

<b>Reporting to:</b>	<b>Trust Board 24 September 2015</b>
<b>Title</b>	Future Configuration of Hospital Services - Post-Project Evaluation
<b>Sponsoring Director</b>	Debbie Vogler, Director of Business & Enterprise
<b>Author(s)</b>	Kate Shaw, Associate Director of Service Transformation
<b>Previously considered by</b>	Finance Committee (July 2015)
<b>Executive Summary</b>	<p>This paper presents to the Board the formal Post Project Evaluation (PPE) of the Future Configuration of Hospital Services programme (FCHS).</p> <p>Attached is a summary paper, bringing together the key lessons learnt and the benefits realised from the delivery of the FCHS programme. They are taken from the formal post-project evaluation that was undertaken during May and June 2015 which concentrated on the delivery of changes to Women and Children's Services within the Trust.</p> <p>The post-project evaluation and subsequent report include:</p> <ul style="list-style-type: none"> <li>• A summary of the Full Business Case</li> <li>• A desktop review of project performance</li> <li>• The feedback and outcome from the evaluation workshops (three workshops covering the general, technical and clinical elements)</li> <li>• The identification of key outcomes and lessons learnt (including actual benefits against those planned within the Full Business Case)</li> </ul> <p>The full report and appendices is included in the Board Supplementary Information Pack.</p>
<b>Strategic Priorities</b>	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input checked="" type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
<b>Board Assurance Framework (BAF) Risks</b>	<input checked="" type="checkbox"/> If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If the local health and social care economy does not reduce the <b>Fit To Transfer (FTT)</b> waiting list from its current unacceptable levels then patients may suffer serious harm

	<input checked="" type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
<b>Care Quality Commission (CQC) Domains</b>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> <b>Receive</b> <input type="checkbox"/> <b>Review</b> <input checked="" type="checkbox"/> <b>Note</b> <input type="checkbox"/> <b>Approve</b>	<b>Recommendation</b> RECEIVE the Future Configuration of Hospital Services Post-Project Evaluation and NOTE the key lessons learnt and benefits realised

# Future Configuration of Hospital Services

## Post-Project Evaluation Summary

24 September 2015

### 1. Overview

This paper summarises key aspects of the Future Configuration of Hospital Services (FCHS) Post-Project Evaluation (PPE), specifically the benefits realised and the key lessons learnt. It focuses on the changes to Women and Children's Services at both hospital sites.

### 2. Introduction

The FCHS Programme was delivered between 2012 and March 2015 and is the largest capital scheme undertaken by the Trust to date. A number of enabling works and moves were undertaken at both sites to support the transfer of consultant inpatient Women and Children's Services from the Maternity building at the Royal Shrewsbury Hospital (RSH) to the newly constructed Shropshire Women and Children's Centre at the Princess Royal Hospital (PRH).

In addition, there were a number of significant changes over the course of the project that led to additional works and moves being undertaken. These additional works were able to be undertaken through the prudent use of project contingency, charitable funding, additional funding (i.e. a separate business case for Ward 17, PRH) and supplementing the FBC budget with the Trust's Internally Generated Capital to address historic underinvestment in equipment, backlog maintenance and infrastructure.

The large and complex project was delivered to time, to budget and to quality; enabling patients and their families to access and receive care, and supporting staff to work within purpose built, 'state of the art' facilities that they have helped create, shape and design.

### 3. Benefits

The FBC set out 7 high level benefits which the FCHS project aimed to achieve, and 43 planned benefits across the five individual services within Women and Children's.

#### ***High Level Benefits***

**All** of the seven planned high level benefits have been achieved:

- ✓ Patients continue to have access to 24 hour acute surgery in county
- ✓ Children and families have access to inpatient paediatric services that are in line with services delivered within a district general hospital
- ✓ Women and families have access to a fit for purpose, modern obstetrics, gynaecology and neonatology facility
- ✓ Robust and sustainable medical and nursing rotas are in place
- ✓ Patients have access to day case assessment, treatment and care and their stay in hospital is as short as clinically appropriate
- ✓ The impact of additional travel time for some patients is minimised
- ✓ Services are efficient with good clinical outcomes and high level of patient satisfaction

## Service Level Benefits

The table below summarises how the project has addressed the 43 planned service-level benefits:

Service	Benefit Fully Achieved	Benefit Partly Achieved	Benefit Not Achieved	Total
Obstetrics	5	2	0	7
Midwifery	4	4	1	9
Neonatology	6	2	0	8
Paediatrics	5	4	1	10
Gynaecology	5	4	0	9
<b>TOTAL (All W&amp;Cs)</b>	<b>25</b> (58%)	<b>16</b> (37%)	<b>2</b> (5%)	<b>43</b>

As can be seen above 25 benefits were achieved in full, 16 benefits were partly achieved, and 2 benefits were not achieved.

Out of the benefits which were fully achieved this included:

- ✓ Fit for purpose, modern facilities
- ✓ Good clinical outcomes and high levels of patient satisfaction
- ✓ Robust and sustainable rotas
- ✓ High quality care in fit for purpose environment with good clinical outcomes
- ✓ Increased floor space per cot to sustain low infection rate in neonatology
- ✓ Provision of water birth pool within the labour ward
- ✓ Appropriate palliative care area for neonatal and parents
- ✓ Viable and sustainable service
- ✓ Improved provision of pregnancy booking
- ✓ Privacy and dignity for breast milk expression
- ✓ Improved early labour environment
- ✓ Re-provide the oncology service and maintain good clinical outcomes
- ✓ Appropriate facilities for laser eye treatment and hearing screening
- ✓ Establishment of an ambulatory gynaecology service
- ✓ Improved privacy and dignity for colposcopy and increased capacity
- ✓ Gynaecology Day assessment service
- ✓ Patients have access to gynaecology day case assessment, treatment and care

Out of the benefits which were partially achieved, this included: (text in italics is feedback from evaluation workshop participants)

- ? Improved facilities at RSH (*There have been some tiny improvements at RSH but we are still in an old failing building*)
- ? Good clinical outcomes and high levels of patient satisfaction (*The size of the Neonatal unit means that parents cannot sometimes see a nurse – this can increase their anxiety. Staff levels have to be matched to the space*)
- ? Robust and sustainable rotas (*Work on medical rotas is on-going to Neonatology and Obstetrics/ Gynaecology*)

- ? Good clinical outcomes and high levels of patient satisfaction (*Inequality of OP and Scan provision for Obstetrics- too much remains at RSH when the need is at PRH. Service should have flipped but this has not happened*)
- ? Robust and sustainable medical and nursing rotas in place (*Delivery Suite and Gynae medical staffing still needs more work*)
- ? Robust and sustainable medical and nursing rotas in place (*Challenges of staffing much larger areas*)
- ? Maintain training status (*On-going for Paediatrics– bit behind in some areas. Need to ensure things remain a priority even when really busy*)
- ? Access to day case assessment, treatment and care (*Paediatric day case delivered but day case surgery not delivered so well*)
- ? To deliver a sustainable 18 week RTT for Gynaecology (*Yes for non-admitted. No for admitted – number of factors but failing the RTT Challenges with different working practices- Theatres*)

The 2 benefits which weren't achieved were:

- X "Midwifery: To maintain levels of midwifery-led births".

*The level of midwifery-led births has not been maintained as a substantial number of patients are choosing to attend the new W&C's Centre at PRH rather than their MLU, even if it means travelling further, due to the high standard of the new facilities. The Trust therefore needs to ensure that people are aware of the MLUs, and in the positive messages about the new W&C's Centre we don't forget about the existing facilities.*

- X "Paediatrics: Robust high dependency care with good clinical outcomes"

*This has not been achieved to date as a result of the challenge of achieving both reconfiguration and service development. The high dependency service has not yet been commissioned. The facilities, staff, and equipment are all in place but the commissioners have not yet commissioned the service.*

#### 4. Lessons Learnt

The full PPE report sets out a number of key lessons learnt. These are subsequently separated into main, general, management and clinical/operational lessons. The top five key lessons learnt are:

- **A major project can be successfully delivered within SaTH with the right team, appropriate planning and resource, and full support from an Executive level** – managing the project internally with a dedicated project team, supported by external advisors who knew the site worked well – this ensured complementary skills and resource were utilised whilst ownership remained with the internal team. The demands and requirements on both the Clinical and Trust support teams (HR, Finance, Estates, IT etc) was extensive and required large amounts of input in addition to the day job
- **The success of the project is totally dependent on the work being done up front** – the FCHS project had a clear brief/ vision/ drivers for change, clear and realistic capital and revenue envelope, an understanding of programme drivers which defined the desired outcomes, robust communication and engagement plans and a clear governance structure and project team
- **There is a need to 'hold the line' on previous decisions and ensure delivery of wider/parallel programmes of work wherever possible** – the scale of additional works undertaken and changes made to formally agreed plans was extensive within the project. This added a level of complexity and additional cost to the Trust
- **The level of backlog maintenance to existing facilities and the effect of underinvestment can be easily underestimated** – a large number of enabling works and moves were undertaken and delivered within the project which were at times more costly, complex and a challenge to deliver due to a need to 'put right' the existing before a change could happen

- **The use of ProCure21+ as a procurement route for the Shropshire Women and Children's Centre allowed the scheme to be delivered to the required quality within the budget** – a partnership approach was fostered between the Trust and Balfour Beatty over the lifetime of the project and once the GMP (Guaranteed Maximum Price) was agreed, discussions focussed on getting the right solution rather than price. However, the nature of the sub-contractor relationship within construction continues to mean that resolution of defects can take some time – without retention the Trust is essentially reliant on the goodwill and reputation of the contractor/s to rectify any defects

## **5. Recommendations**

The Trust Board is asked to:

- RECEIVE the FCHS Post-Project Evaluation and NOTE the key lessons learnt and benefits realised