

Programme Director's Report

April 2017

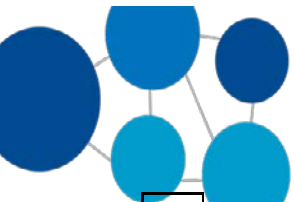
1. Programme Plan – Progress Update/RAG Rated Delivery Dashboard

The purpose of this report is to provide the Board members with an update of progress on programme delivery since the last meeting. There has not been a Programme Board during March but work progresses on procurement of the firm to carry out the independent review, the supplementary IIA and the CCG decision making process which has now been agreed

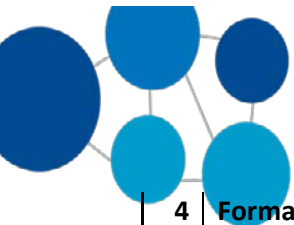
The programme timeline has been rebased to assume a consultation start date of earliest June 2017; however, this may be subject to change dependent on the outcome of the independent review.

The table below is a summary RAG rated dashboard of the status of delivery of the key components of the Futurefit Programme Plan. This reflects the report already taken to CCG Sponsor Boards in March with an update relating to the Joint Committee arrangements. It includes a summary narrative of key risks and/or issues.

		Last updated	18th April 2017
		Overall RAG rating	Key Issues/risks
1	Programme Governance		<p>The Programme Board agreed that full transition of the governance arrangements to STP governance should not be until the programme moves to project delivery phase, after the consultation process. At that point monitoring of the business case development and implementation will be through the Acute and Specialist services Programme Board reporting to the STP Partnership Board.</p> <p>The Clinical Design and Clinical Reference Groups scope and ToR developed under Future fit, need to be reviewed to accommodate the wider STP work. Currently the enabling work streams for workforce, communications & engagement and finance are all being reviewed to align where relevant both the STP and FF work</p> <p>There are significant capacity risks within the programme team currently with a number of changes of personnel both in Programme Management and Communications and Engagement Support. Some mitigation with seconded staff is planned. Discussions are ongoing with the STP programme Director around further opportunities for support from the STP PMO, are being explored.</p>
2	NHS Approvals/ Assurance Gateways		



	2.1 West Midlands Senate Review		Action plan approved by Programme Board on 6.2.17. Implementation update reports as standing item to future Programme Board meetings to ensure key milestones are achieved particularly those required pre-consultation. Key areas of focus in the action plan are modelling ambulance and patient transport impact and greater level of detail on the acute workforce development plan, description of the corresponding community model of care particularly in Shropshire, the plan to ensure the required IT infrastructure will be in place to enable a system networked approach and the desired patient outcomes and how these will be measured.
	2.2 NHS Gateway Review		RED/AMBER rating achieved. Action plan approved by Programme Board on 6.2.17. Implementation update reports will be submitted as standing item to future Programme Board meetings. Full report has been shared with Programme Board members. Key areas of focus are the independent review of the appraisal process, communications messages, sign off and joint ownership of the consultation process, stakeholder relationship development, active risk management within the programme and transition of FF governance arrangements into the STP process.
	2.3 NHSE Formal Stage 2 Assurance		Process delayed post JC meeting; will be rescheduled in May/June 2017
	2.4 Pre- Consultation Business Case		A number of issues remain unresolved particularly the availability of capital, the more granular detail on the community models that will support the acute configuration and its affordability given the moving position of the CCG. SaTH are working with NHSI to clarify what levels of capital are or are not likely to be available before public consultation including potential alternative sources of capital than through the Treasury.
3	Options Appraisal/ Preferred Option		<p><u>Independent Review:</u> The successful firm is scheduled to be appointed w/c 18th April; work to take 4 weeks.</p> <p><u>IJA W&C:</u> Programme Board delegated the design of the detail of the specification to the IJA Work stream which has met twice. Draft scope estimated cost of £40k. Work stream to include acute clinical and GP input. Approval of the final specification and the costs agreed with the Joint SROs. Work began w/c 3rd April; a number of focus groups designed as part of the process. Currently indications are that this piece of work will take 8 weeks to the end of May which is a potential risk to the programme milestones. In discussions with CSU/ICF who are leading the work on mitigation of this risk.</p> <p><u>Joint Committee:</u> Meeting took place with NHSE, NHSI and CCGs on 23.2.17 to develop and agree future joint decision making arrangements. A proposal for a reconstituted joint committee with 3 additional independent voting members (2 clinical) was agreed by both Boards in March. NHSE to propose independent members and the CCG Boards to approve.</p>



4	Formal Consultation		<p>Preparations for consultation continue with the development of the consultation materials including the consultation document, survey questionnaire and a refresh of the programme website.</p> <p>Given the above delay to timelines following Joint Committee decision, the consultation will not be before June 2017.</p> <p>Joint HOSC and CCG Board development sessions scheduled in April to develop approach to consultation</p> <p>Work has begun to develop clear and unambiguous public messages describing the role and function of the UCCs on each site. A number of clinical meetings arranged particularly to discuss paediatric pathways. Next steps are to share the draft messaging with GP Forum/Locality meetings and patient reps prior to inclusion in any consultation materials.</p>
5	Developing the supporting community model to support required left shift		<p>Neighbourhoods and pathway development work and associated activity modelling whilst progressing, has not to-date delivered the granular level of detail CCG Boards are indicating is required for the community model. Alignment is needed of Shropshire CCG community reviews, neighbourhood work and the output required supporting the OBC and PCBC work and approvals in June.</p>
6	Programme Funding and Budget Management		<p>Costs pressures have been incurred in recent months associated with the Clinical Reviews and Gateway Review. Further costs pressures identified for 17/18 relate to the need to do the Independent Review of the option appraisal process and the additional IIA work on W&C impact. Subject to necessary approvals to proceed, the costs of formal consultation will also be a cost pressure in 2017/18. Budgets are currently being agreed and consideration looking to opportunity to integrate some Future Fit functions within the STP programme management office (PMO). Proposed budget to go to next Programme Board with monitoring at each subsequent meeting.</p>
7	SATH OBC/FBC		<p>Draft OBC approved by SaTH Board in December 2016. Further work required in light of Clinical Senate recommendations for inclusion in final OBC for CCG approval</p>

Action Status RAG Rating definition	
Complete	
Delayed - recovery actions planned or in place. Low risk of materially affecting programme delivery and/or timeline	
Delayed - recovery actions planned or in place. Medium to high risk of materially affecting programme delivery and/or timeline	
Deadline not yet reached, delivery on target	