

**The Shrewsbury and Telford Hospital NHS Trust**

**Trust Board - 27 October 2011**

**The Future Configuration of Hospital Services Programme**

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<b>Strategic Domain</b>	C. Quality and Safety A. Financial Strength
<b>Organisational Objective</b>	C3. Provide the right care, right place, right professional C4. Deliver services that offer safe, evidence, based practice A1. Development and implement sustainable clinical strategies
<b>Executive Summary</b>	<p>This paper provides an update on the Future Configuration of Hospital Services Programme. Key activities since the last update have included:</p> <ul style="list-style-type: none"> <li>• Planning for this next phase of the programme – including the progression to Full Business Case (see Section 1)</li> <li>• Starting the process for the selection of the Procure 21+ partner for the construction and development at the Princess Royal Hospital (see Section 2)</li> <li>• Maintaining staff, patient, public and stakeholder engagement and involvement (see Section 3)</li> <li>• Continuing the ongoing assurance element of the programme through submissions to the Joint Health Overview and Scrutiny Committee, the Boards of NHS Telford and Wrekin and Shropshire County PCT and the PCT Cluster and Strategic Health Authority (see Section 4).</li> </ul>
<b>Recommendations</b>	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the plans for progression to Full Business Case and delivery of the wider reconfiguration programme</li> <li>• <b>NOTE</b> the process for the selection of the Procure 21+ partner</li> <li>• <b>NOTE</b> the ongoing delivery of the Future Configuration of Hospital Services programme</li> </ul>

## The Future Configuration of Hospital Services Programme

### Contribution to Inspection, Registration, Assurance, Performance and Delivery

<b>Risks and Assurance</b>	The Future Configuration of Hospital Services Programme will support the local NHS to address risks to the clinical quality of services.
<b>Contribution to Key Performance Indicators</b>	Not applicable
<b>Compliance with Clinical and other Governance Requirements</b>	The Future Configuration of Hospital Services Programme will support the local NHS to address risks to compliance with a range of clinical safety standards.
<b>Engagement and Decision-Making Process</b>	<p>The Trust Board, Boards of the PCTs and Strategic Health Authority approved the Outline Business Case on 25 August 2011, 13 September and 27 September 2011 respectively.</p> <p>The Outline Business Case was also received and supported by the Joint Health Overview and Scrutiny Committee at its meeting on 23 August 2011.</p> <p>Ongoing public and stakeholder engagement remains central to the programme and will be integral to Phase 2b of the Future Configuration of Hospital Programme. This will continue to support the 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.</p>

### Strategic Impact Assessment

<b>Quality and Safety</b>	The Future Configuration of Hospital Services Programme will support the local NHS to address risks to the clinical quality of services.
<b>Financial Strength</b>	The proposals are not driven by financial considerations and will not lead to financial savings. Instead they aim to deliver safe, sustainable services within available resources. The financial implications of the option for reconfiguration in terms of capital and revenue detailed within the Outline Business Case and will be refined further within the Full Business Case.
<b>Learning and Growth</b>	There are no immediate workforce implications from this paper. The workforce implications of the option for reconfiguration are detailed within the Outline Business Case and will be refined further within the Full Business Case.
<b>Patients, GPs and Commissioners</b>	The proposals that are being developed further during this phase of the Future Configuration of Hospital Services Programme will change the way that some patients access local hospital services, and the way in which GPs refer some patients to our services. A comprehensive programme to communicate changes with patients and GPs will be needed.
<b>Equality and Diversity</b>	There are no immediate equality and diversity implications from this paper. The potential equality and diversity implications, including issues raised within the PCTs' Equality Impact Assessment during the consultation and assurance phase of the programme, are being considered as part of the Phase 2b delivery programme.
<b>Legislation and Policy</b>	The Future Configuration of Hospital Services Programme will support the local NHS to fulfil legislative requirements for patient and public engagement and policy requirements as set out in government guidance on service configuration.
<b>Communication and Marketing</b>	Communication and engagement activities continue throughout the programme. A communication and engagement plan for Phase 2b of the Future Configuration of Hospital Services Programme is under development and will be submitted to the Future Configuration of Hospital Service Project Board in November 2011.

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**Trust Board Update**

**27 October 2011**

This paper updates the Trust Board on the progress of the Future Configuration of Hospital Services (FCHS) Programme.

Following the approval of the Programme Governance structures at the Trust Board on 29 September 2011 the FCHS Steering Group terms of reference have been reviewed and amended to include a Non-Executive Director; the new Transformation Director; Commissioner; and Procure 21+ Project Director and Manager. These were signed off at the Steering Group on 13 October 2011. The FCHS Project Board will therefore replace the Steering Group with immediate effect. The Project Board will meet monthly and will report progress to the Hospital Executive and Trust Board each month.

Key activities since the last update have included:

- Planning for Phase 2b - delivery of the wider FCHS programme and the progression to Full Business Case (see Section 1)
- Starting the process for the selection of the Procure 21+ partner for the construction and development at the Princess Royal Hospital (PRH) (see Section 2)
- Maintaining staff, patient, public and stakeholder engagement and involvement (see Section 3)
- Continuing the ongoing assurance and partnership elements of the programme (see Section 4).

## **1. Phase 2b (October 2011 to March 2012)**

1.1 The Phase 2b Plan was approved by the FCHS Project Board on 13 October 2011 for discussion and approval at the Hospital Executive Committee on 25 October 2011. Once approved at the Hospital Executive Committee, the Phase 2b Plan will be included in the programmes November update to the Board.

1.2 Phase 2b will be delivered through four main work streams. These are:

- Models of Care and Implementation
- Full Business Case Delivery
- Communications and Engagement
- Partnership and Assurance

A detailed plan for each work stream will be developed by the end of October 2011. This will identify the actions, deliverables and milestones for this phase. The leads and key roles within each work stream, including responsibilities, are detailed within the Phase 2b Plan.

- 1.3 The assumptions within the OBC (for example the shifts of activity into the community; the bed base at RSH; the impact on critical care etc) will be reviewed during the development of the Full Business Case (FBC).
- 1.4 The timeline and responsibilities for delivery of the FBC are detailed within the Phase 2b Plan. The FBC is being planned for submission to the Trust Board in March 2012.
- 1.6 The Strategic Health Authority has supported the Trust to progress with the development of an FBC. The SHA Board have stated that the approval of the FBC will be dependent on the Trusts ability to demonstrate delivery of its Cost Improvement Programme (CIP). This will involve monthly monitoring and the achievement of:
  - Closure of beds – 100 beds by the end of March 2011 and the stages to delivery
  - Reducing the spending on medical locums and agency
  - Reducing the spending on nursing agency

The Trust will also need to demonstrate financial balance. Financial balance alone will not satisfy the SHA's requirements. Delivery of the CIP and financial balance are required if the FBC is to be approved by the Strategic Health Authority.

## **2. Process and Selection of the Procure 21 + Partner**

- 2.1 The process for selection of the Procure 21+ partner is explained in detail within the OBC. The use of Procure 21+ (P21+) for capital programmes is considered NHS best practice and the framework agreement, governance process, and expert advice is provided by the Department of Health team throughout the selection process.
- 2.2 P21+ offers many benefits in terms of managing capital and revenue costs through improved efficiency, elimination of waste and the reduction of risks to the project costs and timetable.
- 2.3 The early identification of a construction partner also removes much of the adversarial nature of the design and construction management process that may result from non-P21+ developments and thus avoids the pitfalls associated with focussing on lowest entry cost as opposed to outturn costs.
- 2.4 Four potential suppliers have been selected from six initial original Expressions of Interest. These principal supply chain construction organisations will present to the Trusts selection panel on 19 October 2011. The panel includes the Chairman; a Non-Executive Director; Director of Finance; Director of Strategy; Centre Chief and Deputy Centre Chief for Women's and Children's; Associate Director of Estates and Facilities Management; Deputy Director of Finance; and FCHS Programme Manager.
- 2.5 Once selected, the P21+ partner will work with the Trust to develop detailed plans for the development and construction of the new build at the PRH.

- 2.6 Due to the estate solutions at RSH being refurbishment rather than new build, the procurement solution of the reconfiguration requirements will be further considered, but are not currently excluded from P21+ process. Potential partners have been asked to include their approach to delivering these refurbishments as part of their presentation.
- 2.7 A Project Director and Project Manager will be appointed by the P21+ construction partner and will participate within the Project Team and the Project Board.

### 3. Staff, Patient, Public and Stakeholder Engagement

- 3.1 A revised Communications and Engagement plan is under development for Phase 2b of the programme and will be finalised by the end of October 2011 for approval at the Project Board on 10 November 2011.
- 3.2 A brief weekly update will be circulated by the Project Team to the Trust Leadership Team; lead clinicians; Transformation Team and other leads as identified to include 'this week...' and 'next week...'

The requirements within each Clinical Centre for wider engagement and involvement are also being discussed with the Centre Chiefs, Managers and Leads.

- 3.3 Specific activities since the last update have included:

- **Looking to the Future:** The second edition of 'Looking to the Future' has been shared with interested parties and local stakeholders to keep them informed of progress and seek their views and involvement. 'Looking to the Future' is also available on the website, at both hospital sites and within each GP practice within Shropshire and Telford and Wrekin.
- **Special editions:** A Women's Service special edition is in development. A two page article will also be placed in the local free press in the coming weeks to inform the general public of the changes; what it will mean for them and how they can get involved.
- **Visiting established groups and networks:** the rolling programme of meetings with established groups and networks continues. Members of the Project Team attended the local National Childbirth Trust nearly-new sale in Shrewsbury on 8 October 2011 with a stand and information. Over 450 people attended the event and many took away further information and have expressed an interest in being involved in the discussions and focus groups.
- **Revisiting communities:** These meetings are now underway. The Chief Executive, Centre Chiefs/Lead Clinicians and Lead Executives are scheduled to visit Local Joint Committees and Councils throughout October and November 2011. These sessions are aimed at giving local people the opportunity to hear about the latest plans and comment and express their views on what this means to them and their community. In addition, two joint events with the Community Trust, Shropshire County PCT and West Midlands Ambulance will be held in south west and north east Shropshire in November 2011.

Two public/patient briefings will also be held on:

- 8 November, 6-7pm at SECC, RSH and
- 10 November, 6-7pm in the Lecture Theatre, Education, PRH
- **Patient and community focus groups:** The response to the Trusts invitation for people to be part of the programmes focus groups has been very positive and these groups are now established.

The Paediatric Oncology Focus Groups concentrating on the physical environment; met on 14 October 2011 where an interactive session and discussion was held with the architects and Trust clinicians and officers. This group will meet again on 3 November 2011.

- **Staff discussions:** Two briefings have been arranged to update staff on the programme. These will be held on:
  - 8 November, 11.30am-1.30pm, MR1, Treatment Centre, RSH and
  - 10 November, 12.00-1.30pm in the Lecture Theatre, PRH
- **Website:** The website has been updated and has a new location at [www.sath.nhs/future](http://www.sath.nhs/future) This will continue to provide a web channel to share updates on progress and ask for views. It also contains the clinician's blogs and a regularly updated Frequently Asked Questions from patients and the public. In addition, 'story boards' detailing the progress, options and timelines will be put up at both hospital sites.

## 4. Ongoing Assurance and Partnership Working

- 4.1 The ongoing assurance and partnership activities of the programme will be managed within the Partnership and Assurance work stream
- 4.2 An informal update meeting with the Chairs of the Joint Health Overview and Scrutiny Committee will take place this month. A formal update to the Joint Health Overview and Scrutiny Committee will take place in December 2011.
- 4.3 The formal report to Strategic Health Authority on the progress of the reconfiguration via the PCTs and PCT Cluster was submitted at the end of September 2011. The next submission will be at the end of November 2011.
- 4.4 The Office of Government Commerce (OGC) Gateway 2 and 3 reviews are described within the Phase 2b Plan. These are planned to take place in late February/early March 2012.
- 4.5 The programmes Clinical Assurance Group will meet again in January 2012.
- 4.6 The next meeting of the Strategic Forum will take place in November 2011. This forum includes: GP Commissioners and the PCTs; Betsi Cadwaladr University Health Board; Powys Teaching Health Board; West Midlands Ambulance Service; Welsh Ambulance Service; and lead officers within the Trust. The aim of this forum is to share progress and

promote working together as each organisation undertakes reconfigurations and service change.

## 5. Recommendations

5.1 The Trust Board is asked to:

- **NOTE** the plans for progression to Full Business Case and delivery of the wider reconfiguration programme
- **NOTE** the process for the selection of the Procure 21+ partner
- **NOTE** the ongoing delivery of the Future Configuration of Hospital Services programme