

**Oxfordshire Clinical Commissioning Group
Board Meeting**

Date of Meeting: 26 January 2017	Paper No: 17/04
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Title of Presentation: Oxfordshire Transformation Programme: Transition to Phase Two and Outline Timeline
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Is this paper for	Discussion		Decision	✓	Information	
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<p>Purpose and Executive Summary: This report provides an update on the Oxfordshire Transformation Programme with a particular focus on transition to Phase Two building on the work and proposals in Phase One, and includes an outline timeline for work in this second phase.</p>

<p>Financial Implications of Paper: The costs associated with the activity outlined in this report are covered by the agreed budget for the Transformation Programme.</p>
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<p>Action Required: The Board is asked to:</p> <ul style="list-style-type: none"> i. Confirm the scope for Phase Two; ii. Consider and approve the outline timeline for Phase Two; iii. Consider and approve the revised governance structure for the Transformation Programme; iv. Note the activity planned for Phase Two and the potential risks currently faced by the Oxfordshire Transformation Programme.

NHS Outcomes Framework Domains Supported (please delete tick as appropriate)	
✓	Preventing People from Dying Prematurely
✓	Enhancing Quality of Life for People with Long Term Conditions
✓	Helping People to Recover from Episodes of Ill Health or Following Injury
✓	Ensuring that People have a Positive Experience of Care
✓	Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm

Equality Analysis completed	Yes	No✓	Not applicable
Outcome of Equality Analysis	This will be conducted as part of the PCBC for Phase Two.		

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OXFORDSHIRE TRANSFORMATION PROGRAMME: TRANSITION TO PHASE TWO AND OUTLINE TIMELINE

1. Introduction

The Oxfordshire Transformation Programme is taking a phased approach to developing, managing and consulting on its service change proposals.

1.1. Phase One

The first phase focused on those areas where there are the most pressing concerns about workforce, patient safety and healthcare (for example, where temporary changes have been made) or where the proposed changes have been piloted. These included:

- **critical care facilities;**
- **stroke care;**
- **changes to bed numbers** in order to reduce delayed transfers of care and move to an ambulatory model of care;
- **Obstetric Services.**

Phase One also included proposed changes to the delivery of **Planned Care** services at the Horton General Hospital (including elective care, diagnostics and outpatients). These proposals have the potential to significantly increase the services available to patients in north Oxfordshire.

The Phase One Pre-Consultation Business Case (PCBC) was approved by the CCG Board, in a Part II on 29th November 2016 and has recently passed the NHS England assurance process.

On Monday 16th January, 2017 the CCG launched the 'Big Health and Care Consultation' on Phase One Transformation Plans to ask patients and the public what they think about possible changes to some healthcare services in the county.

Since summer 2016, we have been listening and talking to a wide range of people across the county about how best to develop and improve health services. The feedback from all the groups has been considered and the proposals for change have been developed using this feedback together with the opinions and expertise of clinicians and senior NHS leaders.

The consultation will run from Monday 16 January 2017 until 9 April 2017. The

full detail of our proposals are set out in the consultation document that is available on the website www.oxonhealthcaretransformation.nhs.uk. The website also has further details and documents about the Transformation Programme.

This consultation is for Phase One of our Transformation Plans. There will be a further consultation for Phase Two later this year. We will be engaging with the public, patients and clinicians to inform Phase Two plans about other service areas, including community and primary care services.

1.2. Transition to Phase Two Initiation and Outline Timeline

The proposed scope for Phase Two, that includes both acute and community services, builds on the work and proposals in Phase One and was outlined in the Phase One PCBC. This report seeks to confirm both this scope and the outline timeline whilst also summarising some of the key work in this second phase.

1.3. Revised Governance Arrangements

This report also outlines a proposal to revise the governance of the Transformation Programme. The CCG Board, in its capacity as the formal decision-making body for the programme, are asked to approve these revised arrangements.

2. **Scope for Phase Two**

The proposed scope for Phase Two was outlined in the Phase One PCBC and includes both acute and community services.

However we recognised the way in which the public rely on general practice for the health and wellbeing of themselves and their families and we recognise the pivotal role that primary care, working with community services, will play in shaping and delivering Oxfordshire's Transformation plans, particularly in Phase Two.

We are working with primary care colleagues to shape services in a way that supports our vision for the future and will want to engage with the public to co-design any changes. If any of these changes are significant that will be included in our future consultation plans.

In terms of acute services, it is proposed that the focus in Phase Two is on:

- The provision of **Emergency Departments** in Oxfordshire;
- **Children's Services** including the current processes for assessment and the provision of in-patient paediatric beds.

For community services, the primary focus is on **community hospitals**. This includes all current services to be provided in community hospitals, including the future configuration and location of midwife led units in the county.

2. Phase Two - Outline Timeline

The current plan is, building on work and proposals in Phase One, to complete the process to identify the Preferred Model for Phase Two in three months, by the **end of April 2017**.

This will require all partners to agree the formal 'Evaluation Criteria' and the scoring of both the 'Long List' and 'Short List' within this timescale. The Programme is currently working on the basis that it will be possible to obtain agreement for each element of this process without the need to review and re-score. The proposed timeline may need to be revised if it takes longer to achieve consensus. (Responsibility for the operational management of the timeline will be delegated to the Programme Executive – see section 3 below – who will oversee any revisions. Any material changes to the proposed timeline will be brought back to the CCG Board).

2.1. Potential Risks to the Timeline

As outlined above, it may be necessary to review the timeline should it become difficult to achieve consensus. The timeline will also need to be reviewed if key staff are not available when needed over the next three months. Three risks that may limit staff availability have been identified:

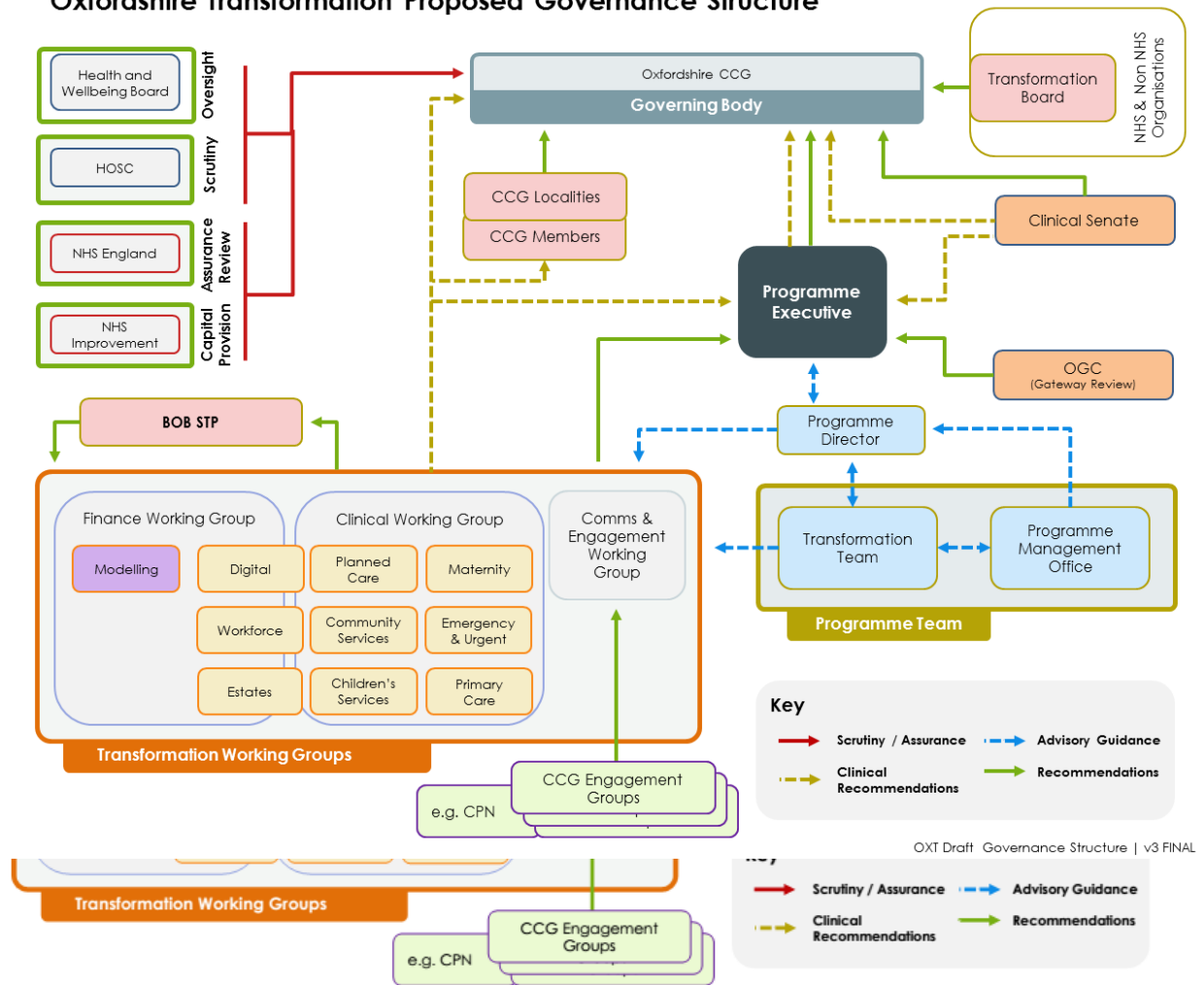
- Winter pressures may limit the availability of clinical staff from both Oxford University Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust;
- The formal consultation for Phase One will require considerable time from staff from all partner agencies. The Phase One consultation will need to be prioritised over Phase Two planning;
- Stakeholders outside of Oxfordshire are likely to face similar pressures, both in terms of meeting the demands of current service delivery and leading planned change. This may be a deciding factor in shaping the timeline if the proposed service changes for Oxfordshire (as yet unknown) require stakeholders outside of the county to become partners in decision making.

The formal 'Risk Register' for the Transformation Programme provides more detail of these and other risks to the proposed timeline.

3. Governance

Proposals have been developed to revise the Governance of the Oxfordshire Transformation Programme to support the work required in Phase Two. This is summarised in the diagram below:

Oxfordshire Transformation Proposed Governance Structure



Under these proposals, the multi-agency Transformation Board will act as a senior stakeholder reference group and a new Programme Executive will be established. (The proposed terms of reference for both the Transformation Board and Programme Executive are included in Appendix 1).

3.1. The role of the Transformation Board

The Transformation Board will bring together senior NHS officers and key partners to explore and debate the transformation of NHS services in Oxfordshire. It will seek to co-ordinate the views of all organisations in order to achieve the best outcomes for the population. It will also inform the work of the Buckinghamshire, Oxfordshire, and Berkshire (BOB) STP process.

3.2. The role of the Programme Executive

The Programme Executive will provide leadership from, and assurance to, the wider health economy and its population on the delivery of the Transformation Programme. It will act as a decision making body for programme outputs and

for the resolution of issues and will make recommendations to the statutory bodies, the Oxfordshire Transformation Board, and the OCCG Board.

3.3. Transformation Working Groups

At an operational level, it is proposed that a new overarching Clinical Working Group is established to bring together the existing clinical groups along with a new sub-group for community services. This new arrangement should enhance the synergy between the groups and improve the coherence of the overall programme.

Similarly, it is proposed that a new Finance Working Group is established to bring together the existing work stream activity around finances, activity modelling, workforce and estates.

The role of the existing Communications and Engagement Group will also be refined to ensure all programme groups are operating in a consistent manner.

3.4. Oversight, Scrutiny and Assurance

The local Health and Wellbeing Board has an oversight role whilst the HOSC will fulfil a scrutiny function prior to the formal NHS England assurance process. NHS Improvement will need to approve any proposals for capital.

3.5. Formal Decision-Making

As a commissioner-led programme, responsibility for formal decision-making will rest with the OCCG Board.

Given the significance of the Transformation Plans for Oxfordshire, the Programme timeline requires engagement of Providers Boards to ensure a system-wide coherent and realistic plan of delivery.

3.6. Programme Management

The composition of the programme team has recently been reviewed to ensure it is fit for purpose for Phase Two. A 'core team' is based within Oxfordshire CCG but – in order to reduce costs and maximise flexibility – other staff will be drawn into the team for specific tasks and will then move back to their daily work. This will be overseen by the Programme Director reporting to the new Programme Executive.

4. **Planned Activity in Phase Two**

All 'significant' NHS service changes are required to progress through a two stage NHS England assurance process. The Programme Team has identified the work required and immediate actions have been taken to progress those work packages that are a priority. This includes:

- **An Integrated Impact Assessment:** the specification has been produced and tenders are currently being evaluated.
- **Modelling of existing activity and patient flows.** This includes a consideration of current arrangements with all relevant ambulance trusts (in Oxfordshire and the surrounding areas).
- **Travel Analysis.** Initial work has been undertaken but this requires validation and further refinement: Healthwatch have been invited to act as a critical friend.
- **Production of a Templates** to ensure appropriate detailed information is gathered by the programme work streams for the formal Clinical Senate Review.

Once the programme has adopted a preferred model for the various elements within Phase Two, it will possible to progress the other detailed planning required for the PCBC and NHS England assurance process. This includes:

- Detailed clinical modelling, including a consideration of compliance with clinical standards, the impact of changes on existing care pathways and the benefits to patients;
- A revision of the activity modelling and an analysis of the impact of the proposals on surrounding areas and other services (including future commissioning intentions and specialised services);
- Mapping of the impact on patient choice;
- Testing of the clinical model via an independent Clinical Senate;
- Revision of the integrated impact assessment, travel analysis and the development of appropriate mitigations;
- Workforce planning and financial modelling to show that the proposed model is affordable, clinically viable and deliverable;
- Estates planning and the development of an affordable capital strategy;
- Production of a draft implementation plan, including a consideration of any procurement implications and plans for the safe transition of services;
- Assessment of the impact of the proposed changes on the resilience of the area's health economy;
- A privacy impact assessment;
- A formal consultation document and comprehensive plans for how the consultation will be conducted.

The next stages in the work plan are summarised in Appendix 2.

Engagement with stakeholders will play a significantly more important role in Phase Two of the Transformation Programme due to the cross cutting nature of the clinical services that have been included within the scope. A brief summary of the Programme's approach to engagement is included, for information, in Appendix 3.

5. Recommendation

The Board is asked to:

- i. Confirm the scope for Phase Two;
- ii. Consider and approve the outline timeline for Phase Two;
- iii. Consider and approve the revised governance structure for the Transformation Programme;
- iv. Note the activity planned for Phase Two and the potential risks currently faced by the Oxfordshire Transformation Programme.



*Oxfordshire
Clinical Commissioning Group*

**OXFORDSHIRE TRANSFORMATION PROGRAMME:
TRANSITION TO
PHASE TWO AND OUTLINE TIMELINE**

Appendices

Appendix 1: Draft Terms of Reference



Transformation Board Terms of Reference (Proposed revision following December meeting)

1. Purpose and Remit

The Transformation Board's purpose is:

- To bring together senior NHS officers and key partners to explore and debate the transformation of NHS services in Oxfordshire.
- To seek to coordinate the views of all organisations on the transformation of health services in Oxfordshire so as to achieve the best outcomes for the population.

It is a forum in which plans can be explored and developed in the public interest. It will bring together in one place all the partners and programmes of work that will deliver significant change in the Oxfordshire health and care system. It will assist the delivery of a joint Oxfordshire Healthcare Transformation programme.

The Transformation Board is not an executive or a decision-making body. The view of the Board does not imply the agreement or consent of any of the statutory bodies represented at the meetings, but it serves as a forum for coordinated planning and agreement.

Partners on the Board fulfil several roles: they ensure their organisation supports and shares in delivering local outcomes, they act as 'critical friends' in the transformation process, and they share the planning being undertaken by their own organisations in order to drive better collective alignment across Oxfordshire's health and care services.

The Transformation Board also acts to inform the Buckinghamshire, Oxfordshire, Berkshire West STP process.

2. Membership

- Chief Executives or alternative agreed representatives from:
 - Oxford Health NHS Foundation Trust (Chair) - *Stuart Bell*

- Oxford University Hospitals NHS Trust - *Dr Bruno Holthof*
 - Oxfordshire Clinical Commissioning Group - *David Smith*
 - Oxfordshire County Council - *Peter Clark*
 - Principal Medical Limited (PML) - *Andrew Elphick*
 - South Central Ambulance Service - *Will Hancock*
 - Healthwatch – *Rosalind Pearce*
 - Local Medical Committee - *Dr Paul Roblin*
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- Chief Operating Officer, Oxfordshire Clinical Commissioning Group - *Diane Hedges*
 - Medical Director and Director of Strategy, Oxford Health NHS Foundation Trust - *Dr Mark Hancock*
 - Director of Strategy and Planning, Oxford University Hospitals NHS Trust - *Andrew Stevens*
 - Medical Director, Oxford University Hospitals NHS Trust - *Dr Tony Berendt*
 - Leader of the Council, Oxfordshire County Council - *Cllr Ian Hudspeth*
 - Cabinet Member for Adult Social Care, Oxfordshire County Council - *Cllr Judith Heathcoat*
 - Director of Adult Social Services, Oxfordshire County Council - *Kate Terroni*
 - Director of Children's social Care - *Lucy Butler*
 - GP Lead (Clinical Chair), Oxfordshire Clinical Commissioning Group - *Dr Joe McManners*
 - Medical Director, South Central Ambulance Service - *Dr John Black*
 - Patient and public representative - *Helen Van Oss*
 - Medical Director, Principal Medical Limited (PML) – *TBC*
 - Chair of the Board of Directors, Oxfed - *Dr Ben Riley*
 - Director of Public Health, Oxfordshire County Council - *Dr Jonathan McWilliam*
 - Associate Director Strategy and Organisational Development, Oxford Health NHS Foundation Trust - *Dan Leveson*
 - Other Oxfordshire GP Federations

3. Responsibilities and Relationships

Organisations represented on the Transformation Board have their own statutory and non-statutory responsibilities and accountabilities. Individual partners remain responsible and accountable for decisions about their own services and resources. The purpose of the Transformation Board is to work in partnership to transform health care services for the benefit of everyone living in Oxfordshire. It will therefore:

1. Discuss strategic priorities and resource implications relating to the vision and objective of the OHTP. Encourage strong patient and public engagement in the OHTP. Ensure changes to the healthcare system in Oxfordshire are made on the basis of strong clinical evidence and best practice (national and international)
2. Monitor the impact of the transformation programme as a whole, including unintended consequences/dis-benefits, and support the appropriate strategic response

3. Support effective coordination of the planning and commissioning of services and operational delivery
4. Ensure engagement with GP Clinical Directors, Academic Health Science Network, Academic Health Sciences Centre and other stakeholders, inviting their representatives to attend Board meetings, as appropriate.

4. Reporting Arrangements

Each member of the Transformation Board is responsible for reporting back to their respective organisation on the work of the Board and to ensure that appropriate matters are escalated when required. The Board will receive regular reports from the Buckinghamshire, Oxfordshire and Berkshire West STP, and will be represented on the Executive Group of the STP.

5. Meetings

Meetings will be held monthly.

6. Support

Support (including administration) to the Board will be provided by the OTHP Programme Management Office.

7. Review

The Transformation Board Terms of Reference will be reviewed as necessary by the Transformation Board.

Oxfordshire Transformation Programme: Programme Executive Terms of Reference

1. Members

- Simon Angelides (Interim Programme Director), Oxfordshire CCG - Chair
- Diane Hedges (Chief Operating Officer), Oxfordshire CCG – Deputy SRO
- Ali Loftus Hill, (Associate Director), OUHFT
- Chandi Ratnatunga, (Associate Medical Director), OUHFT
- Anne Brierley, (Service Director, Older People's Services), OHFT

In attendance:

- Clive Walsh (Clinical Development Lead), Oxfordshire CCG
- Rod Anthony (Finance Development Lead), Oxfordshire CCG
- Libby Furness (Programme Lead), Oxfordshire CCG
- Sarah Adair / Ally Smith (Head of Communications & Engagement), Oxfordshire CCG

2. Purpose

The Programme Executive has been established to provide leadership from, and assurance to, the wider health economy and its population on the delivery of the Oxfordshire Transformation Programme.

The Programme Executive will provide recommendations to Oxfordshire's NHS CEO's Forum, other statutory bodies and the Oxfordshire Transformation Board.

3. Objectives

The Programme Executive will support the Programme to develop a proposed option to be taken forward to public consultation. Its objectives are:

- a) To provide system leadership to Oxfordshire and the surrounding region;
- b) To consider the recommendations made by the Working Groups which are tasked with considering clinical, financial, and communication / engagement matters for the Programme;
- c) To consider and make recommendations to the statutory bodies responsible within the Programme;
- d) To make recommendations to the Oxfordshire CCG Board responsible for the Programme;
- e) To provide assurance to the wider health economy on the development and delivery of the Programme;
- f) To provide the overall governance and decision making framework for the Programme including a challenge and scrutiny function;
- g) To establish clear accountabilities within the Governance structure and to hold itself to account;
- h) To provide a decision making body for programme outputs and for the resolution of issues;
- i) To identify Programme level risks and ensure mitigation is developed to moderate the risk.

4. Reporting arrangements

The Programme Executive shall provide recommendations to the following bodies via the Oxfordshire CCG Board:

- Oxford University Foundation Trust Board
- Oxford Health Trust Board

The Programme Director will provide a regular report from the Programme Executive to the wider Oxfordshire Transformation Board.

5. Roles and responsibilities of members

Members of the Programme Executive commit:

- a) To attend meetings, and to complete tasks as agreed. Deputies will be allowable at the discretion of the Chair.
- b) To fulfil their responsibilities in such a manner that respects individual statutory organisation roles and responsibilities but proactively seeks to engender partnership working through openness and transparency to maximise the wider benefit for the patients and public of joint working.
- c) To seek to reach, wherever practicable, consensus opinions within the Programme Executive and to consider matters from the perspective of the patients and the public and not organisational self-interest.
- d) To declare any interest that is relevant to the work plan.
- e) To maximise the involvement of the public wherever possible within the development of the Programme.

6. Resources

The Programme team will provide administrative support to the Programme Executive including setting up the meetings, taking action / agreement notes and other duties as appropriate.

The Programme Executive will, when necessary, request additional resources from the statutory partners.

7. Delegated Authorities

The Programme Executive does not have any delegated decision-making authority from:

- Oxfordshire CCG Governing Body
- Oxford University Foundation Trust Board
- Oxford Health Trust Board

The Programme Executive will make recommendations to the aforementioned bodies only. The Programme Executive can commission materials to support any of its activities.

The Programme Executive will delegate a budget to the Programme Director for the purposes of delivering the activity required to complete the programme.

8. Quorum

A quorum necessary for the transaction of business shall be three members, one of which must include either the Programme Director or the Deputy SRO.

9. Frequency

Meetings will be held a minimum of monthly, with meetings to be held more frequently as determined by the Chair.

10. Agreements

Agreements will be by consensus.
Meetings will be held in private.

11. Term

The Programme Executive is part of the overall Programme governance structure. It will be established for the duration of the Programme.

12. Working Arrangements

A standing agenda will be provided that will include discussion of the action log from the previous meeting, key decisions and new actions, and the plan for taking these actions forward.

The output from each meeting will be a detailed actions and agreement log with responsibility assigned to each action.

Appendix 2: Overview of Work Plan for Phase Two

There are six stages to the development of Phase Two of the Programme.

Stage 1: Option Development

This stage will focus upon the Option Development of process. This is made up of two elements:

- Long List;
- Short List.

Long List

The Long List considers all the possibilities available to the local health system. It is important to be able to demonstrate that the Long List was approached with an open mind and all feasible options were considered. It is equally essential that a clear rationale can be documented as to why options have been removed at this stage.

It is critical that this Long List is tested with:

- The Clinical Community;
- Public Forums;
- The Transformation Board.

Whilst the Programme working with the CCG can be clear about the rationale, it is important that this is a reasonable view that is shared by these groups and can withstand scrutiny.

Short List

A set of Evaluation Criteria will then be used to undertake a comparative assessment of the viable options. Each of the Options on the Short List will need to be developed in a sufficient level of detail to allow this comparison to take place. As with the Long List, the evaluation criteria will need to have been tested with the Clinical Community, Public Forums and the Transformation Board.

From this a Preferred Option or Preferred Options will be agreed.

Subject to the risks outlined in the paper, it is intended that this work will be completed by April.

Stage 2: Preferred Option Work-Up

The next stage of the work programme will focus upon the detail build associated with the Preferred Option(s). This work will focus upon both the development of the Pre-Consultation Business Case and also wider engagement with surrounding health systems. Specific agreement will need to be documented with Commissioners and Providers (including potentially three Ambulance Trusts).

Stage 3: NHS England Assurance

The next stage will focus upon the NHS England assurance process. There is the potential (this will not be clarified till the Stage 1 Assurance Review) that the proposals will need to be assured by NHS England's Investment Committee. This

would require the proposals to be fully assured by NHS England's Regional Team, prior to being scheduled with Investment Committee.

As with Phase One, the proposals will also need to be assured by the Thames Valley Clinical Senate.

Stage 4: Public Consultation

Subject to NHS England Assurance the CCG will conduct three months of public consultation.

Stage 5: Post Consultation Review and Decision Making

Following the close of Public Consultation the CCG will undertake an analysis of the feedback and the final Integrated Impact Assessment and development of the consultation report. The consultation report will be reviewed by the CCG and its partners and used to inform any changes to Phase Two plans and proposals. A decision making business case will be prepared and presented to the CCG Board who will be asked to make a final decision on Phase Two Transformation Plans in a public Board meeting.

Stage 6:

The providers will then be asked to implement the changes that have been agreed.

Outline Timeline

The time needed for work in the six stages will determine the timeline required for the development and implementation of Phase Two plans. The timeline is under discussion and we will be looking for ways to shorten any of the stages where possible, whilst ensuring that we develop robust plans that are underpinned by the necessary evidence, engagement and agreements.

However the time needed for Stage 3 – NHS England Assurance will be one that will be determined by the regulator.

The diagram below outlines a proposed timeline for the development and implementation of Phase Two plans. It is subject to discussion and agreement across the system and with NHS England.

**Stage 1
Option
Development**

Key Components
Long List
Short List
Evaluation Criteria

**February – April
2017**

**Stage 2
Preferred Option Work-Up**

Key Components
Regional Agreement
Stakeholder Engagement
Re-Stating the Case for
Change

April – June/July 2017

**Stage 3
NHS England Assurance**

Key Components
Clinical Senate
NHS England Assurance

August - October 2017

**Stage 4
Public Consultation**

Key Components
Consultation
Document
Consultation Events
Stakeholder and
public consultation
Staff Engagement

**November 2017 –
January 2018**

**Stage 5
Post Consultation Review
and CCG Decision Making**

Key Components
Consultation Report
Analysis and review of
feedback and Integrated
Impact Assessment (IIA)
Review of Phase Two
Transformation proposals
and plan
Decision Making Business
Case
CCG Board Decision

January – April 2018

**Stage 6
Implementation**

Key Components
Provider Implementation

April 2018 Onward

Appendix 3: Approach to Engagement with Stakeholders

Engagement will play a significantly more important role than in Phase 1 of the Transformation Programme due to the cross cutting nature of the clinical services that has been included within scope.

The Programme will seek to engage with stakeholders in four different ways.



These four dimensions will form the basis of the Programme and will inform the decisions that it will take. The table on the next page explores what this means at each of the Programme's four stages.

The Programme Executive will be responsible for co-ordinating the input from these four stakeholder groups and ensuring due consideration is given to their inputs within the other areas of the Programme.

This will allow a consistent approach to 'You Said, We Did' that is systematically and consistently applied throughout the Programme.

	Stage 1 Option Development	Stage 2 Preferred Option Work-Up	Stage 3 NHS England Assurance
Public, Patients and Carers (Public Forum)	<ul style="list-style-type: none"> Patient Voice Patient Experience Long List Short List Evaluation Criteria Non-Clinical Areas 	<ul style="list-style-type: none"> Detailed Work-Up Case Studies 	<ul style="list-style-type: none"> Documented Support
Engagement outside of Oxfordshire	<ul style="list-style-type: none"> Testing Co-Development of the Clinical Models (if required) 	<ul style="list-style-type: none"> Detailed Assurance Validation 	<ul style="list-style-type: none"> Documented Support Support within the Assurance process
Clinical Communities	<ul style="list-style-type: none"> Validating the Clinical Models Long List Short List Evaluation Criteria 	<ul style="list-style-type: none"> Detailed Clinical Models Clinical Standards Validation with Royal Colleges / Deanery 	<ul style="list-style-type: none"> Documented Support Support within the Assurance process
Transformation Board	<ul style="list-style-type: none"> Long List Short List Evaluation Criteria Non-Clinical Areas Wider 	<ul style="list-style-type: none"> System-wide View 	<ul style="list-style-type: none"> Documented Support