

Health & Wellbeing Board
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WVT Futures Project – Update

1.0 INTRODUCTION

The purpose of the Futures Project is to define and assess options for the best model and approach that will provide the sustainability required to achieve foundation trust (FT) status.

WVT is leading the process to establish the future form of the organisation under the auspices of the Futures Project. A number of possible options have emerged and a process has been put in place to test the options and to identify the preferred way forward in an Outline Business Case (OBC). This was set out in the Strategic Outline Case (SOC) approved by the WVT Board in March 2013.

The SOC identified five potential options for the future organisational form of WVT. Following the approval of the SOC by the WVT Board, it was agreed that an additional option (Service Reconfiguration) would be considered based on feedback from key stakeholders.

Due to the addition of the Service Reconfiguration option, it was agreed that additional time was required to complete the OBC. An early draft version of the OBC was discussed by board members at a workshop meeting on the 27th June 2013.

This short paper gives an update on the progress of the Futures Project since the last board update.

2.0 RECOMMENDATION

The Board is asked to note the contents of this report, particularly the new project timeline which takes into account the work required to assess the additional option and the production of a clinical strategy by Herefordshire Clinical Commissioning Group (HCCG).

3.0 MAIN BODY OF REPORT

3.1 Project progress since the last report

The Project Oversight Board met in July 2013 and reviewed the draft OBC. The need for HCCG to develop a clinical strategy for Herefordshire in parallel to the OBC was acknowledged and the timescale was accepted. The Chair asked that the project team meet with her to discuss the

impact of the Trust Development Authority's (TDA) accountability framework on the Futures Project.

The Trust Stakeholder Group also met in July and reviewed the draft OBC. The group made a number of very helpful contributions which will be fed into the next iteration of the OBC.

Following Grant Thornton's development of a long term financial model (LTFM) to inform the draft OBC, work began in August to rebase the LTFM in line with the plan and forecast out-turn for the 2013/14 financial year. This is in line with TDA expectations and should be completed by the end of September 2013. This work is a pre-cursor to the further development of the financial models in the OBC and is being achieved through supplementing the Trust's financial team with additional support..

Work to create an IM&T Strategy for the Trust completed its first stage in July. DTZ were appointed through a competitive process to develop an outline strategy for the Trust's estate in August. Both these elements will contribute to the OBC and are expected to be completed in October.

HCCG began work to develop a clinical strategy for Herefordshire in August and agreed a project initiation document in September. The WVT Futures project team are supporting this work by sharing the outputs of the considerable amount of analysis and modelling that WVT has completed in recent years.

Two visits to other sites have been completed in recent weeks in order to inform the development of the OBC. Representatives of the Trust visited Hinchingsbrooke Hospital as guests of Circle Healthcare to view the site and hear about the operational franchise that was put into place over a year ago. The Trust has also visited Airedale Hospital in Keighley, West Yorkshire to find out how this trust serves a small, largely rural, population whilst retaining its status as a successful FT.

3.2 Project Plan

The final version of the OBC will be presented to the Board in January 2014. This timescale is dictated by the production of the Clinical Strategy by HCCG and will allow time for the outputs to be evaluated and the assumptions tested.

The project team is proposing to produce a second draft OBC to demonstrate the progress made to date in October 2013. The latest version of the project timeline can be found at Appendix 1.

4.0 CONSULTATIONS

Key stakeholders, including staff, patients, public and service users, have been kept informed of the changes to the project timeline.

5.0 CONCLUSIONS

The timeline for production of an OBC has been extended to incorporate both an additional option and the emerging clinical strategy of HCCG. This additional period is being used to estimate the effect of the developing clinical, estates and ICT strategies on the financial models within the OBC.

