

Programme Board Report - February 2015

The purpose of this report is to provide a brief summary of the February Programme Board meeting – the matters considered and the decisions taken.

1 DEVELOPING A SHORT LIST

Following the Board's December meeting, further work was undertaken on the range of evidence to be provided against the agreed Evaluation Criteria. This was accepted by the Core Group prior to Panel papers being finalised for the shortlisting meeting on 20th January. The information provided to the Evaluation Panel and to the Board is now being published on the programme website.

At its shortlisting meeting, the Panel agreed weightings for the 5 evaluation criteria, discussed and agreed changes to a proposal for Urgent Care Centres, and agreed a proposed shortlist of options for acute hospital services.

The Board had an extensive discussion of the Panel's recommendations in the light of all the evidence provided (including a minority report for a patient representative). Following this discussion the Board agreed the following acute services shortlist:

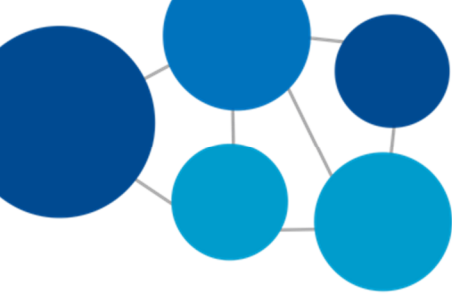
- Emergency Centre (EC) and Diagnostic & Treatment Centre (DTC) on a New site;
- EC on a New site, DTC at Princess Royal Hospital (PRH)
- EC on a New site, DTC at Royal Shrewsbury Hospital (RSH)
- EC at PRH, DTC at RSH
- EC at RSH, DTC at PRH
- Do minimum (existing dual site acute services maintained, provider and commissioner efficiency strategies implemented but no major services change).

The Board also agreed that there should be further debate on the best and safest configuration of obstetric services within these scenarios. This should include reviewing the clinical evidence and workforce models to understand whether obstetrics could operate on a site alongside a DTC, alongside an Emergency Centre or alongside either.

On Urgent Care Centres (UCCs) Programme Board agreed to proceed to work on:

- Prototyping two urban Urgent Care Centres, one in Shrewsbury and the other in Telford; and
- Exploring the most appropriate rural urgent care solutions in partnership with local communities and considering current facilities/services. All existing Minor Injuries Units will be considered as potential sites for Urgent Care Centres.

This is a major milestone in the NHS Future Fit programme. We will now embark on a programme of public engagement while a large amount of technical work takes place on the shortlisted scenarios to develop them further into the options we will take to consultation.



The Board thanked everyone who had helped the Programme get to this stage including patients, clinicians and the Evaluation Panel. Next steps include:

- A further round of pre-consultation public engagement which kicks off with two ‘pop-up shops’, one in Telford Shopping Centre on 20/21 Feb and Shrewsbury Darwin Shopping Centre 27/28 Feb. Events in Powys are also being planned. Many more events will follow and will be publicised via the NHS Future Fit website;
- Detailed development of the shortlisted options (including estates, workforce and finance);
- Consideration of the Board’s proposals by Programme Sponsor Boards (Commissioners and Providers).

It is expected that the Board will be able to propose a preferred option later in the year. Formal Public Consultation would then commence from December 2015 (subject to the timing of national approvals).

2 WORKFORCE WORKSTREAM

The Workforce workstream held its first meeting in December. It discussed the terms of reference for the workstream, noting that there was not currently an effective workforce planning forum that existed for the local health economy, although workforce planning activity was taking place to meet statutory requirements.

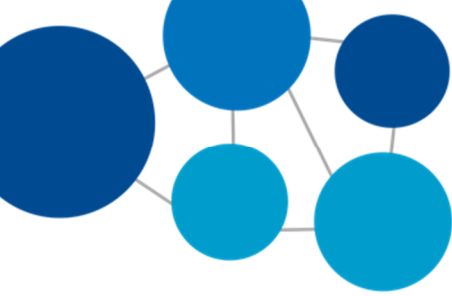
The workstream concluded that the most important contribution that the Future Fit programme could make to support current activities was to develop a clear vision for workforce development in the local area. The following five broad objectives were agreed for the workstream, and it was agreed that the focus should be on the first two initially:

- Developing a vision for the future of the local workforce that supports the clinical design vision (future state)
- Providing more details information on current staffing patterns and issues which supports the Case for Change (Current state)
- Detailing how workforce needs to change in specific areas (prototyping)
- Modelling workforce numbers and types in conjunction with the financial and activity modelling
- Identifying and championing academic and research opportunities (management change).

The membership of the workstream was confirmed.

3 IMPACT ASSESSMENT

Programme Board received an update on plans for the Integrated Impact Assessment of programme proposals. This included a plan for engaging with groups with protected characteristics, as part of the Programme’s Equality Analysis. The Impact Assessment workstream will liaise with other workstreams and external partners to ensure that all



relevant impacts are considered (e.g. Quality Impact Assessment, Environmental Impact Assessment, Accessibility/transport Analysis).

4 ASSURANCE

The Assurance workstream had met to consider the process for identifying a shortlist. It confirmed that it was able to provide positive assurance that the process had been conducted in line with what the Board had previously agreed.

External assurance on shortlisting and other matters will be provided through the Health Gateway Review which is scheduled for mid-February. The report of this review, and the associated action plan, will be shared with the Board as soon as it is available.

The report of the Stage One External Clinical Review of the Programme's Clinical Design Report has now been received from West Midlands Clinical Senate, and has been published. The Assurance workstream had asked that clarity be sought from the Senate on a number of the assertions in the report. It has also been forwarded to NHS England as part of its first stage assurance of Programme proposals. A further review is being scheduled to review shortlisted options prior to Public Consultation.

5 PROGRAMME RISKS

The Risk Register continues to be comprehensively reviewed by the Programme Team each month, after which it is published on the Programme website. All workstreams may raise new risks or recommend revision of existing risks at any point.

6 PROGRAMME DECISION MAKING

The Programme Execution Plan sets out that decisions of the Programme Board are to be made by consensus. It also notes that commissioners will seek to agree a method of joint decision making in relation to the final outcome of the programme, and commissioners continue to collaborate on exploring mechanisms for this.

7 IMPACT ON PRIMARY & COMMUNITY CARE SERVICES

The Programme intends to set out the impact of its proposals on other services, including primary and community care services. CCGs are beginning to discuss with partners how they might support the development of primary and community care responses to the Clinical Model. The Core Group will consider the scope of this work, and a progress report will be provided at the next Board meeting.