

EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS

HELD ON 16 APRIL 2014

Subject	Doncaster Satellite Radiotherapy Project – Memorandum of Understanding and Project Initiation Document
Supporting TEG Member	Kirsten Major, Director of Strategy & Operations
Author	Paul Buckley, Deputy Director of Strategy & Planning
Status¹	A

PURPOSE OF THE REPORT

This paper provides an update on the Satellite Radiotherapy Project being progressed between Sheffield Teaching Hospitals and Doncaster and Bassetlaw Hospitals. It includes a Draft Memorandum of Understanding and a Draft Project Initiation Document which have been prepared in order to move the project forward.

KEY POINTS

Since 2011 Sheffield Teaching Hospitals as recognised that leading the development of radiotherapy services within the local health economy is will assist in achieving the organisations strategic aims and objectives. In 2013 it was agreed in principle to assess the feasibility of a satellite radiotherapy unit in Doncaster.

A draft Memorandum of Understanding sets out the strategic intent of both organisations to work together and describes the purpose, principal terms and provides a short summary of the agreed governance framework to support effective working between both organisations. A draft Project Initiation Document includes the objectives of the project, contains the proposed governance arrangements and a project plan. The project is envisaged to be conducted in three distinct phases over an 18-24 month period.

The recruitment of the joint project manager is proposed and subject to approval, a recruitment process will commence before the end of April 2014.

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY 2012-2017		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	✓

RECOMMENDATIONS

The Board is asked to:

- a) Approve the Memorandum of Understanding and Project Initiation Document
- b) Agree to the appointment of a joint project manager to progress the project

APPROVAL PROCESS

Meeting	Date	Approved Y/N
TEG	26 March	Y
Board of Directors	16 April	

Doncaster Satellite Radiotherapy Project

Memorandum of Understanding and Project Initiation Document

1. Introduction

This paper provides an update on the Satellite Radiotherapy Project. It includes a draft Memorandum of Understanding (MoU) and a Project Initiation Document (PID), which have been developed in order to move the project forward.

2. Background

In December 2011 North Trent Cancer Network Board established a group to determine optimum locations for any additional radiotherapy sites based on future patient flows within the region. A set of recommendations were presented to Cancer Board/NORCOM in January 2013. STH and DBH agreed in principle to assess the feasibility of a satellite unit in Doncaster and that collaboration was required with commissioners to agree a model that would provide the greatest improvement in access.

During 2013 further information on the possible service model has been gathered to through site visits in Doncaster and in Manchester. In December 2013 a draft MoU and PID was shared with Doncaster in order to move the project forward.

3. Strategic Context

The need for increased capacity in radiotherapy services has been described in a number of reports:

- National Radiotherapy Advisory Group (NRAG) report 2007
- Cancer Reform Strategy 2007
- Improving Outcomes: a Strategy for Cancer 2011
- The Malthus Programme 2012
- DH National Radiotherapy Implementation group. Radiotherapy Services in England 2012

Guidance on the management and governance of additional radiotherapy capacity was published by the Royal College of Radiologists (RCR) in March 2013 with support from the Society and College of Radiographers and the Institute of Physics and Engineering in Medicine. The document replaces the previous guidance for devolved or satellite radiotherapy services published by the RCR in 2004.

4. Current Service Provision

STH provides a non-surgical oncology service to the patients of Sheffield and across the wider area of the North Trent covering Doncaster, Worksop, Barnsley, Rotherham and the Chesterfield localities. The organisation has an international and national reputation as a provider of specialist care.

The service is based at Weston Park Hospital with the model across the cancer network primarily being outpatient oncology clinics, participation in multi-disciplinary teams plus daycase and oral chemotherapy services. Some support to local acute oncology teams is provided although this is limited.

There is a specialist radiotherapy workforce led by the Clinical Director and Clinical Lead for Radiotherapy. This is underpinned by a significant research programme to ensure that patients are offered up to date treatments that are supported by evidence based outcome data. The 18 clinical oncologists work closely with the radiation physics staff and with radiographers. There are 7 linacs in use within STH and these are amongst the most efficiently used in the UK

5. Memorandum of Understanding (MoU)

The draft MoU sets out the strategic intent of STH & DBH to work together and describes the purpose, principal terms and provides a short summary of the agreed governance framework to support effective working between both organisations.

The MoU is not a legally binding document. However, it presents the principles that underpin the commercial relationship between the Trusts, reflects the mutual interest in a project and would be used a basis on which a formal contract would be developed in the future.

6. Project Initiation Document (PID)

The draft PID includes the objectives of the project, contains the proposed governance arrangements and a project plan. The project is envisaged to be conducted in three distinct phases over an 18-24 month period. This timeline is subject to the consideration and approval of the business case from each organisation, planning permission at DBH and the negotiation of a contract. It is proposed that a joint project manager is recruited to take the project forward which reinforces the commitment from both organisations to progress the scheme.

7. Next Steps

The project governance arrangements are currently being established with the first Project Board meeting to take place during May 2014. An initial task will be to ensure the development of a detailed project plan to move the project forward.

The recruitment of the joint project manager will commence with an advert placed and recruitment before the end of April with intent to appoint before the end of May 2014.

8. Conclusion

STH has stated a strategic intent to work with DBH to develop a Satellite Radiotherapy service in Doncaster. Two documents have been produced to move the project forward namely a MoU and a PID.

9. Recommendations

The Board is asked to:

- a) Approve the Memorandum of Understanding and Project Initiation Document
- b) Agree to the appointment of a joint project manager to progress the project

Appendix 1 – Memorandum of Understanding

Doncaster and Bassetlaw Hospitals 
NHS Foundation Trust

Sheffield Teaching Hospitals 
NHS Foundation Trust

Draft Memorandum of Understanding

Between

Sheffield Teaching Hospitals NHS Foundation Trust

And

Doncaster & Bassetlaw Hospitals NHS Foundation Trust

For the Development of a

**Satellite Radiotherapy Centre on the
Doncaster Royal Infirmary site**

5 March 2014

1. INTRODUCTION

This Memorandum of Understanding (MOU) sets out the strategic intent of Sheffield Teaching Hospitals NHS Foundation Trust (STH) and Doncaster & Bassetlaw Hospitals NHS Foundation Trust (DBH) to work together to develop a sustainable service model for the delivery of radiotherapy services in Yorkshire and surrounding areas.

This MOU describes the strategic purpose, principal terms and provides a short summary of the agreed governance framework to support effective working between both organisations.

Both organisations will invest time and effort at all levels to ensure the scheme and relevant associated working practices are delivered effectively and are committed to working together to deliver improvements in the quality of care for the benefit of the residents of Doncaster and Bassetlaw.

2. STRATEGIC PURPOSE

STH provide a radiotherapy service for patients from Sheffield and the surrounding region, which includes Chesterfield, Doncaster, Worksop, Barnsley, Rotherham, Mexborough and Retford, serving a population of around 2.2 million people. STH currently has 7 linear accelerators in operation.

DBH has a purpose built Haematology & Chemotherapy Day Unit (Chatsfield Suite) and provides a range of cancer services to the residents of Doncaster, Bassetlaw and Dearne Valley District.

The strategic purpose of developing a satellite Radiotherapy Centre at the DRI site is to deliver local access to patients, based on current commissioned levels of service. Furthermore, the intent behind the Centre is to provide a local radiotherapy treatment planning service for patients from the surrounding area.

As part of the development, DBH wish to explore, in partnership with STH, the integration of associated DBH delivered services that are provided currently on site, such as outpatients, chemotherapy and haematology. The intention would be to establish core services consistent with a Radiotherapy Department Cancer Centre. The responsibility for this would solely rest with DBH and would not in any way compromise the planning of the Satellite Centre.

3. BACKGROUND

In 2011/12, a process to develop a sustainable service model for the delivery of radiotherapy in Yorkshire and the Humber, was undertaken by the Specialised Commissioning Operational Group on behalf of the North of England Specialised Commissioning Group.

The review identified the increasing demand for services and the issue of apparent under provision of radiotherapy to support local patients. A key aim of the review is to ensure a greater number of patients have ease of access to local radiotherapy services i.e. within a 45 minute drive.

Using the principles agreed and following discussions with key stakeholders in North Trent, including the North Trent Cancer Board, a radiotherapy site at Doncaster Royal Infirmary was identified as the best initial option to progress.

4. GENERAL PRINCIPLES

STH and DBH share the aim of working in an open way to progress the scheme and in doing so ensure the delivery of safe, high quality radiotherapy services to patients. Collaboration will be built on the following principles:

- To work closely to achieve both our common objectives and with other stakeholders to achieve system objectives.

- To have regard to each other in decisions and priorities
- To collect and listen to the views of people who use services, acting at all times in their interests.
- To work together we will be clear about our unique expertise and roles to avoid duplication and ensure the efficient and effective use of resources.
- To ensure intelligence is proactively and consistently pooled and shared to identify emerging issues early and respond to concerns.
- To acknowledge the statutory responsibilities of both organisations and respect each other's right to make independent regulatory decisions.

Both STH and DBH will ensure that respective Commissioning organisations are aware of the service model being developed and seek to gain their support and guidance where appropriate.

5. PRINCIPAL TERMS

The principal terms agreed between the two Trusts in association with the planning, construction and running of the Satellite Radiotherapy Centre at the Doncaster Royal Infirmary are described below. It is not intended, and is fully understood by both Trusts, that the MOU sets out the strategic intent to work together and is not legally binding, although it is expected that it is a framework for a legally binding agreement between the Trusts.

The Facility will be known as the *Satellite Radiotherapy Centre* and in addition to conforming to the STH's corporate branding and colour scheme will be owned, managed and run by STH with the terms and conditions under which the Centre operates on the Doncaster Royal Infirmary site being set out in formal agreements, drawn up between the two organisations. It is currently anticipated that these agreements will include:

- 1.1 a legally binding document between both organisations committing one another to deliver the project prior to either Trust expending over £100,000 on the scheme.
- 1.2 a Development Agreement (to deal with the phase up to practical completion of the Facility). This will also include an Agreement to Lease, to enable construction.
- 1.3 a Lease (to govern the use of the land used by STH)
- 1.4 Service contracts to deal with additional medical services provided by the Trusts to each other e.g. Medical Physics, oncology, diagnostics etc.
- 1.5 Service contracts to deal with additional non-lease (or soft facilities management) related services e.g. portering, cleaning services and the like.
- 1.6 a Business Agreement (to deal with the terms of the inter Trust arrangements over shared use of the facilities and to cover any shared consequences of costs and contributions).

6. COMMERCIAL ARRANGEMENTS

The principles underpinning the commercial relationship between the Trusts which will reflect their mutual interest in a project that allows the development of both Trust's core business.

All business between the organisations in relation to this development will be carried out in a transparent manner whilst recognising that it will be a commercial relationship.

7. PRE-DEVELOPMENT & PROJECT COSTS

A project structure will be established that ensures appropriate representation of the interests of all key stakeholders from both organisations. On site project management arrangements will be established by agreement and will be formally clarified.

STH will appoint the design team and contractor. Arrangements will recognise DBH's primacy in respect of knowledge, experience and responsibility on the Hospital site.

STH may require collateral warranties from the building contractor and professional team depending upon its liabilities under the proposed lease.

While both Trusts are committed to this endeavour significant costs will be incurred before a binding agreement is in place. Any aborted costs incurred up to £100,000 before such an agreement, will be the responsibility of each trust individually.

8. LOCATION

The preferred location of the building will be on the "Hut 5" car park and or the Carousel Centre (or a combination of both).

The building will be designed to enable the construction of at least two radiotherapy bunkers in keeping with STH's specification.

The suitability of this location will be dependent on the affordability of the scheme, best clinical configuration, securing the necessary planning approvals given its close proximity to residential properties and the ability to deliver the scheme within a reasonable timeframe.

9. CAPITAL COSTS – BUILDINGS & EQUIPMENT

Ownership and use will be subject to contractual agreement between the Trusts. If, for example, STH own the buildings and equipment and DBH own the land;

- a) STH would hold a long term lease for the use of the land and will pay an annual rent accordingly.
- b) STH would meet the capital costs of the new building and all equipment.
- c) DBH may enter into a licence agreement with STH for the use of facilities and equipment (e.g. CT) for a defined time allocation per week.

Alternatively, DBH may wish to purchase the CT scanner in which case:

- a) DBH would meet the capital costs of the CT scanner
- b) STH would enter into a long term licence agreement for the use of the CT machine.
- c) DBH will be responsible for any enabling works necessary as part of the project (e.g. Road alignment etc.)

10. IM&T

The IM&T facilities established to support this development will have as their prime purpose the safe treatment of patients. This will required secure network solutions between the treatment machines and treatment planning facilities within both Trusts.

Integration with the hospital information systems of each Trust will be highly desirable subject to considerations of safety, security and cost.

11. CLINICAL ACTIVITY

Activity already included under contract with commissioners will remain the sole interest of each Trust. This refers for example to the contract between STH and the lead commissioner for increased activity and improved local access to radiotherapy.

Neither organisation will extend the scope of their work in such a way that will impact on the financial position of the other with regard to Radiotherapy Services.

12. BUILDING TIMETABLES & PLANNING REQUIREMENTS

Both organisations share the objective that the Radiotherapy Centre should be operational by April 2016

13. SUPPORT SERVICES

Clinical

- a. STH will enter into an agreement with DBH regarding the supply of any supporting clinical/diagnostic services.

Non Clinical

- a. STH will enter into an agreement with DBH regarding the supply of facilities management services.

14. CLINICAL GOVERNANCE

There must be clearly defined clinical protocols for all patients treated within the new facility. These protocols will identify clinical responsibilities and governance arrangements at each stage in the patient pathway.

15. FUTURE CHANGES

Key contractual arrangements will be subject to a change control process, which will be described within the service level agreements and contractual documentation.

16. GOVERNANCE FRAMEWORK

The agreed governance arrangements will oversee the effectiveness of the collaboration and will be held accountable by respective Chief Executives. There will be regular contact at strategic and operational levels in order to ensure objectives are achieved. Governance arrangements are identified in the Project Initiation Document and will be regularly reviewed.

The main areas include:

Project Board

The Project Board will jointly oversee strategic, developmental and operational issues associated with the scheme and monitor the effectiveness of the scheme in its delivery. Agreed Executives, Project Manager and Clinical Leads will participate in the Project Board.

The Project Board will be the collective decision making group responsible for the overall direction and management of the project. The Board will meet on a quarterly basis and manage the project by exception.

Project Team

The Project Team will oversee the delivery of the workstreams and be responsible for reporting progress, review actions, risks and issues. The Project Team will be led by the Project Manager and will include workstream leads. It will meet every two months and include a project manager and each of the working group leads.

Workstreams

A number of operational workstreams will be in place to progress the detailed work of the project. Monthly or more frequent meetings will be conducted to share up to date concerns, issues and intelligence.

17. DEVELOPING THE FORMAL AGREEMENT

Project management arrangements and any associated cost disbursements will be agreed in a letter between the two organisations.

Once agreement on Heads of Terms has been reached, each Trust will access independent legal advice in order to finalise the agreements based upon the Heads of Terms and ensure that the interests of both organisations have been best served. These agreements will be 'signed off' at an early stage in the project to ensure that both Trusts minimise its risk of potential abortive costs.

18. COMMUNICATIONS

All formal communications regarding the Satellite Radiotherapy Centre will be undertaken jointly by and agreed in advance by both Trusts.

19. REVIEW OF THE MOU

This memorandum will be reviewed 1 year post signature or until such time that the Trusts deem necessary.

Sheffield Teaching Hospitals NHS Foundation Trust

Signed

Print

Date

Doncaster & Bassetlaw Hospitals NHS Foundation Trust

Signed

Print

Date

Appendix 2 – Project Initiation Document

Sheffield Teaching Hospital NHS Foundation Trust & Doncaster & Bassetlaw Hospitals NHS Foundation Trust

Radiotherapy Services Development

Summary Project Initiation Document

1. Purpose

- 1.1 The purpose of this summary Project Initiation Document is to provide initial details of the proposed development of a Sheffield Teaching Hospitals NHS Foundation Trust (STH) radiotherapy service at Doncaster and Bassetlaw Hospitals NHS Foundation Trust (DBH).

2. Strategic Rationale

- 2.1 In 2011/12 a process to develop a sustainable service model for the delivery of radiotherapy services in Yorkshire and the Humber was undertaken by the South Yorkshire Specialised Commissioning Operational Group on behalf of the North of England Specialised Commissioning Group.
- 2.2 The review considered the increasing demand and apparent under provision of radiotherapy services to support local patients across South Yorkshire. A key aim of the review was to ensure a greater number of patients have easier access to radiotherapy services i.e. within a 45 minute drive.
- 2.3 Using the principles agreed by the review and following discussions with key stakeholders in North Trent, including the North Trent Cancer Board, a new radiotherapy site at Doncaster Royal Infirmary was identified as the best initial option to progress.

3. Objectives & Benefits

- 3.1 The key objectives of the project to develop and implement a new radiotherapy service at DBH are to:

- Reduce travelling times for patients requiring radiotherapy
- Improve patient access to services
- Ensure future service resilience
- Target improvements in health deprivation for local residents
- Improved clinical governance through access to specialist medical staff and professional support

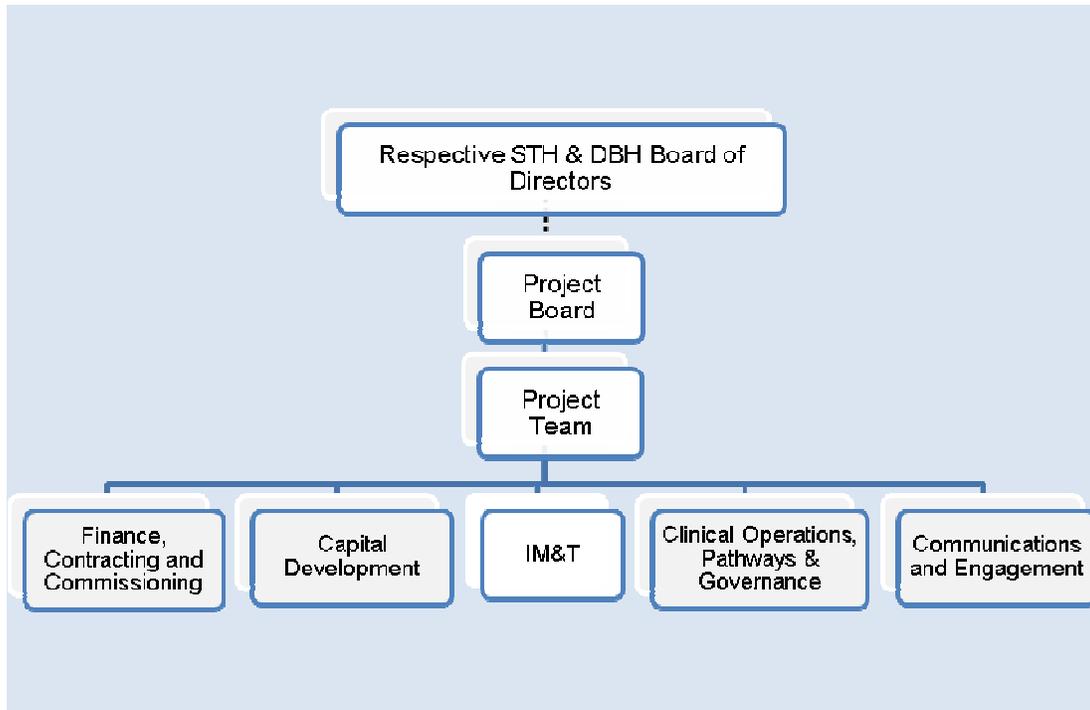
- 3.2 The anticipated benefits include:

- Patient health needs are supported and managed in a local setting
- All patients receive timely and appropriate care
- Improved patient experience and optimum use of resources
- Enabling STH and DBH to achieve respective strategic objectives of working together
- A benefits realisation plan would be prepared as part of a future business case

4. Project Governance

- 4.1 Governance arrangements for the project will include a Project Board, Project Team and a number of clearly defined workstreams (**Figure 1**)

Figure 1 – Project Governance Arrangements



Project Board

4.2 The Project Board will be the collective decision making group responsible for the overall direction and management of the project. The Board will meet on a quarterly basis and manage the project by exception.

Membership

- Executive Leads for Cancer (Chair/Deputy Chair)
- Deputy Directors of Finance
- Lead Cancer Clinicians
- Radiotherapy Clinical Leads
- General/Service Managers
- Communications and Engagement Lead
- Head of Estates/Estate Manager
- Project Manager

Terms of Reference

4.3 The Project Board will:

- Identify and approve the scope of the project
- Input into and approve the Project Initiation Document
- Scrutinise and forward business cases for Board of Directors' approvals
- Sign off the completion of each stage and authorise any major deviations from the agreed project plans
- Ensure that overall project goals are met - e.g. time, budget, business requirements
- Communicate information about the project to the organisation(s) and stakeholder groups as necessary
- Resolve any conflicts escalated by the project team
- Agree the project tolerances for time, quality and cost

- Receive exception reports on progress and decide on next steps
- Approve the end of project report and the lessons learned report

Project Team

4.4 The Project Team will oversee the delivery of the workstreams and be responsible for reporting progress and reviewing actions, risks and issues. The Project Team will initially meet every month and include a project manager and each of the working group leads.

Membership

- Project Manager
- Workstream Leads

Terms of Reference

4.5 The Project Team is a group of individuals with professional, technical or specialist skills that, under the direction of the project manager, are responsible for carrying out the work detailed in the project plan.

4.6 The Project Team is collectively responsible for:

- Assisting the project manager to deliver the project's objectives
- Develop required business cases for Project Board scrutiny
- Within their technical expertise carrying out the elements of the project they are tasked with
- Ensure all issues are properly reported to the project manager
- Advising the project manager if any risks arise that likely to affect delivery of the projects objectives and to be part of the risk reduction process
- Develop operational policy and quality management systems
- Ensure that overall project goals are met
- Resolve (where possible) any conflicts escalated by the workstreams and escalate to Project Board if necessary
- Input into and approve the end of project report and the lessons learned report

5. Roles and Responsibilities

Project Sponsors

5.1 The respective Chief Executives are the project sponsors and responsible for the project ensuring that it is focused on achieving the objectives and delivering the anticipated benefits.

Project Manager

5.2 The project manager has the authority to run the project on a day-to-day basis on behalf of the project board. The project manager's responsibilities are to:

- Ensure that the project is progressed and delivered to the required standard and within the specified time and cost
- Ensure that the project is capable of achieving the benefits defined in the business case.
- Maintain and manage the risks and issues log
- Maintain the communications plan

Workstream leads

5.3 The workstream leads will assist the project manager and project stakeholders:

- In leading the defined workstream and supporting the delivery of the agreed project plan
- By advising on and delivering the specialist areas of the project requirements
- In ensuring that up to date documentation is provided to the project manager.
- In contributing to post-implementation reviews and implement recommendations

6. Outline Project Plan

6.1 The project is envisaged to be conducted in three distinct phases. Phase 1 and 2 will be progressed over an 18-24 month period with a further period (Phase 3) post completion. A detailed milestone plan for Phase 1 and 2 will be developed prior to Phase 1.

Phase	Title	Stages	Duration	Ownership
1	Analysis, Development and Approval	<ul style="list-style-type: none"> • Analysis of patient flows with clinicians and managers, capacity and utilisation across the pathway, the services specification, equipment needs and costs • Development of the business cases with stakeholder engagement to facilitate Board of Directors / Cancer Board / Commissioner consideration of the project • Consideration and approval of the project • Development of inter provider agreements & contracts 	9-12 months	Project Team Project Board Board of Directors Project Board
2	Construction, Service Configuration	<ul style="list-style-type: none"> • Construction of the facility, selection and procurement of specialised equipment and • Pre completion service configuration, testing and communication to stakeholders and patients 	9-12 months	Project Team Project Team
3	Implementation, Service Monitoring & Evaluation of Benefits*	<ul style="list-style-type: none"> • Implementation of new service, monitoring service performance and benefits post completion • Ongoing service monitoring and review of longer term benefits 	*12 months	Project Team Board of Directors

7. Stakeholders and Communications

7.1 The following have been identified as the key stakeholders in this project:

- Trust Executives
- General Managers
- Clinical Directors/Lead Clinicians
- Cancer Board
- Commissioners
- Sponsors/ Charity
- Patients/public

7.2 A communications plan will be produced for the project board and regularly updated as part of the project. This section shows any planned Communications at the time of writing the PID. It will for each stakeholder group set out:

- Key message(s) for each stakeholder (or group of stakeholders)

- Frequency of contact
- Channel for communication
- How obtain feedback / input from stakeholder into project work
- Responsibility for delivery of communication