Programme Board Report
December 2014

This report summarises the information shared at the Programme Board meeting on 17th December 2014. Detailed underlying papers are also available of the programme's website: http://nhsfuturefit.org/.

1 DEVELOPING A SHORT LIST

At its meeting in September, the Board approved a long list of eight scenarios (thirteen with variants for consultant-led obstetrics) for implementing relevant components of the clinical model alongside the four high level criteria to be used in reducing the long list to a short list. The focus of subsequent programme activity has been on completing the work necessary to facilitate the shortlisting process. This work has been led by the Programme Team which has set aside regular dedicated time for option development.

1.1 Clinical Design

Clinical leadership remains central to the programme, and critical inputs have continued to be required during the current phase. These have included:

- Checking and refining the assumptions underlying the Phase 2 activity and capacity modelling;
- Identifying the scope for prototyping elements of the Clinical Model
- Developing proposals for a Clinical Alliance
- Providing advice on issues relating to the co-location of acute hospital facilities, and;
- Clarifying the types of activity which could be treated at Urgent Care Centres, along with the associated workforce requirements.

The Programme's clinical model proposals have been presented to an independent clinical review team established by the West Midlands Clinical Senate. The report of this Stage One review is now expected in January. A full review will be scheduled once a preferred option is identified.

The Clinical Reference Group held another meeting in October, at which the potential to prototype some key system changes was highlighted, potentially under the auspices of a local Clinical Alliance, to further increase the clinical insight into the Future Fit programme and maximise the transfer of learning and exploring.

1.2 Activity and Capacity

The Board had previously received Phase 1 activity and capacity modelling which set out the potential impact of provider efficiency strategies, commissioner demand management strategies and demographic growth whilst assuming no major system change or reconfiguration.

Phase 2 modelling has built on Phase 1 outputs and seeks to demonstrate the likely impact of implementing the programme's clinical model. This work has now been finalised through the Clinical Design and Activity and Capacity workstreams. A report of this work is published on the website.

A third phase of modelling will be undertaken to develop projections specific to each shortlisted option.

1.3 Finance

In developing a Strategic Outline Case for NHS Trust Development Authority, the Department of Health and HM Treasury, the programme will need to demonstrate that shortlisted options are affordable both to the local health economy as a whole and to the relevant provider(s) of services. It was largely to facilitate this that the Board agreed an extension to the period prior to shortlisting. This echoed public concerns about the affordability of proposals, expressed through deliberative events and in response to the Feasibility Study.

The work undertaken since September has included:

- Assessing the level of funding likely to be available to the local health economy;
- Calculating the net revenue impact of changes to acute hospital facilities, and;
- Estimating the costs of providing care closer to home, especially through Urgent Care Centres.

An interim report of the work undertaken to date is published on the website. It and further work will be used to inform the deliberations of the Evaluation Panel.

1.4 Impact Assessment

The development of shortlisted options will be enhanced by an iterative assessment of their likely impact on a range of factors. A comprehensive Impact Assessment, including Equality Analysis, will also inform the final evaluation of the short list. This approach was approved by Board in May.

In preparation for this work, baseline work has been undertaken to identify key information sources including any gaps that will need to be addressed in subsequent assessments. This has resulted from detailed collaborative work between patient representatives along with Quality and Public Health leads from stakeholder organisations. This initial work was

presented to Board and is published on the website along with detailed supporting information. Work is now underway to plan for a full Integrated Impact Assessment following the identification of a shortlist, and the Core Group will consider additions to the workstream to support this work.

1.5 Evaluation Criteria

The high-level criteria signed-off by Board in September had been developed by the Programme's Evaluation Panel, and the Panel met again subsequently to guide further development of the detail of the criteria.

The Programme Team has continued to work on specifying the detailed measurement of the agreed criteria, and work in progress was shared with the Board.

It was agreed that there should be a parallel approach to shortlisting acute and community options. Given the number of unresolved variables relating to community facility scenarios (i.e. number, location & colocation), any attempt to describe and evaluate each variant would be an extremely complex and potentially unmanageable task. The Programme Team, supported by further clinical work, will therefore put a single proposal to the Evaluation Panel for a community shortlist as a single offer common to all acute options (excluding the 'do minimum'). In light of this, the evidence to be provided for shortlisting by the Evaluation Panel will need to be only that which supports the differentiation of acute scenarios. The acute and community shortlists will, however, continue to be developed at the same time.

Board also agreed to the separate identification of a workforce criterion instead of it being part of the quality criterion (in line with a recent King's Fund report) and delegated final approval of the detailed measures in each criterion to the Core Group.

1.6 Technical Team

To support the development and evaluation of options, the programme has appointed a team of technical advisors following a national procurement process. The team appointed is led by Holbrow Brookes Construction Consultants supported by Strategic Healthcare Planning, Provex Consultancy Ltd. and GVA.

2 ENGAGEMENT & COMMUNICATIONS

In addition to the deliberative workshops in September which focused on the longlist of scenarios, a further two workshops have been held in November. A full report on this whole series of workshops is now available on the website and, along with other engagement activity, will inform the shortlisting work of the evaluation panel.

A detailed tactical plan is being developed by the Engagement & Communications workstream. The core offer and delivery of the tactical plan focuses on three inter-dependent elements:

a) **Now to announcing the shortlist – Grassroots engagement**: attending events and meetings delivering presentations and engaging the community via groups, open days, etc. Objective is to disseminate information and raise the profile of the Case for Change, subsequently providing updates on progress and (where appropriate) feeding back to the programme on the evaluation criteria (a mechanism for the latter is currently being developed). This strand of the core offer also allows us to address the equalities agenda by ensuring we are delivering in specific areas to a number of identified groups.

b) **Announcing and engaging on the shortlist**: we will communicate via press briefing and subsequently offer engagement opportunities for people to come and share their views about what is important to them about their health services and how any proposed scenarios could affect them and their communities. Again, all views will be fed back into the programme for consideration when conducting option development.

c) **Continuous engagement via key stakeholders/influencers**: This strand includes ongoing proactive media and online communications including publications, blogging and newsletters.

3 WORKFORCE WORKSTREAM

The creation of this additional workstream was approved by Board at its last meeting. Its membership has now been established and its first meeting held. It will have a critical role to play in the development of the workforce plans required for programme business cases.

4 ASSURANCE

The Assurance workstream has met regularly to keep an overview of programme activities. This has included monitoring programme interdependencies and developing evidence against the four reconfiguration tests.

It has also received assurance from the Communications and Engagement workstream about the improved functioning of that group and joined with it workstream for a briefing session with the Consultation Institute.

Plans are being made for a further Health Gateway review in February to assure the processes through which the shortlist will have been identified and will be further developed.

5 PROGRAMME PLAN

Following Board's decision to undertake further work prior to shortlisting, the timing of subsequent stages of the programme has needed to be reviewed. This has been informed by advice from the newly appointed Technical Team as well as by representatives of NHS England's Project Appraisal Unit and NHS Trust Development Authority in relation to the business cases that will be required and their associated approval processes and timescales.

5.1 NHS Trust Development Authority (NHS TDA)

It is clear from recent engagement, as well as from guidance published since the creation of the original programme plan, that one or more Strategic Outline Cases (SOCs) will be required from the programme by NHS TDA. Critical to these cases is setting out the Case for Change and a short list of options which is supported by commissioners and is demonstrably affordable to providers. The Technical Team advise that these will take c.4 months to develop to an adequate level of detail, after which approval must be secured from NHS TDA (8 weeks) prior to proceeding to the Department of Health and then HM Treasury. It is assumed that NHS TDA would want to SOC approvals in place before the public is formally consulted on proposals. Timescales for DH and HMT approvals can only be estimated.

Once SOC approvals have been secured, the development of Outline Business Cases can commence. These would take account of the outcome of Public Consultation and would describe the proposed solution in greater detail.

5.2 NHS England (NHSE)

In parallel with provider SOCs, commissioners must prepare a Pre Consultation Business Case (PCBC) for approval by NHSE England. As well as evidencing the Case for Change and describing the preferred option (in the context of the whole short list), the PCBC will provide evidence that programme proposals meet the four reconfiguration tests (strong public and patient engagement, consistency with current and prospective need for patient choice, a clear clinical evidence base and support for proposals from clinical commissioners). This, along with a detailed independent clinical review, will inform NHSE's formal assurance of proposals without which Public Consultation cannot commence. Timescales for this assurance process are not known.

5.3 Proposed Programme Timeline

In the light of the above, the fastest progress the programme could reasonably expect to make is summarised in the table overleaf. This has also taken account of the constraints of pre-election periods.

In considering the proposed timeline, the Board noted the following assumptions which underlie it:

a) Work can be completed to enable the identification in mid-January of an acute facilities shortlist which is acceptable to stakeholders, and that work then immediately proceeds at risk following the evaluation panel conclusion in mid-January;

b) An acceptable shortlist of community facility options is also developed by mid-January;

c) The final detail of the evaluation criteria is agreed by Board in December and is acceptable to sponsors;

d) The shortlisted options that are approved by Board in February are specific about the nature of services to be provided and where they will be provided, and are subsequently and promptly approved by programme sponsors (through extra-ordinary meetings where required);

e) Higher approvals (i.e. NHS TDA, NHSE, DH & HMT) are successfully completed within the indicated timescales;

f) OBC/DMBC development continues throughout Consultation (and is informed by it);

g) Completion of DMBC & OBC may need to be extended depending on the changes required following consultation;

h) Appropriate internal decisions can be made swiftly at each stage;

i) There will only be a single iteration of documents at each stage, rather than there being opportunity to review and further refine several times;

j) Any change to the work required (including the scope of the shortlist) is likely to delay the programme.

<table>
<tr><th>Year</th><th>Month</th><th colspan="3">Key Programme Documents</th><th>Elections</th></tr>
<tr><td rowspan="12">2015</td><td>Jan</td><td>Panel proposes Short List</td><td colspan="2" rowspan="3">PCBC Development</td><td></td></tr>
<tr><td>Feb</td><td rowspan="3">SOC Development</td><td></td></tr>
<tr><td>Mar</td><td></td></tr>
<tr><td>Apr</td><td colspan="2" rowspan="2">Identify Preferred Option</td><td rowspan="2">UK</td></tr>
<tr><td>May</td></tr>
<tr><td>Jun</td><td>SOC Approval (Board & Sponsors)</td><td></td></tr>
<tr><td>Jul</td><td rowspan="2">TDA SOC Review & Approval</td><td colspan="2">PCBC Approval (Board & Sponsors)</td><td></td></tr>
<tr><td>Aug</td><td rowspan="4">DMBC Development</td><td rowspan="4">NHSE Approval & Assurance</td><td></td></tr>
<tr><td>Sep</td><td rowspan="3">DH/HMT SOC Approval</td><td></td></tr>
<tr><td>Oct</td><td></td></tr>
<tr><td>Nov</td><td></td></tr>
<tr><td rowspan="12">2016</td><td>Dec</td><td colspan="3" rowspan="3">Public Consultation
(Outcomes fed into OBC/DMBC development for approval in May)</td><td></td></tr>
<tr><td>Jan</td><td></td></tr>
<tr><td>Feb</td><td></td></tr>
<tr><td>Mar</td><td colspan="3"></td></tr>
<tr><td>Apr</td><td colspan="2">OBC Development</td><td>DMBC Completion</td><td>Wales</td></tr>
<tr><td>May</td><td colspan="3">OBC/DMBC Approval (Board & Sponsors)</td><td></td></tr>
<tr><td>Jun</td><td colspan="2" rowspan="2">TDA OBC Review & Approval</td><td colspan="2" rowspan="2">NHSE DMBC Approval</td><td></td></tr>
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<tr><td>Aug</td><td colspan="2" rowspan="4">DH/HMT OBC Approval</td><td colspan="2"></td><td></td></tr>
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<tr><td></td><td>Dec</td><td colspan="2"></td><td colspan="2"></td><td></td></tr>
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6 PROGRAMME MANAGEMENT

6.1 Information Governance

A query had been raised within the programme concerning its practice of including patient email addresses in emails to programme groups (including Board and all workstreams) in a way that makes these addresses accessible to others.

Whilst there is no suggestion that there has been an information governance breach, the Programme Management Office (in consultation with CCG Information Governance leads) immediately implemented a policy of not disclosing recipient email addresses in any group correspondence.

The Programme Management Office continues to operate on the assumption that all those who have supplied their contact details to the programme have done so with implicit permission for them to be used for programme business. Rather than invite all members of programme groups (of whom there are over 200) to confirm their explicit permission, Board endorsed this assumption and authorised an email to all programme members to clarify this and to invite those who do not wish their contact details to be used for programme business to ask for them to be deleted from the programme directory.

6.2 Register of Interests

Board received the latest version of members' declarations of interests which is published on the website.

7 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.

The Board has previously agreed that all red-rated risks (both pre- and post-mitigation) should be reported to it, and the current list of red-rated risks was received. The full risk register is published monthly on the programme website.

8 NEXT MEETING

The Board is next due to meet in February when it is due to receive a shortlist proposal from the Evaluation Panel.