

Our 'Moral Compass' - Principles for Joint Working

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

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

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

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

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

- § We are concerned with the interests of all of the populations in England and Wales who use hospital services provided within the territories of Shropshire and Telford and Wrekin. We desire to maximise benefit for that whole population. Whilst our decisions seek to deliver the greatest benefit to the whole population we serve, we will always consider the consequences of any options for either specific local populations or for the needs of minority and deprived groups and will be explicit about how we weight these and our rationale for so doing.
- § Participant organisations will individually sign up to the single version of the Case for Change and, at the appropriate point, to a single shared strategic vision and high level clinical model that arises out of the Programme and its response to the Call to Action and other engagement processes. This will be in addition to the collective sign-up represented by the Programme Board agreeing the Programme Execution Plan.
- § The Programme will agree, in advance of its key decision-making on the selection of options, an objective set of criteria that will be employed, and these will also be signed-up to by individual constituent organisations at that stage. These will explicitly address the basis for considering the trade-offs referenced earlier.
- § We will make shared decisions on which innovations to roll out at scale, recognising that any one might not always favour all parties and that some sacrifice for the common good will be necessary.

- § We will openly consider all options that can enhance our ability to reach collective decisions on key issues, including governance arrangements which are designed to bind our respective boards together.
- § We will work collectively with our stakeholders, including politicians, to invite agreement from them to the case for change, the clinically –led model and the principles for decision making.
- § We recognise that we will need to find ways that can meet our programme objectives within current levels of overall expenditure. We cannot add costs, instead we need to redistribute resources to achieve a better overall outcome for the populations we serve.
- § We will ensure that we develop a shared financial model so that any plans or changes can be assessed on whether they deliver authentic economic benefit i.e. we will not plan to deliver savings in one part of our system if the inevitable consequence is (unplanned) cost increases in another.
- § We will develop ways to share the financial risk when implementing major change...we recognise that national payment formulae may not support what we are agreeing to do and we will adjust for that where appropriate.
- § We will share all information necessary to allow the Programme to deliver our objectives and will do so in line with the laws and guidance on Information Governance.
- § We will share organisational plans and be transparent re budgets.
- § We will deliver our individual contributions to the work of the Programme to the highest quality possible and on-time.
- § We will all use a single version of documents pertaining to the Programme and these will be prepared for us by the Programme Office. We will coordinate consideration of key documents so that we avoid the issues (of fact and perception) that can arise when key considerations or decisions are taken sequentially rather than simultaneously.
- § We will work together to ensure that public and patient engagement in our Programme is extensive, timely and meaningful and that we engage in the formulation of options as well as in response to recommendations on them - we want this Programme to be characterised by co-production with patients and public.
- § The response to Call to Action told us that the public, whilst wanting full engagement at all stages and no predetermination of outcomes, want and respect clinically-led development of strategies and options. We will ensure that this happens.
- § Whilst partnership and collective working on the Programme is essential, so too at times will be the need for organisations to pursue their own objectives (e.g. in relation to competition amongst service providers). Where this is felt by any constituent to be the case, then we agree to making that explicit to our partners, to explain our position, and to work with the Programme to enable continued collective decision making to continue.
- § The response to the Call to Action asked us to avoid being constrained by history, habit and politics and to look to do ‘the right thing’. We will explain any decisions we make clearly and in that light.
- § Being part of the CSR Programme represents a clear commitment, and we will take collective responsibility for making progress towards a shared vision for improved services and health.