Reporting to:	**Trust Board - 26 June 2014**
Title	Future Fit Update
Sponsoring Director	Debbie Vogler Director of Business and Enterprise; Edwin Borman Medical Director
Author(s)	Future Fit Programme Team
Previously considered by	Future Fit Programme Board; Executive Directors
Executive Summary	The purpose of this paper is to: 1.Present the Models of Care developed by the cinical design workstream within the Future Fit programme and approved by the Programme Board on 10th June 2014. The Medical Director will provide a summary presentation to the Board and the full report is available within the Board Supplementary Information Pack. 2.Set out the proposed process and timetable for identifying the range of options available to deliver the model and selecting the short-list of options for further development.There is a need to identify the short-list of options for detailed development and appraisal, alongside the criteria to be used in that appraisal, so that option-specific activity and capacity projections can then be developed, which will form the basis for the physical solution and resource impact for each option. Key components of of the initial process are set out within the attached paper.

Strategic Priorities

- ☐ Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy.
- ☐ Develop a transition plan, with supporting workforce plans, mitigation actions and contingency plans that ensures the safety and short-term sustainability of our challenged clinical services.
- ☐ Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards.
- ☐ Undertake a review of all current services at speciality level to inform future service and business decisions.
- ☐ 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.
- ☐ Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy.
- ☐ Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy.
- ☐ Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme.
- ☐ Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology.

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 receive and approve:** **1.The Clinical Model of Care from the Future Fit Clincial Design Workstream** **2. The proposed process and timetable for identifying the range of options available to deliver the model and selecting the short-list of options for further development.**

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Identification and Short-listing of Options

Report to:	**Programme Board**
Subject:	**Identification and Short-listing of Options**
Report by:	**Mike Sharon, Programme Director**
Date:	**21st May 2014**

1 Introduction

The work of the Clinical Design workstream to define the future model of care is due for completion by the end of May, with the detailed activity and capacity projections to reflect this model then due for completion by the end of August.

Concurrent with this work, there is a need to identify the short-list of options for detailed development and appraisal, alongside the criteria to be used in that appraisal, so that option-specific activity and capacity projections can then be developed, which will form the basis for the physical solution and resource impact for each option.

The Programme's Principles of Joint Working set out that it *will agree, in advance of its key decision–making on the selection of options, an objective set of criteria that will be employed, and these will also be signed-up to by individual constituent organisations at that stage.*

The relevant key milestones within the proposed programme plan are as follows:

Table 1 Key Milestones

	Key Milestone	Completion by	Programme Board sign-off
1	Clinical Model	28th May	10th June
2	Public Engagement	28th August	17th September
3	Activity Modelling	28th August	17th September
4	Emergency Care Feasibility Study	28th August	17th September
5	Determine short list of options	28th August	17th September

The purpose of this report is to set out the proposed process and timetable for identifying the range of options available and selecting the short-list of options for further development, subject to the Board's approval of the revised timeline. A subsequent paper will set out the proposed process for the evaluation of short-listed options once developed. Key components of the initial process are set out below.

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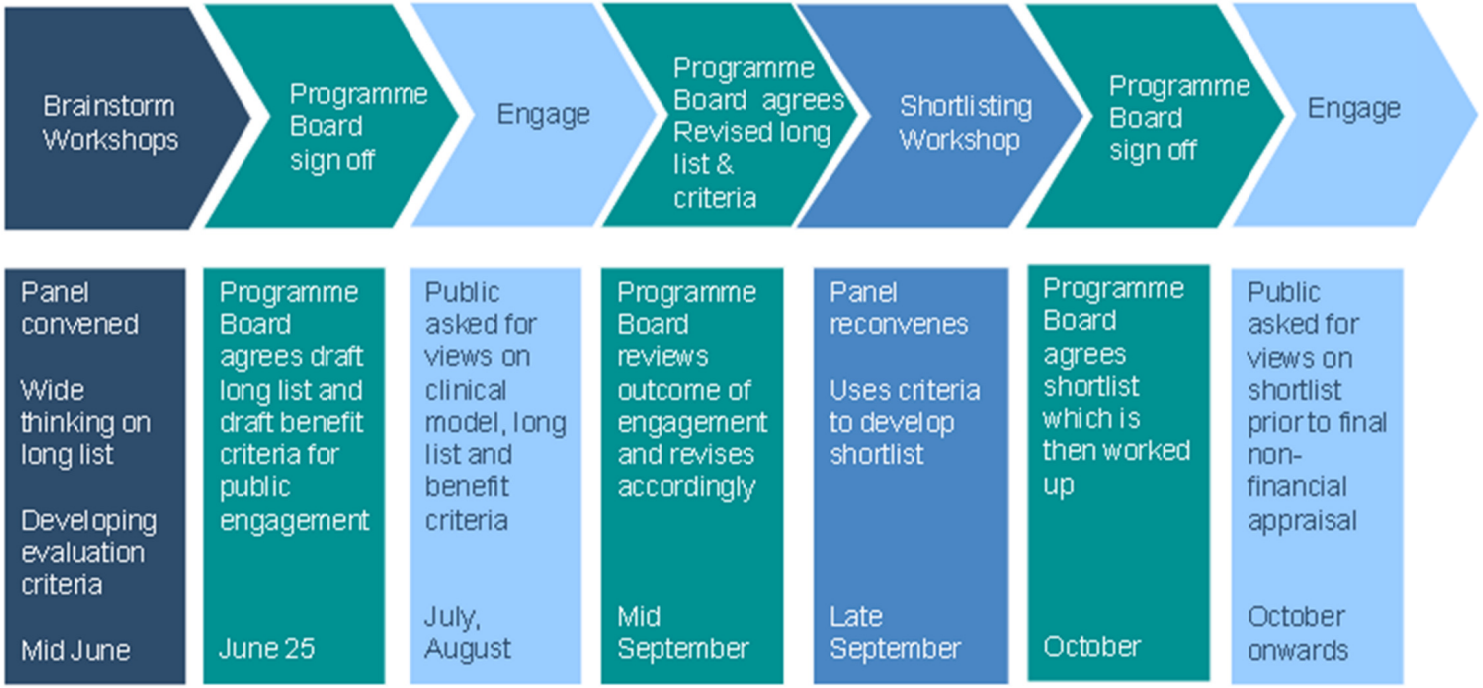
Getting to a Shortlist



2 Guidance and Best Practice

The processes adopted by the Programme need to align with a range of national guidance. This guidance is summarised below.

2.1 HM Treasury

Treasury guidance is contained in *The Green Book: Appraisal and Evaluation in Central Government* (2013). In relation to developing a shortlist of options (Section 5.3 – 5.7), HMT advises that:

For a major programme, a wide range should be considered before short-listing for detailed appraisal….. At the early stages, it is usually important to consult widely, either formally or informally, as this is often the best way of creating an appropriate set of options.

It also notes the need to include a 'do minimum' option in order to judge the reasons for more interventionist action.

2.2 NHS England

In its *Business Case Approvals Process* guide (2013) NHS England refers to the Department of Health's *Capital Investment Manual* (1994). This contains guidance on the generation of options. In particular it notes that:

The drawing up of a long list of possibilities will usually require consultation of a range of people… The generation of options provides an opportunity to be creative and innovative, to challenge constraints, and to revisit the objectives of the investment. (Section 2.12.1, p.28)

It also suggests that brain-storming sessions with an experienced panel are held to support this before each identified option is described (two or three paragraphs) and options are then reduced to a short list of between three and six options by excluding those options which are not feasible, are unaffordable or do not meet the programme's objectives.

2.3 NHS Trust Development Authority

NHS TDA has issued a Business Case Checklist as part of its guidance for NHS Trusts - *Capital Regime and Investment Business Case Approvals* (2013), Appendix 2. In relation to this early stage of the appraisal process it poses these questions:

- *Has a wide-ranging long-list of options (including a do-nothing or do-minimum) for achieving the investment objectives been drawn up? Does it reflect the views of all stakeholders?*
- *Are the criteria for the short listing of options clear? Do they derive clearly from the investment goals set out in the Strategic case, and have the reasons for their relative weightings been set out?*

3 Long List of Options

3.1 Development of a Long List of Options

The development of the Long List comprises three key tasks:

- Generating ideas;
- Engaging the Community and Clinicians, and;
- Developing the Long List.

a) Generating Ideas

This will involve setting out the multiple configuration options (i.e. various combinations of the number and location of clinical facilities and services) through which it may be possible to implement the elements of the approved Clinical Model which are within the Programme's scope.

In line with national guidance (see Section 2 above), ideas will be generated by an experienced panel formed of all Programme Board sponsor and stakeholder organisations, as follows:

Organisation
Shropshire Clinical Commissioning Group
Telford & Wrekin Clinical Commissioning Group
Powys Local Health Board
Shrewsbury and Telford Hospital NHS Trust
Shropshire Community Health NHS Trust
Shropshire Patient Group
Telford & Wrekin Health Round Table
Healthwatch Shropshire
Healthwatch Telford & Wrekin
Montgomeryshire Community Health Council
Shropshire Council
Telford and Wrekin Council
West Midlands Ambulance Service NHS FT
Welsh Ambulance Services NHS Trust
Robert Jones & Agnes Hunt Hospital NHS FT
South Staffs & Shropshire Healthcare NHS FT
G.P. providers
Shropshire Doctors' Cooperative Ltd
NHS England Shropshire & Staffordshire Area Team

These organisations will each be asked to nominate a single representative and will also be encouraged to brain-storm potential options within their organisations prior to the panel meeting (for which background information would be supplied). A single half-day workshop will be held for the panel at which it will be asked to recommend a long list of around 10-12 configuration options for approval by the Programme Board.

- **Workshop 1**

The workshop will include:

- Provision of information on-
  - Programme Objectives
  - The Clinical Model
  - Basic demographic data
  - Existing acute and community hospital sites (although new site options are also to be considered);
- Brain-storming of potential options which cover the following requirements –

Acute & Episodic Care	One Emergency Centre
	Some Urgent Care Centre
Planned Care	One Diagnosis & Treatment Centre
	Assessment, diagnostics and follow up closer to home
Long Term Conditions & Frailty	Health Hub/Community Beds

- Reduction of ideas to a provisional long list (through removal, by consensus, of ideas which are duplicated and/or judged by the panel not to be feasible).

b) Engaging the Community and Clinicians

In addition to the initial process whereby sponsor and stakeholder organisations can involve their staff/members in brainstorming ideas prior to the first workshop, the provisional long list which emerges from the workshop will then be subject to community and clinical engagement to test that no feasible options have been omitted.,.

c) Developing the Long List

Following public engagement the Programme Board will confirm the long list. It will then be necessary to prepare a brief description of each option to inform the subsequent short-listing process. A suggested template for these descriptions is attached as **Attachment A**. This work will be led by the Programme Team supported by its constituent workstreams, and will be reviewed for accuracy and completeness by the Programme Board's Core Group before entering the short-listing process.

4 Short-listing

4.1 Evaluation Criteria

It is proposed that the criteria to be used in evaluating the short-listed options should be determined in advance by the Programme Board. These criteria will need to reflect the programme's goals and objectives, as set out in the Programme Execution Plan:

a) Objective

To agree the best model of care for excellent and sustainable acute and community hospital services that meet the needs of the urban and rural communities in Shropshire, Telford and Wrekin, and Mid Wales.

b) Goals

The key benefits to be secured from the programme are:

- Highest quality of clinical services with acknowledged excellence in our patch;
- A service pattern that will attract the best staff and be sustainable clinically and economically for the foreseeable future;
- A coherent service pattern that delivers the right care in the right place at the right time, first time, coordinated across all care provision;
- A service which supports care closer to home and minimises the need to go to hospital;
- A service that meets the distinct needs of both our rural and urban populations across Shropshire, Telford & Wrekin and in Wales, and which anticipates changing needs over time;
- A service pattern which ensures a positive experience of care; and
- A service pattern which is developed in full dialogue with patients, public and staff and which feels owned locally.

In addition, the criteria should be informed by factors recommended by the DH which are commonly used in non-financial appraisals:

• Access to services	• Meeting Policy Imperatives
• Clinical Quality	• Training, Teaching, Research
• Environmental Quality	• Effective Use of Resources
• Development of new/existing services	• Ease of Delivery.
• Strategic Fit	

♦ **Workshop 2**

Prior to final determination of the short-listing criteria by the Board, a stakeholder workshop is proposed (to take place between May and late June Board meetings) so that a recommendation can be developed. This could be combined with the long-listing workshop described above, in order to utilise the same representative membership.

4.2 Process

The process for selecting the short-list of options for further development and appraisal needs to be robust, transparent and justifiable in the event of a challenge.

It is therefore proposed that a formal and structured non-financial appraisal of the long-listed options be undertaken, involving as wide a range of stakeholders as possible within the time available (see 4.3 below). The process will also need to include an explicit assessment of whether any options are clearly unaffordable (DH, 1994, Section 2.14.3) and the methodology for this will need to be set out by the Finance Workstream.

The non-financial appraisal will comprise two further half-day workshops, possibly taking place on the same day. Guidance suggests that *Objectivity is enhanced by separating the exercises of scoring the options from that of weighting the benefit criteria* (DH, 1994) although a single expert and representative panel is envisaged.

- **Workshop 3 - Criteria weighting**

  The panel determines the weighting of the criteria through a process of step-by-step pair-wise comparison, as set out in national guidance (DH, 1994, Section 2.21.1).

- **Workshop 4 – Presentation of the options and scoring**

  The description of each option developed by the Programme Team will be presented to the panel after which panel members will discuss each option before individually scoring them against each of the criteria. The resulting scores will be recorded and the agreed weightings applied in order to produce initial non-financial scores. These will then be reported back to the panel (individual scores will be held in confidence) to inform further discussion and individual re-scoring, if desired.

  Following the scoring workshop, a report will be produced which summarises the scores and analyses them by stakeholder type. The report will be presented to the Programme Board which will then need to determine, on the basis of the report, which options should proceed to full appraisal.

4.3 Short-listing Panel

It is proposed that the panel to undertake the shortlisting should be constituted in the same way as the long-listing panel, with single representatives from each sponsor and stakeholder organisation (see 3.1). These representatives should be the same individuals as for long-listing.

An alternative approach considered was to utilise the Programme Board membership, with the addition of any other key stakeholders whom the Programme Board considered should be involved. There are governance benefits, however, to Programme Board members not being actively involved in the process until they receive its output.

5 Timescale

As noted in Table 1 above, a provisional short-list of options needs to be identified in late September for sign-off by the Programme Board in October in order that work on developing the options can commence.

The following timetable is therefore proposed:

Table 2 Short-listing Timetable

	Key Milestone	Work to be completed by	Programme Board sign-off	T&W CCG Board	Shropshire CCG Board	Powys LHB	SCHT Board	SaTH Board	JHOSC
1	**Approval of short-listing process**	15th May	**21st May**	10th June	11th June	19th June	22nd May	29th May	19th June
2	**Clinical Model finalised**	28th May	**10th June**	10th June	11th June	19th June	17th July	26th June	19th June
3	**Workshop 1: Generation of provisional long-list**	18th June	**25th June**	8th July	9th July	4th September	17th July	26th June	19th June
4	**Workshop 2: Identification of provisional short-listing criteria**	18th June	**25th June**	8th July	9th July	4th September	17th July	26th June	19th June
5	**Public Engagement on Clinical Model and Provisional Long List and Benefit Criteria**	End August	-	-	-	-	-	-	-
6	**Preparation of description of long-listed options**	Mid September	-	-	-	-	-	-	-
7	**Workshop 3: Criteria weighting**	End September	-	-	-	-	-	-	-
8	**Workshop 4: Option scoring**	End September	-	-	-	-	-	-	-
9	**Analysis of Results and identification of short-listed options**	8th October	**15th October**	11th November	12th November	16th October	20th November	30th October	tbc
10	**Public Engagement on the short-listed options**	End January	-	-	-	-	-	-	-

The sponsor/stakeholder meeting dates in the table above are those already scheduled. In order for this timeline to be feasible, it may be necessary for extraordinary meetings to be held if those organisations are formally to consider Programme outputs before further work is undertaken. There would otherwise be considerable delay.

6 Actions Required

The Programme Board is asked to consider the following aspects:

- The proposed approach to establishing a long-list of options
- The proposed process and timetable for selecting a short-list of options
- The composition of the long-listing, short-listing and criteria setting panels.

Mike Sharon

Programme Director

ATTACHMENT A
OPTION DESCRIPTION

OPTION 1

ACUTE HOSPITALS	COMMUNITY HOSPITALS	IMPACT ON OTHER SERVICES*
SERVICE CHANGES	**SERVICE CHANGES**	**SERVICE CHANGES**
Acute Episodic Care Planned Care Long-term Conditions & Frailty	Acute Episodic Care Planned Care Long-term Conditions & Frailty	Acute Episodic Care Planned Care Long-term Conditions & Frailty
FACILITIES CHANGES	**FACILITIES CHANGES**	**FACILITIES CHANGES**
WORKFORCE IMPACT	**WORKFORCE IMPACT**	**WORKFORCE IMPACT**
IT IMPACT	**IT IMPACT**	**IT IMPACT**

* Including Primary Care, Community Health Services, Social Care, Ambulance Services, Care Homes, Community Pharmacies