Jersey Future Hospital Project

Outline Business Case

Appendix 34 – Terms of Reference – Acute Service Strategy Implementation Group

CLIENT:
THE STATES OF JERSEY

PROJECT NUMBER:
FUTURE HOSPITAL PROJECT

ISSUING COMPANY:
GLEEDS ADVISORY

Document Control

Version	Date Issued	Summary of Changes	Author
V1	28.9.17	Document compilation	T Nicholls
V2	13.10.17	Title of Appendix updated	T Nicholls
V3	24.10.17	Template updated	T Nicholls

Health and Social Care Transformation Programme ('P82')
Acute Service Strategy Implementation Governance

1. Introduction

P82/2012 '*A New Way Forward for Health and Social Care'*, was approved by the States Assembly in October 2012. The Transition Plan Steering Group oversees the review, prioritisation and implementation of P82, which comprises:

- Acute Services
- Out of Hospital
- Mental Health
- Sustainable Primary Care
- Services for Children
- Healthy Lifestyles

The Future Hospital Project Board oversees the Future Hospital project – both the Acute Service Strategy and the estates elements. The Strategy has been approved, and the Acute Service Strategy work has moved into implementation.

The implementation for the Out of Hospital, Mental Health and Sustainable Primary Care projects is overseen by Implementation Groups, which hold the project leads to account, ensuring progress is made, risks are identified and there is cross-system input. There now needs to be a robust approach to implementation governance for the Acute Service Strategy, with consistent processes and documentation in order to address the issues identified in the Future Hospital Scrutiny Sub-Panel Independent Review regarding whole system implementation Programme Management.

2. Project Mandate

To oversee the implementation of Acute Service transformation in Jersey, in order to ensure they are safe, sustainable, affordable, integrated and delivered in partnership, in accordance with P82/2012.

3. Background

The Acute Service Strategy was launched in July 2016 (R80-2016). The initial phase of implementation has focused on increasing rehabilitation in-patient bed capacity (7 additional beds on Samares Ward), taking forward unscheduled care with an Ambulatory Emergency Care (AEC) model of care and for scheduled care a Day of Surgery and 23 Hour Unit model of care. These initiatives will improve in-patient flow to ensure additional capacity can be provided in the transitional phase until the Future Hospital becomes operational in 2023 and ensure the design and size of the Future Hospital reflects the new clinical model set out in the Acute Service Strategy.

The evolution of this clinical model is being accelerated by the relocation works needed to enable the construction of the Future Hospital on the site of the current General Hospital. It is anticipated that by Q2 2019 a 'Long-Term Conditions Centre' will be operational from a newly built Westaway Court and that Day of Surgery and AEC processes will be largely established. In addition a programme of service improvement in other clinical specialties informed by benefits realisation and workforce planning processes currently being undertaken will commence towards the end of 2017. All of this work will be reflected in a demand and capacity model currently under development by the Future Hospital independent financial advisors. Key complementary work streams informing the implementation of the Acute Service Strategy include tracking the transformation of services through agreed transformation metrics and the development of patient level costing. The investments required to realise the necessary degree of service development and transformation have been secured through the MTFP 2016-19 and will be subject to further investments through MTFP 2020 – 23. The Future Hospital is scheduled to open in 2024 and the Acute Service Strategy

will need to have been refreshed to reflect the needs of the redesigned health and social care system set out in P82/2012.

The leads of the transformation work streams have met regularly since mid-2015, in order to ensure integration between the projects. The Out of Hospital, Mental Health and Sustainable Primary Care projects have been overseen by cross-system groups, initially being Boards or Steering Groups to develop the Strategy, and latterly being Implementation Groups which hold the project leads to account, ensuring progress is made, risks are identified and there is cross-system input. The Project Directors of each project sit on one another's Board / Steering Group / Implementation Group, including the Future Hospital Project Director (Health Brief) who has co-ordinated the development of the Acute Service Strategy on behalf of the General Hospital Managing Director and the Future Hospital Project Board.

To date the implementation of the Acute Service Strategy has been coordinated by a Future Hospital Project Board Sub Group (chaired by HSSD Finance Director and with membership comprising of the General Hospital Managing Director, Director of System Redesign and Delivery, Deputy Director, Primary and Community Pathways, Future Hospital Project Directors for Delivery and Health Brief and Assistant Director of Finance for Transformation). However, the Acute Service Strategy itself did not have a cross-system Board or Steering Group, and at present there is no Implementation Group to oversee this critically important project. This has been raised as an issue by some stakeholders across the system, who are keen to participate in such a group as they recognize the benefits of these groups for the other P82 projects.

In addition, in September 2016, the Scrutiny Sub-Panel recommended that a Programme Management Office is introduced for P82, in order to formalise the integration, provide oversight and identify the critical path of service developments.

4. **Project Scope**

The Acute Service Strategy is based on four key principles

1. Admission avoidance – so that patients do not need to come to the Hospital in the first place
2. Admission prevention – when patients do need to come to the hospital early clinical decisions can be made to reduce the number needing to be admitted
3. Early discharge – when patients do need to be admitted enabling them to return home or to care out of hospital earlier than they do currently
4. Deliver care on island where clinically safe and cost effective to do so.

In addition to these four principles the Acute Service Strategy recognises the important strategic benefits of providing private acute care and seeks to enhance private care services.

The Acute Service Strategy OBC 2016-19 comprises three key initial work streams:

- The provision of additional in-patient rehabilitation on Samares Ward to support transitional capacity leading to the opening of the Future Hospital. This work stream forms part of an integrated whole systems approach to developing transitional capacity through the commissioning of 'step down' beds and other beds nursing and residential beds in the independent sector and in through other 'out of hospital' initiatives such as the development of a 'rapid response' team
- The provision of additional Operating Theatre capacity that is able to respond to increased demographic demand. This additional capacity would be augmented by improved patient flow derived from the implementation of a new scheduled care model principally based on the development of Day of Surgery and 23 Hour Unit processes
- The implementation of an Ambulatory Emergency Care model for unscheduled care. Treating all patients as zero length of stay unless clinically indicated otherwise this approach changes both the nature of in-patient capacity (recliners and trolleys replacing some beds) and, more importantly in patient flow (early

diagnostic supporting earlier clinical decision making and enhanced integration of hospital and out of hospital services at the 'front door'.

These three initial work streams are being catalysed by the relocation works needed to develop the Future Hospital on the site of the current General Hospital. Many aspects the new clinical model set out in the Acute Service Strategy will need to be in place by Q1 2019. The new hospital site choice and necessary relocation work has now also required further work to be undertaken that was not detailed in the Acute Service Strategy OBC 2016-19, for example reduction in non-value adding out-patient attendance and resign of maternity and gynaecology services.

These work streams are therefore supported by work streams relating to

- Workforce development - the outputs of the work undertaken for the whole health economy by independent advisors 'Skills for Health' and in with specific reference to the that to be undertaken by Future Hospital independent adviser 'EY' workforce redesign form a key part of the Acute Service Strategy. Much of this work is foreshadowed by the investments set out in MTFP 2016-19 but the more significant redesign will derive from the redesign and modernisation of existing workforce roles.

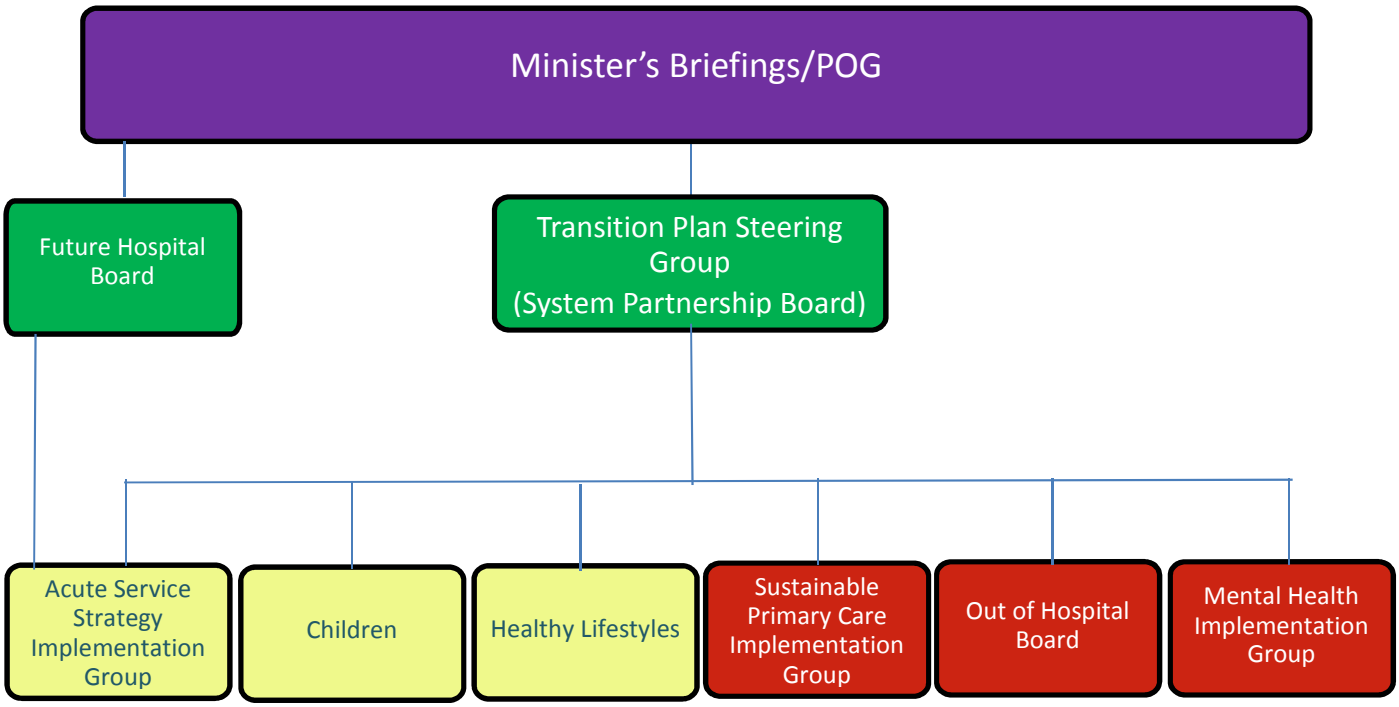
- ICT – Significant investments are set out in MTFP 2016-2019 and ICT developments are considered a key enabler of the Acute Service Strategy

Acute Service Strategy implementation recognises that the most pressing need is for the provision of additional capacity and the redesign of scheduled and unscheduled care to improve patient flow. The timeline to 2019 reflects this. The Strategy however looks beyond to 2024 and encompasses all acute services. While priorities for 2020 and beyond are still being prioritised demographic trends are especially likely to increase cancer incidence. The impact of other age related conditions particularly neurological (i.e. dementia, Parkinson's and so on) are likely to predominate. As a consequence the Acute Service Strategy is likely to re-orientate priorities to support functional capabilities such as 'frailty' and the long term conditions that will reflect the Islands epidemiology of the future. In doing so redesign of services described by the Strategy will move toward patient pathways reflecting more fully the multiagency, multidisciplinary and interdisciplinary nature of the responses needed to support safe, sustainable and affordable acute services working across organisational and disciplinary boundaries that currently constrain the shape of services needed for the future,

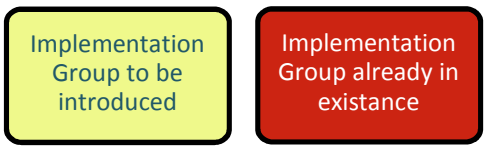
These work streams are in different stages of planning, delivery and review. Progress must be maintained, with risks and issues robustly managed, to ensure:

- Capacity is released to manage the transition phase to the new Hospital
- The Future Hospital progresses to plan and to appropriate size and cost
- Acute Services are developed in the context of the whole health and social care system transformation – both strategically and at an operational implementation / delivery level
- Stakeholders from across the system are engaged
- Value for money from P82 funding is secured

5. Programme Governance



Key:



5.1 Political oversight

The Health and Social Care Transformation Programme ultimately reports to the Health and Social Services Minister.

5.2 Transition Plan Steering Group

The Transition Plan Steering Group meets every 2 months, to:

- Provide visible senior level commitment across the Jersey health and social care economy
- Steer the health and social care (system-wide) strategy
- Provide representation and views from across key stakeholders
- Provide support and challenge to the cross-system strategic direction of the Health and Social Care Transformation Programme
- Engage in the resolution of issues that cannot be resolved by the transformation work streams (Sustainable Primary Care, Mental Health, Out of Hospital, Future Hospital, Sustainable Funding, Clinical Forum)

The P82 Programme Director (the Director of System Redesign and Delivery) is responsible for providing leadership to the whole P82 programme, reporting to the Chief Executive of the Health & Social Services Department. Report progress to the Transition Plan Steering Group and to the Future Hospital Board. She ensures that relevant Ministers are briefed, Chairs the Integration meetings (attended by all project Directors) and provides guidance to Project Directors. She also monitors progress, risks and issues, oversees P82 communications, engages with stakeholders across health and social care and in other States Departments and oversees the strategic direction of the Projects which comprise P82.

5.3 Acute Service Strategy Implementation Group

The Acute Service Strategy Implementation Group will oversee the implementation of Acute Services transformation in Jersey, in order to ensure they are safe, sustainable, affordable, integrated and delivered in partnership, in accordance with P82/2012. The implementation of redesigned services (with operational, workforce, financial and clinical governance responsibilities) remains with the Clinical Directors and Divisional Leads. The Acute Services Strategy Implementation Group provides guidance and advice through the existing General Hospital and wider HSSD governance structures. It will add value by identifying synergies between P82 work streams, presenting these opportunities to Clinical Directors and Divisional Leads and helping to consider and clarify wider system risks to safe, sustainable and affordable acute service delivery in the years ahead.

Draft Terms of Reference are attached at Appendix 1.

5.4 Project Director – Hospital Managing Director

The Acute Service Strategy Implementation Project Director will:

- Provide leadership to the Project
- Monitor ongoing project adherence to agreed objectives
- Ensure that any changes to scope do not have adverse effects on project direction
- Report progress to the Transition Plan Steering Group and to the Future Hospital Board
- Communicate with and brief Ministers about Project developments, seeking their involvement throughout the project as appropriate
- Consider policy matters that arise; resolve these where possible and escalate these to the Transition Steering Group where necessary
- Chair Acute Services Implementation Group meetings
- Provide direction to Work stream Leads on wider strategy and impact on work streams
- Advise on new and existing stakeholder sensitivities and ensure the right people are being involved
- Ensure that resources required to progress the Project are identified and managed in accordance with HSSD procedure
- Provide direction to the Communications Officer
- Monitor progress through regular review
- Control the budget and authorise expenditure

5.5 Project Manager – currently funded and active recruitment under way (Aug 2017)

The Project Manager will:

- Prepare documentation for the whole programme, including:
    - Programme plan
    - Critical path
    - Risks and Issues Log
    - Communications and engagement plan
    - Highlight reports
- Monitor the achievement of progress against plan
- Identify risk and mitigation actions, and escalate as appropriate
- Lead the programme stakeholder engagement and communications
- Provide a regular reports to the Project Director
- Prepare reports for the Transition Plan Steering Group

- Provide regular communication with key stakeholders

5.6 Work stream Leads

Individual Work stream Leads will:

- Ensure that they or their named Deputy attend each Acute Service Strategy Implementation Group (ASSIG) to ensure consistency and momentum
- Communicate with their constituents to keep stakeholders updated with progress and to raise emerging issues in a timely way
- Lead their work stream effectively, including:
  - involving relevant stakeholders
  - establishing key milestones and deliverables
  - planning and completing actions and activities
  - making progress in accordance with agreed timescales
  - delivering on the agreed work stream or pilot objectives
  - identifying areas where external expert advice may be required, and procuring the required expertise within budget
  - managing any external experts, to ensure they deliver to time, budget and quality
- Report to the Project Manager and to the ASSIG on any of the following that may arise:
  - Progress
  - Risks and issues
  - progress and delays
  - learning

5.7 Communications and Engagement

Communications and engagement leadership is provided by the HSSD Communications Officer for the entirety of the Health and Social Care Transformation Programme.

Appendix 1

Acute Service Strategy Implementation Group – Terms of Reference

Suggested Membership	
Helen O'Shea (Chair)	Hospital Managing Director
TBC	Acute Implementation Project Director
Currently unidentified but funded	Acute Implementation Project Manager
Bernard Place	Project Director, Future Hospital
Michelle West	Hospital Director of Operations
Bronwen Whittaker	Deputy Director, Primary and Community Pathways
Martyn Siodlak	Medical Director
Phil Romeril	Pharmacists
Philippa Venn	Primary Care Body
Rachel Williams	Director of System Redesign and Delivery
Rose Naylor	Chief Nurse
Sarah Howard	Deputy Director Finance
Sarah Whiteman	Primary Care Medical Director
Susan Devlin	Managing Director, Community & Social Services
The Work stream Leads –	Unscheduled Care – Jackie Tardival Scheduled Care - Judith Gindill Long Term Conditions and Ambulatory care – Chris Sanderson Patent Flow/Early Discharge/LOS – Gary Kynman Women and Children's Services redesign – Judith Gindill Enhancing Private Care/Repatriation – Piers Andrews Out of Hospital Care - TBC
TBC	Business Change Managers (Scheduled Care, Unscheduled Care, Ambulatory Care)
Service User Representatives	TBC
Medical Staff Representative	Simon Chapman, Patrick Armstrong

The Acute Service Strategy Implementation Group will oversee the implementation of Acute Services transformation in Jersey, in order to ensure they are safe, sustainable, affordable, integrated and delivered in partnership, in accordance with P82/2012.

The Acute Service Strategy Implementation Group will not make operational decisions regarding the Hospital; these remain the responsibility of the relevant clinical and operational leads, reporting through the relevant HSSD Corporate Director to the HSSD Corporate Directors group and HSSD Chief Executive.

The Acute Service Strategy Implementation Group will formally report to the Transition Plan Steering Group, and will adhere to the governance processes for P82, including the processes for authorisation to amend the use of P82 funding.

Acute Service Strategy Implementation Group members are responsible for:

Leadership

- Provide senior stakeholder direction and oversight to the implementation, to ensure it stays in line with the overall vision, aims and objectives
- Providing strategic leadership to those programmes of work that they are accountable for and/or involved in
- Advising on strategic fit and policy direction, both for their own areas and across the system, including interdependencies with other strategies
- Ensuring the implementation delivers value for money in the context of the whole health and social care system

Momentum and Purpose

- Providing challenge and critical thinking
- Testing and advising on applicability of service models and plans to Jersey
- Receiving and reporting regular updates from Project Teams for which they are responsible
- Providing guidance to the Work stream Leads regarding pace, engagement and communication
- Ensuring those programmes of work that they are accountable for and/or involved in progress to time and deliver the intended outputs and/or benefits
- Reviewing key deliverables prior to submission to the Transition Plan Steering Group
- Ensuring that they or their named deputy attend each meeting to ensure consistency and momentum

Communication and Collaboration

- Acting as a communications conduit to influence and inform senior stakeholders, and to represent the views of their stakeholders
- Creating and maintaining an collaborative environment in which the Acute Service Strategy is able to progress and succeed

Decision Making

- Achieving shared decision making within the Group regarding recommendations and advice

The standing agenda for the Acute Service Strategy Implementation Group will be:

- Updates from Work stream Leads
- Risks and Issues
- Communications
- Any other subjects that may arise on an ad hoc basis

Quorum

The Acute Services Implementation Group will deemed quorate when there is representation present from

- At least 2 Hospital representatives
- At least 2 other Project Directors
- At least 3 Work stream Leads

Confidentiality and Conflicts of interest

Members of the Acute Service Strategy Implementation Group will ensure that confidentiality is maintained, and that only messages that have been agreed to be shared are communicated outside of the Group.

A declaration of Conflicts of Interest will made by all members. Members who have a stated Conflict of Interest may be required to leave the meeting for that agenda item.

Meetings
The Acute Service Strategy Implementation Group will meet initially every month but after work programme is agreed will meet every 2 months.

The agenda and papers will be circulated at least 3 Working Days in advance of the meeting. Minutes will be circulated no more than 5 Working Days after the meeting.

Offices of the Hospital Managing Director will take responsibility for booking the room, circulating the agenda and the minutes.