

Programme Director's Report

June 2017

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

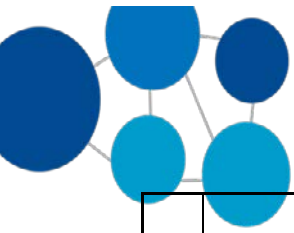
The purpose of this report is to provide board members with an update of progress on programme delivery since the last meeting. It has previously been to Programme Board and is submitted to all Sponsor Boards for their governing body meetings.

Work progresses on the independent review, the supplementary IIA and clarifying the Joint Committee arrangements. Independent members of the Joint Committee have been sought with the support of NHSE. These were received for endorsement by Boards in their June Governing Body meetings.

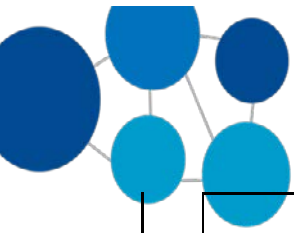
The programme timeline is being reviewed due to the delay in appointing the firm to perform the independent review of the option appraisal process. A delay in the decision making and consultation process is assumed. Any revised timeline will of course be potentially subject to change dependent on the outcome of the independent review which is expected to be known in mid July 2017. At the time of writing this report the timeline was under review. A verbal update will be provided at the Board meeting.

The table below is a summary RAG rated dashboard of the status of delivery of the key components of the Future fit Programme Plan. It includes a summary narrative of key risks and/or issues.

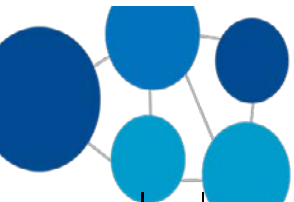
		Last updated	30 th May 2017
		Overall RAG rating	Key Issues/risks
1	Programme Governance		<p>The Programme Board agreed that full transition of the governance arrangements to STP governance should not be until the programme moves to project delivery phase, after the consultation process. At that point 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 Terms of Reference (ToR) developed under Future fit will remain as key work streams under the STP. They have now been reviewed to accommodate the wider STP work. The enabling STP work streams for workforce and finance will incorporate any necessary Future Fit activities. The current Communications and Engagement Work stream will extend its remit to accommodate STP. Chief Officer sponsors and executive leads for all the work streams have been agreed. There remain significant capacity risks within the programme team currently with a number of recent changes of personnel both in Programme Management and Communications and Engagement Support. Engagement support from existing CCG</p>



			<p>staff has been agreed. A senior Communications and Engagement lead for the STP has been appointed with the support of NHSE. This individual will also provide some strategic Communications and Engagement advice to Future Fit. Discussions are ongoing with the SROs around future Programme support post September. Support from the STP PMO team is also being explored.</p>
2	NHS Approvals/ Assurance Gateways		
	2.1 West Midlands Senate Review		<p>The action plan implementation update report has been received by the Programme Board in June. Progress has been made against most of the 18 actions including: working with the ambulance service in refining the modelling; clarifying the UCC clinical model; considering the necessary IT support; community services alignment; STP governance alignment; public engagement; developing workforce solutions and supplementing the IIA and benefits realisation work.</p>
	2.2 NHS Gateway Review		<p>RED/AMBER rating achieved in November 2016. The action plan implementation update report will be received by the Programme Board on the 6 recommendations in June. The full report has been shared with Programme Board members. Progress has been made on all key areas of focus: the independent review of the appraisal process; communications messages including agreement by the clinical group on UCC nomenclature; 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.</p>
	2.3 NHSE Formal Stage 2 Assurance		<p>Process delayed post JC meeting; will likely be rescheduled in August 2017. The Pre consultation Business case will be a key submission into this process and is in draft, as will progress against the gateway actions, the senate actions and the consultation documentation and plan.</p>
	2.4 Pre- Consultation Business Case		<p>This document forms a key element of the NHSE Assurance process. Whilst the document is in draft there remains a number of unresolved elements particularly the source of capital, the more granular detail on the community models emerging from the neighbourhoods and the outcome of other reviews that are outside of future Fit but may have some interdependencies and links to the overall affordability of the acute model and the wider STP.</p>
3	Options Appraisal/ Preferred Option		<p><u>Independent Review:</u> The programme followed NHS procurement policy through two attempts at mini tender exercises on two different management frameworks. Both</p>



			<p>failed to identify a firm to do the work. The first provided no responses and the second provided a single response however the firm identified potential areas where they may be conflicted that the Boards felt could not be mitigated. The CCGs are now able to seek a direct award and have had two proposals. The decision will be made by 9th June and work commenced on 12th June for 4 weeks. This single issue is the primary delay in the programme timeline and critical path and will impact on consultation.</p> <p><u>IJA W&C</u>: Work continues on the IJA and now includes acute clinical and GP input. Approval of the final specification and the costs agreed with the Joint SROs. A number of focus groups and on line questionnaires are designed as part of the process and have had to wait until after purdah. Clinical focus group planned for 27th June to specifically look at impact and mitigation on clinical effectiveness, safety and experience. This has not impacted on timescales for final report which will be available in draft by w/c 10th July.</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. ToR now agreed. NHSE have supported the CCGs on proposed independent members and will receive those nominees at their June Boards.</p>
<p>4</p>	<p>Formal Consultation</p>		<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 related to the independent review, following Programme Board and a Joint Committee decision in July, the consultation will also be delayed. The Programme Board are to receive proposals on 8th June on a revised timeline.</p> <p>Joint HOSC and CCG Board development sessions took place in April to develop the approach to consultation. Draft Consultation plan went to Programme board on 8th June</p> <p>A clinical group met to discuss delivery models for ambulatory and paediatric urgent care and to develop clear and unambiguous public messages. It was agreed between both acute and GP colleagues that the term Urgent Care Centres (UCC) should be the agreed term and all partners should now use this in their engagement with the public. Next steps are to share the outcome of the meeting with wider clinical group through the CRG most likely in early July.</p>



5	Developing the supporting community model to support required left shift		Neighbourhoods are leading the community activity modelling work needed for the PCBC to support the assumptions within the acute model. Alignment is needed of Shropshire CCG community reviews, neighbourhood work and the activity modelling output required to support the OBC and PCBC work and approvals in July.
6	Programme Funding and Budget Management		Costs pressures have been incurred in recent months associated with the additional work required for the independent review and the IIA supplementary IIA work. Subject to necessary approvals to proceed, the costs of formal consultation will also be a cost pressure in 2017/18. Provisional budgets have been agreed and consideration is being given of integrating some Future Fit functions within the STP programme management office (PMO) including communications and programme management. Proposed budget to go to next Programme Board with monitoring at each subsequent meeting.
7	SATH OBC/FBC		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.

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