## **APPENDIX D**

## Information Requested by the Joint HOSC for Meeting on March 11<sup>th</sup> 2011

	Evidence requested	Evidence from
1) Clarification on the Royal College of Surgeon's guidance 'children's surgery a first class service' (2006) which sets out that trauma and pediatric services should be on the same site. What status does this guidance have?	Copy of the recent correspondence from the Royal College of Surgeons on this matter and Tony Fox's view on this	SaTH Strategic Health Authority
2) Clarification on why selling both sites and building a new hospital is not an option.	Written response prior to meeting	Strategic Health Authority PCTs SaTH
3) Details of the costings for the building work options to develop the sites at RSH and PRH. What documents were used to support the calculations for the facilities needed and the cost for this work? Have these been applied equally to both sites?	Written response prior to meeting	SaTH
4) Ensuring that the role of primary and community services are taken into account in the proposed reconfiguration - e.g. the development of hospital at home for children.	Written response prior to meeting	PCTs Community Trust
5) If agreed, how will the implementation of this proposal support ongoing work to support PCTs and GP commissioners to avoid unnecessary hospital admissions?	Written response prior to meeting	PCTs SaTH Community Trust
6) Can the PCT, SaTH and Community Trust assure the Committee that the proposed reconfiguration of services will be sustainable at both sites if more	Written response prior to meeting	PCT SaTH

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patients are treated in the community? Does the calculations take account of demographic changes?		Community Trust
7) What proportion of women who start their labour at a midwife led unit are transferred to a consultant led unit for the birth?	Written response prior to meeting	SaTH
8) How many of the 326 births in the Consultant led unit to women in the Powys Health Board area were elective or emergency?	Written response prior to meeting	SaTH
9) What discussions are taking place with other acute trusts outside Shropshire to develop care pathways to access services in emergency situations?	Written response prior to meeting	SaTH WMAS PCTs
10) Information on the care pathways and assurance of the clinical safety for maternity, acute surgery and pediatric services.	Written response prior to meeting	SaTH WMAS
11) How will the WMAS plans for the Make Ready system support the implementation of these proposals?	Presentation at meeting 11 <sup>th</sup> March	WMAS
12) Clarification of any additional costs identified by the WMAS in relation to increased demand for transfers and increased journey times. This should include the cost and time required to train additional paramedics required.	Written response prior to meeting	WMAS
13) Are there any other options to mitigate risks that have been identified during the consultation process? Do these options involve additional costs and if so how will these costs be covered?	Written response prior to meeting	SaTH PCTs
14) Confirmation that transport arrangements between sites for patients, visitors and staff will be established as soon as services move between sites. What are the proposals to improve transport e.g. working with public transport providers,	Written response prior to meeting	SaTH Local Authorities

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developing existing volunteer driver schemes.		
15) Do the proposals include increasing the number of car parking spaces at PRH and if so have these costs been included?	Written response prior to meeting	SaTH
<ul> <li>16) Has the Trust come to a view on feasibility of the ideas set out in the consultation documents for: <ul> <li>Shuttle bus</li> <li>Maternity flying squad</li> <li>Night air ambulance</li> <li>Telemedicine</li> </ul> </li> </ul>	Written response prior to meeting	SaTH
17) Clarification on the stages in which the proposed changes would be implemented and commitment to give regular updates and ongoing engagement with the Joint HOSC and other stakeholders.	Written response prior to meeting	SaTH
18) Information on how the changes if agreed will be communicated to the public, patients and other service providers.	Written response prior to meeting	SaTH PCTs