PROJECT INITIATION DOCUMENT (PID)

Version: 2
Date: 29th July 2009

Author: John MacDonald
Programme Director

Owner: Shropshire County PCT
Telford and Wrekin PCT

Contents

Approval Page

Signatures below indicate that this PID version has been reviewed and approved by the appropriate people within Shropshire County PCT, Telford and Wrekin PCT, Shrewsbury and Telford Hospital NHS Trust and Robert Jones and Agnes Hunt Orthopaedic and District General NHS Trust. The approval authorise the Programme Board to proceed with the preparation of a detailed Programme Plan.

Signature: _____ Date: _____

Name: Jo Chambers Position: SRO

Signature: _____ Date: _____

Name: Simon Conolly Position: SRO

Signature: _____ Date: _____

Name: Tom Taylor Position: CEO, SaTH

1. Document Revision History

1.1 Revision History

Revision Date	Author	Version	Change Reference and Summary
30/04/09	J MacDonald	1	Original document
29/07/09	J MacDonald	2	Document Updated to reflect Programme Organisation and Costs at July 2009

1.2 Reviewers and Approval

This document requires review by the following people.

Name	Position	Signature	Date
SROs and Chief Executives			
Jo Chambers	SRO	Signature on Approvals Page	
Simon Conolly	SRO		
Tom Taylor	CEO,SaTH		
Project and Work Stream Leads			
Terry James	Programme Manager		
Jane Povey	Chair, CLF		
Catherine Woodward	Chair, CLF		
Debbie Vogler	Chair, Option Dev Group		
Steve Evans	MD, SaTH		
Julie Thornby	DCA, SC PCT		
Pam Bickley	DQA, T&W PCT		

1.3 Distribution

Version 2 of this document has been distributed to:

Name	Position	Date of Issue
Jo Chambers	SRO	
Simon Conolly	SRO	
Tom Taylor	Chief Executive, SaTH	
Wendy Farringdon-Chad	Chief Executive, RJAH	
Jane Povey	Medical Director, SaTH	
Catherine Woodward	DPH, T&W PCT	
Debbie Vogler	Director of Strategy, SaTH	
Steve Evans	Medical Director, SaTH	
Bob Kiernan	Telford and Wrekin LINKS Chair	
Hannah Thompson	Shropshire LINKS Chair	
Peter Spilsbury	Director, WM SHA	
Richard Webb	Telford and Wrekin Council	
Liz Nicholson	Shropshire County Council	
Julie Thornby	SC PCT	
Pam Bickley	T & W PCT	
John MacDonald	Programme Director	

1.4 Document Version Numbering

Document version numbers 1a, 1b, etc are draft status and therefore can be changed without formal version control. Once a document has been formally approved it is given a version number 'Issue Version 1' and subsequent releases which will be consecutively numbered and follow formal change control procedures. The version number appears in the footer on every page.

2. Purpose

The purpose of this PID is to define the programme, to form a firm basis for management and assessment of the overall success. The PID includes information on:

- What the programme is aiming to achieve;
- Who will be involved and their responsibilities;
- How and when the programme will happen.

Specifically the PID outlines the objectives, benefits and risks, quality expectations, scope and timeframe.

3. Programme Background and Context

In November 2007 the Chief Executives of the four NHS organisations in Shropshire, Telford and Wrekin (Shropshire and Telford Executive Group) commissioned the Clinical Leaders Forum (CLF) to lead the development of the eight 'Darzi' clinical pathways and to carry out an assessment of challenged services where there were clinical viability issues or concerns about sustainability of services. Specifically the CLF were asked to:

"To review the evidence in respect of the options and to make recommendations for the future pattern of clinically safe general hospital services, serving the populations of Shropshire, Telford & Wrekin, and the catchments of the provider organisations.

To consider options and make recommendations to Shrewsbury and Telford Executive Group (STEG) of an overall picture of the future shape of hospital services, within the context of a modern NHS. To give early consideration to A&E services, services for children and also to cover maternity and neonatal services, emergency surgery and urology services.

In doing so the CLF will need to liaise with the clinical pathway groups meeting at a West Midlands-wide level (associated with the 'Our NHS, Our Future' exercise), to give information and also to receive and consider information from these clinical pathway groups.

To conduct the work of the CLF in a structured manner and to describe a clear process of dialogue and consideration which leads to your recommendations which are evidence based.

The CLF will need to take in to account future patterns of demography. Also to consider the issues around sustainability within the context of the European Working Time Directive (EWTD) and Medical Manpower Careers (MMC).

The CLF will make recommendations which meet the following principles: that recommendations will be clinically safe and also make sense to the communities we serve.

Financial saving is not a driver for this work. However, recommendations would need to be affordable within available resources, and be clinically sound and viable for the future."

In developing the proposals the Clinical Leaders Forum together with key stakeholders developed two key principles which underpinned the work and the proposals of the CLF. These two principles were that:

As part of the process of developing the proposals for Health and Health Care in Shropshire, Telford and Wrekin a set of guiding principles was developed and agreed with stakeholders. Two key principles have guided the development of the strategy:

- Proposals must make sense clinically; and
- Proposals must make sense to the communities we serve.

In May 2008 the two PCT Boards received an Interim Report from the Clinical Leaders Forum. In November 2008 the two PCT Boards received the final reports from the Clinical Leaders Forum.

The reports from the CLF set out a clinical vision for health services in Shropshire, Telford and Wrekin which is informed by clinical considerations and the needs of the population. The process has involved a wide range of stakeholders and has looked at good practice elsewhere in the NHS and national and regional health policy.

The May 2008 Clinical Leaders Forum report set out three aims:

- The prevention of disease and the promotion of healthy lifestyles and independent living;
- Provision of services at home or as close to home as possible;
- Provision of sustainable and accessible acute hospital services
    - Single service across two sites (2012/13)
    - Single site for the acutely ill and injured (2020).

Further work between May and November 2008 resulted in the refinement and development of the Models of Care and the identification of four clinical options to address the immediate challenges facing acute surgery and paediatrics. These options were:

Option	PRH	RSH
1	Level 3 A and E, urology	Level 2 A and E with acute surgery, inpatient paediatrics, obstetrics and neonates
2	Level 2 A and E with acute surgery, inpatient paediatrics, obstetrics and neonates	Level 3 A and E, urology
3	Level 3 A and E with inpatient paediatrics, urology	Level 2 A and E with acute surgery, obstetrics and neonates
4	Level 2 A and E with acute surgery, and inpatient paediatrics	Level 3 A and E, obstetrics and neonates, urology

In January and February 2009, the recommendations of the Clinical Leaders Forum and the proposals to take the work forward were externally assessed by the National Clinical Advisory Team and the Office of Government Commerce.

The main conclusions of the NCAT Review were that NCAT:

1. accepted the Clinical Leaders Forum's conclusion that there is an urgent requirement to change the configuration of acute clinical services to improve patient safety, allow better alignment of workforce to aid compliant rotas (meeting the requirements of the European Working Time Directive), to improve training, and lastly to allow the development of sub-specialisation (breast surgery, vascular surgery).

2. strongly supported the development of a single acute services site to provide for the population of 450-500,000 for Shropshire, Telford and Wrekin. This would enable the development of safe effective specialist services led and delivered by consultants. A feasibility study should proceed as soon as possible with a view to full public consultation. This should become the main strategic objective of Shrewsbury & Telford Hospital Trust which we hope will enable those working across the two PCTs to work together more effectively.

The NCAT review made a number of specific recommendations in taking this work forward.

The Gateway Review made a number of recommendations to strengthen the programme management and to develop a programme plan through to the establishment of a single site.

The recommendations of the NCAT and Gateway reviews have been incorporated into the PID.

4. Programme Definition

4.1 Programme Objectives

The Programme objectives are to provide sustainable and accessible acute hospital services and specifically:

- To develop a single acute hospital for the seriously ill and injured as soon as is practically possible.
- To change the configuration of acute clinical services where this is needed urgently to improve patient safety, improve clinical outcomes, meet workforce legislative requirements or improve training.

The work of the Clinical Leaders Forum that led to these two objectives being agreed also involved the development of Models of Care by the Darzi Pathways Development Groups. As discussed in Section 4.2, the further development and implementation of these is critical for the success of the programme but will be taken forward within the PCT World Class Commissioning Strategies and will not be specific objectives of the Programme.

4.2 Scope of Programme

The programme includes the acute hospital services provided to the people of Shropshire, Telford, Wrekin and parts of Powys and Montgomeryshire from the Royal Shrewsbury and Princess Royal hospitals but not those commissioned from and provided by the Robert Jones and Agnes Hunt Orthopaedic and District General Hospital NHS Trust.[1]

During phases 1 and 2 the programme also incorporated the Models of Care for the eight 'Darzi' pathways. In phase 3, responsibility for further developing and implementing the Models of Care will lie with the PCTs as part of their World Class Commissioning strategies and not be taken forward within the Programme except for the models of care for the challenged service strategies of paediatrics, acute emergency care and obstetrics.

The Programme will be consistent with the PCT World Class Commissioning strategies and in particular the strategic aims of providing care closer to home and the prevention of disease and the promotion of healthy lifestyles and independent living.

4.3 Programme Approach

The Programme has eight main phases of which phases 1 and 2 have been completed. The main phases are:

[1] However hospital services provided by other providers on the Robert Jones and Agnes Hunt site will be included.

Phase 1: Defining the Problem

This work was carried out between December 2007 and May 2008 identifying and setting out the key issues to be addressed regarding challenged services and models of care.

Phase 2: Developing the Clinical Options

This work was carried out between June 2008 and November 2008 and included the further development of the Models of care and the clinical options for providing sustainable and accessible acute hospital care.

Phase 3: Social, Governance and Feasibility Assessment

During this phase an assessment of the social, technical and financial implications of the clinical options will be carried out including an option appraisal and feasibility studies of the clinical options, an equality and diversity impact assessment and external clinical and programme management assessments.

Phase 4 Consultation

Consultation will take place during the Autumn of 2009 and will involve:

- The conclusions of the feasibility study into a single site for the seriously ill and injured so as to develop a short list of options for full appraisal.
- Consultation on changes to the configuration of acute clinical services where this is needed urgently to improve patient safety, to improve clinical outcomes, to meet workforce legislative requirements or to improve training.

Phase 5 Reconfigure Services to Improve Patient Safety and Outcomes or Address Workforce Issues

Following consultation detailed planning and implementation of the services changes necessary to address the immediate clinical viability and quality challenges will be delivered. This will include detailed planning, securing of finance, procurement and implementation.

Phase 6 Full Option Appraisal of the options for a single site for the seriously ill and injured

During 2010 and early 2011 a full option appraisal will be carried out of the options for a single site for the seriously will and injured.

Phase 7 Consultation

A three month consultation will be carried out on the preferred option for a single site for the seriously ill and injured.

Phase 8 Detailed Planning and Procurement of a single site for the seriously ill and injured

During Phase 8 a single site for the seriously ill and injured will be delivered.

4.4 Programme Deliverables

The key programme deliverables are:

1. To consolidate services for the seriously ill and injured onto one site as soon as is practically possible.

2. To Reconfigure Services to improve patient safety and outcomes and/or address workforce issues in line with the four clinical options identified in the November 2008 CLF reports. Specifically this will include:

    a. Establishment of Level 2 A and E at one site and a Level 3 A and E at the other site including:
        i. Consolidation of acute emergency surgery onto one site.
        ii. Establishment of a single site for emergency and inpatient vascular surgery.
        iii. Assurance of critical clinical linkages between acute surgery, obstetrics, neonatal services and paediatrics

    b. Reshape children's services including:
        i. Children's hospital at home service.
        ii. Paediatric assessment centre at Royal Shrewsbury and Princess Royal hospitals.
        iii. Consolidation of inpatient children's services onto one hospital site.

4.5 Exclusions

The Programme does not include:

- services commissioned from and provided by the Robert Jones and Agnes Hunt Orthopaedic and District General Hospital NHS Trust (RJAH);
- services provided by primary care other than ensuring that the plans for the acute hospitals are consistent with the development in primary and community care including emergency services, children's services, supporting vulnerable people or those with long term conditions and those with mental health issues.

The PID recognises the parallel process of the review of the RJAH, which concluded last year, and the programme covered by this PID. The RJAH will be 'involved and contribute to cross health economy initiatives and the development of improved pathways of care where they impact on services currently provided at RJAH' (letter from Chief Executive, RJAH of 20th January 2009).

4.6 Key Interfaces

In delivering its objectives, the Programme has a number of key interfaces and relationships with other programmes and initiatives and with organisations in health, social care and the independent sector. These key interdependencies include:

Ref.	Interdependency	Organisation	Description of dependency
1.	World Class Commissioning	Shropshire, Telford and Wrekin health organisations and relevant Welsh health commissioning bodies	Support for proposals
2.	World Class Commissioning	Shropshire County and Telford and Wrekin PCTs	Delivery of care closer to home through development of 'Darzi' Pathways
3.	Primary Care	Shropshire County and Telford and Wrekin PCTs	Development of capacity in primary care to support care closer to home
4.	Social Care, Education and other LA services	Shropshire County and Telford and Wrekin Councils	Social care to support people receiving care and treatment within their own homes or within the community
5.	Independent sector	Voluntary sector Nursing homes	Care and support to people receiving care and treatment within their own homes or within the community
6.	Capital Funding and approval organisations	West Midlands SHA Monitor Private Sector	Support for proposals and securing the necessary capital
7.	Connecting for Health	West Midlands SHA and DoH	Development of IT infrastructure to support network of community and acute hospital facilities and the provision of seamless care
8.	Land and Public Transport	Shropshire County and Telford and Wrekin Councils	Identifucation of land for alternative options and transport strategy

4.7 Project Assumptions

1. Programme control and change procedures are observed;
2. The funding to support planning will be made available;
3. The clinical strategic direction as agreed by the two PCT Boards in November 2008 is supported by all the health NHS organisations in Shropshire, Telford and Wrekin and by the West Midlands SHA (Phase 2);
4. Clinical options are those identified in the Clinical Leaders Forums reports of May and November 2008 (Phase 2), subject to review in May 2009 by the Clinical Leaders Forum in light of the NCAT report;
5. Profiles for care closer to home including quantities estimates' will have been finalised by September 2009 to incorporate into the full option appraisal (Phase 6)
6. The new unitary authority OSC will have been adequately briefed in advance of the formal consultation process;
7. Consultation will take place during Autumn 2009 (Phase 4);
8. External consultancy support will be secured and will deliver to schedule and quality;
9. NHS organisation and the two local authorities will make available support including information and time of clinical and other staff to support the programme;

10. Capital and, where, necessary land will be secured to address the urgent challenges to clinical viability of services (Phase 5) and the single site for seriously ill and injured (Phase 8);
11. PID will be signed off at 22nd April 2009 Programme Board Meeting;
12. The necessary programme support will be put in place.

4.8 Constraints

The main constraints on the programme are:

1. Clinical viability challenges facing SaTH including the implications of the European Working Time Directive;
2. The political and public concerns which require extensive engagement, communications and consultation as detailed under Sections 242(1B) and section 244 of the NHS Act 2006;
3. Access and availability of capital and revenue in the current economic climate.
4. Availability of land for some of the options.

5. Communication and Engagement

A communications and engagement plan will be developed to ensure that patients, the public and other key stakeholders are involved in developing the options and plans for the future of health and healthcare in Shropshire, Telford and Wrekin. Specifically the Programme will ensure that the two separate legal requirements are met:

- Section 242(1B) of the NHS Act – the duty to involve users;

- Regulations made under section 244 of the NHS Act which requires NHS organisations to consult the Health Overview and Scrutiny Committee.

The communications and engagement plan will make arrangements which ensure that users, whether directly or through representatives, are involved (whether by being consulted, provided with information, or in other ways) in:

- the development and consideration of proposals to change the way services are provided;
- planning the provision of services;
- decisions to be made affecting the operation of services.

To support the Programme advice will be sought throughout the process from a nationally recognised expert in engaging patient and the public. In addition an Engagement and Consultation Governance Group will be established. Jointly chaired by the two Patient LINK chairs it will provide advice and guidance to the Engagement and Communications Group, receive progress reports and reports directly to the Programme Board on any areas of concerns.

The following key aspects will be incorporated into the engagement and communications plan:

- Provision of information though regular written and verbal briefings, a dedicated website, information provided through the press, events to which the public will be invited and road shows;
- Involvement in planning future services including assessing the challenges, development and assessment of options;
- 'Formal' consultation on proposals for changes to services;
- Engaging at key stages in the feasibility and option appraisal process with key stakeholders and the public.

6. Programme Organisation and Structure

The Programme organisation and structure is summarised overleaf. Within the Programme there are two key projects which in turn are supported through three work streams. The two key projects are:

- Establishment of a single site for seriously ill and injured
- Urgent reconfiguration of acute hospital services.

The three work streams are:

- External Assessment and Governance Work Stream;
- Equality and Diversity Study Work Stream;
- Engagement and Communications Work Stream.

The Programme will also be advised by two groups:

- The Clinical Leaders Forum which will advise the projects and the Programme Board on clinical issues;
- The Engagement and Communications Governance Group which will advise the Programme Board on engagement and consultation issues.

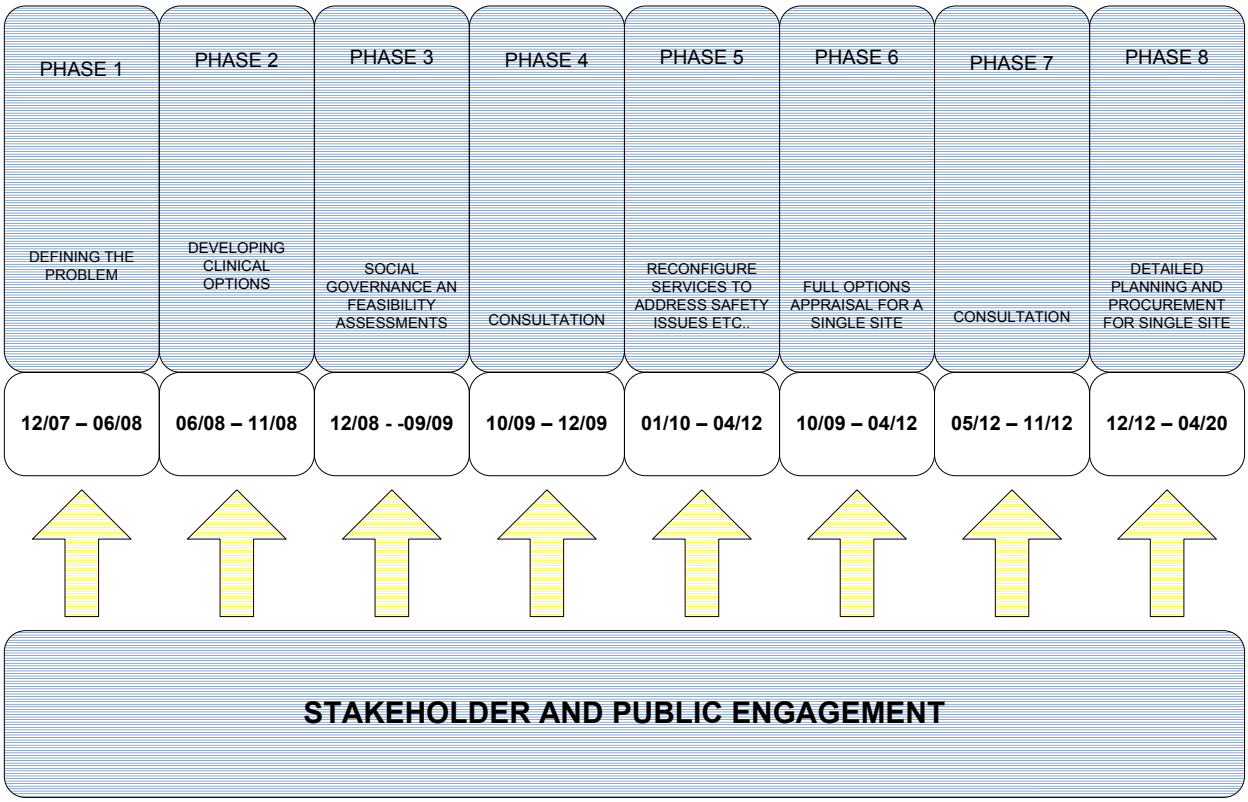
The programme will be supported by a Programme Team. The requirements of the Programme Team will be reviewed at the end of each Phase of the programme and adjustments made as appropriate. The Programme Team during Phase 3 is shown below:

Post	**Accountable to**	**Time**
Programme Director	S.R.O.s	Part time (2 days per week)
Programme Manager	Programme Director	Full Time
Programme Administrator	Programme Director	Full Time
Communications Manager	Chairs, Engagement and Communications Work Stream	Full Time
Consultation and Engagement Adviser	Project Director	Part Time (20 days in total)
Other Project Support	Support to SaTH directors with responsibility for technical studies	Part time
Planning Officer	Director of Strategy, SaTH and Medical Director, SaTH	Part time (2.5 days per week)
CLF Support	Chairs, CLF	Part Time (2.5 days per week)

In addition external consultancy support will be procured for specific elements of the programme including the technical and social assessments in Phase 3.

SHROPSHIRE, TELFORD AND WREKIN, *"developing a health and healthcare strategy"*

PROGRAMME SCHEDULE



6.1 Programme Board

The Programme Board is responsible for guiding and advising the SROs who have the final decisions on any matter related to the programme. The individual CEOs are accountable to their organisational Boards, who are the statutory decision making authorities.

In providing the advice and guidance, the Programme Board would oversee the development and implementation of health and healthcare developments and changes which cross the healthcare organisations in Shropshire, Telford and Wrekin as detailed in the reports from the Clinical Leaders Forum submitted to the Primary Trust Boards in November 2008.

Membership of the Programme Board is listed below:

Chief Executive, Shropshire County PCT (S.R.O. and joint chair)
Chief Executive, Telford and Wrekin PCT (S.R.O. and joint chair)

Chief Executive, Robert Jones and Agnes Hunt NHS Trust
Chief Executive, Shrewsbury and Telford Hospitals NHS Trust
Chair, 2020 Option Development Group
Chair, Clinical Leaders Forum
Chairs Engagement and Consultation Governance Group
Designated Link Director, West Midlands Strategic Health Authority
Officer representative of Shropshire County Council
Officer representative of Telford and Wrekin Council
Representative, Powys local health board
Representative, West Midlands Ambulance Service NHS Trust

In addition the following will be in attendance:

Chair, 2020 Clinical Group
Chair, 2020 Stakeholders Group
Chairs, Engagement and Communications Group
Programme Manager
Programme Director

6.2 Responsibilities

The senior officers with overall responsibility for delivering the programme objectives are:

- The Senior Responsible Officers (SROs) are the Chief Executives of Shropshire County and Telford and Wrekin Primary Care Trusts. The SROs have ultimate responsibility for delivering the programme and will jointly chair the Programme Board;
- The Programme Director will report to the Programme Board and is responsible for agreeing with the leads of each of the project groups their objectives, programme of work and resources; reporting on progress to the Programme Board and recommending corrective actions
- The Programme Manager will report to the Programme Director and will have responsibility for developing the detailed plan. The Programme Manager will be responsible for managing the programme

on a day to day basis in order to minimise risk and maximise the potential for timely and full delivery through its objectives, strong formal programme and project management disciplines.

- The Programme Manager will lead the work on environmental issues including land and transport strategy and how this integrates with the local authorities plans;
- The Medical Director, SaTH will have responsibility or developing the services plans to address the immediate clinical viability and quality challenges;
- The Chair of the Option Development Group will have responsibility for ensuring the development of plans for a single site for the seriously ill and injured;
- The Director of Corporate Affaires, SC PCT and Director of Quality Assurance, T & W PCT will have responsibility for developing and managing the engagement and consultation process.

The feasibility and option appraisals will depend critically on the World Class Commissioning strategies and in particular the development of capacity in primary and community care to deliver services for the vulnerable and other groups closer to home. The PCT Directors of Commissioning will be responsible for:

- advising the Programme on the assumptions and scenarios for acute services configuration;
- assuring the Programme Boards and the PCT and Trust Boards that the assumptions are compatible with the World Class Commissioning strategies of both PCTs;
- assuring the Programme Board and the PCT and Trust Boards that the plans for providing services closer to home are realistic and that the capacity in primary care, community care and our partners in the local authorities, independent and voluntary sectors will be developed to deliver care in line with the scenarios and assumptions.

The Clinical Leaders Forum will continue to ensure that the development of the pathways and models of care are coordinated across the health and social care system and to provide clinical advice and support to the process from clinicians in primary and secondary care and other key stakeholders. The Clinical Leaders Forum will also have a specific remit to review the service plans for the challenged specialties.

6.3 Financial Plan

The estimate costs for the programme (Phases 3 to 8) are given in the two tables below. Table 1 provides the estimated costs for Phase 3 and table 2 projected costs for Phases 4 to 8. The costs in Table 2 are initial estimates and will be refined as the Programme progresses with up to date estimates provided at the end of each Phase.

Table 1: Estimated Programme Costs Phase 3 (January – July 2009)

	SHROPSHIRE, TELFORD AND WREKIN: DEVELOPING HEALTH AND HEALTHCARE						
	Phase 3 December 2008 - September 2009						
	Budget Position at 22nd July 2009						
Description	**Budget**	**Jan-Mar**	**April-June**	**July-Sept**	**Total**	**Under(Over)**	**Revised Budget**
PROGRAMME MANAGEMENT							
Programme Management	180,000	36,542	76,112	78,272	190,925	-10,925	191,000
Advice, Project Managemeent	105,000	21,500	27,000	30,000	78,500	26,500	78,500
Office, Equipment, Room Hire etc	0	500	1,500	9,500	11,500	-11,500	11,500
	285,000	**58,542**	**104,612**	**117,772**	**280,925**	**4,075**	**281,000**
TECHNICAL STUDIES							
Equality Impact Assessment	27,000	0	0	24,558	24,558	2,443	25,000
Feasibility Study	125,000	3,029	7,156	114,815	125,000	0	125,000
2012/13 Option Appraisal	50,000	0	0	56,000	56,000	-6,000	56,000
	202,000	**3,029**	**7,156**	**195,373**	**205,558**	**-3,558**	**206,000**
ENGAGEMENT ACTIVITIES							
Workshops/Public Events	20,000	800	1,000	4,000	5,800	6,000	6,000
Clinical/ Time/Patient Travel	25,000	0	1,500	4,000	5,500	19,500	6,000
Web Site Costs	10,000			7,000	7,000	3,000	7,000
Other Publicity Costs	5,000	3,200	2,700	3,000	8,900	-3,900	9,000
	60,000	**4,000**	**5,200**	**18,000**	**27,200**	**24,600**	**28,000**
Contigency	**0**	**0**	**0**	**0**	**32,000**	**-32,000**	**32,000**
	547,000	**65,571**	**116,968**	**331,145**	**545,683**	**-6,883**	**547,000**

Notes
a. Office costs £6,240 pa plus £6,000 one off for equipment, etc
b. Vat not included on consultancy fees as these are reclaimable

The estimated programme costs are summarised below. Initial estimates have been made where this is possible. These estimates will need refining at the end of Phase 3 to reflect the conclusions of the technical and social studies. In particular indicative capital and revenue costs for the two projects will be identified as part of the feasibility study.

Table 2: Initial Estimates of Programme Costs (Phases 3 to 8)

Phase		Description	Est. Cost £'000s
1	Defining the Problem	Programme Team and engagement costs	£90,000 met by West Midlands SHA and £90,000 met by NHS organisations in Shropshire, Telford and Wrekin
2	Defining the Clinical Options	Programme Team and engagement costs	£188,000 met by NHS organisations in Shropshire, Telford and Wrekin
3	Social, Governance and Feasibility Assessment	As Table 1 above	547
			Estimated Costs to be reviewed by SROs at each Phase
4 October 2009 – June 2010	Consultation	Consultation	60
	Care Closer to Home	Engagement with primary and social care, voluntary and independent sector	50
	Programme Team	Programme Team to support ongoing work (9 months)	200
			290
5	Single Service Across Two Sites	Capital and revenue (estimates to be made as part of the option appraisal)	Depend on option selected
6	Full Option Appraisal	Costs of external support for full option appraisal	250 plus
7	Consultation	As Phase 4	60
8	Single Site	Cost of single site (estimates to be made as part of the feasibility study)	Depend on option selected.
5 - 8		Programme Management	2-300 pa

6.4 Location of Documentation

A full reference of all reports, and papers produced by the Programme and minutes of Programme Board and other key meetings will be maintained by the Programme Manager, supported by the Programme Administrator who will also maintain a record of where the documents can be obtained from. Reports and papers will also be available on the Programme web site which will be accessed via any of the Shropshire, Telford and Wrekin NHS websites.

7. Initial Programme Plan

The Programme Plan culminating in the establishment of a single site for the seriously ill and injured will be developed during Phase 3. The final programme timetable will also be dependent on securing capital.

An initial timetable for the Programme is shown below. It is emphasised that this will be subject to change as a result of the work carried out during Phase 3.

Phase	2008	2009	2010	2011	2012	2013.....Completion Date
1						
3						
4						
5						
6						
7						
8						

During Phase 3 the key milestones are:

Key Milestone	Timescale
Establish Programme Board	January 2009
NCAT Review	January 2009
OGC Review	February 2009
Commission Equality and Diversity Study	February 2009
Appoint Programme Manager	March 2009
Commission Feasibility Study	March 2009
PID 1st draft	March 2009
Commission Urgent Reconfiguration Plans	April 2009
Communications Plan	April 2009
Clinical Linkages Assessed	April 2009
PID Version 1	April 2009
Decision Making Process	June 2009
Review Clinical Options	May 2009
Equality and Diversity Study Report	June 2009
Programme Plan 1st draft	May 2009
Land and Transport Strategy	August 2009
Feasibility Study Report	August 2009
Urgent Service Reconfiguration Plan	September 2009
Agree Basis of Consultation	September 2009
Report to Boards	September 2009

8. Project Controls

8.1 Quality Management

The quality of the Programme will be managed and assessed through the following:

- The Programme Director will:
  - agree objectives with Programme team and review progress
  - support Chairs CLF in clinical work
  - arrange appropriate external clinical input
- External Expertise and Advice will be provided through:
  - An external expert in engagement and communications;
  - Advice from an expert who was heavily involved in producing the legislation for patient and public involvement;
  - Specialist expertise to carry out the feasibility study and option appraisal;
  - Technical support to produce the consultation material;
- External quality assurance through:
  - Clinical advice and input from the Clinical Leaders Forum;
  - Specific external reviews commissioned by the Programme;
  - National Clinical Advisory Team on clinical issues;
  - Gateway Reviews on Programme Management;
  - Mike Biddle and Jean Holderness on option appraisal and service planning;
- Patient and Public Involvement:
  - The Engagement and Consultation Governance Group;
  - Joint Overview and Scrutiny Committee.

8.2 Tolerances

Tolerances are the permissible deviations from the project plan's estimate of time, cost and quality allowable without escalating the deviation to the next level of management.

If there is a deviation an exception report will be created and the deviation will be included in the monthly progress report to the Programme Board together with the actions being taken to rectify the situation.

Specific time and cost tolerance levels will be identified in the detailed programme plan to be developed by the end of May.

8.3 Change Management Procedures

Over the course of the Programme it is anticipated that there will be changes to the timing or nature of the deliverables and to the programme plan.

Any requests for changes must be raised with the Programme Manager, who will log the request, and the Programme Director. The Programme Director will then review the request and, if appropriate, submit to the SROs for consideration together with an impact assessment statement.

8.4 Programme Reports

Monthly Programme Reports will be formally submitted to the Programme Board. These will include:

- Overall Progress report including progress on key critical milestones and tasks, identification and action being taken on tasks behind plan, tasks completed in the previous month and tasks to be complete in the following month, risks and actions being taken to manage risks, cost against budget.
- Progress reports from the two project leads;
- Progress reports from the three work streams.

The Programme Manager will be responsible for preparing the overall Progress Report. The Programme Manager will also prepare a bi-weekly exception report for the SROs.

8.5 Sign Off Procedures

The following sign off authority will be adopted by the Programme:

Deliverable	**NHS Boards**	**SRO**	**Programme Board**	**Others**
P.I.D.	*	*	*	
Programme Plan		*	*	Project/Work Stream leads
Appointment of Technical and Financial Advisers		*		Relevant Project/Work Stream lead
Communications Plan		*	*	Chairs, ECGG
Decision Making Protocol		*		CEO, SaTH
Urgent Reconfiguration Options		*	*	CLF
Urgent Reconfiguration Plans	*	*	*	CLF MD, SaTH
Activity and Quality Assumptions for Option Appraisal	*	*	*	Commissioning Dir, PCTs Dir Strategy, SaTH
Options for Single site for full Option Appraisal		*	*	CLF Dir Strategy, SaTH
Option Appraisal	*	*	*	Dir Strategy, SaTH
Consultation (Ph 4)	*	*	*	
Consultation (Ph 7)	*	*	*	
Business Cases	*	*	*	CEO, SaTH
Construction Contracts	SaTH Board			

8.6 Risk Management and Escalation

The programme manager will develop and implement an effective risk identification and management process within the programme and its constituent projects.

A centralised risk register will be maintained by the Programme Manager. Within this each risk will be assigned to a member of the Programme Board to ensure that it is managed and mitigated.

Identified risks will be assessed as to their likely impact on the success of the Programme, likelihood of occurring and action proposed to manage the risk.

Risk will be escalated to the relevant level as detailed below:

Level 1: Risk is escalated by any member of the Programme Board to the relevant Project or Work Stream lead

Level 2 Risk is escalated to the Programme Manager by any member of the Programme Board

Level 3 Risk is escalated by Programme Manger or any member of Programme Board to the Programme Director or one of the four Chief Executives who should escalate to the Programme Director

Level 4 Risk is escalated to SRO by Project Director

Level 5 Risk is escalated to NHS Boards

9. Initial Risk Assessment

The initial assessment of risk for the programme is summarised below.

Risk	Level of Risk	Management of the Risk	Responsible Officer
Inadequate support for project and/or resources required not provided	M	Programme Board to review resource use and requirements at end of March and April	S.R.O.S
Failure to reach agreement within the NHS	M/H	Development f governance and decision making framework Advice and, if appropriate, adjudication from the National Clinical Advisory Team on clinical issues or an external firm of financial and business advisers.	S.R.O.s Chair, CLF
Information not provided by organisation(s)	M	Relevant Chief Executive to mandate action	Project Director to inform relevant Chief Executive
Key stakeholders and the public not feel adequately involved and consulted with	M	Project Director and/or S.R.O.s to meet with stakeholder(s) and agree approach External advice from recognised national expert	Project Director/S.R.O.s Prof Bob Sang
Lack of clinical involvement and engagement	M (particularly primary care)	Medical Directors to advise CLF and Option Appraisal Project Team on quality of clinical involvement and CLF to agree action to be taken if necessary	Joint chairs CLF
Programme delayed	M	Project Director, Chairs CLF and Project Team provide progress reports to Programme Board Programme Board agree corrective action	Project Director
Failure to secure capital	M/H	Resolve issue with Monitor and/or West Midlands SHA	CE, SaTH
Care Closer to home not delivered so increasing capital cost	H	Capacity in primary care ,social care and in the voluntary and independent sectors to be tested	CE, PCTs Local Authorities
Political Opposition	H	S.R.O.S to meet regularly and update MPs, Leaders/Chief Executive of Councils and chairs of OSC S.R.O.S to keep West Midlands SHA fully updated S.R.O.S to meet with MPs or councillors	S.R.O.S
Land not available for some options	M	Discussions with Local Authorities	Programme Manager