

## **Consolidation and overview**

### **Demonstration of the case for change**

- The case for change has been made but needs to be strengthened
  - Clinicians are aware of case for change, but now needs demonstrating to others
  - Remains to be seen if lay representatives are convinced
  - Case for public still needs to be made (but this is for later)
- Stakeholders will need to understand the case for change before presented with future service options
- 'Do nothing' option is on the table; need to demonstrate that this is not sustainable

### **Top issues coming out of the Clinical Summit**

- Need to convert the clinical engagement into corporate responsibility ('buy in') and gain internal critical mass
- Need to engage the public through the Trust's communications strategy - at what point and how do we widen engagement out from the Trust?
- Potential impact of local healthcare services on hospital activity
- Internal issues
  - 'One trust'... but three sites and three cultures – now need to pull together as one
  - Preference to make big decisions on reconfiguration rather than work with uncertainty
  - Continue to develop MDTs to provide mentoring and support networks for individuals
  - How many sites should provide acute paediatric care?