

Joint HOSC Assurance Grid 18 March 2013

	Service / Issue identified In Joint HOSC Response to Reconfiguration Consultation	Summary of Current Position from The Shrewsbury and Telford Hospital NHS Trust	Related Items on Joint HOSC work Programme
1	Paediatric Services		
1.3	Additional travel time to PRH for some children transported by car and ambulance	<p>The new Women and Children's Unit at the Princess Royal Hospital is on schedule to open in Summer 2014, along with the new Children's Zone at the Royal Shrewsbury Hospital which will include Children's Assessment Unit and Children's Outpatient.</p> <p>Our aim continues to be to provide care for children at their nearest hospital where this is clinically appropriate.</p>	<p>Spring 2013 Update on Make Ready</p> <p>Spring 2014 Closing report on move of Women's and Children's Services</p>
1.4	Development of clinical pathways and mitigation of risks when transferring children between hospital sites	<p>Ahead of the new facilities being in place next year, work is progressing to develop and agree the triage protocols for children. Draft protocols have been developed by the paediatric clinical teams for the triage and transfer of children. These are currently being reviewed by the Trust Emergency Departments, and a development workshop with West Midlands Ambulance Service (WMAS), Welsh Ambulance Service (WAS) and the Care Coordination Centre (CCC) is being planned for May/June 2013.</p>	<p>Spring 2013 Update on Make Ready</p> <p>Summer 2013 Update on Women's and Children's Services (including workforce development issues)</p> <p>Spring 2014 Closing report on move of Women's and Children's Services</p>
1.9	Further work with Commissioners to develop hospital at home service for children to avoid unnecessary hospital admissions	<i>For response by Shropshire County CCG and Telford & Wrekin CCG.</i>	
1.10	Evidence of work force planning and availability to support the proposals	<p>The development and implementation of our workforce plan will be an ongoing process through to implementation of the new services in 2014 and beyond.</p> <p>Within the Women and Children's Centre, this focuses on three main themes (medical staffing; nursing and midwifery; and support and administration) as well as on the interdependencies between these themes and links with wider Trust staffing:</p>	<p>Spring 2013 Update on Make Ready</p> <p>Summer 2013 Update on Women's and Children's Services (including workforce development issues) Summer 2013</p>

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		<p><i>Medical Staffing</i> - All Paediatricians and Neonatologists were invited to a Medical Staffing Advisory Workshop in November 2012 where participants reviewed and identified the medical staffing requirements by clinical area and site within the reconfigured service. This was in light of the new West Midlands Quality Review Service standards for the Care of the Critically Ill and Injured Child. The outputs from this workshop are now being compared to the workforce model within the Full Business Case (FBC). Further discussions will take place with the Consultants at a follow-up workshop in April.</p> <p><i>Nursing</i> - The FBC workforce plans are currently being reviewed and updated. Children's Nurses have started rotation between sites such that all staff will have worked in both current inpatient units by the summer of 2014. This is seen as a key element in supporting the delivery of a reconfigured service so that all staff will have worked together by the time the services combine. It is also helpful in 'teasing out' the current differences in practice that will need to be aligned.</p> <p><i>Trust-wide Staffing</i> - Specific staff groups (e.g. anaesthetists) are also implementing their workforce plans to ensure the safe transfer of Women and Children's Services. Rotation of Anaesthetists has commenced and time has been secured at hospitals in Birmingham and Liverpool to work supernumerary to refresh and update their skills in caring for pregnant women and children.</p> <p>Workforce is also a key area of discussion in our six month programme of Centre-to-Centre Workshops taking place as part of the Future Configuration of Hospital Services (FCHS) programme. Teams from the Women and Children's Centre meet with one Centre/Directorate at a time to review cross-service impact, identify any issues requiring resolution in relation to the reconfiguration plans, and develop solutions.</p> <p>It is proposed that all plans for changes to the workforce will be brought together into one "Management of Change" Proposal in the autumn 2013 for discussion at the Trust's joint meeting with the unions and staff side representatives.</p>	<p>Completion of move of Head and Neck services (including workforce development issues)</p> <p>Spring 2014 Closing report on move of Women's and Children's Services</p>

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		<p>Our Workforce Plans draw on a range of external guidance and best practice, including Royal College guidance, Service Reviews against national and/or local standards (e.g. the West Midlands Quality Review Services Standards for the Care of the Critically Ill and Injured Child for example), on-going involvement and review by the Deanery in relation to junior medical staffing.</p>	
2	Maternity Services		
2.1	<p>Development of clinical pathways to mitigate risks for mothers who will have to travel further to services at PRH</p>	<p>The development of Clinical Pathways is a standing agenda item on the weekly Women and Children's Project Team meetings. These meetings are based on a rolling programme through five specialty areas (Maternity; Neonatology; Gynaecology; Children's; Support and Admin) and comprises the Women and Children's Centre Board; the Governance and Business Leads; lead clinicians and managers; the Workforce Leads; and members of the FCHS Project Team. Every meeting is open to any member of staff within Women and Children's and attendance of staff and Staff-Side Representatives is good. Through this structure, and the Centre to Centre Workshops all clinical pathways submitted as part of the FBC are being reviewed and amended to reflect the very latest position and thinking. Once reviewed and amended, all pathways will be submitted to the Clinical Working Group for sign-off.</p>	<p>Spring 2013 Update on Make Ready</p> <p>Summer 2013 Update on Women's and Children's Services (including workforce development issues)</p> <p>Spring 2014 Closing report on move of Women's and Children's Services</p>
2.2	<p>Further work with GPs and midwives to assess those considered at risk and action taken to ensure the safety of mothers and their unborn children.</p>	<p>Updated pathways will then be circulated to all relevant stakeholders to enable them to form the basis of on-going training, including skills drills, in the delivery of services to the rural population. Key to all pathways is the initial and on-going risk assessment of patients. Midwives are currently well trained and in the risk assessment of women who already have to travel to access services and this training and on-going updating will continue.</p> <p>In our next update on Women and Children's Services in Summer 2013 (see right) the Trust will outline in more detail the training programme for the twelve months prior to the reconfiguration of services as this will be based on the amended workforce plans and</p>	<p>Summer 2013 Update on Women's and Children's Services (including workforce development issues)</p> <p>Spring 2014 Closing report on move of Women's and Children's Services</p>

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		pathways.	
2.3	Continued engagement of the WMAS in the development of clinical pathways	<i>For response by West Midlands Ambulance Service NHS Foundation Trust.</i>	Spring 2013 Update on Make Ready
2.4	Potential loss of midwives who do not want to move to PRH	All midwives continue to rotate around the units provided by the Trust and so a loss of midwives due to moving the consultant-led unit to PRH is still not envisaged. A discretionary workforce questionnaire has been piloted within two maternity wards, with all staff within the Women and Children's Centre being invited to complete this during March. The short questionnaire will ask them about their thoughts, plans and any concerns they have relating to the planned changes. This will aid the planning of support and additional training ahead of 2014. It is hoped that it will also identify staff who may not be transferring to PRH. This will then enable the recruitment and/or training of staff for the reconfigured service.	Summer 2013 Update on Women's and Children's Services (including workforce development issues) Spring 2014 Closing report on move of Women's and Children's Services
3	Acute Surgery		
3.2	Maintaining existing services in the County and SaTH becoming a Centre of Excellence	The Trust is currently developing its Operating Plan for 2013/14 setting out our plans and priorities on behalf of local patients and commissioners for the year ahead. A more detailed update will be provided at a future meeting.	Summer 2013 Update on SaTH FT Application
3.3	Wider changes in NHS e.g. changes in commissioning resulting in services going out of County	<i>For response by Shropshire County CCG and Telford & Wrekin CCG.</i>	
3.4	Service changes not meeting planned timescales putting patients at risk and impacting on the project as a whole	The consolidation of acute surgery to RSH was completed on scheduled in July 2012. The cohorting of planned paediatric surgery at PRH on two days each week (Mondays and Fridays) was successfully implemented on 4 March 2013. This means that children will be seen, treated and cared for in an appropriate environment by staff trained and qualified in the care of children. A small number of children continue to be transferred	

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		<p>to RSH from PRH for emergency surgery (1-2 per week). This will continue until 2014.</p> <p>The implementation of the FCHS programme is progressing to time and to budget. Robust project management and governance structures are in place to ensure the safe and timely delivery of the change's to Women and Children's Services.</p> <p>The key risks within the programme risk register are associated with the challenges in delivering a major change programme within an ever changing NHS environment; the on-going requirement of clinical, managerial and corporate staff to give their time to progress change; and the challenges in delivering the associated changes required to support the progression of the reconfiguration. Mitigation plans are in place for all risks. The risk register is formally reviewed by the FCHS Project Board each month.</p>	
3.5	Detailed workforce planning	<p>Consultant job plans within Surgery have been updated to accommodate the cohorting of planned children's surgery as described above (see 3.4).</p> <p>Workforce planning within the Surgical Centre will continue following the Centre to Centre Workshop between Surgery and Women and Children's, and in light of the standards for the Care of the Critically Ill and Injured Child. This will include preparation for the transfer of children's inpatients to PRH in summer 2014 and the nursing (scrub and recovery) and Operating Department Practitioner care and support to women in Maternity Theatres.</p>	<p>Summer 2013 Completion of move of Head and Neck services (including workforce development issues)</p> <p>Summer 2013 Update on Women's and Children's Services (including workforce development issues)</p> <p>Spring 2014 Closing report on move of Women's and Children's Services</p>
4	Stroke Services / Urology		
4.2	Evaluation of current provision against the National Stroke Strategy with indication from SaTH and Commissioners on	Update to be provided at future meeting.	Spring 2013 Update on Stroke Services (Commissioners)

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	how gaps will be met		
4.3	Provision of angioplasty procedures	Update to be provided at future meeting.	
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	<p><i>Women and Children's</i> Since the last update to the JHOSC, two key focus groups have been held:</p> <ul style="list-style-type: none"> • Neonatal Focus Group: The first focus group took place with women whose babies had received care on the Neonatal Unit. The group of six mothers (from Powys, Shropshire and Telford) shared their ideas and thoughts on how to make the new Unit as family centred as possible with Dr Alison Moore (Neonatologist), Sam Davies (Ward Manager) and other staff from the service. All were very impressed with the plans for the new Unit especially the intensive care room, the bay feed/express rooms and the areas for parents and families. All the women are keen to continue to work with the Neonatal Team to develop different written and visual information for parents, siblings and grandparents in recognition of their experiences of having a baby, or twins in a neonatal unit for many weeks and the impact this has on family life. They are also keen to produce a DVD once the new Neonatal Unit is open to help parent familiarise themselves with the area and advise them on how things really work. • Young Women's Focus Group: The second focus group was with young women (aged 16 – 21) at Shrewsbury College of Art and Technology – an age group that is traditionally more difficult to engage in health care developments. This group's discussion was centred on the look and feel of the new Unit at PRH and the new Women's and Children's Zones at RSH and the need to get the balance right between clinical necessity and a welcoming environment. Many of the students have aspirations to develop art work for the new facilities and will continue to work with the Trust over the coming months to progress this further. 	<p>Spring 2013 Patient and public engagement – ongoing involvement and engagement as part of service reconfiguration</p> <p>Spring 2013 Quality and Performance Measures – Patient Experience and patient experience survey. Overview and further information on low scoring areas.</p>
5.2	SaTH does all it can to alleviate the concerns of those who have been opposed to the proposals		<p>Spring 2013 Patient and public engagement – ongoing involvement and engagement as part of service reconfiguration</p> <p>Spring 2013 Quality and Performance Measures – Patient Experience and patient experience survey. Overview and further information on low scoring areas.</p>
5.3	Address concerns of Welsh colleagues who will be affected by the changes		<p>Spring 2013 Patient and public engagement – ongoing involvement and engagement as part of service</p>

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			reconfiguration
5.4	Public are kept informed and patients informed of the implications for changes before they take place	<p>More broadly, the Trust has also recently:</p> <ul style="list-style-type: none"> • Put up new information boards in key areas across PRH which include plans, images and the very latest information • Updated the website regularly with key information – including photos of the new unit being built, case studies and blogs • Developed a Women’s and Children’s special issue of the Looking to the Future newsletter updated with the latest information and FAQs • Attended three mother and baby and community events • Invited all focus group members and key stakeholders to the Ground Breaking event in February 2013 • Supported the Rainbow Unit Legacy Arts Panel decision on the artwork to be created as a lasting reminder of the patients, families, staff and work of the RSH Rainbow Unit • Received ideas from children and families on the Children’s Wards on the new play areas, art and décor • Visited the Teenage Cancer Trust/ Birmingham Children’s Hospital with member of the Children’s Oncology Focus Group to get ideas on artwork and play areas • Held two ‘Meet the Builder’ events at PRH • Continued to promote the ways in which people can contact the Trust to ask questions and/or raise their concerns <p><i>Surgery</i> Emergency general and vascular surgical provision through one consolidated site has now resulted in a continued improvement in the services HSMR results (Dr Foster) and is now ranked one of the best within the West Midlands cluster. The Surgical Centre continues to strive towards maintaining last year’s accolade of having the lowest National 30 day mortality in colorectal cancer at 30 days. The Centre continues to use a range of measures to review quality, outcomes and patient experience so that standards can be maintained and improved. Key areas include:</p>	Spring 2013 Patient and public engagement – ongoing involvement and engagement as part of service reconfiguration

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		<ul style="list-style-type: none"> • “Ward to Board” patient experience measurement and Care Audits – results have remained broadly stable through the reconfiguration process • Monitoring and root cause analysis of incidents – these provide opportunities to further improve clinical pathways and protocols • Review of complaints – whilst there has been an increase in the number of complaints within the Surgery Centre, these mainly relate to the wider capacity challenges within the local health economy that have led to delays and cancellations for patients. A Local Health Community-wide programme to improve emergency access and reduce cancellations is under way. <p><i>Head and Neck</i> Patient and public feedback post reconfiguration continues to be positive. Since the move of inpatient services from RSH to PRH, patients and staff have benefited from improved facilities, including new en-suite single rooms and an Intermediate Care Area for patients who require a greater level of clinical support than on the general head and neck ward. Since their move to PRH, Head and Neck have seen an improvement in patient’s feedback in the ‘Friends and Family’ test. In January and February, 100% of patients stated they would recommend the service to their friends and family.</p> <p>In addition, the Trust is now planning the communication activities and materials to inform the public of the service changes planned for 2014. This will start later this year and will range from specific letters to women who are pregnant and may deliver just before, during or just after the transfer of services in 2014 to adverts in the local free press and posters and leaflets. The Trust has visited Greater Manchester (who are in the final stages of their major reconfiguration of women and children’s services) to learn from their experience of what works well and has the greatest impact for all service users and the public.</p>	
6	Work force planning		

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6.1	Planning to ensure that once the process of transferring services begins patient safety is not compromised	See Section 1 and Section 2 for information about the development of clinical pathways.	Summer 2013 Completion of move of Head and Neck services (including workforce development issues) Summer 2013 Update on Women's and Children's Services (including workforce development issues)
6.2	Recruitment and training of paramedics by WMAS to support transport between sites	For response by West Midlands Ambulance Service NHS Foundation Trust.	Spring 2013 Update on Make Ready
6.3	Capacity planning	The Trust continues to develop its plans within the wider context of austerity across the country. All NHS organisations need to contribute to national measures to improve efficiency and reduce costs. The Trust is currently developing its plans for 2013/14 through negotiation with our main commissioners (Powys Teaching Health Board, Shropshire County CCG and Telford & Wrekin CCG) in the context of national guidance. These plans will need to ensure safe and affordable hospital services within the resources provided to us by local commissioners.	
7	Finance and Estates		
7.1	Robust plans for all aspects of financial planning to ensure financial sustainability	A robust process for financial control of the programme is in place. The capital costs continue to be monitored and reviewed by the Trust's Finance Team and the Trust's Cost Advisors, Holbrow Brookes. The revenue costs associated with the programme are monitored by the Trust's Finance Team. A formal report of the finance and affordability of the FCHS programme is developed and submitted to the FCHS Project Board each month. Bi-monthly updates are also submitted to the Trust's Finance Committee. The FCHS programme, as described within the FBC, continues to be affordable.	Summer 2013 Update of SaTH FT Application

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7.3	Adequate parking at both sites	Changes to car parking during the building work at the Princess Royal Hospital has led to an increased number of spaces being dedicated for patient and visitor use, reducing pressure on the hospital site. Our overall approach to car parking is being developed as part of our travel and transport plan (see below).	Reviewed November 2012 Travel and Transport Plan update
8	Transport		
8.1	Good transport to both sites	The development of a co-ordinated Travel and Transport plan continues, with collaboration between officers of SaTH, Shropshire Council and Telford and Wrekin Council. Progress has been made in a number of areas including agreement to a jointly funded transport co-ordinator post due to be advertised shortly. This provides an unprecedented opportunity for dedicated resources to be focused on co-ordinated travel and transport, bringing together expertise across all three organisations.	Spring 2013 Travel and Transport Plan update
8.2	Arrangements are made so staff, patients and visitors can move between sites as soon as services are relocated	<p>The Trust is continuing to deliver on the conditions within planning consent to reduce the number of single user staff cars. This in turn will also help to improve access for patients and their visitors.</p> <p>Tenders are currently being sought for the provision of a cross site shuttle bus.</p> <p>Work is also underway with both Shropshire Council and Telford & Wrekin Council to explore transport options including:</p> <ul style="list-style-type: none"> • Telford 'Collector bus' morning and evening around Wellington, Admaston, Bratton, Leegomery and Hadley • Shrewsbury 'Collector bus' morning and evening around Gains Park, Radbrook, Copthorne and Frankwell • Shrewsbury Oxon Park and Ride facility – providing a link bus to RSH • Extension to Shrewsbury No. 1 bus route, to include a loop to North end of RSH site (Ward Block and Treatment Centre) 	Spring 2013 Travel and Transport Plan update

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9	Implementation		
9.1	Joint HOSC request details of any changes prior to implementation		