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Assurance Grid - Recommendations from the Local Assurance Panel, National Clinical Advisory Team, Office for Government Commerce, Joint Health Overview and Scrutiny Committee and Equality Impact Assessment: Current Position, Next Steps and Ongoing Assurance
18 August 2011

	Area	(a) LAP	(b) OGC	(c) NCAT	(d) Joint HOSC	(e) EqIA	(f) Current Position	(g) Next Steps
1	**Clinical Care Pathways**	Assurance about clinical risk mitigation for the proposed configuration, focussing in particular on the new risks that are introduced by the proposed changes and with detailed care pathways for categories of patients for whom particular risks have been identified, for instance children with major injuries being taken to the Royal Shrewsbury Hospital.	Complete at appropriate detailed level how the proposed option will work in practice	Define all the pathways affected Identify risks that currently exist and those that are potentially increased by the option	All clinicians working together to ensure clinical pathways and arrangements are in place to mitigate risks	See Governance (12)	Pathway groups continuing to meet and detailed discussions for delivery underway in light of detailed planning around physical requirements/options and assumptions on bed numbers, clinical adjacencies and opportunities for joint working. Detailed workforce planning for pathway delivery completed. Recruitment to new roles (Paediatric Nurse Practitioners) underway	Agree key milestones for implementation, ensuring further clinically-led development and discussion with patient involvement.
2	**Maternity**	Formal pathway risk assessment Detailed arrangements for transfers from MLUs Engagement with Powys LHB on issues for Wales Capacity and capability of WAS finalised Training for midwives in Wales			Further work with GPs and Midwives to assess those considered at risk and appropriate action taken to ensure the safety of mothers and their unborn children	See Governance (12)	Links with Powys LHB , Betsi Cadwaladr UHB and both WMAS and WAS being maintained through the Strategic Forum. Implications for the ambulance services completed demonstrating a negligible impact for WMAS and a minimal impact for WAS (absolute worse case 350 hours per annum). WAS assumption to be tested as many patients will continue to be managed at RSH. Workforce and training implications/planning continue. Maternity clinical working group continuing to meet (1)	Current activity assumptions by WAS to be discussed. Integrated workforce strategy to be in place by March 2012. Specific maternity update agreed with HOSC chairs (to be planned for spring 2012)
3	**Neonates**	Further discussions to take place with consultant neonatologists to identify the risks in the current service and solutions for providing the service in a clinically safe way, recognising that resolving the problem for the maternity building must be part of the solution Workforce plans to be completed				See Governance (12)	All neonatologists invited to be involved in the ongoing pathway work and in the development of the OBC. Second meeting with RCPCH held on 05/05/11. Specific medical workforce meetings held re rotas and ways of working. External rota development experts involved in the final paediatric and neonatology medical workforce plan. Work and discussions to continue within the clinical pathway groups re current risks and solutions.	Ongoing process of involvement and engagement to be discussed and agreed within the context of the specialty and Centre communications and engagement.
4	**Paediatrics**	Clarity on PAU demand/capacity to define purpose, staffing and opening times Workforce modelling to be tested Virtual testing and formal risk assessment of pathways Risk mitigation needs further work The legacy of the Rainbow Unit to be addressed Communication strategy developed for parents accessing paediatric inpatients or PAU			Acknowledgment of the Rainbow Unit and those involved in raising funds should be invited to be involved in the deign of the new unit at PRH, with similar and hopefully improved standards Further work is undertaken with commissioners to develop Hospital at Home to avoid unnecessary hospital admission	See Governance (12)	In depth analysis of unplanned paediatric activity undertaken with information from the CCC. 2-3 children admitted into the Trust across both sites between midnight and 09.00 on average each night. RCPCH guidance sought. Option to locate RSH PAU within A&E developed and agreed. RSH PAU to be open for admissions for 13 hours per day agreed with clinical teams. Physical requirements of the paediatric oncology service and the paediatric service as a whole developed and included in the OBC. Meeting held with parents involved in raising funds for the Rainbow Unit and with parents using the oncology and haematology service. Focus groups established. Next full meeting of the group planned for the Autumn. Newsletter following the meeting produced and available to all parents whose children use the service. Communication plan in place for ongoing involvement and engagement of children, parents and carers. Discussions to be had with commissioners re the commissioning of a Hospital at Home service.	Discussions to continue with the Childrens Working Group and the Triage and Transfers sub-group plus specific discussions with the A&E teams re joint working and delivery. Meetings with parents and carers regarding the Rainbow Unit and haematology and oncology service to continue according to the communications and engagement plan. Hospital at Home service discussions to resume with local commissioners.
5	**Surgery**				Detailed project plan with timescales and workforce planning Arrangements for patients at PRH A&E who cannot be stabilised and transferred to be operated on at PRH	See Governance (12)	Physical options developed and included in the OBC. Pathways agreed.	Timescales for change to be agreed. Outline implementation plan to be developed by March 2012. Plans for developing specific care pathways (alternatives to admission) with GPs and GP commissioners to be agreed.
6	**Support Services**	Further detail on arrangements for anaesthetics, ITU and ENT in the reconfigured services					Clinicians part of all pathway groups.Physical requirements for head and neck developed and included in the OBC. Head Neck Clinical Working Group established. Requirements for ITU to accommodate surgery at RSH scoped and included in the OBC. Long term planning for critical care within the Trust continuing in parallel. Anaesthetic rotas to support ITU and Obstetrics ahead of the proposed service change agreed and recruitment underway.	Discussions to continue with support services in terms of service change and implementation. Links to other developments/parallel workstreams to be articulated and leads identified and agreed.
7	**Communication - clinicians and staff**	The outcome of further discussions with hospital clinicians who had expressed concerns, reported to the panel, regarding the clinical and service risks associated with the proposals.		Develop solutions with fellow clinicians, other stakeholders and patients and the public that meet and exceed current levels of quality and safety	The Trust must do all they can to alleviate the concerns of those who have opposed the proposals. Discussions and work must continue with Welsh colleagues to address the concerns of those in Wales		Clinician and stakeholder discussions have shaped the clinical care pathways and options for delivery which have been included in the OBC (RCPCH involvement) Specific work has also been undertaken with colleagues in Wales and this will continue. Comprehensive communications and engagement plan is place.	The four clinical working groups and the Clinical Assurance Group will continue to meet to enable ongoing discussions. Future meetings planned for discussions with commissioners/providers for September. Plans for a Rural Health Symposium to be progressed. To be held in the Autumn.
8	**Communication - patients and the public**		Produce a 'day in the life of...' scenarios to illustrate how the reconfiguration will work in practice		It is essential that the public are kept fully informed of any service changes and the implications for patients prior to any such change taking place		Widespread public consultation has taken place, as set out in the consultation report. Review of what worked well and what could have been better undertaken in partnership with the PCTs and LINkS/CINcH. Ongoing communications and engagement plans included in the OBC and are underway. Focus groups covering all areas being established. Public briefing sessions have taken place and are planned for the next twelve months. 'Looking to the Future' newsletter published.	Delivery of the communications and engagement plan underway. Future editions of 'Looking to the Future' planned. Health Overview and Scrutiny Committees, Local Involvement Networks and Community Health Councils will continued to be consulted on the delivery of this plan. 'Day in the life...' under development.
9	**Travel, transport and transfers**	Assurance about mitigating concerns about travel and about increased travel times. This should include the outcome of further work undertaken with Welsh and West Midlands ambulance services and other partners to identify how the disadvantages of increased travel times for patients in Wales and some of the more sparsely populated areas in the West of Shropshire could be mitigated		Ensure that transport and travel plans and systems are robust	Reassurance from WMAS that they are able to reach, stabilise and safely transport children the further distance to the PRH plus any additional costs of increased transfers between sites must be taken into account Inter-site transfers for staff, patients and visitors Adequate car parking at both sites	See Governance (12)	SaTH, WAS and WMAS continuing to work together to understand and address current and future transport/transfer challenges. Key areas of development: memorandum of understanding for cross cover and joint working (nearest ambulance response agreement); community paramedics; network of first responders; paramedic skill mix WMAS and WAS members of the Transport Group (with local councillors and PCTs/GPs) and the childrens Triage and Transfers Group Access and transport/travel study undertaken and additional car park spaces at PRH included within the OBC.	All work on travel and transport to be combined and developed into an overarching Travel and Transport Plan (summer 2012). Specific transfer needs within each pathway to be progressed within the Clinical Pathway Working Group to continue to be progressed. See above re sub-group for children's needs. Further detail on travel and transport to form part of the FBC (February/March 2012)

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10	**Financial planning**	Financial sustainability referred to SCPCT and NHST&W	Complete detailed Financial, Estate and HR plans to support the programmes objectives		Continued transparency in financial and estates planning. Robust plans to be put in place		Clinicians involved in the development of the service briefs which in turn informed the estate requirements. Facility, spatial, capacity and estates plans and supporting estate analysis and work undertaken and included in the OBC. Regular meetings and discussions with SHA colleagues undertaken. Technical Advisory Team appointed. Full economic and financial analysis completed and included in the OBC. Regular meetings and discussions undertaken with SHA colleagues. Link between reconfiguration and the Trusts LTFM explicit. Figures shared with PCT and GP commissioning colleagues.	Further work on the capital and revenue implications to be progressed within the FBC by February/March 2012 as per DH guidance and NHS best practice.
11	**Workforce**	Further detail on the workforce planning which has been undertaken to demonstrate the sustainability of the proposed new arrangements Also see specific specialties above			Detailed evidence of workforce planning and availability. Contingencies to be put in place once the process of transferring services begins to ensure patient safety is not compromised	See Governance (12)	In-depth workforce planning undertaken. Current ways of working challenged and future ways of working agreed. Clinical adjacencies enabling efficiencies in workforce needs. All plans and details included in the OBC. Session held with the RCPCH and specific work undertaken in regards to the paediatric and neonatology rotas (see above) Formal discussion with TNCC on 17/08/11 and TNCC leads identified for involvement in on-going work	A full workforce strategy to be in place by March 2012.
12	**Governance**		Review the governance arrangements for the subsequent phases of the reconfiguration in light of the development of the PMO	Develop a comprehensive governance system with training simulations and testing that keep staff and procedures at high levels of readiness		Continued Equality Impact Assessment in ongoing development and implementation. Action plan for equality strands and ongoing reports on delivery.	Discussions underway with PCT colleagues regarding the delivery of the Equality Impact Assessment recommendations. Patient and public involvement agreed and plans in place (see above re focus groups). Plans for engaging with 'hard to reach' groups being developed. Ongoing programme management resource and governance arrangements to be reviewed (see section 16/17)	Programme plan for part two of this phase to be in place by end September 2011, including an approach to implementation, for each clinical stream within the relevant centre. Implementation plans to include options for road testing pathways, systems and processes prior to service change - March/April 2011. Establish equalities action plan as part of ongoing programme arrangements - Oct 2011.
13	**Governance**		Review the population of the risk register and the arrangements for its active management and rigorous scrutiny				Risk register reviewed and updated following OGC visit. Detailed technical/building/construction risks separated out and included in the appendices of the OBC. Risk sharing detailed within the document. Procurement plan included within the OBC (P21+) Management of risk as the programme develops to be included in the programme arrangements review.	Programme plan for part two of this phase to be in place by end September 2011
14	**Implementation Planning**		Produce a draft implementation plan for transition in order to ascertain resource requirements for the new ways of working		The Joint HOSC request details of any changes prior to implementation		Implementation planning commenced and included within the OBC (eg service adjacencies; coordinated service moves etc). Detailed implementation planning to commence, including change management for staff, after approval of OBC. Focus groups already focussing on final service models and willing to help shape their implementation.	Programme plan for part two of this phase to be in place by end September 2011 HOSC updates scheduled for November/December 2011 and prior to submission of the FBC.
14	**Change Management**		Consider the further development of an integrated change management plan to support the longer term cultural and behavioural changes required				The need to have integrated planning and change management acknowledged, including wider developments and changes within the Trust. Individual service needs in this area to be identified and plans developed between now and submission of the FBC.	Draft Integrated Change Management Plan to be developed by the Transitional Working Group to reflect the wider transformational change programme within the Trust and the changes within the local NHS. To be in place and agreed by the end of March 2012.
15	**Benefits Management**		Put in place a benefits management plan				Benefits management strategy in place. Individual service area benefits identified and included in the OBC. Overarching benefits of the reconfiguration identified and agreed and included in the OBC.	Benefits realisation plans to be progressed to provide a framework for the implementation planning process (December 2011)
16	**Programme Management**		Prepare an integrated programme plan in detail for the next 6-9 months, including dependencies with other key initiatives and workforce transition				See above. 'Part 2' of this planning phase to be developed and agreed. To be received by the Steering Group in September 2011. Links to other developments and plans being facilitated through overarching PMO function. Specific transition plan in relation to workforce to be developed. Initial timescales and milestones included in the OBC.	Programme plan for part two of this phase to be in place by end September 2011
17	**Programme Management**		Produce a detailed resource plan to support the next phase of activities				See above re stock-take and review of programme team, resources and structure. Need for fulltime Programme Director and team identified.	Programme plan for part two of this phase to be in place by end September 2011
18	**Development of the OBC**		Complete the OBC ensuring that the key drivers of quality and safety come across more strongly and that there is a rigorous appraisal of workforce and other affordability implications				Additional sections inserted into the OBC following OGC review to reflect this recommendation.	Next OGC review prior to submission of FBC.
19	**Development of the OBC**		Ensure that the OBC addresses the feedback of the requirements of stakeholders such as commissioners and HOSCs				Assurance grid included in Trust Board papers. Separate work plan developed by the HOSC has been updated (June and August) and discussed at the Joint HOSC meetings. Regular meetings held with joint PCT executive in the development of the OBC (including GP commissioning chairs) Clinical Assurance Group role and membership reviewed in light of changes to NHS structures. Meeting held on 12 July where plans and updates were shared.	Assurance grid to be maintained. Clinical Assurance Group to continue to meet. HOSC workplan to be updated as requested.