

RWT/WHT Urology Service - Update Report		 The Royal Wolverhampton NHS Trust	
Name of Committee:		Health Scrutiny Panel	
Date(s) of Committee Meetings:		19 th January 2023	
Chair of Committee:		Cllr Susan Roberts MBE (Lab)	
Date of Report:		13/01/2023	
ALERT Matters of concerns, gaps in assurance or key risks to escalate.		<ol style="list-style-type: none"> The completion date for the data migration work (c. 10,000 patient records transferring from WHT to RWT), including all user acceptance testing, is still being finalised. This is one of three remaining critical path items for completion of the project in the planned time scale. Six weeks of slippage has been built into the program with a current planned completion date of mid-February. This relates to the transfer of inpatient and day-case patients (elective) between the Trusts. The other two critical path items (theatre booking and creation of a single on-call rota) have no associated risks and will be delivered within the project timescale of full completion by mid-March and 1st April 2023 respectively. 	
ASSURE		<p>Work completed to date:</p> <ul style="list-style-type: none"> • TUPE transfer of all staff to RWT on 1st July 2022 • Full cross-organisational systems access in place • Non-elective work transferred on 1st August 2022 <p>Current Position</p> <p>The currently agreed date for expected completion of the transfer of elective patients is the 1st of April 2023. Based on the project plan as of the 9th of January this date is the critical path plus five weeks. This extra time has been maintained due to a series of unexpected and emergent information technology problems throughout the data migration process.</p> <p>Outpatients</p> <p>The Wolverhampton team have planned, scheduled, and delivered clinics at weekends from the outpatient department at Walsall Manor in order to test the required infrastructure. This has provided assurance that the systems work, the communication within the patient letters is sufficient to explain the situation and the consultants can deliver procedures and clinics as required.</p> <p>RWT led patient booking will commence on the 1st April, following the successful recruitment and training of staff to these roles.</p> <p>Emergency Transfers</p> <p>As with any service change, there were some early issues with patient transfers that required review and intervention. The teams have run a series of audits and have met regularly to discuss patients deemed to be inappropriate transfers. Examples of non-urological or non-emergency urological patients being transferred to New Cross have reduced and a good relationship has formed between the two organisations.</p> <p>Data Migration, Patient Management and the Single Patient List</p> <p>The data migration exercise required to deliver control of patient scheduling to Wolverhampton and to allow for a single live PTL is nearing completion. The next two steps are a transfer of the</p>	

	<p>data (10,000 records) into a test bed and user acceptance testing. The dataset will be vigorously interrogated under 'normal' operational conditions to ensure that it works as expected.</p> <p>The RWT Cancer services group has undertaken all the preparation work required to transfer the data from Walsall to Wolverhampton System and is ready to commence the two-week transfer process upon instruction. The data will be transferred by the additional cancer staff recruited to cover ongoing work after full integration. Five full time staff members have been recruited.</p> <p>The Wolverhampton Patient Administration System (PAS) has been updated ready for the transfer of ownership of the booking process and all patient appointments previously held by Walsall. Patients will not see a change in their planned appointment because of the collaboration.</p> <p>Staffing</p> <p>The transfer process of Walsall staff to RWT is complete. Staff that have newly joined the Wolverhampton team are integrating and the process of standardising best practice has begun.</p> <p>Directorate management staff, cancer services staff, and the majority of patient booking staff have all been successfully recruited, with only three roles left to fill.</p> <p>On-call rota</p> <p>Two separate on-call rotas remain in place. As complex elective work is still being undertaken at the Walsall Manor site, there is a requirement for an on-call presence at the hospital. Additional capacity will enable the two rotas to be merged into one, this is planned to be rolled out from the 1st April, to avoid any further fragmentation.</p>
<p>ADVISE</p>	<p>There are three pieces of work required to be undertaken before full integration can occur. These critical path items are:</p> <ul style="list-style-type: none"> • The data migration described above, • The creation of a single on-call rota, and • A standard operating procedure, and process to allow the utilisation of Walsall's theatre booking system <p>Unless significant issues arise during user testing, these are all expected to be delivered by the deadline of 31st March 2023.</p> <p>Once these items have been completed the elective work can transfer, the new rota can be put in place the Walsall Directory of Service can be switched off and the new combined urological service will be running.</p> <p>There is an extensive communication plan in place which includes communication with GPs, existing patients, and staff at both hospital trusts.</p> <p>The details for management of complaints, incidents and other governance items are being finalised. However, the general principles have been agreed and the governance workstream is expected to conclude by the implementation meeting on 24th January 2023.</p> <p>Work is also underway on a range of other items required to make the collaboration more effective, however, these are not essential or required by the 1st of April.</p> <p>The collaboration is looking to host a West Midlands Clinical Senate review of the proposed full integration of Urology services in February (date TBC). This will review the newly introduced national guidance on 'Major Service Change'. The Clinical Review team will be asked to consider the planned clinical model for delivery of care and assess if this is a clinically appropriate for the local population, specifically whether it is safe, effective, provides equity of access and enables the best possible clinical outcomes.</p>
<p>Risks</p>	<ul style="list-style-type: none"> • No new risks have been identified