### Executive Summary

This paper updates the Trust Board on the implementation of the Future Configuration of Hospital Services Programme.

With just six months until the transfer of inpatient, consultant led Women and Children’s Services from the Royal Shrewsbury Hospital (RSH) to the Princess Royal Hospital (PRH) work continues to:

- Deliver the ongoing operational implementation of change, communication and engagement activities and the continued assurance processes associated with the programme
- Construct the main Women and Children’s Centre at PRH
- Progress all enabling and associated works and moves and the mini-projects that form part of the reconfigured service delivery at PRH
- Re-phase the design development of the Women and Children’s Zones at the RSH
- Construct additional inpatient capacity at PRH

The FCHS programme continues to meet all key target dates. The overall project remains affordable within the capital budget, subject to agreement of the scope and timing of the works at RSH and the cost pressures associated with the energy source.

### Related SATH Objectives

<table>
<thead>
<tr>
<th>QS: Quality and Safety</th>
<th>QS8: Develop a long-term clinical services site strategy and wider health strategy for the optimal configuration of acute, community and primary care services</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP: Community and Partnership</td>
<td>CP6: Achieve sustained improvement in trust, confidence, reputation, customer service and public/community engagement</td>
</tr>
<tr>
<td>FS: Financial Strength</td>
<td>FS2: Deliver milestones within the Women and Children’s services reconfiguration plan</td>
</tr>
<tr>
<td>Risk and Assurance Issues (including resilience risks)</td>
<td>The Future Configuration of Hospital Services Programme will support the local NHS to address risks to the clinical quality of services.</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Equality and Diversity Issues</td>
<td>The potential equality and diversity implications, including issues raised within the PCTs' Equality Impact Assessment during the consultation and assurance phase of the programme have been considered and were included in the Full Business Case.</td>
</tr>
<tr>
<td>Legal and Regulatory Issues</td>
<td>Ongoing public and stakeholder engagement has been integral to the Future Configuration of Hospital Programme and will continue throughout its implementation supporting the local NHS to address legislative requirements on engagement and consultation set out in Section 242 and Section 244 of the NHS Act 2006 and related policy and guidance</td>
</tr>
</tbody>
</table>

### Action required by the Trust Board

The Trust Board is asked to:

- **NOTE** the continued progression of the implementation of the FCHS programme
- **APPROVE** the interim plans for Women and Children’s Services at RSH and specifically the:
  - Re-phasing of the creation of the new Children’s and Women’s Zones at RSH with the temporary location of these services within the existing Maternity Building and vacated Shropdoc Building at RSH
  - Postponement of the creation of new offices within the existing Maternity Building; a Clinical Training Centre within the Rainbow Unit; and the relocation of DAART at RSH
- **NOTE** the required communication and engagement on the amended plan internally with all staff and externally with stakeholders, patients and the public.
The Future Configuration of Hospital Services Programme
Trust Board Update
27 March 2014

1. Introduction
This paper updates the Trust Board on the ongoing implementation of the Future Configuration of Hospital Services (FCHS) programme.

2. Transition and Operational Implementation
The FCHS programme remains on target for delivery of all service and workforce changes, the construction of the new Women and Children’s Centre at the Princess Royal Hospital (PRH), as well as all associated enabling works and moves.

The involvement and engagement of staff, patients and their families, the public and the Trust’s partner organisations remains central to the programme.

2.1 Women and Children’s Implementation Project Teams
Weekly Women and Children’s Project Team meetings have continued since February 2013 on a rolling programme through five specialty areas (Maternity; Neonatology; Gynaecology; Children’s; Support and Admin). These teams comprise staff from the Women and Children’s Care Group; lead clinicians and managers; Workforce Leads; Finance Leads; and members of the FCHS Project Team, including the FCHS Medical Coordinators. Every meeting is open to any member of staff within Women and Children’s and attendance of staff and Staff-Side Representatives is good.

2.2 Trust-wide Implementation
The importance of Trust wide involvement in the implementation of the reconfiguration and the impact on other Care Groups and Centres is acknowledged. Fourteen Centre to Centre Workshops were held during 2013 where by a team from the Women and Children’s Care Group was able to have detailed discussions with the other Care Groups/Centres on a one to one basis.

The outputs from the Centre to Centre Workshops were brought together in a Trust wide Clinical Working Group in October 2013 which in turn has formed the basis of the Trust-wide Implementation Issues Log. This Issues Log is reviewed monthly within the FCHS Implementation Group meetings chaired by the Chief Operating Officer. The FCHS Implementation Group meets every two weeks and focuses on general implementation and workforce issues (see below) at alternate meetings.

The transition and operational implementation of the reconfiguration continues with good progress against plan. Key dates from now until September 2014 are outlined below and include:

<table>
<thead>
<tr>
<th>Date</th>
<th>Service Change</th>
<th>Next Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 March</td>
<td>Discharge Lounge, PRH relocated to Paul Brown Unit</td>
<td>Works undertaken in vacated Discharge Lounge to facilitate the move of Cardio-Angio</td>
</tr>
<tr>
<td>4 April</td>
<td>Cardio-Angio, PRH is relocated to Ward 7</td>
<td>Vacated Cardio-Angio converted into office space within the new PRH Administration Hub</td>
</tr>
<tr>
<td>11 April</td>
<td>Ward 17 is operational</td>
<td>Ward 12 handed over to Balfour Beatty to create the new Women’s Unit (Ward 12/4) including: Early Pregnancy Assessment; Gynaecology Emergencies; Colposcopy and Gynaecology Procedures; Gynaecology Inpatients</td>
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</table>

Patients from Ward 12 and one bay and side room on Ward 16 relocate to Ward 17

Bay and side room refurbished and converted into the new Antenatal Day Assessment

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<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 April</td>
<td>New Children’s Ward (Ward 19), PRH is operational.</td>
<td>Patients from Ward 14, the temporary Children’s Ward relocate to Ward 19</td>
</tr>
<tr>
<td></td>
<td>Ward 14 handed over to Balfour Beatty to create the new Women’s Unit</td>
<td></td>
</tr>
<tr>
<td>From May</td>
<td>Staff located within the CSSD corridor, PRH (who were originally in the Management Suite) relocate to the new PRH Administration Hub</td>
<td>Works commence in the vacated CSSD corridor to create a new Theatre Store</td>
</tr>
<tr>
<td>From June</td>
<td>CSSD corridor, PRH converted to Theatre Stores</td>
<td>Works commenced in vacated old HSDU space to create administrative accommodation for Women and Children’s staff transferring from RSH</td>
</tr>
<tr>
<td></td>
<td>Medical Records staff from within old HSDU are relocated to Ground Floor, PRH</td>
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</tr>
<tr>
<td>From 22 September</td>
<td>Management and administrative transfer from RSH to PRH</td>
<td>Options for the vacated space within the current Maternity Building are detailed below.</td>
</tr>
<tr>
<td>29 September</td>
<td>Gynaecology Emergencies; Colposcopy and Gynaecology Procedures; and Gynaecology Inpatients move to the new Shropshire Women and Children’s Centre</td>
<td>Options for vacated space at RSH within Ward 31/32 include the development of ambulatory space for Medicine/Elderly Care and Fertility. All associated works are subject to the development of Business Cases.</td>
</tr>
<tr>
<td></td>
<td>Inpatient Paediatrics including Oncology at RSH move to the new Children’s Ward (Ward 19) and the Children’s Haematology and Oncology Centre (Ward 20), PRH</td>
<td></td>
</tr>
<tr>
<td>30 September</td>
<td>Neonatology transfers to the new Neonatal Unit (ward 23)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Postnatal and Antenatal wards move to their new locations within the Women and Children’s Centre (Wards 21 and 22)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>RSH Labour Ward transfers to the new Delivery Suite (Ward 24)</td>
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</table>

### 2.3 Ambulance Trusts, GPs and the Care Coordination Centre

A number of meetings and discussions have been held with both the West Midlands and the Welsh Ambulance Trusts and the Care Coordination Centre (CCC)/Shropdoc to agree the pathways of care and to enable them time to put in place amended operational policies and guidance.

### 2.4 Paediatric and Gynaecology Surgical Cover

The cohorting of elective paediatric activity at PRH on two days each week (Mondays and Fridays) was successfully implemented on 4 March 2013. The plans for providing surgical cover at PRH from September 2014 remains as set out within the Full Business Case (in hours Consultant cover; out of hours non-resident staff grade/associate specialist) however, recruitment is a challenge and so alternative plans to provide this agreed cover are now being discussed.

### 2.5 Workforce and the Management of Change

Formal consultation with all Agenda for Change staff within the Women and Children’s Care Group concluded at the end of November 2013 with a number of staff being added to the Trust’s Alternative Employment Register. This number continues to reduce as alternatives or solutions are found and is currently at 40. All efforts will continue to be made to provide staff with an alternative role, including opportunities within the Trust’s emerging ‘Job Swap Scheme’. Formal consultation with non-Agenda for Change staff is not required however all staff within this group have received formal notification of the changes and their associated change in base.

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One key area of concern for many staff is the availability of car parking and the practicalities of travelling to PRH for some. The plans for staff within the Women and Children’s Care Group form part of the wider plans for implementation of the Trust’s Travel and Transport plan.

Staff engagement and involvement continues to be a priority for FCHS programme with many activities planned and underway. This includes:

- Staff engagement workshops
- Tours of the new Women and Children’s Centre
- Weekly circulation of ‘The Future This Week’
- Updates and Q&A sessions at Team Meetings
- Management of Change workshops
- Training and familiarisation of the new Centre and PRH

Formal updates are provided to TNCC each month and Trust-side representatives are invited to the meetings and events detailed above.

### 2.6 Assurance

Ongoing assurance is a vital element of the implementation of change, and includes the updating and review of the Quality Impact Assessments; discussions with, and involvement of commissioning leads in key meetings and decisions; the Clinical Assurance Group; and regular updates to the Joint Health Overview and Scrutiny Committee;

An update meeting with CCG leads is planned for 18 March. A formal update to the Joint Health Overview and Scrutiny Committee is scheduled for 24 March 2014.

### 3. Project 1 – the New Women and Children’s Centre at PRH

Balfour Beatty are working in partnership with the Trust on the final design and construction of the new and refurbished elements that make up the new Women and Children’s Centre at PRH. All areas, excluding the Women’s Unit (which is currently occupied by Medicine and the temporary Children’s Ward as detailed above) are progressing at a pace. Progress photos can be viewed on the Trust’s flickr pages [www.flickr.com/photos/sathnhs](http://www.flickr.com/photos/sathnhs)

#### 3.1 Furniture and Equipment

Expenditure on furniture and equipment within the Women and Children’s Care Group and other services affected by the changes has been suspended since the FBC was approved to enable funds to be utilised for furniture and equipment within the new Women and Children’s Centre and areas associated with the transfer of services from RSH to PRH.

A rigorous process of mapping, challenging and reviewing all required and requested furniture and equipment has been undertaken. An NHS Supply Chain led procurement process to select a preferred supplier of all furniture has taken place; Emergent Crown were selected and are working with the Project Team on the phased delivery of goods.

#### 3.2 Planning

The new Women and Children's Centre at PRH has been the subject of a planning application made to Telford and Wrekin Council. Planning permission was granted on 28 March 2012, subject to a number of expected and usual conditions, including resolving issues relating to traffic and car parking, ecology and trees. All information has now been provided to the Local Authority to discharge these conditions, although not all of the conditions have been formally discharged. Contact continues with the Local Authority to seek formal discharge.

### 4. Project 2 – the refurbishments at PRH and RSH

The Trust continues to progress the various refurbishment projects at RSH and PRH included within the FBC (Project 2). The sub-projects within Project 2 include:
<table>
<thead>
<tr>
<th>Sub-project</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Creating a new Children’s Zone at RSH (including a Children’s Assessment Unit and Children’s Outpatients) at RSH</td>
</tr>
<tr>
<td>2b</td>
<td>Creating a new Women’s Zone at RSH by refurbishing Wards 31 and 32 at RSH to include a Midwife-Led Unit; Antenatal Day Assessment (PANDA); Maternity Outpatients and Scan; and Early Pregnancy Assessment Service (EPAS)</td>
</tr>
<tr>
<td>2c</td>
<td>Creating new offices within the existing Maternity Building at RSH to house administration, executive, human resources/workforce and finance staff</td>
</tr>
<tr>
<td>2d</td>
<td>Creating a new Clinical Training Centre within the Rainbow Unit at RSH</td>
</tr>
<tr>
<td>2e</td>
<td>General enabling and temporary works at RSH (relocation of DAART, Shropdoc; T&amp;O/A&amp;E offices)</td>
</tr>
<tr>
<td>2f</td>
<td>Creating new offices within the vacated HSDU at PRH to accommodate Women and Children’s staff and others displaced by the new Women and Children’s Centre</td>
</tr>
<tr>
<td>2g</td>
<td>Creating a new Maternity Scan and Outpatients area at PRH within vacated space in Ward 16</td>
</tr>
</tbody>
</table>

Sub-projects 2f and 2g are on programme for delivery as set out within the FBC. Due to the impact of the re-phasing of 2a and 2b (detailed below) the development of 2c and 2d have been suspended. Elements of 2e have been completed (relocation of Shropdoc; T&O/A&E offices); the relocation of DAART forms part of the Women’s Zone and so has been re-phased.

Due to the need to retain inpatient capacity at RSH alongside the establishment of the Future Fit programme and the impact that this may have on the estates and facilities at RSH, sub-projects 2a to 2d are not programmed to be delivered as set out within the FBC.

For all options for the interim solution, the impact of the delay in works at RSH will mean that inflation on build costs will reduce the amount of estate that can be built/ refurbished for the available capital (around £5m). In addition, the revenue impact of service delivery in areas that were programmed to be vacant, or have a different use, should also be noted. This is currently being scoped. However, there is a balance required between investing in the estate to improve services for patients in the interim whilst ensuring that only essential improvements are made such that the capital fund is not reduced further. The work associated with the interim solutions are estimated at £200,000.

The actual services within the Children’s Zone (2a) and those within the Women’s Zone (2b) will continue to be provided at RSH as described within the FBC but the transfer of these services into new accommodation will be re-phased until the outcome of the Future Fit programme is clearer. This re-phasing also impacts on 2c and 2d; which form the longer term use of the current Maternity Building.

### 4.1 2a) Creating a Children’s Zone at RSH

The Trust remains committed to the delivery of non-inpatient paediatric services at RSH as set out in the FBC. Furthermore, the Trust also remains committed to the vacation of clinical services for patients from the current Maternity Building at RSH. However, the establishment of the Future Fit programme has resulted in the need to re-phase any new developments or builds at RSH pending the outcome of the Future Fit programme and an understanding of the impact this will have on the RSH site.

Work to design and develop a new Children’s Zone at RSH has therefore been suspended. Potential options and interim proposals have been worked up by the Paediatric Clinical Team (including the FCHS Paediatric Medical Coordinator; Ward Managers; lead clinicians and managers; Advanced Nurse Practitioners; and ED consultants) for the delivery of a Children’s Assessment Unit and Children’s Outpatients at RSH.

Options for the interim that were discussed and discounted include:

**Doing nothing (leaving the CAU and Children’s Outpatients in their current location)** – this option does not address the lack of space, the lack of single rooms for isolation of patients or provide the required clinical adjacency between the CAU and A&E

**Extend the CAU and Children’s Outpatients within Ward 16** – this option would not provide a workable room configuration for the CAU without major works. It also fails to provide the required clinical adjacency between the CAU and A&E
The preferred option, to provide Children’s Outpatients within Children’s Oncology and the CAU within the vacated Shropdoc building adjacent to A&E is detailed below:

<table>
<thead>
<tr>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatients:</td>
</tr>
<tr>
<td>Consulting rooms can be provided within a newer environment</td>
</tr>
<tr>
<td>Patient flow improvements are achievable due to increased area and layout – dedicated space for reception; weigh and measure; wait and play; office space for dictation</td>
</tr>
<tr>
<td>FBC consulting room numbers can be achieved</td>
</tr>
<tr>
<td>CAU: Adjacency to A&amp;E is achieved</td>
</tr>
<tr>
<td>Improved access for patients</td>
</tr>
<tr>
<td>Joint working with A&amp;E</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatients</td>
</tr>
<tr>
<td>Isolation from other services and particularly CAU</td>
</tr>
<tr>
<td>COPD patients transferring to CAU will have to be transferred under the tunnel or outside</td>
</tr>
<tr>
<td>CAU: Adjacency to A&amp;E is achieved</td>
</tr>
<tr>
<td>FBC bed numbers and single rooms can be achieved</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation of children’s services will challenge qualified nurse cover of COPD</td>
</tr>
<tr>
<td>CAU adjacency to A&amp;E will enable joint working</td>
</tr>
<tr>
<td>Additional Paediatricians required to cover CAU</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs associated with making non-clinical rooms in both areas clinically suitable</td>
</tr>
<tr>
<td>A delay in new build/refurbishment and the impact of inflation will reduce the amount that can be developed with the available capital</td>
</tr>
</tbody>
</table>

The preferred option enables the Trust to address some of original issues with the current facilities that formed the basis of the FBC, including the need to: increase the number of consulting rooms within the current children’s outpatient service; increase the number of beds within the current Children’s Assessment Unit (CAU); and to locate the CAU near to the Emergency Department at RSH. It also allows time for clarity within the Future Fit programme and for the preferred options to have been identified sometime in 2015. At this time, the options for the Children’s Zone at RSH will be revisited.

A Quality Impact Assessment for the interim solution has been developed and is subject to approval.

The proposals were signed off at the FCHS Programme Board on 17 March 2014 for submission to the Executive Directors. The proposals were approved by the Executive Directors for submission to the Trust Board at their meeting on 19 March 2014. The proposals have been shared with Commissioners and will be presented to the Joint Health Overview and Scrutiny Committee on 24 March 2014.

4.2 2b) Creating a Women’s Zone at RSH

Discussions within the FCHS Programme Board and the Executive Directors Team have previously identified that the use of Wards 31/32 and DAART for the development of a Women’s Zone were not currently feasible due to the pressure for inpatient capacity at RSH. A revised solution for the long term location of a Women’s Zone at RSH is therefore required.

Interim proposals have been worked up by the Maternity and Gynaecology Clinical Teams (including the FCHS Medical Coordinators for Maternity and Gynaecology; Ward Managers; and lead clinicians and managers) for the delivery of a Women’s Zone at RSH.

Options for the interim that were discussed and discounted include:

Doing nothing (leaving EPAS in its current location by Fertility and Maternity Outpatients and Scan, Antenatal Day Assessment and the MLU in their current locations within the Maternity Building) – this option does not address the lack of space and room size, the current clinic layout, or the lack of appropriate accommodation for confidential assessment/discussions.

The preferred option, to relocate EPAS and Antenatal Clinic into vacated Ward 19, to relocate Antenatal Day Assessment (PANDA) into Ward 18 and to extend the MLU into Ward 18 is detailed below:
The preferred option therefore enables the Trust to address some of the original issues with the current facilities that formed the basis of the FBC, including the need to: resolve privacy and dignity challenges within the current Antenatal Clinic; deliver a stand-alone Midwife Led service for women having a low risk birth following the relocation of consultant led obstetric care to PRH; and improve scan and counselling facilities for women accessing maternity and early pregnancy care at RSH. It also allows time for clarity within the Future Fit programme and for the preferred options to have been identified sometime in 2015. At this time, the options for the Women’s Zone at RSH will be revisited.

A Quality Impact Assessment for the interim solution has been developed and is subject to approval.

The proposals were signed off at the FCHS Programme Board on 17 March 2014 for submission to the Executive Directors. The proposals were approved by the Executive Directors for submission to the Trust Board at their meeting on 19 March 2014. The proposals have been shared with Commissioners and will be presented to the Joint Heath Overview and Scrutiny Committee on 24 March 2014.

There is a need to 're-brand' the current PRH Wrekin Maternity Unit’s outpatient, scan and assessment services. This is to help avoid confusion for women, families and clinicians with the new consultant maternity service within the Women and Children’s Centre and to also bring alignment with the other MLUs across the county. It is therefore proposed that the maternity services at PRH outside of the Women and Children’s Centre are described as being within the Wrekin (or Telford) Midwife Led Unit.

5. Linked Projects

5.1 Inpatient Capacity at PRH

The Women and Children’s Centre includes the refurbishment of Wards 12 and 14 at PRH to create the new Women’s Service. Following the transfer of inpatient general Surgery to RSH in July 2012, Ward 14 has been used as ‘decant space’. Ward 12 however, has been used as escalation capacity. There are currently 21 beds operational on Ward 12.

Plans to convert the Management Suite at PRH into a 28 bed Short Stay Medical Ward and all associated works and moves was approved by the Trust Board on 30 May 2013. A number of enabling moves and works have been completed and Ward 17 is on plan to open on 11 April 2014.
5.2 Travel and Transport

One risk within the FCHS programme is the implementation of the Trust’s Travel and Transport plan. In terms of non-emergency travel and transport, a number of objectives within the programme have been identified. This includes:

- Reallocating spaces from staff to patients/visitors
- Reducing parking demand to a manageable level
- Mitigating the effects of opening a Women and Children’s Centre and movement of other services
- Improving patient accessibility to and around the Trust
- Meeting the planning conditions at PRH

A range of options have been developed in order to meet these objectives and address the day-to-day challenges faced by all staff, patients and visitors attending the Trust’s main hospital sites. A hybrid package of incentives are currently being discussed with all relevant groups and committees within the Trust and with key stakeholders ahead of presentation to the Trust Board in the coming months and options being considered include:

- A combination of options (flexible options, active travel, price increases for staff, grey fleet reform, pay as you park for staff)
- Amending Trust HR policies (car parking, lease cars, travel expenses)

6. Communications and Engagement

The Communication and Engagement Strategy for this phase of the programme, including the specific elements around the new Women and Children’s Centre continues to be implemented. Recent activities include:

6.1 Communications and Engagement Stakeholder and Staff Workshop

Two workshops have been held focusing on communications and engagement around the new Centre. The first, held at PRH on 15 January 2014 was attended by around 50 people. Guests included staff, members of the public, representatives from partner organisations and service users and other stakeholders.

The second specifically for staff, was held on 6 March 2014. This was attended by around 30 people and focused on allaying fears around any concerns about the move and determining key positive messages and ways of promoting the Centre. The next workshop for staff will take place in Oswestry on 23 April.

6.2 Communications Plan – January to October 2014

A Communications Plan is in effect leading up to the opening of the Centre and in the weeks after it has opened. The plan outlines actions which have been taken since January and will take place over the coming months. These range from the ways service users will be updated (such as women due to give birth around the time the Centre will open), and how partner organisations will be kept in the loop, to local media involvement and promotion through posters and leaflets. The plan is available as a “Plan on a Page” document (appendix 1).

6.3 Staff and Patient and Public Focus Groups

A ‘look and feel’ workshop was held on 31 January 2014 with parents, patients and staff from all areas within the Women and Children’s Care Group. The group reviewed and signed off the final ideas from ArtInsite on the colours, artwork, area identities and way-finding. These images can be found on the FCHS pages of the Trust’s website www.sath.nhs.uk/future
6.4 **Rainbow Legacy Artwork**

Work to progress the creation of the Rainbow Unit Legacy Artwork continues. Three workshops have now been held to create the glass tiles for insertion into the wall around the sculpture. These workshops have been held in Newtown, Telford and Shrewsbury for patients, siblings, families and staff where each person has designed and painted/created their own glass tile.

6.5 **Fundraising and Donations**

The Trust’s Fundraising Manager is now in post and is working with Care Group and Project Leads to progress fundraising activities associated with the reconfiguration of Women and Children’s Services. The detailed Fundraising Plan has been submitted to the FCHS Programme Board for review.

The Women and Children’s Care Group has benefitted from a kind and generous donation of £100,000 from the Walker Trust Foundation. This funding will be used to create much needed training and development facilities and provide state of the art training equipment. The fully equipped Training Suite will be housed within the new Women and Children’s Centre. A letter of thanks has been written by the Trust’s Chairman including the offer of an early viewing of the Training Suite as it is developed.

The creation of a Garden Room from the Playroom within the new Children’s Ward has been funded from the 2013 Mayor of Telford and Wrekin, Councillor Kevin Guy, ‘Caring for our Future’ campaign. The Garden Room will be handed over to the Trust on 16 April 2014. Councillor Guy remains involved in the development of this space and will be visiting the Trust just before the ward moves on 25 April 2014.

6.6 **Publicity**

Work on the new unit, associated fundraising around the Caring for our Future Appeal, and details of other developments with the project have been featured both in internal and external communications.

Internally, regular articles have been featured in the Putting Patients First Quarterly newsletter, while other articles have been included in the monthly Putting Patients First newsletter and the weekly Chatterbox. Several Message of the Week articles from Directors have also provided updates on the Centre. The Trust’s intranet includes a weekly countdown to the new Centre in one of the prominent promotional banners on the homepage, and the weekly update to senior Clinicians and Managers also includes a countdown on the Future This Week slide which contains a weekly update on the project.

The quarterly newsletter to members, A Healthier Future, has featured regular updates on the project and our Future pages on the external website are also updated, while a photo gallery is also featured in Flickr.

A number of articles have been featured in the Shropshire Star and its sister papers focusing on both key milestones (such as the ground breaking and ‘topping out’ ceremonies), fundraising (such as the Caring for our Future Appeal and From Here to Maternity walk, and on the building itself. Shropshire Star Reporters and Photographers have visited the Centre for tours and the updates from these visits have been featured prominently in the newspaper and will continue over the coming months. BBC Radio Shropshire and BBC Midlands Today have also shared updates on the project over the past year.

Further publicity is planned in the run-up to the opening, and the next major element of publicity will focus on the move of the Children’s Ward into the new Centre in April, with visits being lined up for the local media to tour the Centre, interview staff and take photographs a week or so after the move.

7. **Recommendations**

The Trust Board is asked to:

- **NOTE** the continued progression of the implementation of the FCHS programme
- **APPROVE** the interim plans for Women and Children’s Services at RSH and specifically the:
- Re-phasing of the creation of the new Children’s and Women’s Zones at RSH with the temporary location of these services within the existing Maternity Building and vacated Shropdoc Building at RSH
- Postponement of the creation of new offices within the existing Maternity Building; a Clinical Training Centre within the Rainbow Unit; and the relocation of DAART at RSH

**NOTE** the required communication and engagement on the amended plan internally with all staff and externally with stakeholders, patients and the public.
Planning for the Women and Children’s Unit, PRH Communications and Engagement Plan - Version 0.2, 13 March 2014

Stakeholder Groups

A. Staff

Staff will need to be aware of the overall project - regularly update healthcare staff via newsletters. How it affects them and how it affects their patients. Regular updates at team meetings — ensuring information is passed to all staff.

C. Patient 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.

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 planned.

Planning for the move and engagement to facilitate information and awareness for gaining approval of the Full Business Case

Focus groups with local community and staff to ensure they are engaged and to listen to concerns and aspirations.

Regular newsletters in the local media explaining the service that is changing.

Two-sided looking to the Future newsletter updates about the changes.

Regular news items and radio interviews at key milestones of the build.

Frequent newsletter articles, both internally and externally, providing key updates.

Updates on the Trust’s external website and internal intranet, as well as social media.

Regular reconfiguration groups to keep staff informed.

Roller banners promoting the move at key sites.

Updates at local authority meetings, Local Joint Committees etc.

IT systems updated to ensure correct coding from February onwards.

Messages

Phase 1
Planning for the move and engagement to facilitate information and awareness for gaining approval of the Full Business Case

Focus groups with local community and staff to ensure they are engaged and to listen to concerns and aspirations.

Regular advertisements in the local media explaining the service that is changing.

Two-sided looking to the Future newsletter updates about the changes.

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Roller banners promoting the move at key sites.

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IT systems updated to ensure correct coding from February onwards.

Phase 2
Promote and Engage
Communication in early-2014

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.

Communications Workshop with staff, members of the public and partner organisations to plan for the next 9-10 months.

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 newsletter, posters around the units, use of social media near to completion, promotion through GP Liaison to GP Surgeries, promotion through local user groups.

Outcomes

Phase 3
Pre-launch

This will be a busy period to ensure all staff, patients, members of the public and partners are fully prepared for what they will need to do from the launch date.

New health records and pregnancy information booklet, updated with details of the new unit.

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.

Regular updates to staff through meetings to keep them fully informed and updated.

Regular articles in our public-facing A Healthier Future newsletter and internal newsletters.

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.

Promotion through GP Liaison to GP Surgeries, and promotion through local user groups and the MSLC.

Phase 4
Launch period

A lot of work will need to take place around the launch to ensure staff, users, members of the public and partners are engaged and fully prepared for the move.

All of phase 3 actions will either take place or be built on.

Mail-shot in August to all relevant current patients (e.g. women or children on long-term care, pregnant women/s) ensuring them of the moves and ensuring they have the up-to-date opening date and what they should do.

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).

Consider running open days in the final weeks before the launch which will help engagement and community involvement.

Involving former Mayor of Telford & Wrekin due to fundraising.

Phase 5
Review and moving forward

Review how the project has gone from a Communications and Engagement perspective and plan the continued support

What has worked well and can be built on (e.g. updating leaflets and booklets etc)?

Are there any outstanding areas that weren’t a priority but that should be focused on now?

Ensure website and intranet information continues to be kept up-to-date.

Official opening with dignity including further media promotion/ photo call etc.

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

2012-January 2014
January-April 2014
May-July 2014
August-October 2014
November onwards