APPENDIX C

Joint HOSC Work Programme

	Reconfiguration of Services at PRH and RSH			**Position statement from The Shrewsbury and Telford Hospital NHS Trust, 16 August 2011.** *Updates to the previous position statement in June 2011 are indicated in green.*
	Service / Issue identified	Information to be monitored	Evidence from	
1	**Paediatric Services**			
1.1	Safety and outcomes for children with trauma presenting at RSH out of hours when there is no in house paediatric support other than an on call team	Details of clinical pathway and role of WMAS	SaTH WMAS	The Children's Clinical Working Group is continuing to meet. WMAS have representation on this group. The working group (including consultants and nurses, anaesthetists, WMAS, Shropdoc and GPs) established to develop the detailed planning and implementation requirements for triage and transfers within the reconfigured service is due to meet in September. The aim is that with appropriate triage and safe processes in place, children will be admitted to the appropriate site for their clinical need. Other parts of the country have demonstrated transfers in single figures between the Paediatric Assessment Unit at the non-inpatient unit site and the inpatient ward. The Trust is in contact with these organisations to learn from their best practice. The future workforce requirements of providing the reconfigured paediatric service are included in the Outline Business Case (OBC) Section 11. The future model of care is reflected in the service brief (Section 8.2). A further update will be provided to the JHOSC in November/December 2011.
1.2	Provision of the PAU at RSH is based on clinical need	Evidence of clinical need for paediatric services	SaTH PCTs*	In order to determine the opening times of the Paediatric Assessment Unit at RSH, detailed analysis of the times of admissions to the Trust (either via A&E or GPs) has been undertaken. This has shown that the numbers of children admitted into the Trust during the night are very low. Looking at 2010/11 data, approximately 15% of paediatric admissions take place between midnight and 09.00. This equates to less than 3 children across both sites each day. Admissions at both sites peak at mid-day and again at 18.00. The clinical working group has therefore proposed that a 24 hour PAU on the RSH site is not viable or sustainable. Rather, this PAU should be open for 13 hours per day and that those children likely to require an

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				overnight stay in hospital should be triaged straight to the PRH site. When the RSH PAU is closed, all ambulances and GP admissions will be routed straight to PRH. In the rare and extreme case of the paramedics transferring a child believing they could not get to the PRH safely (airway obstruction for example), they will adhere to their nearest hospital protocol (the Trust and WMAS will work together to review all supporting protocols, polices and operational guides prior to the implementation of these changes). The Royal College of Paediatrics and Child Health (RCPCH) visited the Trust on 5 May 2011 and were involved in the discussions around the future service model, including the delivery of the Paediatric Assessment Units (PAU) and the workforce requirements. They support the view of having a 13 hour PAU at the RSH site; the development of Paediatric Advanced Nurse Practitioners (see below); and a Short Stay PAU (SSPAU) open 24 hours alongside the inpatient unit at the PRH site. The RCPCH also describe PAUs as a key enabler in the future for GPs to have essential paediatric skills. As medical training continues to change, GP trainees will need to have experience in the acute care of children in facilities where this currently does not exist, such as PAUs. Discussions around this issue will continue. This service model has now been agreed by the paediatric consultant and nursing teams and this has been reflected in the OBC in terms of the service brief (Section 8.2) and workforce requirements (Section 11). A further update will be provided to the JHOSC in November/December 2011.
1.3	Additional travel time to PRH for some children transported by car and ambulance	Mitigation of risks and role of WMAS in reducing response and transport times	SaTH WMAS	This issue will continue to be addressed through the working groups described above. It is acknowledged that there are options for minimising the impact of additional travel time through improving the whole journey time from decision to call for an ambulance to arrival at hospital. This is being taken forward by the Transfers and Transport Group, chaired by Adam Cairns and comprising WMAS and WAS representatives, PCT and GP Commissioners, local Councillors and

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				Trust representatives. At the last meeting of the Transfers and Transport Group (27 May 2011) WMAS reported on the progress they have made in partnership with the Welsh Ambulance Service (WAS) to improve cross-border working to and response times to those people living along the borders. This includes: working with British Telecom to ensure routing of calls to the right area; opening up communication channels between WAS and WMAS control rooms to facilitate the deployment of the nearest resource; agreeing a memorandum of understanding to support this work over time. WMAS also reported plans for changes to their skill mix enabling a paramedic to be deployed with every vehicle; the development of Community Paramedics who will attend calls in their area; and the latest position on the development of the new service hub. A new map of provision is therefore going to be produced showing the network of services/teams and individuals involved in delivering this coordinated emergency response. In addition, clinicians within the Trust believe they can also reduce the impact of additional journey times by improving the system and processes when patients come in through the door. Andrew Cowley, Lead Consultant for Paediatric Oncology, is leading a piece of work to determine how the impact can be mitigated through reviewing the way the team currently work and focussing on reducing the total time to assessment and treatment, aiming for a 'door to needle time' of 45 minutes, rather than an hour (as is the standard). This work will continue. The first of our focus groups involving paediatric oncology and haematology parents, looking at 'Transport and Access' will take place on 16 August 2011. Feedback from this group will be shared with all relevant parties, including the ambulance services, and an update provided to the JHOSC in November/December 2011.

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				The work on travel and transport will contribute to a Reconfiguration Travel and Transport Plan, and we propose to provide a presentation on this to the JHOSC during summer 2012.
1.4	Development of clinical pathways and mitigation of risks when transferring children between hospital sites	Reassurance from the WMAS that they are able to reach, stabilise and transport children safely	WMAS	The detailed implementation for the safe transfer of patients between the hospital sites will be taken forward by the Children's Clinical Working Group sub-group and WMAS. This will be included in the Reconfiguration Travel and Transport Plan, and we propose that a presentation is made to the JHOSC during summer 2012.
1.5	Paediatric staff work together to make proposals workable	Evidence of clinical engagement	SaTH	There have been numerous formal and informal meetings with paediatric staff since the Board meetings in March 2011 where the decision was made to progress to the OBC stage of the programme. This has included: A meeting with healthcare planners, representatives from the Royal College of Paediatrics and Child Health and the Trust to discuss and agree the future service model, capacity requirements and staffing needs. All paediatricians and neonatologists were invited to this meeting. This meeting was chaired by Dr Ashley Fraser, Medical Director. A subsequent meeting specifically on medical workforce, chaired by Mr Andrew Tapp, Centre Chief for Women's and Children's A full meeting of the Children's Clinical Working Group, chaired by Dr Frank Hinde, Consultant Paediatrician. Key outputs of these meeting have included: The proposal for a 13 hour PAU at the RSH and a 24 hour SSPAU at the PRH The development of Paediatric Advanced Nurse Practitioners (PNP) posts. We are currently advertising for four vacancies who (if training is required) will take up a full time course at Liverpool John Moores University in September 2011. A workforce model and plans for implementing that model over the coming years Agreement of the clinical adjacencies and linkages that must be

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				maintained in the new Women's and Children's Unit at PRH. The workforce model is reflected in the OBC (Section 11). An update on the Paediatric Advanced Nurse Practioner recruitment and training will be provided in November/December 2011.
1.6	Capacity of neonatal service to provide, where possible, services for premature babies in County	Service planning and commissioning intentions	SaTH PCTs *	Clarity has been sought from the West Midlands Specialised Commissioning Team on the designation level of neonatal units. They have confirmed that there are no plans at this stage to alter the current designations across the West Midlands. The capacity assumptions for the neonatal unit are such that the number of 'cots' will remain the same. This is detailed within the OBC: service brief section (Section 8.1); capacity section (Section 9); and the workforce section (Section 11). A further update will be provided prior to submission of the Full Business Case (FBC).
1.7	Development of paediatric oncology service at PRH with facilities at same standard or better than rainbow unit	Service design, estate and facilities	SaTH	The clinicians delivering the current oncology service have been involved in the discussions and meetings about the requirements for the relocated service. This has included the need to have high dependency beds, access to a garden from all rooms and the ability to isolate outpatient services for oncology patients away from general children's outpatients. This is reflected in the service brief section (section 8) and facility requirement section (section 10) of the OBC. The involvement of patients, parents and families in the development of the paediatric oncology service at the PRH continues to be encouraged and welcomed by the Trust and this work has recently started with a meeting in mid may 2011 (see below) We are planning future focus groups with the paediatric oncology and haematology parents who will look at clinical services, physical environment and legacy. We are also planning a focus group with former patients of the oncology service to find out what they liked and what they would improve in the unit.

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				The ongoing communications and engagement is described within the OBC (Section 6.3)
1.8	Those involved in fundraising for the rainbow unit to be invited to be involved in the design of the new paediatric oncology unit	Evidence of patient / public engagement and feedback on how this has influence service design	SaTH	A workshop was held on 12 May 2011 with parents and families of children who are patients of the Trust's cancer and haematology services. Staff involved in the care of these children were also invited. The workshop provided an opportunity for parents to openly discuss their concerns about the planned changes to children's cancer and haematology services, to share ideas on how care and services should be developed and to set out the reassurances they are seeking as the proposed changes are developed and implemented. All who attended welcomed the opportunity to discuss their views with the Chief Executive and agreed the session had been beneficial. A newsletter summarising the thoughts and ideas of participants and highlighting the Trust's promises to children and their families has been produced. It also reiterates the Trusts hope that people will want to be involved in shaping the new services in the coming months and years. This newsletter is being made available to all parents and families to inform them about the meeting and ask if they would be interested in taking part in any of four working groups that are being set up which will look at the following key areas: • physical environment • transport • clinical services • legacy A second meeting will take place later in the year. The Trust is committed to working closely with parents and families of the children's cancer service throughout each stage of the reconfiguration programme. This includes involving them in deciding on the design and interior of the new children's cancer unit at PRH. A further update will be provided in November/December 2011.
1.9	Further work with Commissioners to	Commissioning	SaTH	The Trust has contacted both PCTs to propose discussions resume

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	develop hospital at home service for children to avoid unnecessary hospital admissions	intentions of PCTs and joint work with Community Trust	PCTs* Community Trust	around the need to develop robust out of hospital care services for children. Recent research suggests that a key starting point is the breakdown of artificial barriers between clinicians in primary and secondary care. It is planned that the discussions between GPs and hospital clinicians around triage processes will continue to build on the clinical discussions that have taken place so far within the reconfiguration programme to facilitate this approach locally. It is proposed that the next update is requested from the commissioners.
1.10	Evidence of work force planning and availability to support the proposals	Details of national guidance for work force planning mapped against demand / need and commissioning intentions	SaTH PCTs*	Detailed workforce planning has been carried out using the Skills for Health 6 Steps Methodology according to the future clinical service models. Consultant staff have been working on a revised medical staffing model for the reconfigured service using Royal College of Paediatrics and Child Health staffing recommendations. The nursing workforce numbers have been formulated using the Trust's agreed skill mix templates and taking Royal College of Nursing standards into account. The staffing challenges described in the June update have been completed and the workforce requirements clearly associated with the reconfiguration of services have been identified and the workforce numbers finalised on that basis. The development of the PNP role has been agreed and supported. The proposals and plans for the management of change for staff affected by the reconfiguration are due to be formally discussed with the TNCC (Trust negotiating and Consultative Committee – the formal committee for engaging with Staff Side Representatives) on 17 August 2011. Representatives from the TNCC will be invited to be part of the programme as it progresses in the development of the Full Business Case and subsequent implementation phase. The detailed workforce plans are included within the OBC (Section 11). The next update to the JHOSC will be prior to the submission of the FBC.

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2	**Maternity Services**			
2.1	Development of clinical pathways to mitigate risks for mothers who will have to travel further to services at PRH	Engagement, support and training with obstetrics team, community midwives, GPs and WMAS	SaTH GPs WMAS	The maternity, gynaecology and neonatology clinical working group is continuing to meet. The specific training requirements for midwives, GPs and WMAS Teams will be developed in the coming months as the implementation timeframes become clearer through the development of the Full Business Case. It is important to note that major training programmes for large numbers of staff are not required; rather enhancement of the skills and techniques currently used by clinicians delivering services to the rural population may be needed. In addition, in terms of reducing the impact of increased travel times the developments within the Transfers and Transport Group described above will also assist in the mitigation of risks for pregnant women in an emergency. Community paramedics; the cross border agreement for the deployment of the nearest resource; and the revised skill mix enabling a paramedic to be on every vehicle will all combine to improve the emergency response and a woman's access to treatment and care. The Trust also continues to have discussions with commissioners and providers regarding plans for the reconfiguration and development of services (which includes maternity and neonatology) across Shropshire, Telford and Wrekin and mid and north Wales. One of the aims of this Strategic Forum is to ensure that plans, as far as possible, are aligned and take account of organisational changes across boundaries and the impact this may have on the rural populations of Shropshire and Wales (please also see Public Engagement section below). The work on travel and transport will contribute to a Reconfiguration Travel and Transport Plan, and we propose to provide a presentation on this to the JHOSC during summer 2012..
2.2	Further work with GPs and midwives to assess those considered at risk and	Engagement, support and	SaTH GPs	Women accessing maternity services in county and in Powys are currently assessed to determine their level of risk. This assessment

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	action taken to ensure the safety of mothers and their unborn children.	training with obstetrics team, community midwives, GPs and WMAS	WMAS	determines their pathway of care. These pathways were reviewed and amended earlier in the programme to reflect the new models of care and the future location of the consultant obstetric unit and neonatology services. The policies and processes that are currently in place to assess a woman's level of risk will be reviewed to ensure clinical risks are appropriately assessed and managed in the future. Irrespective of the plans to reconfigure maternity services, a training programme for all midwives in the stabilisation and transfer of the newborn has been developed and is underway. An update of the training and support of GPs and midwives will be presented to the HOSC in the summer of 2012.
2.3	Continued engagement of the WMAS in the development of clinical pathways	Improved response times and details for routes to PRH from rural areas	WMAS	
2.4	Potential loss of midwives who do not want to move to PRH	Ongoing engagement with staff and work force planning	SaTH	The issue of a potential loss of midwives who do not want to move to the PRH will be dealt with as part of staff engagement within the management of change process. All midwives currently rotate around the units provided by the Trust and so a loss of midwives due to moving the consultant-led service to PRH is not envisaged. An update will be provided as part of the presentation described above in the summer of 2012.
3	**Acute Surgery**			
3.1	Provision of AAA screening	Implementation timescales	SaTH	The provision of AAA screening is being planned to commence in April 2012. Mr Tim Sykes (Vascular Surgeon) is the Clinical Lead for the AAA Screening programme. Job descriptions for staff employed within the

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				new services are currently being developed. The new AAA Screening programme will be presented to the HOSC in the spring of 2012.
3.2	Provision of angioplasty procedures	Implementation timescales	SaTH	The provision of angioplasty remains a longer term aspiration of the Trust. A further update will be given in the summer of 2012.
3.3	Maintaining existing services in the County and SaTH becoming a Centre of Excellence	Joint HOSC to be informed of any changes to services prior to implementation	SaTH	Discussions on the implementation time frames for surgery and the other challenged services continue. The proposed timeline will be shared with the Joint HOSC when it is completed. A further update will be provided in November/December 2011.
3.4	Wider changes in NHS e.g. changes in commissioning resulting in services going out of County	Implications of Health and Social Care Bill	SaTH PCTs*	The Future Configuration of Hospital Services proposals have been developed through engagement with GPs and commissioners, and to address the reconfiguration principles set out by NHS Telford & Wrekin and Shropshire County PCT which included keeping two vibrant, well balanced, successful hospitals in the county with access to acute surgery from both sites. One of the key drivers for the consultation has been to reduce the risk of further services leaving the county and the Trust looks forward to continued support from Health Overview and Scrutiny Committees to maintain safe, sustainable local services for people in Shropshire and Telford & Wrekin. We continue to engage with the GP Commissioners in Shropshire and Telford and Wrekin and have met with them formally during the development of the OBC (2 and 10 August 2011). GP Commissioners are also members of key groups within the reconfiguration programme (Clinical Assurance Group; Transport and Transfers Group). A further update will be provided in the summer of 2012.
3.5	Service changes not meeting planned timescales putting patients at risk and impacting on the project as a whole	Update on target and milestones to achieve implementation Risk management	SaTH	The management of risk continues within the operational surgical services according to the Trusts policies. The Trusts Risk Management Group meets monthly where the issues are discussed and actions agreed. The Future Configuration of Hospital Services programme has a robust risk management system in place. The programmes Steering

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				Group (chaired by the Chief executive) is meeting every two weeks where risks and issues are discussed and action agreed. The key milestones and timescales for actual service change will be reflected in the detailed implementation plan and will be presented to the HOSC in November/December 2011.
3.6	Detailed workforce planning	Workforce planning against demand / need and national recommended guidelines	SaTH	Detailed workforce planning has been carried out using the Skills for Health 6 Steps Methodology according to the future clinical service model. Initial nursing and medical workforce numbers have been provided and show a decrease in nursing numbers in connection with the reconfiguration. The staffing challenges described in the June update have been completed and the workforce requirements clearly associated with the reconfiguration of services have been identified and the workforce numbers finalised on that basis. This is reflected in the workforce section of the OBC (Section 11).
3.7	Patients who cannot be stabilised and transferred to be operated on at PRH	To be included in development of clinical pathways	SaTH	The surgical clinical working group is continuing to meet. Multidisciplinary discussions focussing on the implementation of the reconfigured pathways will continue within this and all supporting groups. The plan for patients admitted to the PRH who cannot be stabilised and then transferred to the RSH for their operation to be operated upon at the PRH is still in place. Day case surgery; inpatient breast, gynaecology and head and neck surgery; and paediatric surgery will all take place at PRH thus maintaining a strong and robust surgical presence in Telford. The future service model for surgery is described in the service brief section of the OBC (Section 8.3). The workforce required to deliver this service is described in Section 11.
4	**Stroke Services / Urology**			
4.1	Provision of thrombolysis on both sites	Implementation timescales	SaTH	Thrombolysis is now available at both sites 24 hours a day, seven days a week (commenced 06/06/11).

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				From October 2011, the Trust is aiming to have a telemedicine network in place to support the local delivery and long term sustainability of this service. Within the thrombolysis rooms at RSH and PRH a tele health cart will enable a clinical network of consultants (from SaTH; University Hospital North Staffordshire; and Burton Hospital) to actually see and examine the patient remotely. Dr Rob Campbell is the networks clinical lead for this development. This will also be the Trusts first tele health care project being supported by Mr Mark Prescott, Tele Health Care Lead. An update on the telemedicine network implementation will be provided in November/December 2011.
4.2	Evaluation of current provision against the National Stroke Strategy with indication from SaTH and Commissioners on how gaps will be met	Update report on issues identified	SaTH PCTs*	The health economy wide Stroke Strategy Group meets regularly to discuss and agree delivery of the stroke strategy locally. This group involves all stakeholders and includes: clinicians and stroke leads from primary, secondary care and the Community Trust; commissioners; and representatives from the Heart and Stroke network. An action plan is in place to address identified gaps and progress against this plan is monitored at each meeting. The group also assess progress against the recommendations of the West Midlands Quality Review. Performance is good against the key stroke targets within the Trust: % of patients spending 90% of time on a stoke unit – target 80%: July = 90.24%, YTD = 87.9% % of patients having a swallow screen within 24 hours of admission – target 70%: July = 84%, YTD = 85.8% % of patients with high risk TIA scanned and treated within 24 hours – target 60%: July = 93%, YTD = 83.7% The specific areas or gaps within the service they are currently being discussed within the Stroke Strategy Group are: • Psychological support (this service is not currently commissioned) • Early Supported Discharge (the ESD pilot in Shropshire County

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				only is due to finish in September) • Stroke specialist review and access to therapies at weekends (discussions are underway within the Trust lead by Dr Rob Campbell (Stroke Lead and Centre Chief for Medicine) and Dr Kevin Eardley (Clinical Lead Unscheduled Care) • TIA service at weekends (this service is currently provided 5 days a week. Discussions are underway within the Trust regarding the options for provision of this service as weekends) A further update will be provided in November/December 2011.
5	**Public & Staff Engagement**			
5.1	Further discussions with patients, public and parents to listen to them and discuss their concerns and give further reassurance	Communication and Engagement strategy Feedback from public engagement and how this has informed service development	SaTH	The Trust is currently arranging for senior clinicians and lead executives to go back out to the various community groups that were visited during the consultation across Shropshire, Telford and Wrekin and mid Wales. This is primarily about asking people to share their ongoing concerns and asking for their help in working with the Trust to develop the reconfigured services to help allay some of these concerns. The Trust is establishing focus groups for the following four areas: • Surgery • Children's services • Maternity services • Gynaecology services A special edition of 'Looking to the Future' was published at the beginning of August. This provided a programme update and a drawing of the preferred option for the development at PRH. This was followed by two public briefings (one at PRH and one at RSH) in the week of 15 August 2011. These were led by the Chief Executive and provided an opportunity for the public to find out more about the development of the OBC and ask questions about the proposed changes. The ongoing communication and engagement are detailed in the OBC (Section 6.3). A further update will be provided in November/December 2011.

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5.2	SaTH does all it can to alleviate the concerns of those who have been opposed to the proposals	Communication and Engagement strategy Feedback from public engagement	SaTH	Meetings and correspondence with local MPs, journalists and individuals who have been opposed to the proposals have continued into this phase of the programme. This will also be addressed as part of the Trust's community meetings described above. The Trust is committed to working closely with patients and with parents and families of young children, who have very specific health needs, to alleviate their concerns and to ensure that clear pathways are in place. Similarly, the Trust is working closely with members of staff who also have raised their concerns. A further update will be provided in November/December 2011.
5.3	Address concerns of Welsh colleagues who will be affected by the changes	Feedback from WAS, Powys Health Board and Welsh Assembly	SaTH	As detailed above, senior clinicians and members of the executive team will be visiting community groups across mid Wales to talk to them about the proposed changes and to encourage people to take part in working groups looking at key issues such as transport and transfers. The Welsh Ambulance Service and Councillors from Powys are represented at the Trusts Transfers and Transport Group and have been working closely with WMAS on cross border working and solutions to covering such a large rural area. A further update will be provided in November/December 2011. A meeting between the Trust Chief Executive and Head of Midwifery and Powys GPs will be held on 22 August 2011 to discuss the reconfiguration and areas for further work and development. WAS are also members of the Strategic Forum along with representatives from the Trust, local PCTs, WMAS, Powys Local Health Board and Betsi Cadwaladr Teaching Health Board. The focus of this group is to share plans for reconfiguration and development of services across Powys, North Wales and Shropshire, Telford and Wrekin. The group is due to meet again in September when the proposal for

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				changes to acute services (in particular for surgery; maternity; neonatology; and paediatrics) in North Wales will have been worked through in more detail. Trust officers are in contact with colleagues in North Wales to share pathways and learning. All organisations have committed to continue to share proposals and plans as they develop. An update of the meeting with Powys GPs and the Strategic Forum will be provided in November/December 2011.
5.4	Public are kept informed and patients informed of the implications for changes before they take place	Communication and Engagement strategy Feedback from public engagement	SaTH LINkS	Following the consultation, representatives from both Shropshire and Telford and Wrekin HOSCs; LINks; the PCTs; and the Trust met to discuss the process in terms of what went well and what should be improved for ongoing communication and engagement as the programme develops. The outputs of this session have helped to form the programmes with Communication and Engagement Strategy. The strategy describes a variety of regular communication, including: community meetings; 'Looking to the Future' newsletter; articles in the local media; interviews on local radio; and the Keeping It In The County website. As the plans and timings for implementation get nearer a large scale communication campaign will be launched to ensure that all patients and public know what is happening, when and where and what this means to them if they access the Trusts services. This will include posters, door-to-door mailings, articles in the local press, TV and radio and targeted advertising. The Communication and Engagement Team continues to contact other organisations who have recently configured to learn what worked well for maximum impact in raising people's awareness of the changes that are taking place. The detailed plans for implementation for implementing the changes will be presented to the HOSC in the summer of 2012.
6	**Workforce planning**			
6.1	Planning to ensure that once the process of transferring services begins patient safety is not compromised	Capacity planning and risk management for implementation	SaTH	This is a vital element of the Transformational Change work stream within the reconfiguration programme and planning will begin in earnest once the OBC has been approved. A detailed risk management plan for service transfers will be presented to the HOSC in the summer of 2012.

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6.2	Recruitment and training of paramedics by WMAS to support transport between sites	Details of recruitment and training of paramedics	WMAS	
6.3	New Issue: Report in press of reduction in staff numbers to make savings	Linking workforce planning with budget and savings targets	SaTH	As the reconfiguration plans continue to develop, they will be kept under review within the context of the Trusts wider financial and workforce plans. A wider bed capacity modelling exercise has been completed. This takes into account the efficiencies that can be made when we work differently. It also considers the longer term demographic changes within Shropshire and Telford and Wrekin and the impact these will have on the future shape of hospital services. This work has been incorporated into the OBC (Section 9)
7	**Finance and Estates**			
7.1	Robust plans for all aspects of financial planning to ensure financial sustainability	Confirmation of loans to finance reconfiguration Details of costs to implement reconfiguration Details of ongoing running costs for reconfigured services Commissioning intentions of PCTs	SaTH PCTs*	Detailed costing schedules of all capital options have been supplied by the external cost advisors and processed through the loan costing model. The revenue implications of service changes have been completed and a 'confirm and challenge' process is now underway within the relevant Clinical Centres. The non-service led revenue impacts have also been completed. The revenue and capital spend profiles have been finalised and utilised for the economic and financial appraisals. Sensitivity analysis of the assumptions has also been completed. This work is detailed within the financial case within the OBC (Section 16)
7.2	Additional cost of transfer between sites is taken into account	Cost of transfer arrangement for	SaTH WMAS	Analysis by WMAS on the current activity flows and the impact the proposed changes will have on turn-around times and operational

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		SaTH Cost of increased travel times for WMAS and implications for cost to commissioners	PCTs*	management is near completion. Both WMAS and PCT Commissioners are members of the Transfers and Transport Group and will provide an update to the group in September 2011. An update will be provided within the presentation of the Trust's Reconfiguration Travel and Transport Plan in the summer of 2012.
7.3	Adequate parking at both sites	Plans for parking facilities	SaTH	Specialist transport advisors have been appointed to determine the quantum of journeys by patients staff and visitors. This work has provided an accurate view of the need to provide car parking spaces (bearing in mind that a series of interdependent measures will be planned such as joint working with the local authorities for park and ride). This will be included with the Travel and Transport Plan. The provision of extra car park spaces at PRH is reflected within the OBC (Section 10)
8	**Transport**			
8.1	Good transport to both sites	Feedback from discussions with Local Authorities and transport providers	SaTH	Discussions with local authorities has highlighted the pressures on public transport provision but has also focussed the attention of the transport planners to explore opportunities that arise from a joint working approach i.e. volumes of those travelling may support new routes or enhance existing routes. A series of meetings is now in place to continue this work. The output of this work will be included within the Travel and Transport Plan and presented to the HOSC in the summer of 2012.
8.2	Arrangements are made so staff, patients and visitors can move between sites as soon as services are relocated	Timescales for implementation	SaTH	The Travel and Transport Plan will include the options and arrangements for cross site transport and will be presented to the HOSC in the summer of 2012.
9	**Implementation**			
9.1	Joint HOSC request details of any changes prior to implementation	Update to Joint HOSC meetings	SaTH	The Trust proposes to provide an update to the HOSC in November/December 2011.

*PCT indicated the Commissioning body and includes the developing GP Commissioning arrangements