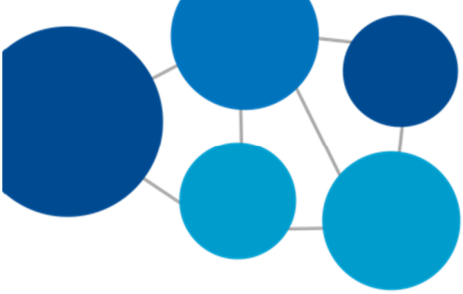


RAG Rating Key	
	Overdue
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# Health Gateway Review Action Plan

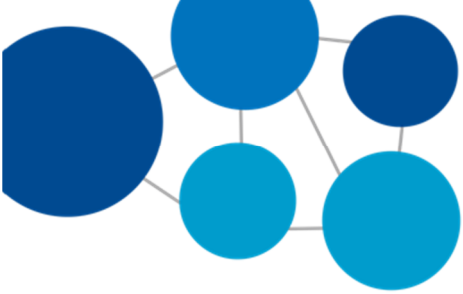
Review 0: Strategic Assessment, 10<sup>th</sup> - 13<sup>th</sup> February 2015

	Recommendation	Timing	Actions	Led by	Status
1.	The SROs should ensure that suitable governance and management arrangements are in place to manage the interdependencies between major change programmes	End April 2015	<ul style="list-style-type: none"> <li>Identify all major interdependencies and set out governance linkages and the alignment of key outputs.</li> </ul>	<ul style="list-style-type: none"> <li>Programme Team</li> </ul>	<ul style="list-style-type: none"> <li>Papers on IT and Community Fit interdependencies received at April Board. Information received on 5 programmes impacting Powys. Ongoing discussions with PtHB re: links between programmes and any issues. <u>Comprehensive paper completed for Board.</u></li> </ul>
2.	The SROs should ensure that the requirements of approval bodies are fully understood and addressed in business cases	End March 2015	<ul style="list-style-type: none"> <li>Clarify scope of SOC(s) and the nature/timing of information required on wider system changes to facilitate approvability</li> <li>Continue regular review of Sense Check Action Plan</li> <li>Develop action plan based on Clinical Senate Review, and regularly review progress against it</li> <li>Continue engagement with NHSE and NHS TDA re: approvals processes, including facilitating meetings between approving bodies to ensure consistency of approach</li> </ul>	<ul style="list-style-type: none"> <li>Programme Team/ Technical Team</li> <li>Programme Team</li> <li>Clinical Design Workstream</li> <li>Programme Director</li> </ul>	<ul style="list-style-type: none"> <li>Confirmed with Technical Team.</li> <li>Continuing monthly via Assurance workstream</li> <li>Narrative response to senate compiled.</li> <li>Meeting with NHSE Regional Director/Area Team 26 Feb. Programme approach endorsed and timetable agreed to be viable. Further meeting with TDA/NHSE 2<sup>nd</sup> June. <u>Confirmation of approval requirements awaited.</u></li> </ul>



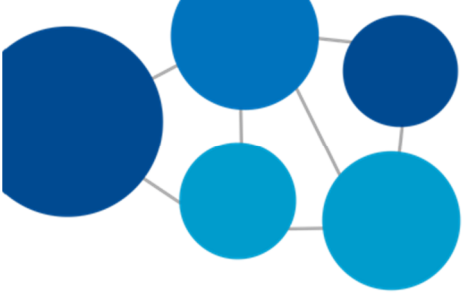
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3.	The Core Group should ensure that a whole system affordability position is agreed to inform the Programme and the development of business cases	Do now	<ul style="list-style-type: none"> <li>Conclude further planned work on whole-system affordability including review of:               <ul style="list-style-type: none"> <li>5 year plan assumptions</li> <li>Phase 2 modelling</li> <li>Programme Financial Model and its assumptions about the ratio between costs released from acute care and reinvested in community alternatives</li> <li>UCC costs</li> <li>Linkage with Better Care Fund</li> </ul> </li> <li>Agree a set of affordability parameters to inform option development and appraisal</li> </ul>	<ul style="list-style-type: none"> <li>Finance Workstream</li> <li>Finance Workstream</li> </ul>	<ul style="list-style-type: none"> <li>Fortnightly meetings held with CCG FDs, CSU modeling lead and others. Engagement with other significant commissioners initiated. UCC costs modeled. Reconciliation with CCG 5 year plans reflects impact of Better Care Fund and community alternatives. <u>NHSE advised that potential impact of £8bn national funding should not be factored in at this stage. Commissioner confirmation of affordability of Phase 2 implications due in August.</u></li> <li>Focus for both commissioners and providers is the financial implications of the Phase 2 modeling.</li> </ul>
4.	The SROs should establish an inclusive process for identifying and assessing the benefits of the proposed changes in service delivery	End March 2015	<ul style="list-style-type: none"> <li>Hold a workshop with representatives of programme stakeholders/sponsors to review the following in the light of the agreed shortlist of options:               <ul style="list-style-type: none"> <li>Draft Benefits Realisation Plan</li> <li>Non-financial appraisal criteria and the make-up of the non-financial appraisal panel</li> </ul> </li> <li>Undertake further engagement about desired outcomes and identify key messages for the public on the programme's expected outcome benefits</li> </ul>	<ul style="list-style-type: none"> <li>Programme Team</li> <li>Engagement &amp; Comms Workstream</li> </ul>	<ul style="list-style-type: none"> <li>Board has approved the process of option appraisal and the required iteration of the Benefits Realisation Plan.</li> <li>Pop Up Shops during Feb/Mar used to gain more public feedback – summarized in evidence against 4 tests.</li> </ul>



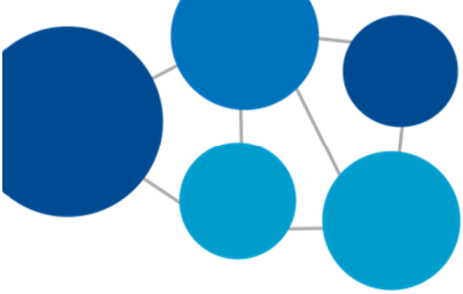
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5.	The Programme Director should review plans for engagement and communications activity in Powys and potential support for the work with Powys THB	Do now	<ul style="list-style-type: none"> <li>Work with Powys stakeholders to agree shared engagement plan and responsibilities for delivery</li> </ul>	<ul style="list-style-type: none"> <li>Engagement &amp; Comms Workstream</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing meetings being facilitation with Powys partners</li> <li>Programme Office liaising with Powys SDM Programme Leads to maximise alignment and increase engagement.</li> <li>Meeting held with PtHB CEO.</li> </ul>
6.	The SROs should assure themselves further that the shortlisted options for the EC and D&TC are fit for purpose for development of the SOC	Do now	<ul style="list-style-type: none"> <li>Confirm viability of shortlist with NHSE</li> <li>Ensure option development work aligns with whole-system affordability parameters</li> <li>Prepare paper for April Board on process for revisiting the shortlist if any options fail to meet affordability parameters</li> </ul>	<ul style="list-style-type: none"> <li>Programme Director</li> <li>Programme Team/ Technical Team</li> <li>Programme Director</li> </ul>	<ul style="list-style-type: none"> <li>NHSE Regional Director confirmed there is no definitive number of options you should consult on of Strategy 26 Feb</li> <li>Technical Team confirmed that initial option development is based on Phase 2 modeling and that revised assumptions would require current work to be revisited. See also 3 above.</li> <li>Paper prepared. Legal advice received. Decision delegated to Core Group, informed by legal advice. <u>Programme Team agreed steps in support of this decision.</u></li> </ul>
7.	The Programme Director should establish the critical path for the development of the SOC for regular review by the SROs and Core Group	Do now	<ul style="list-style-type: none"> <li>Revise Programme Plan to highlight the critical path, and create summary view</li> <li>Add Critical Path as standing item to Core Group agendas</li> </ul>	<ul style="list-style-type: none"> <li>Programme Manager/ Technical Team</li> <li>Programme Administrator</li> </ul>	<ul style="list-style-type: none"> <li>High level critical path created. Technical Team confirmed that Programme Plan tasks represent the detailed critical path.</li> <li>Completed</li> </ul>



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8.	The SROs should ensure plans for 'Future Fit 2' are developed and agreed with stakeholders	End April 2015	<ul style="list-style-type: none"> <li>CCGs to agree scope and timing of work to be commissioned in consultation with key stakeholders</li> <li>Identify all major interdependencies and set out governance linkages and the alignment of key outputs</li> </ul>	<ul style="list-style-type: none"> <li>SROs</li> <li>Programme Team</li> </ul>	<ul style="list-style-type: none"> <li>Further discussions held. Paper on scope and progress received at Board. Now known as Community Fit. Work underway.</li> <li>See 1 above</li> </ul>
<b>Additional Matters Identified from Gateway Report</b>					
9.	Deliberations on an approach to decision making on the future configuration of services must reach a conclusion well before public consultation, and need to consider the role of Powys tHB		<ul style="list-style-type: none"> <li>Set out timetable of events for CCGs, including a deadline for reaching a conclusion</li> <li>Seek advice from Consultation Institute/legal advisers on role of Powys tHB in final decision making and confirm with Powys tHB</li> </ul>	<ul style="list-style-type: none"> <li>SROs</li> <li>Core Group</li> </ul>	<ul style="list-style-type: none"> <li><u>CCG Boards developing proposal for reaching joint decision. To be confirmed by end August.</u></li> <li>Legal advice received by SROs. <u>Powys tHB also seeking advice.</u></li> </ul>
10.	Roll out risk management process to all Workstreams. Clarify methodology for escalating Workstream risks to the central register. Review ownership of risks.		<ul style="list-style-type: none"> <li>Revise risk management processes to create sub-registers for Workstreams. Programme Team to review all risks and determine which it should manage directly.</li> <li>Review ownership of risks on central risk register</li> </ul>	<ul style="list-style-type: none"> <li>Programme Team</li> <li>Programme Team</li> </ul>	<ul style="list-style-type: none"> <li>Risk added as standing item to all Workstream agendas with template supplied</li> <li>Full review completed 26 Feb.</li> </ul>



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11.	The Programme will need to ensure that work continues on plans for implementation of its preferred option.		<ul style="list-style-type: none"> <li>Set out plan for use of culture and service change models across the whole health and social care system</li> <li>Review resource requirement to support this work</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Design Workstream</li> <li>Programme Team</li> </ul>	<ul style="list-style-type: none"> <li>Initial discussion at workstream 5 March. Further consideration due in Clinical Design workstream and Programme Team.</li> <li>To follow development of plan.</li> </ul>
12.	The Programme should note the importance of widening engagement and ownership within primary care in all localities as proposals become refined		<ul style="list-style-type: none"> <li>Embed within plans for Community Fit</li> <li>Clarify roles of different programme groups in engaging with GPs in their various functions (clinicians, CCG members, providers)</li> <li>Ensure Primary Care actively engaged as a stakeholder in current engagement plans</li> <li>Review plans for NHS staff engagement pre-consultation</li> </ul>	<ul style="list-style-type: none"> <li>Programme Director</li> <li>SROs</li> <li>Engagement &amp; Comms/ Clinical Design Workstreams</li> <li>Engagement &amp; Comms/ Clinical Design Workstreams</li> </ul>	<ul style="list-style-type: none"> <li>Planning underway</li> <li>Workstreams to review</li> <li>Workstreams to review</li> </ul>