

Health Gateway Review 0: Strategic assessment
Programme Title: Future Fit – Shaping Healthcare Together
Health Gateway ID: DH788



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Health Gateway Review
Review 0: Strategic assessment

Version number: Final

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SRO: Caron Morton & David Evans

Organisation: Shropshire CCG
Telford & Wrekin CCG

Health Gateway Review dates: 10/2/15 to 13/2/15

Health Gateway Review Team Leader:

Paul Nicholls

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Background

The aims of the programme:

The stated objective of the Programme is 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.

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.

The driving force for the programme:

The driving force for the Programme is the opportunity to improve the quality of care provided to a changing population. When considering the pattern of services currently provided, local clinicians and many members of the public responded to the Call to Action consultation, accepting that there is a case for making significant service change provided there is no predetermination and that there is full engagement in thinking through the options. They see the opportunity for:

- Better clinical outcomes through bringing specialists together, treating a higher volume of cases routinely so as to maintain and grow skills
- Reduced morbidity and mortality through ensuring a greater degree of consultant-delivered clinical decision-making more hours of the day and more days of the week through bringing teams together to spread the load
- A pattern of services that by better meeting population needs, by delivering quality comparable with the best anywhere, by working through resilient clinical teams, can become highly attractive to the best workforce and can allow the rebuilding of staff morale
- Better adjacencies between services through redesign and bringing them together
- Improved environments for care
- A better match between need and levels of care through a systematic shift towards greater care in the community and in the home

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- A reduced dependence on hospitals as a fall-back for inadequate provision elsewhere and instead hospitals doing to the highest standards what they are really there to do (higher dependency care and technological care)
- A far more coordinated and integrated pattern of care, across the NHS and across other sectors such as social care and the voluntary sector, with reduced duplication and better placing of the patient at the centre of care

They see the need and the potential to do this in ways which recognise absolutely the differing needs and issues facing dispersed rural populations and urban populations too.

In addition the pattern of care in Shropshire and Telford & Wrekin, especially hospital services across multiple sites, means that services are struggling to avoid fragmentation and are incurring additional costs of duplication and additional pressures in funding. Shropshire has a large enough population to support a full range of acute general hospital services, but the split of these services over two main sites is increasingly difficult to maintain without compromising the quality and safety of the service.

In particular, Shrewsbury and Telford NHS Hospital Trust (SaTH) currently runs two full accident and emergency (A&E) departments, but does not have a consultant-delivered service available 16 hours a day, over 7 days a week on either site. Even without achieving Royal College standards, the Trust currently has particular medical workforce recruitment issues in respect of A&E services, stroke, critical care and anaesthetic cover. Most of the services are delivered on two sites, though stroke services have recently been brought together on an interim basis; this latter move having delivered measurable improvements in clinical outcomes. Women's and Children's services have also been consolidated onto a single site in Telford.

The procurement/delivery status:

No detailed procurement or delivery strategy is required yet.

Current position regarding Health Gateway Reviews:

A first Gateway 0 Review was completed on the 13th March 2014.

Following the review an action plan was developed by the Programme Team and action has been taken to implement many of the recommendations fully and some partially. Where appropriate this is considered further in this report.

Purposes and conduct of the Health Gateway Review

Purposes of the Health Gateway Review

The primary purposes of a Health Gateway Review 0: Strategic assessment, are to review the outcomes and objectives for the programme (and the way they fit together) and confirm that they make the necessary contribution to government, departmental, NHS or organisational overall strategy.

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Appendix A gives the full purposes statement for a Health Gateway Review 0.

Conduct of the Health Gateway Review

This Health Gateway Review was carried out from the 3rd March to the 6th March at the Shropshire Clinical Commissioning Group HQ. The team members are listed on the front cover.

The people interviewed are listed in Appendix B.

The Review Team would like to thank those who contributed to the review for their openness and candour, which contributed to the review team's understanding of the programme and the outcome of this review.

Delivery Confidence Assessment

The Review Team's delivery confidence is **AMBER**.

The Review Team were impressed by the continuing commitment shown by a range of stakeholders to the aims of the Future Fit Programme. In the main, the Programme has continued to successfully involve and engage a range of stakeholders in the development of a long term solution for acute hospital services. However, we sensed a rising level of concern on a number of key issues.

Future Fit is a complex Programme which will require changes in the shape and location of emergency care and planned care services in the county. In June 2014, the Programme Board endorsed a clinical model which provides a sound basis for the development of practical solutions to implement more effective ways of working.

Prior to public consultation, agreement must be reached by the two CCGs on a preferred way forward. Some limited progress has been made towards enabling shared decision making; however, there is a risk that this matter will remain unresolved unless there is a timetable of events and deadline set for its resolution.

Robust business cases will be required by external bodies to support both the investment required for the changes and the approval to consult publicly. There are a number of areas that we believe require attention in this respect including understanding the requirements of approving bodies, ensuring the shortlist of options is robust, whole system financial planning and being clear about the critical path. Proactive programme management will be needed in the coming months to ensure processes are sound and key interdependencies recognised and addressed.

The acute hospital changes cannot happen in isolation if the advocated whole system clinical model is to be successfully implemented across Shropshire and North Powys. The development of a Future Fit Programme for Primary and






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Community Care is at an embryonic stage. Managing the interdependencies between Future Fit Programmes and with other major change programmes will add complexity but needs to be addressed.

At this stage we believe there is sufficient goodwill and time for the Programme to deliver. However, there has already been slippage in the Programme and there is potential for further delay unless there is sustained management drive and focus. This will be essential to ensure that issues do not turn into major risks which undermine delivery of the Programme.

Colour	Criteria Description
	Successful delivery of the project/programme appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
	Successful delivery appears likely. However attention will be needed to ensure risks do not materialise into major issues threatening delivery
	Successful delivery appears feasible but issues require management attention. The issues appear resolvable at this stage of the programme/project if addressed promptly.
	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed.
	Successful delivery of the project/programme appears to be unachievable. There are major issues on project/programme definition, schedule, budget, required quality or benefits delivery, which at this stage do not appear to be manageable or resolvable. The project/programme may need re-baselining and/or overall viability re-assessed

A summary of recommendations can be found in Appendix C.

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Findings and Recommendations

1: Policy and business context

Shropshire CCG, Telford and Wrekin CCG, Shrewsbury and Telford Hospitals NHS Trust, Shropshire Community Health NHS Trust and Powys Teaching Health Board are working collaboratively to secure high quality and sustainable patient care, through the NHS Future Fit Programme, which was launched in January 2014 following the development of a compelling case for change. The Programme is focusing on the hospital services provided by Shrewsbury & Telford Hospital NHS Trust and Shropshire Community Health NHS Trust, and is bringing together local NHS organisations, social care, local councils, voluntary groups and patients.

The aim is to develop a clear vision for excellent and sustainable acute and community hospitals - safe, accessible, offering the best clinical outcomes, attracting and developing skilled and experienced staff, providing rapid access to expert clinicians, working closely with community services, focused on those specialist services that can only be provided in hospital.

The local context for the Programme has changed since its inception: while Future Fit was not originally designed to address financial issues, the worsening financial position and growing challenges in emergency care make this imperative. The Programme needs to ensure that pace is maintained to avoid delay, and that future financial sustainability is secured.

Between February and May 2014 more than 300 health care professionals were involved in redesigning local health care models. Three key areas were considered; urgent and emergency care, planned care, and long term conditions and frailty. The resultant Clinical Design Report was approved by the Programme Board in June 2014, and subsequently published. It has recently been reviewed by The West Midlands Clinical Senate. Their report, published in January 2015, commended the service redesign work and felt that the approach taken was appropriate given the challenges faced by the local health economy. It identified areas of clinical and financial risk and made some recommendations for change.

The clinical redesign work is well supported locally, although it is recognised that the models have as yet only been described at very high level. There is some anxiety that the models now need to be fleshed out in sufficient detail to facilitate workforce and facilities planning and costing, and to provide patients and the public with confidence that service changes will deliver tangible benefits.

There is also concern that the focus of the Programme and the outputs to date may be somewhat narrow at this stage, in that they focus mainly on acute hospital services and buildings, and that further work is required in the following areas:

- defining the model for rural urgent care centres, their number and location

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- clarifying the future role of community hospitals, including the development of local planned care centres
- developing models for community and primary care services that will be needed to support new service models
- developing plans for urgent care, community care and primary care in Powys

We heard that a second Future Fit Programme is planned to develop proposals for community and primary care. This programme is not yet scoped and the governance arrangements are not confirmed. We also heard about the need to connect effectively with other initiatives such as the Better Care Fund, service change in Powys and other neighbouring communities.

These individual programmes of work need to be carefully coordinated and sequenced, to ensure that key interdependencies are identified and managed, that affordability can be comprehensively assessed, and to ensure that implementation can be appropriately planned, including the transitional services required.

Recommendation 1:

The SROs should ensure that suitable governance and management arrangements are in place to manage the interdependencies between major change programmes

Since the last review the Programme governance arrangements have been enhanced through the introduction of a Core Group, comprising a single representative of each sponsor organisation. The group meets more frequently than the Programme Board and has authority to take decisions on behalf of the Programme Board as required or delegated. It was generally considered that this arrangement was working well, as it allowed for more focussed discussions on key issues, and enabled timely decisions to be taken. The introduction of the group has been well supported by stakeholders.

The last review recommended that the CCGs should agree an approach to decision making on the future configuration of services. We heard that some discussions have taken place but the matter is not as yet concluded. These deliberations must reach a conclusion well before public consultation, and need to consider the role of Powys THB. There is a risk that this matter will remain unresolved unless there is a timetable of events and deadline set for its resolution.

We heard limited evidence of learning from other health economies involved in system-wide reconfiguration programmes, and we would encourage the Programme Team to consider this, and to share their own experiences with others.

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2: Business case and stakeholders

Business Case

The Programme has commissioned a technical team to produce a Strategic Outline Case (SOC) for acute hospital reconfiguration. The current Programme Plan includes a plan to produce a second SOC for the community, and a Pre Consultation Business Case (PCBC). There were varying views about the second SOC; concern was expressed that plans for rural Urgent Care Centres, and community hospitals more generally were not sufficiently developed to be included in a SOC at this stage.

The business cases will be subject to the approval processes of external bodies including the TDA and NHS England. A SOC for significant capital investment will also require the approval of the Department of Health (DH) and HM Treasury, and care should be taken to ensure that their requirements are fully understood and addressed from the outset. The issues raised at the NHSE Strategic Sense Check and through the Clinical Senate review must also be fully addressed as part of the business case development. At the time of this review there were outstanding areas to be addressed.

Recommendation 2:

The SROs should ensure that the requirements of approval bodies are fully understood and addressed in business cases

The Programme has recently undertaken an options appraisal and shortlisting exercise. We were told that the process for producing the long list, developing the evaluation criteria and weightings, and the scoring of options was developed by the Programme Team based on best practice and current guidance. It was subjected to review by the Assurance Workstream and formally approved by the Programme Board.

Most but not all of those interviewed felt that the right options had been shortlisted, however a range of concerns were voiced about the process. For example, the volume of information provided and a risk that those scoring may have interpreted the criteria differently. The most common concern related to the low weighting given to the affordability criterion, and the consequent exclusion of the cheapest options from the shortlist. Three of the shortlisted options include a new hospital build on a green field site, which most people thought would be unaffordable. There is a risk that these concerns may result in challenges being raised about the process at a later stage.

A contributory factor to the handling of affordability was that the Programme had not been able to define affordability parameters in advance of the evaluation process. An initial paper on affordability had identified a wide range of scenarios, which did not provide a sound basis for assessing affordability, and the Review Team heard that this is still not resolved.

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Other whole system reconfiguration programmes have found it beneficial to reach joint agreement on an affordability envelope or baseline, sometimes referred to as a “single version of the truth”. This provides a firm basis for assessing the affordability of options, and ensures the credibility of any business cases submitted to external bodies for approval. The Future Fit Programme needs to progress this urgently if it is to proceed with its current timetable.

Recommendation 3:

The Core Group should ensure that a whole system affordability position is agreed to inform the Programme and the development of business cases

The Review Team heard concerns that insufficient work had been undertaken in relation to benefits management. These concerns were not just about capturing the benefits but also about communicating them clearly to the public so that they could understand the totality of the service models planned. There is a risk that public opinion may focus only on the location of care delivery, especially acute hospital care, unless the benefits of system wide service change are clearly explained and promoted. NHS England raised this matter at their Strategic Sense Check, asking the Programme to be more explicit about ambitions and outcomes for local patients. The Programme’s action plan/response to NHS England indicates that further action will be required on this in due course, and the Programme Plan includes an action to refresh the benefits plan by 13th February 2015. This aspect of the Programme is evidently slipping. The Programme needs to develop an inclusive process to complete this work in order to support further options appraisal and effective public engagement.

Recommendation 4:

The SROs should establish an inclusive process for identifying and assessing the benefits of the proposed changes in service delivery

Stakeholders

Over the past year the Programme has undertaken an extensive range of stakeholder engagement and communications activity, guided by a workstream plan approved in May 2014. This has sought the involvement of service users, patients, carers, staff, clinicians, local MPs, partners, and the general public.

Throughout our interviews the Review Team heard many positive comments about the effectiveness of this work. As a result all key stakeholders reported that they felt involved and listened to both at the Programme Board and in the various workstream activities when they had contributions to make. They also remained firmly supportive of the Programme’s aims and objectives and of the proposed model of care as developed to date. This was especially true of those representing the interests of patients, service users and carers. The Programme is to be commended on this work.

The Review Team also heard a number of concerns from interviewees, many of

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which were felt to be of rising importance. These centred on several recurring themes:

- The need to give priority to planning service changes outside hospital in order to adequately define proposals for changes and investment in acute services – many interviewees felt planning new hospital sites/buildings was distracting from achieving appropriate focus on necessary changes in service delivery to patients in other settings;
- The importance of widening engagement and ownership within primary care in all localities as proposals become refined – slow but sustained progress was reported and it was emphasised that this needs to be continued;
- The perceived lack of timely progress on critical activities - interviewees stressed the need for more visible progress in detailed work on delivery of the clinical model of care, workforce planning, IT and shared care records, and financial/ affordability analysis;
- The importance of achieving early clarification of how formal decisions will be taken at key points later in the year – agreement in advance amongst commissioners and with other interested parties would avoid protracted delays when proposals are made;
- An urgent need to promote more consistent engagement of both the public and professional services in Powys – there was particular concern that shortfalls here could delay formal decisions later.

The Programme will need to respond actively to all these concerns if it is to continue to enjoy stakeholders' confidence and support.

The Review Team share the specific concern about the potential risks arising for the Programme as a whole from a lack of sufficient stakeholder engagement in Powys. There are a number of dimensions to this issue, requiring the further involvement of local people, GPs, the Ambulance Service and other service providers. We recognise that prime responsibility for future work must rest with the THB and are aware that a new executive lead has been appointed recently for this purpose. However we believe it is essential that the Programme Team review what further steps can be taken to plan and support appropriate action and ensure timely delivery.

Recommendation 5:

The Programme Director should review plans for engagement and communications activity in Powys and potential support for the work with Powys THB

3: Risk management

Since the previous Gateway Review the Programme has instigated a risk management approach which enables workstream leads and others to identify and escalate risks to the Programme Team. A risk register is held centrally which we

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were told is regularly considered by the SROs. The current register appears to capture most risks.

In May 2014, it was agreed by the Programme Board that pre and post mitigation red risks and any other risk whose mitigation required Board input should be regularly reviewed at the Board. Since then Risk, although mentioned in the Programme Director's report, has not been itemised in the agendas and minutes of the Programme Board. It is unclear to what extent risk is considered regularly at the Core Group meetings.

For good governance purposes the risk register should be considered regularly by the Programme Board and the Core Group and minuted accordingly.

We were impressed by the risk management approach used by the Communications and Engagement Workstream. It was evident that some workstreams are less rigorous and we would encourage other workstreams to adopt a more disciplined approach to identifying, assessing and managing risks. This would ensure that the central risk register focusses on all high scoring risks while workstream registers provide a more comprehensive analysis. It would also enable more appropriate designation of risk ownership. Currently, the risk owner for many of the risks on the central register is shown as the SROs or the Programme Director which we feel is inappropriate in many cases. We were also unclear on the methodology for escalating risks to the central register.

We would encourage the Programme to be vigilant in ensuring that all parties contribute to the risk management system so that all risks are captured and managed at the appropriate level.

4: Review of current outcomes

The Programme has made substantial progress since the last review and many interviewees commended the achievements of the SROs and the Programme Team.

The current phase of the Programme, Option Development and Appraisal, commenced in June 2014 and is due to complete with the approval of a SOC by the Department of Health (DH) and HM Treasury in December 2015.

The process adopted by the Programme was to identify and appraise a long list of options in order to agree a shorter list of options to be considered in the SOC. At the time of the Review, a report of the Evaluation Panel's Shortlisting Process had been considered by the Core Group and the Programme Board and a press release issued outlining shortlisted scenarios for an Emergency Centre and Diagnostic & Treatment Centre to be taken forward for further evaluation. We were told that an internal assurance review of the shortlisting process had also been completed. The evaluation process has been discussed above in the Business Case section.

In considering current outcomes we have reviewed the potential consequences arising from the proposed shortlist. In our discussions, many stakeholders felt that the shortlisted options were appropriate though this was not universal. Many

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believed, however, that some of the options may not be affordable and it was recognised that the financial viability of each option would be assessed more thoroughly as part of the SOC process.

In our view, the approach adopted in determining a shortlist with limited consideration of affordability carries significant risk. A scenario in which some of the options identified are deemed to be unaffordable due to excessive development, infrastructure or revenue costs would dilute the number of options to be subjected to a fuller appraisal of costs, benefits and risks. HM Treasury guidance suggests that a shortlist of realistic options should be determined and appraised and it is possible that one or more of the external approving bodies may have concerns if the number of viable options to be appraised is reduced at too early a stage.

The Review Team believe that the development of a whole system financial plan as recommended above would enable parameters to be set for an acceptable revenue consequence of the Future Fit developments. This together with an early assessment of the development, infrastructure and potential revenue consequences of the options would enable the Programme Board to determine the viability of the proposed shortlist before undertaking detailed work on the SOC. It would also be prudent to 'test the water' with NHS England and the DH at an early stage.

Recommendation 6:

The SROs should assure themselves further that the shortlisted options for the EC and D&TC are fit for purpose for development of the SOC

If following this further assurance process it is necessary to update the shortlist, it will be important to document a clear audit trail for any decisions taken and to explain any changes to the public.

The Programme Board has agreed to prototype two urban UCCs, one in Shrewsbury and the other in Telford. They will also explore the most appropriate rural urgent care solutions in partnership with local communities and all existing Minor Injury Units will be considered as potential sites for rural UCCs. This flexibility of approach was welcomed by many interviewees although there was uncertainty as to what the UCCs would offer and how they would operate.

We understand that work is underway or planned on defining the form, function and ways of working of UCCs and some of this work may be required to support the development of the SOC; not least the impact on patient flows. Some interviewees advocated the early development of UCCs to potentially ease the strain on existing Emergency Care services and to test the proposed model of care. The rural urgent care solutions will need to be considered as part of the wider local community offer. It was unclear to us whether this would be addressed through a separate workstream as part of Future Fit or form part of the new programme labelled as 'Future Fit 2'. This needs to be clarified.

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In our discussions with stakeholders, some frustration was expressed at the timescales required to deliver a long term solution; though the tension between maintaining a swift pace, to sustain acute operational services, and ensuring sound process was acknowledged. In our view it is important that the SROs and the Core Group are able to manage this tension effectively. It is evident that Phase 2 had taken longer than planned and we believe that slippage within the current phase is looking increasingly likely.

Although it is not included in the scope of the Programme, the development of local IT infrastructure and shared care records is seen as essential to the successful delivery of the proposed clinical model. Planned work in this area appears to have slipped substantially and remains outstanding. Our interviewees were unclear as to how and when it is being progressed. There is an urgent need to clarify plans for this work and to ensure adequate provision is made for appropriate investment and change management.

A key milestone in the current phase is the development of the Acute SOC. The latest version of the Programme plan sets out a range of activities required to complete the SOC. However, the plan does not show clearly the critical path to achieving SOC completion. In our view there are dependencies which are not clearly demonstrated by reference to the project plan alone. For example, the work on UCCs; the completion of workforce profiles for the baseline and for each option; the establishment of affordability criteria, the identification and assessment of benefits for each option. The Core Group would benefit from a clearly understandable critical path mapping out the key activities, dependencies and timescales for review at each meeting. Some of the key activities on the critical path are the responsibility of workstream leads and it is essential that they have a clear understanding of what is required and by when.

Recommendation 7:

The Programme Director should establish the critical path for the development of the SOC for regular review by the SROs and Core Group

The previous Gateway Review drew attention to a number of issues regarding programme disciplines. It is evident that improvements have been made in a number of areas. In other areas, such as the incorporation of workstream plans into the overall programme plan, the development of a benefits realisation plan and the identification of interdependencies, little progress is evident. The Programme Execution Plan (PEP) which is described as a working document has not been updated since May 2014 although we understand that changes and additions are taken to the Programme Board. It would be appropriate to update the PEP at some stage to show all approved changes in one document. In such a substantial and complex Programme it is important to maintain sound programme management disciplines.

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5: Readiness for the next phase: Delivery of outcomes

The next planned phase of the Programme is Phase 4, undertaking a formal public consultation exercise on the preferred option for service change once necessary approvals have been given to local business cases.

To prepare for this phase it is imperative that the Programme has an agreed definition of what service changes are proposed in terms which are understandable to local people and sound evidence to support them. In our interviews we heard many comments that this definition will need to be clear in terms of services to be provided out of hospital as well as the care to be delivered in the proposed Emergency Centre and DTC. The functions of any proposed Urgent Care Centres and their relationship to other community services in particular will need to be carefully described.

The Review Team heard that work has begun recently on a distinct programme geared to the future development of out of hospital care, labelled to date as 'Future Fit 2'. This was widely welcomed and regarded as deserving high priority. However it was clear that at present there are differing perceptions of the potential scope of the programme and no clarity about its leadership, governance, activities, resourcing, timeline or interface with the existing Future Fit Programme.

We believe it is critical to the success of this Programme that future plans for additional work are clarified as a matter of urgency and agreed with all the relevant stakeholders. In particular it is essential that agreement is reached on what elements of plans for out of hospital care must be available in time to support the Programme's SOC and PCBC proposals and what will be required prior to public consultation. Further work should be commissioned as a matter of urgency.

Recommendation 8:

The SROs should ensure plans for 'Future Fit 2' are developed and agreed with stakeholders

The public consultation exercise to be undertaken in the next phase will be complex and potentially highly controversial. The Review Team heard that work is already under way to plan for this phase and seek appropriate resources. While we recognise that the details cannot be designed until the content of local business cases has been clarified, the Review Team endorse this approach. It will be helpful for the Programme Board to review and agree a draft plan and budget as early as possible and to seek legal advice in good time. This will assist in completing the PCBC required by NHS England and the associated assurance processes.

In parallel with the preparation of business cases and plans for a consultation exercise, the Programme will need to ensure that work continues on plans for implementation of its preferred option. The Review Team was encouraged to hear a number of interviewees emphasising that the focus of future activity should be on

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changing ways of working and behaviours across the whole health and social care system rather than just relocating specific facilities. We are unclear on whether the Programme has designated sufficient resources to support this clinical redesign work effectively over the longer term. It is important that the SROs are assured that there is a clear plan for this activity and appropriate resource.

The approach which commissioners intend to adopt for the procurement of redesigned services during the implementation phase has not yet been clarified. Until this is determined it will not be possible to ensure that ongoing service contracts are adequately aligned with the direction being pursued by the Programme. It will be helpful for commissioners to consider this issue in the near future and in particular to confirm their approach in time for it to be reflected clearly at the OBC stage.

A Health Gateway Review 0 is required prior to public consultation. A Gateway Review 1 is also expected to consider the Acute SOC. Depending on timing these could be incorporated in a single review.

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APPENDIX A

Purposes of Health Gateway Project Review 0: Strategic assessment

- Review the outcomes and objectives for the programme (and the way they fit together) and confirm that they make the necessary contribution to the overall strategy of the organisation and its senior management.
- Ensure that the programme is supported by key stakeholders.
- Confirm that the programme's potential to succeed has been considered in the wider context of the organisation's delivery plans and change programmes, and any interdependencies with other programmes or projects in the organisation's portfolio and, where relevant, those of other organisations.
- Review the arrangements for leading, managing and monitoring the programme as a whole and the links to individual parts of it (e.g. to any existing projects in the programme's portfolio).
- Review the arrangements for identifying and managing the main programme risks (and the individual project risks), including external risks such as changing business priorities.
- Check that provision for financial and other resources has been made for the programme (initially identified at programme initiation and committed later) and that plans for the work to be done through to the next stage are realistic, properly resourced with sufficient people of appropriate experience, and authorised.
- After the initial review, check progress against plans and the expected achievement of outcomes.
- Check that there is engagement with the market as appropriate on the feasibility of achieving the required outcome.
- Where relevant, check that the programme takes account of joining up with other programmes, internal and external.

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APPENDIX B

Interviewees

Name	Role
Colin Thomas	Programme Finance Lead (Finance, Telford & Wrekin CCG)
Paul Taylor & Liz Noakes	Interim Assistant Director: Adult Social Services, Telford Council; and Director of Public Health, Telford Council
Dave Evans	SRO (Accountable Officer, Telford & Wrekin CCG)
Caron Morton	SRO (Accountable Officer, Shropshire CCG)
Steve Gregory	Director of Nursing, Shropshire Community Healthcare NHS Trust
Mike Sharon	Programme Director (NHS Midlands & Lancashire CSU Strategy Unit)
Edwin Borman	Medical Director, Shrewsbury and Telford Hospitals NHS Trust
Peter Herring	CEO, Shrewsbury and Telford Hospital NHS Trust
Vivek Khashu & Dinah McLannahan	Head of Delivery and Development & Senior Business Consultant, NHSTDA, Midlands & East
Jan Ditheridge	CEO, Shropshire Community Healthcare NHS Trust
Bob Hudson	CEO, Powys LHB
Andy Raynsford	Chair, North Powys Locality GP Cluster
Jayne Thornhill & David Adams	Deputy/Chief Officer, Montgomeryshire Community Health Council
Cllrs Derek White & Gerald Dakin	Joint HOSC Chair Telford & Wrekin Council; and Joint HOSC Chair, Shropshire Council
Dawn Wickham	Director of Operations and Delivery, NHS England
Matt Ward	Head of Clinical Practice, West Midlands Ambulance Service NHS Trust
David Frith	Senior Programme Manager (NHS Midlands and Lancashire CSU)
Stephen Chandler	Director of Adult Services, Shropshire Council
Bill Gowans & Mike Innes	Vice Chair Shropshire CCG/Chair, Telford and Wrekin CCG
Martin Davies	Technical Team Member (SHP)
Adrian Osborne	Communications Director, Shrewsbury and Telford Hospital NHS Trust
Paul Tulley	Chief Operating Officer, Shropshire CCG

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APPENDIX C

Health Gateway Review 0: Strategic assessment

Programme Title: Future Fit – Shaping Healthcare Together

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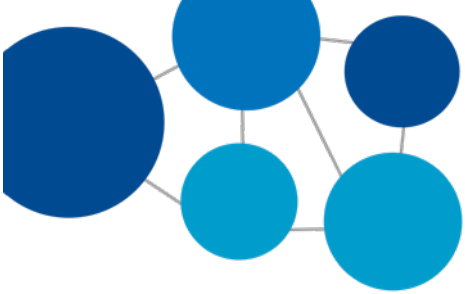
Summary of recommendations

The suggested timing for implementation of recommendations is as follows:-

Do Now – To increase the likelihood of a successful outcome it is of the greatest importance that the programme/project should take action immediately.

Do By – To increase the likelihood of a successful outcome the programme/project should take action by the date defined.

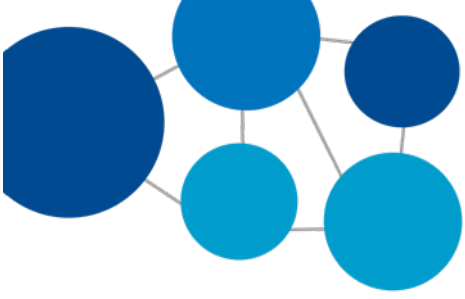
Ref. No.	Recommendation	Timing
1.	The SROs should ensure that suitable governance and management arrangements are in place to manage the interdependencies between major change programmes	End April 2015
2.	The SROs should ensure that the requirements of approval bodies are fully understood and addressed in business cases	End March 2015
3.	The Core Group should ensure that a whole system affordability position is agreed to inform the Programme and the development of business cases	Do now
4.	The SROs should establish an inclusive process for identifying and assessing the benefits of the proposed changes in service delivery	End March 2015
5.	The Programme Director should review plans for engagement and communications activity in Powys and potential support for the work with Powys THB	Do now
6.	The SROs should assure themselves further that the shortlisted options for the EC and D&TC are fit for purpose for development of the SOC	Do now
7.	The Programme Director should establish the critical path for the development of the SOC for regular review by the SROs and Core Group	Do now
8.	The SROs should ensure plans for 'Future Fit 2' are developed and agreed with stakeholders	End April 2015



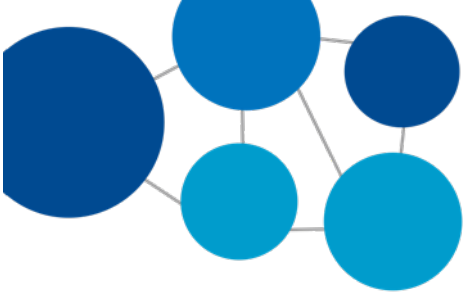
Health Gateway Review Action Plan

Review 0: Strategic Assessment, 10th - 13th February 2015

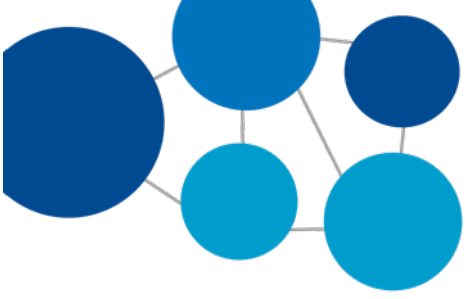
	Recommendation	Recommended Timing	Actions	Led by
1.	The SROs should ensure that suitable governance and management arrangements are in place to manage the interdependencies between major change programmes	End April 2015	<ul style="list-style-type: none"> Identify all major interdependencies and set out governance linkages and the alignment of key outputs. 	<ul style="list-style-type: none"> Programme Team
2.	The SROs should ensure that the requirements of approval bodies are fully understood and addressed in business cases	End March 2015	<ul style="list-style-type: none"> Clarify scope of SOC(s) and the nature/timing of information required on wider system changes to facilitate approvability Continue regular review of Sense Check Action Plan Develop action plan based on Clinical Senate Review, and regularly review progress against it Continue engagement with NHSE and NHS TDA re: approvals processes, including facilitating meetings between approving bodies to ensure consistency of approach 	<ul style="list-style-type: none"> Programme Team/ Technical Team Programme Team Clinical Design Workstream Programme Director



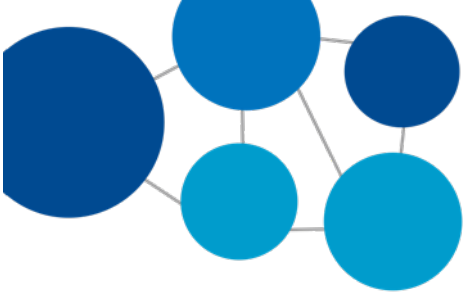
	Recommendation	Recommended Timing	Actions	Led by
3.	The Core Group should ensure that a whole system affordability position is agreed to inform the Programme and the development of business cases	Do now	<ul style="list-style-type: none"> Conclude further planned work on whole-system affordability including review of: <ul style="list-style-type: none"> 5 year plan assumptions Phase 2 modelling Programme Financial Model and its assumptions about the ratio between costs released from acute care and reinvested in community alternatives UCC costs Linkage with Better Care Fund Agree a set of affordability parameters to inform option development and appraisal 	<ul style="list-style-type: none"> Finance Workstream Finance Workstream
4.	The SROs should establish an inclusive process for identifying and assessing the benefits of the proposed changes in service delivery	End March 2015	<ul style="list-style-type: none"> Hold a workshop with representatives of programme stakeholders/sponsors to review the following in the light of the agreed shortlist of options: <ul style="list-style-type: none"> Draft Benefits Realisation Plan Non-financial appraisal criteria and the make-up of the non-financial appraisal panel Undertake further engagement about desired outcomes and identify key messages for the public on the programme's expected outcome benefits 	<ul style="list-style-type: none"> Programme Team Engagement & Comms Workstream
5.	The Programme Director should review plans for engagement and communications activity in Powys and potential support for the work with Powys THB	Do now	<ul style="list-style-type: none"> Work with Powys stakeholders to agree shared engagement plan and responsibilities for delivery 	<ul style="list-style-type: none"> Engagement & Comms Workstream



	Recommendation	Recommended Timing	Actions	Led by
6.	The SROs should assure themselves further that the shortlisted options for the EC and D&TC are fit for purpose for development of the SOC	Do now	<ul style="list-style-type: none"> • Confirm viability of shortlist with NHSE • Ensure option development work aligns with whole-system affordability parameters • Prepare paper for April Board on process for revisiting the shortlist if any options fail to meet affordability parameters 	<ul style="list-style-type: none"> • Programme Director • Programme Team/ Technical Team • Programme Director
7.	The Programme Director should establish the critical path for the development of the SOC for regular review by the SROs and Core Group	Do now	<ul style="list-style-type: none"> • Revise Programme Plan to highlight the critical path, and create summary view • Add Critical Path as standing item to Core Group agendas 	<ul style="list-style-type: none"> • Programme Manager/ Technical Team • Programme Administrator
8.	The SROs should ensure plans for 'Future Fit 2' are developed and agreed with stakeholders	End April 2015	<ul style="list-style-type: none"> • CCGs to agree scope and timing of work to be commissioned in consultation with key stakeholders • Identify all major interdependencies and set out governance linkages and the alignment of key outputs (see 1. above). 	<ul style="list-style-type: none"> • SROs • Programme Team



Additional Matters Identified from Gateway Report				
	Recommendation	Recommended Timing	Actions	Led by
9.	Deliberations on an approach to decision making on the future configuration of services must reach a conclusion well before public consultation, and need to consider the role of Powys tHB		<ul style="list-style-type: none"> Set out timetable of events for CCGs, including a deadline for reaching a conclusion Seek advice from Consultation Institute/legal advisers on role of Powys tHB in final decision making and confirm with Powys tHB 	<ul style="list-style-type: none"> SROs Core Group
10.	Roll out risk management process to all Workstreams. Clarify methodology for escalating Workstream risks to the central register. Review ownership of risks.		<ul style="list-style-type: none"> Revise risk management processes to create sub-registers for Workstreams. Programme Team to review all risks and determine which it should manage directly. Review ownership of risks on central risk register 	<ul style="list-style-type: none"> Programme Team Programme Team
11.	The Programme will need to ensure that work continues on plans for implementation of its preferred option.		<ul style="list-style-type: none"> Set out plan for use of culture and service change models across the whole health and social care system Review resource requirement to support this work 	<ul style="list-style-type: none"> Clinical Design Workstream Programme Team



<p>12.</p>	<p>The Programme should note the importance of widening engagement and ownership within primary care in all localities as proposals become refined</p>		<ul style="list-style-type: none"> • Embed within plans for Future Fit 2 • Clarify roles of different programme groups in engaging with GPs in their various functions (clinicians, CCG members, providers) • Ensure Primary Care actively engaged as a stakeholder in current engagement plans • Review plans for NHS staff engagement pre-consultation 	<ul style="list-style-type: none"> • Programme Director • SROs • Engagement & Comms/ Clinical Design Workstreams • Engagement & Comms/ Clinical Design Workstreams
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