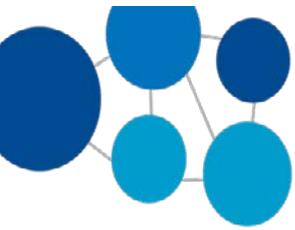


Reporting to:	Trust Board - March 30th 2017
Title	Future Fit Update
Sponsoring Director	Simon Wright - Chief Executive
Author(s)	Debbie Vogler - Future Fit Programme Director
Previously considered by	Shropshire and Telford & Wrekin CCG Governing Bodies; STP Partnership Board
Executive Summary	<p>The purpose of this report is to provide Board members with an update of progress on Programme delivery since the last meeting. The attached RAG rated delivery dashboard provides a summary overview of the status of delivery of the core components of the programme.</p> <p>The focus of the last few weeks has been on developing the scope of the supplementary Integrated Impact Assessment (IIA) work on Women and Children's services and on the procurement of the independent review of the option appraisal process.</p> <p>The terms of reference for the review were approved by Programme Board at its meeting in January and an invitation to Tender published. The Terms of reference are attached for information. The procurement is ongoing and it is planned that the work will take 4 weeks to complete and will need to be available by May 2017.</p> <p>Both CCG Governing Bodies have received a paper this month on the future decision making process. Changes to the CCG Joint Committee were proposed and approved including the addition of independent voting members.</p>
Strategic Priorities	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input checked="" type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input checked="" type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not work with our partners to reduce the number of patients on the

	<p>Delayed Transfer of Care (DTC) lists, and streamline our internal processes we will not improve our 'simple' discharges.</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input checked="" type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
<p>Care Quality Commission (CQC) Domains</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<p> <input type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve </p>	<p>Recommendation</p> <p>The Board is asked to NOTE the contents of the progress update for the Future Fit Programme.</p>



Programme Director's Report

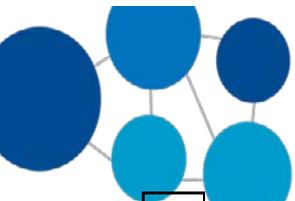
March 2017

1. Programme Plan – Progress Update/RAG Rated Delivery Dashboard

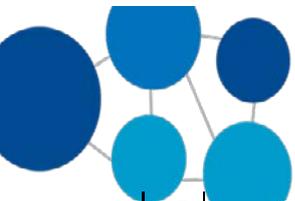
The purpose of this report is to provide SaTH Board members with an update of progress on programme delivery since the last meeting. The programme timeline has been rebased to assume a consultation start date of earliest June 2017; however, this may be subject to change dependent on the outcome of the independent review which is expected to be known in May 2017.

The table below is a summary RAG rated dashboard of the status of delivery of the key components of the Futurefit Programme Plan. This reflects the report already taken to CCG Sponsor Boards in March with an update relating to the Joint Committee arrangements. It includes a summary narrative of key risks and/or issues.

		Last updated	20th March 2017
		Overall RAG rating	Key Issues/risks
1	Programme Governance		Risks relate to needing clear terms of reference and reporting through new STP governance structures for enabling groups and ensuring their terms of reference meet Future Fit programme (FFP) requirements. Programme Board agreed on 30.11.16 that full transition of the FFP governance arrangements to STP governance should not be until the programme moves to project delivery phase. This will be after public consultation and decision making has concluded. Project Execution Plan (PEP) currently being refreshed to reflect current status of the programme within the STP structure and will be submitted for approval to the Programme Board. There are significant capacity risks within the programme team currently with a number of changes of personnel. Some mitigation with internal cover. The opportunity to consolidate PMO functions for the STP and Future Fit are being explored.
2	NHS Approvals/ Assurance Gateways		
	2.1 West Midlands Senate Review		Action plan approved by Programme Board on 6.2.17. Implementation update reports will be submitted as standing item to future Programme Board meetings to ensure key milestones are achieved particularly those required pre-consultation. Key areas of focus in the action plan are modelling ambulance and patient transport impact and greater level of detail on the acute workforce development plan, description of the corresponding community model of care particularly in Shropshire, the plan to ensure the required IT infrastructure will be in place to enable a system networked approach and the desired patient outcomes and how these will be measured.



	2.2 NHS Gateway Review		RED/AMBER rating achieved. Action plan approved by Programme Board on 6.2.17. Implementation update reports will be submitted as standing item to future Programme Board meetings to ensure key milestones are achieved particularly those required pre-consultation. Full report to be shared with Programme Board members.
	2.3 NHSE Formal Stage 2 Assurance		Process delayed post JC meeting; will be rescheduled in May 2017
	2.4 Pre- Consultation Business Case		A number of issues remain unresolved particularly the availability of capital, the more granular detail on the community models that will support the acute configuration and its affordability given the moving position of the CCG. SaTH are working with NHSI to clarify what levels of capital are or are not likely to be available before public consultation including potential alternative sources of capital than through the Treasury.
3	Options Appraisal/ Preferred Option		<p><u>Independent Review</u>: Terms of reference approved by Programme Board on 6.2.17 (attached to this report). Invitation to Tender published 14.2.17. No initial responses. Currently retendering.</p> <p><u>IJA W&C</u>: Programme Board delegated the design of the detail of the specification to the IJA Work stream which has met twice. Draft scope estimated cost of in excess of £30k. The specification requires acute clinical input as much of the data will be from SATH. Approval of the final specification and the costs delegated to the Joint SROs. Current indications are that this piece of work will take 8 weeks from start to finish which poses a potential risk of further delay to the programme decision making timeline.</p> <p><u>Joint Committee</u>: Meeting took place with NHSE, NHSI and CCGs on 23.2.17 to develop and agree future joint decision making arrangements. A proposal for a reconstituted joint committee with 3 additional independent voting members (2 clinical) was agreed by both Boards in their private sessions this month.</p>
4	Formal Consultation		<p>Preparations for consultation continue with the development of the consultation materials including the consultation document, survey questionnaire and a refresh of the programme website.</p> <p>Given the above delay to timelines following Joint Committee decision, the consultation is not likely to be before June 2017.</p> <p>Work has begun to develop clear and unambiguous public messages describing the role and function of the UCCs on each site. Next steps are to share the draft messaging with GP Forum/Locality meetings and patient reps in March for feedback prior to inclusion in any consultation materials.</p>

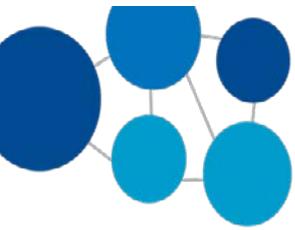


5	Developing the supporting community model to support required left shift		Neighbourhoods and pathway development work and associated activity modelling whilst progressing has not to-date delivered the granular level of detail CCG Boards are indicating is required to give assurance the community model will support the required left shift in acute activity in the OBC and that it is affordable. Need to be clear about responsibilities and the output required to support the OBC/PCBC work and approvals. Frailty activity modelling completed, further work planned for other patient/condition groups. SCCG have commenced a review of community services and Neighbourhood work to-date for completion by the end of March 2017 which will inform their community model design.
6	Programme Funding and Budget Management		Costs pressures have been incurred in recent months associated with the Clinical Reviews and Gateway Review. Further costs pressures for 17/18 relate to the need to do the Independent Review of the option appraisal process and the additional IIA work on W&C impact. Subject to necessary approvals to proceed, the costs of formal consultation will also be a cost pressure in 2017/18. Budgets are currently being agreed and consideration looking to opportunity to integrate some Future Fit functions within the STP programme management office (PMO)
7	SATH OBC/FBC		Draft OBC approved by SaTH Board in December 2016. Further work required in light of Clinical Senate recommendations for inclusion in final OBC for CCG approval

Action Status RAG Rating definition	
	Complete
	Delayed - recovery actions planned or in place. Low risk of materially affecting programme delivery and/or timeline
	Delayed - recovery actions planned or in place. Medium to high risk of materially affecting programme delivery and/or timeline
	Deadline not yet reached, delivery on target

2. For Information - Independent Review of Option Appraisal Process – Terms of Reference

The Future Fit Programme Board and CCG Governing Bodies approved the Terms of Reference and proposed approach to procurement of the independent auditors for the review of the option appraisal process at its meeting on 6th February 2017. The final terms of reference are provided for information at Appendix 1.



Independent Review of Appraisal Process Terms of Reference

February 2017

1 AIM

The Joint Senior Responsible Officers of NHS Future Fit seeks independent external assurance in relation to the robustness of the financial and non-financial processes used to appraise the programme's shortlist of options.

2 OBJECTIVES

The appointed independent body shall via a desktop review of programme and related documents, and discussions with the Future Fit Programme Team:

- a) Review the methodology for the shortlisting process
- b) Review the design of the financial and non-financial evaluation was appropriate for discriminating between the short-listed options for acute services reconfiguration;
- c) Review as far as is possible whether the actual methodology deployed in the financial and non-financial evaluation was appropriate both in design and enactment;

3 KEY EVIDENCE SOURCES

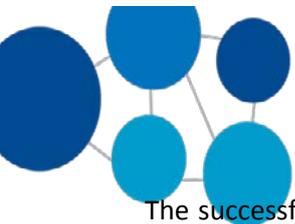
The independent body shall have regard to relevant national guidance including (but not limited to):

- HM Treasury's Green Book and the 2013 Supplementary Guidance on Delivering Public Value from Spending Proposals;
- The Department of Health's Capital Investment Manual;
- HM Government's Impact Assessment Toolkit; and
- NHS England's guidance of Planning and delivering service changes for patients (2013) and Planning, assuring and delivering service change for patients (2015).
- Relevant NHS Wales legislation and guidance

Local documentation to be consulted shall include:

- The Programme Board's approved approach to appraisal;
- All Evidence supplied against the non-financial appraisal criteria
- Non-financial scoring and weighting data;
- Financial appraisal data from Shrewsbury and Telford Hospitals NHS Trust and any existing external assurance the Trust can provide in relation to that data (including the independent audit performed by Dolomites);
- Appraisal outcome report;
- Health Gateway Review and West Midlands Senate Reports in relation to the programme;
- Integrated Impact Assessment;
- All documents concerning the appraisal process submitted by Telford and Wrekin Council along with any formal responses to those documents made by the Programme Board and/or its sponsors.

In addition, it is expected that the supplier shall engage directly with the Programme Director and those members of the Programme Team involved in the design and implementation of the appraisal process (including CSU Strategy Unit, Provex Consulting).



The successful Provider will also have the opportunity to engage directly with the Chairs of Shropshire and Telford & Wrekin CCGs and Powys Teaching Health Board (sponsor organisations) and a nominated officer each from Shropshire, Telford & Wrekin and Powys Local Authorities (stakeholder organisations).

4 QUALIFYING REQUIREMENTS

In order to provide the assurance required, it is essential that potential suppliers can assert and evidence where possible that they have:

- a) Extensive experience in undertaking reviews of this level of political and service reconfiguration complexity within an NHS environment;
- b) Capacity to complete the review by the 6th April 2017;

No pecuniary or other interest in the findings of the review, specifically that it has not, and does not expect to be, contracted for any related purpose by an organisation that is a sponsor or stakeholder member of the Programme Board or that has declared a position in relation to outcome of the appraisal process.

5 OTHER MATTERS

In determining appropriateness or otherwise in 2(a) we are asking for an overall opinion as to whether the process was in line with other evaluations of this nature. Shortcomings in the process should only be identified where in the opinion and experience of the supplier they were material and substantial in terms of the outcome of that process.