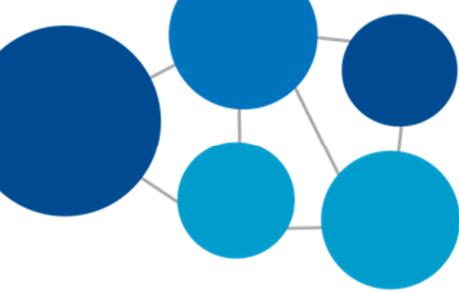


Reporting to:	Trust Board 25th June 2015
Title	Future Fit Programme Update
Sponsoring Director	Debbie Vogler, Director of Business & Enterprise
Author(s)	David Frith Future Fit Programme Manager
Previously considered by	Future Fit Programme Team, Executive Directors
Executive Summary	<p>The attached paper provides an update on a number of key issues relating to the Future Fit programme and the main areas of work over the coming weeks.</p> <p>The programme has made a commitment that it would not seek to progress to public consultation until it can demonstrate that all of the options still under consideration are affordable to the local health economy. A further stage of work has been identified which needs to be undertaken before that public commitment can be fully met. This work has two dimensions:</p> <ul style="list-style-type: none"> • Gaining a fuller understanding of how the additional funding promised for the NHS over the course of the new Parliament will be allocated, and what priorities might be attached to it; and • Making sure that each of the acute options is optimally specified to deliver the required benefits in the most cost-effective manner. <p>This work has now begun and the programme timetable will need to be revised to provide time to undertake this work. The immediate impact of this has been a postponement of the process for identifying a preferred option.</p> <p>The Programme Board has asked for a timetable to be developed which sets out what would be required to enable Public Consultation still to commence in 2015. In addition to the affordability of options, other factors critical to this are the approval requirements of NHS Trust Development Authority, NHS England, the Department of Health and Her Majesty's Treasury.</p> <p>The main areas of work expected over the coming weeks are summarised in the attached paper. A verbal update from the Programme Board taking place on 24th June 2015 will also be provided.</p>
Strategic Priorities 1. Quality and Safety	<input 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 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 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 the local health and social care economy does not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm <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 type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our 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	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve	<p>Recommendation</p> <p>The Trust Board are asked to RECEIVE the Future Fit Programme Update and NOTE the need for the Programme Board to agree a revised timetable to complete the additional work.</p>



Programme Update for Sponsor Boards

June 2015

Over the past few months the programme has been undertaking further work to obtain a more detailed view of the affordability of programme proposals. This involves consideration of:

- The building and running costs for each of the shortlisted acute options;
- The potential cost of rural Urgent Care Centres; and
- The likely NHS funding position over the next five years.

The programme has made a commitment that it would not seek to progress to public consultation until it can demonstrate that all of the options still under consideration are affordable to the local health economy.

A further stage of work has been identified which needs to be undertaken before that public commitment can be fully met. This work has two dimensions:

- Gaining a fuller understanding of how the additional funding promised for the NHS over the course of the new Parliament will be allocated, and what priorities might be attached to it; and
- Making sure that each of the acute options is optimally specified to deliver the required benefits in the most cost-effective manner.

None of the options has been ruled out at this stage.

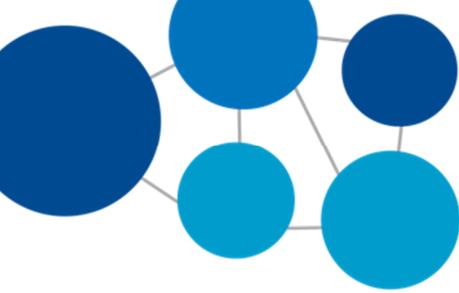
As a result of this, the programme timetable will need to be revised to reflect these new circumstances, and to provide time to undertake this work. The immediate impact of this has been a postponement of the process for identifying a preferred option.

The Programme Board has asked for a timetable to be developed which sets out what would be required to enable Public Consultation still to commence in 2015. In addition to the affordability of options, the other factor critical to this are the approval requirements of NHS Trust Development Authority, NHS England, the Department of Health and Her Majesty's Treasury.

The main areas of work are summarised below, along with the timescale risks associated with each one.

a. Affordability

Phase 2 modelling outputs have been developed with clinicians and patients. They represent the agreed basis for financial planning by all parties.



SaTH needs to be able to develop a Strategic Outline Case (SOC) based on the income from phase 2 modelling. This will involve further work to refine the design brief and seek more cost effective solutions to the delivery of key programme benefits. This work is expected to take approximately two months.

b. Acute SOC

This work continues to develop the estates, workforce, activity and finance (capital and I&E) components of each of the 6 shortlisted options and 2 obstetric variants.

The main risks to delivery against any of the timetables above are:

- SOC letters of support are not provided by all relevant commissioners;
- One or more options are not affordable to SaTH;
- Approvals by NHS TDA, DH or HMT are delayed or are not given;
- Work to define the rural Urgent Care Centre offer becomes delayed (whilst not part of SOC proposals this work will describe how displaced A&E activity will be provided closer to home).

c. Rural Urgent Care Offer

Programme Board, in response to submissions by patients, agreed that there should be urban Urgent Care Centres in Shrewsbury and Telford (on current hospital sites) and that work should be undertaken to identify the urgent care offer for rural areas.

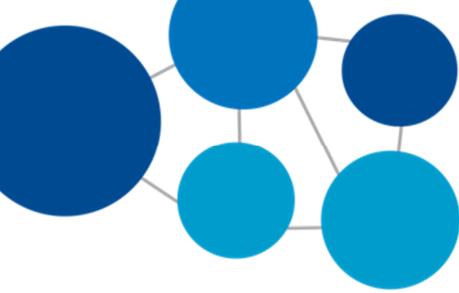
This work is being led by Shropshire Community Healthcare Trust and is exploring with key Shropshire localities what type of urgent care offer it may be feasible to provide outside of the two urban areas.

A minimum set of system requirements is being defined for sites to be branded as UCCs. The potential for current MIUs and Community Hospitals to deliver that minimum offer will then be tested. The CCGs will need to take a view on the net revenue impact of the unit cost of UCCs in their overall affordability considerations.

The detailed work is due to conclude in September and will feed into the completion of the Pre Consultation Business Case. Any delay to being able sufficiently to define that offer also carries a risk of delay. Not all of the timetables allow for this work to be factored in to the non-financial appraisal of options.

d. Preparation for Consultation

Following a Stage 2 Assurance planning meeting with NHSE recently, work is underway on all the components of the Pre Consultation Business Case. Early drafts of the main components will be shared for review, and positive feedback has already been received on the work to prepare evidence against the four tests.



Conversations are planned with Joint HOSC and the Powys Community Health Council to inform the development of plans for consultation.

e. Appraisal

Once an approvable SOC is completed, the options it contains will be subject to formal appraisal.

Programme Board has agreed that the non-financial appraisal of options should be undertaken by a stakeholder panel of 51 members with a clinical majority.

The financial appraisal will be conducted by the Technical Team which will also support the Programme Team in undertaking the economic appraisal using established Treasury methodologies.

f. Identification of Preferred Option

The results of the appraisal exercise will be reported to Programme Board which will then be asked to identify the preferred option (subject to approval by commissioner boards). The preferred option will then be included in the Pre Consultation Business Case for assurance by NHSE prior to public consultation.

g. Post-Consultation Scrutiny

Following consultation a report will be developed and submitted to the Joint HOSC and to Powys Community Health Council. Initial discussions with Officers have been held about post-consultation processes (subject to post-election confirmation by Members), and these are included in the detailed programme plan. Should the scrutiny process produce any recommendations, the programme will consider these (undertaking further engagement with scrutiny bodies as required) and respond to them all formally in its Decision Making Business Case.