

The Shrewsbury and Telford Hospital NHS Trust

**Trust Board
1st March 2012**

**The Future Configuration of Hospital Services Programme:
Trust Board Update**

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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	<p>This paper provides an update to the Trust Board on the development of the Full Business Case for the Future Configuration of Hospital Services.</p> <p>It specifically details the key differences between the Outline Business Case (approved by Shropshire County PCT and NHS Telford and Wrekin on 13 September 2011 and the West Midlands Strategic Health Authority on 27 September 2011) and the Full Business Case which are:</p> <ul style="list-style-type: none"> • Areas for refurbishments at RSH • Source of funding <p>This paper also outlines the proposed timeline for submission of the Full Business Case to the NHS Midlands and East Strategic Health Authority Cluster.</p>
Recommendation	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> • NOTE the key differences between the Outline Business Case and the Full Business Case for the Future Configuration of Hospital Services • NOTE the timeline for submission of the Full Business Case to relevant Boards, Committees and the Strategic Health Authority Cluster

The Future Configuration of Hospital Services Programme

Contribution to Inspection, Registration, Assurance, Performance and Delivery

Risks and Assurance	The Future Configuration of Hospital Services (FCHS) Programme supports the local NHS to address risks to the clinical quality of services. The programme management arrangements provide assurance that due process is being followed, and there is independent review of the programme management approach through the Office for Government Commerce Gateway Review process. Specifically, a risk register is maintained and reviewed by the Project Board to ensure that risks in relation to delivery of the FCHS programme are identified and managed. The Project Board is chaired by the Chief Executive and reports to the Hospital Executive Committee, which is a sub-committee of the Trust Board.
Contribution to Key Performance Indicators	Not applicable
Compliance with Clinical and other Governance Requirements	The Future Configuration of Hospital Services Programme supports the local NHS to address risks to compliance with a range of clinical safety standards. This includes compliance with legislative and policy requirements in relation to consultation and engagement in service change in the NHS and the reconfiguration of health care services.
Engagement and Decision-Making Process for this paper	The Future Configuration of Hospital Services is overseen by a dedicated Project Board comprising the Chief Executive, clinical leads, other Executive Directors, Associate Director of Estates and Facilities Management and the Programme Manager. The Project Board reviews and oversees the delivery of the programme and the development of the Full Business Case. The Project Board is also informed by feedback from patients, communities and other stakeholders including the Joint Health Overview and Scrutiny Committee.

Strategic Impact Assessment

Quality and Safety	The Future Configuration of Hospital Services Programme supports 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 and economic analysis of the reconfiguration of hospital services will be fully described within the Full Business Case.
Learning and Growth	The clinical and service development work undertaken as part of the delivery of the Future Configuration of Hospital Services programme supports the delivery of organisational objectives for Learning and Growth.
Patients, GPs and Commissioners	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 robust communication and engagement plan is being implemented. A comprehensive programme to communicate changes with patients and GPs is planned to take place in 2013 ahead of the main changes to local services.
Equality and Diversity	An action plan to address the recommendations from the Equality Impact Assessment is currently being developed and will be included in the appendices of the Full Business Case.
Legislation and Policy	The Future Configuration of Hospital Services Programme supports the local NHS to fulfil legislative requirements as set out in government guidance on service configuration. Progress and achievement of the 'Four Lansley Tests' is reported to the SHA bi-monthly and will also form part of the Full Business Case submission.
Communication and Marketing	This report will be published on the Trust website as part of the Trust Board papers and also within the section of the Trust website dedicated to the reconfiguration of hospital services.

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

1. Overview

- 1.1 This paper provides an update to the Trust Board on the key differences between the Outline Business Case (OBC) and Full Business Case (FBC). It also provides the latest position in terms of the sign-off and approvals process for the FBC.

This paper is divided into three further sections:

- The key differences between the OBC and the FBC in terms of the refurbishments planned at the Royal Shrewsbury Hospital (Section 2)
- The proposal to pursue a different source of funding for the scheme following the announcement by the Department of Health to release Public Dividend Capital funding for capital schemes across the NHS in England (section 3)
- The revised timeline for sign-off and approval of the FBC (Section 4)

2. Refurbishments at RSH

- 2.1 The OBC identified areas for refurbishment for the following services at RSH:

- Surgical Assessment Unit (SAU)
- Midwifery-Led Unit (MLU) including Antenatal Day Assessment (PANDA); and Antenatal Clinic including the Early Pregnancy Assessment Service (EPAS)
- Paediatric Assessment Unit (PAU) and Paediatric Outpatients

- 2.2 The recent bed reconfiguration programme has released space at RSH that was not available during the development of the OBC namely Wards 31 and 32. In addition, the important clinical adjacencies at RSH for the reconfiguring services at RSH have been reviewed and agreed by each clinical lead.

- 2.3 The clinical adjacencies are shown in appendix 1. In summary, this means:

- The SAU should be adjacent to A&E, Theatres and Imaging and preferably near to the Medical Assessment Unit (MAU), the PAU and the Surgical Wards
- The MLU, including PANDA, should be adjacent to Antenatal Clinic including EPAS
- PAU should be adjacent to A&E and to support a robust staffing model, Paediatric Outpatients should be adjacent to the PAU. Paediatric Outpatients does not rely upon a relationship with Main Outpatients and services and facilities within should clearly identify these areas as designed for children

- 2.4 Following discussions at the Hospital Executive Committee in December 2011 it has been agreed to reconsider and therefore delay the original aspirations for the development of an Integrated Assessment Zone alongside A&E. This is in recognition of the amount of service developments and redesign underway in the unscheduled care pathways such that the exact requirements for integrated assessment are not yet know. In addition, the current estate at RSH would restrict this from happening without major reorganisation.

- 2.5 The need to provide a 30-bedded SAU has resulted in the need for both Adult and Childrens Head and Neck to be utilised as the new SAU. This has meant that the original plan to use Children's Head and Neck as the new PAU cannot be progressed.

- 2.6 It therefore proposed that the PAU will be provided in refurbished and extended Trauma and Orthopaedic (T&O) offices thereby providing the essential clinical adjacency to A&E. The area occupied by the current Shropdoc demountable building will also be utilised for the PAU and Shropdoc out of hours service will be relocated to alternative accommodation. The T&O office function will be relocated to the main administration corridor above Main Outpatients. This is permitted by the relocation of the offices from the main administration corridor to the refurbished Maternity building (as described in the OBC).
- 2.7 Paediatric outpatients will utilise the current Ophthalmology Outpatients which will be relocated to refurbished space on the main administration corridor.
- 2.8 The MLU, PANDA and antenatal clinics will be relocated in refurbished Wards 31 and 32 alongside EPAS and Fertility.
- 2.9 The plans for RSH as described within the OBC and the plans developed as part of the FBC are shown in appendix 2.

3. Funding Source

- 3.1 The OBC described the Trusts plans to fund the developments at both RSH and PRH with a loan of £34.96m. This was demonstrated to be within the Trusts limit of affordability and was approved by the Strategic Health Authority (SHA) for onward development into an FBC.
- 3.2 This continued to be the planned source of funding until the middle of January 2012 when the Department of Health announced the release of £300m Public Dividend Capital funding nationally for capital schemes within the NHS in England.
- 3.3 The SHA proposed to the Trust that its Future Configuration of Hospital Services Programme would qualify as a scheme that would be able to access this PDC funding. This is based on the two key Government criteria of (i) being near the £30m capital scheme they are keen to support and (ii) is planned for completion before or during 2014.
- 3.4 Whilst this route of funding would be cheaper than the original planned loan, the upper limit of £35m remains in terms of affordability and the ability to access these funds. The approvals route within the Department of Health is also more straightforward as this is PDC funding rather than a loan.
- 3.5 In order for the Trust to be considered for this identified PDC funding an accelerated FBC delivery timeframe is being dictated at a national rather than local level.

4. Revised Timeline

- 4.1 The SHA have requested that the FBC is submitted to them by 9th March 2012 ahead of their Board meeting on 23rd March 2012.
- 4.2 The review, sign-off and approvals process ahead of 9th march was discussed with SHA lead officers on 21st February 2012. Further discussion is required at the SHA with regards to their internal process but the provisional timeline is as follows:

Review/Submission	Date	
FBC update to Trust Board	1 March	
Clinical Assurance Group (GPs and Trust Leads)	w/c 5 March	Date to be finalised
FBC submitted to the SHA	9 March	
Gateway Review	14-16 March	
Joint Health Overview and Scrutiny Committee	15 March	
Extraordinary Trust Board meeting	tbc	
SC and T&W Clinical Commissioning Groups	tbc	
SHA Cluster Board meeting	23 March	Papers due 15 March
PCT Cluster Board	27 March	local meeting to be arranged

5. Conclusions and Recommendations

5.1 The Trust Board is asked to:

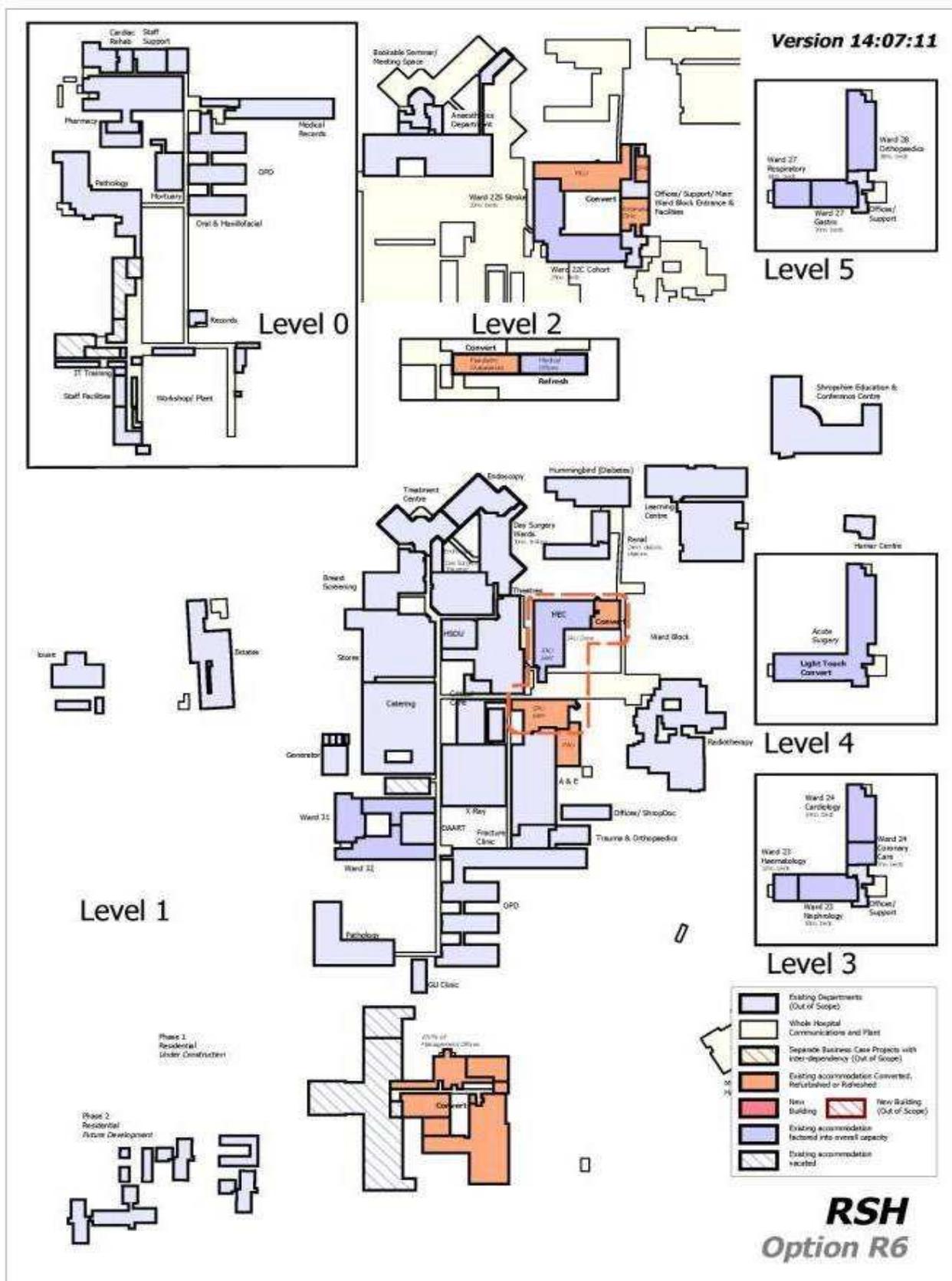
- **NOTE** the key differences between the Outline Business Case and the Full Business Case for the Future Configuration of Hospital Services
- **NOTE** the timeline for submission of the Full Business Case to relevant Boards, Committees and the Strategic Health Authority Cluster

Appendix 1 – RSH Clinical Adjacencies

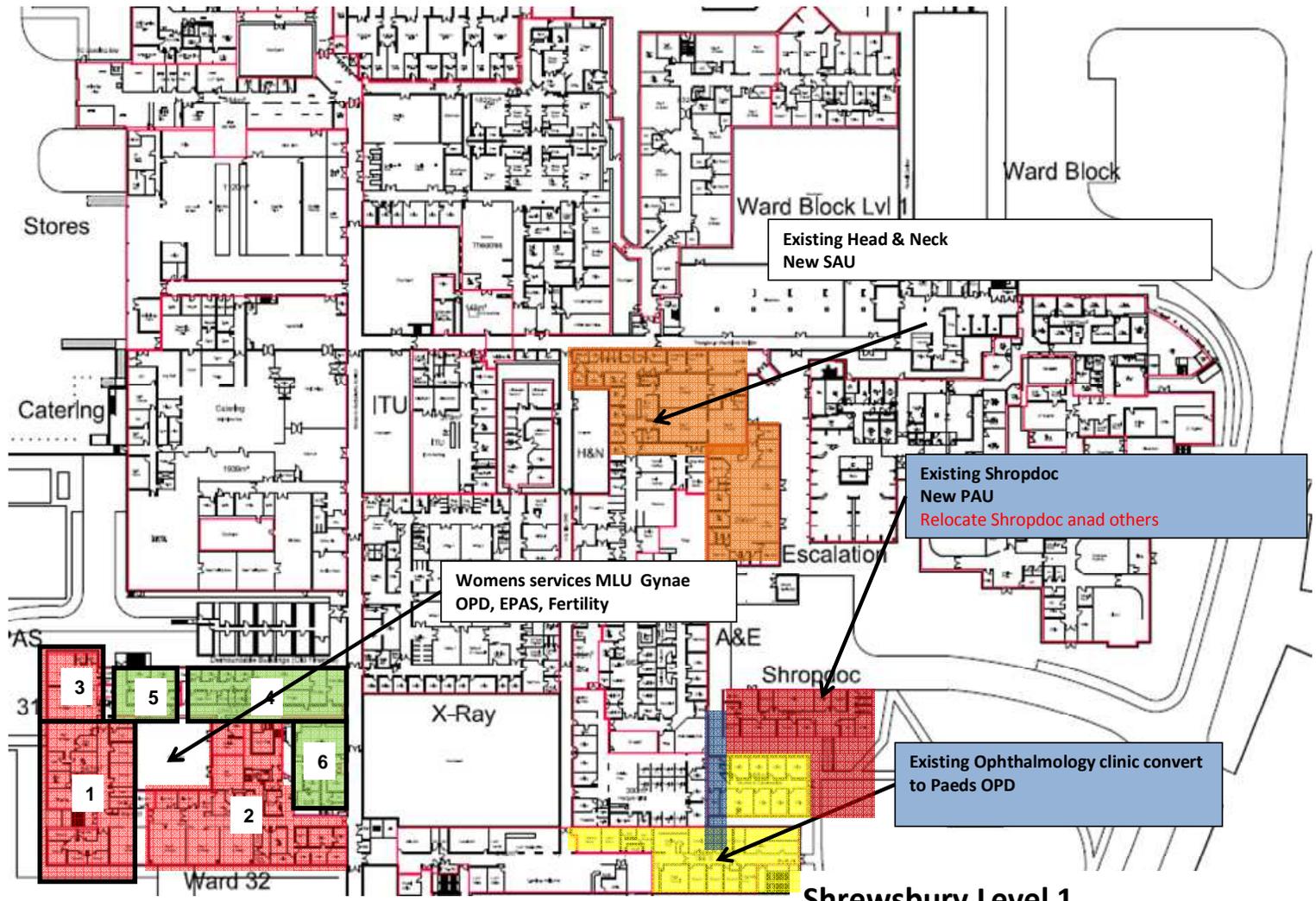
RSH SERVICE REMODELLING DEPARTMENTAL ADJACENCIES Job No. 2011.01269.000	Adjacency																			
	Paediatric OPD	Paediatric Assessment Unit (8 bed)	Medical Assessment Unit	Surgical Assessment Unit	Integrated Assessment Unit	Antenatal Clinic inc EPAS	Midwifery Led Unit inc PANDA	Trust Offices	A&E	Theatres	Imaging	Medical wards	Surgical Wards	Path Lab	Pharmacy	Shropdoc	Main OPD	Treatment Centre	Renal Unit	
Department																				
Paediatric OPD		Essential								Preferred				Preferred			Should not be adjacent			
Paediatric Assessment Unit (8 bed)	Essential							Essential		Essential				Preferred						
Medical Assessment Unit								Essential		Essential										
Surgical Assessment Unit		Preferred	Preferred					Essential	Essential	Essential			Preferred							
Integrated Assessment Unit																				
Antenatal Clinic inc EPAS							Essential													
Midwifery Led Unit inc PANDA						Essential														
Trust Offices																				

 Essential
 Preferred
 Should not be adjacent

Appendix 2 – RSH Plans OBC



RSH Plans FBC

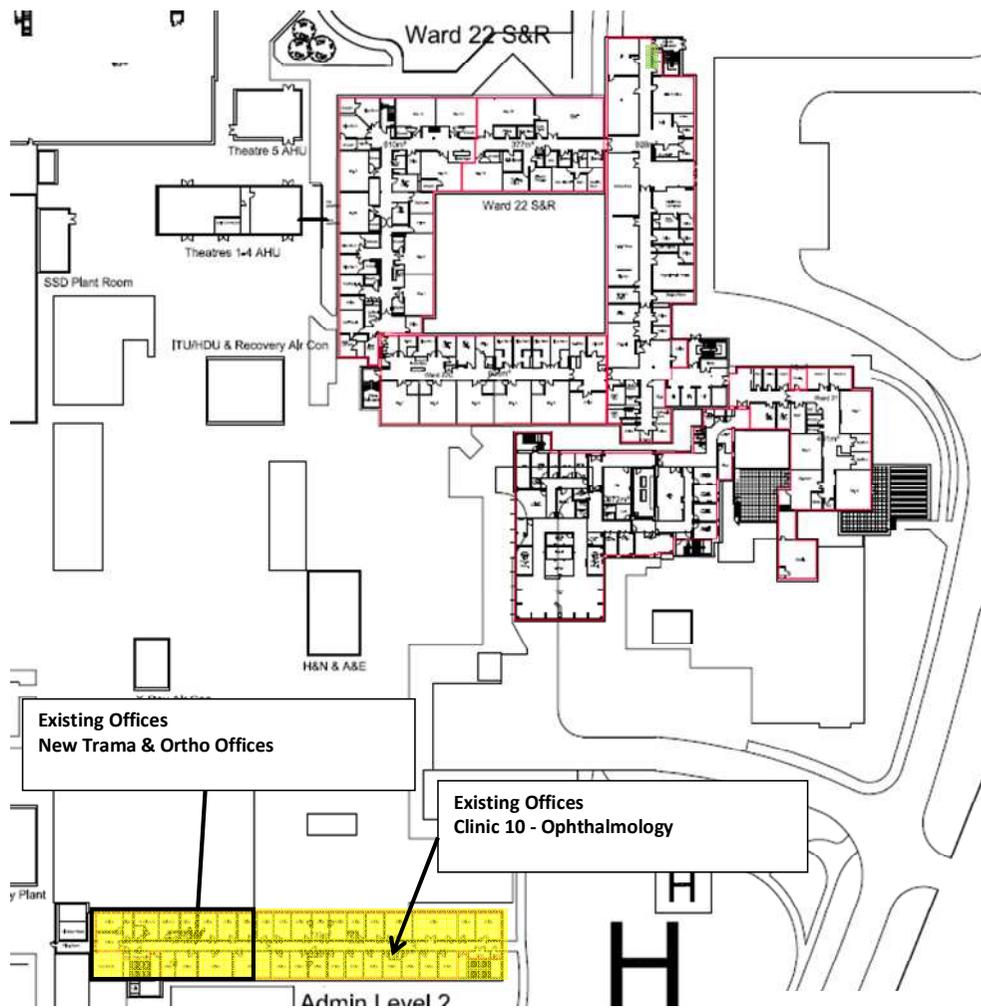


Shrewsbury Level 1

Balfour Beatty
ProCure 21+
Aedas

The Shrewsbury and Telford Hospital
NHS Trust

Future Configuration of Hospital Services Scheme



Shrewsbury Level 2

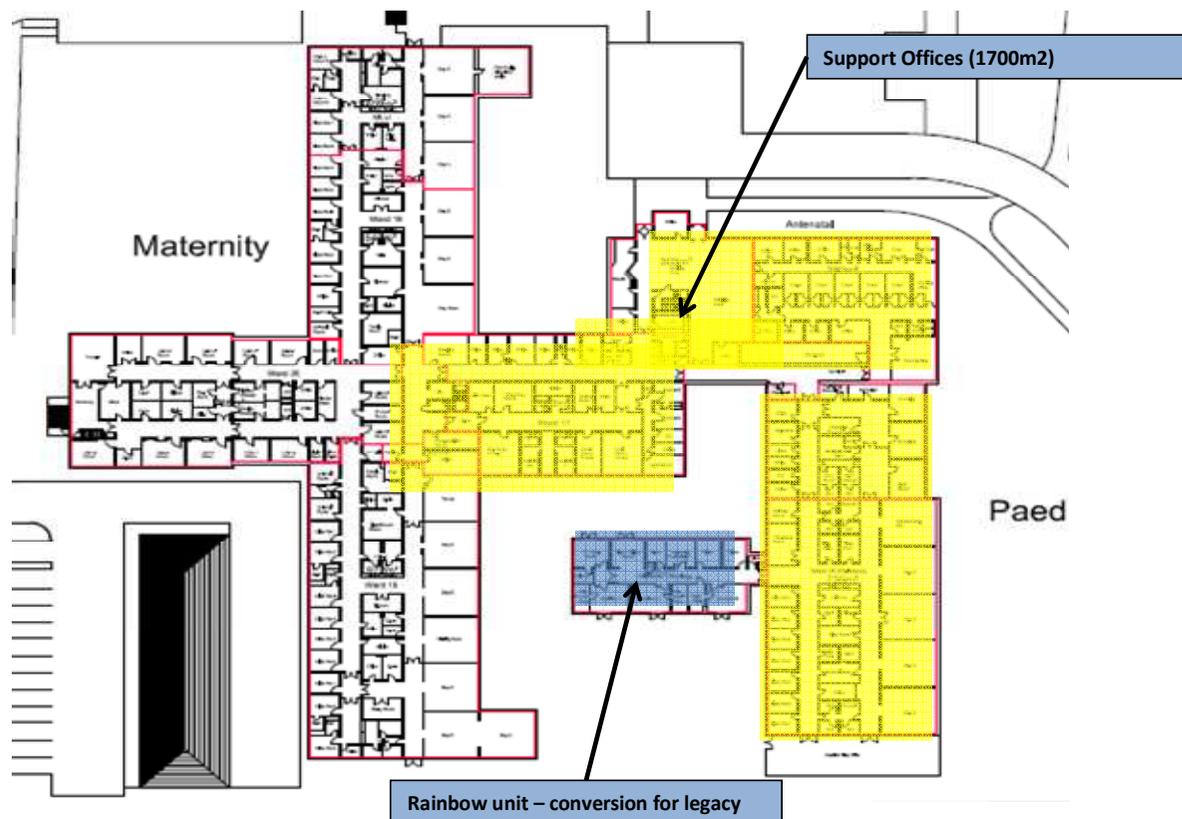
Balfour Beatty
ProCure 21+

Aedas

The Shrewsbury and Telford Hospital



Future Configuration of Hospital Services Scheme



Shrewsbury Maternity Level 1

