Reporting to:	**Trust Board – 25 September 2014**
Title	Future Fit Programme Update Report
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Previously considered by	Programme Board, Programme Team
Executive Summary	The purpose of this report is to provide an update on recent progress and on future plans following the meeting of the Programme Board on 17 September 2014. The Programme is now making progress through its third phase; the identification, development and appraisal of options for how the Clinical Model can best be implemented. The component elements of this work are summarised in the attached report from the SROs. (Attachment 1) Matters specifically to bring to the attention of the Board include: • Completion of the emergency centre feasibility study • New workstreams proposed (workforce; options development) • Agreed Code of Conduct for programme members The Board is also asked to specifically endorse: • The Long List of options for delivering the Clinical Model and the evaluation criteria to be used in evaluating the Long List and determining a Short List An Executive Summary of the Development of Long List and Evaluation Criteria is attached (Attachment 2)
Strategic Priorities 1. Quality and Safety	☐ Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy
2a) Healthcare Standards: Operational Performance Standards	☐ To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15 ☐ To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15 ☐ To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16
2b) Healthcare Standards: Service Reconfiguration	☐ Complete and embed the successful reconfiguration of Women and Children's services ☒ Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
3. People and Innovation	☐ Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy ☐ Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)
4 Community and Partnership	☐ Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy
5 Financial Strength: Sustainable Future	☐ 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	☐ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☐ If we do not implement our **falls** prevention strategy then patients may suffer serious injury ☐ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☐ 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 ☒ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients ☐ 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 ☐ 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
Care Quality Commission (CQC) Domains	☒ Safe ☐ Effective ☐ Caring ☐ Responsive ☒ Well led
☒ **Receive** ☐ **Review** ☒ **Note** ☒ **Approve**	**Recommendation** **The Trust Board is asked to:** **NOTE the Programme Board Update Report for September and specifically** **ENDORSE:** **1. The Long List of Options for delivering the Clinical Model** **2. The Evaluation Criteria to be used in evaluating the Long List and determining a Short List**

Programme Board Update Report
September 2014

The purpose of this report is to provide an update on recent Programme progress and on future plans following the meeting of the Programme Board on 17th September 2014.

1 OVERVIEW

Following the approval of the Clinical Model at the June meeting of the Programme Board, further endorsement for both the Clinical Model and the Evaluation Process has been received from sponsor Boards.

The Programme is now making progress through its third phase – the identification, development and appraisal of options for how the Clinical Model can best be implemented. The component elements of this work are summarised in the sections below.

No formal update to the Programme Execution Plan is currently required. However, a number of changes have been made to the membership of various workstreams (e.g. as members' roles in sponsoring organisations have changed).

The Core Group has welcomed a request from Powys County Council to become a Stakeholder Member of the Board.

A position statement on the exclusion of facilities at the Robert Jones and Agnes Hunt Hospital from Programme options was received, and the Board reasserted the existing scope of the Programme Execution Plan.

2 EVALUATION PROCESS & CRITERIA

Following its initial workshops in June, the Evaluation Panel has met again twice to further develop its recommendations on a Long List of Options and on Evaluation Criteria. Meetings have been informed by the outputs of other workstreams including Clinical Design, Engagement & Communication, Feasibility, Impact Assessment and Assurance. A range of travel analysis has also been considered.

The Panel is due to meet again on 30th September. This was to agree weightings for the Evaluation Criteria and then to score each option against those criteria. After much deliberation, however, the Core Group has decided that the period of time between agreeing a long list and a short list of options should be extended in order to allow greater economic analysis of the Long List of options. It is necessary that this work is carried out so the Panel and the Board can determine if any of the options on the long list are not affordable. This decision has taken into account feedback from the recent public workshops in August from which there was a clear message that the public wanted to know how the Programme's plans will be resourced. The additional work will begin to provide an outline financial view of the options. Until the economic analysis of the long list has been properly defined, a date for shortlisting cannot be confirmed. It is not expected that this additional work will significantly

add to the Programme's overall timetable. The Core Group's decision was ratified by the Board.

The Board approved a Long List of options for further consideration, and a set of Evaluation Criteria to be used in determining which of those options should be included on a Short List for full development and appraisal. These are set out in a separate report.

3 ENGAGEMENT & COMMUNICATIONS

In August workshops were held to offer an opportunity for people to understand Future Fit and the reasons for change and to provide information for Evaluation Panel's long listing and Evaluation Criteria workshop. These sessions focused on explaining the clinical design in more detail as well as exploring where each part of the model could be located. People were also asked to identify how they would judge different ideas based on what matters most to them and why. An independent report on these events has been produced and was supplied to the Evaluation Panel, as were the results of the stratified telephone survey. A separate report on these activities will be published available.

Further events in September will focus on the Long List and Evaluation Criteria for shortlisting that are agreed by Programme Board, seeking public opinions that will inform the shortlisting process.

From October to March the Programme will be touring the Shropshire, Telford & Wrekin and mid-Wales area to continue promoting the Case the Change, explaining the Clinical Model and gaining insight into the potential impact of each Shortlisted option. Feedback from this phase of activity will inform the ongoing development and refinement of those options, and will also inform their subsequent evaluation.

4 ACTIVITY AND CAPACITY MODELLING

An activity baseline was established earlier this year (Phase 1) which assumed no radical system change but factored in a range of efficiency strategies and key elements of demographic change.

The second phase of work is due for imminent completion by the combined Clinical Design and Activity & Capacity Workstreams. This will set out activity projections till 2018/19 based on the implementation of the agreed Clinical Model.

A third phase will be undertaken from October to develop projections specific to each shortlisted option.

5 CLINICAL DESIGN

Having completed the Clinical Model, the focus of Clinical Design activity moved to providing further detail on the model to inform the Evaluation Panel's development of options and advising the Activity & Capacity workstream on where activity is likely to be located under the proposed models of care.

In addition, the workstream has developed plans for External Clinical Assurance with the West Midlands Clinical Senate, arranged a further Clinical Reference Group meeting for later this month and continued discussions about the potential development of a Local Clinical Senate to progress the broader implementation of the Clinical Model (beyond the limited scope of FutureFit). Proposals for this are being developed. These would support the identification and implementation of changes in primary and community care services.

6 EMERGENCY CENTRE FEASIBILITY STUDY

The study has now been completed and its results accepted by the workstream. The full report, which considers the feasibility of potential 5 scenarios for a single Emergency Centre, is separately available on the website. For each scenario, the report sets out the building requirements, estimated capital costs (and annual capital charges) and likely timescale for completion.

7 FINANCIAL MODELLING & AFFORDABILITY

The Finance Workstream has built an overarching financial model and this is now being populated with baseline information from both providers and commissioners. This will then be used to model shortlisted options. Current activity is focussed on ensuring an agreed baseline position for 2014/15 which is shared across all local NHS bodies.

The Core Group has asked the CSU to support the Finance workstream to develop a definition of affordability which, together with the economic analysis of the Longlist, will inform the Shortlisting process as set out above.

8 IMPACT ASSESSMENT

An additional workstream was created following the previous Programme Board, to assess the impact of the Programme's proposals across a range of areas. This work will encompass the mandatory Equality Impact Assessment and will also provide significant opportunity for channelling public feedback on the Shortlisted options.

Work is underway to complete a baseline assessment which will detail the impact of the current configuration of services and identify any areas where further information sources need to be accessed. This will both inform the Shortlisting process and provide further detailed information for the Case for Change.

Following the confirmation of a Shortlist the workstream will commence detailed assessment of the impact of each option. This will be an iterative process, allowing for options to be improved through the mitigation of any adverse impacts that are identified. The areas of impact that will be assessed are being aligned with the Evaluation Criteria that will be used in evaluating options so that the impact assessment (and the public engagement which has fed into in) can directly inform the evaluation of options.

9 ASSURANCE

The Assurance workstream has received reports from the Engagement & Communications workstream on its activities and their compliance with national guidance. It has also received assurance on plans for the external assurance of financial modelling and the Clinical Model.

It has established processes for monitoring Programme interdependencies and for gathering evidence of the Programme's compliance with NHS England's 'Four Tests'.

The risk register and the work of the Evaluation Panel have also been scrutinised.

10 PROPOSED CHANGES TO PROGRAMME WORKSTREAMS

A number of alterations to the workstream structure of the Programme were agreed as it moves into its next phase:

a) The termination of the Feasibility Study workstream;

b) The creation of a Workforce workstream; and

c) The creation of an Option Development workstream.

The new workstreams will be closely interlinked, and will also need to work closely with the Clinical Design, Finance, Impact Assessment and Activity & Capacity workstreams.

Workforce workstream

Whatever the final option chosen the Programme assumes significant changes to the way in which care is delivered in the future. In addition, the Case for change recognises current workforce pressures as a driver for change. Both of these drivers have workforce implications. These include the need for staff to work differently, possibly in different locations, using different technology, and probably acquiring new skills.

The Programme, as it develops more detailed options for change, also needs to be able to make some assumptions about how the workforce will look in the future, expressed both in terms of numbers and types of staff and in terms of workforce costs.

The purpose of the workstream is to provide a workforce model that identifies the workforce implications of the clinical model of care, the financial and activity & capacity modelling and the shortlisted options. It will do this by:

- Developing a workforce vision that complements the clinical vision
- Developing a narrative on the workforce implications of the overall clinical model and on specific components of the model (such as Urgent Care Centres)

- Supporting the development of descriptions of new roles to support the delivery of the clinical model and ensuring links are made to local workforce planners and commissioners of education and training

- Providing advice to the Clinical Design workstream on prototyping early implementation of components of the clinical model

- Developing a workforce model that is linked to the financial and activity and capacity models and that allows differing assumptions about workforce numbers and types to be modelled in terms of WTEs and financially

- Workforce plan for each option

Option Development

As the Programme agrees a shortlist of options it will be necessary to work alongside the technical team to identify in more detail. The purpose of the Options Development workstream will be to work with the appointed technical team to develop detailed descriptions of each of the options. This will include:

- The development of service delivery models and clinical service and activity brief

- Development of functional content

- Development of design brief

- Development of scale plans

- Development of capital cost estimates

- Development of revenue cost estimates and I&E projections

The membership will reflect the broad range of functions of the group and it will be led by the Programme Director.

11 PROGRAMME RISKS

Following the revision of Programme procedures, the Risk Register is now comprehensively reviewed by the Programme Team each month and is subsequently published on the Programme website. All workstreams may raise new risks or recommend revision of existing risks at any point.

The Board had previously agreed that all red-rated risks (both pre- and post-mitigation) should be reported to it, and the current list of red-rated risks was reviewed at the meeting.

12 HEALTH GATEWAY REVIEW

Gateway Reviews have been successfully used for several years in the DH, NHS, central and local government sectors to review different stages of programmes and projects. The principles behind the review process are for a small team of independent individuals, with experience in programme management and business change, to speak to key stakeholders involved in or impacted by our programme and to draft a report setting out recommendations that the Review Team believe would enhance the programme's chances of success moving forwards. It is not therefore an audit and is very much intended to be helpful and supportive to our direction of travel.

An initial review was conducted in March resulting in an Amber assessment (*Successful delivery appears feasible but issues require management attention*) and the development of a comprehensive action plan which was previously received by Programme Board. It had been agreed with the Health Gateway Review Team that an appropriate stage for a further review would be in October 2014 (week beginning 20th) to enable the team to review the process through which we will have established a Shortlist and to consider our plans for the development and evaluation of that Shortlist. Given the additional work now being commissioned prior to shortlisting, the Board agreed that the timing of the Review should be renegotiated with the Review Team.

A report with action plan will be brought to the Board at the first opportunity following the review. Any critical issues would, of course, be promptly reported to the Board outside of planned meetings.

13 PROGRAMME MEMBER CONDUCT

The Board agreed a Code of Conduct to guide members of all programme groups which is appended to this report.

The code includes reference to the Programme's Register of Member Interests which was also reviewed at the Board meeting. A number of additional interests were declared by Board members and it was agreed that the Register should be circulated to all Programme members to invite them to review their entries.

David Evans & Caron Morton

Senior Responsible Officers

CODE OF CONDUCT

For Members of Programme Groups

SECTION 1: INTRODUCTION

1.1 The public has a right to expect appropriate standards of behaviour of those who serve on the FutureFit working groups.

1.2 As a member of a FutureFit working group, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct.

SECTION 2: KEY PRINCIPLES

The general principles upon which this Model Code is based should be used for guidance and interpretation only. These general principles are:

2.1 Duty

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. If you are a member of a public body, you have a duty to act in the interests of the public body of which you are a member and in accordance with the core functions and duties of that body.

2.2 Selflessness

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

2.3 Integrity

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

2.4 Accountability and Stewardship

You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others.

2.5 Openness

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

2.6 Honesty

You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

2.7 Respect

You must respect fellow members of your working group, treating them with courtesy at all times.

SECTION 3: CONFIDENTIALITY REQUIREMENTS

3.1 There may be times when you will be required to treat discussions, documents or other information relating to the work of the body in a confidential manner. You may receive information of a private nature which is not yet public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

3.2 All Programme information will be made public (except where it would be in breach of patient or staff confidentiality or of commercial interests). The timing of publication, however, is a matter for the Programme Board to determine. Members of Programme groups are not at liberty to publish information provided to them by the Programme until such time as that information is formally published.

3.3 The limited sharing of Programme information by members of Programme groups within their nominating sponsor/stakeholder organisation (as set out in the Programme Execution Plan) is permitted, however, and does not constitute publication under this code. In such circumstances, members must ensure that those receiving the information understand and accept the responsibility not to make that information more widely known.

3.4 All Programme staff, advisors and other persons who may have privileged access to information that is considered to be commercially confidential will be required to sign a confidentiality agreement before gaining access to such information.

SECTION 4: REGISTRATION OF INTERESTS

4.1 You must at all times comply with the declaration of interests procedure that has been set out elsewhere in the Programme and is attached for information.

4.2 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

SECTION 5: NON COMPLIANCE WITH THIS CODE

If you do not comply with this Code the Programme Board (or the Core Group acting on its behalf) has the right to remove any member of any FutureFit working group

Development of Long List and Evaluation Criteria

1 Executive Summary

The Evaluation Panel appointed by the Board has held a number of meetings since June. At the conclusion of its last meeting the Panel agreed the following recommendations to the Board. The Board has now considered these recommendations and agreed both a Long List of Options and a set of Evaluation Criteria to be used in determining a Short List.

1.1 Long List

The Panel agreed to recommend a long list of eight options (see over) comprising:

i) A 'do minimum' option (as required by the Treasury);

ii) Seven options for the location of the Emergency Centre and the Diagnostic & Treatment Centre (all of which deliver the approved clinical model); and

iii) A range of between four and seven Urgent Care Centres (UCCs) which should ideally be co-located with Local Planned Care facilities and Community Units, and should be scaled to serve local need.

The Panel noted the potential for further UCCs to be developed in Powys but felt it was beyond its remit to include a formal recommendation on the location of facilities in Powys.

The Panel also suggested that, whilst recognising the clinical and logistical rationale of co-locating UCCs with existing acute and community facilities, travel analysis should be undertaken to determine whether there are alternative and/or additional locations in Shrewsbury and Telford which could provide significantly better UCC access for the respective urban populations than existing acute hospital sites.

Programme Board accepted the proposed Long List and the Panel's other recommendations.

Recognising the recent development of a Women and Children's Centre at Princess Royal Hospital, Telford (PRH), the Board also agreed that the potential to locate consultant-led obstetrics either at the Emergency Centre (EC) or at PRH should be considered as a variant to options which do not locate EC at PRH.

1	**Do Minimum** - Provider & Commissioner efficiency strategies implemented but no major service change. **Existing dual site acute services (including A&E).**		**Four community hospitals and MIUs** providing services as currently.
2	**EC with UCC & LPC at RSH; ***	**DTC with UCC & LPC at PRH;**	**Two to five further UCCs ideally co-located with LPCs & CUs**
3	**EC with UCC & LPC at PRH;**	**DTC with UCC & LPC at RSH;**	
4	**EC with UCC at new site; ***	**DTC with UCC & LPC at PRH; UCC & LPC at RSH;**	
5	**EC with UCC at new site; ***	**DTC with UCC & LPC at RSH; UCC & LPC at PRH;**	
6	**EC & DTC with UCC & LPC at RSH; ***	**UCC & LPC at PRH;**	
7	**EC & DTC with UCC & LPC at PRH;**	**UCC & LPC at RSH;**	
8	**EC & UCC with DTC at new site; ***	**UCC & LPC at PRH & RSH;**	
** the potential to locate consultant-led obstetrics either at the Emergency Centre or at PRH should be considered as a variant to these options.*			

1.2 Evaluation Criteria

The Panel agreed a set of four criteria appropriate for shortlisting purposes only, and agreed to meet again at the end of September to review the criteria as confirmed by Board and to develop them in further detail.

The Panel noted that these four criteria (and their associated measures) are a subset of the overall benefits sought by the Programme and which a preferred option will need to demonstrate that it can deliver. The rationale for this subset is that it is intended to be amenable to objective differentiation between options.

The proposed criteria are:

ACCESSIBILITY FOR PATIENTS	QUALITY OF CARE
a) Total miles travelled **b)** Total time travelled **c)** Net gain (loss) by area (overlaid with Index of Multiple Deprivation) **d)** Comparison against average national travel times to A&E **e)** Impact on ambulance services	**a)** Change in number of people who are more than 45 minutes from an Emergency Centre (potential to allow for differential Ambulance access should be explored) **b)** Ability to recruit & retain key clinical staff **c)** Extent of consultant delivered high acuity services **d)** Potential for better enabling partnership working

DELIVERABILITY	AFFORDABILITY
a) Timescale for delivery (the shorter, the better) allowing for phasing of benefits **b)** The amount of disruption for existing services (the less, the better) **c)** Ability to flex in response to future service needs beyond Future Fit (the greater, the better) against 3 scenarios **d)** Extent of remaining backlog maintenance	**a)** Can be accommodated within projected future resources **b)** Net revenue cost impact

The Board approved the criteria and confirmed the need for further work to be undertaken on the detail of how the criteria should be measured.

Mike Sharon

Programme Director