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

Version 3.0 (Issued) July 2013

Health Gateway Review
Review 0: Strategic assessment

Version number: Final

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Organisation: Shropshire CCG
Telford & Wrekin CCG

Health Gateway Review dates: 3/3/14 to 6/3/14

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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

- 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.

Most pressingly, the Shrewsbury and Telford Hospitals Trust (SaTH) currently runs two full A&E departments and does not have a consultant delivered service 16 hours a day 7 days a week. Even without achieving Royal College standards the Trust currently has particular medical workforce recruitment issues around A&E services, stroke, critical care and anaesthetic cover. All of these services are currently delivered on two sites though stroke services have recently been brought together on an interim basis. This latter move has delivered measurable improvements in clinical outcomes

The procurement/delivery status:

No detailed procurement or delivery strategy is required yet.

Current position regarding Health Gateway Reviews:

This is the first Gateway 0 Review and is being undertaken at an early stage of the Programme.

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.

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

Health Gateway Review 0: Strategic assessment

Programme Title: Future Fit – Shaping Healthcare Together

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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.

Special thanks are also due to Claire Turner and colleagues for their hospitality during our visit.

Delivery Confidence Assessment

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

The Programme Execution Plan (PEP) for Future Fit states that "The Shropshire CCG, Telford and Wrekin CCG, Shrewsbury and Telford Hospitals Trust, Shropshire Community Health Trust and Powys LHB have committed to work collaboratively to undertake a Clinical Services Review engaging fully with their patient populations, to secure long-term high quality and sustainable patient care". In our interviews with a range of stakeholders we found a high degree of evidence to support the sentiment of this statement. While there are differences in view as to the appropriate scope and priorities of the Programme there was an almost unanimous view that radical change was required. There is a sense of realism that reaching a consensus on the future shape and location of acute services will be difficult and that delivering change in the existing financial climate will be challenging. Nonetheless, there appears to be an appetite to take the opportunity that Future Fit provides to deliver change.

For these reasons the Review Team believes that successful delivery of the Programme is feasible. However, we have identified a number of issues which we feel require management attention. In particular, we would like to see the CCGs formalise their collaborative working by committing at the earliest opportunity to an approach that will facilitate a shared and binding decision being taken on the future configuration of services following public consultation.

We believe there is a need for immediate management action in a number of key areas of the Programme notably in the handling of service pressures that are likely to arise in the next few years, in the management of risks which threaten delivery of the Programme and in ensuring communications and engagement keeps pace with the Programme's development.

Maintaining sound programme management disciplines throughout will be essential and the appointment of a dedicated Programme Director will enhance the work that has been undertaken to date.

The delivery confidence assessment status should use the definitions below.

Colour	Criteria Description
G	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
A	Successful delivery appears likely. However attention will be needed to ensure risks do not materialise into major issues threatening delivery
A	Successful delivery appears feasible but issues require management attention. The issues appear resolvable at this stage of the programme/project if addressed promptly.
A	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.
R	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.

Findings and Recommendations

1: Policy and business context

Shropshire CCG, Telford and Wrekin CCG, SaTH, Shropshire Community Health Trust and Powys LHB have committed to work collaboratively to undertake a Clinical Services Review (CSR), engaging fully with their patient populations, to secure long-term high quality and sustainable patient care. The aim of the CSR is initially to develop a clear vision for excellent and sustainable acute and community hospitals. The programme of work underpinning the CSR is known locally as Future Fit.

Shropshire CCG covers a large geographical area with issues of physical isolation and low population density and has a mixture of rural and urban aging populations. Telford & Wrekin CCG has an urban population ranked amongst the 30% most deprived populations in England. Both are dependent on in-county acute and community care provision operating across multiple sites with the challenges that can bring. Both CCGs are aware of the needs of the north Powys population who are dependent on services from SaTH.

The clinical and financial sustainability of acute hospital services has been a concern for more than a decade. Shropshire has a large enough population to support a full range of acute general hospital services. Delivering services over two sites is increasingly difficult to maintain without compromising quality, safety and financial viability.

Most pressingly, SaTH currently runs two full A&E departments and does not have a consultant delivered service 16 hours/day 7 days a week. Even without achieving Royal College standards, the Trust currently has particular medical workforce recruitment problems around A&E services, stroke, critical care and anaesthetic cover.

The scope of the Programme is focussed on the services provided by SaTH and Shropshire Community Health NHS Trust. There are other providers who will be involved in the redesign of services; however these organisations' overall services are outside the Programme's scope. Specifically, the PEP records that the redesign of community health services and the redesign of primary care services are outside the scope of the CSR (subject to a caveat that these are key interdependencies requiring close coordination with the Programme).

We have heard diverse and conflicting opinions on the scope of the Programme. On the one hand, we have heard very forcibly held views that the Programme should restrict itself to solving the immediate problems facing SaTH (as summarised above); on the other hand, we have also heard equally forceful views that the Programme cannot succeed unless the redesign of primary care and community service are included as these are integral to the success of the emerging clinical model.

Interim actions that may be required to manage shorter term pressures in SaTH could impact on potential longer term solutions so it will be important for the

Programme Board to manage this dependency. This could be achieved by more explicitly bringing them within the scope of the Programme.

Recommendation 1:
The Programme Board should determine whether the current scope of the Programme remains appropriate

2: Business case and stakeholders

Business Case

The latest version of the plan envisages that Phase 1 of the Programme will be completed by the 10 March 2014. Key outcomes from this phase include the overall model of care for acute and community hospital services; activity and capacity assumptions for these services; and an initial assessment of the financial envelope for recurring revenue expenditure and capital investment capacity. The Review Team heard that the model of care and activity and capacity work was ready for sign-off by the Programme Board. The work on the financial assumptions had not been finalised and this element is not ready for consideration yet. The lack of sufficient financial staff capacity was cited as the reason for this and the Programme Board will need to address this.

The Review Team welcomed the recent revision of the Programme timeline which provides more time in the next phase to ensure that there is sufficient time to robustly identify options. The plan appears to provide enough time to complete this phase of work if managed effectively.

The next phase will include refinement of the model of care and further development of a comprehensive model to predict the capacity and financial outcomes of activity flow assumptions. It is envisaged that several iterations of the activity modelling will be needed to determine outputs which can provide the basis for developing options for delivering the model of care. For options to be realistic their validity must be tested for affordability (e.g. do they fit within the overall recurring revenue envelope and capital funding constraints?) for acceptability (e.g. will they be considered credible by key stakeholders?) and achievability (e.g. can the workforce requirements be satisfied?). In determining the financial consequences of various options the implications for community care, social care and primary care must be taken into account. The tendency to be over optimistic regarding cost and timescales should also be recognised and accommodated.

The Review Team has not been presented with compelling evidence to be confident that the activities in the plan for these tasks are sufficiently robust. This phase of work must provide a solid foundation for future phases and will enhance the likely success of the Programme. The SROs, with other key decision makers, will need to support the Programme Director to ensure that sound judgements are made in developing the emerging options in a timely manner. The process must be underpinned by technical resources of the right calibre and capacity.

Recommendation 2:

The SROs should review the proposed approach for the development of options to ensure that it is fit for purpose

Future phases of the plan set out activities associated with the development of an Outline Business Case (OBC) and Full Business Case (FBC). The Review Team has not considered the business case plans in any detail as they are likely to develop further as clearer proposals emerge. We are not assured at this stage, however, that the approach implied by the activities proposed, and their timing, in the latest version of the plan is realistic.

Business cases are required for differing purposes:

- To justify and clarify the options put forward for public consultation and to support the CCGs in agreeing the overall service configuration. This should be a Programme level business case setting out the case for system-wide change; justifying the proposed model of care versus the current situation; defining the system-wide options for service reconfiguration; appraising the options and outlining proposals for delivery.
- To justify investment for specific schemes and secure capital funding from external approving bodies (e.g. NHSTDA, DH and HM Treasury). It is likely that the agreed system-wide service reconfiguration will require a range of schemes using different sites for differing services to be phased over a number of years. Each identified scheme will require a project level business case potentially requiring a Strategic Outline Case (SOC), OBC and FBC.

Recommendation 3:

The Programme Director should clarify the business case requirement as part of the next phase

<u>Stakeholders</u>

The Review Team has heard that robust engagement and involvement of service users, patients, carers, staff, clinicians, local MPs, partners, and public is essential throughout the process. Without this, the Programme will not meet the needs of the local population and is unlikely to succeed.

Accordingly, the Programme includes an Engagement and Communications workstream which has been brought together to provide expert opinion and to develop an Engagement and Communications Plan. This plan is intended therefore to maintain the momentum of engagement established by the Call to Action, the feedback from which showed there was real support for the review of services to be clinically led.

From our interviews, it is apparent that there has already been successful engagement with clinicians and other key stakeholders with their involvement at Programme Board and in the workstreams. Clinicians we have interviewed have largely endorsed the approach to engagement and the degree of support amongst

clinical stakeholders for the emerging model of care. We have also heard two consistent reservations regarding this area of the Programme:

- The lack of adequate engagement and involvement with GPs from Telford and the Wrekin is a problem which could prejudice the success of the Programme.
- The Communications and Engagement workstream is under resourced. For example, we were told that there has been no formal write up of the Call to Action (other than insofar as it relates to this Programme) and that only 0.5 WTE of a Band 7 has been available to support the workstream.

Recommendation 4:

The SROs should take action to improve the engagement with GPs from Telford and the Wrekin

Recommendation 5:

The SROs should allocate additional resource to the Communications and Engagement Workstream

3: Risk management

It became quickly apparent that interviewees could articulate risks that, if realised, would materially affect the likelihood of the programme's success. Such analysis was not carried out with consideration of a formal risk management process but was generally a natural expression of a concern. These risks were noted by the Review Team and later compared with those risks that had been documented in the PEP at section 9.3 and appendix 5.

It was reassuring to note that interviewees could and did consider potential hazards but there was little evidence that the details of these hazards had been carefully gleaned and, more significantly, it was noted that little attention had been paid to the definition of appropriate and focussed mitigating actions. For example, in the minutes of the Programme Board held on 20th January 2014 there was a note concerning major areas of risk that offered: "most items are currently rated amber since these risks are likely to manifest themselves at some stage. Any that are rated red will have mitigation plans developed". The general nature of this observation provides neither basis nor instruction for imposing an effective risk management process for the Programme. Further, the Review Team's optimism that accompanied the identification of a section addressing Issues Management (PEP, section 8.3) was short-lived as the nature of an Issue and the process for managing issues were poorly expressed.

Best practice in risk management, and the Review Team's experience, clearly urge a considered and detailed approach to the identification and mitigation of risks at the earliest stage of a Programme. The following guidelines may be useful to note:

- Risks are generally causes, not the consequences or outcomes, of some degree of error, e.g. “failure to identify key stakeholders” is a likely consequence of a poor engagement strategy
- Mitigation actions must be accurate, timely and owned. They may be significant enough to warrant a task within a programme plan
- All risks and actions should be updated regularly and the owners of mitigation actions called to account for progress or lack thereof
- All programme members have a duty to identify and report risks to the programme management office function
- The programme appetite for risk (i.e. what risk overall can the programme tolerate) must be clearly articulated by the programme’s senior management team
- In general, only those risks that require defined Programme Board action should be formally raised to, and discussed with, the Programme Board
- Risks should be managed as low down the programme structure as possible.
- Issues are essentially Risks with a probability of 100%, i.e. they have materialised and are thus in need of urgent action
- If a defined risk or issue does not threaten the success of the programme, it need not be entered in the risk register or considered further.

Recommendation 6:

The Programme Director should institute a formal review of risks and issues in accordance with recognised best practice

For information and possible action, the Review Team notes here some of the risks identified by interviewees which are not considered elsewhere in this report:

- Lack of Contingency planning generally
- Short term solutions to the SaTH Urgent Care problems conflicts with the emerging model of care
- Political intervention regarding Wales residents
- NHS England not appropriately informed and engaged
- Programme timetable is not calculated but estimated
- The impact of the general election
- Challenge of moving resources from SaTH to the community
- Interference from (ill informed) politicians
- Process of consultation (legal framework, not content)
- Lack of proactive Communications and engagement planning
- Insufficient consideration of workforce issues

Each requires analysis and, if found to be a valid risk area, to have a work plan for mitigation to be defined, owned and tracked.

4: Review of current outcomes

Governance

Many interviewees raised concerns regarding the arrangements for reaching a binding and achievable way forward on service reconfiguration. This was described by one person as 'the end game' and we heard several alternative approaches for achieving this. These included a 'committee in common', a joint meeting of the two boards and an aspiration that a consensus would emerge from the Programme Board. We believe that these concerns are well founded.

Recommendation 7:

The SROs should seek their CCGs commitment, to an approach that will facilitate a shared and binding decision being taken on the future configuration of services

The Review Team recognised that the Programme Board is unusually large and determined that it was generally considered by interviewees to be unwieldy. The PEP listed groupings as "Programme Sponsors", "Stakeholder Members" and those "In Attendance" and also noted that a meeting of the Board would be quorate with a very much smaller, specified attendance.

We felt that the current Board was not likely to be an effective way of reaching consensus decisions on contentious matters and that a more streamlined approach would encourage strategic debate at the Board while retaining the wider ranging discussions in a stakeholder forum. Thus we considered that, while it is absolutely necessary to retain the involvement and commitment of a stakeholder grouping, the Programme Board itself should be reduced to its quorum, with the Project Director in attendance and others co-opted as required.

Recommendation 8:

The SROs should adopt a revised structure for the strategic management of the Programme consisting of a small Programme Board and a separate Stakeholder Group

The Review Team also examined the effectiveness of having two SROs for the Programme. Although unusual, the twin programme ownership was found to work well. Interviewees were unanimous in their recognition that there was no conflict visible between the two SROs and that the cooperation between them was seamless.

<u>Programme Plan</u>

This is the first Gateway 0 review, taking place at the end of Phase 1 of the Programme. It appears that it is largely on time, with most of the specific deliverables due by the end of February either issued or provided to the Programme Board for discussion and possible release on 10th March 2014.

There are a number of markers which indicate whether the programme is on track but as this is a first Gateway 0 review, they may be regarded as indicators rather than criteria:

- Programme plan updated: yes – but there are observations to be made about the completeness and the accuracy of the plan
- Confidence from partners in achievability of plans: partial – the plans are not convincing
- Interdependencies with and between projects being managed: no – immature and requiring review now. Workstreams within the programme need to be managed as a whole and integrated into the single programme
- Plans for benefits realisation and measurements on track: no – immature but not yet of concern
- Risk register up to date: no – as discussed in section 3 of this report
- Issues being resolved: partial but no evidence of record keeping on progress, agreements, problems etc.
- Workstream highlight reports: yes – satisfactory and routinely reviewed by Programme Board
- Resources and funding used to date: limited – both resources and funding need to be reviewed, e.g. communications resource is an urgent requirement.

The Review Team notes that a full-time Programme Director has been appointed and will start shortly. This provides a timely opportunity for a thorough review of programme disciplines, processes, achievements and plans. The Programme Board should be prepared to set explicit expectations for the new arrival and require a status report on all matters of concern such that a programme baseline may be set.

Recommendation 9:

The Programme Board should agree the priorities for the new Programme Director

5: Readiness for the next phase: Delivery of outcomes

At this stage, the programme plan (which is still subject to Programme Board ratification) indicates that Phase 2 is about to start. That horizon is thus too near and the Review Team has looked beyond the next phase to subsequent phases. While it is noted that the programme plan has some limitations (see above sections), it is both valid and necessary to look at the Programme as a whole to test whether everything is in place, or is properly planned to be in place at the proper time(s), to start delivering the required outcomes.

To properly assess the readiness for subsequent phases, it is necessary to seek evidence of a number of critical success criteria. The Review Team's comments are as follows:

- There was no evidence found for the documentation of the (major) assumptions made in planning the programme, nor an assessment of their validity, nor of a mechanism to update the assumptions as new evidence is found

- Change management does not appear to be a formal discipline in the delivery of the programme. This is a fundamental means for managing expectations and budgets
- The budget for the Programme cannot be determined from the plan and has not been seen by the Review Team
- Resource numbers, skills and availabilities are still uncertain. Some evidence was found of shortfalls, but the overall quality of the representatives interviewed by the Review Team was felt to be notably high
- Management controls are not all in place. The Programme Board may reasonably feel that there is not sufficient rigour in the control mechanisms to provide the accuracy and breadth of detail required of the regular workstream and programme reports

The Programme is proceeding to Phase 2 and the Review Team does not believe there is a need to pause while some or all of the above points are addressed: they may be addressed while work commences on the Phase 2 tasks. There remains the imperative to ensure that, as soon as possible, the Programme is geared for the long term and that all control mechanisms are refined to ensure as far as possible that long term goals are achievable.

The next Health Gateway Review is expected in October 2014 following the formulation of options and should be Gate 0 Review.

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.

APPENDIX B
Interviewees

Name	Role
Paul Tulley	Chief Operating Officer, Shropshire CCG
Caron Morton	Accountable Officer, Shropshire CCG
Dave Evans	Accountable Officer, Telford & Wrekin CCG
Richard Smith and Clive Jones	Interim Assistant Director: Adult Social Services, Telford Council/Assistant Director: Family, Cohesion and Commissioning)
Peter Spilsbury	Acting Programme Director
Andrew Nash	Director of Finance, Telford & Wrekin CCG
Edwin Borman	Medical Director, Shrewsbury and Telford Hospitals NHS Trust
Peter Herring	CEO, Shrewsbury and Telford Hospitals NHS Trust
Carole Hall	Board Member, Shropshire Healthwatch
Jan Ditheridge	CEO, Shropshire Community Healthcare NHS Trust
Bill Gowans/Mike Innes	Vice Chair Shropshire CCG/Chair Telford and Wrekin CCG
Jayne Thornhill/David Adams	Deputy/Chief Officer, Montgomeryshire Community Health Council
Cllr Derek White	Joint HOSC Chair, Telford & Wrekin Council
Debbie Vogler	Director of Business Development, Shrewsbury and Telford Hospitals NHS Trust
Cllr Gerald Dakin	Joint HOSC Chair, Shropshire Council
Adrian Osborne	Communications Director, Shrewsbury and Telford Hospitals NHS Trust
Stephen Chandler	Director of Adult Services, Shropshire Council
Peter Skitt	Locality General Manager, Powys LHB
Jim Hudson	GP, Telford & Wrekin
Julian Povey	GP Member, Clinical Director of Delivery, Shropshire CCG
David Frith	Senior Programme Manager, NHS Central Midlands CSU
Jo Leahy	GP Board Member, Telford & Wrekin CCG
Dag Saunders	Chair, Telford & Wrekin Healthwatch
Mary McCarthy	Chair of Shropshire LMC
Kevin Eardley	Unscheduled Care Group Medical Director, Shrewsbury and Telford Hospitals NHS Trust
Mark Cheetham	Scheduled Care Group Medical Director, Shrewsbury and Telford Hospitals NHS Trust

APPENDIX C

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 Programme Board should determine whether the current scope of the Programme remains appropriate	Do by end April
2.	The SROs should review the proposed approach for the development of options to ensure that it is fit for purpose	Do by end April
3.	The Programme Director should clarify the business case requirement as part of the next phase	Do by end June
4.	The SROs should take action to improve the engagement with GPs from Telford and the Wrekin	Start Now
5.	The SROs should allocate additional resource to the Communications and Engagement Workstream	Do Now
6.	The Programme Director should institute a formal review of risks and issues in accordance with recognised best practice	Do by end April
7.	The SROs should seek their CCGs commitment, to an approach that will facilitate a shared and binding decision being taken on the future configuration of services	Do by end May
8.	The SROs should adopt a revised structure for the strategic management of the Programme consisting of a small Programme Board and a separate Stakeholder Group	Do by end May
9.	The Programme Board should agree the priorities for the new Programme Director	Do by end April

Health Gateway Review Action Plan

Review 0: Strategic Assessment, 3rd - 6th March 2014

	Recommendation	Timing	Action	Programme Team lead	Status
1.	The Programme Board should determine whether the current scope of the Programme remains appropriate	Do by end May	• Consider inclusion of SaTH short term pressures within programme • SaTH asked to prepare report on current pressures	Mike Sharon	• SaTH report produced • Issue discussed at Core Group • PEP revised to clarify position
2.	The SROs should review the proposed approach for the development of options to ensure that it is fit for purpose	Do by end May	• Process for the development of options to be set out as part of proposals for the evaluation process and criteria	Mike Sharon	• Proposals in development for approval at May Board
3.	The Programme Director should clarify the business case requirement as part of the next phase	Do by end June	• Check latest guidance from NHS TDA/NHS England • Determine business case requirements (including SOC)	Mike Sharon	• Current guidance reviewed • NHSE/TDA requirements to be confirmed • Further work dependent on short listing

	Recommendation	Timing	Action	Programme Team lead	Status
4.	The SROs should take action to improve the engagement with GPs from Telford and the Wrekin	Start Now	• Telford and Wrekin CCG Board to be asked to agree the steps required	Fran Beck/ Andrew Nash	• Highlighted in Issues Log prior to Gate 0 review • Presentation made to T&W CCG GP Forum by Clinical Chair • Improved attendance at Clinical Design meetings
5.	The SROs should allocate additional resource to the Communications and Engagement Workstream	Do Now	• Workstream to develop resource plan • SROs to confirm resources • CSU to undertake recruitment	Mike Sharon	• Plan developed and resources approved • Recruitment underway
6.	The Programme Director should institute a formal review of risks and issues in accordance with recognised best practice	Do by end May	• Programme Team to agree and implement strengthened risk and issue management processes • Assurance workstream to review new processes	Mike Sharon	• New risk register format agreed by Programme Team • Risk Workshop held and revised risk register completed • Assurance workstream to keep under review

	Recommendation	Timing	Action	Programme Team lead	Status
7.	The SROs should seek their CCGs commitment, to an approach that will facilitate a shared and binding decision being taken on the future configuration of services	Do by end May	• Board to agree to programme decision-making by consensus • CCGs to agree process for reaching a joint decision	Paul Tulley	• Programme Board agreed to decision-making by consensus 10th March • Paper prepared for CCGs highlighting 'committee in common' provision • CCGs able to form 'joint committees' from October
8.	The SROs should adopt a revised structure for the strategic management of the Programme consisting of a small Programme Board and a separate Stakeholder Group	Do by end May	• Core Group to develop proposals • Programme Board to agree revised PEP	Mike Sharon	• Board agreed formation of a non-decision making core group on 10th March • Revised PEP to come to Board for approval on May 21st.

	Recommendation	Timing	Action	Programme Team lead	Status
9.	The Programme Board should agree the priorities for the new Programme Director	Do by end May	• Programme Director to undertake thorough review of programme disciplines, processes, achievements and plans and to prepare a status report to SRO • SROs to agree priority areas with Programme Director • Review and priorities to be reported to May Board	Mike Sharon	• Prioritization dependent on review of programme timelines and associated resourcing agreements since the approach agreed will constrain prioritization. • PEP updated to take into account key programme timeline issues. • Report to be prepared for SROs by the end of May on remaining issues