Committee and Date	Item
Joint Health Overview & Scrutiny Committee 27 March 2013 10.30 a.m.	3 Public

TELFORD & WREKIN COUNCIL/SHROPSHIRE COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview and Scrutiny Committee held on Wednesday, 28 November 2012 at 10.00 am at the Business Development Centre, Stafford Park 4, Telford

PRESENT – Councillor D White (TWC Health Scrutiny Chair) (Chairman), Ms K Ansell (SC), Mr D Beechey (SC), Councillor G Dakin (SC Health Scrutiny Chair), Councillor V Fletcher (TWC), Mrs J Gulliver (TWC) and Mr R Shaw (TWC)

Also Present –
Cllr J Seymour (TWC)
Mr P Herring – Chief Executive, Shrewsbury & Telford NHS Hospital Trust
Mr N Griffiths - Advanced Paediatric Nurse Practitioner, Shrewsbury & Telford NHS Hospital Trust
Mr C Needham – Associate Director of Estates, SaTH
Mr A Osbourne – Communications Director, SaTH
Ms K Shaw – Programme Manager, SaTH
Mr W Bartlett – West Midlands NHS 111 Project Director
Ms F Beck – Director of Commissioning, Telford & Wrekin Clinical Commissioning Group
Mr D Evans – Chief Officer, Telford & Wrekin Clinical Commissioning Group
Ms C McInnes - Head of Programmes and
Service Redesign, Shropshire Clinical Commissioning Group
Mrs J Graham – Group Manager Care & Wellbeing, Shropshire Council
Mrs F. Bottrill (Scrutiny Group Specialist, TWC)
Ms F Howe (Committee Officer, SC)
Mr P Smith (Democratic Services Team Leader, TWC)

JHOSC-1 APOLOGIES FOR ABSENCE

Councillor K. Calder (SC), Ms D Davis (TWC), Councillor T Huffer (SC) and Ms M Thorn (SC)

JHOSC-2 DECLARATIONS OF INTEREST

None

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JHOSC-3 MINUTES

RESOLVED – that the minutes of the meeting held on 9 July 2012 be confirmed as a correct record.

JHOSC-4 NHS 111 SERVICE

Wayne Bartlett (West Midlands NHS 111 Project Director) gave a presentation on the introduction of the new NHS 111 call service, which was due to go live in March 2013.

NHS 111 was being introduced as part of the wider revisions to the urgent care system to make it easier for patients to access the right service. It was not a replacement for the 999 emergency call system, but would allow patients to access healthcare services when they needed medical help for non-life threatening situations. It would be a free call service, available 24 hours 365 days a year. The aim of the service was to get the patient to the right place first time, and to help take the pressure off the 999 emergency service and local A&E departments. Mr Bartlett then explained the process for how calls would be handled by fully trained advisors, supported by experienced nurses. Everything would be dealt with on the first phone call without the need for a call back. Where possible, the caller would be transferred to the people they needed to speak to, or an appointment booked for them. If the caller needed an ambulance this would be sent just as quickly as if the caller had dialled 999. The successful implementation of NHS 111 meant ensuring that all primary care services were aligned around it. The University of Sheffield had undertaken an evaluation of a number of pilot sites for the 111 service. This had found very high satisfaction ratings for the service, although they had not delivered the expected benefits. However, it was felt that it would take time for the benefits to be achieved, given the context of all the other changes currently going on in the Health Service. Within the West Midlands, NHS Direct had been commissioned to deliver the service.

Members then asked a number of questions, and expressed a number of comments, including:

Would the new 111 service be cost effective compared to the current arrangements?
Response – it was anticipated that there would be significant benefits over the 5 years of the contract with NHS Direct – it was being seen as a longer term return on the investment.

How would the service work locally, and how would it link with the SaTH urgent care review?

Response – Fran Beck (Telford & Wrekin CCG) advised that a joint Shropshire/Telford & Wrekin Board was working on the introduction of the 111 service and how it would integrate with Shropdoc and other urgent care providers. They were working very closely with the Clinical Commissioning Groups, and were happy to come back once the different options had been evaluated. David Evans (Telford & Wrekin CCG) added that the CCG was very clear that they needed to work with SaTH and other providers to ensure that all local work underpinned the 111 service. The GP out of hours service would continue, and the option to retain call handling at Shropdoc would be considered the introduction of 111 in order to provide some reassurance in case of teething problems with 111 or while the public got used to the new service. This benefits of this will have to be balanced against the additional cost since 111 will provide a call handling service.

Concern that 111 would not be as responsive as Shropdoc for those patients with long term conditions.
Response –this has been identified as someting for the service specification for Shropshire and Telford and Wrekin.If someone rang 111,the system will show that there is a care plan in place.. Work was being undertaken to look at ensuring that records were up-to-date. One of the clear objectives of the 111 service was to join-up and integrate existing services, and it was believed that 111 would provide a very responsive service for patients.

How would the triage service work under 111?
Response – Fran Beck reported that the plan was for most triage call handling to be dealt with by NHS Direct from their centre in Dudley. There would a dedicated team at Dudley dealing with calls from the Shropshire, Telford & Wrekin area. However, the local project Board was looking at an option of having a call handling centre in Shropshire, Telford & Wrekin, and was currently assessing the benefits/risks of this model.

The principle of the 111 service is good – but it has been reported that the service could increase demand for A&E services by 6-9%
Response – David Evans replied that both CCGs recognise that the 111 service cannot have an adverse effect on A&E. It is imperative that we make this service work and this is why Shrop Doc has been commissioned for another year. Fran Beck added that NHS Direct will manage 6 call centres. Call from Shropshire and Telford and Wrekin will go to the Dudley call centre where there will be a team for this area. There are discussions about the advantages and disadvantages of having the team based in Dudley or locally.

What measures were being taken to ensure the public was fully educated about the 111 service before its introduction? It was important that patients groups were involved. It was also raised that there is a lot owf work to be completed in the next 3 months.
Response – Wayne Bartlett reported that there would be national and local/regional campaigns – with every household getting a leaflet plus national advertising campaigns etc. Focus groups were being used to work on getting the right messages across for the campaign. Locally, discussions were

starting to take place with stakeholders on how best to manage and advertise the service. The detail of this was still being sorted out.

The fact the 111 service is free is to be commended and that it will be a first point for all advice. But concerns were expressed about how this will fit with the rest of the system.
Response – Nathan Griffiths responded that for clinicians and the public the perception of an emergency can be different and than inappropriate 999 calls can be referred to the 111 service. Wayne Bartlett added that the integration with local services and the 999 service is key. It was also recognised that when taking a call the call handlers will be trained to follow the system – they are less likely than clinicians to deviate from the algorithm.

It is important that this service is promoted properly. Is there a risk that people will phone 111 when they should have called 999?
Wayne Bartlett responded that all emergency calls will be responded to . In the North East pilot there was evidence that at least 24 people were alive that used the 111 service who had not contacted their GP or 999..

Members welcomed the likely retention of Shropdoc for the next twelve months while the new 111 service "bedded in", and it was suggested that the introduction of the service in Shropshire, Telford & Wrekin should be monitored, with a review after 12 months operation. It was recognised that the 111 service could help to ease the pressure on emergency services, but there were some concerns about how the referrals would be handled. It was also discussed how Patient Groups can help to get information out about the service. Members indicated that they would like to visit the NHS Direct call centre at Dudley, and Mr Bartlett agreed to facilitate this. It was also agreed that the Scrutiny Committees in the pilot areas would be contacted.

JHOSC-5 CREATING BETTER HEALTH & CARE SERVICES

Adrian Osborne (Communications Director, Shrewsbury & Telford NHS Hospital Trust) presented an update on a review of urgent care services at SaTH. The Trust was looking at the processes that should apply to such services in order to have full confidence in them, and would be engaging with patients and the public about what was important to them; and with clinical and professional staff about the safety of current services.

A four step process was being proposed for the review:

Step 1 – what does "good" look like? - identifying the outcomes and standards that services should be delivering
Step 2 – how are we doing? – assessing how we are doing against these outcomes and standards
Step 3 – what does this mean? – identifying gaps that need to be addressed, and discussing and developing a range of options for doing this
Step 4 – what action do we need to take? – agreeing recommendations for ensuring safe and sustainable services.

Mr Osbourne then outlined a number of challenges facing emergency department care, and listed the aspirations for the service.

An initial engagement event had been held on 17 October 2012, which was focussed on the first two steps above, as well as looking at what practical steps might be needed to ensure “better health and care” in local emergency departments. Details of the feedback and views received at the event were included with the agenda papers. An Urgent Care Network had been established to oversee the development of an urgent care strategy. As part of these wider arrangements, an A&E Steering Group, including patient, clinical and managerial representatives from Shropshire, Telford & Wrekin and Mid Wales, had been set-up – a copy of the Group’s terms of reference was included with the agenda papers. It was proposed to hold a follow-up stakeholder engagement event in January/February 2013, and the Trust was keen to work together with all partners in developing its vision for the future.

During the ensuing discussion, members of the JHOSC expressed concern at the consequences of the Review for current A&E provision, given that there had previously been a clear expression of public support for the retention of 24/7 A&E facilities at both hospital sites, and assurances given by the Trust in 2011 that A&E services were safe and sustainable. The Joint HOSC had supported the reconfiguration proposals on the basis that there would be 2 fully staffed A&E departments open 24/7 Peter Herring (Chief Executive, SaTH) stated that the Trust was in the early stages of exploring options. There were challenges, and there was concern that the Trust was not currently providing the best emergency service that we can. But no definite plans or solutions had been finalised, and it was important that this was looked at in the context of all urgent care provision within the local health economy. In response to a question as to whether the Review was financially driven, Mr Herring added that this process was not about saving money. But given that the NHS was ever-changing, the Trust had to constantly keep its services under review and to look at alternatives to the current model. Adrian Osborne added that there is a national problem with the recruitment of A&E doctors and that there is a role for the commissioners and Health and Wellbeing Board

What had changes since March 2011 when the reconfiguration of services had been agreed. The changes had been agreed by the Assurance Panel and the Joint HOSC. It was recognised that the reconfiguration was a compromise and the Joint HOSC could have referred the decision to the Secretary of State but did not.
Response - Adrian Osborne responded that these were the right decisions for Women’s and Children’s Services and Acute Surgery. However these changes do not happen in isolation and the Trust has to continue to respond to these changes.

Are the decisions financially driven?
Peter Herring responded taht the Trust does have to take financial decisions but that finances do not drive these changes. There are different alternatives

that can be put to the community. We have got the wrong model – it is too bed based but I have no doubt that there will be urgent care facilities on both sites.

The point was also made that the demographics of Telford and Wrekin need to be taken into account. As a new town it attracted a population who are now in their 60s and 70s so there is a increasing aging population but there also an increasing number of children.

Cllr Dakin expressed a fear that the current A&E model may become unsafe or unviable, and felt that more information was needed on current usage of the service.

JHOSC-6 STROKE REVIEW

Carol McInnes (Head of Programmes and Service Redesign Shropshire CCG) updated the Joint Committee on the review of stroke services across Shropshire, Telford & Wrekin, which formed part of a regional review of stroke pathways. Further information on the regional review was attached to the agenda. A local project board had been established to co-ordinate the review, and a number of project groups were looking at current provision and to identify where there were gaps in the service and how they could be addressed. The key areas that had been identified were:

- A review of the whole pathway had shown that a lot of good improvements had been made;
- For the first 72 hours of care, the best outcomes were where there was dedicated support from stroke specialists. However, there were currently not the volumes of patients to make this viable;
- An early supportive discharge system – this had been piloted in Shropshire, and had improved outcomes, although more needed to be done. Telford & Wrekin were looking at a different model.

The next stage was to look at how the gaps in provision could be filled, and views were being sought from patients, clinicians etc. The outcomes of the review would be reported back to the Regional Board in January 2013.

How will the review take into account end of life care and early discharge from hospital? How does the Trust ensure that patients have capacity to give consent?
Response - Carol McInnes replied that there are quality markers for end of life care. These are not specific to stroke services. David Evans added that the CCG is very clear that patients and family should be involded as much as possible. And that dignity and care is a priority.

How will the WMAS be engaged as part of the Stoke Review? There are areas in Shropshire where they fail to meet response time targets.
Response – David Evans responded that it is important to recognise the improvements the WMAS has made. As a CCG we need to look at this – there is currently one lead commissioner 0 but this is not the best model for commissioning. The commissioning process needs to take into account local

Geography – but even the best ambulance service will struggle to meet the 30 minute target in remote areas.

Will TIA clinics continue on both sites
Response – Carol McInnes responded that they will.

The Joint Chairs asked about using community facilities e.g. in Shropshire using the Community Hospitals and in Telford and Wrekin working with Care Homes.
Response – Carol McInnes responded that there are limitations to the services that can be provided in the community as they cannot provide an acute service.
The Joint Chairs referred to the visit that JHOSC members had made to the Stroke Units, and that there appeared to be a strong case for concentrating all the services on one or other of the hospital sites. However, there was some concern that the decision about a particular site would be taken at a regional level. Mrs McInnes advised that the views of clinicians locally as well as local data on travel times/access etc would be taken into account. The Hospital Trust representatives added that the best clinical model might be for hyper-acute (first 72 hours) and acute (post 72 hours) services to be co-located on the same site to provide better continuity of care. However, any final decision was subject to further appraisal of options etc.

JHOSC-7 CHILDREN'S SURGERY

Kate Shaw (Programme Manager, SaTH) provided an update on the changes to surgical services for children.

In September, it became clear that there were challenges, following the resignation of some clinical staff, in providing unplanned surgical care for children at the Princess Royal Hospital. The lead clinicians had decided that the safest option for the care of these children was to temporarily transfer such cases, which amounted to one or two a week, to the Royal Shrewsbury Hospital. The pathway was now in place, and children who needed unplanned surgery and presented at the PRH were being transferred safely to the RSH. The intention was that by summer 2014 all planned and unplanned children's surgery would take place at the Princess Royal Hospital, as originally envisaged.

In response to questions from Members regarding the staffing levels for Children's surgery at PRH, the SaTH representatives advised that all recruitment processes were now under way, and it was hoped to have replacement staff in post by early next year. It was also confirmed that children could be transferred back to the PRH following surgery at RSH.

JHOSC-8 SaTH TRAVEL & TRANSPORT PLAN

Chris Needham (Associate Director of Estates, SaTH) provided an update on progress on the production of a Travel and Transport Plan following the re-configuration of services.

The Trust was working closely with both Shropshire and Telford & Wrekin Councils on developing the Plan. In terms of access to the hospitals, each site had different issues and so there were likely to be different solutions. For example, at Shrewsbury an option for a park and ride service from Oxon was being explored. At Telford, additional car parking for patients and the public would be provided at the front of the site following the opening of a new staff car park on 10 December. A new camera based parking control system, together with the tiered tariff system, would come into effect in Spring 2013 for patients and visitors.

Other initiatives included working with both local authorities on the option of a shared Travel Plan Co-ordinator post, an agreement with Arriva to provide discounted season tickets for staff who commuted to work; and to make it easier for staff to contact each other and arrange shared lifts.

In response to a question regarding progress on a shuttle bus link between the two hospital sites, Mr Needham stated that this was one of the work streams being looked at in conjunction with the local authorities. It was also suggested by a Member that a shuttle bus could link to the Shelton hospital site.

The Joint Chairs commented that they were pleased with work that was being done jointly with the Local Authorities.

JHOSC-9 RE-CONFIGURATION OF HOSPITAL SERVICES - UPDATE

SaTH representatives gave an update on progress on certain aspects of the re-configuration proposals.

- Head and Neck services were now in place at Ward 8 at the Princess Royal Hospital. The out of hours provision was now incorporated within the Unit. There had been very positive feedback so far from staff and patients;

- The Trust Board was due to enter into a final contract with Balfour Beatty for the construction of the new Women and Children's Unit at the Princess Royal Hospital. It was hoped that work would start in mid December, with a formal "footings" ceremony in January 2013. Thanks were expressed to the Telford & Wrekin Council Mayor, who was raising money for the new Unit as part of his charity Appeal;

- The Trust was continuing to engage with patients and communities on the changes to the services;

- Following joint work with service users and their families of the Rainbow Children's Cancer Unit, there was now a plan for the vacated space at the RSH site to be used for clinical training and community use – thereby creating a legacy at Shrewsbury.

In response to a question about the recruitment of midwives for the new Women and Children's Unit at the PRH, Kate Shaw reported that the Trust was at early stages of consultation with staff on their preferred work location. It was hoped that most preferences would be able to be accommodated.

JHOSC-10 CORONER INQUESTS

Peter Herring reported on two "Rule 43" letters that had been received from the Coroner, which had recommended improvements in falls prevention. As a result, a number of issues had been identified which had resulted in improvements to risk assessment processes, to how patient information was shared at times of nurse handover, and to how patients with a high risk of falling were managed – including enhanced patient support where required. New arrangements about nurse handover were now being trialled.

JHOSC-11 CHAIRS' UPDATE

The Joint Chairs reported that from the evidence of a recent meeting they attended at the Community Health Trust, it appeared that not all parts of the health economy were working together. They had requested a meeting with the Chief Executive of SaTH to discuss the Trust's financial position, and were keen for re-assurance that the protection of individual organisational budgets was not resulting in a less joined-up way of working across the health economy.

JHOSC-12 JOINT HOSC WORK PROGRAMME

The report of the Scrutiny Group Specialist (TWC) was received, which updated Members on the Committee's work programme. Appended to the report was a draft work programme which set out the likely issues over the next 18 months relating to the planning and provision of services by the Shrewsbury & Telford Hospital NHS Trust. In addition to this, the Committee might wish to look at the modernisation of mental health services, community health updates, and the Foundation Trust application.

During the ensuing discussion, Members also raised the following issues:

- Review of the 111 service after 12 months of operation,
- Obtain further information on the outcomes from the 111 pilot projects and to speak to the health scrutiny bodies in those areas
- Visit to the NHS Direct call centre at Dudley
- Need to see the Strategy underlying the urgent care review
- End of life pathways
- Further discussions with the SaTH Chief Executive would help to determine the likely timing for any scrutiny of the Trust's application for Foundation status.

The meeting closed at 12.50 pm

Chairman……

Date……

Agenda Item: 4

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	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. Our aim continues to be to provide care for children at their nearest hospital where this is clinically appropriate. 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.	Spring 2013 Update on Make Ready Spring 2014 Closing report on move of Women's and Children's Services
1.4	Development of clinical pathways and mitigation of risks when transferring children between hospital sites		Spring 2013 Update on Make Ready 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
1.9	Further work with Commissioners to develop hospital at home service for children to avoid unnecessary hospital admissions	*For response by Shropshire County CCG and Telford & Wrekin CCG.*	
1.10	Evidence of work force planning and availability to support the proposals	The development and implementation of our workforce plan will be an ongoing process through to implementation of the new services in 2014 and beyond. 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:	Spring 2013 Update on Make Ready Summer 2013 Update on Women's and Children's Services (including workforce development issues) Summer 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
		Medical Staffing - 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. *Nursing* - 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. *Trust-wide Staffing* - 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. 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. 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.	Completion of move of Head and Neck services (including workforce development issues) Spring 2014 Closing report on move of Women's and Children's Services

	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
		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.	
2	**Maternity Services**		
2.1	Development of clinical pathways to mitigate risks for mothers who will have to travel further to services at PRH	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. 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. 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	Spring 2013 Update on Make Ready 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
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.		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

	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
		pathways.	
2.3	Continued engagement of the WMAS in the development of clinical pathways	*For response by West Midlands Ambulance Service NHS Foundation Trust.*	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	*For response by Shropshire County CCG and Telford & Wrekin CCG.*	
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	

	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
		to RSH from PRH for emergency surgery (1-2 per week). This will continue until 2014. 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. 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.	
3.5	Detailed workforce planning	Consultant job plans within Surgery have been updated to accommodate the cohorting of planned children's surgery as described above (see 3.4). 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.	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) Spring 2014 Closing report on move of Women's and Children's Services
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)

	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
	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	*Women and Children's* Since the last update to the JHOSC, two key focus groups have been held: • 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.	Spring 2013 Patient and public engagement – ongoing involvement and engagement as part of service reconfiguration Spring 2013 Quality and Performance Measures – Patient Experience and patient experience survey. Overview and further information on low scoring areas.
5.2	SaTH does all it can to alleviate the concerns of those who have been opposed to the proposals		Spring 2013 Patient and public engagement – ongoing involvement and engagement as part of service reconfiguration Spring 2013 Quality and Performance Measures – Patient Experience and patient experience survey. Overview and further information on low scoring areas.
5.3	Address concerns of Welsh colleagues who will be affected by the changes		Spring 2013 Patient and public engagement – ongoing involvement and engagement as part of service

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			reconfiguration
5.4	Public are kept informed and patients informed of the implications for changes before they take place	More broadly, the Trust has also recently: • 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 *Surgery* 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:	Spring 2013 Patient and public engagement – ongoing involvement and engagement as part of service reconfiguration

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		• "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. *Head and Neck* 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. 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.	
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. 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. Tenders are currently being sought for the provision of a cross site shuttle bus. Work is also underway with both Shropshire Council and Telford & Wrekin Council to explore transport options including: • 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
8.2	Arrangements are made so staff, patients and visitors can move between sites as soon as services are relocated		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		