

<b>Report to:</b>	Trust Board, 27 March 2014
-------------------	----------------------------

Paper 7

<b>Title</b>	Future Configuration of Hospital Services – Trust Board Update
<b>Sponsoring Executive Director</b>	Debbie Vogler, Programme Director
<b>Author(s)</b>	Kate Shaw, Programme Manager Chris Needham, Project Director Ben Brookes, Project Manager John Kirk, Communication Officer
<b>Purpose</b>	This paper updates the Trust Board on the progress of the implementation of the Future Configuration of Hospital Services (FCHS) Programme
<b>Previously considered by</b>	FCHS Trust Programme Board; Executive Directors

### 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	SATH Sub-Objectives
QS: Quality and Safety CP: Community and Partnership FS: Financial Strength	QS8: Develop a long-term clinical services site strategy and wider health strategy for the optimal configuration of acute, community and primary care services CP6: Achieve sustained improvement in trust, confidence, reputation, customer service and public/community engagement FS2: Deliver milestones within the Women and Children's services reconfiguration plan

<b>Risk and Assurance Issues (including resilience risks)</b>	The Future Configuration of Hospital Services Programme will support the local NHS to address risks to the clinical quality of services.
<b>Equality and Diversity Issues</b>	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.
<b>Legal and Regulatory Issues</b>	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

### 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:

Date	Service Change	Next Phase
21 March	Discharge Lounge, PRH relocated to Paul Brown Unit	Works undertaken in vacated Discharge Lounge to facilitate the move of Cardio-Angio
4 April	Cardio-Angio, PRH is relocated to Ward 7	Vacated Cardio-Angio converted into office space within the new PRH Administration Hub
11 April	Ward 17 is operational	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
	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

25 April	New Children's Ward (Ward 19), PRH is operational.  Patients from Ward 14, the temporary Children's Ward relocate to Ward 19	Ward 14 handed over to Balfour Beatty to create the new Women's Unit
From May	Staff located within the CSSD corridor, PRH (who were originally in the Management Suite) relocate to the new PRH Administration Hub	Works commence in the vacated CSSD corridor to create a new Theatre Store
From June	CSSD corridor, PRH converted to Theatre Stores  Medical Records staff from within old HSDU are relocated to Ground Floor, PRH	Works commenced in vacated old HSDU space to create administrative accommodation for Women and Children's staff transferring from RSH
From 22 September	Management and administrative transfer from RSH to PRH	Options for the vacated space within the current Maternity Building are detailed below.
29 September	Gynaecology Emergencies; Colposcopy and Gynaecology Procedures; and Gynaecology Inpatients move to the new Shropshire Women and Children's Centre  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	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.
30 September	Neonatology transfers to the new Neonatal Unit (ward 23)  Postnatal and Antenatal wards move to their new locations within the Women and Children's Centre (Wards 21 and 22)  RSH Labour Ward transfers to the new Delivery Suite (Ward 24)	

### 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.

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:

Sub-project	Service
2a	Creating a new Children's Zone at RSH (including a Children's Assessment Unit and Children's Outpatients) at RSH
2b	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)
2c	Creating new offices within the existing Maternity Building at RSH to house administration, executive, human resources/workforce and finance staff
2d	Creating a new Clinical Training Centre within the Rainbow Unit at RSH
2e	General enabling and temporary works at RSH (relocation of DAART, Shropdoc; T&O/A&E offices)
2f	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
2g	Creating a new Maternity Scan and Outpatients area at PRH within vacated space in Ward 16

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:

<p><b>Quality</b>  <b>Outpatients:</b> Consulting rooms can be provided within a newer environment  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  FBC consulting room numbers can be achieved  <b>CAU:</b> Adjacency to A&amp;E is achieved  Improved access for patients  Joint working with A&amp;E</p>
<p><b>Safety:</b>  <b>Outpatients</b>  Isolation from other services and particularly CAU  COPD patients transferring to CAU will have to be transferred under the tunnel or outside  <b>CAU:</b> Adjacency to A&amp;E is achieved  FBC bed numbers and single rooms can be achieved</p>
<p><b>Workforce</b>  Separation of children's services will challenge qualified nurse cover of COPD  CAU adjacency to A&amp;E will enable joint working  Additional Paediatricians required to cover CAU</p>
<p><b>Cost:</b>  Costs associated with making non-clinical rooms in both areas clinically suitable  A delay in new build/refurbishment and the impact of inflation will reduce the amount that can be developed with the available capital</p>

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:

<b>Option 3</b> <b>Preferred Option</b>	Relocate EPAS and Antenatal Clinic into vacated Ward 19 and provide Parentcraft space Relocate Antenatal Day Assessment (PANDA) into Ward 18 Extend MLU into Ward 18	<b>Quality:</b> <b>EPAS and ANC</b> Consulting and scan rooms can be provided to ensure confidentiality and appropriate space Co-location concerns can be addressed through separate pathways and waiting areas <b>PANDA</b> Co-location with MLU and adjacency to ANC beneficial Dedicated waiting area <b>Extended MLU</b> FBC bed and room numbers can be achieved Own and secure entrance maintained
		<b>Safety:</b> MLU will be the only overnight service within the building Co-locations promotes smooth handovers and transfers of women Increased space for community midwives to assess and see women
		<b>Workforce:</b> Concerns regarding isolation of service and lone working especially out of hours Joint working of EPAS and Scan
		<b>Cost:</b> Some costs associated with decoration and signage but no structural works proposed A delay in new build/refurbishment and the impact of inflation will reduce the amount that can be developed with the available capital

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 Health 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 Artlinsite 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](http://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.

**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&amp;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 &amp; 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