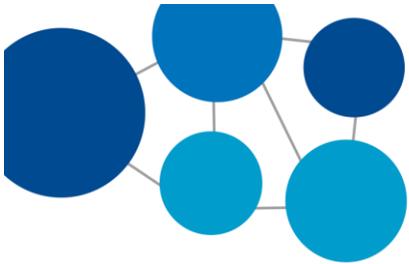


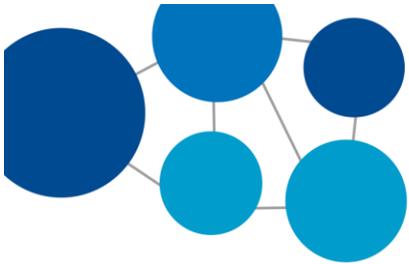
IIA Mitigation Action Plans

Collated IIA Recommendations for Developing Mitigation plans from the IIA Acute (2016) & IIA Women's & Children's Impact (2017) Assessments

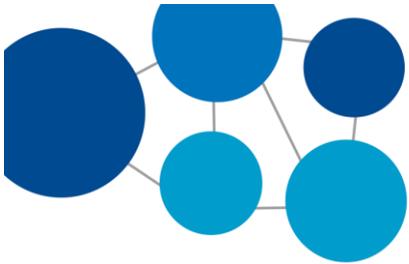
Source of Recommendation		Recommendation for Actions	Led by	Progress Status
<b>Equality effects</b>				
IIA Acute Mitigation Action 2016	1.	The one key point of difference between the preferred options concerns young children, women, and the pregnancy/maternity group, some of whom may experience a negative equality effect under Option C1 arising from the relocation of Women and Children care from PRH to RSH.	IIA steering group with additional clinical expert members  Arden & Gem CSU	<ul style="list-style-type: none"> <li>W&amp;C Supplementary work completed</li> <li>GP/Acute clinicians on IIA steering group.</li> <li>In parallel, Programme board should agree draft appropriate mitigation strategies</li> <li>Separate mitigation plans to be developed to include travel and transport and looking at alignment of the LMS and MLU review work</li> </ul> <p><b>Update 5.11.18 – The Equality Impact Assessment Report has been produced which will make a set of recommendations for considering mitigation.</b>  <b>Travel and Transport mitigation plans will be available from 14<sup>th</sup> November and will be fed into the two events designed to ensure conscientious consideration of the findings from the consultation process.</b></p> <p><b>The EQIA will be shared with the IIA Steering Group at the November meeting and with the Programme Board at the event on 22nd November where they will consider the findings of the consultation process. Any further mitigation plans will be developed at that point</b></p>



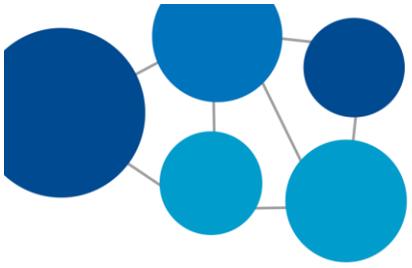
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<p>IIA Women &amp; Children's Mitigation Action 2017</p>	<p>2.</p>	<p><b>Reducing risk factors before, during and after pregnancy.</b></p> <p>Whilst groups of women and children because they disproportionately more likely to use the service, will benefit most from the reconfiguration, equally some may be disproportionately affected</p> <p>This would apply particularly in maternal care where well recognised health inequalities persist and there are opportunities need to be enhanced to offer further support, for example smoking cessation, lifestyle services and sexual health/contraceptive services.</p> <p>Focus areas</p> <ul style="list-style-type: none"> <li>• socio-economic deprivation</li> <li>• ethnic origin</li> <li>• age of mother</li> </ul> <p>Reducing risk factors before, during and after pregnancy particularly for younger mums, women from BAME background and those from relatively deprived localities who may disproportionately use the services and/or have more adverse outcomes currently is a focus.</p> <p>The risks are clearly identified in various public health profiles or guidance .These risk factors align to the Local Maternity System Plan Health &amp; Wellbeing (Prevention) work stream plan, which is based on Better Births recommendations.</p>	<p>LMS</p>	<p>Next steps – engage on a wider group of colleagues to agree the scope of mitigation actions proposed to enhance the effectiveness of prevention strategies.</p> <p>This work is led by the LMS. The MLU review is also examining community based service and all options assume the two MLUs will remain at RSH and PRH in addition to enhanced access to community services for ante natal care including scanning.</p> <p><b>Updated 5.11.18 – Fiona Ellis updated the group on 19<sup>th</sup> July 2018 outlining current progress and mitigations in relation to LMS and the Midwifery Led Units which will both impact on services at a national and local level.</b></p> <p><b>The emerging model of a number of community hubs was shared. A CCG led stakeholder event to further develop the model and options for implementation took place in November. Update with be included within the DMBC</b></p>



Source of Recommendation		Recommendation for Actions	Led by	Progress Status
<b>Clinical Effectiveness</b>				
IIA Acute Mitigation Action 2016	3.	<p>Clinicians believe that the reconfigured hospital model with a single purpose built Emergency Centre will lead to</p> <ul style="list-style-type: none"> <li>• Better clinical outcomes with reduced morbidity and mortality</li> <li>• Bringing specialists together treating a higher volume of critical cases to maintain and grow skills</li> <li>• Ensure greater degree of consultant delivered decision making and care</li> <li>• Improved clinical adjacencies through focused redesign</li> <li>• Improved access to multi-disciplinary teams</li> <li>• Delivery of care in environment for specialist care</li> <li>• Improved recruitment and retention of specialists</li> </ul> <p>[The new model would see critical care on one site only and emergencies would only be admitted via the Emergency Centre.]</p> <p><b>As more detailed plans become available, it will be helpful to continue to test the clinical effectiveness of these with health and care professionals across all the affected geographies.</b></p>	SATH/SSG	<ul style="list-style-type: none"> <li>• W&amp;C effectiveness impact and mitigation plans to be developed separately</li> <li>• To include UCC model and transfer policy</li> <li>• Potential areas for mitigation with pre hospital care providers in relation to trauma to be developed. Initial themes discussed with WMAS, WAS, EMRTS and shared with the Trauma Network:</li> </ul> <ul style="list-style-type: none"> <li>- Increase in the use of air ambulance; review of dispatch protocols</li> <li>- Extended flying time to night flights through more night approved landing sites</li> <li>- Upskilling of workforce; enhanced availability of paramedics and pre hospital care protocols; potential technology advancements over next 3-4 years mobile diagnostics</li> <li>- Increased access to trauma doctor and/or more critical care paramedics in transit</li> <li>- Review location of strategically placed land vehicles</li> <li>- Conveyance to nearest alternative TU: Hereford, Worcester, Wrexham, &amp; Wolverhampton.</li> </ul> <p><b>Updated 5.11.18 - Regular clinical pathway workshops led by SaTH with pre hospital care providers in attendance. November Ambulance Services Workshop</b></p> <p><b>ORH have modeled ambulance service impact including any potential for displaced journeys</b></p> <p><b>Ongoing Engagement with specialized commissioners in relation to trauma, cancer and neonates. Attending the Programme Board event on 22<sup>nd</sup>Nov</b></p> <p><b>SATH SSG continue to develop implementation plans which will be set out in the OBC for approval in July 2019</b></p> <p><b>Transfer policy requested from SATH as part mitigation</b></p> <p><b>QIAs developed by SATH to be shared pre DMBC.</b></p>

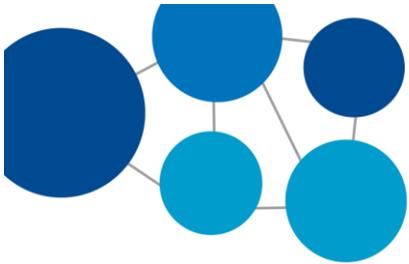


<p>IIA Women &amp; Children's Mitigation Action 2017</p>	<p>4.</p>	<p>Reducing unnecessary journeys and transfers for children:</p> <p>4.1 Maximising paediatric expertise in the two main UCCs through employment/secondment of advanced paediatric nurse practitioners.</p> <p>4.2 These nurses could be supported by a consultant rota for phone advice. A small percentage of these cases would be referred to the Emergency Department for further assessment and treatment by Paediatric registrars and consultants.</p> <p>4.3 Examine ambulance cases that are suitable for UCC assessments</p> <p>4.4. Ambulatory care: Children with less urgent but significant features could be offered out-patient assessment at both sites within a few days for defined illnesses. Further progress towards reduced length of hospital stay (and associated parental hospital stays or visits) would be promoted within a next phase particularly for children with LTCs</p>	<p>SaTH/SSP</p> <p>SATH /SSP</p> <p>SaTH/SSP</p>	<p><b>Updated 5.11.18 -workforce transformation plan developed. Appointments underway.</b></p> <p><b>Update to IIA and Programme Board in September on progress in recruitment into new roles</b></p> <p><b>SaTH have developed Quality Impact Assessments including Paediatrics at the planned care sight, safe transfer of children and Ambulatory care.</b></p> <p><b>SSP held workshop with WMAS and WAS and initially examined 14 pathways including, abdo pain, serious injury, orthopedic injury, Childhood illness, OOH pathway.</b></p> <p><b>Appropriate consultant support for UCC on planned care site has been discussed between SATH clinicians and CCG leads. Clarification prior to CCG decision making</b></p> <p><b>Propose that STP Clinical Strategy work stream to review all implementation pathways for adults and paediatrics once completed and pre OBC stage</b></p> <p><b>The Travel and Transport Group are aware of the issues identified in relation to women and children from the IIA, EIA and pre-consultation feedback from stakeholders which will need to be factored into the Travel and Transport Mitigation Plan.</b></p>
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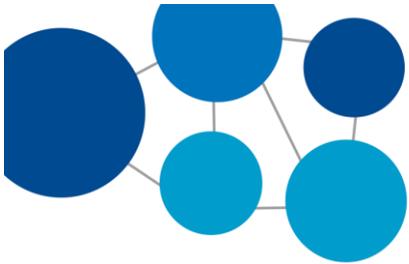
Source of Recommendation		Recommendation for Actions	Led by	Progress Status
Patient safety				



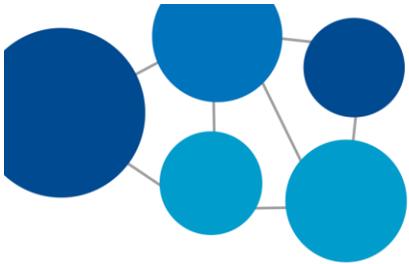


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IIA Acute Mitigation Action 2016	7	There may be benefit from further work with specific groups of patients, e.g. those with dementia, a learning disability, and the LGBT community, who may be disproportionately affected and this is already part of the draft consultation and engagement plan.	Future fit Programme	<ul style="list-style-type: none"> <li>• Progressing as part of C&amp;E work through SRGs</li> <li>• Planned into consultation plan</li> </ul> <p><b>Update 5.11.18</b>  <b>The hard to reach groups action plan that formed part of the consultation plan was developed in partnership with the voluntary sector organisations and was extensive.</b>  <b>Progress was published as the mid point review of consultation.</b></p> <p><b>Findings have been included within the post consultation EQIA and considered within the travel and transport work.</b></p> <p><b>Ongoing Engagement post consultation will continue in relation to consultation findings. Voluntary sector invited to Programme Board event on 22<sup>nd</sup> November to consider any further mitigation.</b></p>

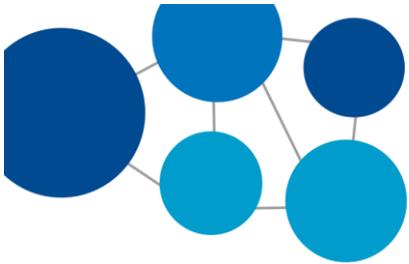




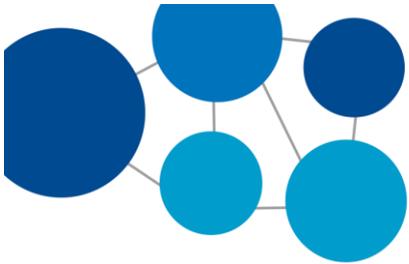
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<b>Workforce recruitment and retention</b>				
IIA Acute Mitigation Action 2016	9	Strengthen links between proposed service transformations and workforce development plans currently under development. Exploit opportunities to join up approaches within and between health, social care and voluntary organisations. A shared approach to the definition of workforce, and a strategy that encompasses the private, independent and voluntary sector contribution should be explored through subsequent phases of work.	STP Workforce workstream -	<p>STP Workstream developing system wide workforce plans</p> <p><b>5.11.18 - Update Presentation to Steering Group on 19<sup>th</sup> July providing assurance work in progress. Primarily focused on acute elements. Presentation also to Programme Board in September 2018</b></p> <p><b>Further work is required to evidence system wide workforce considerations are being progressed through the STP Work stream:</b></p> <p><b>Evidence of creating workforce transformation &amp; multi-disciplinary workforce opportunities is limited. Evidence re: growing and developing community workforce to address care closer to home and also to reflect commensurate growth alongside any reduction in acute staffing.</b></p> <p><b>Evidence of initiatives to strengthen the workforce system wide.</b></p>
<b>Services delivered in the community</b>				



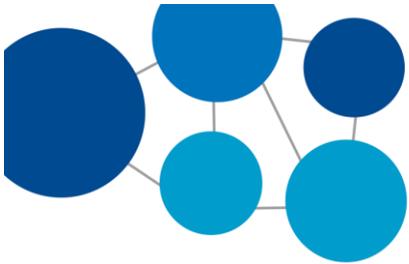
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IIA Acute Mitigation Action 2016	<b>10</b>	Through subsequent phases of engagement, to explore the voluntary and charitable contributions to health and care services and the potential effects on those from reconfiguration plans. It is acknowledged that the effects may not be limited to those suggested and additional effects on social care, home care, care homes etc. will need to be explored in subsequent phases of work. May need to be separate for each of Telford & Wrekin, Shropshire & Powys.	STP Neighborhood work streams	Request neighborhood leads to consider impact on voluntary, charitable, homecare and social care and care homes in more detail. IIA and action plan to be forwarded. Anna Hammond, Lisa Wicks, and Penny Bason ( engagement lead)  <b>5.11.18 – Regular updates have been received in relation to Shropshire, and T&amp;W Care Closer to Home and Neighbourhood strategies. Each CCG Executive Lead will be required to provide evidence of engagement with these areas is being considered and actioned.</b>  <b>Voluntary organisations involved in consultation process and a series of focus groups took place. This will form part of the consultation findings report. Community services and out of hospital care was a key theme in the responses.</b>
	<b>11</b>	Where services in the community are being considered, this may offer opportunities for more convenient and timely access and will need to be considered as these plans become more concrete.  Further work is required to understand particular difficulties that may be experienced by people needing to attend early in the morning / late in the afternoon for appointments when public transport is not available. Further work is required to understand the extent to which car ownership does not equate to ability / willingness to drive longer distances.  Currently there is very limited public transport infrastructure to support out of hours and early morning / late evening appointments. Alternatives should also be explored through engagement with service users and voluntary groups in next phases of work.	CCG  STP Travel and Transport Group	<b>Out of Hospital Care strategies are being developed and updated progress will be described within the DMBC. The feedback from consultation events sees out of hospital care as part mitigating the longer journey times in delivering and developing some services more remotely in both Shropshire and Powys using existing community locations</b>  STP Travel and Transport Group was given the remit to consider the impact on public and staff transport/travel, car parking, ambulance services including NEPTs/air ambulance.  <b>Update 5.11.18 – a number of public survey responses and stakeholder responses from the consultation have raised issues around public transport and outpatient appointment times. It will feature as a key theme in the consultation findings report.</b>  <b>Feedback has been received through the Travel and Transport Group engagement events and will feed into the Mitigation Plans. This will be presented to both events in November to consider the consultation findings</b>



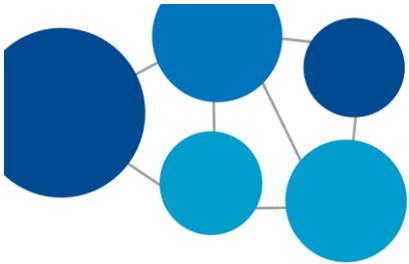
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	12	<p>Further close working throughout subsequent phases with Powys to ensure that they are able to deliver on their IIA duties as part of Future Fit.</p> <p>Greater efforts to integrate the Powys Community offer with proposed changes in Shropshire to enable Powys patients to understand the likely impact on the way they access and receive services.</p>	<p>Powys THB Future fit</p>	<p><b>Update 5.11.18 - Powys engagement has been considerable on ensuring statutory duties of consultation were met. Considerable engagement through consultation events with close links and joint plans agreed with Powys Director of communications. Close links also made with CHC and agreement on approach to sharing findings.</b></p> <p><b>Developing community solutions is a key theme for Powys residents. Responses shared with Powys and event planned for both the LHB and CHC in November to share findings and develop any further mitigation plans</b></p>
Women & Children's Mitigation Action 2017	13	<p>Work to enhance the availability of urgent care services for children in remote locations.</p> <p>MLU model of care review and distances between the future location of MLUs and consultant unit may impact on some services for some women.</p>	<p>STP</p> <p>CCG</p>	<p>Developed through neighborhood work streams</p> <p>To clarify timescales for any consultation. Would need to be part of a separate impact assessment. It is expected MLU consultation will take place after any FF consultation process</p> <p><b>Update 5.11.18 – the MLU review model has been developed through a series of stakeholder events and includes development of community hubs. Timescales for consultation are yet to be confirmed but likely to be post June 2019</b></p>
<b>Local employment</b>				



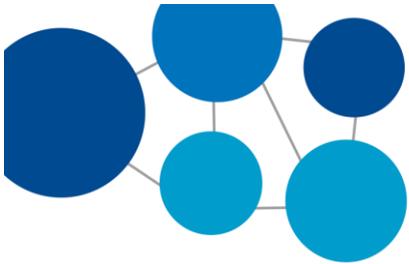
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IIA Acute Mitigation Action 2016	<b>14</b>	Potential differences in the impact on headcount at each hospital could potentially be mitigated further by configuring services in such a way that each hospital retained exactly the same proportion of the overall headcount as it does now.	SATH/STP	Workforce requirements continue to be planned to be in line with patient needs and location of services. Maintaining the overall head count as now by site is difficult as workforce is service, not site dependent. STP System-wide workforce planning to consider other opportunities outside of acute hospitals. The PCBC set out the workforce changes. This will be updated in the DMBC. More detail will be in place at OBC stage in July 2019 <b>Update 5.11.18</b> <b>STP Workforce Lead presented to September. IIA Group and Programme Board an update on workforce numbers and recruitment to new roles</b> <b>Further evidence of system wide workforce planning required.</b>
<b>Local Economy Impact</b>				
IIA Acute Mitigation Action 2016	<b>15</b>	Workforce changes impact on local economy As above	SATH/STP	STP system workforce plan currently being developed. Workforce currently reside in a different location than their working site and travel  <b>Update 5.11.18 – A system-wide Peoples Strategy was approved and signed off at SHROPSHIRE and Telford &amp; Wrekin STP Local Workforce Action Board on 16<sup>th</sup> October 2018</b>
<b>Local education / training opportunities</b>				
IIA Acute Mitigation Action 2016	<b>16</b>	Dialogue should be sought with local education and training providers to discuss the implications of the preferred options for future provision.	STP Workforce Work stream	<b>Discussions ongoing in the LWAB.</b> <b>STP Workforce lead working with SaTH</b> <b>HEE are lead funders for training and education as part of the LWAB.</b>
<b>Local wellbeing</b>				



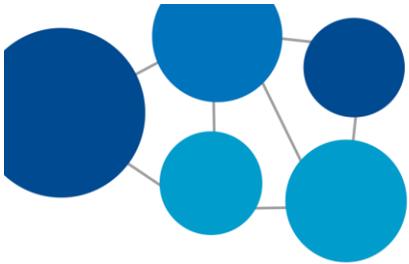
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IIA Acute Mitigation Action 2016	<b>17</b>	In the shorter term, there is an evident need for the Future Fit public consultation to help to reduce current concerns and anxiety over the preferred options. Specifically, local stakeholders reported that there was currently limited public awareness that each option would entail the opening of 24 hour Urgent Care Centres at both hospitals. They thought that clearly articulating this would go at least part way to reduce current anxieties over the closure of A&E at one of the hospitals.	Comms & Engagement Workstream	Picked up as part of planned consultation and pre consultation engagement. The consultation documentation provided clear explanation of changes.  Consultation findings will demonstrate level of understanding  <b>CLOSED</b>
<b>Local community cohesion</b>				
IIA Acute Mitigation Action 2016	<b>18</b>	Dialogue should be initiated with the Friends of RSH and Friends of PRH to consider the potential impacts of the preferred options on the nature and scale of volunteering activities at each hospital, and identify strategies for mitigating any that are negative.	SATH	Partnership work will continue with both groups as now a wide variety of volunteering opportunities continue to be progressed (led by Julia Clarke) and this is planned into the future engagement strategy.  <b>Update 5.11.18 – As above, volunteer engagement remains high on the agenda of Communication &amp; Engagement Strategy</b>
<b>Local deprivation</b>				
IIA Acute Mitigation Action 2016	<b>19</b>	Scope to mitigate the contributory effect that increased travel costs of journeys to hospital may have on some residents.	SATH/ STP  Travel and	Outpatients, diagnostics and urgent care would be on both hospital sites. Travel and Transport Advisory Group has the remit to consider the impact on public and staff transport/travel, car parking, ambulance including NEPTs/air



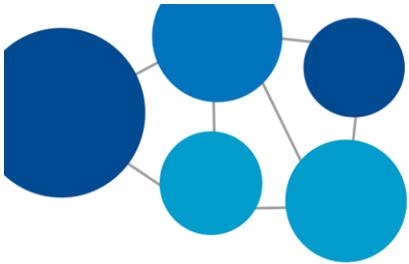
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IIA Women & Children's Mitigation Action 2017	20	Scope to mitigate the contributory effect that increased travel costs of journeys to hospital may have on some residents?	Transport Group	ambulance. <b>A number of public survey responses and stakeholder responses from the consultation have raised issues around public transport and outpatient appointment times. It will feature as a key theme in the consultation findings report.</b> <b>Feedback has been received through the Travel and Transport Group engagement events and will feed into the Mitigation Plans. This will be presented to both events in November to consider the consultation findings</b>
<b>Local congestion levels</b>				
IIA Acute Mitigation Action 2016	<b>21</b>	Contact transport departments in the respective local authorities to initiate discussions regarding impact of potentially increased traffic to a site.	SATH/ STP Transport & Estates Group	Initial discussions held as part of the development of the OBC. Ongoing dialogue will continue as the plans progress – STP Transport group to consider. <b>Travel and Transport Group with the remit to consider the impact on public and staff transport/travel, car parking, ambulance including NEPTs/air ambulance is now in place. Travel and Transport have local Authority membership within the group</b>
<b>Greenhouse gas emissions</b>				
IIA Acute Mitigation Action 2016	<b>22</b>	The impact of the preferred options on CO2 is currently uncertain and will depend on whether any reduction in emissions arising out of new build at the hospitals outweigh the projected increase in emissions arising from additional travel. The proposed new build would create opportunities for reducing emissions	SATH/ STP Transport & Estates Group	Initial analysis undertaken as part of the development of the OBC. Travel impact plan will be developed and included with the estates annexes  <b>SaTH have confirmed this will be within Full Business Case.</b>
<b>Air pollution</b>				



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IIA Acute Mitigation Action	23	Air quality will primarily result from increased emergency journeys to EC at one of the hospitals by ambulance and car. The use of less polluting ambulances and cars to undertake such journeys would be the most effective means of mitigation	Ambulance Providers/ SATH	Continued to be reviewed as plans for OBC and FBC progress
<b>Noise pollution</b>				
IIA Acute Mitigation Action	24	Intelligence could usefully be shared between SaTH and the West Midlands Ambulance Service to: a) establish current siren usage (particularly at night-time); and b) explore any scope for minimising this without compromising patient safety.	WMAS/ WAS	Current policies in place will continue to be reviewed as plans progress.
<b>Biodiversity</b>				
IIA Acute Mitigation Action	25	It is recommended that ecological surveys are undertaken at both hospital sites prior to any architectural plans being finalised. It is also recommended that provision is made for the conservation and/or enhancement of the existing gardens and bee nests at each site (plus any other features of biodiversity value found through the ecological surveys).	SATH	Ecological surveys undertaken as part of the OBC and are included within the estates annex.
<b>Cultural heritage</b>				
IIA Acute Mitigation Action	26	It is recommended that confirmation is sought from the local planning authority that the preferred options do not impact negatively on cultural heritage.	SATH	Initial discussions with both planning authorities have not identified any impact on cultural heritage.  CLOSED
<b>Travel</b>				



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IIA Acute Mitigation Action 2016	<b>27</b>	Has the travel impact of proposed change been modelled for all key populations including analysis of available transport options, public transport schedules and availability / affordability of car parking?	STP Travel and Transport Group	<p>Average journey times have been assessed for each Lower Super Output Area. This has been done to show different modes of transport and different types of care. This was presented as part of the non-financial appraisal panel data in September 2016.</p> <p>It is acknowledged that public transport is limited as much of the population live outside urban centers. The provision of adequate car parking is currently reported as an issue at the current sites in the SaTH Framework Travel Plan. The Trust's Travel and Transport aspirations are to be developed further during the Full Business Case (FBC)</p> <p>STP Travel and Transport Group was given the remit to consider the impact on <b>public and staff transport/travel, car parking, ambulance services including NEPTs/air ambulance.</b></p> <p><b>Update 5.11.18 – a number of public survey responses and stakeholder responses from the consultation have raised issues around public transport and outpatient appointment times. It will feature as a key theme in the consultation findings report.</b></p> <p><b>Feedback has been received through the Travel and Transport Group engagement events and will feed into the Mitigation Plans. This will be presented to both events in November to consider the consultation findings</b></p>
IIA Acute Mitigation Action 2016	<b>28</b>	Non-complex planned care provision can currently be accessed directly by public transport by just under half of the catchment area, while elsewhere one or more change is required. Local authorities can divert additional funding towards subsidising more local bus services but no evidence was identified in the 2016 ICF assessment to suggest that this is being considered by the local authorities concerned.	STP Travel and Transport Group	<p><b>Update 5.11.18 Baseline is validation being carried out by Shropshire Council which will form part of the Mitigation Planning. This validation will enable all transport and travel-related stakeholders to identify gaps in service provision and identify opportunities for improvements and mitigations.</b></p> <p><b>This will be presented at the two deliberative events considering consultation findings in November</b></p>



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IIA Women & Children's Mitigation Action 2017	<b>29</b>	Has the travel and access times been analysed for: <ul style="list-style-type: none"> <li>• Gynaecology day case admissions</li> <li>• Children's inpatient ward admissions</li> <li>• Consultant delivery episodes</li> <li>• Neonatal ward admissions</li> </ul>	STP Travel and Transport Group	This work was done by the ICF Women's & Children's IIA report. Analysis has been done on Activity and travel times by Car and Public Transport.  <b>Travel and Transport Advisory Group with the remit to consider the impact on public and staff transport/travel, car parking, ambulance including NEPTs/air ambulance is now in place to consider mitigation for ambulance services</b>
<b>Ambulance Services</b>				
IIA Acute Mitigation Action 2016	<b>30</b>	Have the implications for ambulance services (Emergency and PTS) been identified and impact assessed and appropriate discussions been held with ambulance service providers?	CCGs Through STP Travel and Transport Group	One representative from the Welsh Ambulance Service NHS Trust (WAS) and one from the West Midlands Ambulance Service NHS Trust (WMAS) were on the panel for reviewing the non-financial appraisal. A meeting took place with WMAS and an engagement plan has been agreed to understand the implications for this service. Quarterly meetings are being planned for SaTH, WMAS, WAS and the Air Ambulance. A commissioner led Task and Finish Group has been agreed to coordinate the activity and contract elements of the change.  <b>Travel and Transport Group was established in April 2018 with the remit to consider the impact on public and staff transport/travel, car parking, ambulance including NEPTs/air ambulance is now in place.</b>  <b>ORH have completed the modeling for the impact on emergency and non emergency patient transport. This will form part of DMBC.</b>