

# Programme Board Summary Report

*The purpose of this report is to provide public audiences and with a summary of the business conducted at the most recent FutureFit Programme Board.*

*Key supporting documents are published on the Programme website: <http://www.nhsfuturefit.co.uk/>.*

*FutureFit's aim is to develop a clear vision for excellent and sustainable acute and community hospitals.*

## **1 OVERVIEW**

The Programme has now entered its second phase.

In Phase 1 the programme's constitution was completed by the approval of its Programme Execution Plan (PEP) which sponsor organisations have since been ratifying, along with the Case for Change and the Principles for Joint Working. A high level clinical model was developed and the programme subjected itself to an external review by the Health Gateway Team in order to identify further improvements in its ways of working.

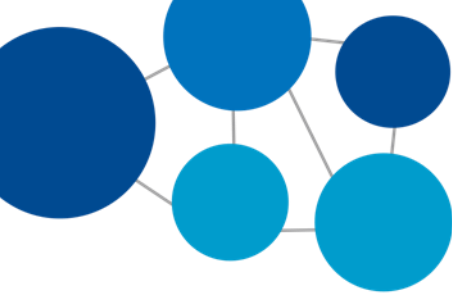
The focus of Phase 2 to date has been the development of a full clinical model which the Board is due to consider on June 10<sup>th</sup>, alongside plans for further extending public engagement and for developing and appraising options for how the clinical model, once completed, might be implemented. It has been an intense period of clinical activity – supported by patient representatives and focus groups – involving over 200 local clinicians working together to shape the model of future care for the people of Shropshire, Telford & Wrekin and northern Powys.

## **2 NHS ENGLAND ASSURANCE**

NHS England has a key role in the assurance process for major service reconfigurations. The most significant of these comes prior to formal Public Consultation but an initial Sense Check was conducted in early May.

The Local Area Team reviewed a comprehensive evidence pack submitted prior to the Sense Check, and subsequently congratulated the programme for the tremendous progress made to date, in particular the impressive clinical engagement throughout the process. NHSE recognised there is still a significant amount of work to do and acknowledged that a realistic timescales for getting to public consultation was now proposed.

A set of recommendations has been received and the Programme Team is developing an action plan in response.



### **3 PROGRAMME EXECUTION PLAN**

The PEP is scheduled to be revised by the Board to reflect the needs of each phase of the programme. Changes agreed this time include:

- a) A process for reviewing sponsor and stakeholder plans which are outside the scope of the programme was agreed. This is so that the Board can ensure that other plans are aligned with FutureFit plans and avoid prejudging Programme outcomes.
- b) The Board's ability to take all necessary decisions in the management of the Programme was clarified, alongside identifying which decisions need to be approved by other bodies.
- c) The Board had agreed to form a Core Group made up of each of the five Programme Sponsors. It was clarified that the role of this group is to make recommendations to the Board. Only in exceptional circumstances would it take urgent decisions on behalf of the Board, and would promptly report any such decisions to Board members.
- d) Two additional workstreams have been created to
  - i. Undertake a feasibility study of the proposed single emergency care centre; and
  - ii. Ensure that appropriate Impact Assessments of programme proposals are planned and completed.

As with all existing workstreams, patient representatives have been invited to join these new workstreams.

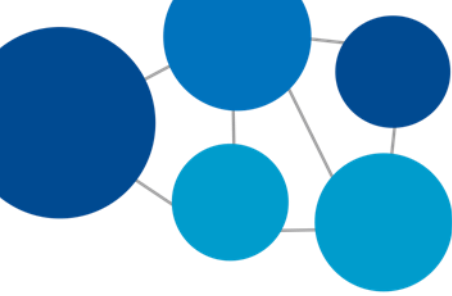
- e) The revised programme budget was approved – totalling c.£1.4m for 2014-15 – reflecting the substantial increase in resource allocated to engagement and communication activities.
- f) Following feedback from the NHSE Sense Check meeting, a strategic context document has been appended to the PEP to provide supporting evidence to the Case for Change embodied in the PEP.

In addition to these changes, the Board agreed a revised Programme timeline which works towards formal Public Consultation on a Preferred Option as soon as possible after the 2015 General Election. This remains a very tight timescale, which will require some tasks to be undertaken in parallel.

### **4 ENGAGEMENT & COMMUNICATIONS PLANS**

The Board approved a strategic plan for communication and engagement which has been co-produced with patients and reflects a “you said, we did” structure. There has been strong feedback about using existing networks, ensuring the accessibility of materials through the use of patient readers, going where people are and monitoring who has been engaged in order to target any groups being missed.

A more detailed implementation plan based around key activities scheduled for coming months will be brought to Board at the end of June.



## 5 DRAFT EVALUATION PROCESS & CRITERIA

Board approved proposals for how the Clinical Model will be converted into a long list of options, and for how criteria will be developed which will enable the long list options to be reduced to a short list.

A stakeholder panel will be formed with a single representative from each of the Board's 29 member organisations, including 5 patient representatives from Shropshire, Telford & Wrekin and Powys. The panel will hold 4 workshops (the first two in mid June and the other two in late September) to:

- a) Generate ideas for options and identify parameters for reducing these ideas to a long list;
- b) Propose a set of criteria against which options will later be assessed;
- c) Agree weightings for the finalised criteria; and
- d) Score the agreed long-list against the criteria to produce a short list.

This process embodies three key periods of public engagement:

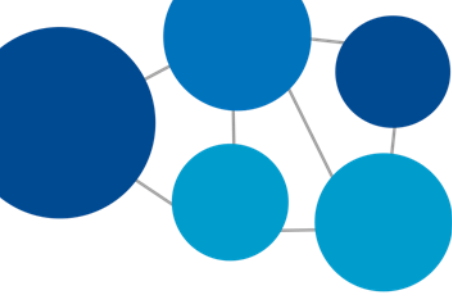
- **From June to August** – extensive community and clinical engagement on a proposed long list of options and draft benefit criteria (coming out of the first two panel workshops). This, along with the results of the emergency centre feasibility study and activity & capacity modelling of the new clinical model, will inform the Board's identification of the final long list and how this is reduced to a short-list;
- **From October to January** – further community and clinical engagement on the short listed options. This will contribute to the final appraisal of shortlisted options; and
- **From June to January** - ongoing engagement on the implications of the clinical model.

Subsequent proposals will be developed in time for the September Board on the process for developing and appraising short-listed options.

## 6 EMERGENCY CENTRE FEASIBILITY STUDY

The Board approved an additional piece of work to test the feasibility of the clinical proposal for a single Emergency Centre.

The study will look at three options for the potential location of an Emergency Centre in order to determine whether any of these options are not feasible or are likely to be significantly more costly than others.



The three options to be examined are:

- The Emergency Centre being located on the Royal Shrewsbury Hospital (RSH) site;
- The Emergency Centre being located on the Princess Royal Hospital, Telford, site; and
- The Emergency Centre being located on an as yet to be defined New Site on the A5 corridor between Shrewsbury and Telford.

No assumptions will be made about the location of non-emergency services except for those which, for clinical reasons, are essentially co-located with Emergency Care facilities.

The tasks of the study will be to:

- Setting out the high level physical requirements on each site for each Option;
- Developing plans for the Physical Solutions on each site for each Option (1:1,000 Site Plans and 1:500 Block Plans);
- Producing Capital Cost forecasts for each Option (plus direct revenue impact);
- Assessing the sensitivity of the results of the appraisal to changes in the assumptions used;
- Producing a Report for sign-off by the Programme Board in September to inform the final shortlisting of options proposed for October.

## **7 PROGRAMME RISKS**

A draft list of risks identified by the Programme Team and the Assurance Workstream was received. This was as part of a process to enhance Programme risk management as recommended by the Health Gateway Review Team. The list will be further revised, scored and mitigated, and it was agreed that the Board would in future receive regular reports on risks rated 'red' (before and/or after mitigating actions are taken).

## **8 FUTURE MEETINGS**

The Board has two meetings scheduled for June – the first of which is an extraordinary meeting to receive the Clinical Design Report.

Further meetings this year are planned for September and October to align with the agreed evaluation process timetable, and another for December.

**Mike Sharon**

**Programme Director**