ENCLOSURE: O

Agenda Item: 81/13

NHS Bexley Clinical Commissioning Group

Governing Body (Public) Meeting

DATE: 25 July 2013

Title	**Queen Mary's Hospital Programme Update**		
Recommended action for the Governing Body	That the Governing Body: **Note** the content of the report **Suggest** who might sit on the Clinical Forum referenced in 4a		
Executive Summary	The paper provides an update to the Governing Body on the implementation of the Secretary of State's decision regarding QMH. The programme is on track for handover on 1st October 2013.		
Which objective does this paper support?	**Patients:**	Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	X
	People:	Empower our staff to make BCCG the most successful CCG in (south) London	X
	Pounds:	Delivering on all of our statutory duties and become an effective, efficient and economical organisation	X
	Process:	Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	X
Organisational implications	Key Risks (corporate and/or clinical)	IM&T implications during and after transition. Ensuring that patient pathways are not compromised.	
	Equality and Diversity	Completed as part of TSA recommendations	
	Patient impact	Aim to minimise patient impact during transition.	
	Financial	Transitional funding for short term. Long term financial sustainability.	

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	Legal Issues	
	NHS constitution	
Consultation (Public, member or other)	No further formal consultation required unless the solution is altered. Further public and patient communication required as the changes are implemented.	
Audit (Considered / Approved by Other Committees / Groups)		
Communications Plan	To be prepared by 13 August 2013	
Author	Mike Wood	
	Clinical Lead Howard Stoate	Executive Sponsor Sarah Blow
Date	15th July 2013	

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Queen Mary's Hospital Programme update to the Governing Body

1. Purpose

The purpose of this report is to update the governing body on progress in implementing the Queen Mary's Hospital component of the Trust Special Administrator's recommendations for South London Healthcare NHS Trust (SLHT). The governing body is requested to consider the update and any appropriate action

2. Background

The local vision, re-iterated in the TSA recommendations for SLHT, is for the following services to be provided from the hospital site:

- Mental health centre of excellence
- a hub for a whole system 24-hour urgent care service
- 'step up / step down' services
- specialist and rehabilitation elements of community-based services for long-term conditions;
- a centre of a community hub-and-spoke model for specialist developmental services for children
- a satellite centre for specialist services
- a site for elective and day-case surgery

This vision was reaffirmed by the Secretary of State's decision to accept the TSA's recommendations.

In response to this Bexley CCG and its partners set up a programme board to oversee and progress the recommendations. A programme director was appointed in late February and the structure shown in appendix A is being implemented.

The Programme Board is chaired by the Chief Officer, with clinical leadership provided by the clinical chair. A status report is provided as appendix B.

3. Plan and progress

A milestone plan (Appendix C) has been agreed by the Programme Board. Progress is being monitored against this plan, with the Programme Management Group meeting weekly and the Programme Board meeting monthly.

The programme is on track for handover on 1st October 2013. Receiving organisations will begin to assume responsibility for delivery of services on the QMH site from September in order to facilitate a smooth handover.

4. Issues and risks

As expected in a programme of this nature, there are significant risks and activities which need to be managed. In particular, the issues that the CCG needs to consider are:

a) **Quality and patient safety.** The management of quality and patient safety during transition. A Quality and Patient Safety Group, chaired by the Bexley CCG Director of Governance and Quality and with leads across providers, will ensure that sufficiently robust measures are in place.

   In addition, a Clinical Forum will be established beneath the Programme Board. It will have an overview of the programme and provide a more detailed focus on pathways and communication with GPs and patients (as part of the communications and engagement workstream).

b) **Patient pathways.** The practicalities of patient pathways across providers and networks. The TSA recommendations were not explicit about the detail of how all the pathways would operate. For instance, the programme is currently working to ensure that cancer patients who have an outpatient appointment provided by Dartford and Gravesham NHS Trust (DGT) at QMH have access to specialist care within the Lonon cancer network – despite DGT being part of the Kent network.

c) **Transitional funding.** Funding is available to support providers with the costs incurred to effect the change required to reach the steady state. It is essential that this funding is agreed across the system to enable providers to commit the necessary resources.

d) **Change control.** Protecting the integrity of the TSA recommendations. There is a risk that any deviations may compromise the overall financial and clinical

viability of the South East London solution. Any such proposed changes need to be taken through appropriate governance to assess the impact across the system.

e) **Benefits realisation.** The benefits of long term financial sustainability and high quality patient care will not be delivered at 1st October 2013 but will need to be realised through whole system change.

f) **IM&T.** The IM&T implications of effectively splitting from one to three organisations are significant and there is a risk to the interface between hospital systems and choose and book in primary care. DGT is developing a detailed plan which will address these issues.

g) **Ophthalmology activity.** Inpatient activity is due to be moved from the QMH site by 1st October. There is a risk that Kings College Hospital NHS FT may not be able to achieve this due to capacity issues. A contingency plan is being developed by KCH.

h) **Erith and District Hospital.** There have been concerns expressed about the future of Erith and District Hospital. The services at the hospital will remain unchanged as a result of the transition on 1st October 2013.

5. Practical implications for local patients and GPs

For the transfer date of October 1st 2013, the principle of 'steady state and smooth transfer' has been agreed. Most patients on 'day one' should see little or no difference in the organisation and delivery of their care.

Nevertheless there will be some areas requiring significant engagement and communication with patients and GPs. For a small number of specialties and procedures, patients may need to be offered choice between a pathway which could lead them to QEH Woolwich, PRUH or Dartford and Gravesham. The necessary communication process for this will be finalised during August, with appropriate patient and GP engagement.

6. Recommendations

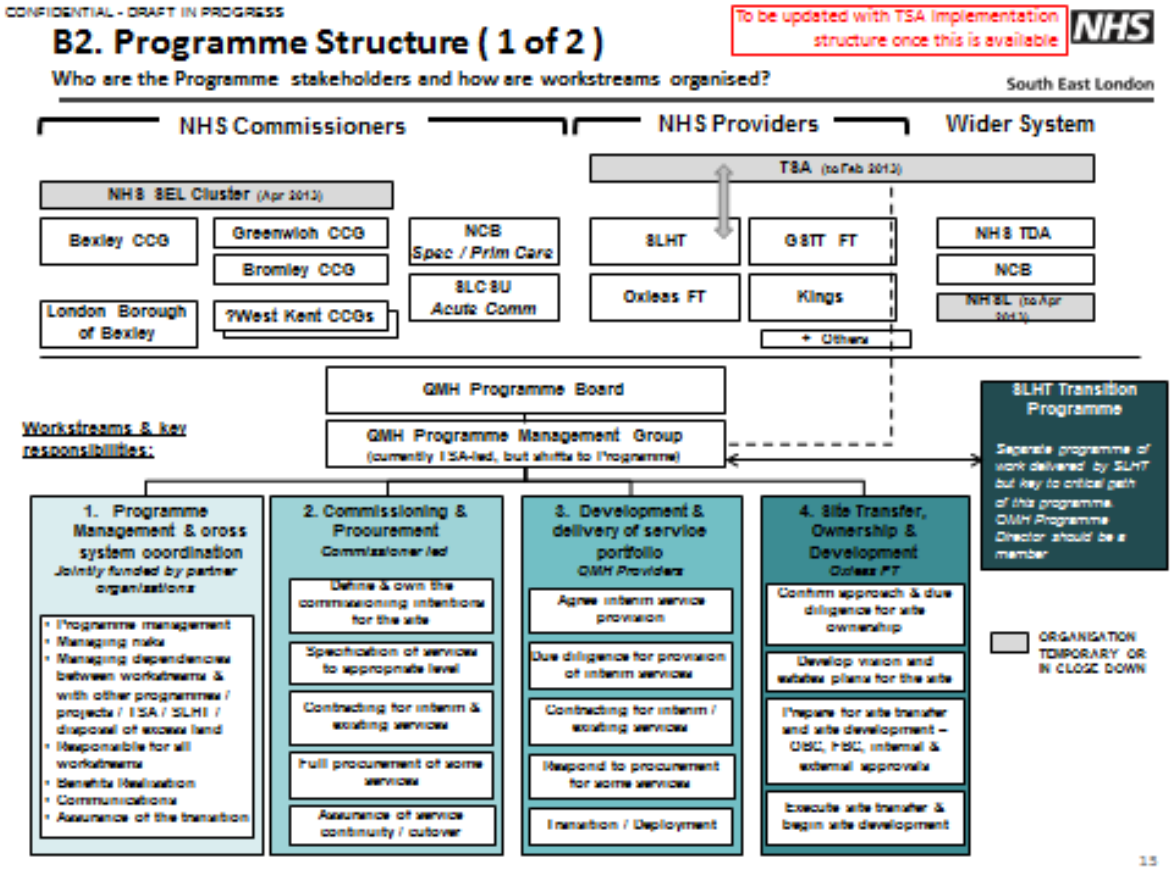
The Governing Body is asked to:

- note the content of the report

- suggest who might sit on the Clinical Forum referenced in 4a above

Mike Wood
Programme Director QMH
11 July 2013

APPENDIX A


CONFIDENTIAL - DRAFT IN PROGRESS
B2. Programme Structure (1 of 2)
To be updated with TSA implementation structure once this is available
NHS
Who are the Programme stakeholders and how are workstreams organised?
South East London
NHS Commissioners
NHS Providers
Wider System
TSA (to Feb 2013)
NHS SEL Cluster (Apr 2013)
Bexley CCG
Greenwich CCG
Bromley CCG
London Borough of Bexley
?West Kent CCGs
NCB Spec / Prim Care
SLC SU Acute Comm
SLHT
GSTT FT
Oxleas FT
Kings
+ Others
NHS TDA
NCB
NHSL (to Apr 2013)
GMH Programme Board
GMH Programme Management Group
(currently TSA-led, but shifts to Programme)
Workstreams & key responsibilities:
SLHT Transition Programme
Separate programme of work delivered by SLHT but key to critical path of this programme. GMH Programme Director should be a member
1. Programme Management & cross system coordination
Jointly funded by partner organisations
• Programme management
• Managing risks
• Managing dependencies between workstreams & with other programmes / projects / TSA / SLHT / disposal of excess land
• Responsible for all workstreams
• Benefits Realisation
• Communications
• Assurance of the transition
2. Commissioning & Procurement
Commissioner led
Define & own the commissioning intentions for the site
Specification of services to appropriate level
Contracting for interim & existing services
Full procurement of some services
Assurance of service continuity / cutover
3. Development & delivery of service portfolio
GMH Providers
Agree interim service provision
Due diligence for provision of interim services
Contracting for interim / existing services
Respond to procurement for some services
Transition / Deployment
4. Site Transfer, Ownership & Development
Oxleas FT
Confirm approach & due diligence for site ownership
Develop vision and estates plans for the site
Prepare for site transfer and site development – OBC, FBC, internal & external approvals
Execute site transfer & begin site development
ORGANISATION TEMPORARY OR IN CLOSE DOWN
15

APPENDIX B

NHS SE London QMH Programme – TSA Highlight Report

NHS

Report period	April-June 2013	Date of report	24 June 13	Manager	S Blow	Clinical Lead	H Steele
	RAG	Trend	Comments				
Budget	✓	→	Programme Budget of £ 250k is predicated on the constituent organisations (Oxleas, Dartford and Gravesham, Kings, GSTT) delivering their own programmes individually. Assumes transitional funding will be agreed.				
Schedule	!	→	Relies on main TSA critical path and external timescales (eg Monitor process)				
Scope	!	→	Some detailed pathways (especially cancer services) not addressed in TSA report need attention				
Overall	✓	→	Broadly on track with increasing pace of implementation				

Key updates and matters for concern

The Queen Mary's Hospital (QMH) Programme has been established to deliver the future vision and associated commissioning intentions set out for the QMH site, providing services to meet the needs of residents of Bexley Borough and surrounding areas.
The model for community-based care in Bexley is a hub and spoke model, for which Queen Mary's Hospital is Bexley CCG's preferred option as the hub: to be a centre for provision of unscheduled care; to form a hub for integrated health and social care services for Older People, with sub-acute and step up / step down services concentrated on the QMH site; to be a centre for more specialist elements of community based services for those with Long Term Conditions; specialist developmental services for children; a satellite centre for Specialist Services (such as treatment for common, non complex cancers); closer to home location for acute outpatient and elective day case surgery services for the local population

Programme Board

The Programme is led by a partnership board consisting of local commissioner and provider organisations, currently: Bexley Clinical Commissioning Group (CCG), Oxleas Foundation Trust, Dartford and Gravesham NHS Trust, Kings, GSTT and Lewisham NHS Trust and London Borough of Bexley.

Mode of working

There are 4 main workstreams: Programme management and co-ordination; commissioning and procurement; delivery of service portfolios; site transfer and development. These are led by the relevant SMO. The role of the QMH PMO is to co-ordinate and support the individual workstreams and provide enhanced support where necessary. The individual workstreams have their own programme arrangements and individual business cases. The QMH PMO links with the main SLHT SMOs group, chaired by Gareth Cruddace.
More detailed working takes place at a fortnightly Programme Management Group and a number of workshops have been developed to address difficult issues.

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NHS SE London QMH Programme – TSA Highlight Report

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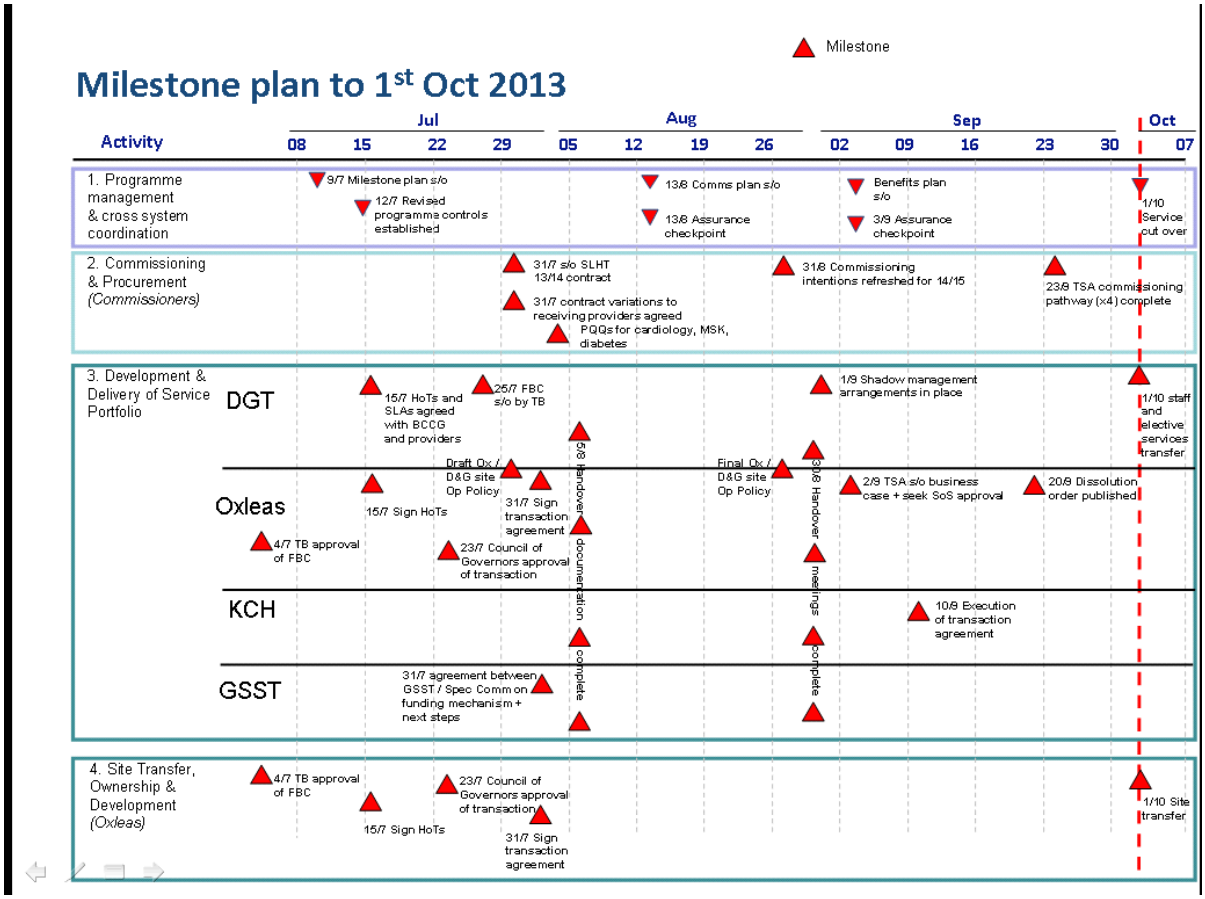
Key activities since mid-April 2013	Key progress planned for next period to mid-August 2013
Overall: • Project leads identified for the component parts of the QMH Programme • Initial workstream implementation plans (PTIPs) in development • Business cases in draft or final form are available • Critical path being developed (needs to be aligned with TSA and SLHT dissolution plans) **Programme Management** • Programme Management Board has met monthly since February 2013 • Programme Management Group has met fortnightly since February 2013 • Workstreams for Quality Assurance and Communications and Engagement have been established • Individual workshops held for care pathway, cancer services and IMT **Commissioning and procurement:** • SLHT 2013/14 contract agreed and transition underway as part of SLHT programme **Delivery of service portfolios:** • Individual provider business cases available **Site transfer ownership and development:** • Oxleas business case	**Overall:** • PTIPs to be agreed • Heads of terms to be signed off • Tracking of metrics to be refined and agreed with TSA **Programme Management** • Increase PMO from 0.5 wte to 1.5 wte • Seek to resolve or escalate care pathway, cancer services and IMT issues **Commissioning and procurement:** • Establish supervisory arrangements for waiting list management • Develop longer term procurement plan to 2015 **Delivery of service portfolios:** • Individual provider business cases available • Detailed implementation planning to 'day one' underway (including shadow period from September 2013) **Site transfer ownership and development:** • Oxleas business case
Actions / decisions required	**Issues**
• Alignment of CSC programme governance into the overall TSA governance programme • Approval of transition funding (drawn from individual programmes) • Waiting list cut off management • Resolution of cancer pathways • IMT transitional and longer term plan addressing the unique challenges at QMH	• Benefits Realisation is under developed • Alignment of the tracking of delivery of the QMH programme with the hospital change programme ie admission rate, LOS as assumed in Transaction Business Case • Development of longer term commissioning plans and procurement processes • Quality assurance/ clinical governance during transition and beyond

APPENDIX C


Milestone
Milestone plan to 1st Oct 2013
Activity
Jul
Aug
Sep
Oct
08 15 22 29 05 12 19 26 02 09 16 23 30 07
1. Programme management & cross system coordination
9/7 Milestone plan s/o
12/7 Revised programme controls established
13/8 Comms plan s/o
13/8 Assurance checkpoint
Benefits plan s/o
3/9 Assurance checkpoint
1/10 Service cut over
2. Commissioning & Procurement (Commissioners)
31/7 s/o SLHT 13/14 contract
31/7 contract variations to receiving providers agreed
PQQs for cardiology, MSK, diabetes
31/8 Commissioning intentions refreshed for 14/15
23/8 TSA commissioning pathway (x4) complete
3. Development & Delivery of Service Portfolio
DGT
15/7 HoTs and SLAs agreed with BCCG and providers
25/7 FBC s/o by TB
1/9 Shadow management arrangements in place
1/10 staff and elective services transfer
Oxleas
15/7 Sign HoTs
Draft Ox / D&G site Op Policy
31/7 Sign transaction agreement
5/8 Handover documentation complete
Final Ox / D&G site Op Policy
30/8 Handover meetings complete
2/9 TSA s/o business case + seek SoS approval
20/8 Dissolution order published
4/7 TB approval of FBC
23/7 Council of Governors approval of transaction
KCH
10/8 Execution of transaction agreement
GSST
31/7 agreement between GSST / Spec Comm on funding mechanism + next steps
4. Site Transfer, Ownership & Development (Oxleas)
4/7 TB approval of FBC
15/7 Sign HoTs
23/7 Council of Governors approval of transaction
31/7 Sign transaction agreement
1/10 Site transfer