

Reporting to:	Joint Health Overview and Scrutiny Committee Meeting, 24 March 2014
Title	Update on Future Configuration of Hospital Services – Women and Children’s Services, Travel and Transport Plan
Sponsoring Director	Debbie Vogler, Director of Business and Enterprise
Authors	Debbie Vogler, Director of Business and Enterprise Kate Shaw, Programme Manager John Kirk, Communications Officer
Previously considered by	Future Configuration of Hospital Services Programme Board Update to Trust Board scheduled for 27 March 2014
Discussion and Summary	<p>The Keeping It In The County consultation, launched in November 2010, outlined the challenges facing acute surgery and inpatient children’s services in the county, and set out proposals for addressing these specific challenges in ways that (a) recognised the condition of the hospital estate and (b) would not compromise the ability to continue to provide two well-balanced, successful hospitals with A&E departments.</p> <p>Following the conclusion of consultation in March 2011, then the development and approval of the Outline Business Case and Full Business Case, implementation of plans to maintain the safety and sustainability of acute surgery and women and children’s service commenced.</p> <p>The county’s acute surgery services were strengthened with the establishment of the Royal Shrewsbury Hospital as the county’s main centre for these specialist services from summer 2012. Princess Royal Hospital also became the main centre for inpatient head and neck services at that time, in preparation for the opening of the new children’s services in 2014. This is because of the important clinical links between head & neck and children’s services.</p> <p>These services are now well established and construction work is under way to complete the new Shropshire Women and Children’s Unit which is on schedule to open by October 2014. Children’s inpatient services at PRH are due to relocate from their temporary location on Ward 14 to the new facilities next month (April) with the consolidation of the county’s inpatient children’s services (including oncology and haematology services) at the hospital in late September. Alongside this, inpatient women’s services (non-maternity services, such as gynaecology) will transfer from RSH to PRH. This will be followed by the opening of new maternity and neonatal services later in September.</p> <p>This will complete the state-of-the-art, modern facilities for women and children across Shropshire, Telford & Wrekin and mid Wales.</p> <p>This paper provides an update against the lines of enquiry identified by the Joint HOSC following consultation and through subsequent review and scrutiny. In addition, a presentation will be provided to the Joint HOSC providing the latest information about the new facilities (including current pictures and artist impressions) and on the development of the Travel and Transport Plan. A visit for JHOSC representatives to the site is also being planned.</p> <p>Note that whilst the Keeping It In The County consultation sought to address specific challenges facing acute surgery and inpatient children’s services without compromising the ability to provide A&E services, new challenges facing wider acute and community hospital services now mean that the broader shape of the county’s hospital services needs to be reviewed. This work is under way through the NHS Future Fit review of acute and community hospital services, which will be discussed at a Joint Health Overview and Scrutiny Committee last this month.</p>

Joint HOSC Work Programme

	Reconfiguration of Services at PRH and RSH			Position statement from The Shrewsbury and Telford Hospital NHS Trust, 24 March 2014
	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	<p>The paediatric clinical care pathways developed during the consultation and assurance phase of the programme have been reviewed, updated and discussed and agreed with the West Midlands and Welsh Ambulance Services and Shropdoc and the Care Coordination Centre. The pathways reflect the availability of paediatric staff for the majority of the time when children are accessing the service due to the co-location of the Paediatric Assessment Unit (PAU). Staff will be in the PAU from 09.00 to 22.00 and will support their A&E colleagues if required. Out of hours, the on-call Paediatrician for RSH will be called in to support the trauma team if required.</p> <p>Detailed discussions are also underway to develop the Trust's own internal retrieval team to enable the safe and timely time limited transfers of ill and injured children from RSH to PRH. This will also include the transfer of neonates.</p> <p>A follow-up visit of the Royal College of Paediatrics and Child Health (RCPCH) took place in November 2013. The RCPCH formal report supported the workforce model for out of hours cover at RSH with the requirement of two additional two paediatricians. Recruitment is currently underway.</p>
1.2	Provision of the PAU at RSH is based on clinical need	Evidence of clinical need for paediatric services	SaTH PCTs*	<p>The service model for the Children's Assessment Unit at RSH was also reviewed by the RCPCH with a recommendation that this continues to be discussed as part of the wider Clinical Services Review (Future Fit Programme) now underway.</p> <p>The service model for the RSH CAU will continue as proposed within the Full Business Case (described below). The longer term service model will form part of the wider health economy solutions for emergency and urgent hospital care as part of Future Fit.</p>

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				<p>The opening times are based on detailed analysis of the times of admissions to the Trust (either via A&E or GPs). This showed that the numbers of children admitted into the Trust during the night are very low, equating to less than 3 children across both sites. Admissions at both sites peak at midday and again at 18.00.</p> <p>The CAU will be staffed for 13 hours per day and it is proposed that it will be open to the public from 09.00 to 21.00. Children likely to require an overnight stay in hospital will be triaged straight to the PRH site.</p> <p>When the CAU at RSH 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 are currently working together to review all supporting protocols, policies and operational guides prior to the implementation of these changes).</p> <p>The four Advanced Paediatric Nurse Practitioners described within the Full Business Case are now in post. Consideration is now being given to the possible recruitment of additional Advanced Paediatric Nurse Practitioners and Registered Nurses in joint rotational posts between Paediatrics and A&E.</p>
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	<p>This issue continues to be addressed through the joint discussions with both WMAS and WAS. The Trust has responded to parents and public thoughts of what would help them when they are bringing a child to the hospitals in an emergency. This includes dedicated drop-off/short stay parking, being able to call ahead and discuss their needs with a clinician and clear routes into the relevant department.</p> <p>Clinicians within the Trust are working to reduce the impact of additional journey times by improving the system and processes when patients come in through the door, for example reducing the 'door to needle time' from 60 to 45 minutes for children with cancer who urgently need intravenous antibiotics.</p>

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				The work undertaken to understand and improve the emergency transfer needs has formed part of the Trust's Travel and Transport Plan. This plan also describes the non-urgent travel and transport needs patients, carers and the public have in accessing the Trust's services.
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	Clinical pathways have been agreed with WMAS, WAS, Shropdoc and the CCC. Implementation of these pathways and preparation for the service change is now well underway.
1.5	Paediatric staff work together to make proposals workable	Evidence of clinical engagement	SaTH	<p>A great deal of progress has been made in terms of bringing the two paediatric departments together.</p> <p>From a nursing and ward perspective, this is being led by the new Nurse Managers: Emma Dodson and Rachel Triggs. All nurses are rotating between sites such that everyone will have worked together at some stage prior to the changes in September. Policies, protocols and ways of working have also been standardised.</p> <p>From a medical staff perspective this work is being led by the FCHS Medical Coordinators: Martyn Rees for Paediatrics and Bob Welch for Neonatology. This includes the merging of the previously separate consultant meetings; shared training and skills updates and again, rotation between sites.</p> <p>Detailed discussions with the paediatric clinical team continue with regards to everything from furniture and equipment and the layout of rooms to operational policies, risks and pathway implementation. Weekly Women and Children Project Team meetings have been taking place since February 2013 on a five week rolling programme through Maternity; Neonatology; Paediatrics; Gynaecology; and Admin and Support. All staff are invited to attend.</p>

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1.6	Capacity of neonatal service to provide, where possible, services for premature babies in County	Service planning and commissioning intentions	SaTH PCTs *	<p>Discussions are underway with commissioners and the Neonatal Network regarding the designation level of the Trust's current and future Neonatal Unit.</p> <p>The capacity assumptions for the neonatal unit form part of these discussions. Within the new Neonatal Unit there is capacity for 23 cots: 6 intensive care; 1 isolation/intensive care; 16 special care</p>
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	<p>The clinicians delivering the current oncology service continue to be extensively involved in the discussions and meetings about the requirements for the relocated service. The new Children's Haematology and Oncology Centre will have all elements described and agreed as part of the Full Business Case. Informal feedback from clinicians, parents and children is that the Trust will have achieved everyone's aspirations for a truly fantastic new centre including:</p> <ul style="list-style-type: none"> • Single ensuite bedrooms with appropriate air filtration and access to purpose built outside space • 2 bed dedicated day case room with ensuite and access outside • Parents lounge and kitchen • Separate, yet integral, outpatient space • Playroom and waiting areas • All required clinical and non-clinical rooms (utilities; treatment, offices, reception etc) <p>The focus groups with patients, parents and families of the Rainbow Unit have recently included art workshops to create tiles for the Rainbow Unit Legacy sculpture at RSH and the sign off of the look and feel of the new Women and Children's Centre including key colours, images and wayfinding.</p>
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 influenced	SaTH	<p>All parents, families and fundraisers of the Rainbow Unit continue to be invited to attend our focus groups. We listened to their feedback around the new unit and their ideas and suggestions have been reflected in the design.</p>

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		service design		<p>Three Rainbow Unit Legacy Art workshops have now been held with children and parents designing and creating their own glass tile. These have been held in Welshpool; Telford (including a tour of the new Centre) and within outpatients at RSH. A fourth and final workshop is now being planned with the artist and play leaders to maximise the numbers of children and families involved and to ensure that everyone has had the opportunity to be involved.</p> <p>Parents have also been involved in the work on the 'look and feel' and the naming of the new unit; Children's Haematology and Oncology Centre</p>
1.9	Further work with Commissioners to develop hospital at home service for children to avoid unnecessary hospital admissions	Commissioning intentions of PCTs and joint work with Community Trust	SaTH PCTs* Community Trust	The Trust remains keen to progress with the development of robust out of hospital care services for children. Discussions with Trust and Community Trust clinicians and local CCG commissioners have resulted in the development of four key 'admission avoidance' pathways that went 'live' last December. Further discussions with commissioners on the development of a Trust Hospital at Home service would be welcomed.
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*	<p>All workforce planning, within the Women and Children's Care Group and across the Trust has been completed and implementation is well underway. Detailed Workforce Implementation Logs track progress and are formally reviewed monthly within the Trusts Implementation Group chaired by Debbie Kadum, Chief Operating Officer.</p> <p>Formal staff consultation with over 650 Agenda for Change staff concluded at the end of November 2013. Formal consultation with non Agenda for Change staff is not required although all staff within this group have been formally notified of the changes ahead. Detailed work is now underway with staff who have a problem with the move in September. The Trust's intention is that solutions will be found for all staff before the end of April. For staff who state they can't transfer to PRH, job swaps and alternative roles are being explored as part of this formal process.</p> <p>Workforce issues form a large part of the Tuesday Women and</p>

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				<p>Children Project Team meetings. The Future Project Team also attend ward and service team meetings and update the TNCC (Trust negotiating and Consultative Committee formally each month.</p> <p>Proactive staff involvement and engagement continues to be a focus of work for the Trust with tours of the new Centre, implementation and engagement workshops, training and familiarisation all planned and underway.</p>
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	<p>Clinical pathways have been agreed with WMAS, WAS, Shropdoc and the CCC. Implementation of these pathways and preparation for the service change is now well underway.</p> <p>‘Skills Drills’ currently used within the maternity service for the resuscitation of babies in the Midwifery-Led Units (MLUs) have been broadened to include a Skills Drill for the risk assessment, process and practice of transferring a woman in labour from the MLUs to the Consultant Unit to accommodate additional (or less) time needed for travel. Both ambulance Trusts are keen to be part of Skills Drills to and within the new Women and Children’s Centre once the building is handed over to the Trust at the end of May 2014.</p> <p>The Trust continues to have discussions with commissioners regarding developments associated with recommendations from the Maternity Services Review and in particular increasing the number of women accessing the MLUs.</p>
2.2	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.	Engagement, support and training with obstetrics team, community midwives, GPs and WMAS	SaTH GPs WMAS	<p>Women accessing maternity services in the county and in Powys are currently assessed to determine their level of risk. This assessment determines their pathway of care. These pathways have been reviewed and amended to reflect the new models of care and the future location of the consultant obstetric unit and neonatology services.</p> <p>The policies and processes that are currently in place to assess a woman’s level of risk are being reviewed to ensure clinical risks are appropriately assessed and managed in the future. This includes the</p>

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				introduction of the Skills Drill described above. Irrespective of the plans to reconfigure maternity services, a training programme for all midwives in the stabilisation and transfer of newborn babies has been developed and is underway.
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 has been dealt with as part of staff engagement within the management of change process. Whilst this can never be 100% accurate, as individual's circumstances and options do change, a loss of midwives due to moving the consultant-led service to PRH is not envisaged. All midwives currently rotate around the units provided by the Trust and this will continue.
3	Acute Surgery			
3.1	Provision of AAA screening	Implementation timescales	SaTH	The provision of AAA screening commenced as planned in April 2012.
3.2	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	Following discussions at the Hospital Executive Committee, the Trust Board and the Joint Health Overview and Scrutiny Committee, the Centre for Surgery was consolidated at RSH in July 2012..
3.3	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 were developed through engagement with GPs and commissioners, and to address the reconfiguration principles set out by the then NHS Telford & Wrekin and Shropshire County PCTs which included keeping two vibrant, well balanced, successful hospitals in the county with access to acute surgery from both sites. Ongoing discussions continue within the Future Fit Programme.
3.4	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	SaTH	All service changes to date have met amended timescales for implementation. Discussions going forward with regards to the impact of the Future Fit Programme on the development of services at RSH are now required.

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		Risk management		<p>The management of risk continues within each the operational care group according to the Trust's policies. The Trust's 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 FCHS Programme Board meets monthly where risks and issues are discussed and action agreed.</p> <p>The key milestones and timescales for actual service change form part of the FCHS Master Programme.</p>
3.5	Detailed workforce planning	Workforce planning against demand / need and national recommended guidelines	SaTH	As described above, detailed workforce planning has been carried out with implementation well underway.
3.6	Patients who cannot be stabilised and transferred to be operated on at PRH	To be included in development of clinical pathways	SaTH	Patients admitted to the PRH who cannot be stabilised and transferred to the RSH for their operation will continue to have their operation at PRH. Day case surgery; inpatient breast, gynaecology and head and neck surgery; and paediatric surgery will all take place at PRH from September 2104 thus maintaining a strong and robust surgical presence in Telford.
4	Stroke Services / Urology			
4.1	Provision of thrombolysis on both sites	Implementation timescales	SaTH	<p>In June 2013 the Trust Board approved the temporary unification of hyper acute and acute stroke services at the Princess Royal Hospital in response to short term staffing challenges. During this unification there has been clear evidence of improved performance against key stroke indicators that provide a proxy for improved patient outcomes (e.g. admission to specialist stroke unit within four hours of arrival, 90% of time spent in acute stroke unit, access to CT).</p> <p>It was therefore agreed with commissioners that the temporary unification should be extended for a further period so that the benefits and disadvantages of a unified hyper acute and acute stroke service could be reviewed further and a recommendation made for the</p>

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				<p>provision of these services for the medium term (2014).</p> <p>This review has concluded and this paper recommends that PRH continues to provide unified hyper acute stroke services during 2014, and that the longer term shape of stroke services (from 2015) should be agreed through the NHS Future Fit clinical services review of community and acute hospital services.</p>
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*	<p>In June 2013 the Trust Board approved the temporary unification of hyper acute and acute stroke services at the Princess Royal Hospital in response to short term staffing challenges. During this unification there has been clear evidence of improved performance against key stroke indicators that provide a proxy for improved patient outcomes (e.g. admission to specialist stroke unit within four hours of arrival, 90% of time spent in acute stroke unit, access to CT).</p> <p>It was therefore agreed with commissioners that the temporary unification should be extended for a further period so that the benefits and disadvantages of a unified hyper acute and acute stroke service could be reviewed further and a recommendation made for the provision of these services for the medium term (2014).</p> <p>This review has concluded and this paper recommends that PRH continues to provide unified hyper acute stroke services during 2014, and that the longer term shape of stroke services (from 2015) should be agreed through the NHS Future Fit clinical services review of community and acute hospital services.</p>
4.3	Provision of coronary angioplasty procedures	Implementation timescales	SaTH	The provision of coronary angioplasty remains a longer term aspiration of the Trust. We expect that this will be considered further as part of the Future Fit review.
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	SaTH	<p>In addition to the actions outlined in the statement on 6 March 2012, a variety of further work has taken place.</p> <p>Focus groups and workshops have been held with members of the local community, as well as with partner agencies and staff to ensure they are engaged and to listen to concerns and aspirations. These will</p>

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		informed service development		<p>continue to take place as we get closer to the opening of the Women and Children's Unit in September.</p> <p>Numerous advertisements and press articles have been carried in the local media explaining that the service is changing and providing updates on key milestones. There have also been news items and features on local radio promoting the move. Press releases have also been included on the Trust's website, and some of the items have been included in the GP Connect newsletter which is sent to GP practices.</p> <p>Following on from the two-sided Looking to the Future newsletter updates about the changes, regular updates have been included in the Trust's public-facing newsletter (issued to Trust members and available on the Trust's website) reminded people of the changes and providing an update on developments.</p> <p>Updates have been provided on the Trust's external website and, as well as social media.</p> <p>The Trust attended public meetings such as the Local Joint Committees in Shropshire last summer to provide an update on the changes and answer questions from members of the public.</p> <p>The Trust has created a working 'Plan on a Page' document outlining some of the work that has already taken place and some of the plans for the coming months.</p>
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	<p>Meetings and correspondence with local MPs, journalists and individuals who have been opposed to the proposals have continued into this phase of the programme. They have also been involved in the meetings listed above and as part of our focus groups. We are also responding to people's concerns via email and through Freedom of Information requests.</p> <p>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</p>

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				in place and that the current system of open-access and calling the Children's Ward direct, will continue. Similarly, the Trust is working closely with members of staff who also have raised their concerns.
5.3	Address concerns of Welsh colleagues who will be affected by the changes	Feedback from WAS, Powys Health Board and Welsh Assembly	SaTH	<p>Representatives from the Welsh Ambulance Service continue to be an integral part of detailed pathway and implementation discussions. The Trust's Head of Midwifery and the Head of Midwifery for Powys, also meet and discuss the reconfiguration regularly.</p> <p>Colleagues from Wales are members of the Future Fit Programme Board and remain an important partner of the Trust and the wider health economy as we shape our future healthcare services.</p>
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	<p>The Communication and Engagement Strategy continues to be implemented. 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 website.</p> <p>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 Trust's services. This will include posters, door-to-door mailings, articles in the local press, TV and radio and targeted advertising. Some of this is already underway, as outlined in 5.1 and the attached 'Plan on a Page'.</p>
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	<p>Workforce planning remains key to the reconfiguration programme and much detailed work has been undertaken to understand and work with the staff affected, deliver a management of change process and to ensure a robust link with service implementation plans.</p> <p>Live Quality Impact Assessments for each specialty within the Women and Children's Care Group (including Administration and Support) form an important element of the implementation process. The latest QIAs are submitted every month to the Medical Director, Chief Nurse and</p>

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				Chief Operating Officer for review.
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	This is no longer an issue. The Trust is undertaken a widely reported process for the recruitment of staff.
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 cost and finance discussions continue. This work is validated by the Trust's external cost advisors, Holbrow Brookes. Regular updates, including a formal written report, are provided to the Trust's Finance Committee. The revenue implications of the service changes, the non-service led revenue impact and the revenue and capital spend profiles are continuously reviewed and formally reported to the FCHS Programme Board.
7.2	Additional cost of transfer between sites is taken into account	Cost of transfer arrangement for SaTH Cost of increased travel times for WMAS and implications for cost to commissioners	SaTH WMAS PCTs*	Analysis by WMAS on the current activity flows and the impact the proposed changes has been completed. WMAS report an immaterial impact. Future and wider service changes and their impact on transfers between sites will form part of the Future Fit Programme.
7.3	Adequate parking at both sites	Plans for parking facilities	SaTH	Specialist transport advisors have analysed the quantum of journeys by patients, staff and visitors. This work has provided a view of the need to provide car parking spaces alongside the need to further develop alternative travel options. This has been included with the Travel and Transport Plan. The provision of extra car park spaces at PRH was reflected within the Full Business Case and these are now built.

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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 jointly funded post has led to the appointment of a Travel Coordinator whose role is to work with both Local Authorities to progress this work.
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 be presented to the HOSCs at their March 2014 meeting.
9	Implementation			
9.1	Joint HOSC request details of any changes prior to implementation	Update to Joint HOSC meetings	SaTH	A full update and presentation will be provided at the 24 March 2014 meeting. The Trust welcome the opportunity to provide an update and tour of the new Women and Children's Centre at PRH following hand-over of the building at the end of May 2014.

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

Note that some references within this document refer to NHS arrangements prior to 2012 and therefore relate to the documents that were in place at that time (e.g. Primary Care Trusts have been dissolved and new GP-led Clinical Commissioning Groups are now in place to lead and shape the commissioning of local health services; locally there is a Clinical Commissioning Group for Shropshire and a Clinical Commissioning Group for Telford & Wrekin).

Stakeholder Groups

A. Staff

Staff will need to be aware of the overall project — timescale, key messages, how it affects them and how it affects their patients. Regular updates at team meetings — ensuring information is passed to all staff, newsletter articles (particularly PPF Quarterly with payslips), intranet news items outlining key messages and dates, Ward Managers ensuring all staff (inc. those not with computer access) have the messages, switchboard/ CSMs/other key Trust staff will need to know dates and details.

B. Patients, families and visitors

This will be a major audience for the project as it will be imperative that all patients know exactly how it will affect them. Leaflet for Maternity to be included in Antenatal Booking Packs for those due to give birth from August onwards, discussions at appointments for those attending from February onwards and due to give birth around the time of the unit, regularly updated information on our website, regular contact near the time of the unit completion, media promotion, regular articles in our public facing A Healthier Future newsletter, posters around the units, use of social media near time of completion, promotion through GP Liaison to GP Surgeries, promotion through local user groups.

C. Partner organisations

All will need to be aware of key dates, but some will have a need for specific information: Ambulance Services and Transport Services will need updating with where to send women and children, Critical Care Organisers will need to know which site to send women and children to. Keep local and regional networks and Leagues of Friends updated and use their support where possible to promote the move.

D. Planners and Commissioners

Will need to be kept updated throughout the entire process with regular updates.

E. Media

We will need to plan for regular updates in the local media, including news articles and radio interviews promoting the key detail. Advertising nearer the date of opening will also need to be considered. We will need to be aware of potential adverse media nearer the time of opening if there are any teething problems and from mums/general public/staff unhappy with the further distance they may have to travel.

Programme Arrangements

Executive Lead: Debbie Vogler
Project Director: Chris Needham
Programme Manager: Kate Shaw
Communications Lead: John Kirk

Messages

- From September 2014, women who need a consultant-led delivery will give birth at the new Women and Children's Unit at the Princess Royal Hospital in Telford. This includes women who are expecting twins, women with diabetes, women who have previously had caesareans, women whose babies are in a breech position and women whose babies are premature.
- Women having a low-risk pregnancy will still be able to choose to have their baby at home; at one of the community midwife-led units at Bridgnorth, Ludlow and Oswestry; at the midwife led unit at PRH or the Royal Shrewsbury Hospital (which will be refurbished and relocated in 2014); at one of the midwife led units run by Powys Teaching Health Board.
- Antenatal appointments and scans will continue to take place as they do now.
- If a woman develops complications during labour at home or at one of our midwife led units, they will be quickly and safely transferred to the consultant-led unit at PRH, just as women are transferred to RSH now.
- The inpatient gynaecology service (where you have to stay in hospital overnight) will also be based in the new Women and Children's Unit at PRH in 2014. Gynaecology outpatients and day cases will continue to take place at both our hospitals.
- Children's inpatient services (where children have to stay in hospital overnight) will be based at a new Women and Children's Unit at PRH, which will open in 2014. This will also include a brand new Children's Cancer and Haematology Unit. The main reason for this change is that our children's doctors (paediatricians) believe that creating a single children's inpatient unit is the only way we can provide this service in the future and ensure that we continue to provide children's services within the county.
- The majority of children who use our hospital services will continue to go to the same hospital as now. This includes children who have to go out of the county for care at Birmingham Children's Hospital or Liverpool's Alder Hey Hospital. All outpatient and day case appointments will continue to take place at both hospitals.
- A Children's Assessment Unit will be available at RSH to assess and treat children who do not require overnight stay. We anticipate that this will be open approximately 13 hours during the day. A short-stay children's assessment unit will be available at the PRH alongside the children's inpatient ward.
- The A&E departments at both hospitals will continue to be able to assess and treat children in an emergency. If a child arrives at the RSH and needs emergency surgery they will be quickly and safely transported to the PRH. [Confirm message]
- The main reason for these changes is that the existing maternity building at RSH is in a poor state and cannot be the base for maternity and children's services in the long term. We have looked at a number of options and decided that transferring consultant-led maternity services to Telford is the only way we can secure safe and sustainable maternity services for Shropshire, Telford and Wrekin and mid Wales.

Outcomes

- Patients are aware of the dates of the changes and where their treatment and care will take place once the new unit opens, leading to a seamless transition.
- Partner organisations are fully aware of the changes, the key dates and how this affects them to prevent any issues when the new unit opens (e.g. ambulances know which hospital to take patients to).
- Staff are kept fully in the loop with dates and times and how they will be affected when the new unit opens, meaning they not only feel part of the process and that they are fully in the picture, but also that they can provide the best, most up-to-date, information for women, parents and their children.
- Communication with all involved works smoothly helping the bedding in process, and reducing the time staff need to take to answer questions from people who don't know where they should be.

Key Risks	L	C	LxC	Mitigation
Ensuring staff are kept informed and happy, to avoid staff stress, sickness or leaving which could place further pressures on the service.				Regular briefings within the Women and Children's Unit, particularly as we get closer to the opening date. Frequent updates to staff in internal communications.
Service users are not engaged and therefore there is confusion about where they need to go.				Frequent promotion of the changes in the media, Trust publications and on website. Mums and patients informed through their appointments, website and promotional materials kept up-to-date.
Partner organisations unsure of what to do leading to confusion, ambulances going to wrong hospital etc.				Regular engagement with partner organisations, particularly closer to the opening date, providing the latest information for them.

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Promote and Engage	Communication in early-2014	Pre-launch	Launch period	Review and moving forward
<p><i>Planning for the move and engagement to firm up plans and timescales following approval of the Full Business Case</i></p> <p>Focus groups with local community and staff to ensure they are engaged and to listen to concerns and aspirations.</p> <p>Regular advertisements in the local media explaining that the service is changing.</p> <p>Two-sided Looking to the Future newsletter updates about the changes.</p> <p>Regular news items and radio interviews at key milestones of the build.</p> <p>Frequent newsletter articles, both internally and externally, providing key updates.</p> <p>Updates on the Trust's external website and internal intranet, as well as social media.</p> <p>Regular reconfiguration groups to keep staff informed.</p> <p>Roller banners promoting the move at key locations.</p> <p>Updates at local authority meetings, Local Joint Committees etc.</p> <p>IT systems updated to ensure correct coding from February onwards.</p>	<p><i>Increase the level of communication from January 2014 as we approach a time when women will be considering their place of birth for the time of the move</i></p> <p>Communications Workshop with staff, members of the public and partner organisations to plan for the next 9-10 months.</p> <p>Leaflet for Maternity to be included in Antenatal Booking Packs for those due to give birth from August onwards, and planning to take place for more general leaflets for other parts of the Care Group.</p> <p>Discussions at appointments for those attending from February onwards and due to give birth around the time of the unit, as well as regularly updated information on our website.</p> <p>Regular articles in our public-facing A Healthier Future newsletter and internal newsletters.</p> <p>Posters around the units and wards promoting the move, what people should do etc.</p> <p>Promotion through GP Liaison to GP Surgeries, and promotion through local user groups.</p> <p>Relaunch of Maternity Services Liaison Committee (MSLC), which will include regular updates about the move.</p> <p>Further workshops with staff.</p> <p>Countdown clock on the intranet.</p>	<p><i>This will be a busy period to ensure all staff and service users are fully prepared for what they will need to do from the launch date</i></p> <p>New health records and pregnancy information booklet, updated with details of the new unit.</p> <p>Frequent press releases/radio interviews about aspects of the project, which drum home the opening date, key contact numbers and what people need to do once it is open.</p> <p>Regular updates to staff through meetings to keep them fully included and updated.</p> <p>Regular articles in our public-facing A Healthier Future newsletter and internal newsletters.</p> <p>Posters around the units and wards promoting the move, what people should do etc, as well as key areas in the community such as GP Surgeries and Children's Centres.</p> <p>Promotion through GP Liaison to GP Surgeries, and promotion through local user groups and the MSLC.</p> <p>Consider setting up a hotline for people to call if they are unsure of where they need to go.</p> <p>Ensure all key groups also know what to do (i.e. CSMs, Critical Care Outreach, Ambulance Services etc).</p>	<p><i>A lot of work will need to take place around the launch to ensure staff, users, members of the public and partner organisations are engaged</i></p> <p>All of phase 3 actions will either take place or be built on.</p> <p>Mail-shot in August to all relevant current patients (e.g. women or children on long-term care, pregnant women etc) reminding them of the moves and ensuring they have the up-to-date opening date and what they should do.</p> <p>Ensuring signposting is in place in other parts of our hospitals (e.g. A&E and main entrances directing people both where to go and what to do if they need to use Women and Children's Services after the unit opens).</p> <p>Consider running open days in the final weeks before the launch which will help engagement and community involvement.</p> <p>Involve former Mayor of Telford & Wrekin due to fundraising.</p> <p>Local transport information updated?</p>	<p><i>Review how the project has gone from a Communications and Engagement perspective and plan the continued support</i></p> <p>What has worked well and can be built on (e.g. updating leaflets and booklets and posters etc)?</p> <p>Are there any outstanding areas that weren't a priority but that should be focused on now?</p> <p>Ensure website and intranet information continues to be kept up-to-date.</p> <p>Official opening with dignitary including further media promotion/ photo call etc.</p>

2012-January 2014

January-April 2014

May-July 2014

August-October 2014

November onwards