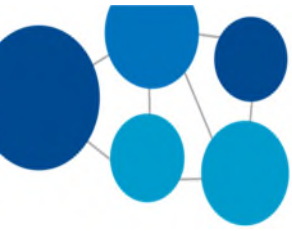


Paper 4

Recommendation <input type="checkbox"/> DECISION <input checked="" type="checkbox"/> NOTE	<p>The Trust Board is asked to note the content of the Future Fit Programme Directors Report</p>
Reporting to:	Public Trust Board
Date	27 th September 2018
Paper Title	Future Fit Programme Directors Update
Brief Description	<p>The purpose of this report is to provide the Trust Board with an update of progress on programme delivery since the last meeting.</p> <p>The consultation closed on 11th September 2018. In excess of 17,600 survey responses have been received.</p> <p>The next phase of the Programme to support the development of the Decision Making Business Case (DMBC) is the analysis of surveys and individual responses received from the consultation. It is expected at this point that an initial draft analysis will be available to the CCGs in mid-November as originally planned.</p>
Sponsoring Director	Chief Executive
Author(s)	Debbie Vogler, Associate Director NHS Future Fit
Recommended / escalated by	Programme Board
Previously considered by	Future Fit Programme Board, Shropshire and Telford & Wrekin CCG Governing Bodies
Link to strategic objectives	Patients and Family; Safest and Kindest
Link to Board Assurance Framework	Risk to sustainability of clinical services due to shortages of key clinical staff (RR 859)
Outline of public/patient involvement	The public consultation process for NHS Future fit took place over 15 a week period from 30 th May 2018. It closed at midnight on September 11 th 2018.
Equality Impact Assessment	<ul style="list-style-type: none"> <input type="radio"/> Stage 1 only (no negative impacts identified) <input type="radio"/> Stage 2 recommended (negative impacts identified) <ul style="list-style-type: none"> * EIA must be attached for Board Approval <input type="radio"/> negative impacts have been mitigated <input type="radio"/> negative impacts balanced against overall positive impacts

**Freedom of
Information Act
(2000) status**

- This document is for full publication
- This document includes FOIA exempt information
- This whole document is exempt under the FOIA



Programme Director's Report

September 2018

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

The purpose of this report is to provide Sponsor Boards with an update of progress on programme delivery since the last meeting. This report has been updated since the Programme Board meeting on 18th September 2018 to include the most up to date information on the consultation response numbers.

The extended consultation process ended at midnight on 11th September 2018 with the last public exhibition event having taken place on 30th August

The next phase of the Programme to support the development of the Decision Making Business Case (DMBC), is the analysis of surveys and individual responses received from the consultation process.

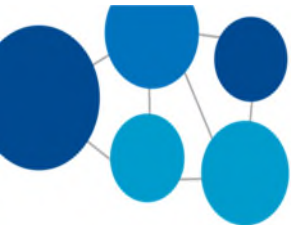
Over 17,600 surveys have been received, which is over 3% of the population served by the Trust. This is an exceptionally high response rate when compared with similar consultations that have taken place nationally. 52% of those responses were hard copy surveys; this again is a relatively high number compared to other consultations where the electronic responses usually form the majority of surveys responses received

Due consideration and time must be factored into the next phase in order to input and review responses. The Summary Report is being prepared by Participate Ltd. The comprehensive analysis will include a breakdown of responses to each question in the survey split by demographic profile data collected. This will include first part of the post code analysis.

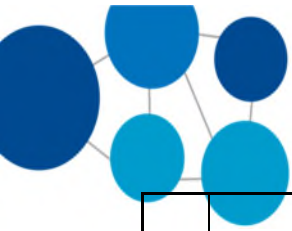
Themes from all dialogue methods within the consultation process will also be determined. All free text responses from the surveys will be analysed for themes using an agreed coding framework. Themes will also be separately drawn from the 13 public meetings and from Stakeholder response letters and any other letters or e mails received. The report will also include equalities data and draw out any key differences in needs or themes from survey responses from the 9 protected characteristic groups and from any themes emerging from the engagement during consultation events with the seldom heard groups.

It has been reported previously that the high number of surveys and individual responses received could have an impact on the draft overall timeline. A timescale for the analysis was reported as being 6-8 weeks from close of consultation. It is expected at this point that an initial draft analysis will be available to the CCGs in mid-November as planned.

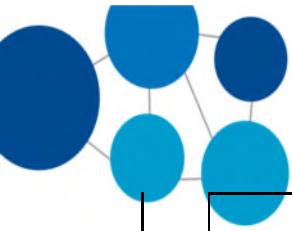
An approach and process is being finalised to ensure that the CCG Governing Bodies give conscientious consideration to the consultation report together with all other relevant on going work such as the development of a Travel and Transport Plan and other mitigation, Quality Impact Assessments, a post consultation Equalities Impact Report and other work requested through the NHSE Assurance process.



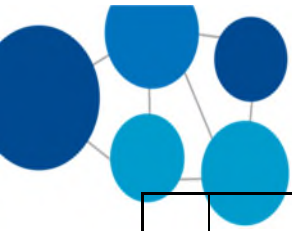
		Last updated	18 th September 2018
		Overall RAG rating	Key Issues/risks
1	Programme Governance		<p>A presentation highlighting the mid point review has been presented to CCG Boards, SaTH, local authorities and Joint HOSC.</p> <p>The mid point review gave an indication of the progress of the consultation and additional public exhibitions were formalised and took place as a result at Bishops Castle, Newport, Whitchurch, Woodside and Welshpool. It is worth noting that at the time of the mid point review mid July, just over 1500 completed surveys had been received. Responses now stand at over 17,600 surveys received.</p> <p>The best case timescales for the Programme to get to a decision making meeting is subject to an on-going review. It is expected that the Joint Committee of the two CCGs will not meet before February 2019.</p> <p>Critical interdependencies and progress of other programmes of work, that could impact on the programme or contribute to impact mitigation, are being monitored to ensure they positively align. For example the Out of Hospital Programmes of work of the two CCGs, the LMS Programme, the work of the Travel and Transport Group and the Quality Impact Assessments (QIAs) work the Acute Trust are progressing. Identified Leads are providing updates to the monthly Programme Board to ensure action is being taken to deliver required outcomes.</p> <p>The Programme Director will begin to draft the Decision Making Business Case which will initially be based on the PCBC and build upon the findings from the consultation process, interdependent programmes of work, and any other areas identified as requiring further assurance by NHSE.</p> <p>Programme governance will continue post consultation through monthly Programme Board, Assurance and IIA Meetings.</p> <p>The capacity and requirements for the communications and engagement team will be reviewed post consultation.</p>
2.	Impact Assessment Mitigation Plans		<p>The Leads for identified priorities are now providing evidence of delivery in most areas.</p> <p>The Programme Director is working with Leads to raise awareness of the information which will be required to prepare a robust Decision Making Business Case</p>



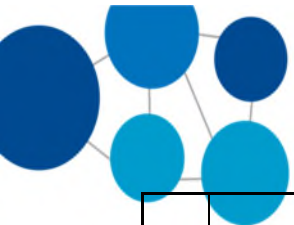
			<p>Service level QIAs will be led by SATH; a number have already been done and the Director of Nursing has joined the IIA Steering Group. It has been proposed that all QIAs will be shared with the STP Clinical Strategy Groups once approved by SaTH. A schedule of the QIA work of the Trust has been requested by the Programme.</p> <p>The LMS Programme is examining reducing risk factors before, during and after pregnancy particularly for younger mums, women from BAME background and those from relatively deprived localities. Potential differential and disproportionate impacts that may require mitigation were identified in the W&C IIA report and the LMS work will be considered as part of the Impact assessment mitigation work. An update was presented to the Programme board on 18th September.</p> <p>Neighbourhoods and Care Closer to Home Programmes for the two CCGs continue to progress. A summary narrative and updates have been received by the IIA Steering Group. Executive leads will report into Programme Board.</p> <p>An Equalities Impact Assessment report will be produced post consultation and will form a key part of the DMBC.</p> <p>A Workforce Transformation update was presented to the Programme Board on 18th that identified progress in recruitment and training into the new roles within the Trust.</p>
3.	Travel and Transport		<p>ORH are engaging with WMAS, WAST, Falck and Air Ambulance to produce the final ambulance modelling report. The first phase Impact of Change report was available on track. The final report will be available to the CCGs on 8th October.</p> <p>The Programme Board have requested that both Shropshire and Telford & Wrekin Council leads present the work to date that has been done on public transport mapping and led by the Travel and Transport Group. The group is currently drawing together baseline information of current travel and transport provision to begin to formulate draft actions. The findings from the consultation process will be an important element of setting the direction, purpose and actions for the group.</p>
4.	Consultation Update		<p>The consultation closed on 11th September. Over 17,600 responses were received. Just over half were in paper form and are now being inputted and themed by Participate.</p> <p>Thirteen public drop in events (attended by more than 800 people) where people could go to find out more about the proposals and talk to representatives of the CCGs, clinicians, GPs, local authority:</p> <ul style="list-style-type: none"> • 6th May – Telford • 7th May - Shrewsbury • 28th June – Newtown • 4th July – Ludlow • 11th July – Wellington • 25th July – Bridgnorth • 2nd August – Market Drayton



			<ul style="list-style-type: none"> • 8th August – Bishops Castle • 9th August – Newport – smaller scale • 15th August – Oswestry • 21st August – Whitchurch • 29th August – Woodside – smaller scale • 30th August – Welshpool – smaller scale • More than 70 pop up displays were put on • Worked with Local Joint Committees to arrange a series of public meetings • Arranged and / or attended focus groups with seldom heard groups, reaching in advance of 500 people • Arranged and attended information events for employers, particularly to reach those employing those representing the seldom heard groups or large employers, including Muller, ABP etc • Reached staff through pop ups and face to face briefings at SaTH, CCGs, LAs and NHS organisations • Reached commuters through distribution of information at train stations during morning rush hour • Developed and regularly updated the consultation website • Regularly updated and published the Frequently Asked Questions • Took out adverts in local newspapers and online, including targeted advertising to reach specific groups on facebook • Ensured weekly coverage on BBC Radio Shropshire through attendance of presenters at events, panel discussions and offering spokespeople for interviews • Maintained a presence and following on social media and organised a number of popular tweetchats with clinicians • Responded to letters from key stakeholders and elected members and acknowledged letters from members of the public an update the FAQ on the website accordingly • Responded to FOIs as per CCG standard timelines
5.	Seldom Heard Groups/Protected characteristics		<p>Extensive direct face to face activity with seldom heard groups has reached more than 500 people to date. Groups have included:</p> <ul style="list-style-type: none"> • Disability networks, including parents of children with a disability • Mums and toddler groups • Race and religion groups, including Polish, Latvian and smaller populations including the Mennonite Church (Amish) • Age specific groups, including older people • Mental health groups, Alzheimer’s groups and their carers <p>Additional four groups reached:</p> <ul style="list-style-type: none"> • Welsh language speakers, carers, rurality, areas of deprivation <p>In addition, during the course of the consultation we have tried to look at our community as a whole and identify which groups of</p>



			<p>people may:</p> <ul style="list-style-type: none"> • access the services under consideration to a larger degree • have particular needs and therefore the impacts need to be considered <p>Such groups included military and their families, businesses, predominantly those reaching specific community groups or covering certain industries.</p> <p>General engagement activity, including public exhibitions have also reached those within the nine protected characteristics, with some groups confirming that they did not require any specific focus group activity to be reached.</p> <p>Themes from this engagement will be included as part of the consultation report.</p> <p>A final Equalities Impact Report will be produced post consultation and form part of the decision making process</p>
6.	Media coverage		<p>Media coverage has been consistent throughout the period of the consultation, with weekly radio coverage, regular news articles and online activity. Every effort has been made to correct any factual errors and counter any incorrect coverage from any other parties or individuals through proactive interviews. Media coverage will be maintained post consultation to enable factual information to be made available to the public and ensure any public or media queries can be responded to in a timely and responsive manner.</p>
7.	NHSE further work		<p>The work set out as part of the NHSE Assurance process in 2017 is being progressed.</p> <p>Specialised commissioning - Regular scheduled telephone conference calls are taking place to engage with commissioners on any potential impacts of the proposals around trauma and obstetrics and neonates and regular updates will continue to be provided at future Board meetings.</p> <p>Ambulance Impact Modelling –As described above, the first phase of this work has been completed on track.</p> <p>IT Strategy - An updated report will be available at a future Programme Board. The DMBC will reflect any programme developments.</p> <p>Workforce engagement and transformation plans – Work is ongoing and progress on this work is being considered through the IIA Steering Group reporting to Programme Board.</p> <p>Repatriation – QIAs are being developed and prioritised to support preparation of the Decision Making Business Case</p>



			Affordability testing- As previous stated, the DMBC will include any necessary updated information post consultation.
8.	Post consultation Process and Assurance Gateway		The draft timeline will continue to be monitored and reassessed. Consideration will need to be given to any further Gateway Reviews post consultation and advice has been sought on the timing of this.

Action Status RAG Rating definition	
	Complete/On track
	Delayed/some concern - recovery actions planned or in place. Low risk of materially affecting programme delivery and/or timeline
	Delayed/Much concern - 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