

The Shrewsbury and Telford Hospital NHS Trust

Trust Board – 28 April 2011

The Future Configuration of Hospital Services Programme

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Strategic Domain	C. Quality and Safety A. Financial Strength
Organisational Objective	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
Executive Summary	This paper provides an update on the Future Configuration of Hospital Services Programme, including: <ul style="list-style-type: none"> • the plans for the development of the Outline Business Case • the progress made since the Board meeting on 24 March 2011
Recommendations	The Board is asked: <ul style="list-style-type: none"> • NOTE the structure and plan for delivery of Phase Two of the Future Configuration of Hospital Services Programme • NOTE the progress on the Future Configuration of Hospital Services Programme

The Future Configuration of Hospital Services Programme

Contribution to Inspection, Registration, Assurance, Performance and Delivery

Risks and Assurance	The Future Configuration of Hospital Services Programme will support the local NHS to address risks to the clinical quality of services.
Contribution to Key Performance Indicators	Not applicable
Compliance with Clinical and other Governance Requirements	The Future Configuration of Hospital Services Programme will support the local NHS to address risks to compliance with a range of clinical safety standards.
Engagement and Decision-Making Process	<p>The Boards of the Trust and the PCTs met on 24 March 2011 and approved the proposals as the basis for a more detailed implementation plan and Outline Business Case. Their decisions were endorsed by the Joint Health Overview and Scrutiny Committee for Shropshire and Telford & Wrekin, which also met on 24 March 2011.</p> <p>Ongoing public and stakeholder engagement will be integral to Phase 2 of the Future Configuration of Hospital Programme, and will continue to support the NHS to addresses 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

Quality and Safety	The Future Configuration of Hospital Services Programme will support the local NHS to address risks to the clinical quality of services.
Financial Strength	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 are being further developed within the Outline Business Case.
Learning and Growth	There are no immediate workforce implications from this paper. The workforce implications of the option for reconfiguration are being developed within the Outline Business Case.
Patients, GPs and Commissioners	The proposals that will be developed further during Phase 2 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.
Equality and Diversity	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 Two delivery programme.
Legislation and Policy	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.
Communication and Marketing	A stakeholder engagement plan for Phase Two of the Future Configuration of Hospital Services Programme is currently under development.

The Shrewsbury and Telford Hospital NHS Trust
The Future Configuration of Hospital Services Programme

Board Update

This paper updates the Trust Board on the progress of the Future Configuration of Hospital Services (FCHS) Programme since the decisions by the Boards of the Trust and the PCTs on 24 March 2011 to proceed to the next stage of development: Phase Two 'Planning for Implementation'.

The Trust's Future Configuration of Hospital Services Steering Group is continuing to meet and is aiming to meet every two weeks during the development of the draft Outline Business Case, which is planned for the end of May 2011.

Key activities this month have included:

- Developing the FCHS programme plan, structure and milestones for Phase Two (see Section 1).
- Continued development of clinical service models, including workforce requirements to inform the Outline Business Case (see Section 2).
- Considering the next steps for public and stakeholder engagement (see Section 3).
- Preparing for the ongoing assurance of the programme through assessment by the Office for Government Commerce, submitting our monitoring returns as part of our accountability for service reconfiguration proposals through the regional Strategic Health Authority to the Department of Health and agreeing the plans for the ongoing involvement and engagement of the Joint Health Overview and Scrutiny Committee (see Section 4).

1. Programme Plan Phase Two

- 1.1 The Phase Two Plan was presented to the FCHS Steering Group meeting on 7 April 2011, based on the initial draft proposals presented to the Trust Board on 24 March 2011¹. The plan (attached at Annex 1) outlines the programme structure, roles and responsibilities, reporting mechanisms and key milestones for this phase.
- 1.2 Clinical leadership remains central to the programme. A fourth Clinical Working Group, Head and Neck, has been established and will be led by the Centre Chief, Mr Andrew Prichard. To date, head and neck services have been discussed within the Surgery and the Children's Services Clinical Working Groups. Due to the overlaps and interdependencies with these two specialty groups this discussion will continue. However, specific work with the head and neck service is required for the development of the Outline Business Case.
- 1.3 A fifth cross-cutting clinical discussion strand has also been identified to ensure the alignment and involvement of services directly affected by the reconfiguration of women's and children's services, head and neck and surgery – including emergency and critical care, radiology, therapies, pathology etc. The Centre Chiefs have proposed that at this stage a fifth Clinical Working Group is not required, rather that there should be ongoing engagement in the existing Clinical Working Groups involving relevant clinicians and wider staff.

¹ "Annex: Next Steps" to "Keeping It In The County: Report to the Board of The Shrewsbury and Telford Hospital NHS Trust on the 'Assurance and Consultation' phase of the Future Configuration of Hospital Services Programme"

- 1.4 An FCHS Programme Team has also been developed. This group's specific role is to ensure that there is robust programme communication, joint working and a coordinated approach to the programme at the delivery level. The group will meet weekly to support the delivery of the programme. It will report progress to the FCHS Steering Group and includes:
- Director of Strategy/Programme Director (Chair of the group)
 - Programme Manager
 - Deputy Directors of Finance
 - Deputy Heads of Human Resources
 - Head of Estates
 - Head of Communications and Business Development
 - Divisional General Manager Division 2
 - Service Delivery Manager Women and Children's Services
- 1.5 A programme management tool, Aspyre, is being trialled by the programme. This is a web-based tool to support the monitoring and tracking of progress, risks and issues and deliverables and milestones.
- 1.6 A draft Outline Business Case will be developed by the end of May 2011. This will be shared for discussion with key groups and committees within the Trust, review by the Office for Government Commerce and discussion with the Joint Health Overview and Scrutiny Committee prior to submission to the Trust Board on 30 June 2011.

2. Clinical Service Models

- 2.1 The four Clinical Working Groups now have two key strands of work:
- The requirements of the Outline Business Case and
 - The ongoing pathway risk mitigation and implementation planning work.
- 2.2 An external healthcare consultancy, Strategic Healthcare Planning, has been commissioned to support the Trust to develop the Outline Business Case. They have begun working with the Trust's clinicians and support staff to agree service models, capacity requirements, schedules of accommodation etc. using benchmarking and best practice data to inform the Outline Business Case according to NHS standards.
- 2.3 Children's services clinicians are also working in partnership with the Royal College of Paediatrics and Child Health (RCPCH) to develop and agree this detail. Following the meeting between the RCPCH and all the Trusts paediatricians and neonatologists on 7 March 2011, the College has agreed to continue to be involved in this phase of the programme. A meeting is planned for 5 May with consultants, lead clinicians and staff, Strategic Healthcare Planning and the RCPCH.
- 2.4 Centre Chiefs have expressed concern with regards to the ongoing capacity of clinicians to lead and be involved in the reconfiguration programme in the short and longer term given their clinical work-loads, management responsibilities and involvement in the Trusts other major

change programmes. Resource requirements for this phase of the programme, for lead clinicians and key staff, are being identified and will be discussed at the next FCHS Steering Group meeting.

3. Public and Stakeholder Involvement

3.1 A communications and engagement plan is being developed to set out the plans for ongoing involvement of individuals, groups, communities and staff in the reconfiguration programme. Specific activities include:

- **Patient and community focus groups:** The first introductory sessions are provisionally scheduled for week commencing 23 May 2011. Members will be drawn from those who expressed an interest in being involved during the consultation phase, members of public who have raised concerns and representatives from established patient groups and networks. The remit of the focus groups will be to work with the Trust's clinicians and wider staff to help shape the services, for example through involvement in the planning and design of new buildings and refurbishment, and developing and refining transport and access arrangements.
- **Website:** The consultation website will continue to provide a web channel to share updates on progress and ask for views.
- **Programme bulletin:** A regular bulletin is being developed to send to interested parties and local stakeholders to keep them informed of progress and seek their views.

4. Ongoing Assurance

- 4.1 The Assurance Grid, included within the Phase Two Plan, will be used as the framework for the delivery and monitoring of the areas of further assurance set out by the Trust (Keeping It In The County: Report to the Board of The Shrewsbury and Telford Hospital NHS Trust on the 'Assurance and Consultation' phase of the Future Configuration of Hospital Services Programme), the Primary Care Trusts (Local Assurance Process and Equality Impact Assessment), the National Clinical Advisory Team, the Office for Government Commerce (OGC) and the HOSCs during the Assurance and Consultation phase.
- 4.2 The Clinical Assurance Group will meet at the end of May to receive and review the progress made by the Clinical Working Groups in the development of the Outline Business Case and their models, pathways and risk mitigation plans.
- 4.3 The OGC undertook a brief programme assessment on 8 April 2011 and has confirmed that due to the significant progress that has been made their next Gateway Review will be at Level 1 and will take place 8 to 10 June 2011. This formal review will involve reviewing the Outline Business Case, all programme documentation and controls and the interviewing of key Trust clinicians and staff, partner organisations and representatives from the public and the Health Overview and Scrutiny Committees.
- 4.4 The Trust continues to provide a formal reconfiguration update to the Strategic Health Authority via the local PCTs and West Mercia Cluster. This two monthly report was submitted at the end of March 2011 with the next update due at the end of July 2011.
- 4.5 A meeting will be arranged with the Joint Health Overview and Scrutiny Committee to discuss the draft Outline Business Case

5. Recommendations

5.1 The Board is asked to:

- **NOTE** the structure and plan for delivery of Phase Two of the Future Configuration of Hospital Services Programme and
- **NOTE** the progress on the Future Configuration of Hospital Services Programme

THE FUTURE CONFIGURATION OF HOSPITAL SERVICES

PHASE TWO PLAN

March 2011 - March 2012

Author(s)	Kate Shaw, Programme Manager Debbie Vogler, Programme Director
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Document Control Sheet

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Document Amendment History

Version No.	Date	Brief Description
Version 0.1 draft	31/03/11	Working draft
Version 0.2 draft	05/04/11	Comments/amendments from Debbie Vogler Circulated to FCHS Steering Group
Version 0.3 draft	07/04/11	FCHS Steering Group discussion – amendments to structure and milestones
Version 1.0	18/04/11	Final version

1. Overview

This document outlines the work plan, objectives and deliverables for Phase Two of the Future Configuration of Hospital Services Programme for the period March 2011 to March 2012. It should be read in conjunction with the Project Initiation Document for the Future Configuration of Hospital Services programme.

Phase One of the FCHS programme closed on 25/03/11². This phase achieved all deliverables as set out in the FCHS Phase One Plan (see appendix 1).

The Shrewsbury and Telford Hospital NHS Trust Board (SaTH) and the Boards of NHS Telford and Wrekin (NHST&W) and Shropshire County Primary Care Trust (SCPCT) received the report of the 'Assurance and Consultation Phase' of the programme (phase one) and approved the recommendation to proceed to the next stage³. The recommendations are outlined in appendix 2.

2. Objectives

2.1 The Future Configuration of Hospital Services Programme Objective

The ultimate objective for the Future Configuration of Hospital Services Programme is to secure high-quality, safe and sustainable services within the county.

SaTH will continue to coordinate the development of this work, working with patients, the public and communities, partners, organisations and stakeholders to further the development of a reconfiguration of acute hospital services. This will continue to be led and developed by local secondary and primary care clinicians with the intention of resolving the dilemmas of:

- Ensuring the provision of 24 hour acute surgery in the county
- Ensuring the range of inpatient children's services are maintained within the county
- Planning to move out of the deteriorating maternity and children's services building at the RSH before the building fails

Solutions to these dilemmas must be delivered within the context of the reconfiguration principles set out by NHST&W and SCPCT at the beginning of the programme. These include:

- Keeping two vibrant, well balanced, successful hospitals in the county
- A commitment to having an Accident and Emergency Department on both sites
- Access to acute surgery from both sites

These principles are underpinned by two by two essential requirements:

- Making services safer now and in the future
- Making services sustainable now and in the future

² FCHS Phase One Review and Close document is available from the Programme Office

³ 'Report to the Board of The Shrewsbury and Telford Hospital NHS Trust on the "Assurance and Consultation" phase of the "Future Configuration of Hospital Services" programme'

These requirements and principles need to be considered in the context of a wide range of current and future issues and challenges. These include:

- The current clinical safety and sustainability risks facing hospital services, and the very real risk that some services will become unsafe or not sustainable.
- The needs of the different communities across Shropshire, Telford & Wrekin and mid Wales.
- Maintaining important clinical linkages between hospital services (e.g. the clinical links between obstetrics and neonates, and the medical cover arrangements between neonates and paediatrics).
- A drift of services out of county, such as treatment for patients with ST elevation myocardial infarction or some types of cancer surgery
- Medical workforce issues due to the European Working Time Directive; reduced opportunities for international recruitment; and a medical training programme resulting in earlier specialisation and a narrower expertise set and in some specialties smaller numbers of available staff.
- An environment of increasing external scrutiny of health services, including from Monitor and the Care Quality Commission and the implications of the Health and Social Care Bill currently being considered by Parliament.
- The availability of capital funding for building and equipment, and the revenue implications from capital loans.

2.2 Future Configuration of Hospital Services Programme – Phase Two Objective

The objective for Phase Two (March 2011 – March 2012) is to:

- i. address the recommendations and assurances set out by the PCT Boards, the Joint Health Overview Scrutiny Committee (HOSC), the National Clinical Advisory Team (NCAT) and the Office for Government Commerce (OGC)
- ii. develop robust change management and implementation plans
- iii. present an Outline Business Case (OBC) to the Trust Board in June 2011 and the PCT Boards in July 2011, followed by submission to the Strategic Health Authority⁴
- iv. present a Full Business Case (FBC) to the Trust and PCT Boards in October/November 2011
- v. undertake the necessary planning and procurement processes to enable phased development and implementation from April 2012

This work will continue to be developed jointly by local clinicians. It will be shared widely with partners and will be based on external reviews, ongoing PCT assurance testing and full engagement and involvement of the local Health Overview and Scrutiny Committees and Community Health Council.

This phase of the programme will be delivered through six work streams, according to agreed key deliverables and associated timeframe as outlined below.

⁴ The details and content of the OBC will be informally discussed with the PCTs and the Strategic Health Authority prior to formal submission

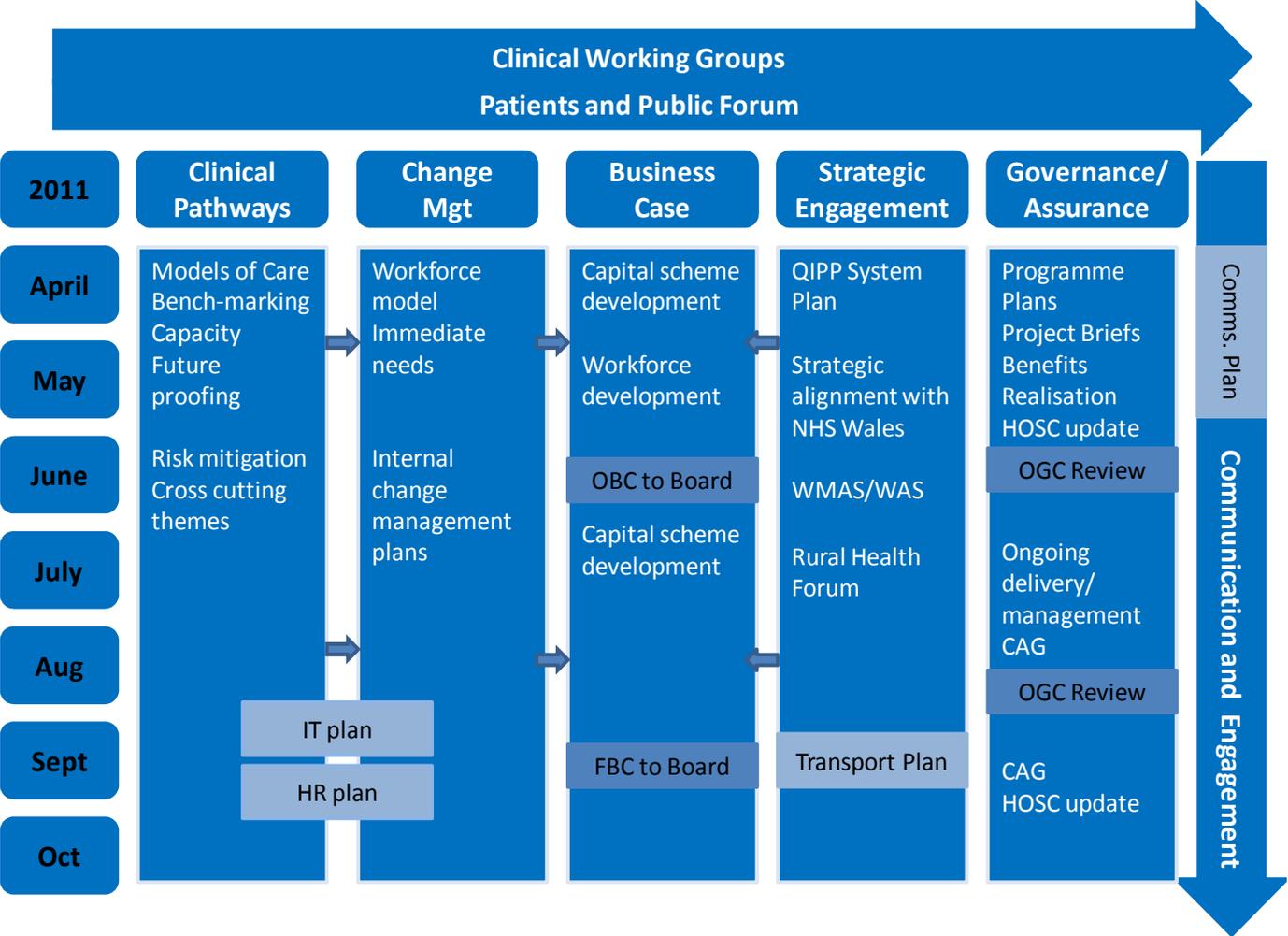
3. Key Deliverables, Workstream Structure and Timeframe

3.1 Key Deliverables and Timeframe

The key deliverables will be amended as this phase of the programme develops. The initial plan for March to October 2011 is shown below.

Date w/c	Work Plan	Output
28 th March	Draft programme structure, timescales and team identified External provider for OBC development commissioned Reconfiguration update submission to SHA (31 st)	
4 th April	FCHS Steering Group meets to agree next 6 months work plan, including further assurance, communications, risks and issues OBC development work commences (see separate plan) Strategic Forum with PCTs, Powys LHB, Betsi Cadwaladr, WMAS, WAS (7 th)	Structure, work plan and process agreed
11 th April	Trust Leadership Team discussion Programme Plan, Project briefs and communications and engagement plans finalised Draft Benefits Management Plan circulated	Programme Plan Project Brief for each work strand Communications Plan
25 th April	Implementation and change management planning commences Workforce and training models agreed and fed into OBC	Benefits Management Plan Workforce model including immediate needs re ANPs
2 nd May	Strategic Forum with PCTs, Powys LHB, Betsi Cadwaladr, WMAS, WAS (6 th)	
9 th May	FCHS Steering Group	
16 th May	Service planning, capital options and capital and revenue costs completed (20 th May)	Implementation Plan
23 rd May	Draft OBC content circulated and discussed at Executive Group FCHS Steering Group (26 th) Introductory session of Patient and Public Focus Groups	Draft OBC circulated Draft Integrated Change Management Plan
30 th May	Final drafting of OBC Reconfiguration update submission to SHA (31 st)	OGC submission
6 th June	HOSC update (provisional) OGC Gateway Review (8 th – 10 th)	
20 th June	Trust Board papers circulated	Final version OBC
27 th June	OBC presented to Trust Board (30 th June)	
4 th July	FCHS Steering Group	
11 th July	OBC submission to PCT Boards and SHA (dates to be finalised)	
18 th July	External provider for FBC development commissioned FBC development work commences	
25 th July	Clinical Assurance Group Reconfiguration update submission to SHA (29 th)	
1 st August	FCHS Steering Group	
5 th September	FCHS Steering Group	
19 th September	IT Plan, Workforce Strategy and Transport Plan agreed and fed into FBC	IT plan Workforce Strategy Transport Plan
26 th September	Reconfiguration submission to SHA (30 th)	
3 rd October	FCHS Steering Group HOSC update (provisional)	OGC submission
10 th October	OGC Gateway Review – date to be agreed	
17 th October	Trust Board papers circulated	Final version of FBC
24 th October	FBC presented to Trust Board (27 th October) Next steps and subsequent programme phases agreed	

3.2 Programme Workstreams and Time Frame



3.3 Phase Three onwards

The detail of the latter stage of Phase Two (November 2011 and March 2012) and the subsequent phases of the programme will be determined alongside the development of the OBC and FBC and will be presented to the Trust and PCT Boards in October 2011.

3.4 Clinical Leadership and Involvement

Phase One of The Future Configuration of Hospital Services programme focussed heavily on the opinions of the health economies clinical workforce to identify, shape and finalise the proposals prior to the consultation and assurance phase. Clinicians played a vital role in sharing the reconfiguration proposals with the public during the consultation. Clinical leadership and involvement will therefore remain central to Phase Two of the programme.

3.5 Working with Patients and the Public

Many patients and members of the public contributed to the discussion and debate on the proposal for the future configuration of services within Phase One of the programme. The involvement of individuals, groups and communities will continue in Phase Two, specifically around:

- Concerns about travel time and distance for patients and visitors
- The re-provision of the Rainbow Unit at PRH and the legacy that will remain at RSH
- The further development of the care pathways and services within the programme

A workshop to introduce this work is being planned for May 2011.

3.6 Working with Partners

Significant elements of the work within Phase Two involve joint working and development with the Trusts key NHS and Local Authority partners. Strategic Engagement therefore is therefore one of the six workstreams in this phase.

Many of the concerns and questions raised by the public and the HOSC require a whole system solution. A Partnership Forum will be established to support this approach.

3.7 Assurance

The assurance process within Phase One was commended by the Joint Health Overview and Scrutiny Committee. An ongoing assurance will continue throughout Phase Two. Governance/Assurance is one of the six work streams within this phase of the programme.

Delivery of the recommendations made by National Clinical Advisory Team (NCAT), the Office for Government Commerce (OGC), the Equality Impact Assessment (EqIA) and the Joint Health Overview Scrutiny Committee (HOSC) will be monitored and performance managed by the FCHS Steering Group each month. The Assurance Grid (appendix three) will be used to track this progress.

National Clinical Advisory Team (NCAT)

NCAT provides an independent pool of clinical experts to support, advise and guide the local NHS through independent assessment of local service reconfiguration proposals. All reconfiguration proposals going to public consultation are subject to clinical assurance provided by NCAT members.

Representatives from NCAT visited the Trust on 8 December 2010⁵. NCAT will not formally visit the Trust again but they are able to provide ongoing clinical advice as schemes as they develop over time and so the Trust does have the option to request their input in the future.

The Office of Government Commerce (OGC)

The OGC is an independent office of HM Treasury that was established to help Government deliver best value from its spending. The OGC Gateway Process examines programmes and projects at key decision points in their lifecycle. It looks ahead to provide assurance that they can progress successfully to the next stage. There are six levels of Gateway Review.

Gateway 0 investigated the direction and planned outcomes of the programme and took place 22-26 November 2010⁶.

Gateway 1 will take place 8 – 10 June 2011 prior to the submission of the Outline Business Case to the Trust and PCT Boards.

Local Assurance Process

The Local Assurance Process comprised a panel of local and national experts: GPs; patient representatives; non-executive directors; directors of commissioning and public health; a director of nursing from a specialist children's trust; a consultant obstetrician and gynaecologist; and a consultant paediatrician. The panel was led by an independent Chair identified by the PCT Chief Executives who was an ex Director of Nursing.

The Local Assurance Panel met in November. Their full report was presented to the Trust and PCT Boards on 24 March 2011 as part of the decision making process to proceed to the next stage of the programme.

The Local Assurance Panel will not meet again. The responsibility of ensuring the Trust delivers the panel's recommendations will be with NHST&W and SCPCT.

Equality Impact Assessment

The PCTs commissioned an external company to carry out an Equality Impact Assessment (EqIA) on the proposals with the key aim of identifying and exploring the potential adverse impact and issues relating to equality, for patients and communities across six equality strands⁷. The assessment also included opportunities to promote equality through the development and recommendations were made to mitigate the identified potential adverse impact.

⁵ See the supporting documents for the 'Report to the Board of The Shrewsbury and Telford Hospital NHS Trust on the "Assurance and Consultation" phase of the "Future Configuration of Hospital Services" programme'

⁶ See 'Keeping It In The County: A proposal for the future configuration of hospital services in Shropshire, Telford and Wrekin, November 2010'

⁷ Age, Disability, Gender, Race, Religion/Belief, Sexual Orientation

The responsibility of ensuring the Trust delivers the recommendations within the EqIA will be with NHST&W and SCPCT. The process for this is currently being discussed and will be finalised by the end of April 2011.

Joint Health Overview and Scrutiny Committee

Full involvement and engagement of the HOSCs was maintained throughout Phase One and will continue throughout Phase Two. The Local Authority HOSCs and the Joint HOSC formally responded to the consultation⁸. Regular updates and discussions will be scheduled and the Joint HOSC will review and comment on the Outline Business Case and Full Business Case prior to their submission to the Trust and PCT Boards. The HOSC will monitor the progress against their recommendations which are also incorporated into the Assurance Grid.

⁸ See the supporting documents for the 'Report to the Board of The Shrewsbury and Telford Hospital NHS Trust on the "Assurance and Consultation" phase of the "Future Configuration of Hospital Services" programme'

4. Governance and Accountability

The project will be delivered according to the roles, responsibilities and structures outlined below.

Group/Role	Who	Responsibility
Trust Board		<ul style="list-style-type: none"> To support the programme and ratify the decisions of Trust Hospital Executive To receive the OBC and FBC
SaTH Hospital Executive (HE)	CEO Programme Director Executive Directors Centre Chiefs	<ul style="list-style-type: none"> To ensure the delivery of the programme objectives To advise and support the SRO in the delivery of the programme
FCHS Steering Group	CEO Executive Directors Working Group Leads Programme Director Programme Manager	<ul style="list-style-type: none"> To monitor the delivery of the programme, receive progress reports and offer solutions to issues and barriers To oversee the management of risk for the programme and support its mitigation To monitor and performance management delivery of the recommendations within a process of ongoing assurance
Senior Responsible Owner	CEO	<ul style="list-style-type: none"> To lead the Future Configuration of Hospital Services programme To ensure clinician, staff and stakeholder involvement is maintained To advise HME and the Trust Board on programme delivery, progress and risks
Programme Director/ Strategic Engagement Lead	Director of Strategy	<ul style="list-style-type: none"> To ensure the development of delivery processes and structures required for the Future Configuration of Hospital Services programme To ensure alignment with the Trusts strategy and other major change programmes To lead the strategic engagement work stream and Chair the Partnership Forum
Clinical Champion	Medical Director	<ul style="list-style-type: none"> To lead and support clinical involvement and engagement and lead the clinical pathways work stream To support the Clinical Leads and Chair the Clinical Assurance Group
Clinical Working Group Leads	Centre Chiefs/ Lead consultant	<ul style="list-style-type: none"> To lead the Clinical Working Group development of pathways and risk mitigation plans To ensure the development of the required Clinical Working Group outputs for the OBC and FBC
Business Change Manager/ Transformational Change Lead	Chief Operating Officer	<ul style="list-style-type: none"> To lead the transformational change work stream, including implementation and change management To ensure alignment with QIPP and value stream developments
Finance and Estates Lead	Finance Director	<ul style="list-style-type: none"> To be responsible for the delivery of the OBC and FBC To ensure alignment with the financial elements of the QIPP system plans and integration with the FT LTFM and the Trusts finance and estates plans

Communications Lead	Head of Communications	<ul style="list-style-type: none"> To lead engagement and communication within the programme, internally and externally To maintain engagement with HOSCs, LINKs and CHC To work in partnership with PCT, LA and LHB communications teams
Programme Manager	Programme Manager	<ul style="list-style-type: none"> To support the Programme Director and Senior Responsible Owner in the delivery of the programme To maintain the risk and issues logs and benefits realisation plan To provide monthly updates and progress reports to the FCHS Steering Group To coordinate the local and national assurance To support the work of the work streams/working groups
Programme Administrator	tbc	<ul style="list-style-type: none"> To provide administrative support to the FCHS Programme To maintain the FCHS programme document library To ensure the programme management system (Aspyre) is up to date and maintained
Programme Team	Programme Director Programme Manager Business Change Manager/leads Communications Lead Finance and Estates Lead	<ul style="list-style-type: none"> To ensure all elements of the programme are coordinated and delivered to time and budget through regular sharing of progress (virtually or in meetings) To ensure involvement of key Trust leads in the FCHS programme delivery

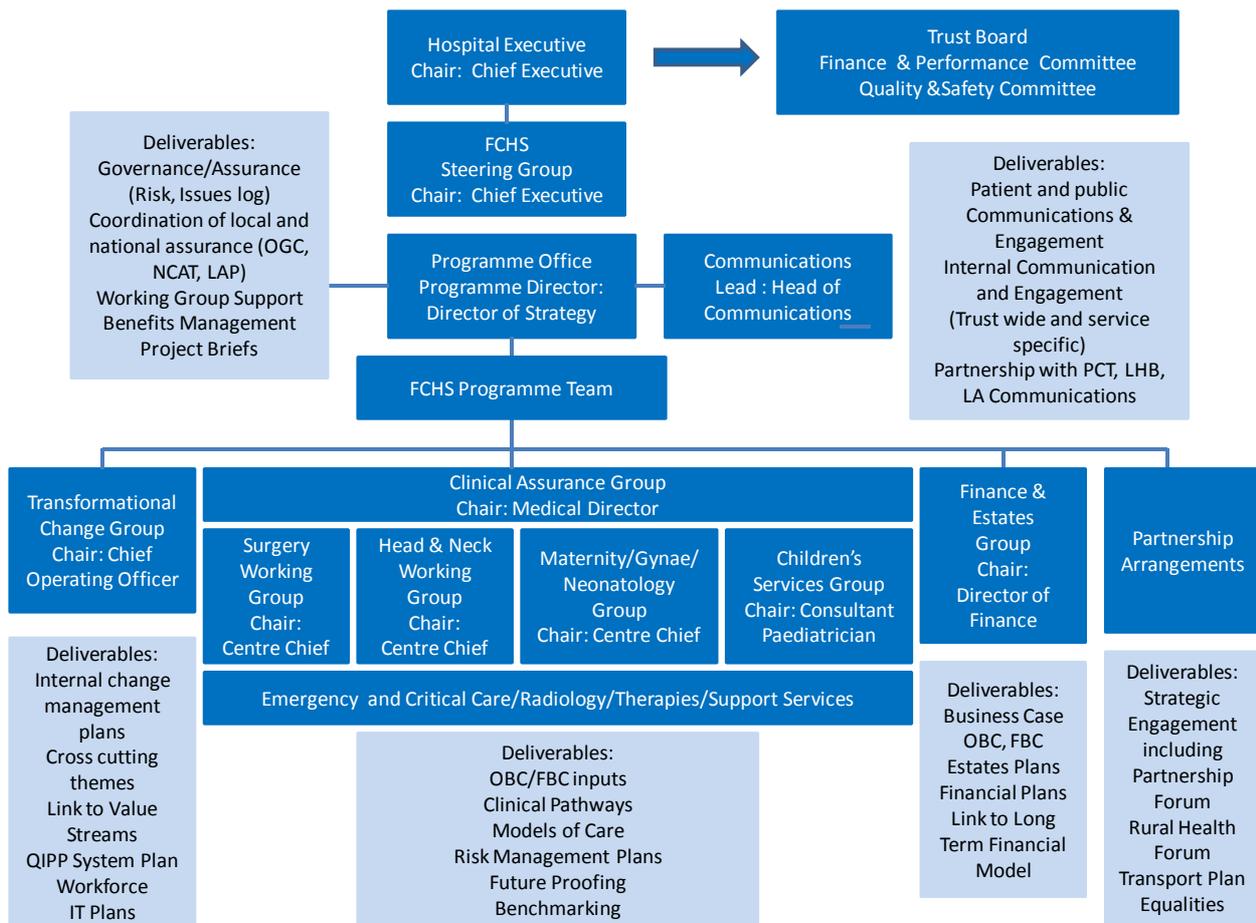
Each work stream and lead will be supported by a team of Trust staff. This involvement will be dependent on the area of work at a given time. Capacity of these teams and individuals will need to be addressed as the plans for each deliverable are established. Key roles will include:

Clinical Pathways	Centre Chiefs Lead consultants Lead GPs	<ul style="list-style-type: none"> To contribute to, and support the development of pathways and risk mitigation plans To support the development of the required Clinical Working Group outputs for the OBC and FBC
Finance and Estates	Deputy Directors of Finance Head of Estates	<ul style="list-style-type: none"> To support for the delivery of the OBC and FBC To support the alignment with the financial elements of the QIPP system plans and integration with the FT LTFM and the Trusts finance and estates plans
Transformational Change	Head of Human Resources Deputy Heads of Human Resources Divisional General Managers Service Delivery Managers	<ul style="list-style-type: none"> To support the transformational change work stream, including implementation and change management To support the alignment with QIPP and value stream developments
Communications	Communications Team	<ul style="list-style-type: none"> To support engagement and communication within the programme, internally and externally To support the engagement with HOSCs, LINKS and CHC To work in partnership with PCT, LA and LHB communications teams

The Programme Team will meet/communicate weekly within the Programme Office function. Progress will be reviewed, risks identified and reassessed and issues and challenges with the deliverables shared. Solutions will be agreed and programme documentation updated accordingly. An update will then be given to FCHS Steering Group. Individual lead and ad-hoc meetings will be arranged as required.

The accountability and reporting lines for the programme are shown below.

Figure 1 Programme Structure



5. Phase Two – Risks and Issues

There are a number of risks associated with the programme. Each working group will identify and update the risks and issues within their workstream. These will be collated to form the FCHS programme risk register and issues log each month. The Steering Group will receive and review the risk register and issues log at each meeting and will be responsible for the management, actions and mitigation of the risks and issues within the programme.

Appendix 1

Deliverables and Delivery from Phase One Plan

	Deliverable	Lead	How will we do it?	Evidence – how will we know we've done it?	End of Phase Review
1	Clinical Problem Solving Workshops	SaTH	Primary and Secondary care clinicians discussing issues and options for future configuration in a facilitated, structured format.	Proposals are grounded in sound clinical opinion. Local clinicians feel they have led the process and that their opinions have been considered so that they recognise their input.	CPSW2 in November 2010 formed the basis of the proposal for the future configuration of services presented to the Trust and PCT Boards on 02/12/10. Meetings were held with clinicians, staff, the LA, MPs and the HOSC in this pre-consultation phase. Public workshops were held in Shrewsbury and Telford.
2	Pre-consultation discussion	SaTH	Clinicians, staff, public, MPs, LA, HOSC discussing the current issues and challenges of the current hospital configuration and sharing thoughts and opinions on future configuration options either in workshops or meetings.	Early options are further discussed with a wide range of clinicians, staff and stakeholders. The reasons for change are understood and agreed and a shared way forward emerges.	Clinicians who attended the CPSWs have, with others formed the programmes Clinical Assurance Group. General and specific staff briefings/meetings have been held internally and discussions with partners continued throughout Phase One. Presentations were made to the HOSC during the Phase One and members visited RSH and PRH. (see 'Keeping It In The County: A proposal for the future configuration of hospital services in Shropshire, Telford and Wrekin, November 2010' and 'Report to the Board of The Shrewsbury and Telford Hospital NHS Trust on the "Assurance and Consultation" phase of the "Future Configuration of Hospital Services" programme')
3	NCAT visit	SaTH	NCAT will provide an independent clinical assessment of the reconfiguration proposals as discussed throughout the pre-consultation phase and will provide clinical assurance to the reconfiguration tests.	The NCAT assessment supports the local clinical view. If there are differences, then these are discussed and agreement reached.	NCAT visit and assessment took place on 08/12/10. (see FCHS Board Update January 2011 and 'Report to the Board of The Shrewsbury and Telford Hospital NHS Trust on the "Assurance and Consultation" phase of the "Future Configuration of Hospital Services" programme')

4	OGC visit	SaTH	The OGC will undertake a '0' level review. This review will focus on the programme elements of the work and will provide process assurance to help ensure that the plans have the best chance of achieving the desired outcomes.	The OGC review confirms the need for reconfiguration and the proposed plan to implement such a change. Advice and support for the next phases of the programme is given.	OGC visit and assessment took place 23-16/11/10. (see 'Keeping It In The County: A proposal for the future configuration of hospital services in Shropshire, Telford and Wrekin, November 2010' and 'Report to the Board of The Shrewsbury and Telford Hospital NHS Trust on the "Assurance and Consultation" phase of the "Future Configuration of Hospital Services" programme')
5	Options modelling (estate, beds, staff, activity, finance)	SaTH	The implications of the emerging options to be tested for deliverability and affordability in terms of the estate, beds, staff and activity to ensure viability prior to full public consultation.	The clinically proposed options are for deliverability and affordability so that the proposal to the public is clinically designed, robust, achievable and financially robust.	The options were tested for deliverability and affordability. This was presented to the Local Assurance Panel in October 2010 and again in February 2011. Primary and Secondary care clinicians continued to lead the development of the proposed option in the three Clinical Working Groups, established in January 2011 (maternity/gynaecology/neonatology; children's services; and surgery). (see FCHS Phase 1b Action Plan and FCHS Trust Workstream Structure paper)
7	Local Assurance Process	PCTs	Local Assurance Panel to assure the PCTs and key stakeholders that the proposals meet the new service reconfiguration tests and are robust and affordable. The panel will also confirm the timescale for delivery and the interim delivery plan.	The Local Assurance Panel is satisfied that the proposal meets all the conditions and assures the PCTs and stakeholders about the work and the way forward.	Local Assurance Panels were held on 22-23/11/10 and 28/03/11. The outcome of LAP1 was presented to the Trust and PCT Boards on 02/12/10. The recommendations from LAP2 will form an important element of the work plan deliverables for Phase Two of the programme. The outcome from LAP2 is within the 24/03/11 Board Report. (The full Local Assurance Panel Report can be found in the supporting documentation to the Board Report).

8	Consultation proposals developed	SaTH	Taking the clinical opinion and the wider views of staff, public and stakeholders a proposal will be put forward for the future configuration of hospital services in Shropshire, Telford and Wrekin that is deliverable and affordable.	The consultation proposal explains the reconfiguration journey from need to solution in a way that demonstrates local clinical support, deliverability and affordability.	The proposal for the future configuration of services was presented to the Trust and PCT Boards on 02/12/10 and formed the basis of the consultation documentation.
9	Public consultation	PCTs	Full public consultation with the appropriate information and formats will be lead by local clinicians to support and encourage widespread public discussion and debate about the proposed future configuration of hospital services.	The public fully engage in the consultation process and contribute their thoughts and opinions freely.	The public consultation ran from 09/12/10 to 14/03/11 and included a wide range of meetings, discussions, question time events and radio and television debate. The outcome of the consultation is within the 24/03/11 Board Report. (The full Consultation Report can be found in the supporting documentation to the Board Report).
10	SaTH and PCT Boards meet and make decisions following consultation	SaTH/ PCTs	Following appraisal of the outcomes of the public consultation, a consultation outcome proposal will be developed. SaTH and PCT Boards to review this proposal and make decisions on the next steps.	The outcome of all the discussions and consultation is pulled together into a robust model for the future configuration of hospital services that the Boards are confident to support.	The Trust and PCT Boards met on 24/03/11 and approved the recommendation to proceed to the next stage of the programme 'Planning for Implementation' (Papers and minutes from each Board meeting are available via the Keeping It In The County website)

Appendix 2

Summary of Recommendations

Assurance and Consultation (from Section 2 of the Report)

The Trust Board is asked to:

- NOTE the update on the Programme Management Arrangements and Office for Government Commerce Review
- NOTE the report on the “Keeping It In The County” public consultation
- NOTE the Local Assurance Panel report
- NOTE the summary of the National Clinical Advisory Team report
- NOTE the Equality Impact Assessment Summary and the full Equality Impact Assessment
- NOTE the response from the Telford & Wrekin and Shropshire Joint Health Overview and Scrutiny Committee
- NOTE that Assurance and Consultation has been integral to the ongoing development and review of the proposals for reconfiguration of hospital services and, subject to the decisions of the Trust and PCT Boards, will shape the next phase of the programme to develop an Outline Business Case and Full Business Case

Clinical Proposals (from Section 3 of the Report)

The Trust Board is asked to:

- NOTE the significant assurance and consultation that has influenced and shaped the ongoing development of the consultation proposals for surgery, maternity/gynaecology/neonatology, children’s services and stroke services
- COMMEND the following proposals to NHS Telford & Wrekin and Shropshire County PCT, subject to the ongoing assurances set out in Section 5 and the Annex of the paper:

Surgery

- All inpatient general surgery, both planned and emergency, for vascular, colorectal and upper gastro-intestinal surgery would be carried out at the RSH
- Breast, gynaecological and head and neck surgery would be carried out at the PRH
- All trauma surgery would continue to be carried out at RSH as now
- Orthopaedic surgery would continue to be carried out at both sites as now
- Head and Neck services transferred from RSH to PRH due to the high level of paediatric activity
- Most outpatient appointments would continue to take place at the same hospital as they do now
- Most day case surgery will also continue to take place at the same hospital as now

Maternity/Gynaecology/Neonatology

- The consultant led maternity unit currently on the RSH site would move to the PRH site. Both sites would continue to provide midwifery led units (MLU). The MLU accommodation at the RSH would be improved
- The neonatal intensive care unit currently provided at the RSH site would move to the PRH site so that it is on the same site as the consultant led maternity unit and inpatient services

- Pregnant women would continue to have their outpatient antenatal care, including scans at the same hospital they would go to now
- All pregnant women assessed as likely to have a low risk of complications in the later stages of pregnancy and during delivery would still have the opportunity to have their baby in an MLU or at home
- All pregnant women assessed as likely to have a high risk of complications would have their baby in the consultant led unit at PRH
- Gynaecology inpatient services for women would be concentrated within the women's and children's centre at the PRH. Most outpatient care would continue to be at the same hospital as now

Children's Services

- Concentrating inpatient services for children on the PRH site with Paediatric Assessment Units on both sites, with further work to consider the demand and capacity, purpose and staff of the PAUs as part of the development of the OBC and FBC
- Children attending hospital as an outpatient continuing to go to the same hospital as they do now
- Head and Neck services transferred from RSH to PRH due to the high level of paediatric activity

Stroke Services

- The provision of hyper-acute stroke services at both the Princess Royal Hospital and the Royal Shrewsbury Hospital through the establishment of a 24/7 thrombolysis service at both sites
- APPROVE that the work to conclude the review for urology should continue and that the outcomes of this work should form part of the Outline Business Case and Full Business Case
- NOTE that subject to the decisions of the Trust and PCT Boards, the issues raised during assurance and consultation will shape the next phase of the programme to develop an Outline Business Case and Full Business Case

Finance and Workforce Implications (from Section 4 of the Report)

- NOTE the assurance and consultation that has influenced and shaped the development of the high-level capital options and revenue implications
- COMMEND Option 2 (moving some services from PRH to RSH and some services from RSH to PRH) to NHS Telford & Wrekin and Shropshire County PCT as the preferred option
- NOTE that subject to the decisions of the Trust and PCT Boards, the capital options and revenue consequences would be further tested and clarified as part of the development of the Outline Business Case and Full Business Case
- NOTE that subject to the decisions of the Trust and PCT Boards, the detailed workforce implications would be developed as part of the Outline Business Case and Full Business Case

Proposed Next Steps (from Section 5 of the Report)

- APPROVE the development of an Outline Business Case and Full Business Case, subject to the decisions made by the Boards of The Shrewsbury and Telford Hospital NHS Trust, NHS Telford & Wrekin and Shropshire County PCT

Appendix Three

The Assurance Grid

Recommendations from the Local Assurance Panel, National Clinical Advisory Team, Office for Government Commerce, Joint Health Overview and Scrutiny Committee and Equality Impact Assessment: Current Position, Next Steps and Ongoing Assurance								
March 2011								
	Area	(a) LAP	(b) OGC	(c) NCAT	(d) Joint HOSC	(e) EqIA	(f) Current Position	(g) Next Steps
1	Clinical Care Pathways	Assurance about clinical risk mitigation for the proposed configuration, focussing in particular on the new risks that are introduced by the proposed changes and with detailed care pathways for categories of patients for whom particular risks have been identified, for instance children with major injuries being taken to the Royal Shrewsbury Hospital.	Complete at appropriate detailed level how the proposed option will work in practice	Define all the pathways affected Identify risks that currently exist and those that are potentially increased by the option	All clinicians working together to ensure clinical pathways and arrangements are in place to mitigate risks	See Governance (12)	Initial care pathways have been developed by Clinical Pathway Groups. Work has progressed to identify and mitigate risks in relation to current services and any new or different issues arising from changes to pathways. An update on risk mitigation was presented to the Local Assurance Panel on 28 February 2011 and was included in the submission to the Joint Health Overview and Scrutiny Committee on 11 March 2011.	Agree key milestones for implementation, ensuring further clinically-led development of detailed care pathways with patient involvement by May 2011.
2	Maternity	Formal pathway risk assessment Detailed arrangements for transfers from MLUs Engagement with Powys LHB on issues for Wales Capacity and capability of WAS finalised Training for midwives in Wales			Further work with GPs and Midwives to assess those considered at risk and appropriate action taken to ensure the safety of mothers and their unborn children	See Governance (12)	Discussions with WAS and Powys LHB re issues for patients in Wales are well underway. The outcomes and ongoing work plan were included in the LAP and HOSC submissions. The Head of Midwifery for Powys is engaged in the process and established joint working practices will continue to take this work forward.	Current activity modelling being undertaken by WAS. Analysis will inform ongoing discussions re transfer of patients from Wales. May 2011 Formal risk assessment to be undertaken by June 2011 Training needs of all staff to be identified within the workforce element of the Outline Business Case. May 2011. Workforce strategy to be in place by October 2011.
3	Neonates	Further discussions to take place with consultant neonatologists to identify the risks in the current service and solutions for providing the service in a clinically safe way, recognising that resolving the problem for the maternity building must be part of the solution Workforce plans to be completed				See Governance (12)	All neonatologists attended a workshop with the Royal College of Paediatrics and Child Health on 7th February 2011. Work and discussions to continue within the clinical pathway groups re current risks and solutions.	Way forward to be agreed within the consultant team. Option for further work with RCPCH to be considered. Workforce planning to be undertaken as part of pathway group by May 2011.

4	Paediatrics	Clarity on PAU demand/capacity to define purpose, staffing and opening times Workforce modelling to be tested Virtual testing and formal risk assessment of pathways Risk mitigation needs further work The legacy of the Rainbow Unit to be addressed Communication strategy developed for parents accessing paediatric inpatients or PAU			Acknowledgment of the Rainbow Unit and those involved in raising funds should be invited to be involved in the design of the new unit at PRH, with similar and hopefully improved standards Further work is undertaken with commissioners to develop Hospital at Home to avoid unnecessary hospital admission	See Governance (12)	Initial 6 week PAU audit at RSH completed as part of scoping future understanding capacity and demand. Contact made and lessons learnt from other Trusts delivering care within a similar configuration and policies and pathways shared. Clinical pathway group continuing to work on the pathways of care	PAU service to be scoped and options agreed by May 2011 for inclusion in OBC work up. Workforce planning to be undertaken for inclusion in OBC including scoping PANPs. Care pathway development to continue and be tested through scenario work. May 2011 Specific group to be established to determine the needs of the Rainbow Unit, including the legacy at RSH. Parents of those who were involved in its development to be invited to be part of this group. Communication re service location to form part of the implementation described above. Hospital at Home service discussions to resume with local commissioners. May 2011
5	Surgery				Detailed project plan with timescales and workforce planning Arrangements for patients at PRH A&E who cannot be stabilised and transferred to be operated on at PRH	See Governance (12)	Pathways presented to the LAP. High level planning undertaken and initial workforce modelling completed.	Timescales for change to be agreed. Outline implementation plan to be developed by end May 2011 (including workforce). Specific care pathways to be developed with GP commissioners by September 2011.
6	Support Services	Further detail on arrangements for anaesthetics, ITU and ENT in the reconfigured services					Clinicians part of all pathway groups. High level detail and ENT pathways presented to the LAP. Initial options for ITU scoped.	Detail to be developed as part of the development of the OBC by May 2011 within the cross-cutting themes work alongside diagnostics and therapies.
7	Communication - clinicians and staff	The outcome of further discussions with hospital clinicians who had expressed concerns, reported to the panel, regarding the clinical and service risks associated with the proposals.		Develop solutions with fellow clinicians, other stakeholders and patients and the public that meet and exceed current levels of quality and safety	The Trust must do all they can to alleviate the concerns of those who have opposed the proposals. Discussions and work must continue with Welsh colleagues to address the concerns of those in Wales		Clinician and stakeholder discussions have shaped the clinical care pathways and options for delivery. Specific work has also been undertaken with colleagues in Wales. The outcomes and next steps for this work were presented to the LAP and HOSC.	The three Clinical Working Groups and the Clinical Assurance Group will continue to meet to enable ongoing discussions April-June 2011. Future meetings planned diaried for discussions with commissioners/providers in Wales in April and May 2011. Plans for a Rural Health Symposium to be progressed. To be held in July/August 2011.

8	Communication - patients and the public				It is essential that the public are kept fully informed of any service changes and the implications for patients prior to any such change taking place		Widespread public consultation has taken place, as set out in the consultation report.	A detailed communication and engagement plan will be developed to support the next phase of this work during April 2011. Health Overview and Scrutiny Committees, Local Involvement Networks and Community Health Councils will be consulted on the development of this plan.
9	Travel, transport and transfers	Assurance about mitigating concerns about travel and about increased travel times. This should include the outcome of further work undertaken with Welsh and West Midlands ambulance services and other partners to identify how the disadvantages of increased travel times for patients in Wales and some of the more sparsely populated areas in the West of Shropshire could be mitigated		Ensure that transport and travel plans and systems are robust	Reassurance from WMAS that they are able to reach, stabilise and safely transport children the further distance to the PRH plus any additional costs of increased transfers between sites must be taken into account Inter-site transfers for staff, patients and visitors Adequate car parking at both sites	See Governance (12)	Travel time analysis on the outcomes for neonates presented to the LAP. The outcomes of the work and discussions with WAS and WMAS were also presented to the LAP and HOSC. Commitment has been given by all three organisations (SaTH, WAS, WMAS) to work together to understand and address current and future transport/transfer challenges.	Specific transfer needs within each pathway to be progressed within the Clinical Pathway Working Groups by May 2011 Transport and travel plans to be progressed by the Change Partnership Group. Initial scoping to form part of the OBC by May 2011. Details to form part of the FBC by September 2011.
10	Financial planning	Financial sustainability referred to SCPCT and NHST&W	Complete detailed Financial, Estate and HR plans to support the programmes objectives		Continued transparency in financial and estates planning. Robust plans to be put in place		High level financial plans developed and presented to the LAP and HOSC.	Detailed capital and revenue implications to form part of the OBC in June, then progressed further within the FBC by September.
11	Workforce	Further detail on the workforce planning which has been undertaken to demonstrate the sustainability of the proposed new arrangements Also see specific specialties above			Detailed evidence of workforce planning and availability. Contingencies to be put in place once the process of transferring services begins to ensure patient safety is not compromised	See Governance (12)	A description of the workforce discussions and methodology for progressing workforce plans was presented to the LAP. Service specific planning has commenced within the Clinical Pathway Groups.	Initial workforce plans to form part of the OBC in June 2011. A full workforce strategy to be in place by October 2011.

12	Governance			Develop a comprehensive governance system with training simulations and testing that keep staff and procedures at high levels of readiness		Continued Equality Impact Assessment in ongoing development and implementation. Action plan for equality strands and ongoing reports on delivery.	Pathways developed and agreed to enable testing options to be explored. Equality Impact Assessment undertaken alongside public consultation.	Programme plan and project briefs to be in place by April 2011 to include implementation plans, for each clinical stream. Implementation plans to include options for road testing pathways, systems and processes prior to service change - June 2011. Establish equalities action plan as part of ongoing programme arrangements - Oct 2011.
13	Implementation Planning		Produce a draft implementation plan for transition in order to ascertain resource requirements for the new ways of working		The Joint HOSC request details of any changes prior to implementation		Contacts within Trusts who have recently reconfigured, or are in the process of doing so, have been made and sharing of experience agreed.	Draft implementation plans to be developed in readiness for the next OGC review at the end of May 2011.
14	Change Management		Consider the further development of an integrated change management plan to support the longer term cultural and behavioural changes required				Initial change management requirements scoped by Human Resources.	Draft Integrated Change Management Plan to be developed by the Transitional Working Group to reflect the wider transformational change programme within the Trust and the changes within the local NHS. To be in place by the end of May and to form part of the OGC review. Final plan to be agreed by the end of October 2011.
15	Benefits Management		Put in place a benefits management plan					Benefits management and realisation plans to be scoped and to provide a framework for the implementation planning process. June 2011