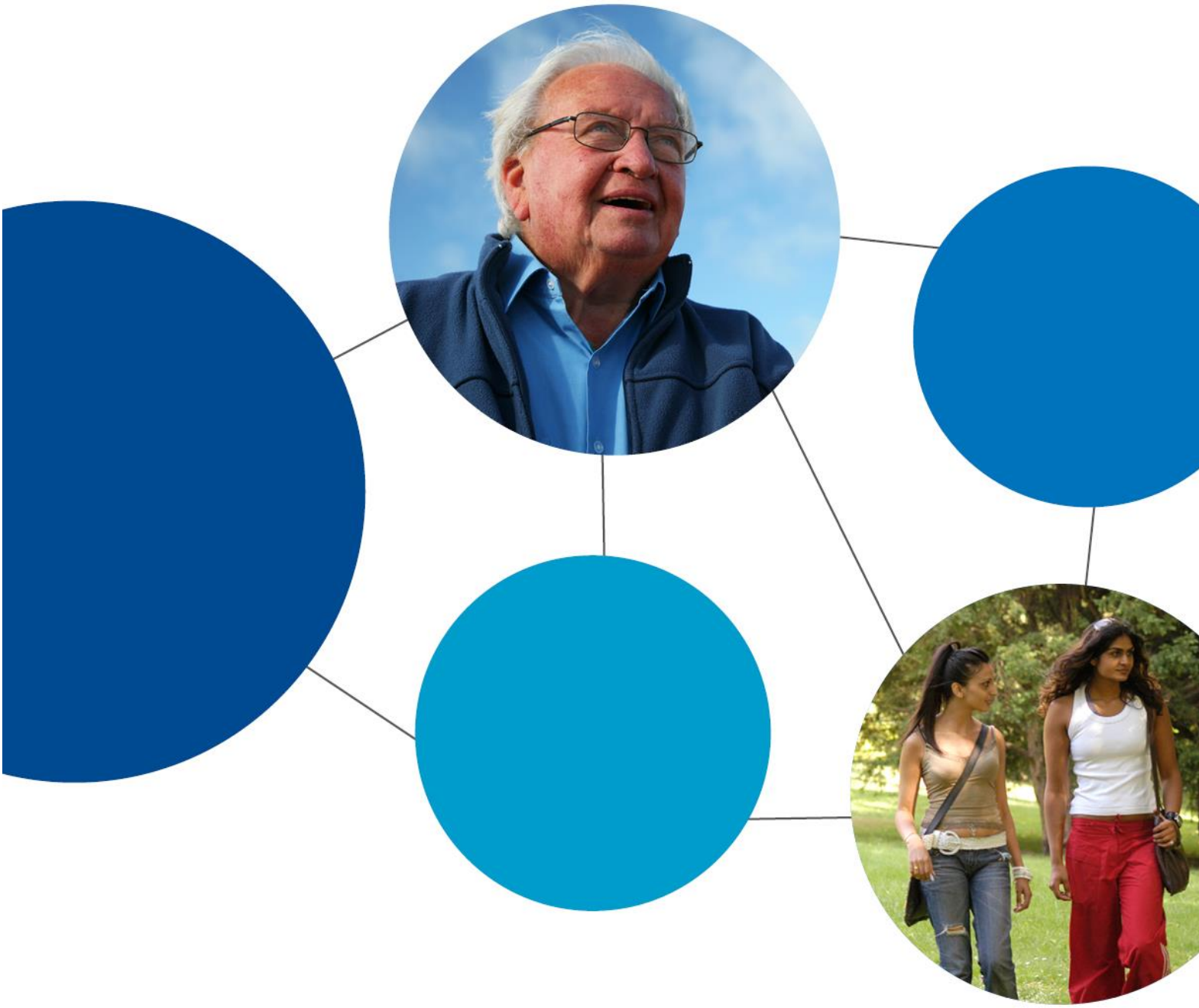
futurefit
Shaping healthcare together

NHS



PROGRAMME EXECUTION PLAN (PEP)

VERSION CONTROL

Version	Date	File Name	Status
Version 0.1	12th Nov 2013	131112 Shrop CSR PEP V0.1	Initial draft prepared by Paul Elkin for review by Programme Team on 14th Nov
Version 0.2	22nd Nov 2013	131122 Shrop CSR PEP V0.2	Updated draft prepared by Paul Elkin & Peter Spilsbury for review by Programme Team on 26th Nov
Version 0.3	27th Nov 2013	131127 Shrop CSR PEP V0.3	Updated draft prepared by Paul Elkin for review by Programme Board on 2nd Dec
Version 0.4	6th Dec 2013	131206 Shrop CSR PEP V0.4	Updated draft for review by Programme Team on 12th Dec
Version 0.5	2nd Jan 2014	140102 Shrop CSR PEP V0.5	Updated draft for review by Programme Team on 9th Jan
Version 0.6	14th Jan 2014	140114 Shrop CSR PEP V0.6	Final draft for approval by Programme Board on 20th Jan
Version 1.0	20th Jan 2014	140120 Shrop CSR PEP V1.0	Final version incorporating changes identified by Programme Board for approval by Sponsor Boards
Version 1.1	22nd Jan 2014	140122 Shropshire FutureFit PEP V1.1	Updated draft reflecting finalised workstream memberships
Version 1.2	14th April 2014	140414 Shropshire FutureFit PEP V1.2	Prepared by David Frith for review by Programme Team 17th April in advance of NHSE Strategic Sense Check.
Version 1.3	29th April 2014	140429 Shropshire FutureFit PEP V1.3	Updated for May Board following recommendations from Gateway Review, Assurance Workstream and Core Group.
Version 1.4	21st May 2014	140521 Shropshire FutureFit PEP V1.4	Updated in line with changes agreed at Board 21st May 2014
Version 1.5	18th Sept 2014	140918 FutureFit PEP V1.5	Updated for Phase 3
Version 1.6	24th March 2015	150324 FutureFit PEP V1.6	Updated for Phase 4
Version 1.7	13th August 2015	150813 FutureFit PEP V1.7	Updated with revised Engagement and Communications remit and strategy, and minor changes to workstream memberships.
Version 1.8	23rd January 2017	Futurefit PEP V1.8	Updated in light of new STP governance structure and interdependencies and focus of Futurefit on acute hospital services only and SaTH leading on OBC/delivery solution development
Version 1.9	June 2017	Futurefit PEP V1.9	Further amendments in light of developing STP structure
Version 1.10	July 2017	Futurefit PEPV1.10	Final amendments to refresh the PEP and ensure that it reflects the current STP gpvermamce arrangements, update the FF Workstream ToR and membership and update the Future Fit Programme timeline

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

1. Introduction

1.1 Background

There are significant challenges faced by the NHS both locally and nationally in planning for the future sustainability of its services. The County of Shropshire, with its 2 CCGs, also faces unique challenges in securing sustainable hospital services. In addition, Shropshire CCG faces significant financial challenges and has a significant deficit recovery plan to deliver.

Shropshire CCG covers a large geography with issues of physical isolation and low population density and has a mixture of rural and urban ageing populations. Telford & Wrekin CCG has an urban population ranked amongst the 30% of most deprived populations in England. Both are dependent on in-county acute and community care provision operating across multiple sites with the challenges that that can bring. Both commissioners are also aware of the needs of the Powys population who are dependent on utilising services from the same local hospital trusts.

The Future Fit programme was initiated in 2013 following the 'Call to Action' survey and the results of a series of related clinical and patient engagement meetings. The call to action identified a number of key local health issues and challenges. As a result the Clinical Design Workstream was established in November 2013. The workstream established an approach to ensure that the future of hospital and community services was considered within the context of a whole system plan. It employed a process which maximised patient and clinician engagement and co-creation.

The Clinical Design Workstream published its 'Models of Care' report in May 2014. This model described a single, fully equipped and staffed emergency centre (EC) as part of a high acuity unit, with consolidated technical and professional resource to deliver high quality emergency medical care 24 hours 7 days a week. The model for acute hospital reconfiguration has been further developed over subsequent years and culminated in the approval by the CCG Boards in 2016 of a Strategic Outline Case which …….

The Future Fit proposals for change are focussed on supporting Shropshire and Telford & Wrekin health system to achieve high quality, safe, efficient and sustainable acute hospital services. This Programme Execution Plan has been revised to reflect the status of the programme in terms of;

a) The remaining phases of the programme and the necessary approval gateways and timelines

b) The lead role taken by the Shrewsbury and Telford Hospitals NHS Trust (SaTH) Sustainable Services Team in 2015 in developing financially sustainable delivery options and the subsequent SOC/OBC/FBC and their own internal governance structure under which this work is being delivered.

c) Where the Future Fit programme currently sits within the context of the Shropshire and Telford & Wrekin Sustainability and Transformation Plan (STP) and its associated governance structure introduced in 2016.

1.2 Document Status

This Programme Execution Plan (PEP) forms the basis for the development of an agreed model of care for the reconfiguration of acute hospital services that meets the needs of the urban and rural communities in Shropshire, Telford & Wrekin and Mid Wales. It sets out the systems and processes by which the Programme will be planned, monitored and managed, and is owned, maintained and used by the partner organisations to ensure the successful day-to-day operational management and control of the Programme and the quality of the outputs.

The purpose of the PEP is to:

a) Define the Programme and the brief;
b) Define the roles and responsibilities of those charged with the delivering the Programme:
c) Set out the resources available and the budgetary control processes;
d) Identify the risks relating to the Programme and the risk management processes;
e) Define the programme management and issue control arrangements;
f) Set out the approvals processes;
g) Define the administrative systems and procedures;
h) Set out the controls assurance processes.

1.3 Document Scope

Previous versions of the PEP have covered the following phases of the programme:-

Table 1

Phase 1 (October 2013 -January 2014)
Programme set up Determining the high level clinical model
Phase 2 (February 2014-August 2014)
Determining the overall model of clinical services Identification and quantification of the levels of activity in each part of the model Determining the feasibility of a single Emergency Centre Public engagement on the model of care and provisional long list and benefit criteria
Phase 3 (August 2014-October 2016)
Identification of options and option appraisal Preparation of Strategic Outline Case(s) Pre-consultation engagement Approval of Strategic Outline Case

This latest version of the PEP covers the following phases of the programme:

Phase 4 (October 2016 – December 2017)
Preparation for public consultation including submission of Pre-Consultation Business Case and NHSE Formal Assurance Public Consultation on preferred option(s) Preparation of Outline Business Case(s) and Decision-Making Business Case
Phase 5 (To be determined)
Full Business Case(s)
Phase 6 (to be determined)
Capital infrastructure work Full implementation
Phase 7 (To be determined)
Post programme evaluation

This is a live document and will be progressively developed by the Programme Board as the project progresses, and will be formally reviewed and updated at the conclusion of each phase.

1.4 Document Audience

The PEP is a public document and may be viewed by anyone interested in the Programme or in how it is being managed and delivered. However, as the prime audience are those directly involved with the programme, it assumes a degree of technical knowledge and understanding of programme management and the relevant procurement processes used by the NHS.

2. The Case for Change

2.1 Background

The acute hospital services provided by the Shrewsbury and Telford Hospitals NHS Trust (SATH) are of a good standard, recognised in the Care Quality Commission report published in 2015. Most services have developed over many years, with clinicians, managers and staff trying to keep pace with changes in demand, improvements in medicine and technology and increased expectations of the populations served. Nevertheless, all stakeholder partners recognise that the current acute hospital configuration is not sustainable.

Local clinicians, patients and members of the public who participated in the Call to Action 2013 recognised the real and pressing local service issues and challenges faced locally including:

- Changes within the medical workforce
- Staffing within the key acute services (A&E; Critical Care; Acute Medicine)
- Changes in the populations profile and patterns of illness
- Higher expectations
- Clinical standards and developments in medical technology
- Economic challenges
- Opportunity cost in quality of service
- Impact of accessing services
- The quality of the patient facilities and the Trust's estate

Running duplicate acute services on two sites presents SATH with many workforce challenges and can result in a poor employee experience for some of their clinical teams. This compounds an already challenging recruitment environment and leads to difficulty in recruiting the right substantive workforce. SATH's reliance on temporary staffing increases the fragility of certain specialities.

Additionally the local health system runs in deficit, it spends more in a year than the funds allocated to it. To reduce the deficit without simply cutting services is one of the goals of the change programme and will require both the public and those who work within the health system to view the delivery of acute services differently in the future.

2.2 The Proposed Model of Care

The proposed changes to the configuration of acute hospital services are consistent with the acute components of the original Future Fit Clinical Workstream Model of Care 2014 which are:

- One Emergency Centre comprising:
  - one Emergency Department
  - one Critical Care Unit
- One Diagnostic and Treatment Centre

- Two Urban Urgent Care Centres
- Local Planned Care (outpatients, diagnostics) on both hospital sites

The Programme believes that the new model of acute care will improve services for patients while also tackling the service and workforce challenges facing SATH and will lead to:

- Better clinical outcomes with reduced morbidity and mortality;
- Bringing specialists together treating a higher volume of critical cases to maintain and grow skills;
- A greater degree of consultant-delivered decision-making and care;
- Improved clinical adjacencies through focused redesign;
- Improved access to multi-disciplinary teams;
- Delivery of care in an environment suitable for specialist care;
- Improved recruitment and retention of specialist's medical and nursing professionals.

And a balanced-site care model whereby patients would:

- Receive acute medical care within the Emergency Site
- Benefit from planned care with defined separation from emergency care pathways;
- Benefit from improved pathways between primary and secondary care providers.

SaTH's Strategic Outline Case was approved by both CCG Boards in 2016, however, this approval was subject to the CCG Boards receiving assurances in relation to a number of documented caveats either prior to or as part of the Pre-Consultation Business Case/Outline Business Case submissions for approval.

3. Programme Definition and Scope

3.1 Definition

The programme is Future Fit – Shaping Healthcare together.

3.2 Scope

The CCGs and Powys Teaching Health Board commission services from a number of providers locally. This Programme will focus on the services provided by SaTH. There are other providers of services to commissioners who will be involved as stakeholders in the redesign of acute hospital services in terms of any impact on the wider system and particularly the supporting community model to reduce demand on acute services. All of the organisations represented on the Programme Board are committed as stakeholders to the redesign of services to improve quality and have agreed to support the programme.

The following parameters have been identified to delineate the scope of the activities that fall within the scope of the Programme:-

Table 2 – Programme Scope

Within Programme Remit	Outside of Programme Remit

General
• Acute hospital services physically located within the geography covered by Shropshire & Telford & Wrekin CCGs
• The impact on other providers, particularly in terms of changed patient flows, of the potential options of improving acute hospital services within the patch, including:
  • Primary care services
  • Robert Jones & Agnes Hunt Hospital NHS FT
  • Social care
  • Mental health
  • Community health services
  • Other providers outside of the county
  • Ambulance services
	• Services currently provided by Robert Jones & Agnes Hunt Hospital NHS FT
	• Services currently provided by Shropshire Community Health NHS Trust
	• Acute hospital services which are not physically located in the geography covered by Shropshire and Telford & Wrekin CCGs
	• Primary Care Services*
	• Redesign of community health services*
	• Proposed merger of Shropshire Community Health NHS Trust with another provider*

Phase 1-3 (now complete, see previous versions of the PEP for details)	
Phase 4 – Public Consultation and OBC	

• Identification of and approval of a preferred option • Gateway Review 1 • Pre-Consultation Business Case • Preparation for public consultation • Formal public consultation • Integrated Impact Assessment (IIA) Women & Children's • Preparation of OBC and consultation outcomes • Securing all necessary NHS, DH & HM Treasury approvals for OBC & FBC ** • Preparation and submission of any necessary planning applications ** • Gateway Review 2	• Decision making associated with any changes to the out of hospital/community model • Preparation for and implementation of any required consultation on the out of hospital/community model resulting from the above decisions • Preparation, planning and programme management of any community model redesign programme
Phase 5 – Full Business Case Procurement process Preparation and partner organisations' approval of FBC Gateway Review 3	
Phase 6 – Implementation Capital infrastructure developments ** Implementation of service changes **	
Phase 7 – Post Programme Evaluation Evaluation of Programme against key objectives and benefits	

(*) Key interdependencies requiring close co-ordination with the Programme but the development of these programmes of work sits within other governance processes including the STP. It is assumed that all other items listed as being outside of the scope of the Programme will be encompassed within the development of CCG and NHS England commissioning strategies and of the Better Care Fund.

(**) SaTH Sustainable Services Team is the lead for these elements of the programme and these activites sit within SaTH's governance structure.

The responsibility for robust co-ordination of plans across the local health economy will be with the STP and its supporting governance structure. This will include any plans being developed outside of the Programme by sponsor/stakeholder organisation to develop, change and/or sustain existing services (including emergency care services). It is expected that these will be brought to the STP ahead of any decision so that the STP can be assured that plans take account of the Programme.

As the formal responsibility for determining the configuration of services belongs to commissioners, the programmes of work for taking forward plans outside the scope of

Future Fit are to be determined by commissioners in consultation with the relevant providers.

3.3 Our 'Moral Compass' – Principles for Joint Working

Given the case for change set out in section 2 above and the goals and objectives of the Programme set out in section below, it is recognised by all parties that complex and difficult decisions lie ahead if this Programme is to succeed in delivering the improvements to care and to health that we seek for the populations we serve. There are several potential trade-offs which cannot be avoided. In every one of these there will be a abalance to be found, but one which can never satisfy every individual interest:

- The 'common good' (for all who look to services in this geography for their health care) versus the individual or locally specific good (the preferences of sub groups);
- The present versus the future;
- Organisational interest versus public interest;
- One priority versus another when resources are limited;

It is the role of senior leaders to reach decisions on these, and to do so transparently and objectively.

The Programme is a collective endeavour because all who are party to it – sponsors and stakeholders – recognise that this is the only way that the scale of the challenge and opportunity for this whole geography can be met. But working collectively, whilst still acting as separate statutory organisations, requires agreement on what we have called a 'Moral Compass' – ways of working designed to help navigate through when it gets difficult and when the 'trade-offs' have to be decided jointly.

We have agreed the following principles for our Programme – we will hold ourselves to account against them, and would ask others to do the same:

- We are concerned with the interests of all of the populations in England and Wales who use acute hospital services provided within the territories of Shropshire and Telford and Wrekin. We desire to maximise benefit for that whole population. Whilst our decisions seek to deliver the greatest benefit to the whole population we serve, we will always consider the consequences of any options for either specific local populations or for the needs of minority and deprived groups and will be explicit about how we weight these and our rationale for so doing.
- Participant organisations will individually sign up to a single shared strategic vision and high level clinical model that arises out of the Programme and its response to any engagement processes. This will be in addition to the collective sign-up represented by the Programme Board agreeing the PEP.
- The Programme will agree, in advance of its key decision–making on the selection of options, an objective set of criteria that will be employed, and these will also be signed-

up to by individual constituent organisations at that stage. These will explicitly address the basis for considering the trade-offs referenced earlier.

- We will make shared decisions on which innovations to roll out at scale, recognising that any one might not always favour all parties and that some sacrifice for the common good will be necessary.
- We will openly consider all options that can enhance our ability to reach collective decisions on key issues, including governance arrangements which are designed to bind our respective boards together.
- We will work collectively with our stakeholders, including politicians, to invite agreement from them to the case for change, the clinically-led model and the principles for decision making.
- We recognise that we will need to find ways that can meet our programme objectives within current levels of overall expenditure. We cannot add cost. Instead we need to redistribute resources to achieve a better overall outcome for the populations we serve.
- We will ensure that we develop a shared financial model so that any plans or changes can be assessed on whether they deliver authentic economic benefit.
- We will develop ways to share the financial risk when implementing major change. We recognise that national payment formulae may not support what we are agreeing to do and we will adjust for that where appropriate.
- We will share all information necessary to allow the Programme to deliver our objectives and will do so in line with the laws and guidance on Information Governance.
- We will share organisational plans and be transparent about budgets.
- We will deliver our individual contributions to the work of the Programme to the highest quality possible and on-time.
- We will all use a single version of documents pertaining to the Programme and these will be prepared for us by the Programme Office. We will coordinate consideration of key documents so that we avoid the issues (of fact and perception) that can arise when key considerations or decisions are taken sequentially rather than simultaneously.
- We will work together to ensure that public and patient engagement in our Programme is extensive, timely and meaningful and that we engage in the formulation of options as well as in response to recommendations on them - we want this Programme to be characterised by co-production with patients and public.
- The response to the Call to Action told us that the public, whilst wanting full engagement at all stages and no predetermination of outcomes, want and respect clinically-led development of strategies and options. We will ensure that this happens.
- Whilst partnership and collective working on the Programme is essential, so too at times will be the need for organisations to pursue their own objectives (e.g. in relation to competition amongst service providers). Where this is felt by any constituent to be the case, then we agree to make that explicit to our partners, to explain our position, and to work with the Programme to enable continued collective decision making to continue.

- The response to the Call to Action asked us to avoid being constrained by history, habit and politics and to look to do 'the right thing'. We will explain any decisions we make clearly and in that light.
- Being part of the Programme represents a clear commitment, and we will take collective responsibility for making progress towards a shared vision for improved services and health.

3.4 Programme Member Code of Conduct

The public has a right to expect appropriate standards of behaviour of those who serve on the Future Fit programme and its enabling working groups. Members of Future Fit programme/working groups have a responsibility to make sure that they are familiar with, and that their actions comply with, the provisions of this Code of Conduct.

General Principles

The general principles upon which this Model Code is based should be used for guidance and interpretation only. These general principles are:

- Duty – You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. If you are a member of a public body, you have a duty to act in the interests of the public body of which you are a member and in accordance with the core functions and duties of that body.

- Selflessness – You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

- Integrity – You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

- Accountability and Stewardship - You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others.

- Openness - You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

- Honesty - You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

- Respect - You must respect fellow members of your working group, treating them with courtesy at all times.

CONFIDENTIALITY REQUIREMENTS

There may be times when members will be required to treat discussions, documents or other information relating to the work of the body in a confidential manner. Members may receive information of a private nature which is not yet public. They must always respect the confidential nature of such information and comply with the requirement to keep such information private.

All Programme information will be made public (except where it would be in breach of patient or staff confidentiality or of commercial interests). The timing of publication, however, is a matter for the Programme Board to determine. Members of Programme working groups are not at liberty to publish information provided to them by the Programme until such time as that information is formally published.

The limited sharing of Programme information by members of Programme working groups within their nominating sponsor/stakeholder organisation (as set out in the Programme Execution Plan) is permitted, however, and does not constitute publication under this code. In such circumstances, members must ensure that those receiving the information understand and accept the responsibility not to make that information more widely known.

All Programme staff, advisors and other persons who may have privileged access to information that is considered to be commercially confidential will be required to sign a confidentiality agreement before gaining access to such information.

REGISTRATION OF INTERESTS

Members must at all times comply with the declaration of interests procedure.

In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

NON COMPLIANCE WITH THIS CODE

If members do not comply with this Code, the Programme Board (or the Core Group acting on its behalf) has the right to remove any member of any Future Fit working group.

4. Goals and Objectives

4.1 Goals

The key benefits of the Future Fit Programme can be summarised as follows:-

- The delivery of safe, high quality and sustainable urgent, emergency and critical care for all patients in response to their clinical need and delivery of the NHS Constitution standard for A&E;
- The delivery of safe, high quality and sustainable planned care and the delivery of the NHS Constitution standard for Referral to Treatment Time (RTT);
- Patients are seen and treated in the right environment for their need and by the right clinical teams and individuals in a kind, timely and efficient way;
- Improved patient flow through the acute care pathway and onto home or community/ primary care and support;
- Improved recruitment and retention of SaTH's workforce;
- Improved patient and visitor environments at both hospital sites that protect privacy and dignity and deliver a better user experience;
- Maximising the potential of IT to support an efficient, safe and networked approach to care delivery;
- Improved patient experience and outcomes through the delivery of services from buildings and in an environment that supports high quality care and effective patient flow.
- Delivery of key performance targets;
- Delivery of a sustainable financial position.

4.2 Objectives

The key objectives of the programme are:

- To agree the best model of care for excellent and sustainable acute hospital services that meet the needs of communities in Shropshire, Telford and Wrekin, and Mid Wales;
- To prepare all business cases required to support any proposed service and capital infrastructure changes;
- To secure all necessary approvals for any proposed changes; and
- To implement all agreed changes.

5. Roles and Responsibilities

5.1 Introduction

This section details the programme management structure, the roles and responsibilities of the personnel responsible for delivering the Programme, and the terms of reference for the teams, committees and groups responsible for individual aspects of the Programme.

5.2 Programme Structure

The Future Fit programme now forms one of the 4 service redesign workstreams within the Shropshire and Telford & Wrekin Sustainability and Transformation Plan (STP) coming under the Acute and Specialist Services Workstream. However, until such time as the Future Fit programme moves to operational delivery phase (post OBC approval by CCG Boards) the programme will retain its Programme Board as the main vehicle for decision making, making recommendations for approval to CCG Boards and reporting delivery progress.

The Future Fit Programme Director attends the STP Partnership Board and will provide regular progress updates for information to the Acute and Specialist Services Board of the STP. The STP programme structure is set out in *Appendix 1*.

The structure of the Future Fit programme and how it is supported by both the STP or the dedicated Future Fit Workstreams and enabling groups is set out in *Appendix 2.* This is a transitional structure with the principles where possible not to duplicate workstreams. The Acute service reconfiguration activities will be subsumed fully into the STP governance arrangements post consultation process and final decision making on the preferred option.

5.3 Programme Sponsors

The Programme Sponsors are the Boards of:

1. Shropshire Clinical Commissioning Group
2. Telford & Wrekin Clinical Commissioning Group
3. Shrewsbury and Telford Hospitals NHS Trust
4. Shropshire Community Health NHS Trust
5. Powys Teaching Health Board

5.4 Programme Owners

The joint Programme Owners are:

1. Dr Simon Freeman, Accountable Officer, Shropshire CCG
2. David Evans, Accountable Officer, Telford & Wrekin CCG

The above named will act as Joint Senior Responsible Officers (JSROs) for the Programme.

6. Programme Board

The Programme Board will oversee the programme on behalf of the Programme Sponsors and will have authority to take all decisions relating to the management of the Programme, with the exception of matters which are statutorily reserved to individual sponsor and/or stakeholder bodies and as set out in Table 3 below, including to:-

- Agree, lead and coordinate the actions and deliverables in progressing the programme;
- Oversee and ensure the implementation of the programme, ensuring alignment with individual provider Trusts and local health system change plans;
- Have delegated authority for capital and revenue expenditure in line with the Programme Budget;
- Approve the Programme Execution Plan (PEP) for the Programme and have delegated authority to update the PEP (with the exception of the Case for Change, the Principles for Joint Working and Programme Scope which is reserved to sponsor Boards) to reflect the specific requirements of each programme phase or otherwise in response to changing needs and circumstances;
- Approve the appointment of the Programme Advisory Team;
- Receive regular progress reports from, and consider any recommendations made by, the Programme Director;
- Approve and sign off the outputs from each stage of the Programme;
- Report progress on a monthly basis to all Programme Sponsor Boards and the STP Partnership Board, and seek relevant Programme Sponsor Board approvals of outputs where appropriate;
- Oversee the management of risk and issues within the programme and support the risk mitigation plans;
- Ensure the quality and safety impact of any service change is assessed and all necessary actions delivered;
- Ensure that a communications and engagement programme is developed that secures meaningful engagement and consultation with patients, public and other stakeholders at all stages of the programme;
- Ensure that effective and independent clinical and programme assurance processes are put in place, including
    - Strong links with the Joint HOSC & CHC;
    - NHSE Assurance and Gateway Reviews;
    - Effective and timely Local Assurance Processes (LAP); and
    - Clinical Senate reviews.
- Ensure that the key areas of work which are outside of the remit of, but are interdependent with, the programme are progressed as required by the relevant members of the Programme Board.

A schedule of meetings of the Board will be arranged to meet key programme plan requirements and milestones. Meetings will be held in private but a report of each meeting and all final papers received will (subject to issues of confidentiality) be made public following each meeting via the programme website. The items of business to be made public will be agreed by members at the end of each Programme Board meeting.

The Board will be chaired by the one of the JSROs for the programme and will comprise the following membership:

Table 3 – Programme Board Membership

Name	Role	Organisation
Programme Sponsors		
David Evans (Chair)	**Accountable Officer and JSRO**	**Telford & Wrekin CCG**
Dr Simon Freeman	**Accountable Officer and JSRO**	**Shropshire CCG**
Dr Julian Povey	**Clinical Chair**	**Shropshire CCG**
Dr Jo Leahy	**Clinical Chair**	**Telford & Wrekin CCG**
Is Jo adding another T&W member?		
Carol Shillabeer	**Chief Executive Officer**	**Powys THB**
Dr Andy Raynsford	**Chair, North Locality GP Cluster**	**Powys THB**
Simon Wright	**Chief Executive**	**Shrewsbury & Telford Hospital NHS Trust**
Dr Edwin Borman	**Medical Director**	**Shrewsbury & Telford Hospital NHS Trust**
Jan Ditheridge	**Chief Executive**	**Shropshire Community Health NHS Trust**
Dr Stephen James	**Future Fit GP Board Member Clinical Lead**	**Shropshire CCG**
Stakeholder Members		
Daphne Lewis	**Chair**	**Healthwatch Shropshire**
Jane Chaplin	**Joint Chair**	**Healthwatch Telford & Wrekin**
Jayne Thornhill	**Deputy Chief Officer**	**Powys Community Health Council**
Andy Begley	**Director of Adult Social Care**	**Shropshire Council**
Liz Noakes	**Director of Public Health**	**Telford and Wrekin Council**
Amanda Lewis	**Strategic Director - People**	**Powys County Council**
Anthony Marsh	**Chief Executive**	**West Midlands Ambulance Service NHS FT**
Rachael Edwards	**Head of Service Resourcing**	**Welsh Ambulance Services NHS Trust**
Mark Brandreth	**Chief Executive**	**Robert Jones & Agnes Hunt Hospital NHS FT**
Neil Carr	**Chief Executive**	**South Staffs & Shropshire Healthcare NHS FT**
Fiona Hay	**Nominated Representative**	**G.P. Federation/Local Medical Committee**
Ian Winstanley	**Chief Executive**	**Shropshire Doctors Cooperative Ltd**

Name	Role	Organisation
Richard Chanter	**Nominated Representative**	**Shropshire patients**
Graham Shepherd	**Nominated Representative**	**Shropshire patients**
Christine Choudhary	**Nominated Representative**	**Telford & Wrekin patients**
Vikki Taylor	**Locality Director**	**NHS England**
In Attendance		
Debbie Vogler	**Programme Director**	**Future Fit**
Haley Barton	**Programme Administrator**	**Future Fit**
Neil Nisbet	**Finance Director/ Finance lead**	**SATH**
Alison Smith	**Executive Lead Governance and Engagement Assurance Lead**	**Telford CCG**
Sam Tilley	**Director of Corporate Affairs Communications and Engagement Workstream lead**	**Shropshire CCG**
Victoria Maher	**Workforce Director/Workforce Workstream lead STP**	**SATH**
Kate Shaw	**Associate Director of Service Transformation**	**SATH**

A quorum will consist of a minimum of one SRO, one representative from each of the Programme Sponsors and one Programme Team member.

6.1 Decision Making

Decisions of the Programme Board are to be made by consensus.

The table below sets out the actions desired from Sponsor Boards and other organisations in relation to key programme decisions:-

Table 4 – Key Programme Decisions

	Key Decision Documents	Programme Board	CCGs	Other Sponsors	Joint HOSC	Health & Wellbeing Boards	Assurance
1	Programme Execution Plan/Case for Change	Approve	Approve	Approve	Consider	Endorse Case for Change	Gateway 0
2	Evaluation Criteria & Process	Approve	Approve	Endorse	Consider	n/a	Gateway 0
3	Clinical Model of Care	Approve	Approve	Endorse	Consider	Endorse	Senate
4	Benefits Realisation Plan	Approve	Approve	Endorse	Consider	Endorse	Gateway 0
5	Selection of short list of Options	Approve	Approve	Endorse	Consider	Receive	Gateway 0
6	Selection of Preferred Option	Approve	Approve	Endorse	Consider	Receive	Senate, Gateway 0

7	Consultation Document	Approve	Approve	Respond	Consider	Respond	Gateway 0
8	Decision Making Business Case	Approve	Approve	Endorse	Consider	n/a	Gateway 1
9	Outline Business Case(s)	Approve	Approve	Relevant Board to Approve	n/a	n/a	Gateway 2

Commissioners will seek to agree a method of joint decision making in relation to the key milestone decisions of the programme where necessary.

6.2 Core Group

In order to enhance the functioning of the Programme Board, a Core Group made up of a single representative of each sponsor organisation shall be convened where necessary and determined by the joint SROs. The function of the group is to make recommendations to the Programme Board on matters within its remit and, in exceptional cases where the JSROs judge that matters cannot wait for a full meeting of the Programme Board, to have authority to take decisions on its behalf. The Programme Board shall immediately be informed of such decisions along with the Core Group's rationale for the decision taken.

The Programme assumption is that Core Group members have authority from their own Boards to act in this way and that they will take responsibility for reporting back to their Boards the agreed actions of the Core Group in a timely manner.

6.3 Programme Director

The Programme Director provides the interface between programme ownership and delivery and is responsible for defining the Programme objectives and ensuring there are met within the agreed time, cost and quality constraints. The Programme Director is also the link point for all major sponsors and stakeholders at a strategic level and will attend relevant Board/Governance meetings as necessary to provide regular updates on programme delivery.

The Programme Director will report to, and be accountable to, the JSROs, and will attend meetings of the Programme Board and Core Group and will support designated programme workstreams together with the core programme team.

The Programme Director will also attend key STP governance structure committees/ workstreams to represent the views of the Programme in the wider system transformation programme.

6.4 Senior Programme Manager

The Senior Programme Manager will run the programme on a day-to-day basis on behalf of the Programme Board within the constraints it lays down. The Senior Programme

Manager will report and be accountable to the Programme Director and will support the Programme Board, Core Group and programme designated workstream meetings.

6.5 Programme Administrator

The Programme Administrator will provide senior administrative support to all programme activities as required to ensure effective delivery of the programme's objectives. The programme administrator will report to the Senior Programme Manager on a day-to-day basis and be accountable to the Programme Director.

6.6 Workstreams

A number of enabling workstreams are required to support the effective delivery of the programme. Some remain within the direct management and co-ordination of the programme and some have transitioned to the STP governance structure as set out below.

Add diagram from Stuart

The 3 key enabling workstreams under the Future Fit Programme are:-

1. Communications and Engagement
2. Integrated Impact Assessment
3. Assurance

The remit, leadership and membership of the programme's workstreams are detailed below. For the key enabling workstreams that have transitioned to the STP governance structure, the Programme Director will ensure that their terms of reference meet the requirements of the Programme.

6.11.1 Workstream 1: Communications and Engagement

The overall goal of the workstream is to empower patient, community, staff and stakeholder leadership at the heart of the Programme, ensuring the creation and delivery of a compelling vision for excellent and sustainable Acute Hospital Services. The workstream will be overseen by a Strategic Group.

The remit of the Group is to:

- Engage with relevant and representative stakeholders to develop a robust engagement and communications plan;
- Ensure delivery of the engagement and communications plan for each phase of the Programme;
- Commission products and materials as required for the delivery of the plan;

- Ensure compliance with key statutory and mandatory guidance (including statutory framework for England and for Wales, national reconfiguration tests, NHS Act 2006, Freedom of Information Act 2000 etc., Gunning principles);
- Undertake relevant engagement that has impact;
- Align communications and engagement leads to workstreams across the STP to facilitate two-way communication and provide advice regarding engagement, consultation and communications;
- To provide leadership for patient, community and stakeholder engagement on behalf of the Programme, and support organisations within the programme to lead their workforce engagement ;
- Deliver engagement-led communication;
- Work with members to develop and implement the overall visual identity and brand for the Programme ;
- Maximise engagement and communication opportunities, minimising risks;
- To identify the benefits and risks in relation to engagement and communication and ensure effective strategies for benefits realisation and risk management;
- To assure engagement and robust delivery;
- To support the Assurance Workstream, particularly in relation to engagement with key statutory bodies such as Health Overview and Scrutiny Committees (HOSC), Healthwatch bodies and Community Health Council (CHC), including reporting to the HOSCs, Health and Wellbeing Boards and CHC.

Membership of the Strategic Group includes the appointed NHS Future Fit engagement and communications team, the nominated CCG executive lead accountable for Futurefit engagement and/or communications, Communications leads from sponsor and stakeholder organisations, officers from Healthwatch Shropshire and Telford & Wrekin, and Powys CHC, supported by the core programme team.

Please note: CHC members will be accountable for the conduct of their role on the Engagement and Communications Workstream in accordance with their statutory responsibilities and any guidance that may be issued by Welsh Government.

The Group will meet monthly. The group will report directly to the Programme via Programme Board. Meetings will be chaired by the STP SRO for communications and engagement.

In addition to the Strategic Group, an Operational Group will meet to focus on delivery of key activities. The group will meet monthly following the Strategic Group.

The membership of the workstream is set out in the table below.

Table 5 – Comms and Engagement Workstream Membership

Name	Role	Organisation
Martin Evans	STP SRO for Communications and Engagement	Associate Director of Communications South Staffordshire and Shropshire Healthcare NHS Foundation Trust
Pam Schreier	STP Communications and Engagement Lead	STP PMO
Andrea Harper	Head of Communications and Engagement	Shropshire CCG
Jane Randall-Smith	Chief Officer	Healthwatch Shropshire
TBC	Chief Officer	Healthwatch Telford & Wrekin
TBC	TBC	Powys CHC
Gill Sower	Nominated Representative	Shropshire Patient Groups
TBC	Nominated Representative	Telford & Wrekin CCG Patient Groups
TBC	Nominated Representative	Powys Patient Groups
Andy Rogers	Communications and Marketing Manager	Shropshire Community Health NHS Trust
Adrian Osborne	Assistant Director (Engagement and Communication)	Powys THB
Andrew Boxall	Technology and Communications Service Manager	Shropshire County Council
Nigel Newman	Communications Manager	Telford & Wrekin Council
Julia Clarke	Director of Corporate Governance	The Shrewsbury and Telford Hospital NHS Trust
Dave Burrows	Communications Officer	The Shrewsbury and Telford Hospital NHS Trust
Karen Higgins	Lead for Engagement and Involvement	Shropshire CCG
Sharon Smith	Patient Engagement Lead	Telford & Wrekin CCG
Chris Hudson	Acting Comms and Knowledge Manager	RJAH
Adelle Wilkinson	Community Engagement Officer	Healthwatch Shropshire
Paul Shirley	Engagement Officer	Healthwatch Telford & Wrekin
Sarah Flowers / Dawn Rayson	Communications and Engagement Manager (Local Maternity System Review Lead).	Midlands and Lancashire CSU
Laura Pell	Communications Manager	Shropshire County Council
Thomas Cox	Communications Officer	Telford & Wrekin Council

6.11.2 Workstream 2: Integrated Impact Assessment Task and Finish Group

The Impact Assessment Task and Finish Group is a sub group specifically tasked to establish the scope of the IIA work both the original IIA carried out in 2016 and also the supplementary IIA work on Women and Children's Services. The mitigation plans that conclude from this work are monitored through the Programme Board. Each mitigating action will be owned and managed within the remit of at least one workstream.

The Group will meet as often as required to deliver the required work programme to timescales determined by the Programme Board.

The Group will be chaired by the Programme Director.

Table 6 – IIA Task and Finish Group Membership

Add latest membership list

6.11.3 Workstream 3: Assurance

The purpose of this workstream is to ensure the effective implementation of a comprehensive Programme Assurance Plan which will provide assurance to the Programme Board, sponsor Boards, the Joint Health Overview and Scrutiny committees and other external parties regarding the governance, management and decision making within the programme. This will include:

- Ensuring that decisions taken by the Programme Board are ratified by the appropriate governance structures within each of the partner organisations.
- Development and implementation of effective and independent clinical and programme assurance processes, including:
- Development and maintenance of strong links with the Joint HOSC & CHC;
- Planning and coordination of Gateway Reviews and monitoring of progress against resultant action plans;
- Effective and timely Local Assurance Processes (LAP);
- National Clinical Assurance Team (NCAT) reviews.
- Ensuring best practice and value for money in the management of the Programme.
- Ensuring the appropriateness and effectiveness of all evaluation processes and decision-making.
- In conjunction with the Engagement & Communications workstream ensuring that patients and the public are appropriately involved in the Programme.
- Identifying the benefits and risks in relation to governance and assurance and ensuring effective strategies for benefits realisation and risk management, including:
    - contributing to the Benefits Realisation Plan
    - contributing to and regular review of the Programme Risk Register

It will be the responsibility of each individual workstream to secure any external assurance which the Programme Board or the core programme team deems to be required for work which that workstream has undertaken or commissioned.

The Workstream will be led by the nominated Executive lead with support from the Programme Director, and will comprise the following membership:

Table 7 - Assurance Workstream Membership

Name	Role	Organisation
Alison Smith (Chair)	Executive Lead, Governance & Performance	Telford & Wrekin CCGs
Sam Tilley	Interim Head of Governance and Involvement	Shropshire CCG
Julie Thornby	Director of Governance	Shropshire Community Health NHS Trust
Julia Clarke	Director of Corporate Governance	Shrewsbury & Telford Hospital NHS Trust
Rani Mallison	Corporate Governance Manager	Powys THB
Cllr Gerald Dakin	Joint Chair	Shropshire HOSC
Jessica Tangye	Scrutiny Group Specialist	Telford & Wrekin HOSC
Dr Rod Thomson	Director of Public Health	Shropshire HOSC
Terry Harte	Nominated Representative	Healthwatch Shropshire
Paul Wallace	Vice Chair	Healthwatch Telford & Wrekin
David Adams	Nominated Representative	Powys CHC
Daphne Lewis	Nominated Representative	Shropshire Patient Group
Phil Smith	Delivery Manager	NHS Trust Development Authority
Debbie Vogler	Programme Director	Futurefit
Tbc	Senior Programme Manager	Futurefit

The key enabling workstreams for the programme which now form part of the STP governance structure are:

- Clinical Design (incorporating the Community and Clinical Reference Group)
- Finance
- Workforce

Add details of most recent ToR or leave out and just make reference to them.

6.11.4 Advisory Team

The Programme Director, Core Programme Team and WOrkstreams will be supported by an experienced team of advisors to be appointed as necessary to meet specific identified needs.

7. Timetable

7.1 Milestones

An outline timetable for the programme has been determined as follows:

Table 8 – Timetable Milestones

Key Tasks	Target Completion Date
Phases 1 – 3	January 2014 – October 2016
Phase 4 - Public Consultation & OBC	End December 2017
Identification and approval of a preferred option	
Gateway Review 1	
Preparation for Public Consultation including Pre Consultation Business Case & NHSE Formal Assurance	
Formal Public Consultation	
Preparation of Outline Business Case(s) and Decision Making Business Case	
Partner organisations' approval of OBC/DMBC and consultation outcomes	
Gateway Review 2	
Phase 5 - Full Business Case(s)	To be determined
Procurement processes	
Preparation and partner organisations' approval of FBC(s)	
Gateway Review 3	
Phase 6 - Implementation	To be determined
Capital infrastructure developments	
Implementation of service changes	
Phase 7 - Evaluation	To be determined
Post Programme Evaluation	

8. Resources

8.1 Core Partners

The following resources will be made available from within the core partners' existing resources:

- Programme Board members
- Workstream leads and members
- Programme Auditor

8.2 Support

External consultancy support will be provided by NHS Midlands and Lancashire Commissioning Support Unit (CSU) and the following additional appointments will be made to support the Programme:

- Senior Programme Administrator
- Senior Programme Manager
- Senior Comms and Engagement Support (STP)
- Comms and Engagement Manager (CCGs)

Additional specialist consultancy support will be commissioned by the CSU as required.

8.3 Programme Budget

The budget for the Programme is summarised in the Table below.

This is a provisionally agreed budget for 2017/18. It is assumed that post December 2017 there will be no direct costs to the CCCG associated with the Programme as it moves into implementation phase other than those agreed that will be funded through the STP budget.

Table 9 – Programme Budget

Element	2017/18 Budget
Programme Management Office	£130,000
Communications & Engagement	STP/In House
Supplementary Integrated Impact Assessment	£46,000
Independent review	£100,000
Consultation Process	£140,000
Non pay	£25,000
TOTAL PROGRAMME BUDGET	£441,000

Proposed FUNDING split	
Shropshire CCG 55%	£243,000
Telford & Wrekin CCG 35%	£154,000
Powys LHB (TBC) 10%	£44,000

The Programme budget will be reviewed and updated as the programme progresses and changes will be submitted to the Programme Board for approval.

9. Programme Management

9.1 Approach

The Programme will be managed in accordance with the PRINCE2 and 'Managing Successful Programmes' methodologies, suitably adapted for local circumstances in order to meet the needs of this Programme.

The programme management arrangements will therefore be driven by outputs – or in the PRINCE2 terminology 'Products'. All Products will be formally signed off by the appropriate workstream before being approved by Programme Board or Programme Owners as required.

The PEP includes all the management controls required to ensure the partners organisastions meet their fiduciary obligations with respect to the development and implementation of the Programme and the management of the Porgramme within a framework of acceptable risk. This governance framework will ensure that:

- Local health services are modernised through the controlled and measured management of a wide range of risk;
- Decisions on the strategic direction and future needs of local health care are only made after proper consideration;
- The views and interests of stakeholders are considered;
- Appropriate behaviour with respect to the codes of corporate governance, policy guidance and good management practice;
- Open reporting of Programme progress and performance.

To ensure the quality of the outputs is maintained and the objectives are met, the PEPE and the implementation fo the Programme will be managed and undertaken on the basis of:

- Proven methodologies and standards;
- Effective monitoring procedures;
- Effective change/issues/problem management;
- Review and acceptance procedures, and
- Appropriate documentation and record keeping.

9.2 Methodologies and Standards

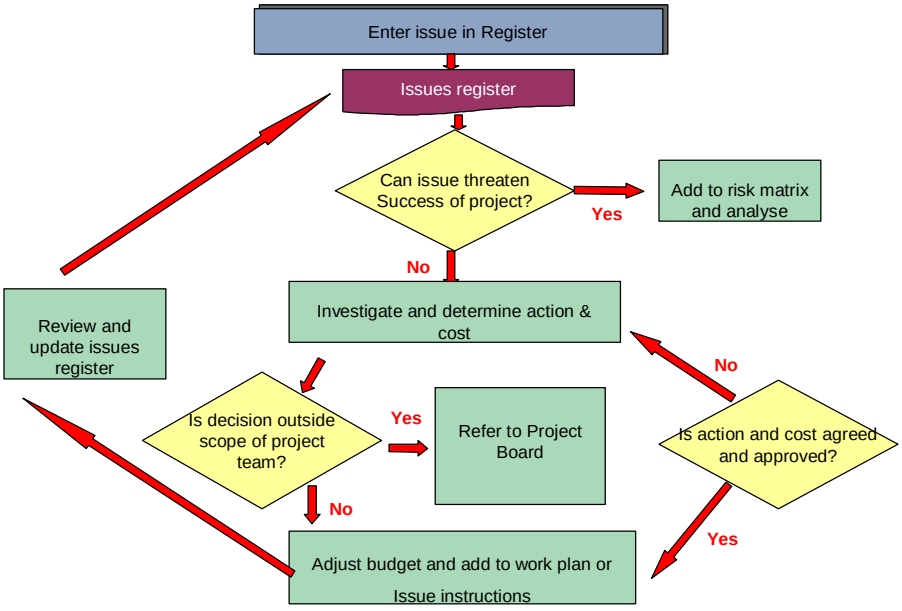
The Programme will only use standard and prescribed methods for service and financial modelling.

All documents and publications will be based on standard DH documents where available. Any deviation from the standards will be referred for approval to NHS England as required.

9.3 Issues Management

The management process for dealing with issues and concerns identified during the execution of the Programme is illustrated in Figure 1 below. The Core Programme Team will undertake an initial assessment of the nature and impact of the issue, drawing on appropriate technical support as necessary.

Figure 1



Where the matter does not involve a change in Programme cost, is not at variance to the clinical service models and strategies and is supported by all core partners, the Programme Director will have authority to approve and implement any necessary changes.

Issues that are outside the scope or authority of the Programme Director will be referred to the Programme Board.

9.4 Monitoring and Audit

The Programme documents, processes, outputs and progress will be monitored by the Programme Board and through continuous audit by the Programme Auditor.

9.5 Administrative Systems and Procedures

9.5.1 Meetings

Notes will be produced of all meetings of the Programme Board and its Workstreams and will be kept in the Programme library.

9.5.2 Records

A copy of all Programme communications originating in the Programme Board and its Workstreams or from the Programme advisors will be sent to the Programme Office for record keeping. All electronic data and computer files produced are to be stored on a system that is the subject of daily back ups. All Programme Team advisors are to have suitable data security and back up arrangements in place.

9.5.3 Programme Library

In order to ensure key programme documents are made available as swiftly as possible, an electronic Programme Library will be established. The library will be managed by the Senior Programme Administrator.

9.6 Communications and Stakeholder Engagement

9.6.1 Communications

A Programme Directory will be established, detailing the contact details for all members of the Programme Board and its WOrkstreams and Advisory Team. The Programme Directory will be maintained by the Senior Programme Administrator.

The Programme Team will provide advice and support on all communications relating to the Programme, and will act as the Programme's interface with the media.

The specific inputs into the Programme include:

- Communications link to thepartner organisations' communication systems;
- Internal partner organisations' communication links;
- Advice on external communications support;
- Link to other external communications, including NHS publications;
- Identification of communications opportunities that can be used to keep the local population informed and up-to-date.

9.6.2 Stakeholder Engagement

The detailed Stakeholder Engagement and Communications Plan will be regularly reviewed and its implementation overseen by the Engagement and Communications Workstream.

9.6.3 Freedom of Information

All Programme information will be made public except where it would be in breach of patient or staff confidentiality or of commercial interests. All Freedom of Information requests associated with the programme will be managed via the CSU central team.

9.6.4 Conflicts of Interest

A Register of Interests of all Programme staff and advisors will be established and will be formally updated and reported to the Programme Board on a regular basis, in line with the Programme's Code of Conduct.

Where a person is found to have a conflict of interest they will not be given access to such information and will be required to take no active part in the programme, or the relevant part of the programme.

9.6.5 Confidentiality

All Programme staff, advisors and other persons who may have privileged access to information that is considered to be commercially confidential will be required to sign a confidentiality agreement before gaining access to such information.

9.6.6 Gateway Reviews

Elements of the Programme may be subject to Health Gateway Reviews as required by NHS England and in accordance with the prescribed process. Programme staff and Advisory Team members will co-operate fully with the review process.

10. Assumptions, Constraints and Risks

10.1 Assumptions

The Programme is proceeding on the basis of the following assumptions:

- Sufficient human and financial resources continue to be made available by the partner organisations;
- The Programme Sponsors will continue to work jointly and will ensure that their governance systems and processes allow for collective decision making;
- The continued engagement in the Programme of all stakeholder organisations; and
- Any changes required to maintain the safety and sustainability of services in the short term will be consistent with the longer term service model to be developed by the Programme.

10.2 Constraints

The key constraints within which the Programme must proceed are considered to be as follows:

- The Programme goals must remain demonstrably affordable to the health economy as a whole and to individual partner organisations;
- The availability of capital funding;
- Timescales; the urgency to achieve the quality benefits including safety, effectiveness and clinical sustainability require significant service change to be implemented including a robust community model which will support the required reduction in demand on acute hospital services to deliver the acute activity and capacity modelling assumptions within the SOC/OBC/FBC.

10.3 Risks

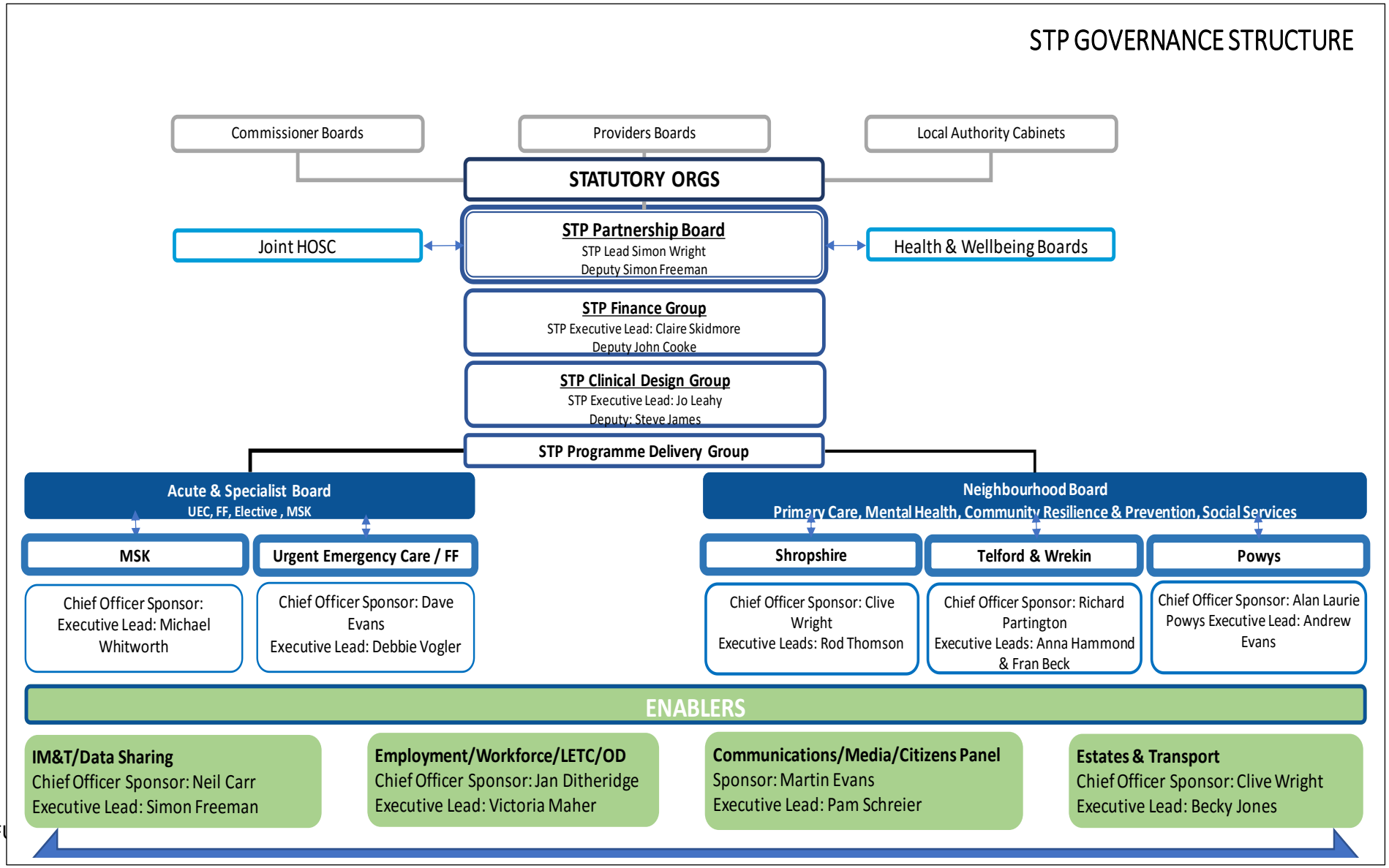
The key risks to the success of the Programme are considered to be in the following areas:

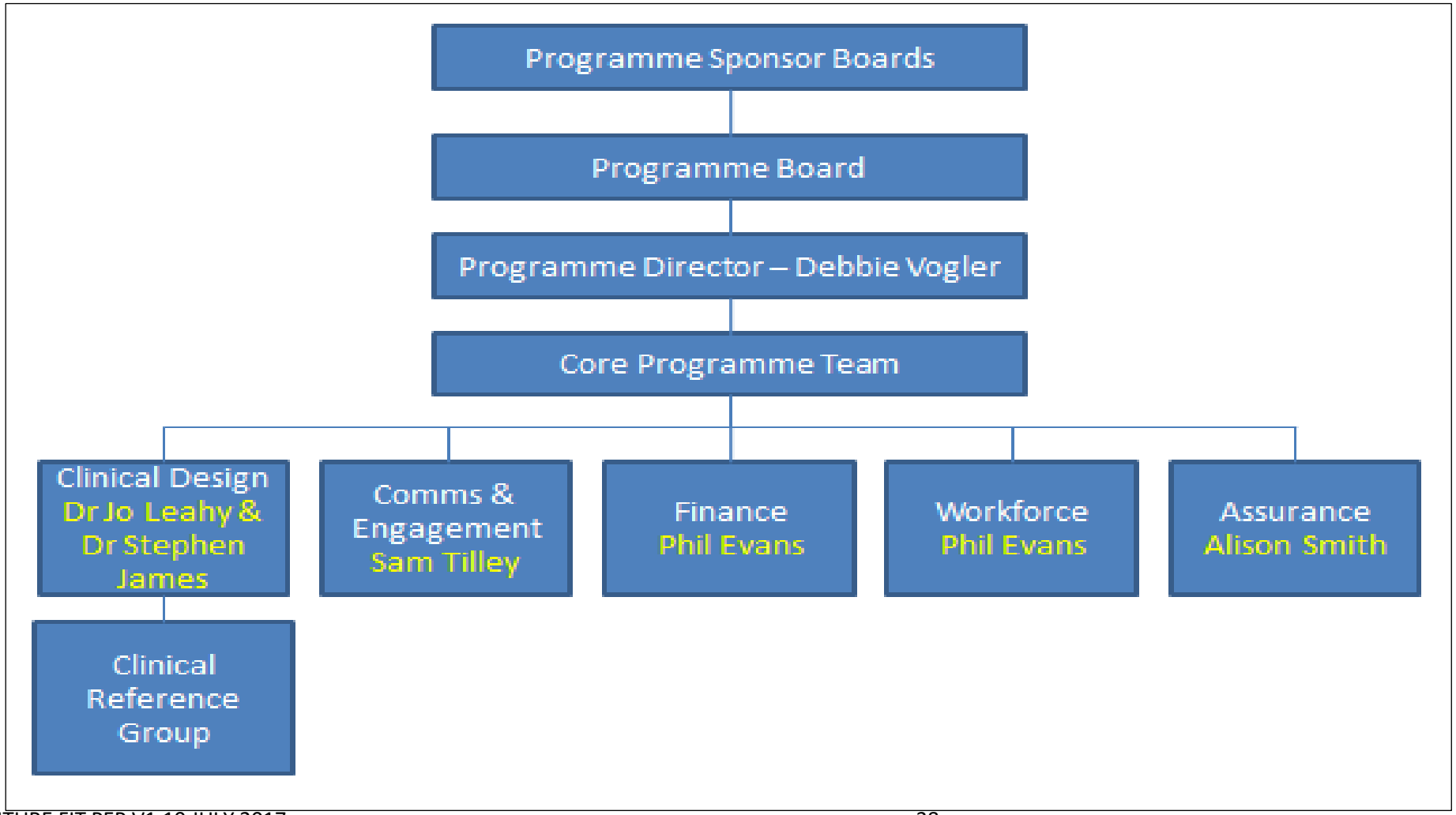
- Affordability of the agreed service models;
- Availability of capital funding for any changes to facilities and physical infrastructure;
- Public/stakeholder resistance and objections to plans;
- Failure to meet project timescales;
- Failure to deliver the required supporting community model for the left shift in acute activity to the timescale required for completion of the acute hospital services reconfiguration.

Following the establishment of an initial high level Risk Register, the Programme's risk management process has been further developed in the light of

recommendations from the Health Gateway Review Team. This uses qualitative and quantitative measures to calculate the overall level of risk according to their impact and probability. Each Programme Workstream will be responsible for establishing and maintaining a risk register and determining which workstream risks need incorporating onto the Programme Risk Register.

Those risks which are considered to be both High Probability and High Impact will have been considered in depth by the Programme Team and risk containment plans prepared. The Risk Register will be formally reviewed and updated on a monthly basis by the Programme Team and the Programme Board will receive as a standing item the most up-to-date Risk Register at each of its meetings with a summary of where there has been changes to risk scores and the supporting rationale for change.


STP GOVERNANCE STRUCTURE
Commissioner Boards
Providers Boards
Local Authority Cabinets
STATUTORY ORGS
Joint HOSC
STP Partnership Board
STP Lead Simon Wright
Deputy Simon Freeman
Health & Wellbeing Boards
STP Finance Group
STP Executive Lead: Claire Skidmore
Deputy John Cooke
STP Clinical Design Group
STP Executive Lead: Jo Leahy
Deputy: Steve James
STP Programme Delivery Group
Acute & Specialist Board
UEC, FF, Elective , MSK
Neighbourhood Board
Primary Care, Mental Health, Community Resilience & Prevention, Social Services
MSK
Urgent Emergency Care / FF
Shropshire
Telford & Wrekin
Powys
Chief Officer Sponsor: Executive Lead: Michael Whitworth
Chief Officer Sponsor: Dave Evans
Executive Lead: Debbie Vogler
Chief Officer Sponsor: Clive Wright
Executive Leads: Rod Thomson
Chief Officer Sponsor: Richard Partington
Executive Leads: Anna Hammond & Fran Beck
Chief Officer Sponsor: Alan Laurie
Powys Executive Lead: Andrew Evans
ENABLERS
IM&T/Data Sharing
Chief Officer Sponsor: Neil Carr
Executive Lead: Simon Freeman
Employment/Workforce/LETC/OD
Chief Officer Sponsor: Jan Ditheridge
Executive Lead: Victoria Maher
Communications/Media/Citizens Panel
Sponsor: Martin Evans
Executive Lead: Pam Schreier
Estates & Transport
Chief Officer Sponsor: Clive Wright
Executive Lead: Becky Jones


Programme Sponsor Boards
Programme Board
Programme Director – Debbie Vogler
Core Programme Team
Clinical Design
Dr Jo Leahy &
Dr Stephen
James
Comms &
Engagement
Sam Tilley
Finance
Phil Evans
Workforce
Phil Evans
Assurance
Alison Smith
Clinical
Reference
Group