

Programme Director's Report

September 2018

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

The purpose of this report is to provide the programme board members with an update of progress on programme delivery since the last meeting. This report will also be submitted to Sponsor Boards for their governing body meetings as required.

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

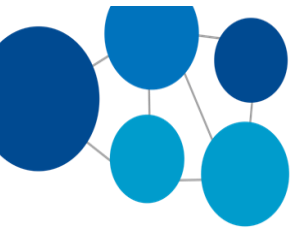
Since the last report in July, 7 further public exhibition events have taken place, along with the continuation of Pop-ups, attendance at LJs and town and parish councils, engagement with seldom heard groups, staff briefings and acceptance of invitations to update CCG and SaTH Boards and JHOSC.

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.

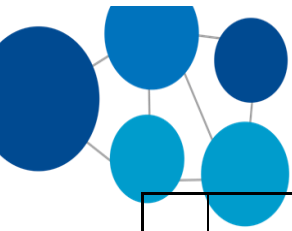
To date over 14,000 surveys have been received (as at 03/09/18). Due consideration and time must be factored into the next phase in order to review all responses and the summary report being prepared by Participate. The high number of surveys and individual responses received could therefore have significant impact on the draft timeline submitted to the Programme Board in July.

The Programme Board will meet on 18th September to consider any impact.

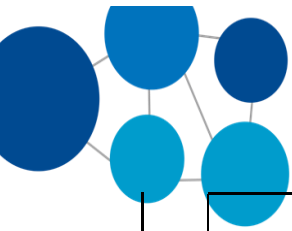
In order to support the timely review of all correspondence, the team capacity and resource will form part of that consideration.



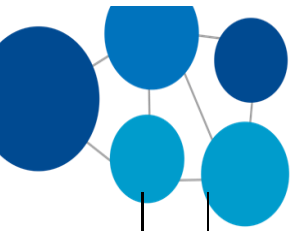
		Last updated	3 rd September 2018
		Overall RAG rating	Key Issues/risks
1	Programme Governance		<p>A presentation highlighting the mid point review has been presented to CCG Boards, SaTH, local authorities and Joint HOSC.</p> <p>The mid point review gave an indication of the progress of the consultation 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 14,000 surveys received.</p> <p>The draft timeline for the Programme submitted to the Board in July will be reviewed to test its alignment in view of the number of responses received for the consultation and time needed to review these.</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. 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, interdependencies, NHS caveats 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 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 will be joining 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>



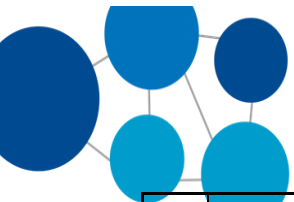
			<p>The LMS Programme is examining reducing risk factors before, during and after pregnancy particularly for younger mums, women from BAME background and those from relatively deprived localities. Potential differential and disproportionate impacts that may require mitigation were identified in the W&C IIA report and the LMS work will be considered as part of the Impact assessment mitigation work. An update will be 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>Travel and Transport</p>		<p>The potential slippage in the timeline for production of the Ambulance Modelling work has been mitigated and ORH are now engaging effectively with WMAS, WAST, Falck and Air Ambulance to produce the report. The first phase Impact of Change report will be available on 11th September and will be presented to the CCGs shortly after that date. The final report will be available on 8th October.</p> <p>The next meeting of the Travel and Transport Group will take place on 7th September and has already received informal feedback from the consultation process from group members who have attended the public events. 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>
	<p>3. Consultation Update</p>		<p>Telford & Wrekin CCG and Shropshire CCG have delivered a public consultation into the future of the acute hospital services provided by Shrewsbury and Telford NHS Hospital Trust. The public consultation period lasted for 15 weeks in total, starting on 30 May and ends on 11 September 2018. Over 14,000 survey responses have been received to date.</p> <p>We asked people for their opinion on the proposals and communicated this in a range of ways:</p> <ul style="list-style-type: none"> • Print and distribution of consultation documents <ul style="list-style-type: none"> ○ Full consultation document including survey – quantity: ○ Summary consultation document including survey ○ Easy Read consultation document ○ Flyers ○ Posters ○ Additional surveys • Distribution directly and through partners <ul style="list-style-type: none"> ○ Locations throughout both hospital sites



			<ul style="list-style-type: none"> ○ Libraries ○ Public sector office locations ○ Partner office locations ○ Public events, meetings and pop up displays ○ GP surgeries, pharmacies ○ Retail outlets ● 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 ● More than 70 pop up displays ● 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
	<p>3.1 Public Exhibition Events</p>		<p>The following public exhibition events have now taken place:</p> <p>6th May – Telford 7th May - Shrewsbury 28th June – Newtown 4th July – Ludlow 11th July – Wellington 25th July – Bridgnorth 2nd August – Market Drayton 8th August – Bishops Castle</p>



			<p>9th August – Newport – smaller scale 15th August – Oswestry 21st August – Whitchurch 29th August – Woodside – smaller scale 30th August – Welshpool – smaller scale</p> <p>More than 800 people were engaged with at the public events and took the opportunity to talk to clinicians, executives, representatives of the travel and transport workstream and Healthwatch.</p>
	3.3 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 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>A final Equalities Impact Report will be produced post consultation.</p>
	3.4 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>
4	NHS Approvals/Assurance Gateways		



<p>4.1 NHSE further work</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 will be completed by 11th September.</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> <p>Affordability testing- As previous stated, the DMBC will include any necessary updated information post consultation.</p>
<p>4.2 Post consultation Process and Assurance Gateway</p>		<p>The draft timeline will be reassessed and re-submitted to the Board following post consultation guidance from Participate on the number of surveys and general correspondence received which need to be reviewed and could impact on timeline. Consideration will need to be given to any further Gateway Reviews post consultation.</p>

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