Agree key milestones for implementation, ensuring further clinically-led development and discussion with patient involvement.

All clinicians working together to ensure clinical pathways and arrangements are in place to mitigate risks.

WMAS and WAS being maintained through the Strategic Forum. Implications for the ambulance services completed demonstrating a negligible impact for WMAS and a minimal impact for WAS (absolute worse case 350 hours per annum).

In depth analysis of unplanned paediatric activity

18 August 2011

Further work with GPs and Midwives to assess those considered at risk and appropriate action taken to ensure the safety of mothers and their unborn children.

Define all the pathways affected.

Identify risks that currently exist and those that are potentially increased by the option.

Area (a) LAP (b) OGC (c) NCAT (d) Joint HOSC (e) EqIA (f) Current Position (g) Next Steps

1 Clinical Care Pathways

Assurance about clinical risk mitigation for the proposed configuration, focussing in particular on the new risks that are introduced by the proposed changes and with detailed care pathways for categories of patients for whom particular risks have been identified, for instance children with major injuries being taken to the Royal Hospital (Taylor)

Reassurance from WMAS that they are able to reach, stabilise and safely transport children the further distance to the Rainbow Unit to be addressed.

Communication strategy developed for parents accessing paediatric inpatients or PAU

Further discussions to take place with consultant neonatologists to identify risks in the current service and solutions for planning the service in a clinically safe way, recognising that evolving the service for the new facility will be part of the solution.

RSH Pediatric Unit reconfiguration to begin in July

Physical options developed and included in the OBC.

7 Communication -

Clinician and stakeholder discussions have shaped the clinical care pathways and options for delivery which have been undertaken with colleagues in Wales and this will continue. Comprehensive communications and engagement plan is place.

The Trust must do all they can to alleviate the concerns of those who have opposed the proposals. Discussions and work must continue with Welsh colleagues to address the concerns of those in Wales.

The four clinical working groups and the Clinical Assurance Group will continue to meet to enable ongoing progress reports to local Health Councils will continued to be consulted on the delivery of this plan. ‘Day in the life...’ under development.

The Trust must do all it can to alleviate the concerns of those who have opposed the proposals. Discussions and work must continue with Welsh colleagues to address the concerns of those in Wales.

The four clinical working groups and the Clinical Assurance Group will continue to meet to enable ongoing progress reports to local Health Councils will continued to be consulted on the delivery of this plan. ‘Day in the life...’ under development.

9 Social, transport and transport

Know-how about cultural context around travel of patients and issues of travel.

Road transport and travel plans and systems are agreed.

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Road transport and travel plans and systems are agreed.
Complete detailed Financial, Estate and HR plans to support the programme objectives.

A full workforce strategy to be in place by March 2012.

Further work on the capital and revenue implications to be progressed within the FBC by February/March 2012 as per DH guidance and NHS best practice.

Continued Equality Impact Assessment in ongoing development and Clinicians involved in the development of the service briefs which in turn informed the estate requirements.

Facility, ... included in the OBC. Regular meetings and discussions with SHA colleagues undertaken. Link between reconfiguration and the Trust’s LTFM explicit. Figures shared with PCT and GP commissioning colleagues.

Financial sustainability referred to SCPCT and NHST&W

Continued transparency in financial and estates planning. Robust plans to be put in place.

Financial planning

Develop a comprehensive plan that defines the processes and structures in place to ensure that the plan is being implemented and monitored.

Produce a draft implementation plan for transition in order to ascertain resource requirements for the new ways of working.

See Governance (12)

In-depth workforce planning undertaken. Current ways of working challenged and future ways of working agreed. Clinical adjacencies enabling efficiencies in workforce needs. All staff groups being focused on their service needs and using to help shape their implementation.

Programme plan for part two of this phase to be in place by end September 2011.

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