The Shrewsbury and Telford Hospital NHS Trust

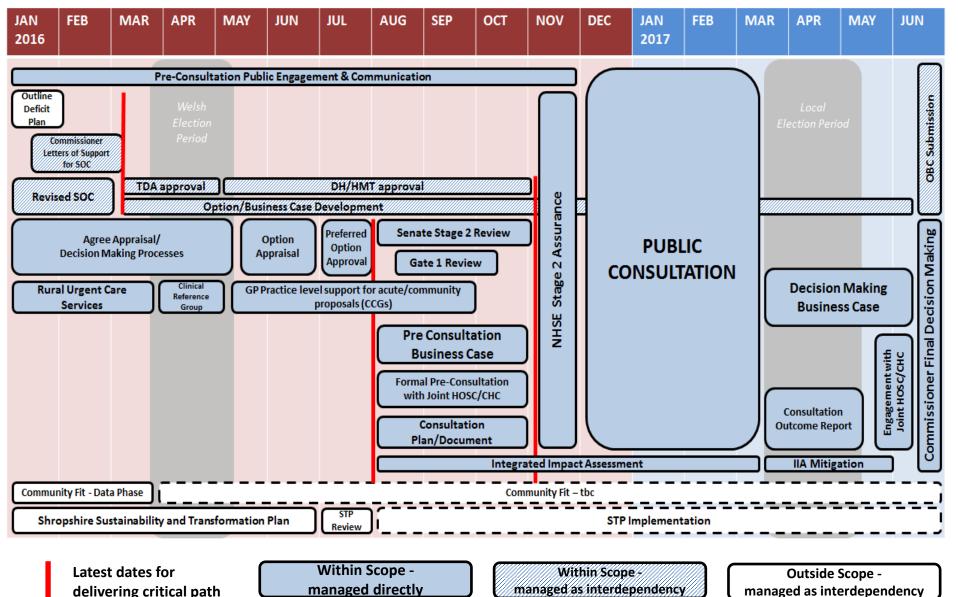


Paper 8	
Reporting to:	Trust Board - 28 th April 2016
Title	Future Fit Update
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Previously considered by	
Executive Summary	The purpose of this paper is:
	To provide a brief update on recent Programme activities and to summarise some key outputs in the next month.
	The Board is asked to NOTE the Future Fit Programme Directors Report and the next steps to be taken in order to meet the key programme milestones.
Strategic Priorities 1. Quality and Safety	 Reduce harm, deliver best clinical outcomes and improve patient experience. Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme To undertake a review of all current services at specialty level to inform future service and business decisions 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	 Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
 Innovation Community and Partnership Financial Strength: 	 Support service transformation and increased productivity through technology and continuous improvement strategies Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies Develop a transition plan that ensures financial sustainability and addresses
Sustainable Future Board Assurance Framework (BAF) Risks	 liquidity issues pending the outcome of the Future Fit Programme 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 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 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 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 Board is asked to NOTE the Future Fit Programme Directors Report and the next steps to be taken in order to meet the key programme milestones.

HIGH LEVEL CRITICAL PATH – DEADLINE PERSPECTIVE





NHS Future Fit Programme Directors Report April 2016

The Purpose of the Report is to update the Sponsor Boards on the recent activities within the Future Fit Programme and the focus over the next month

1 STRATEGIC OUTLINE CASE

During April the Strategic Outline Case (SOC) was approved by SaTH trust Board and was received by CCG Boards together with a draft letter of support for consideration. All Boards were well attended by the public and patient interest groups. Open discussions were had prior to convening the formal Board meetings. Key areas of concern raised either by the public and/or by CCG Boards themselves included:

- Clarity required around availability of community investment for the shift from acute to community
- Revised SOC being developed in isolation without wider GP or public engagement and wish for assurances going forward
- A need to better understand the medical model behind a more balanced site solution
- Level of detail available to date on the transformation required in the community to support the SOC and the timescales not being aligned
- Concerns around access to urgent care and link with rural solutions
- Challenges around the evidence base

The Boards deferred a decision on approving the letter of support until after the Clinical Reference Group (CRG) meeting on 19th April. Extra ordinary Board meetings for both CCGs are being arranged.

2 CLINICAL DESIGN

Over 130 clinicians, health professionals, patient representatives, representatives from our local authorities and members of the voluntary sector came together at the CRG on 19th April. The purpose of the meeting was to have a chance to reflect and comment on the SOC and see it in a broader context with Community Fit; to see some of the data analysis and to steer the next steps of Community Fit and to have chance to connect with colleagues across the whole health and social care economy and get involved in the ongoing design of both Future Fit and Community Fit going forward.

The Clinical Reference Group (CRG) concentrated on developing the plan for transforming the acute hospital sites as part of the SOC, together with widening the discussion to primary and community based services necessary to support this. As part of the introduction to the evening there was clarification of what a Strategic Outline Case (SOC) was and was not: that it is a high level plan providing a summary of the key strategic drivers and service requirements

that support the case for investment; it demonstrates there are deliverable options and the extent to which they deliver on high priority requirements, e.g. clinical and financial sustainability improving patient safety and the patient environment; and outlines the way in which the scheme supports delivery of local commissioning priorities.

The meeting also re-established some of the basic principles behind the NHS Future Fit programme. These included:

- Targeted prevention and Wellbeing as the biggest single success factors
- Home is normal and a less bed based focus
- Needs led approach to design matching correct level of care
- Empowered patients, clinicians and communities
- Sustainability: clinical, workforce, service and financial
- Integrated Care that enabled smooth transitions
- Partnership Care and shared decision making redefine specialist and generalist roles
- IT enabled

Both CCG Clinical Chairs reflected after the event on its real success in bringing together the many partners to make a valuable positive contribution in shaping the programme and the further work required going forward for both Future Fit and Community Fit Programmes.

Feedback from the event will be considered soon by the Shropshire and Telford & Wrekin Clinical Commissioning Group Boards.

3 COMMUNICATIONS AND ENGAGEMENT

It has been a busy month for the teams who have supported the programme in communications regarding the SOC and continuing to progress the Future Fit engagement plans with hard to reach groups. This has included attending and presenting to a number of stakeholder groups:

- Weekly engagement sessions at PRH and RSH with the SaTH SOC team and more recently the community hospitals.
- Ongoing engagement through social media channels has continued with a daily growing audience being developed.
- Presentations have been delivered at a number of events including Bridgnorth LJC, Pontesbury LJC, Shropshire Voluntary Assembly, Montgomeryshire Council.
- pop up stands at Newtown Hospital in partnership with Powys Teaching Health Board and Market Drayton with Shropshire Healthwatch

Media activity has involved compiling key messages to create responses from pressure groups and individuals. Following the CRG plans for a wider reaching communications campaign are being developed. The focus needs to change towards a proactive strategic approach to communications including a positive press campaign that describes the case for change and what patients and the public could expect to see in the proposed solutions. The start of this was a press statement reflecting on the success of the meeting of the CRG. The CSU media, marketing and design team are currently working on providing a plan with concepts that can be utilised over the coming weeks.

The plan is to take a refreshed Communications and Engagement Plan to the Programme Board in May that outlines: a media/marketing campaign on the SOC; the work of the wider community strategy, together with a link to the Sustainability and Transformation Plan (STP). Wider Staff engagement including GP engagement approaches will need to be included within the plan.

4 **PROGRAMME TIMELINE**

The High level critical path for Future fit currently remains on track (attached). The next key milestone is submission of the revised SOC to NHSI together with a CCG letter of support. CCG Extra ordinary Board meetings are planned post CRG to discuss this.

Planning for the Option Appraisal process will need to begin in April to ensure an appraisal takes place by the end of July. A plan has been drafted, very closely reflecting the previous process, and looking to a non-financial panel early July. This plan will go to the next programme Board on 12th may for discussion and approval

Work on preparing for the Senate Stage 2 Review will begin this month which will include collating the evidence base for the proposed solutions and how the programme has considered that evidence in shaping the proposed model. This will need significant clinical input. It is hoped to use the recently launched checklist approach prepared by the Senate for that purpose. Advice from NHSE confirms that the senate should review all options that the programme deems viable and will later consult on, at this stage rather than just the preferred option.

A recent meeting with NHSE suggested that launch of a new Gateway Review process is planned.

As part of the establishment of a local PMO to replace support from the CSU going forward, the CCGs are currently looking to appoint into the role of Programme Manager. The core team is Programme Director, Senior Programme Manager and Programme Administrator together with communications team support from the CSU and some strategic input from NHS Midlands and Lancashire CSU Strategy Unit.

5 RURAL URGENT CARE

The rural urgent care sub-group is finalising a report that will go to the Future Fit Programme Board in May and is likely to propose progressing a prototype which could include:

- Integrated locality based community teams able to offer a wider range of service e.g. UTIs, falls, IV antibiotics
- More therapists based in the community setting
- Co-location of community teams with GP out of hours
- Pathology Point of care testing

- Extended x-ray offer
- Advice and guidance from SATH consultants

6 COMMUNITY FIT

The work commissioned by the CCGs under Community Fit will conclude in May. It should provide:

- A description of activity currently taking place in primary care, community services, mental health and social care across Shropshire and Telford and Wrekin.
- An agreed estimate the impact of demographic change on activity levels within these sectors.
- A linked health and social care dataset, identifying patients receiving care from two or more sectors and describing the care they receive.
- An agreed taxonomy (classification) of care packages delivered by each of these sectors.
- A description of the activity that the Future Fit models anticipate will move out of the acute setting and therefore may have an impact on primary care, community services, mental health and social care services.

A draft report from Community Fit was shared with the Sustainability and Transformation Plan (STP) Partnership Board this month and was well received. It will help inform the next stage of Community Fit redesign under the umbrella of the STP which is due to be submitted in June 2016.

Debbie Vogler

Future Fit Programme Director