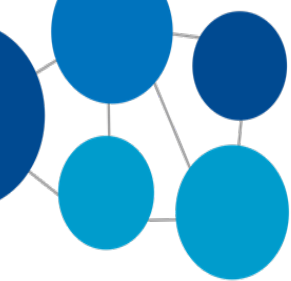


Reporting to:	Trust Board - 2 February 2017
Title	Future Fit Update
Sponsoring Director	Simon Wright, Chief Executive
Author(s)	Debbie Vogler, Future Fit Programme Director
Previously considered by	
Executive Summary	<p>The purpose of this paper is to provide a summary progress on the delivery of the Future Fit Programme. A RAG rating against key elements of the Programme is provided.</p> <p>The outcome of the Joint Committee on 12th December has resulted in delays to the original timeline for public consultation to proceed. The programme plan will need to be rebased to take account of the additional work proposed in terms of the independent review of the appraisal methodology and the supplementary work related to the IIA on any potential move of women and children's services. The revised timeline will need to be agreed by the Programme Board.</p> <p>The Programme Board is provisionally scheduled to meet on 7th February 2017 to agree the Terms of Reference and procurement of the independent review of the appraisal methodology.</p> <p>NHSE is supporting the CCGs to determine the future decision making arrangements through a reconstituted Joint Committee. The CCG Governing Bodies are considering options of a reconstituted Joint Committee with an independent voting Chair.</p> <p>The programme is continuing to ensure that action plans in response to the Senate and Gateway reviews are in place and that all preparatory work for the procurement of the independent review and the supplementary IIA work for women and children's is completed.</p> <p>The attached RAG rated delivery dashboard provides a summary overview of the status of delivery of the core components of the programme.</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

5 Financial Strength: Sustainable Future	<input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies <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 implement our falls prevention strategy then patients may suffer serious injury <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 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
Care Quality Commission (CQC) Domains	<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
<input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation The Board is asked to NOTE the contents of the progress update for the Future Fit Programme .



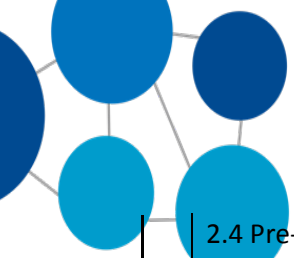
Programme Director’s Report to Sponsor Board

February 2017

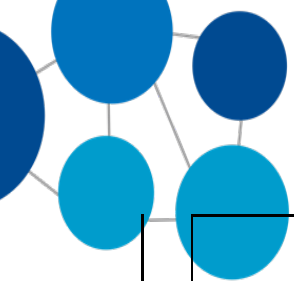
The purpose of this report is to provide Sponsor Boards with an update of progress on programme delivery since the last meeting. The decision of the Joint Committee on 12th December has resulted in delays to the original timeline and therefore the programme plan will need to be rebased. This rebasing will require formal sign off by Programme Board (provisional date of 7th February 2017).

The table below is a summary RAG rated dashboard of the status of delivery of the key components of the current Futurefit Programme Plan. It includes a summary narrative of key risks and/or issues.

		RAG	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. Current priority is the Workforce Workstream. 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) refreshed to reflect current status of the programme within the STP structure and will be submitted for approval to the Programme Board.
2	NHS Approvals/ Assurance Gateways		
	2.1 West Midlands Senate Review		Action plan developed and draft reviewed by Clinical Design Workstream on 12.1.17. Plan to be submitted to next Programme Board for sign off. Key areas of focus 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		Amber /Red rating awarded by the Review Team. Action plan developed and agreed by SROs and reviewed by Assurance Workstream on 11.1.17. Plan to be submitted to next Programme Board.
	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 CCGs. SaTH are working with NHSI to clarify what levels of capital are 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>: Procurement documentation developed including draft statement of requirements to be approved at the next Programme Board. The review will consider the methodology and process used in the option appraisal. Notice of intention to procure was published on December 23 2016 which elicited a number of responses. The procurement and review process will take approximately 8-12 weeks from agreement of the specification to completion of the review although this will depend upon the terms of reference and scope of the work required.</p> <p><u>IJA</u>: Specification for additional IJA developed for W&C (including feedback from both Directors of Public Health and CCG Clinical Chairs) and to be submitted to the next Programme Board for approval. IJA Workstream to be reconvened to oversee this and the development and implementation of the core IJA action plan.</p> <p><u>Joint Committee</u>: NHSE is supporting the CCGs to determine the future decision making arrangements through a Joint Committee who will consider the proposal for a voting independent chair.</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’s website. Given the delay to timelines following Joint Committee decision, the Programme and the CCGs will need to take advice and consider options on when to proceed to public consultation given the start of purdah for local elections in Shropshire at the end of March 2017. This is likely to be not before end of May 2017. Priorities for pre-consultation engagement work over the coming months include:</p> <ul style="list-style-type: none"> • liaising with the IJA workstream and programme lead to ensure IJA work continues throughout the next phase in particular focusing on equalities, supporting the IJA programme lead with engaging with women with children’s groups who may be affected by any relocation of services and feeding this information into the IJA work • presentations providing programme updates and information on the clinical model at community groups, forums, formal committees, HOSC, council etc, ensuring political engagement • social media – dialogue with stakeholders • generating information tools for public understanding of the programme (ie infographics, videos, leaflets etc)



			<ul style="list-style-type: none"> maintaining presence at stakeholder committees such as Powys stakeholder communications and engagement group <p>Work has begun to develop clear and unambiguous public messages describing the role and function of the UCCs on each site. Both primary and secondary care clinicians are involved in this work. The messaging will be an important component of the public 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 set out in the OBC and that it is affordable. Frailty activity modelling completed, further work planned for other patient/condition groups. STP timeline for Neighbourhood Model completion (March 2017). SCCG have commenced a review of community services 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 identified/incurred in recent months associated with the Clinical Senate Review, Gateway Review and potential cost of formal consultation. Further costs pressures resulting from the need to do the Independent Review and the additional IIA work have yet to be quantified.
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