Programme Initiation Document

Produced by: Kirsty Roberton
On behalf of the Planning Finance and Delivery Group

Version: 0.9
Date 29th September 2015
## Document version history

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<tr>
<th>Version Number</th>
<th>Date</th>
<th>Author Title</th>
<th>Status</th>
<th>Comment/Reason for Issue/Approving Body</th>
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<td>0.2</td>
<td>23\textsuperscript{rd} July 2015</td>
<td>Programme Manager</td>
<td>Draft for discussion With PFD</td>
<td>Presented to PFD in Draft for discussion on 27\textsuperscript{th} July 2015</td>
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<tr>
<td>0.3</td>
<td>27\textsuperscript{th} July 2015</td>
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<td>Updated draft</td>
<td>Reviewed at above meeting – changes being made for review by PFD members</td>
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<td>7\textsuperscript{th} August 2015</td>
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<td>Updated Draft for discussion at PFD 10\textsuperscript{th} August 2015</td>
<td>Amendments following feedback from Interim Programme Chair and Programme Director</td>
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<td>0.6</td>
<td>10\textsuperscript{th} August 2015</td>
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<td>Final Draft for approval at Programme Board</td>
<td>Amended following feedback at PFD on 10\textsuperscript{th} August 2015</td>
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<td>0.7</td>
<td>20\textsuperscript{th} August 2015</td>
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<td>Final Draft for submission to Tripartite for approval</td>
<td>Amendments following Programme Board held on 13\textsuperscript{th} August 2015</td>
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<td>0.7.1</td>
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<td>Final Draft for approval</td>
<td>Following submission to Regional Tripartite – paragraph added to reflect commitment of support from the Joint Oversight Committee</td>
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<td>0.8</td>
<td>17\textsuperscript{th} September 2015</td>
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<td>Version 0.7.1 Approved 10\textsuperscript{th} September 2015 by the Joint Oversight Group subject to the programme taking the recommendations into consideration, and which authority was delegated for these to be made by the programme and then proceed i.e. no further sharing with JOG required.</td>
<td>Version amended to reflect recommendations from the Joint Oversight Group, CQC report, Clinical Senate Report and the established Programme Executive Group</td>
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<tr>
<td>0.9</td>
<td>29\textsuperscript{nd} September 2015</td>
<td></td>
<td>Final amendments</td>
<td>Final version for mobilisation Presented to the Regional Tripartite for assurance</td>
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**Document approval**

This document requires the approval by the following:

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<tr>
<td>Governance Group</td>
<td>Success Regime Programme Board</td>
<td>13th August 2015</td>
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<tr>
<td>National Governance Group for the Success Regime</td>
<td>National Joint Oversight Group</td>
<td>10th September 2015</td>
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Once signed, this document will be accepted as formal authority to proceed.

**Distribution**

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<td>Interim Programme Chair (Director of Commissioning Operations, Cumbria and NE)</td>
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<td>Ann Farrar</td>
<td>Chief Executive</td>
<td>North Cumbria University Hospitals NHS Trust</td>
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<tr>
<td>Claire Molloy</td>
<td>Chief Executive</td>
<td>Cumbria Partnership NHS Foundation Trust</td>
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<td>Hugh Reeve</td>
<td>Interim Chief Clinical Officer</td>
<td>Cumbria CCG</td>
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<td>Cumbria County Council</td>
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<td>Helen Jervis</td>
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<td>1st Care Cumbria</td>
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<td>Derek Thomson</td>
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### A summary is to be distributed to:

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Louise Robson  
Business & Development Director  
Newcastle Upon Tyne NHS Foundation Trust

Andrew Mason  
Vice Chair,  
Cumbria Local Medical Committee
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1 Executive summary

The Health and Care System known as ‘North Cumbria’ was identified on 3 June 2015 as one of the three areas to be included in the Success Regime, a new national initiative to help the most challenged health and care economies.

The aim of the national programme is to provide increased support and direction to the most challenged systems. The problems in these health and care economies are deep-rooted, long-standing and spread across the whole system as opposed to individual organisations. Local and national organisations may have worked hard for some time to improve services for patients and the public, but have not made the required progress. Transformation is now required and will only be achieved if national and local leaders take a different, system-wide approach to those take previously, none of which have effectively delivered the expected improvements for patients and the public.

The programme aims to secure improvement in three main areas:

- **Short-term improvement** against agreed quality, performance or financial metrics;
- **Medium and longer-term transformation**, including the application of new care models where applicable and achieve system wide financial balance
- **Developing sustainable leadership** capacity and capability

A proposition document was produced and presented to the ‘Tripartite’ (NHS England (NHSE), Trust Development Authority (TDA) and Monitor) on 8th July 2015 which set out initial collective views from a range of the local partner organisations on how the Success Regime programme should operate to address the long-standing challenges facing the North Cumbria health and care system and to deliver the national programme aims. That paper has been adapted to produce this PID.

For successful delivery of the programme it is expected to see measurable improvement in relation to:

- Quality of care, including patient experience
- Workforce including, ongoing leadership capacity and capability, and long term workforce recruitment sustainability and development.
- Financial performance
- Public confidence, involvement and empowerment
- System-wide organisational stability

The initial budget for the Programme is £700,000, but there will be opportunities to put in business cases for further support from the national Success Regime programme. High level budget proposals are attached in appendix 4.
For the programme to be successful active support from the Joint Oversight Committee specifically in relation to securing national development through expert input, the support of national organisations where relevant and access to best practice initiatives as requested by the programme board. This support will complement the existing programme arrangements and we would ask the Joint Oversight Committee to ensure that priority will be given to requests from the success regime.

**High Level Key milestones for this Programme are as follows:**

<table>
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<tr>
<th>High Level Milestones (Diagnostic and Planning Phase)</th>
<th>Completion Date</th>
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<tr>
<td>Project Governance Arrangements Confirmed</td>
<td>September 2015</td>
</tr>
<tr>
<td>Agreement of works area and enabling plans for delivery</td>
<td>September 2015 – October 2015</td>
</tr>
<tr>
<td>Data collection and Modelling work</td>
<td>November 2015</td>
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<tr>
<td>Baseline data agreed</td>
<td>August 2015</td>
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<tr>
<td>Public Engagement/Consultation strategy agreed</td>
<td>October 2015</td>
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<tr>
<td>Development of System wide plan/Clinical Models with the involvement of healthcare staff and local people</td>
<td>December 2015</td>
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<tr>
<td>Development of enabling strategies</td>
<td>December 2015</td>
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<tr>
<td>Identify Direction of Travel for the Clinical Strategy</td>
<td>December 2015</td>
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<tr>
<td>Public Engagement and where necessary consultation</td>
<td>September – March 2016</td>
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<tr>
<td>Agreed Clinical Strategy</td>
<td>March 2016</td>
</tr>
<tr>
<td>Approval to proceed to implementation phase (Subject to consultation as required)</td>
<td>March 2016</td>
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<tr>
<td>Development and agreement of integrated organisational models</td>
<td>March 2016</td>
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<tr>
<td>Programme Initiation Document revised and Development of Implementation plan</td>
<td>April 2016</td>
</tr>
<tr>
<td>Implementation of clinical services changes</td>
<td>April 2016 onwards</td>
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<tr>
<td>Implementation of leadership plans relating to North Cumbria University Hospitals NHS Foundation Trust (NCUHT)</td>
<td>July 2016</td>
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<tr>
<td>Benefits Realisation and review</td>
<td>July 2016 onwards</td>
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2 Background

This Programme Initiation Document (PID) has been produced in accordance with Managing Successful Programme (MSP) methodology for Programme management.

The purpose of the Programme Initiation Document (PID) is to define the Programme in order to form the basis for its management, and an assessment of its overall success when completed.

The PID outlines the scope of the Programme and along with the Programme plan forms the contract between the Programme Chair and the Programme Board.

The PID is a ‘working’ document in that it should always mirror the current status, plans and controls of the Programme.

The aim of the document is to ensure that the Programme has a complete and sound basis before the Programme Board approves progression to the next stage, and commitment of the associated resources.

This document outlines the arrangements for the Diagnostic and Planning Phase of the programme where approval to proceed to implementation will be sought from the Programme Board. At this stage a review of the arrangements to successfully deliver the transformational change will be undertaken.

2.1 The Current Position

The ‘North Cumbria’ health and care system was identified on 3 June 2015 as one of the three areas to be included in the Success Regime, a new national initiative to help the most challenged health and care economies.

The challenges facing the North Cumbria health and care system are well documented. In summary:

- The system has unacceptable gaps in quality
- We spend more money than we are allocated
- We need to change to meet future demand
• There has been a loss of public confidence
• Our heavy reliance on interim and locum staff due to difficulties in recruitment and retention
• We don’t always provide care in the right environment at the right time
• The challenge of providing care efficiently and effectively given the physical geography of North Cumbria and the dispersed population across the county in both rural areas and isolated towns
• There are significant health inequalities, with a 19.5 year gap in life expectancy between the highest and lowest wards in the county and lowest life expectancy on the west coast of Cumbria

The challenges are across the whole system. While many manifest themselves in the acute hospital setting, they are longstanding, systemic and deep-rooted.

This programme is not starting from scratch as an outline strategy for health and care services, Together for a Healthier Future, was published in June 2014. This sets out the case for change and a high level strategy for what needed to be done to make sure that local people receive the best and safest possible services into the future. It was produced following engagement with patients, the public and health and care professionals working across the system. This high level strategy was approved and submitted in 2014 as the basis for a cohesive 5 year plan as part of the joined up planning approach between NHS England, Monitor and the Trust Development Authority.

However it is recognised that the existing strategy has not been developed in sufficient depth to deliver the changes we need at the pace and scale required, and leaves a number of critical issues unresolved. The root causes of risks go unaddressed, creating uncertainty for staff and public and expensive and unstable mitigation. There remains no single agreed system plan which delivers clinical and financial sustainability and this must be addressed as a matter of urgency. Therefore this PID outlines the agreed approach to providing increased support and a robust shared methodology to support the successful delivery of the programme objectives/outcomes.

It is recognised that although there is a pre-existing strategy, and there have been previous attempts to provide a clinically and financially sustainable solution for the health economy, the Success Regime will need to provide support to enable change, above and beyond what has previously been attempted. To this end, a systematic approach to capturing and applying new models of care, new and innovative ideas around the provision of services and new roles within the workforce will be operated. This will involve other agencies, supporting these initiatives, taking the best from other systems, both nationally and internationally.

2.2 Programme Mandate and Business Case

The aim of the national programme is to provide increased support and direction to the most challenged systems. The problems in these health and care economies are deep-rooted, long-standing and spread across the whole system as opposed to
individual organisations. Local and national organisations may have worked hard for some time to improve services for patients and the public, but have not made the required progress. Transformation is now required and will only be achieved if national and local leaders take a different approach to those take previously, which have not yet delivered the expected improvements for patients and the public.

The programme aims to secure improvement in three main areas:

- **Short-term improvement** against agreed quality, performance or financial metrics;
- **Medium and longer-term transformation**, including the application of new care models where applicable and achieve system wide financial balance
- **Developing sustainable leadership** capacity and capability

The programme aims to create the conditions for the successful transformation of the health and care economy: stable and sustainable, ambitious system-wide leadership; collaborative working across partners; strong patient, community and clinical engagement and involvement; strong or improving operational and financial performance and a strong out of hospital system.

A proposition document was produced and presented to the ‘Tripartite’ (NHS England (NHSE), Trust Development Authority (TDA) and Monitor) on 8th July 2015 which set out initial collective views from a range of the local partner organisations on how the Success Regime programme should operate to address the long-standing challenges facing the North Cumbria health and care system and to deliver the national programme aims. That paper has been adapted to produce this PID.

The diagram in appendix 1 taken from the Kings Fund demonstrates how the programme will take forward the medium to long term transformation and the development of a more sustainable system. The diagram illustrates the approach required from all parts of the system from line clinical staff to national organisations, commissioners and providers to enable the sustainable service models to be developed.

In order to achieve our aims of improving the quality, safety and experience of patients using local health and care services within the allocated financial framework we will need to ensure that we can develop transformed models of care. We will learn from other forward looking programmes – for example the Vanguard programmes of work across different areas of the NHS that have similar challenges. We will seek support from national organisations for the Success Regime to support the re-design of the healthcare model for North Cumbria to ensure development of its workforce, role re-design and to energise and enthuse clinical leaders and managers to develop the right solutions.
3 Programme definition

The following sections include details around the objectives of the Programme, Programme scope, deliverables, dependencies, constraints and assumptions.

3.1 Programme Objectives

3.1.1 Functional Scope

The programme scope will cover health and care services commissioned and provided for the people of North Cumbria recognising the interdependencies across service areas within the whole system. The programme will focus on the highest impact changes following the diagnostic phase of the programme plan, including acute medicine, out of hospital services, mental health services, women & children’s services sub-regional specialised service.

The focus of the work undertaken within the Success Regime will be to deliver the following:

- system wide financial balance
- ensuring we have no inadequate CQC ratings
- delivery of the NHS Constitutional standards

Within the service models the programme will not just be focusing on the medium and long term transformation for the new models of care but will also focus on the short term improvements against the agreed quality, performance or financial metrics.

Key enabling work will need to take place to support the development of sustainable service models and these will be outlined in section 4.3 and may change throughout the lifespan of the programme dependent on need.

3.1.2 Out of Scope

Whilst no aspects of health and care for the people of North Cumbria are out of scope, the programme will focus on those services which will have the most impact in enabling system recovery and sustainability.

3.2 Constraints

The Programme will be managed acknowledging the following constraints:

- Financial - Both the structural and efficiency challenges need to be addressed in the forward plans, with a single system-wide financial plan reflecting the clinical strategy and its respective activity and resource elements.
- Timeframe - challenging timeframe within existing resources
Resources - the responsibility for delivery sits with the local organisations across the North Cumbria health and care system; the majority of the capacity sits within the existing system and there is an aspiration to be a self-improving system. However additional resources/capacity is needed to accelerate progress. In some cases the capacity can be achieved through existing staff, in other cases, external input and expertise will need to be sought.

3.3 Assumptions

In the process of defining the Programme scope and outcomes some assumptions have been made. Each assumption is a potential risk which will need to be actively managed to reduce impact to the delivery of the Programme.

Assumptions relating to this Programme include:

- There will be national/regional support (both practical and ‘political’) to enable development and subsequent delivery of transformational change
- All stakeholders are willing to engage with the programme and associated development activities and will consider potential clinical options
- Partner organisations will be able to provide staff capacity to project manage, provide clinical and managerial leads, and release time for operational teams to participate in workshops.
- The enabling work areas will provide support where required to each task and finish group.

Support, both locally and nationally, to implement the necessary actions required to deliver a successful and sustainable health and care system

3.4 Anticipated outcomes

We will expect to see measurable improvement in relation to:

- Quality of care, including patient experience
- Workforce including, ongoing leadership capacity and capability, and long term workforce recruitment sustainability and development Financial performance
- Public confidence involvement and empowerment
- System-wide organisational stability

3.4.1 Outcomes over the next six months

During the next six months or as soon as possible we will focus on both addressing the urgent, immediate issues facing the health and care system and develop a detailed long term service strategy. We will ensure that we cease activity which is not ‘mission critical’ to enable us to focus our energy and resources effectively on the Success Regime.
Six short term priorities (over the next 3 months) were agreed at the launch of the Success Regime and 6 overarching priorities:

**3.4.2 Progress should be achieved within the next 3 months on:**

- Organisational performance against key NHS constitutional standards
- Emerging views on a sustainable clinical strategy
- Initial development of a workforce plan
- Arresting the system wide financial deficit
- Developing a plan and timeline for the future management of acute hospital services
- Agreeing the ‘Freedoms’ that the Success Regime will bring to the health system e.g. financial freedoms to benefit the system

**3.4.3 Overarching Priorities**

- A compelling, ambitious service strategy for health and care services in North Cumbria
- A short-term focus on improving service priorities, particularly those key NHS constitutional standards
- Improving the position on workforce issues across the system – developing a whole system workforce plan that addresses recruitment challenges and arranging an urgent workforce summit with national and international input to generate new ideas and ways of working
- Moving ahead on the fusion between Northumbria Healthcare Foundation Trust and North Cumbria University Hospitals NHS Trust to ensure the best ideas from each organisation can support improved acute hospital services.
- Giving the system headroom to achieve change and improvement in services by seeking ‘Freedoms’ for the Success Regime that support financial and service change.
- Engaging with the public, staff, and stakeholders so that the Success Regime does not ignore the citizen and clinician view and these are built into plans for the future.

Therefore within 6 months success will be:

- Agreeing a whole system plan which will sustainably achieve constitutional standards for A&E waits
- Achieving the national constitutional standards on at minimum cancer and RTT wait times
- Agreeing a clear and deliverable long-term service strategy aligned with the Five Year Forward View, that also delivers the requirements of the Care Quality Commission in relation to acute services at North Cumbria University Hospitals
• Clear plan for resolution of the most immediate service fragilities (e.g. Medical Workforce Issues)
• Effective engagement with local communities to develop plans, enabling the alignment of local expectations and clinical priorities
• Ensuring no worsening of financial position during 2015/16 – achieving the plans we have already set out for the year. Setting out the trajectories for the financial position from 16/17 onwards to allow monitoring of performance year on year.
• Agreement of sub-specialised services configuration
• An agreed plan for the future organisation and management of acute services in the area (such as a transaction) is agreed and starting to be implemented within 12 months from now.

3.4.4 Outcomes over the next 3-5 years

The indicators of success set out below are not intended to be comprehensive, but are key markers of the progress which we will expect to achieve. We would expect to see year on year improvement in these measures over the next five years.

 – The outcomes expected by these dates, 3-5 yrs, could come forward if deemed an earlier priority/requirement by the Programme Board.

On quality of care, success over the next five years will be:

• NCUHT and CPFT to achieve an overall CQC rating of good or outstanding
• GP, dental, residential care, nursing home care, hospice care and home care services operating locally within North Cumbria, the overall % rated good or outstanding by CQC at local level to equal or exceed the average % rated good or outstanding across the country as a whole
• Friends and family test – results above national median
• Nil Never Events –
• Mortality rates to be within expected ranges across both hospital sites
• Independent measures of excellence (e.g. national awards) in services key to operating in a rural setting such as ambulatory care

On workforce, over the next five years success will be:

• Substantive recruitment to the key roles required to ensure priority services that are clinically viable and safe
• Overall vacancy rates to be at or below the national average
• No local core speciality or primary care service to run with more than 50% of clinical posts filled by non-substantive staff for longer than 9 months
Acute medicine at West Cumberland Hospital operating with no less than 50% substantive medical staffing within 1 year and 80% within 3 years
NCUHT and Cumbria Partnership NHS Foundation Trust (CPFT) to score at least at median level on the national staff survey measure that staff recommend the trust as a place to work or receive treatment
Improvement in staff morale and engagement
Succession plans and development to ensure a pipeline of ready and capable local system leaders

On population confidence and empowerment success over the next five years will be:

Well established community partnerships with effective engagement and involvement of local people in the development of local health and care services and in managing their own health and wellbeing and in the development of local health and care services
Strong public confidence in, and advocacy of local services and sustainability
Alignment between public expectations and clinical priorities
Accurate, fair and balanced media reporting

On financial performance success over the next five years will be to:

- Eradicate all but the agreed structural elements of the deficit within 3 years
- Sustained delivery by system partners of long-term financial planning and targets
- Over the following 2 years agree a trajectory based on the detailed service strategy to address the remaining deficit.

On organisational stability success over the next five years will be:

- Implementation of future leadership arrangements for NCUHT, which will give full consideration to recent acquisition proposals and ensuring alignment with the Five Year Forward View
- Consideration of shared corporate services between NCUHT and Northumbria Healthcare NHS Foundation Trust (NHFT)
- Proposals for further organisational integration across the health & social care system agreed within 1 year, and well advanced if not completed within 2 years; this will include a clear understanding of scope and the commissioner role in relation to proposals
- Proposals for further system-wide shared back office services agreed within 6 months in advance of a second phase once integration plans are agreed
- All major providers of healthcare to be sufficiently stable to operate to agreed performance trajectories within one year (including the GP federations)

Each work area outlined in the governance structure (section 4.2 table 2) will identity more detailed challenging outcome measures as part of their plans and this will form part of the strategy, both for the overall programme and for individual work areas.
A benefits realisation plan (Performance Outcomes Framework) will be developed along with the programme plan – outlining key deliverables with indicative timescales aligned to outcomes/success measures above.

4 Programme organisation and Structure

Establishing a clear and effective organisation for the programme is critical to the programme success. Successful programme organisation requires the effective combination of the following features to deliver the programme’s desired outcomes:

- Defined roles
- Clear accountabilities and responsibilities of each of these roles
- Management structures and reporting arrangements.

The roles and responsibilities within the Programme Structure are outlined as follows:

4.1.1 Programme Chair

The Programme Chair is the Senior Responsible Owner (SRO) and is accountable for the overall programme, ensuring that it meets its objectives and realises the expected benefits across the whole system. This person will be appointed via the Tripartite arrangements, will lead the programme board and is empowered to direct the programme and ensure that decisions are taken. This role provides clear leadership and direction throughout the life of the programme and will ensure the necessary levels of assurance are provided to the Tripartite as required.

4.1.2 Programme Director

The Programme Director is accountable to the Programme Chair and will be the senior manager responsible for the overall delivery of the Programme. This role will lead the programme and will support the Programme Chair to meet the objectives and realise the expected benefits.

4.1.3 Local Leadership

Every organisation has a responsibility to recognise the fundamental importance of collaborative working across the system in achieving future sustainability. Organisational leaders will commit to the delivery of the programme within their own organisation as well as having a shared responsibility for successful delivery of the overall programme across the system. The commissioning organisations continue to have a system wide management role.

4.1.4 National leadership

The Programme Chair, Programme Director and collective Programme Board are accountable to the respective Regional leads for NHS England, Monitor and the Trust
Development Authority for the successful development and implementation of the Success Regime in North Cumbria. For the programme to be successful active support from the regional leads will be given to allow the successful delivery of the programme.

For the programme to be successful active support from the Joint Oversight Committee specifically in relation to securing national development through expert input, the support of national organisations where relevant and access to best practice initiatives as requested by the programme board. This support will complement the existing programme arrangements and we would ask the Joint Oversight Committee to ensure that priority will be given to requests from the success regime.

The other key national partners to the Success Regime are the Care Quality Commission, Health Education England and Public Health England and we would look to draw active support to the programme from each of these organisations.

4.1.5 Clinical Senate

The Success Regime will work closely with the Northern Clinical Senate to ensure independent clinical opinion on any proposed services changes as part of the NHS England assurance process. The Senate will be requested to review a service change proposal against the appropriate key test (clinical evidence base); a critical part of this will be to ensure that the impact of proposed changes on safety, clinical effectiveness and patient experience has been appropriately considered. Views and advice of the Senate in relation to detailed aspects of implementation will provide an extremely useful by-product although not the primary aim of the Review process. The Success Regime will keep in close dialogue with the Senate Chair/Lead Officer to ensure Senate colleagues are kept in touch with progress in respect of the overall programme, provide informal advice which facilitates formal assurance mechanisms, and ensure that Senate work complements other arrangements for provision of external clinical advice and challenge.

4.1.6 Programme Manager

The programme manager is responsible for leading and managing the setup of the programme through to delivering the new capabilities, realisation of benefits and programme closure. This includes:

- Completed PID and Programme Plan
- Management and escalation of risks and issues / maintenance of Risk and Issue Log
- Production of Highlight Reports to the programme board
- Development, negotiation and dissemination of Work Packages
- Local Programme for Stakeholder Communications and Engagement
- Benefits realization management
- Evaluation and post implementation reviews
4.1.7  **Senior Responsible Owners (SRO)**

The Senior Responsible Owners are accountable for ensuring that their specific work area meets its objectives and realises the expected benefits across the areas of responsibility. Each SRO will direct their work assigning key tasks to individuals or groups to support the delivery of the work plan. The SRO will work closely with the project manager, clinical and management leads and have authority to direct the work area whilst ensuring alignment with the other work areas. This role provides clear leadership and direction throughout the life of the work area.

4.1.8  **Project Managers**

The project managers will be identified from the PMO and from individual organisations and will provide the management support for the work areas and or task and finish groups. They will lead the development of detailed project plans, monitoring progress and taking corrective action as required. They will ensure smooth links with the enabling strategies, own the work area level communications plan and the work area development plan. The project managers report to the SRO who is accountable to the Programme Board.

4.1.9  **Management Leads**

A management lead drawn from one of the local organisations will be identified to support the SRO to meet the objectives and realise the expected benefits across the areas of responsibility. They will have responsibility for supporting the development the future vision and models of care through to realisation of the benefits by embedding the new capability into the business operations for in each partner organisation. They are required to do this by working with operational teams to facilitate the changes to exploit that capability. The project managers work very closely with the management leads to ensure the planning and management of change take place effectively.

4.1.10  **Group Membership**

Where groups need to be set up for each work area members will be identified from the operational teams for each partner organisation (as appropriate). Their role will be to support the SRO and Clinical and Managerial leads to plan and facilitate changes within each organisation. They will have experience in the area being reviewed and will be expected to engage with their colleagues within their organisations and feedback collective views on proposals and future service models. Group members will play a key role in supporting the implementation of the project plan and key deliverables. Group members will be allocated tasks to complete and will report progress to the Project Manager.
4.1.11 Programme Management Office (PMO)

The role of the Programme Management Office (PMO) is to provide support to the Programme Board to run the programme, offering scrutiny and challenge of programme work. This PMO supports the multiple work areas outlined in the governance structure. The programme office provides means to:

- Ensuring scope is clearly defined, understood and unambiguous
- Ensure that modelling to identify current and future state is agreed, this will involve liaising with key stakeholders from all organisations (Finance, HR, Performance)
- Coordinating stakeholder communications and engagement and ensuring alignment of activities across the various work areas
- Facilitating the development of high level programme plan and the collation of project and transition plans
- Identifying and manage dependencies between projects
- Identifying threats and opportunities, and evaluate the true implications of the aggregate level of project risk
- Maintaining accurate configuration records of all programme deliverables and administer audits as appropriate
- Forecasting future resource requirements
- Forecasting and tracking benefits to be realised
- Maintaining sufficient management information to report up to the senior management and programme board.

4.2 Programme Governance Structure

The programme will have an overarching programme plan which will be a working document produced and maintained by the Programme Manager to track progress against key deliverables. An overarching key deliverable plan is outlined in appendix 2.

The programme governance structure will support the programme to secure improvement in the following three main areas:

- **Short term improvement against agreed quality, performance or financial metrics**
- **Medium and longer-term transformation**, including the application of new care models where applicable and achievement of system wide financial balance
- **Developing leadership capacity and capability**

Four key phases for the programme plan are set out as follows:

1. Diagnostic and planning phase phase (August 2015 to December 2015)
2. Short term/immediate action (August 2015 onwards)
3. Engagement and consultation phase (September 2015 to March 2016)
4. Implementation phase (March 2016 onwards)
The programme governance outlined in Table 1 & 2 below have been designed to support the delivery of the first 2 stages of the programme which will aim to deliver the key milestone of the development and agreement of a single system wide plan for approval by the programme board, alongside delivery of short term improvements. This governance structure will be reviewed prior to proceeding to implementation of the agreed system wide plan.

Table 1 sets out the three key components of the programme in phases 1 and 2:

- Development of the medium to long term clinical strategy (see Table 2 for detailed governance structure)
- Organisational development, including development of leadership sustainability, capability and capacity
- System Resilience Group – which will be responsible for developing and delivering the *Short-term improvements* against agreed quality and performance standards.

Table 2 sets out the detailed work areas to develop the medium to long term clinical strategy. Each work area will have connections and interdependencies with other work areas and therefore cannot be looked at in isolation. An interdependency framework will be developed by the PMO to ensure that there is a process for managing the connections and interdependencies across the whole system.
Table 2

<table>
<thead>
<tr>
<th>Programme Governance Structure V0.9</th>
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<tr>
<td>Tripartite (NHSE, TDA and Monitor)</td>
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<td>Programme Board</td>
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<tr>
<td>Programme Management Office</td>
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<tr>
<td>Programme Executive Group</td>
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<td>Programme Reference Group</td>
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<tr>
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<tr>
<td>Organisational Development (Leadership Capability)</td>
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<td>Mental Health*</td>
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<td>Pro-active and Emergency Care</td>
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<td>Task and Finish groups/work as required</td>
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* these work areas cover wider area than North Cumbria

The next section outlines the purpose of each group outlined in tables 1 & 2.

4.2.1 Tripartite Oversight Arrangements

Via the Programme Chair the collective Programme Board are accountable to the Regional leads for NHS England, Monitor and the Trust Development Authority for the successful development and implementation of the Success Regime in North Cumbria.

The regional leads are in turn accountable to the National Joint Oversight Group for the Success Regime.

Each of the organisations represented on the Programme Board are individually accountable to their own Boards or Governing Bodies in with respective accountability frameworks for each body.

To ensure success of the programme active support will be given where necessary from the regional leads, coordinated via the programme’s governance arrangements described above.

4.2.2 Programme Board

The Programme Chair will chair a monthly *Programme Board* (from August 2015). The role of the Programme Board will be to determine (subject to Tripartite approval) and deliver the Success Regime programme. It is important that the scope of the Success Regime includes all major providers and commissioners across the full range of health
and care services across North Cumbria. Members of the Programme Board will be the Chief Executives or equivalent (or their nominees) of:

- North Cumbria University NHS Hospital Trust
- Cumbria Partnership NHS Foundation Trust
- Cumbria Clinical Commissioning Group
- Cumbria County Council
- Northumbria Healthcare NHS Foundation Trust
- NHS England (Cumbria & North East) as commissioners of specialist and primary care services
- GP Federations
- North West Ambulance Service NHS Trust
- Newcastle Hospitals NHS Foundation Trust
- Healthwatch
- Plus ability to co-opt members as agreed e.g. Cumbria Health On Call (CHOC), Local Health Education England/Local Delivery Partners, Public Health

Cumbria County Council will be represented on the Programme Board as a key strategic partner and stakeholder within the Success Regime.

Terms of reference are outlined in appendix 3.

4.2.3 Programme Executive Group

The programme executive group will be chaired by the Programme Director and will have a clinical SRO from the CCG. The membership will be drawn from clinical and management leads from each of the main organisations within the Success Regime and the group will be responsible for:

- Overseeing the development of the clinical strategy
- Reviewing the quality impact on the clinical models developed within the work areas
- Providing clinical validation to the models being proposed
- Ensuring that the overall service model is coherent and deliverable
- Overseeing the financial and sustainable impacts on the proposals across the whole system
- Making recommendations to the board on future proposals and identifying any implications for the future acquisition
- Overseeing the development of the implementation plan by December 2015
- Overseeing the implementation of the Clinical Strategy from January 2016
This group will work closely with the work areas to provide timely advice and guidance to the clinical models being proposed.

Terms of reference are outlined in appendix 3.

4.2.4 Programme Reference Group

There is intent as part of the programme to seek approval for a vehicle for stakeholder involvement drawn from the local population and other key external stakeholders. A proposal will be developed and presented to the board outlining the role of the group and how it will inform the programmes approach to communications and engagement.

4.2.5 Work areas

The programme will have an overarching programme plan which will be a working document produced and maintained by the Programme Manager to track progress against key deliverables. An overarching key deliverable plan is outlined in appendix 2. Each deliverable will be assigned to a work area and lead person (SRO) who will be responsible for delivering and producing highlight reports to the PMO.

As outlined in the Governance structure (Table 1 & 2) a number of work areas will be initially set up to carry out the diagnostic and planning phase of the programme. The work area will each have a SRO, Management Lead and Project Manager responsible for setting out clear deliverables and assigning tasks to either individuals or groups to complete with clear deadlines linked to the complexity of the task. In the planning phase of the programme the initial groups set up will be responsible for the development of the direction of travel for the clinical strategy by the end December 2015. The SRO will develop a project document outlining the scope of the work areas which will require approval to proceed by the Programme Board. Following this planning stage of the programme a review of the groups will be required to lead the development and delivery of the changes required.

All Work areas will:

- Have a nominated Senior Responsible Officer (drawn from any of the organisations within the programme)
- Have a management lead (drawn from any of the organisations within the programme)
- Have a project management lead (drawn from the PMO and any of the organisations within the programme)
- Be made up of members nominated by any of the organisations within the programme, with clear responsibilities for communication within their organisation
• Develop a project mandate for approval by the Programme Board with clearly defined tasks and deadline for completion, with an expectation that some early actions will be taken forward as quickly as possible

• As part of the mandate will be expected to produce a key milestone plan outlining the key tasks required to develop proposals in line with the scope of the programme that:
  o Directly or indirectly improve quality (patient safety, outcomes, patient experience) within existing costs; or
  o reduce costs while maintaining quality; or Where there is a case to increase investment, set out a clear business case
  o reach consensus, but where that proves impossible will set out the different options with pros and cons of each
  o complete their task within organisational existing resources with support from the Programme Office, analytics/modelling support, CLIC and any agreed external support, or where not considered possible make a case for additional support to the Programme Chair
  o Use an evidence based approach and where applicable will normally work on the basis of national best practice (e.g. NICE guidance) or will set out rationale for not following this where necessary supported by external clinical advice where possible
  o Carry out a QUALITY impact assessment on proposals for future models
  o Conduct equality impact assessments where required
  o Ensuring alignment and coordination of plans and activities with other work areas where appropriate
  o Work in a transparent way making opportunities for patients and the public to be involved in a meaningful way

• Identify clear benefit measures aligned to the overarching outcomes expected from the programme

• The plans produced by each work area need to show how they will reduce overall health and care expenditure to achieve a financially and clinically sustainable service model in line with available funding, with a clear trajectory for reduction in spend over the next three years.

Some task and finish groups are already in place as part of Together for a Healthier Future and a review of their project mandates is required to ensure that the work fits with the key deliverables of the programme, the ambition’s set out in the Five Year Forward View and where appropriate builds on existing plans and approaches

Each SRO, Management Lead and Project Manager will determine how they will manage their work area and develop a mandate document outlining the way of working for planning and delivering key objectives for their work area.
4.2.5 Work Area Description

- **System Resilience Group (SRG)**

The existing *System Resilience Group* will be reviewed and will be re-established to reflect the requirements of the programme and will be responsible for agreeing immediate operational improvements necessary to improve overall performance against agreed trajectories. Reporting to the Programme Board it will ensure strong accountability for its work and coherence between plans for short-term improvements against quality and performance, and longer term planning. Particular focus will be action to improve patient flow and reporting against key performance indicators.

Agreement and implementation through SRG of any action to address immediate operational issues will need to be undertaken within existing capacity.

The SRG needs to understand and outline and address the CQC immediate improvement recommendations and provide assurance that robust plans are in place to demonstrate impact.

Early deliverables should focus on improving patient flow.

Task and Finish groups will be established as required to deliver improvements in each of the following areas:

- Cancer (Development of Improvement Plan)
- Elective
- Urgent Care
- Residential / Nursing Home / Social care (for Social Care Project Management support will be allocated to the SRG to support the development and delivery of short – term improvement plans.

- **Organisational Development**

There are five broad OD objectives:

- to increase staff morale, motivation and advocacy and ensure the involvement, ownership and confidence of staff, patients and the public in the ongoing development of the local health and care system
- to develop sustainable, capable system-focused leadership that consistently and unrelentingly shows, supports, directs and rewards the necessary change and development required
- to develop a single culture (“the way we do things around here”), with shared vision, purpose and behaviours, focused on improving the quality of care and services
to build capability and resilience, especially focussed on the clinical practice of high performing teams and continuous system development through the mastery of modern improvement methods

to create a place that exemplifies exciting, innovative and compelling organisations and teams to work in, so that the system can more easily recruit and retain talented people.

This work area needs to build on the strong building block in place through the Cumbria Learning and Improvement Collaborative (CLIC), and identify and agree a plan which may need investment from other organisations to embed at scale. Delivering an integrated model will prove a greater adaptive than technical challenge.

**Pro-active and Emergency Care**

This work area will agree feasible service model(s) and configuration for the WCH and CIC hospital sites which satisfactorily reduces risks of current provision of A&E and acute medicine thus improving the safety and quality of care provided. This will involve development of options for consideration. Each option will need to include proposed pathway management, demand activity workforce and financial, modelling. A key objective will be to maximise admission avoidance and management of patients in sub-acute settings and therefore providing support to patients in a community setting

This work area will also include the work that has been undertaken within the Out of Hospital workstream that was part of the Together for a Healthier Future Programme.

Early deliverables should include:

- Modelling current pathways, activity, transfers, financial and bed consequences
- Development of new pathways and services for urgent assessment of frail elderly patients with initial focus on those from nursing and residential care
- Development of Emergency Department staffing models and other requirements
- Development of Intensive Care support requirements
- Feasibility study on options
- Completion of the review of the existing admission avoidance and supported discharge schemes across the localities to review evidence of effectiveness and identification of gaps and modelling the impact of increasing scale or scope of schemes/filling gaps on finance, activity and workforce which will include the implementation of the Liaison Psychiatry Service.
- A review of existing services within Community Hospitals including capacity modelling with a view to the development of a business case for the future Community hospital model to support integrated care pathways and supporting patients in a community setting in the future. This needs to include
detailed activity modelling, workforce changes and financial impact. This needs to include the balance between step-up and step-down care

- Identification of key priorities areas for development of integrated care pathways
- A review and understanding of the CQC improvement recommendations providing assurance that future options outline and address the key issues.

- Consider and build upon the Northern Clinical Senate’s suggestions to NHS Cumbria Clinical Commissioning Group (CCG) on the developing high risk clinical pathways in North Cumbria University Hospitals NHS Trust (NCUHT).

*External clinical expert advice is required to support this group.*

- **Elective Care**

This work area will have interdependencies with the Urgent Care work area. This work will involve a review of existing planned care models and pathways including bed modelling with a view to the development of a business case for the future integrated care pathways.

Early deliverables will include:
- Review and recommendations for proposals and next steps of the integrated care pathways
- Mental health and Community Services
- Diagnostics – review of services and activity
- Reducing levels of elective admissions where appropriate
- A plan for repatriation of elective activity currently undertaken outside of North Cumbria
- Modelling the impact of integrated care pathways on:
  - Bed usage
  - Workforce
  - Activity
  - Finances
- A review and understanding of the CQC improvement recommendations providing assurance that future options outline and address the key issues.

- The SRO will further develop the scope of this work area and will review and make recommendations for proposals and linkages with Pro-active and Urgent care on next steps on integrated care

*External clinical expert advice is required to support this group*
• **Children and Families (Including Maternity)**

The Children and Families work area has been in place for several months and a project Initiation Document which outlines the key aims, priorities, deliverables and outcomes has been developed.

Early deliverables include:
- Prioritisation, review and redesign of integrated care pathways and the development of a business case / case for change on the proposals for improving the pathways
- Identifying and agree service model for delivering integrated alternatives to admissions for children and young people
- Further development of the Short Stay Paediatric Unit (SSPAU) and development of a business case for change
- Identify and agree service model for improving care for emotionally distressed children and young people who attend hospital
- Develop a plan for sustainable improvements of Child and Adolescent Mental Health Services (CAMHS)

- A review and understanding of the CQC improvement recommendations providing assurance that future options outline and address the key issues.
- Consider and build upon the Northern Clinical Senate’s suggestions to NHS Cumbria Clinical Commissioning Group (CCG) on the developing clinical Options for Paediatric services in North Cumbria.

*External clinical expert advice is required to support this group*

• **Maternity**

In autumn 2014 NHS Cumbria Clinical Commissioning Group (CCG) and NHS Lancashire North CCG commissioned a review of Maternity Services, by the Royal College of Obstetricians and Gynaecologists (RCOG). The purpose was to provide independent and expert advice on the best way to arrange high quality, safe and sustainable maternity services in the future. The review took place in November 2014 and reported in March 2015.

In their Review Report, the RCOG made the following recommendations:-
- A project team must be established swiftly and be led by a senior manager, with an external advisory obstetrician, local HOM and patient representatives. This team needs direct access to both CCGs and it is suggested that they report to a nominated governing body member appointed by the two CCGs to lead this project. This group must report in a short time frame (one year) on the viability of Options 1, 2a and 2b.
- The implementation team needs to report on a monthly basis to the CCGs. Its brief needs to consider:
  - staffing and activity projections for each unit
• modelling of future demand for services and 10-year activity for Option 1
• assessment of deprivation and impact on transport issues
• antenatal and neonatal transport modelling
• midwifery services development – modelling of normal births
• paediatric availability or alternative for SCU provision
• A major investment must be made in a communication strategy, including the community, political leaders, and professional stakeholders in all aspects of this work.
• Quality assurance must be on-going with unified maternity dashboards and other quality measures and reported to the Trust Boards and CCGs on a quarterly basis.

• A review and understanding of the CQC improvement recommendations providing assurance that future options outline and address the key issues.

The Maternity Review group will be responsible for delivering the recommendations outlined above and reporting to the Programme Board within the Success Regime.

• Mental Health Strategy

Partners across health and social care, the third sector and service users and carers in Cumbria have agreed to develop a Mental Health Strategy for Cumbria, building on the Cumbria Wellbeing and Mental Health Strategic Framework 2011 – 2014. They are agreed that this strategy needs to respond to national drivers, the local context and recommendations from reviews of current services that have been undertaken in the last two years. It will describe a life course approach to adult mental health and wellbeing in Cumbria, and will be underpinned by a system wide commitment to:

  o Meaningful engagement with service users and carers in planning and review of services
  o Measure safety, quality and experience outcomes to inform joint planning and commissioning
  o Financial sustainability and value for money
  o Use innovative solutions to challenges e.g technology, assets based community development
  o Build greater resilience in the community

The current proposal is to develop three key pieces of work that together, will provide a comprehensive approach to improving mental health and mental health services and support for the population of Cumbria. The three elements are:

  o an overarching vision that will provide the direction of travel for service development and commissioning for the period 2015 – 2020
  o a model of care that will translate the vision into a framework of service delivery that is innovative and strengthens the interfaces between services/
agencies to meet users’ requirements for assessment, treatment, care, protection, recovery and quality of life through timely access to services and resources designed around the needs and aspirations of service users and carers
  
- a joint commissioning strategy for the CCG and CCC that will describe how commissioners will bring together their commissioning resources to deliver the vision and model of care.

In response to priorities identified by the mental health partnership group, the following objectives have been identified for action during 2015/16 (please note there is further work to be done to prioritise this list and align it with CPFT improvement priorities) as part of strategy implementation:

- Promoting mental health in Primary Care Communities – to develop primary care services so they offer mental health care, treatment and support in a local setting
- Build a recovery movement across the system
- Improve care, support and treatment for people who have urgent health needs
- Design a better response to mental health related problems in acute hospital settings
- Develop better care and support for people with specialist rehabilitation or personality disorder related mental health needs
- Maintaining capacity through transition - develop a clearer role for the third sector in Cumbria in relation to support for prevention and for recovery”

As part of the development of the wider strategy, we will identify the elements which are specific priorities for the Success Regime within North Cumbria as most critical to delivering financial sustainability, national Constitutional Standards and Care Quality Commission requirements.

- **Specialised Services Delivery Model**

  Specialised services are provided by too many providers to sustain and improve standards and ensure a high quality service for the future. It is intended that services are provided in the future through a networked based model built on a lead service provider and peer partners. These new networks will be modelled to ensure that they cover the population equitably and offer high quality co-located services. The model envisages around 8 bundles of services that will be delivered in this way, through a lead provider/ network for each bundle.

  These specialist networks will work closely with primary care, community and district general services to offer the right pathways and interventions, to ensure that local diagnostics, outpatients and post-surgical care is all in the locality close to home.
North Cumbria population will require access to specialised services and these will be delivered in a model that is sustainable, offered with the right level of patient volume to maintain skilled multi-disciplinary team.

The success project for North Cumbria allows specialised services strategy to be integrated within this work and to develop a clear plan for 8 bundles of services, the delivery model, pathways and network configuration.

The process is envisaged to draw upon regional and national expertise, to have high engagement of clinicians, patients and public voice, as well as key partners with CCG’s and providers.

The development of a strategic evidence based model will then be coupled with a risk assessment on the potential for a lead provider to be designated or whether a more competitive approach is required or merited for each bundle.

The outcome of the vision, strategy and model for each bundle is envisaged for early 2016 and needs to be accelerated with partnership support.

Priority areas will be identified that require to be accelerated as part of the Success Regime programme. At minimum these should include: Radiology and Oncology and CAMHS Tier 4 services.

### 4.2.6 Other Key interdependencies across North Cumbria

In order to develop future care models and integrated care pathways it is essential that the work being undertaken is in partnership with Primary and Social care to ensure a whole system approach is taken to service reconfiguration and design. Each work area when identifying key stakeholders will ensure that all partners from across the whole system are involved in planning discussions/workshops.

### 4.3 Enabling Strategies

Alongside agreement of the service models, there are also some key enabling work areas which need to be taken forward. Each enabling work area will have a Senior Responsible Owner and the membership will consist of key individuals from across the partner organisations working together to identify key strategies for supporting future models of care. Each enabling work area will require project management support.

The enabling groups will also be working closely with each of the task and finish groups to support key deliverables set out be the groups in their project plans. Co-ordination of this activity will be provided by the PMO to reduce the risk of duplication of work across the enabling team members.

The key enabling work areas are detailed below:
• **Primary Care Communities**

Across Cumbria, the concept of Primary Care Communities has been emerging as the delivery mechanism for where general practice, social care, community services and broader community assets come together to provide both person centred coordinated care and organised approaches to improving the population health and wellbeing. Ideally, this will be across populations of 15,000 to 40,000. There is recognition across the health and social care economy that for patients, communities and staff there is much to be gained from working in a more integrated way, serving natural communities built up from general practice patient lists and reflecting natural community clusters.

This programme will provide system-wide monitoring and senior support to the delivery of PCCs and a task and finish group has been established to take this work forward.

• **Communications and Engagement**

It is essential that the work of the Programme Board is underpinned with the most robust communications and engagement strategy which identifies key internal and external audiences and how they will be communicated with and properly engaged. This will need to be supported by detailed communications and engagement plans for the different work areas.

This will ensure that statutory requirements are met in relation to the appropriate consultation and engagement of patients and the public in the development of services, and ensuring an audit trail of how feedback from patients, the public and other key stakeholders have informed plans and proposals.

It should set out a clear vision for the local health and care system, with key messages that support campaigns and all communications and engagement activities. This will be used to energise healthcare staff, local people, partners and others and help to focus attention on the future benefits to be realised. It will directly support the building of staff and public confidence, ensuring honesty, openness and transparency in all system activities.

The approach will build on communications and engagement activity already underway as part of the *together for a healthier future* programme, which has included concerted efforts to build relationships with key stakeholders in areas where the greatest concerns about access to healthcare services have been raised.

It will also develop new, and build on existing, partnerships, for example with Healthwatch and the community and voluntary sector to ensure an inclusive and representative approach to community engagement and involvement.
It will also require stepping up proactive communications generally across all health and care organisations all existing local mechanisms, including the media, so that awareness can be raised of any improvements to services.

Whilst it is essential that the Communications and Engagement strategy and plan are co-created and owned by the system, it is recognised that there is insufficient capacity within existing teams to deliver such a programme. Therefore, additional capacity is an early priority for funding from within the Success Regime.

- **Workforce and recruitment**

Delivering sustainable services is dependent on recruiting, retaining and developing our staff as well as on developing sustainable leadership capability and skills, including succession planning. The current major over-reliance on temporary staff, particularly medical staff not only impacts both on quality and cost of services, but importantly threatens the viability of service provision. This group needs to explore ways of better addressing these challenges both in the short and longer term and would look for support from Health Education England (HEE), the NHS Leadership Academy and Local Delivery Partners alongside our emerging innovative approach to recruitment in conjunction with University of Central Lancashire. It will be important to learn and transfer innovation from neighbouring Vanguard processes to support this priority. An agreed collective approach to recruitment needs to be achieved so that we do not compete for staff in an uncoordinated way.

- **Clinical Informatics and Technology**

An evidence based strategy needs to be developed to move to integrated digital records which is a massive practical shift requiring a clear route map and investment plan. This unlocks information to drive the integrated clinical models being aspired to deliver. It also creates visibility of clinical information for quality governance and outcome performance. In addition, technology adoption in the delivery of care to promote remote care delivery, utilise scarce skills better and near patient testing/monitoring are all significantly under-developed. This group needs to explore the potential to accelerate improvements in efficiency and effectiveness in the areas of real time clinical information, informatics and telemedicine/telecare and do this in conjunction with the start already made by Cumbria County Council in their established telecare programme. Access to national investment streams will be needed and the Success Regime will need to support us achieve these.

The initial work required to be undertaken will be to explore options for the development and implementation plans for an integrated care record across Health and Social Care.
• **Physical Estate**

Currently services are delivered from a wide range of buildings, operated by a range of different organisations. It is unlikely that this capacity is used optimally. This group needs to carry out a review of current hospital and community services so that there is an understanding of our overall capacity so that there is an understanding of our overall capacity, utilisation and opportunities for change to support implementation of our agreed service models.

This work area will need to collaborate with the General Practice Development work area detailed below in relation to matters of the estate.

• **Transport**

The geographical challenges of North Cumbria make transport solutions an essential part of our strategy, whether that is in relation to the management of acutely ill-patients, routine care for those with long term or palliative conditions or access to health and well-being schemes. This group needs to consider the transport needs in relation to healthcare in a far more creative way, from patient, family and professional perspectives and both within and beyond the County; this should be informed by the experience and expertise of other rural areas at home and abroad.

This work area will also require the viability of alternative models, e.g Telehealth, to address rural/remote challenges based on practice elsewhere, e.g Airedale.

• **Finance and information**

This work will aim to review the Single Version of the Truth and confirm the baseline for the programme. The development of an approach to modelling finance and activity in the planning phase of the programme is necessary which will allow the tracking of finance and information during the implementation phase of the programme.

  - The financial work will need to report on the structural deficit across the system and build on assessments already done in relation to structural deficits across the Organisations in North Cumbria, and determine what further diagnostic work will be needed. The aim is to obtain a robust assessment of providers underlying financial positions, and what of this is structural, as a key basis for understanding efficiency/productivity opportunities and other decisions required to recover financially.
• **Organisational Form**

Shared back office and corporate services are expected to help improve efficiency and reduce waste, and we are committed to develop plans which maximise this potential, drawing on the learning to date from the Carter Review as well as international best practice. Options will include solutions beyond North Cumbria alone.

Partners are committed to the genuine exploration of future organisational form(s) which will best enable us to deliver our overall objectives and our intention to deliver genuinely clinically integrated care: care that is integrated between primary and secondary care; between physical and mental health care; and between health and social care, and which is visibly committed to a broad health and well-being agenda. This will mean considering the range of models as defined in the 5 Year Forward View and Dalton Review as well as those emerging from the Vanguard process in particular we wish to explore the potential of an *Accountable Care System* and what this would mean for North Cumbria.

Workshops will be developed for further discussions on how different organisational form might better support integrated delivery and system wide efficiencies and the timescales for this have been added to the key milestone plan outlined in Appendix 2

• **General Practice Development**

NHS Cumbria Clinical Commissioning Group (CCG) is working with GP practices across Cumbria (including CHOC the County’s Out of Hours provider) to progress its General Practice Development Programme. The purpose of the programme is to build capacity and capability both in the delivery of General Practice and in working in partnership across the broader health system, through the Better Care Together (Vanguard) and Success Regime strategies.

Key elements of the programme include:

• Developing clinical models: Models of General Practice that ensure sustainability and quality for the future within an integrated health system
• Improving outcomes and reducing unwarranted clinical variation:
• Enabling areas: Working within the wider strategic programmes there is a specific focus on the issues for General Practice
  o Workforce: the County has severe recruitment difficulties in local areas for GPs and other clinical staff. The development programme addresses recruitment, workforce development and skill mix/new roles
  o IT: to enable integrated working, working at scale, efficient working practices and patient empowerment maximising the potential of IT
  o Premises/Estates. GP premises have been identified as a hurdle to the recruitment and retention of GPs and to working at scale. This workstream is identifying how those hurdles can be overcome and as
part of the strategic programmes what the priorities for development with other stakeholders should be.

In May the CCG held a successful Council of Members workshop with over 120 participants to look at the future of General Practice and the areas to be addressed. In September a Cumbria GP conference will enable further consideration of key themes and elements of the programme. The development programme will be finalised for the end of September 2015. The development programme is the responsibility of the Primary Care Clinical Management Group.

- **Commissioning Strategy for Adult Social Care**

Cumbria County Council is developing a five-year Commissioning Strategy for Care and Support. The strategy will address the challenges that the council faces in fulfilling its statutory adult social care responsibilities in the next five years. These include the following.

- Significant demographic growth, especially within Cumbria’s ‘super-ageing’ older population.
- Unprecedented financial challenge posed by the national austerity programme.
- Increased national expectations of councils with adult social services responsibilities under the Care Act 2014.
- Well-defined national and local demand for individualised, personal service approaches amongst those who receive social care and support.

In the five years of this commissioning strategy, the Health and Care Services Directorate will engage in a major transformation and improvement programme, which will ensure that the resource available to the authority is employed in a model of service delivery that meets the demand for care and support in the best possible way.

The transformation and improvement programme will be both internal and external to the authority, and will be in partnership with other council departments, stake-holding commissioning and provider organisations in the NHS, and with key partners in the voluntary and independent sectors. The work will coordinate the delivery of a more coherent and supportive community presence, and create integrated, flexible, increasingly personalised and safe community services that enable people to maximise their independence. The strategy and transformation programme should be viewed in a health economy wide, whole-system context, and will directly complement the Success Regime work in North Cumbria.
4.4 Business Change and Benefits Management

A Benefits Management Strategy will be developed which will set out the approach and framework that the Programme will use to manage the realisation and delivery of benefits.

The development of benefit profiles within business cases will be required to allow a system to be put in place that:
- Allows the programme to track progress against plans
- Allows the system to use the information to drive improvements

As part of the analytical work required for the programme the development of trajectories aligned to outcomes expected for each project will be required and a performance structure put in place to monitor progress against the change being made.

4.5 Programme Deliverables and key milestones

The key Deliverables and key milestone plan is attached in appendix 2

A programme plan outlining key deliverables and milestones will be developed by the Programme Manager to allow monitoring and tracking of progress which will be reported to the Programme Board.

4.6 Programme Budget

The initial programme budget is £700k for 2015/16. This funding will be held by Cumbria Partnership Foundation Trust on behalf of all partners to the Success Regime in North Cumbria. The use of this funding will be signed off by the Programme Chair. In line with the rules for procurement there will be opportunities to submit business cases to the national Success Regime for additional support, up to an indicative level of between £3m to £4m.

In addition to the programme budget, each of the organisations involved in the Success Regime will be expected to contribute capacity from their existing teams.

The priorities for investment of the initial £700k budget are:
- Establishment of the PMO office (see section 4.7)
- Analytical capacity
- External clinical expertise
- Communications and engagement
4.7 Programme Management Office

The following table identifies the current resources within the PMO:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sir Neil Mckay</td>
<td>Programme Chair</td>
<td>Tripartite</td>
</tr>
<tr>
<td>Nicky O’Connor</td>
<td>Programme Director</td>
<td>Tripartite</td>
</tr>
<tr>
<td>Kirsty Roberton</td>
<td>Programme Manager</td>
<td>NECS</td>
</tr>
<tr>
<td>Sara Woolley</td>
<td>Senior Project Manager</td>
<td>NECS</td>
</tr>
<tr>
<td>Corinne Wilson</td>
<td>Senior Project Manager</td>
<td>NECS</td>
</tr>
<tr>
<td>TBC</td>
<td>Administrator</td>
<td>Tripartite</td>
</tr>
<tr>
<td>Matt Brown</td>
<td>General Manager, Clinical Strategy</td>
<td>NCUH</td>
</tr>
<tr>
<td>TBC</td>
<td>Communications Manager</td>
<td></td>
</tr>
</tbody>
</table>

4.8 Programme Scope Change Control

Any Requests for Change to the Programme Scope will be reviewed by the Programme Director if appropriate and within agreed tolerances will be considered. Change Requests that exceed agreed tolerances are to be escalated via Exception Reporting to the Programme Chair, for consultation with the Programme Board members.

4.9 Programme Assurance

Programme Assurance is the monitoring of all aspects of the Programme performance and products. It is important that this is carried out independently of the Programme Manager. The programme assurance will be through the reporting to the National Joint Oversight Group for the Success Regime.

The Programme Board will authorise the Programme Initiation, provide direction and authorise the Programme Closure.

The Programme Chair will ensure the Programme remains viable to cost, time, quality and scope within the parameters of the Programme Mandate and any exceptions outside of tolerance will be agreed by the Programme Board by exception.

5 Risk and Issue Management

A Risk and Issue Framework will be developed for the programme. The purpose of this framework is to outline the approach for the management of risk and issues in the context of achieving the programme’s objectives. A risk and Issue Log will provide a means of recording all information relating to risks and issues, their analysis, countermeasures and status.

The log will be updated when required and reviewed by the Programme Manager on a weekly basis.
The Programme Manager will follow the agreed measure of raising risks outlined in the Risk and Issue Strategy with the Programme Director.

Risks identified will be analysed based upon probability and impact. Any risk predicted to exceed tolerance will be escalated to the Programme Chair for decision / further action.

6 Reporting and monitoring arrangements

A monitoring and reporting process will be developed by the PMO outlining reporting mechanisms and timescales for each group within the governance structure outlined in table 1 & 2.

7 Appendices

<table>
<thead>
<tr>
<th>Appendices</th>
<th>Document</th>
<th>Not Applicable/Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1</td>
<td>Better value in the NHS. The role of changes in clinical practice. The Kings fund, July 2015)</td>
<td></td>
</tr>
<tr>
<td>Appendix 2</td>
<td>Key Milestone Plan</td>
<td></td>
</tr>
<tr>
<td>Appendix 3</td>
<td>Terms of Reference</td>
<td></td>
</tr>
<tr>
<td>Appendix 4</td>
<td>High level budget proposals</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 1

Better value in the NHS. The role of changes in clinical practice.

The Kings Fund, July 2015

Figure 1 An agenda for action

- Clinical teams
  - Leading improvements and reducing variation
    - Define what good practice looks like and address variations against it, standardising care processes where appropriate
    - Measure activity, costs and outcomes and remove low-value processes
    - Work with patients to understand what really matters to them

- Providers
  - Placing better value as their overriding priority
    - Develop a strategy for quality improvement and engage staff in its implementation
    - Adopt a quality improvement method and use it systematically
    - Invest in leadership development and quality improvement training

- Systems of care
  - Developing models of care across organisational boundaries
    - Work in collaboration to develop system-wide improvement approaches
    - Integrate services for key population groups and work together across systems to improve population health and wellbeing
    - Develop system leadership arrangements across organisations

- Commissioners
  - Aligning financial incentives and targeting low-value care
    - Work with providers to reduce low-value and increase high-value care
    - Pool budgets where appropriate for services that need to be integrated
    - Use innovations in commissioning and contracting to align incentives for new models of care

- National
  - Creating an environment for change
    - Develop a single strategy for quality improvement across the NHS
    - Ensure that regulatory and payment systems are aligned with ambitions for more integrated working
    - Establish a transformation fund for investment in new models of care
## Key Milestone Plan

### Diagnostic and Planning Phase

<table>
<thead>
<tr>
<th>Key Milestone</th>
<th>Completion Date</th>
<th>Responsible Group/Person</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Programme Set up</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engage individual Boards/Governing bodies to establish a mandate</td>
<td>July 2015</td>
<td>Planning, Finance and Delivery Group</td>
</tr>
<tr>
<td>Agree Project Initiation Document</td>
<td>August 2015</td>
<td>National Joint Oversight Group</td>
</tr>
<tr>
<td>Confirmation of funding available to support the programme</td>
<td>August 2015</td>
<td>Programme Chair</td>
</tr>
<tr>
<td>Appoint Programme Chair and Programme Director</td>
<td>August 2015</td>
<td>Tripartite</td>
</tr>
<tr>
<td>Establish Programme Board, Programme Office and Programme Executive Group</td>
<td>August 2015</td>
<td>Programme Management Office</td>
</tr>
<tr>
<td>Engage Health Education England – ensure representative available for Programme Board</td>
<td>August 2015</td>
<td>Programme Chair</td>
</tr>
<tr>
<td>Establish work areas and task and finish groups as required</td>
<td>August 2015</td>
<td>Programme Management Office</td>
</tr>
<tr>
<td>Agreement of implementation through Systems Resilience Group of any action to address immediate operational issues (ongoing)</td>
<td>August 2015</td>
<td>Programme Board</td>
</tr>
<tr>
<td>Develop business cases for funding for further central support for transformation</td>
<td>September 2015</td>
<td>As appropriate via work areas submitted to the Programme Director</td>
</tr>
<tr>
<td>Agree mechanisms for decision making</td>
<td>September 2015</td>
<td>Programme Board</td>
</tr>
</tbody>
</table>

*Project Governance Arrangements Confirmed*
<table>
<thead>
<tr>
<th>2</th>
<th><strong>Data collection and Modelling work</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Update single version of the truth document</td>
</tr>
<tr>
<td></td>
<td><strong>Baseline data agreed</strong></td>
</tr>
<tr>
<td></td>
<td>Identify and implement priorities for implementation to deliver most impact most quickly, including initial integration of urgent care services (MIU/A&amp;E).</td>
</tr>
<tr>
<td></td>
<td><strong>Implementation plan Commenced</strong></td>
</tr>
<tr>
<td></td>
<td>Develop public engagement strategy and establish Stakeholder Forum(s)</td>
</tr>
<tr>
<td></td>
<td><strong>Public Engagement/Consultation strategy agreed</strong></td>
</tr>
<tr>
<td></td>
<td>Public engagement and where necessary consultation</td>
</tr>
<tr>
<td>3</td>
<td><strong>Development of System wide plan/ClinicalModels with the involvement of healthcare staff and local people</strong></td>
</tr>
<tr>
<td></td>
<td>Connect with national vanguard programme to ensure shared learning around new care models, sharing best practice and methods</td>
</tr>
<tr>
<td></td>
<td>Identify feasible service models and proposed configuration for the WCH and CIC hospital sites which satisfactorily reduce the risk of current provision</td>
</tr>
<tr>
<td></td>
<td>Identify direction of travel and proposed service models and configuration for maternity provision</td>
</tr>
<tr>
<td></td>
<td>Identify direction of travel and proposed service model for community hospitals</td>
</tr>
<tr>
<td></td>
<td>Identify direction of travel and proposed service models and configuration for primary,</td>
</tr>
<tr>
<td>Community and social care in primary care communities</td>
<td>December 2015</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Identify direction of travel and proposed primary care development strategy and detailed model?</td>
<td>December 2015</td>
</tr>
<tr>
<td>Identify the direction of travel and mental health strategy</td>
<td>December 2015</td>
</tr>
<tr>
<td>Identify direction of travel and proposed sub-specialised services configuration and arrangements</td>
<td>December 2015</td>
</tr>
</tbody>
</table>

4 Development of enabling strategies

<table>
<thead>
<tr>
<th>Development of approach to the support of local leadership and delivery</th>
<th>September 2015</th>
<th>Organisational Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce and recruitment strategy and implementation plan agreed working in partnership with University of Central Lancashire and Health Education North East</td>
<td>December 2015</td>
<td>Workforce Enabling Group</td>
</tr>
<tr>
<td>Estates utilisation review</td>
<td>December 2015</td>
<td>Estates Enabling group</td>
</tr>
<tr>
<td>Clinical analytics/technology strategy and costed implementation plan</td>
<td>December 2015</td>
<td>Enabling Group</td>
</tr>
<tr>
<td>Transport strategy and plan</td>
<td>December 2015</td>
<td>Transport Enabling Group</td>
</tr>
<tr>
<td>Organisational development strategy and plan</td>
<td>December 2015</td>
<td>OD / Service Transformation Enabling Group</td>
</tr>
<tr>
<td>Finance and Information</td>
<td>December 2015</td>
<td></td>
</tr>
</tbody>
</table>

*Single system wide plan Agreed*

To include (associated high level modelling that delivers clinical requirements, and that is both practically feasible and affordable) March 2016

*Approval to proceed to implementation Phase* March 2016 Programme Board

5 Development of integrated organisational models
<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeline</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explore synergies with Vanguard Programme in Morecambe Bay</td>
<td>September 2015</td>
<td>Programme Director</td>
</tr>
<tr>
<td>Propose short and longer term proposals for shared back office services, including with Northumbria Healthcare NHS FT. Some legal advice required</td>
<td>December 2015</td>
<td>Human Resources</td>
</tr>
<tr>
<td>Workshop to discuss and Review organisational models to facilitate service integration and efficiency. External expert advice required</td>
<td>December 2015</td>
<td></td>
</tr>
<tr>
<td>Timetabled work underway to undertake detailed appraisal/ setting out the move from block/PBR contracts to long term capitation based contracting. External finance support required</td>
<td>January 2016</td>
<td>Finance Group</td>
</tr>
<tr>
<td><strong>Agreed integrated organisation models</strong></td>
<td>March 2016</td>
<td></td>
</tr>
<tr>
<td><strong>6 Develop Implementation plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop financial recovery plan for health economy</td>
<td>December 2015</td>
<td>Finance and Information</td>
</tr>
<tr>
<td>Consolidated plan, including phasing and any requirements for consultation</td>
<td>March 2016</td>
<td>Programme Management Office with support from communications and engagement</td>
</tr>
<tr>
<td>Start phased implementation of shared back office functions</td>
<td>March 2016</td>
<td></td>
</tr>
<tr>
<td>Develop detailed change management plans</td>
<td>April 2016</td>
<td>Each work area</td>
</tr>
<tr>
<td><strong>Programme Initiation Document revised and Implementation Plan agreed</strong></td>
<td>April 2016</td>
<td></td>
</tr>
<tr>
<td><strong>7 Implementation of clinical services changes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undertake public consultation as required</td>
<td>February 2016 onwards</td>
<td>Communications and Engagement group</td>
</tr>
<tr>
<td>Activity</td>
<td>Timeframe</td>
<td>Responsible Body</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>Mobilisation of change plans</td>
<td>April 2016 onwards</td>
<td>Revised structure for implementation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Will need consideration</td>
</tr>
<tr>
<td>Implementation of leadership plans relating to NCUHT</td>
<td>July 2016</td>
<td>Programme Board</td>
</tr>
<tr>
<td>Development and consideration of further detailed options for sustainable integrated organisational form(s)</td>
<td>July 2016</td>
<td>Programme Board</td>
</tr>
<tr>
<td>Benefits Realisation and review of change projects</td>
<td>July 2016 onwards</td>
<td>Programme Management Office</td>
</tr>
<tr>
<td>Develop exit strategy from Success Regime</td>
<td>Programme Board</td>
<td>Programme Board</td>
</tr>
</tbody>
</table>
Appendix 3 – Term of Reference

Success Regime Programme Board

TERMS OF REFERENCE

Purpose:
The role of the Programme Board is to provide leadership to the following 3 areas:

- The detailed design and delivery of the required future clinical strategy for North Cumbria as part of the Success Regime.
- The improvement of delivery against key standards in the short – medium term
- The development of leadership capacity and capability as part of the whole OD Strategy
- A plan for the future organisation and management of acute services at NCUHT, starting to be implemented within 12 months

Via the Programme Chair the collective Programme Board are accountable to the Regional leads for NHS England, Monitor and the Trust Development Authority for the successful development and implementation of the Success Regime in North Cumbria.

The Programme Chair (SRO) and collective Programme Board are accountable to the Regional leads for NHS England, Monitor and the Trust Development Authority for the successful development and implementation of the Success Regime in North Cumbria.

The regional leads are in turn accountable to the National Joint Oversight Group for the Success Regime.

Each of the organisations represented on the Programme Board are individually accountable to their own Boards or Governing Bodies and also in line with respective accountability frameworks for each body.

Responsibilities:
The programme board will be responsible for:

- Maintaining a strategic overview of the Programme and implementation of the strategy
- Defining the programme boundaries in terms of time, cost, scope and quality
- Providing programme leadership
- Providing strategic decision making guidance on direction, pace, resourcing, risk management and variance against plan
• Reaching decisions on Health and Care Services in Cumbria. The Programme Chair has the authority to ensuring decisions are reached Signing off (approve) the Clinical Strategy providing assurance that it reduces overall health and care expenditure to achieve a financially and clinically sustainable service model in line with available funding, with a clear trajectory for reduction in spend over the next three years
• Reviewing, shaping and approving all projects within the programme
• Reviewing and approving programme budget
• Holding to account the Programme Executive Group, Organisational Development Group and the System Resilience Group
• Advising on and resolving strategic issues
• Defining risk tolerances for the programme
• Reviewing and shaping key communications materials and the engagement strategy and approach for the Programme
• Recommending strategic decisions as appropriate to NHS England (NHSE), Monitor and Trust Development Authority (TDA)
• Ensuring Programme Management functions are fully implemented across the programme, e.g. reporting, risk management, etc.

Membership:
The Programme Chair will chair the Programme Board. It is important that the scope of the Success Regime includes all major providers and commissioners across the full range of health and care services across North Cumbria. Members of the Programme Board will be the Chief Executives or equivalent (or their nominees) of:

– North Cumbria University NHS Hospital Trust
– Cumbria Partnership NHS Foundation Trust
– Cumbria Clinical Commissioning Group
– Cumbria County Council
– Northumbria Healthcare NHS Foundation Trust
– NHS England (Cumbria & North East) as commissioners of specialist and primary care services
– GP Federations
– North West Ambulance Service NHS Trust
– Newcastle Hospitals NHS Foundation Trust
– Healthwatch
– Plus ability to co-opt members as agreed e.g. Cumbria Health On Call (CHOC), Local Health Education England/Local Delivery Partners, Public Health

Cumbria County Council will be represented on the Programme Board as a key strategic partner and stakeholder within the Success Regime.
• In attendance
  – Programme Management Office

Programme Board Support:
The Programme Board will be supported by Programme Management Office.

Frequency
Monthly

Quorum
Each member or a deputy to be present at each meeting

Review Date
The role of the Group will be reviewed March 2016
Programme Executive Group
TERMS OF REFERENCE

Purpose:

The role of the Programme Executive Group is to provide leadership, strategic advice and guidance for the delivery of the Success Regime programme which includes, the short-term improvements against quality and performance standards, the development of sustainable leadership capacity and capability as well as the design and subsequent implementation of an agreed and costed Clinical Strategy as described as part of the Success Regime deliverables. It will ensure that the proposals and plans, developed by task and finish groups, fit together in a cohesive whole and can result in the best configuration of service and delivery of healthcare within available resource for the population of north Cumbria.

Responsibilities:

The Programme Executive group will be responsible for:

Developing, timetabling, coordinating and assuring the delivery of the three main aims of the Programme on behalf of the Programme Board;

- The development of an overall clinical strategy which is fit to deliver Success Regime requirements
- The development and delivery of short term improvements against agreed quality and performance standards.
- The development of sustainable leadership capacity and capability

The developing will include;

- Proposing and, once agreed by the Programme Board, establishing programme governance and work areas that engage relevant stakeholders sufficiently for the programme to be successful.
- Preparing and refining the Programme Initiation Document (PID) to scope the programme and define its objectives and resource parameters.
- Commissioning the work areas effectively against the PID to deliver outputs.
- Establishing sufficiently effective Programme Management Office arrangements to support the programme.
The timetabling will include;

- Ensuring all aspects of the PID have a clear timeline/schedule to deliver against.
- Ensure that a comprehensive engagement and communications plan is agreed early in the programme as a key enabler for all activities.
- Ensure the critical path of the programme is understood and that both critical path and the work areas’ timetables are cohesive/aligned.
- Ensure that enabling activities eg. expert assistance, planned engagement work with communities, joint development events etc. are arranged well in advance to support the programme.

The coordinating will include;

- Use suite of reference points (e.g. Single Version of the Truth) to support prioritisation and modelling for the future
- Ensuring that the overall service model is coherent and deliverable utilising evidence and clear/cohesive forward assumptions
- Ensuring detailed activity, workforce and financial modelling is undertaken to demonstrate the sustainability of the overall service models proposed as a “whole system”.
- Making recommendations to the board on such future models of care, service configuration and service changes and overseeing the development of a scheduled implementation plan for these to be implemented in the near/medium and far horizons within the next 5 years.

The assuring will include;

- Ensuring each work area and the programme overall identifies current issues and potential risks to be escalated and made visible within the programme as appropriate.
- Ensuring that mitigation of these is achieved so that the programme is successful.
- Agreeing a process for Quality Impact Assessment to be undertaken and that this is achieved for all the outputs from each work area and the programme overall.
- Providing a robust evidence base and where required independent clinical validation for the models being proposed.
Reviewing the financial and sustainable impact of the proposals across the whole system and ensuring an overall financial strategy for delivery of the proposed model

Ensuring that the programme has a high quality set of reference and archive material so that it can, if tested, ensure it has conducted its work within the required re-configuration and Health Act requirements.

This group will work closely with the work areas to provide timely advice and guidance to the clinical models being proposed.

**Membership:**

The Programme Executive Group will be chaired by the Programme Director and will have a clinical SRO from the CCG.

The members will be Senior Managers and Medical Directors or equivalent (or their nominees) of:

- North Cumbria University NHS Hospital Trust
- Cumbria Partnership NHS Foundation Trust
- Cumbria Clinical Commissioning Group
- Northumbria Healthcare NHS Foundation Trust
- GP Federations
- North West Ambulance Service NHS Trust
- Newcastle Hospitals NHS Foundation Trust
- Plus ability to co-opt members as agreed e.g. CHOC, Health Education England
- Healthwatch
- Cumbria County Council
- Programme Management Office in attendance

**Programme Executive Group Support:**

The Programme Executive Group will be supported by Programme Management Office.

**Frequency**

Monthly

**Quorum**

Each member or deputy to be in attendance
Review Date
The role of the Group will be reviewed March 2016

Appendix 4 – High level Budget Plan

NORTH CUMBRIA SUCCESS REGIME
INITIAL SUPPORT FOR THE PROGRAMME
Introduction

The project is to support the implementation of the Success Regime for the North Cumbria health and care system and will entail:

- Working across the whole health and care economy – with providers, commissioners and local authorities – and address systemic issues as opposed to merely focusing on individual organisations;
- Will provide the necessary support and challenge to the health and care economy, initially through diagnosing the problems, leading to identifying the changes required and implementing these changes;
- Will seek to strengthen local leadership capacity and capability, with a particular focus supporting transformation and developing collaborative system leadership;
- Will link to the new care models work of the Five Year Forward View, and will consider whether the application of the new care models may form part of the solution for the health and care economy.

In June 2015, the first sites selected to enter the regime were announced with North Cumbria selected as part of this cohort.

The objectives of the Success Regime, and the resource linked to this work, is the resolution of the long standing problems in the North Cumbria health and care economy. Local and national organisations have worked hard for some time to improve services for patients and the public, but not made the required progress.

The resource being requested to support this work is directly linked to delivering the work required to achieving the objectives of the Success Regime, diagnosing the key issues for resolution to enable the community to establish and implement a plan to secure sustainable health and care services for the North Cumbria region. This will include engaging with local, regional and national players to deliver the work but the team will have direct accountability for the delivery of prescribed objectives.

An indicative overall budget of £3-4m per site has been identified for the Success Regime, with an initial allocation of £700,000 (including VAT) in 2015/16. This paper sets out the proposed use of that initial allocation in North Cumbria.

Priorities for Support

The problems in the North Cumbria health and care economy are deep-rooted, long-standing, and spread across the whole system as opposed to individual organisations. Local and national organisations have worked hard for some time to improve services for patients and the public, but not made the required
progress. A strong programme team with strong leadership will be required in order to make the necessary improvements in this system.

In terms of the scale of the challenge in this health and care economy, for the programme leadership a highly experienced team headed by an individual with significant leadership experience and skills in order to drive forward the necessary improvements for local people. The Programme Chair will be responsible for the implementation of the Success Regime in the local health and care economy and lead the team to deliver the outputs required for the diagnostic stage of the project.

This PID identifies the following initial priorities for external funding support for the programme:

- Sourcing a Programme support package for an initial 3 month period to include a Programme Chair and analytical capacity – to support the initial diagnostic phase
- Appoint a Programme Director
- Establishment of the Programme Management Office to support implementation
- External clinical expertise to support the development of the clinical strategy
- Communications and engagement capacity and expertise

In addition to the programme budget, each of the organisations involved in the Success Regime is expected to contribute capacity from their existing teams.

The Programme Management Office has been put in place with staff mainly drawn from NECS, the local Commissioning Support Unit.

Work is underway to develop specifications for the required capacity in relation to external clinical expertise, communications and engagement and analytics. The expectation is that capacity will be procured from external organisations.

The table below sets out an indicative budget for the use of the initial £700,000 in 2015/16. Final allocations will be signed off by the Programme Chair.

<table>
<thead>
<tr>
<th>Area of Expenditure</th>
<th>Amount (inc VAT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Support (including senior programme leadership and analytical)</td>
<td>£40,000</td>
</tr>
<tr>
<td>Support, initially for 3 months to be reviewed thereafter</td>
<td>(Initial amount)</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Programme Management Office</td>
<td>£320,000</td>
</tr>
<tr>
<td>Communications and engagement</td>
<td>£200,000</td>
</tr>
<tr>
<td>Analytical capacity</td>
<td>£120,000</td>
</tr>
<tr>
<td>External Clinical Expertise</td>
<td>£20,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£700,000</strong></td>
</tr>
</tbody>
</table>

**Budget Management and Support**

The budget will be held by Cumbria Partnership Foundation Trust on behalf of all partner organisations within the Success Regime in North Cumbria. In addition Cumbria Partnership Trust will act as an ‘agent’ on behalf of the programme board for the procurement of support services. The overall programme budget for the national success regime will be held by NHS England who will be invoiced by the Cumbria Partnership Foundation Trust for programme costs in line with the agreed budget.

**Future Funding Requirements**

Plans for further funding requirements over the remainder of the programme will be developed as part of the diagnostic phase of the programme. Subject to that analysis, further submissions will be made to the Joint Oversight Group. Future requirements for funding may include: (not exhaustive)

- Further funding for expert clinical opinion both to support innovative ideas in pathway change and also to support the clinical engagement and evaluation of options
- Benchmarking and analytical support (to be informed by the options review)
- External financial consultancy support to include financial evaluation of options, sustainability options and financial performance improvement
- Leadership development support
  - Delivery of critical aspects of Organisational Development in particular, skilling up frontline teams to use improvement techniques etc.
- Funding to support ‘innovative’ new roles across the economy that will support rota changes, new care pathways etc.
- Funding IM&T
- Estates planning capacity
- Clinical backfill and managerial capacity within individual organisations to enable full provider engagement whilst continuing to ensure operational delivery
- Other necessary pump-priming investments'