the service change
- Other benefits - Sustainability
- Risks and mitigating actions
- Proposed Engagement Plan
- Commissioner and Network support
- Wider group issues to consider
- Declarations of Interest

5 Arrangements for the Conduct of Business

- Quorum: Four members, one of whom has to be the joint Chair, plus a representative from STFT and CHSFT
- Frequency of meetings: Monthly
- Members should be in attendance for at least 75% of meetings.
- Where urgent matters arise between meetings these will be raised with the Chairs of the group for approval and discussed with other members of the group at the first opportunity.
- Secretariat support: Joint Chairs

6 Relationships & Reporting

- Monthly report to the Executive Group

7 Proposed Timescale

- See Appendix 2 for the phased approach to the clinical service reviews which includes allocated time for listening and consultation phases.

Appendix 1: Details to be included in the Service Review reports

Report section	Details of what will be included
Current Service Model	- Current activity levels. - Where the activity is delivered *e.g. bed/ward footprint, outpatient facilities used.* - Workforce models including *medical, nursing, AHPs and other associated staff*.
Proposed Service Model	- Description of the new service model(s). - Outline changes in where the care will be delivered from and what that would mean for current service footprint/facilities. - Details of any proposed changes in workforce numbers and skill mix.
Quality and Safety Benefits	- Evidence base for the choice of the proposed model(s). - Learning from other organisations/networks who have carried out similar changes. - Impact on service specific quality standards *e.g. SSNAP levels for Stroke.* - Any known impact on clinical outcomes. - Any known patient experience considerations in relation to the new model(s).
Performance impact	- Highlight any potential impact on performance metrics including: RTT, A&E 4 hours, 6 weeks diagnostics & Cancer waiting time targets.
Financial Benefits	- Outline any changes in relation to income or costs from the proposed changes. *E.g. Stroke; reduced locum spend and potential bed reductions.*
Capacity requirements and demand predictions	- Re-modelled bed numbers. - Highlight what impact the proposal would have on total Consultant PAs (for that service). - Any changes in Length of stay that can be modelled e.g. *impact of ESDT for Stroke.*
Key co-dependencies to consider	- What the proposed model change will mean for diagnostic capacity, *e.g. CT/MRI activity changes for Stroke, Trauma and Emergency Surgery.* - Quantify the impact on A&E, Theatres , Critical Care and NEAS - Highlight any critical co-dependent clinical services, *e.g. there should be co-located Critical Care for any unselected take (even if only medical).* - Highlight non-clinical co-dependencies such as IT, Estates and Transport.
Capability for the service to change	- To confirm or not: 1. There is strong clinical agreement on the proposed change, 2. There is managerial commitment to make the changes, 3. There aren't any insurmountable gaps that will stop successful implementation. E.g. insufficient physical capacity or significant investment required. 4. Whether commissioners support the proposed change.
Any other benefits (sustainability)	- Highlight any changes that may improve sustainability of the service, e.g. the need for less MG level doctors in pressurised service areas (if applicable).

Risks and mitigating actions	- Highlight the high level risks and any mitigating actions, e.g. Length of Stay reduction work in both organisations to mitigate any bed reduction and associated capacity risks.
Proposed engagement plan	- The engagement plan will be specific to each service area and will outline: 1. Who are the stakeholders? 2. What are we telling them? (and what is important to them) 3. How are we going to engage with them? (delivery mechanisms and different interventions) 4. When to engage with the different stakeholders? (plan and timetable)
Commissioner and network support	- Summary of what guidance has been given by local/national commissioners and if there is clinical network support for any changes. E.g. Stroke; Commissioners are agreed that all Acute Strokes should go to CHS and this has been supported by the network in terms of the proposal that there should be 6 HASUs across the NE and Cumbria region. - Include advice from HENE/Deanery in terms any potential movement of trainees.
Wider group issues to consider	- Does the proposal(s) fit in with the overall vision for the Group? - Does the favoured proposal have any impact on the review timetable?
Declarations of Interests	- Include any declarations of interest in terms of the clinical/managerial leads carrying out the service review.

Appendix 2

Phase 1 - listening **Until end of November 2016**	**Phase 2 - listening** **October 2016 - March 2017**	**Phase 3 - listening** **April 17 - September 2017**
• Stroke • Trauma & Orthopaedics - including Ortho-geriatrics • Obstetrics & Gynaecology • General Surgery – including endoscopy • Paediatrics • Increasing delivery of elective work at STFT	• Pharmacy • Anaesthetics & Theatres • Cardiology • Gastroenterology • Respiratory • Diabetes • Care of the Elderly • Specialist Rehabilitation	• Emergency Care • Critical Care • Acute Medicine • Therapy Services • Diagnostics
Phase 1 – Consultation **Start January 2017**	**Phase 2 - Consultation** **Start Early summer 2017**	**Phase 3 - consultation** **Start Winter 2017/18**

City Hospitals Sunderland NHS Foundation Trust
South Tyneside NHS Foundation Trust

South Tyneside and Sunderland Healthcare Group

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