

**The Shrewsbury and Telford Hospital NHS Trust**

**Trust Board**

**29 September 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 this month have included:</p> <ul style="list-style-type: none"> <li>• Submission of the Outline Business Case to the PCTs and SHA with minor amendments following feedback from Cost Advisors, Estates and Finance colleagues at the SHA</li> <li>• Reviewing and revising the programme and governance structure</li> <li>• Continuing to implement the plan for staff, patient, public and stakeholder engagement</li> <li>• Identifying the high-level milestones for Phase 2b of the programme, October 2011- March 2012</li> <li>• Submitting the monitoring returns as part of the accountability for service reconfiguration proposals through the regional Strategic Health Authority to the Department of Health</li> </ul>
<b>Recommendations</b>	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the progress on the Future Configuration of Hospital Services Programme</li> <li>• <b>NOTE</b> the amendments to the Outline Business Case</li> <li>• <b>APPROVE</b> the Future Configuration of Hospital Programme structure and governance arrangements for Phase 2b and <b>NOTE</b> the proposed structures for Phase 3</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 approved the Outline Business Case for the Future Configuration of Hospital Services on 25 August 2011 and its submission to the PCT and Strategic Health Authority Boards in September 2011. This followed support from the Joint Health Overview and Scrutiny Committee for Shropshire and Telford &amp; Wrekin, which met on 23 August 2011.</p> <p>The Boards of NHS Telford and Wrekin and Shropshire County PCT approved the Outline Business Case on 13 September 2011 and also recommended its submission to the Strategic Health Authority. The Strategic Health Authority Board meets on 27 September 2011.</p> <p>Ongoing public and stakeholder engagement remains integral to this phase 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

<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 its supporting appendices. This financial analysis will be further developed within the Full Business Case.
<b>Learning and Growth</b>	There are no immediate workforce implications from this paper. The workforce implications of the preferred option for reconfiguration are detailed within the Outline Business Case and its supporting appendices. This workforce plan will be further developed 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 at key points throughout the implementation of these changes. Patients, GPs and Commissioners are involved in the FCHS programme through a robust communication and engagement process.
<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 this phase (Phase Two) of the 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>	A communication and engagement plan for Future Configuration of Hospital Services Programme is in place and is being delivered as planned and agreed by the FCHS Steering Group.

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**The Future Configuration of Hospital Services Programme**

**Board Update**

**29 September 2011**

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

The Trust Board approved the Outline Business Case for the reconfiguration of hospital services on 25 August 2011. The Boards of NHS Telford and Wrekin and Shropshire County PCT also approved the Outline Business Case at their extraordinary Board meetings on 13 September 2011. The OBC will have been submitted to the Strategic Health Authority (SHA) for their approval and will be discussed at their Board on 27 September 2011.

Key activities since the last Board update have included:

- Submission of the Outline Business Case to the PCTs and SHA and minor amendments to the document following feedback from Cost Advisors, Estates and Finance colleagues at the SHA (see Section 1)
- Reviewing and revising the FCHS programme and governance structures as the Trust progresses to Phase 2b (which includes the development of the FBC; ongoing assurance and transformational change) and plans and prepares for Phase 3 – Implementation: Construction and Transformational Change (see Section 2)
- Continuing to implement the plan for staff, patient, public and stakeholder engagement (see Section 3)
- Identifying the high-level milestones for Phase 2b of the programme (see Section 4)
- Submitting our monitoring returns as part of our accountability for service reconfiguration proposals through the regional SHA to the Department of Health (see Section 5).

**1. Outline Business Case**

- 1.1 The OBC was approved at the Boards of NHS Telford and Wrekin and Shropshire County PCTs on 13 September 2011. The PCT Cluster Chief Executive and Finance Director were also present and contributed to the discussions of the Boards. The Boards also approved the Trusts submission of the OBC to the SHA and progression to the development of a Full Business Case (FBC) for the Future Configuration of Hospital Services.
- 1.2 Detailed understanding of the preferred options in terms of estates and financial impact has continued. This has resulted in some minor amendment to the OB Forms (developed by the Trust's Cost Advisors, Holbrow Brookes) as a result of agreement with the SHA regarding VAT; the balance of new versus refurbished accommodation; projected professional fees to be incurred over the life of the development; and the phasing of the construction. These have resulted in minor amendments to the economic and finance sections of the OBC (Section 13: Economic Case and Section 16: The Financial Case) which can be accessed through the Trusts website or upon request. The OBC Executive Summary (attachment 1) is attached to this report for information: sections 1.7 and 1.10 respectively covering the Economic and Financial case.
- 1.3 In light of the discussions with the SHA, the implementation timescales for the project procurement have been amended with the P21+ appointment by the end of October 2011. Section 4 of this report provides further detail of the key milestones in this process.

- 1.4 The Chief Executive highlighted in his presentation of the OBC to the Board on 28 August 2011 and again to the PCTs Boards on 13 August 2011, the work done on the Trust's wider bed capacity requirements. He referred to the impact of what demographic change and a 35% shift to the upper quartile length of stay would have on future bed numbers. Tables within Section 9: Capacity Modelling have been revised and now reflect the recently performed bed census.
- 1.5 The OBC: Volume 1 – Main Body (including the amendments detailed above); Volume 2 – Executive Summary; and Volume 3 – Appendices have been submitted to the SHA ahead of its Board meeting on 27 September 2011.
- 1.6 Hard copies of the most up to date version of volumes 1, 2 and 3 are available to Trust Board members on request and can also be reviewed via the Trust web site.

## **2. FCHS Programme Structure and Governance**

- 2.1 As identified at the Trust Board on 25 August 2011, a review of the programme structure and governance arrangement going forward has been undertaken in discussion with the relevant Centre Chiefs and Business Managers. The proposed structure (attachment 1) reflects the need to support and maintain the clinical leadership of the programme.
- 2.2 This structure has two elements acknowledging the different deliverables from now until the end of March 2012 and from April 2012 onwards. It also recognises the importance of maintaining a degree of continuity in the programme, ensuring availability of the appropriate skills and capacity as well as the challenging timescales for delivery of the FBC to the Trust, PCTs and SHA Boards in February/March 2012.
- 2.3 Phase 2b requires the development of an FBC. Key elements of the work at this stage will be the selection of the preferred P21+ partner and the production of a GMP; the continued work with clinical colleagues to provide the necessary ongoing assurances to the Trust's partners, the public and the Joint Health Overview and Scrutiny Committee that risks and concerns are being addressed; and finally alignment of this programme with the wider Trust strategy and transformational change programme currently ongoing within the organisation.
- 2.4 The governance structure reflects the establishment of the Programme Management Office (PMO) The FCHS Steering Group will formally report to the Programme Management Office each month.
- 2.5 The need to strengthen the FCHS programme team capacity has been reported within the PMO to the Programme Management Board. Despite the FCHS programmes delivery of all key performance indicators, the current amber rating reflects the need to address the capacity challenges within the team as the programme moves to the FBC stage.
- 2.6 The ongoing and additional requirements for the programme team for Phase 2b are summarised in the table below.

<b>Role/Task</b>	<b>Current Status</b>	<b>Proposed Action</b>
<b>FBC Delivery</b>		
Project Director	Finance Director	None required
Technical Director	Associate Director of Estates and Facilities Management	Back-fill for operational role required
Technical Team	External providers commissioned and in place as part of OBC development (including Strategic Healthcare Planning; Holbrow Brookes; Aedas; Capita Symonds; Lambert Smith Hampton)	External providers to be commissioned to support delivery of the FBC including P21+ partner
FBC development and authorship	Draft service brief and requirements developed	External provider to be commissioned to work with the Trust to develop and write the FBC
<b>Wider FCHS Delivery</b>		
Programme Director/Alignment and Transformation Lead	Director of Strategy	None required
Programme Manager	External support commissioned to the end of March 2012	None required
Programme Support	Ongoing skills and requirements identified	Secondment/internal appointment to be progressed
Programme Manager (Communication and Engagement)	External support commissioned to the end of September 2011. Ongoing skills and requirements identified	External support to be commissioned
Programme Manager (Workforce)	Deputy Head of Human Resources	Back-fill for operational role required
Programme Manager (Finance)	Deputy Head of Finance	Back-fill for elements of operational role required

2.7 The proposed structure from April 2012 is also included in attachment 1. This structure reflects the need to ensure the construction of the new build at PRH and the refurbishment of the existing estate at both sites alongside the operational implementation of the new models of care; new ways of working; management of change; and continued communications and engagement, internally and externally.

The proposed requirements for Phase 3 is summarised in the table below.

<b>Role/Task</b>	<b>Current Status</b>	<b>Proposed Action</b>
<b>Programme Delivery</b>		
Transformation Director	New appointment	Lead/coordinate Trust change programmes. Role to be defined within wider Trust context and requirements
FCHS Project Director	New appointment	Coordinate overall delivery of FCHS programme
<b>Construction</b>		
Technical Director	Associate Director of Estates and Facilities Management	Ongoing back-fill for operational role will be required
Technical Team	External organisations commissioned and in place as part of OBC development	External providers to be commissioned as appropriate and as required post FBC approval
<b>Transformational Change</b>		
Programme Manager	External support commissioned to the end of March 2012	Ongoing programme management requirements to be identified and appointment made
Programme Support	Ongoing skills and requirements identified	Dependant of outcome of appointment in Phase 2b (either continue or recruit)
Programme Manager (Communication and Engagement)	External support commissioned to the end of September 2011. Ongoing skills and requirements identified	Ongoing requirements to be identified and appointment made
Programme Manager (Workforce)	Deputy Head of Human Resources	Back-fill for operational role maybe required due to level of change management for 500+ staff
Programme Manager (Finance)	Deputy Head of Finance	None

### **3. Staff, Public and Stakeholder Involvement**

- 3.1 Delivery of the communications and engagement plan continues. The plan outlines the ongoing involvement of individuals, groups, communities and staff in the reconfiguration programme and is available via the Trusts website. Specific activities since the last Board update include:

- **Programme bulletin:** The next edition of 'Looking To The Future' is under development and will be published in October 2011. In addition, adverts will be placed in the local free press updating the public on the proposals for change and what this will mean for the public, patients and their families.
- **Visiting established groups and networks:** Meetings with established groups continue who remain keen to have regular updates and be involved in the programme as it progresses. Update sessions this coming month will include discussions with:
  - Expectant and new mothers throughout the county within antenatal and mother and baby groups
  - Parents and Carers Council for Shropshire
  - Parents of children with insulin dependent diabetes
- **Revisiting communities:** A series of meetings are planned from September through to November 2011 with lead officers and clinicians from the Trust visiting local Joint Committees and Town Councils across the county and Powys. The Trust is discussing with colleagues from Wales the opportunities of representatives from Powys Teaching Health Board; Betsi Cadwaladr University Health Board; and Wales Ambulance Service also attending the meetings in Powys.

In addition, the Trust is leading plans to develop and deliver healthcare road-shows with partner organisations in-county (including Shropshire Community Trust; West Midlands Ambulance Service; Commissioners) in a different area each month. This will support a process of ongoing engagement and involvement in local health care issues and developments rather than each organisation 'going out' to the public with a specific message or requirement.

- **Patient and community focus groups:** Patient and community focus groups are now established for each specialty area. Members have been 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 continues to be to work with the Trust's clinicians and wider staff to help shape future services, for example through pathway work, involvement in the planning and design of new buildings and refurbishment, and developing and refining transport and access arrangements.
- **Staff discussions:** The next round of reconfiguration staff updates will be held at Princess Royal Hospital and Royal Shrewsbury Hospital in November 2011. The specific Human Resource led change management process for affected staff will be introduced in due course.
- **Website:** The reconfiguration pages on the Trusts website are continually updated to provide a web channel to share updates on progress and ask for views. Formal papers, documents and reports are all available alongside more informal clinician's blogs and updates.

#### 4. High-level Milestones

- 4.1 The high-level milestones for Phase 2b are shown in the table below. The detail behind these milestones will be progressed further in the coming weeks as the plans for delivery of the FBC and wider programme are developed and finalised by the FCHS Steering Group during October 2011.

<b>Date</b>	<b>Description</b>
27 September 2011	OBC submitted to SHA Trust Board
29 September 2011	Structure and governance arrangements submitted to Trust Board
30 September 2011	SHA reconfiguration update
30 September 2011	P21+ Construction scheme registration/selection criteria
3 October 2011	Appointment process of programme team commences (including external support)
From 3 October 2011	P21+ Expressions of interest/short listing/open day
6 October 2011	Revised membership and Terms of Terence for FCHS Steering Group agreed
By 31 October 2011	Individual work stream plans and key milestones signed off by PMO
By 31 October 2011	Final selection of P21+ partner
November/December 2011	Update to Joint Health Overview and Scrutiny Committee
January/February 2012	OGC Gateway 2 and 3
w/e 20 February 2012	Update and presentation of FBC to Joint Health Overview and Scrutiny Committee
23 February 2012	FBC submitted to Trust Board
13 March 2012 (tbc)	FBC submitted to PCT/Cluster Boards
27 March 2012 (tbc)	FBC submitted to SHA/Cluster Boards

## **5. Ongoing Assurance**

- 5.1 The Assurance Grid continues to 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.
- 5.2 The Assurance Grid formed part of the Board paper submission to the PCTs on 13 September 2011 where progress and areas for ongoing work were supported and noted.
- 5.3 The Clinical Assurance Group will meet again in New Year of 2012 to receive a programme update and comment on the developing FBC.

- 5.4 OGC Gateway Review 2: Delivery Strategy and OGC Gateway Review 3: Investment Decision will be combined on the instruction of the OGC and will take place at the end of January/early February 2012. This formal review will involve: assessing the progression of the programme as a whole; reviewing the draft FBC; reviewing all programme documentation and controls; and interviewing key Trust clinicians and staff, partner organisations and representatives from the public and Health Overview and Scrutiny Committees.
- 5.5 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 for the end of July 2011 with the next update due at the end of September 2011.
- 5.5 The next meeting with the Joint Health Overview and Scrutiny Committee will be held in November/December 2011 where an update against their workplan will be given alongside an update of the programme and the development of the FBC.

## 6. Recommendations

- 6.1 The Trust Board is asked to:
- **NOTE** the progress on the Future Configuration of Hospital Services Programme
  - **NOTE** the amendments to the Outline Business Case
  - **APPROVE** the Future Configuration of Hospital Programme structure and governance arrangements for Phase 2b and **NOTE** the proposed structures for Phase 3