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| Reporting to: | Trust Board 30 June 2016 |
| Title | Sustainable Services Programme Update |
| Sponsoring Director | Neil Nisbet, Finance Director |
| Author(s) | Kate Shaw, Associate Director of Service Transformation |
| Previously considered by | Sustainable Services Programme Steering Group Sustainability Committee |
| Executive Summary | <p>This paper provides an update to Trust Board on the progress of the Sustainable Services Programme.</p> <p>It includes:</p> <ul style="list-style-type: none"> - details of clinical, staff and patient involvement and engagement - the emerging acute clinical model - communication activities and plans - key dates for delivery of the programme |
| 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 checked="" 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 checked="" 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 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 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 checked="" 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 type="checkbox"/> If we are unable to resolve our structural imbalance in the Trust's Income & |

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| | <p>Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment</p> |
| <p>Care Quality Commission (CQC) Domains</p> | <p> <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led </p> |
| <p> <input type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve </p> | <p>Recommendation</p> <ul style="list-style-type: none"> • To NOTE the progress of the Trust's Sustainable Services Programme |

Sustainable Services Programme**Trust Board Update****30 June 2016****1. Overview**

The Strategic Outline Case (SOC) for the Sustainable Services Programme (SSP) was approved by Trust Board in March 2016. The SOC was supported by Telford and Wrekin CCG on 10 May 2016. Shropshire CCG will discuss the SOC on 29 June 2016.

Whilst the approvals process is underway locally and centrally, work is progressing concurrently to develop an Outline Business Case. A robust governance and programme structure is in place to ensure programme delivery. This is overseen by the Trust's Sustainability Committee with formal monthly reporting and review.

Clinical leadership of the programme is being maintained. The Trust's clinical and managerial leads and members of the Trust's Transformation Team are actively involved in the wider health system's Future Fit programme meetings and workshops as required.

2. Clinical, Staff and Patient Engagement and Involvement

All staff (clinical and non-clinical) are invited to be part of the Sustainable Services Programme. For some, this will be discussions within the weekly SSP Roadshows, the A&E Gossip Groups or reading updates shared electronically. For others, it is more detailed and involved and includes actively working on patient pathways, workforce solutions and the physical environments at both hospital sites.

Clinical and Staff Engagement and Involvement

The Trust's Clinical Working Group continues to meet monthly with excellent attendance across staff groups and services. GP leads and the programmes patient representatives are also members of this group. A network of Task and Finish Groups are also working well. These groups again, cross specialties where appropriate and involve a range of professional groups from Housekeepers to Consultants and Nurses to Blood Scientists. The Task and Finish Groups are currently working on:

- Patient pathways and the clinical model
- Workforce solutions and models
- Conceptual designs for new and refurbished facilities

Discussions are also progressing well within non-clinical support services and functions. This work is focussed on the estate, facilities, IT and infrastructure needs of the options outlined within the SOC but at a greater level of detail required within an Outline Business Case (OBC).

Updates and discussions with GP Locality Groups and Practice Managers are planned for the end of June and throughout July. These sessions will be led by one of the Trust's Medical Directors and a member of the Transformation Team.

Patient Engagement and Involvement

The programme has an active patient 'critical friends' group. This group meets monthly to share progress, thoughts and ideas and to critique work and plans as they emerge. All members of this group are also active members of the Clinical Working Group.

3. The Strategic Outline Case Model

The Trust's clinical model within the SOC is consistent with the acute components of the agreed Future Fit model of care:

- One Emergency Centre (including one Emergency Department and one Critical Care Unit)
- One Diagnostic and Treatment Centre
- Two Urban Urgent Care Centres
- Local Planned Care (outpatients, diagnostics) on both hospital sites

The potential solution in the SOC described a model where the inpatient bed base of the Trusts was fairly evenly split (60/40) and where unplanned medical patients would be admitted to both hospital sites. This was identified as being achievable through the development of integrated care pathways and the appropriate triaging of patients based on their clinical need.

Further discussions within the clinical body have identified challenges in the sustainable delivery of a split 'medical take'. Further work is therefore underway to refine the balanced site model to enable all medical unplanned admissions to initially be assessed (and admitted if appropriate) to the Emergency Site. Current thinking from the Trust's Consultant body suggests that for patients still requiring acute hospital treatment, a proportion of patients could be transferred to non-emergency care at either the Emergency Site or at the Planned Care Site. For some patients this will also enable their on-going care closer to home. This thinking will be tested in the coming weeks by an audit, led by the consultant Physicians.

The implementation of the Trust's Communication Plan and monthly meetings with the programmes patient critical friends continues. GPs and representatives from the Community Trust have been invited to attend Clinical Working Group meetings and contribute to pathway and workforce discussions.

4. Communication

A robust and varied plan for communication is in place and is being implemented. This has recently included: Radio interviews and a 'hot-seat' session; press releases; and four-page newsletter.

5. Timeline

Subject to approval of the SOC, an Outline Business Case will be available for submission to the Trust Board in September 2016.

Planning of the assurance process (led by the CCGs) is underway. This will include submission to the Clinical Senate, a financial and non-financial appraisal, an external review of Option C2 (including review by the Royal Colleges) and an Integrated Impact Assessment. This will all be undertaken ahead of Public Consultation in December 2016.

6. Recommendation

The Trust Board is asked to:

- NOTE the progress of the Sustainable Services Programme