**Ref: GJF/2017/08/13**

# GJF Logo

# Board Meeting: 3 August 2017

**Subject:** Hospital Expansion Programme

**Recommendation:** Board members are asked to note the hospital expansion update paper detailing progress to date

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**1 Background**

This paper provides an overview of progress to date with regards the hospital expansion programme. The format of the paper was agreed by the Programme Board as the standard monthly reporting template.

The paper covers the following key areas:

* Provides a summary of Programme Team appointments to date
* The appointment of the Principal Supply Chain Partner
* The submission of the Phase 1 Initial Agreement to the Scottish Government Capital Investment Group
* The appointment of Cost Advisor
* Provides a summary of stakeholder engagement to date
* Provides a summary of key risks and mitigation
* Provides a summary of the programme budget
* Provides a summary of issues affecting the programme
* Sets out Key Tasks going forward

**2 Recommendation**

The Board is asked to acknowledge the overall progress to date made with the hospital expansion programme.

**Jill Young**

**Chief Executive**

**21 July 2017**

(John M Scott, Programme Director)

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| **1 Overview** |
| This is the first formal progress report for the hospital expansion programme. It covers the period from 2nd May 2017 to end June 2017.  This report follows on from the Project Stock Take Document which was presented at the March 2017 meeting of the Hospital Expansion Programme Board and the National Elective Strategy Programme Board meeting on 16 March 2017.  Key milestones within this reporting period include:   * The appointment of the Principal Supply Chain Partner (PSCP) * The submission of the Phase 1 Initial Agreement (IA) to the Scottish Government Capital Investment Group * The appointment of the Cost Advisor |
| **2 Key activities carried out in May/June 2017** |
| 1. **Programme Team Appointments**   Following the recruitment of the Programme Manager in late November 2016, various Programme Team roles have now been recruited to:   * John Scott, Programme Director (1.0wte) – took up post 1 June 2017 * Heather Benton, Programme Administrator (1.0 wte) – took up post 18 April 2017 * Susan McLaughlin, Clinical Lead (0.8 wte) – took up post 22 May 2017 * Brenda Quirk, Lead Optometrist (0.2 wte) – took up post 26 April 2017 * Sandra McAuley Infection Control Lead – (0.2 wte) – took up post on 1 May 2017 * Dr Patrick Kearns, Consultant Ophthalmologist has provided informal support to date; he will be released from August 2017 to be the medical lead for the Phase 1 project. * Dr Gavin Bryce, Consultant General Surgeon has been appointed for 1 PA per week from 19 July 2017 to be the medical lead for general surgery.   **Link roles:**  Finance links roles have been agreed as follows: Revenue - Elizabeth O’Brien Assistant Director of Finance, and Capital - Lily Bryson, Assistant Director of Finance.  Derek Phillips, Senior Analyst within the e Health Department, has provided analytical support for the demand modelling exercise for the Phase 1 IA. There is a requirement to access additional analyst support, discussions are underway with ISD to establish if they can support the demand modelling exercise for Phase 2 IA and the Phase 1 Outline Business Case (see issues affecting the programme).  As the Phase 2 IA is closer to completion further consideration will be given to the need to recruit a lead Consultant Orthopaedic Surgeon and lead Consultant Anaesthetist.   1. **PSPC Appointment**   Following the recent competitive tendering and interview process, Kier Construction Ltd was selected as the successful PSCP. A ten day standstill period concluded on 6 June 2017. The unsuccessful PSCPs had been advised that feedback is available should they wish and they have been advised to put their questions in writing to the Programme Director. To date two companies have submitted a request for further feedback which has now been provided.   1. **Completion of the Phase 1 - Initial Agreement**   The Initial Agreement was approved by the GJF Programme Board and the GJF Board in May 2017 and has now been submitted to the Scottish Government Capital Investment Group for consideration at the meeting on 4th July 2017.In parallel formal regional approval has been sought from each WoS Health Board and each Health Board has now confirmed their support in principle. John Burns, in his capacity as Chief Executive Implementation Lead for the West Region has issued a formal letter to the Capital Investment Group on 7 June 2017 confirming regional support for the Phase 1 Initial Agreement. This also identified some specific points highlighted by the Boards – (a) the work to progress the OBC needs to reflect regional and national work underway and (b) greater clarity on financial implications including timelines and Health Board impact to be included within the OBC and (c) Boards have not assumed any additional costs within their current financial plans. The work in developing the OBC had already recognised these issues and will be addressed within the OBC.   1. **Appointment of Client Side Advisors**   During July 2017, the Programme Director will review and discuss the necessary additional client side advisor appointments with the SRO and agree the timing of further appointments. In line with projects of this structure and scale it is anticipated that a Project Manager, CDM Advisor and Supervisor will be required.   1. **Stakeholder Involvement and Communications Plan**   A stakeholder engagement workshop was held on 3 May 2017. Those participating were a mix of patients who had experienced cataract surgery at the Golden Jubilee, volunteers, third sector representatives, the Scottish Health Council and a broad range of staff who currently work in our ophthalmology department. A total of 28 people took part. All participants received the full Initial Agreement document before the event. The event presentation highlighted the key areas that we wanted feedback and comment on.  The questions asked were:   * Are the challenges we face in future for Cataract Surgery clearly described within our initial document? * What works well in our current service? * What does not work so well? * Views on our proposed solution within the Initial Agreement   A detailed report was prepared using the feedback from stakeholders gathered at the event. At this Initial Agreement stage, attendees were broadly supportive of the work that had been undertaken to date, and agreed that the project was challenging but had real benefits for patients in terms of outcomes, experience and being treated within the treatment time guarantee. They acknowledged that there was still further work and detail to be confirmed such as costs and resources and how the project will benefit NHS Boards and patients across the West of Scotland. Participants highlighted priority areas where the Golden Jubilee should focus on, as part of the project going forward. These included (but are not limited to) travel and public transport, signage, appointment time management and ensuring that stakeholders continue to be involved in this process over the next few years.   1. **Golden Jubilee Ophthalmology Work Stream Group**   The Ophthalmology Work Stream Group has been established, the first meeting focused on the proposed clinic model. A second meeting was held on 7 June 2017 which focused on the proposed theatre model. The groups remit at this stage of the project is as follows:   * Validation of performance assumptions and demand / capacity modelling work including phasing of activity * Agreeing and documenting the proposed patient pathway – Outpatients to theatre * Agreeing and documenting the proposed administrative pathway * Developing a Workforce and training plan to support the phased delivery of the service expansion * Working with the healthcare planners planner to develop the output based specification and associated schedule of accommodation to inform the design * Supporting the development of IA, OBC and FBC.  1. **West Regional Engagement**   A West of Scotland Regional Enagement Group has been established with a Director / General manager representative from each Board – the group is meeting approximately every 6 weeks. At the second meeting in late April the group reviewed the cataract demand modelling work and supported its inclusion within the IA. June Rogers and Dr Kearns are representing the GJF on the regional ophthalmology group to ensure there are links to the wider regional ophthalmology review. Initial demand modelling work for arthroplasty has also been shared with the group; the group agreed that revision arthroplatsy should be incorporated into the demand modelling for orthopaedics along with all other orthopaedic subspecialties. A third meeting was held on 19 June where more detailed orthopaedic demand modelling work was shared and discussed.   1. **National Elective Strategy Programme Board**   The National Elective Strategy Programme Board continues to meet quarterly, at the meeting in early June the GJF Programme Manager presented the initial Agreement for the phase 1 Cataract expansion for the West of Scotland, the presentation was well received and the methodology for assessing future demand for cataract surgery was supported by the Board. The National Programme Director is in the process of setting up a technical sub group with support from HFS, in addition a wider planning meeting has been set up later this month - June Rogers Director of Operations will be the GJF representative. |
| **3 Key Risks and Mitigation** |
| A high level risk assessment exercise was undertaken as part of the Phase 1 IA. There were five high risks identified as follows:   * Information used as part of the strategic & project brief is unreliable * The need for clinical change and expected outcomes isn’t clearly defined * The design does not meet the Design Assessment expectations * The project becomes unaffordable * Innovative design proposed for Phase 1 and the challenges in realising this   A risk management plan has been developed with controls developed in place to mitigate these. A detailed risk register is being presented to the Golden Jubilee Programme Board and will also be reviewed by the Board’s Strategic Risk Group. Further work on this will be developed as the Outline Business Case is being presented. |
| **4 Programme Budget** |
| A project budget has been allocated for the internal Project Team within 2017/18 and separate funds have been identified for External Advisors when appointed. These have been identified and approved in the Board’s Financial Plan. Financial updates will be provided to the Programme Board going forward showing cash flow projections and actual spend. |
| **5 Issues Affecting the Programme** |
| As part of the IA development there is a need to undertake detailed demand modelling for each specialty and procedure to forecast future activity growth. Following IA approval there is also a need to review and update the IA modelling within the OBC process confirming any changes to the IA forecast.  Analyst time was identified as required within the PID; it was noted as a link role – based on the assumption that sufficient analyst time could be released to support the demand modelling exercise. Following the recent completion of the Phase 1 IA which was supported by one of the GJNH eHealth Information analysts, it has become evident that there is insufficient resource available to support the delivery of the Phase 2 IA which involves significantly more modelling time than Phase 1. In order to support the modelling and ensure no further time is lost, ISD have been approached to establish if they can provide support over the next 2 months to facilitate the completion of the Phase 2 IA. This is being reviewed as part of the regional and national work to assess if this resource or output can be used. Options on how to provide this are being discussed within the project team. |

| **6 Programme Plan** |
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| A programme plan is in draft and now requires discussion with Kier Construction Ltd before it can be finalised and brought to the Golden Jubilee Programme Board for approval. |
| **7 Key Tasks for July 2017** |
| Key tasks for the forthcoming period include:   1. **Development of the Phase 2 IA**  * Options in assessing and sourcing the resource requirements for additional analyst support are being considered to ensure alignment with the regional and national work * Demand modelling will continue for Orthopaedics and all sub specialties, General Surgery, Endoscopy and Urology to support the development of the Phase 2 IA. (See issues affecting the programme)  1. **Programme Planning and Governance Activities**  * Programme Team to organise the project launch in conjunction with the Kier Construction Ltd * Agree/sign off programme plan with Kier Construction Ltd, Project Team and Programme Board * Appointment of other client advisors * Commence the Gateway Review process, starting with Gateway Review 1 for Phase 1 – Business Justification  1. **Community Benefits – Monitoring**   Programme Manager to seek advice from SFT on the potential options for tracking and monitoring the delivery of community benefits on a quarterly basis. Potential options will be explored and a proposal will be brought to the August 2017 Programme Board meeting for consideration.   1. **Communication and Stakeholder Engagement**  * Develop and agree a programme communications plan for approval by the Programme Board * Commence Orthopaedic patient questionnaire process to seek patient feedback on our current service. * Continue to seek feedback from Ophthalmology patients using the establish patient questionnaire process * Continue to develop a programme stakeholder register to support the various engagement events and to help identify patients and third sector representatives who are willing to participate in the design development process. * A stakeholder workshop will be organised to engage with staff, patients and third sector representatives once the Phase 2 IA is in full draft – likely September 2017 |