FUT	UREFIT PROGRAMME PLAN 2018/19	Action S	Complete Delayed - recovery actions in place. Low risk of materially affecting programme delivery and/or timeline Delayed - remedial actions in place. Medium to high risk of materially affecting programme delivery and/or timeline	Date of last update	8tl	n A	pril	I 20	18		Timelin de	e Colo		e	Finis Com Time	sh iplete	exten		delaye	ed			ı
			Deadline not yet reached, delivery on target	Originator								ersio											
												•	ek comm									019	
	Actions	Action Status (RAG Rating)	Active Status Narrative	Lead Person	2.4.1.8 1.4.1.8 1.4.1.8 1 Value April 1	30.4.18	7.5.18 14.5.18			18.6.18 5	2.7.18 9.7.18 16.7.18		5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3.9.18	3		77.10.18 24.10.18		13.11.18 20.11.18 8 8		24.12.18 6 Sec Dec	10 10 10	28.1.19
Timeline	Future Fit Programme Board		Receive consultation documentation and ask for recommendation to proceed with consultation																				
	CCG Boards (T & W 8/4 and Shropshire 9/4) Joint HOSC (10.4.18)		Receive documentation and ask for decision to proceed Receive consultation documentation			\blacksquare		\prod	\vdash			+		-						+		$oxed{+}$	Н
	Assurance Meeting (14.8 TBC) Programme Board (23.5)		and comments																				
	Proposed Public consultation commences		14 week consultation. NHSE Assurance throughout process All Boards review consultation			$\frac{1}{1}$			_					_								igert	Н
	Midpoint review Public consultation ends (3/8/18)		process to date, HOSC, Assurance, IIA and JHOSC			4	_		_					_								\coprod	Н
	Consultation outcome findings report (21/9/18)		4-6 week review, Joint HOSC and CHC. Programme Board receives post consultation report																				
	FF and Sustainable Services Programme recommendations		Review and comment on recommendations as required																				П
	FF Programme Team Programme Boards		Evaluate consultation process and lessons learned FF/IIA/Assurance - To receive consultation outcomes and recommendations									1								_		\parallel	
	Joint committee		To receive consultation documentation and recommendations, acute reconfiguration decision and consultation proposals for review by Powys																				
	Joint HOSC		Receive consultation outcomes and recommendations with opportunity to comment																				
	Joint committee		To receive DMBC, post consultation report, case for change, final delivery model and how consultation has influenced it																				
	Joint HOSC		To receive DMBC, consultation with opportunity to comment														$ \ \ $	$ \ \ $					
	Sustainable Services Programme present full business case for review]																				

	CCGs assurance SSP Programe implementation	Monthly assurance meetings															П								П
	Boards to agree the terms of reference and membership	Towns of reference in Arth	JSROs													$ \mathbf{T} $	\prod								
	for the post consultation joint committee	Terms of reference in draft	A Webster	+	ш	+	Н		+	+	++	₩	₩		₩	╫	++	┵┫	-H	_	₩	Н	$+\!\!\!+\!\!\!\!+$		₩
	Programme Board Meeting IIA Meetings arranged	To ensure delivery of IIA Action Plan	A Webster	╫		+	Н		+	+	++	╫	╫	₩	╫	╫	╫	╫	Н		Н	Н	╫	+	₩
	Assurance Workstream Meetings	To provide assurance to the	A Webster		П		Н			\Box		T		H		$\forall t$		$\forall I$			H		\top		$\forall t$
	-	Programme Board			Ш		Ш	Ш		Ш		ш		Ш		ш		$oldsymbol{\perp}$			Ш		Ш		\bot
Programme	Revise Project Execution Plan to reflect current status of		A Webster									Ш				11									\perp
Governance	the programme's governance within the context of the STP and its interdependencies ensuring alignment with	PEP to be revised and submitted to	l I									Ш				11									\perp
	STP and its interdependencies ensuring alignment with STP workstreams	next Programme Board	l									Ш				11									\perp
	Review terms of reference for Assurance Workstream to	next Programme Board	A Smith	Н		+	Н	Н	+	+	++	╫	╫	++	╫	╫	╫	╫	Н		H	Н	+	+	++
	ensure robust plan of assurance of key programme		A Silliul		\Box							Ш				11									\perp
	business during the next phase of the programme to		l I		\Box							Ш				11									\perp
	DMBC		l		\Box							Ш				11									\perp
NHS approvals/	Caveats and External Review Feedback Action Plan																								П
Assurance	Mitigation Plan (Trauma) - Detailed plans to mitigate	Part of IIA Mitigation planning work													П	П	П								П
Gateways	potential negative impacts of the final proposal in relation																		$ \ \ $		 				
	to trauma patients should be agreed and included in																		$ \ \ $		 				
	DMBC		SSP	+	+	\perp	+	-	+	+	++	+	+		++	+	+	+	-H		Н	\perp	+		++
	SSP Benefits Realisation - Further detail on expectation of improvements in performance that the proposals will																		$ \ \ $						
	drive and the key underpinning milestones to achieve		l		Ш					Ш		Ш				11									\perp
	such improvements to be included in DMBC																		$ \ \ $						
	odon improvemente te se mendada in sinise		SSP lead		Ш					Ш		Ш				11									\perp
	Engagement with Specialist Commissioning - Ensure	Process for ensuring this happens		\top	\Box		Ш	П	11	T	11	T	11		11	$\top \top$	\top	П	Ш		П	П	\top		\Box
	robust engagement with Specialist Commissioning in	needs confirming and who is leading	l		Ш					Ш		Ш				11									\perp
	relation to any potential impacts on Neonates, Cancer		l		Ш					Ш		Ш				11									\perp
	and Trauma		SSP lead	Ш	Ш		Ш	Ш	$\perp \! \! \perp \! \! \! \perp$	Ш	$\perp \perp$	ш	Ш		Ш	Ш	Ш	Ш	Ш		Ш	Ш	Ш		Ш
	Ambulance Impact Modelling - Commissioners to	Terms of reference drafted.	l		Ш					Ш		Ш				11									\perp
	undertake a modelling exercise to explore the potential	Procurement process underway.	l I		Ш					Ш		Ш				11									\perp
	impact of service changes on ambulance activity. Evidence in business case the involvement and views of		l I		Ш					Ш		Ш				11									\perp
	the providers including air ambulance		A Webster		Ш					Ш		Ш				11									\perp
	IT Strategy - An IT strategy and delivery Plan is		A WODSICI	+	+	+	Н	Н	+	+	++	++	++		++	╫	╫	\blacksquare	Н		Н	Н	╫		++
	developed and potential risks and mitigations are		S James/		Ш					Ш		Ш				11									\perp
	explicitly identified in these plans		SSP lead		Ш					Ш		Ш				11									\perp
	Workforce(1) - A cultural shift may also be required and			П	П		П	П		П	\Box	П	\top		\sqcap	$\top \top$	П	П			П		П		П
	the panel felt that more detailed work needs to be done to		l		Ш					Ш		Ш				11									\perp
	ensure that the workforce, across the board, including		l		Ш					Ш		Ш				11									\perp
	GPs are able and willing to deliver the proposed model		V Maher (STP		Ш					Ш		Ш				11									\perp
	West (see (0) Forther des (for for the see the		Workstream)	+	+	\perp	Ш	-	\dashv	+	++	+	+		++	+	+	+			╙	\square	+		₩
	Workforce (2) - Further clarification to provide		l I		Ш					Ш		Ш				11									\perp
	assurance on inter-dependencies of acute clinical specialties and the levels of workforce and capital		l		Ш					Ш		Ш				11									\perp
	investment required. Further testing of workforce models		l		Ш					Ш		Ш				11									\perp
	detail through the clinical design group pre		l		Ш					Ш		Ш				11									\perp
	implementation.		SSP lead		Ш					Ш		Ш				11									\perp
	Integrated Impact Assessment - IIA Mitigation actions	Draft Action Plan in place. All key		П	П	П	П	П	\Box	П	\Box	П	П		П	П	П	П	Ш		П	П	П		П
	formulated	stakeholders identified and supporting			Ш					Ш		Ш				11									\perp
		completion of actions	A Webster	$\bot\!\!\!\!\bot$	Щ	Щ	Щ	Щ	$\perp \! \! \perp$	\perp	$\bot\!\!\!\!\bot$	\coprod	$\perp \perp$		$\downarrow \downarrow$	$oldsymbol{\perp}$	$\bot\!\!\!\!\bot$	╨	Щ	$\perp \!\!\! \perp$	othing	Щ		\perp	Щ
	Depotation Clarification at the same																		$ \ \ $						
	Repatriation - Clarification on the proposed repatriation																		$ \ \ $						
	including Quality Impact Assessments. Further testing of areas for repatriations requested pre DMBC.		SSP lead																$ \ \ $		 				
	Affordability needs further testing, including the		JOF IBAU	+	+		H	+H	+	+	+	++	++		++	╫	++	+	HH	+	$\vdash\vdash$	${\mathbb H}$	\dashv	+	++
	assumptions around investments and efficiency savings																		$ \ \ $						
	and should be supported by robust sensitivity analysis.		SSP lead/																$ \ \ $		 				
	Further due diligence work will be required pre DMBC.		DOFs												1 1	1 1	-1-1	1 1			1 I				

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Supporting Community Model - Community service	Both CCGs to provide substantive				H						\perp					\perp	ш		Н		\perp					111
alignment across the system should be revisited. The	clarity of the proposals to develop the				H						\perp					\perp					\perp					111
panel advises that clarity is needed with regards to the	community model, evidencing				H						\perp					\perp	ш		Н		\perp					111
current community capacity, the role of community	capacity, engagement and pathways	I I			H						\perp					\perp	ш		Н		\perp					111
hospitals, pathways for the frail elderly and how care	with all key stakeholders including the				H						\perp					\perp	ш		Н		\perp					111
would be joined up with statutory and other community	Acute sector, GP, community, mental	N Wilde/J			H						\perp					\perp	ш		Н		\perp					111
providers. Clarify how the required commitments from	health, social care and voluntary	Davies/F			H						\perp					\perp	ш		Н		\perp					111
other key stakeholders will be developed and delivered.	sector.	Beck			H						\perp					\perp	ш		Н		\perp					111
Interdependencies					İ						1 1					1 1				1 1					\top	TTT
		N Wilde/J	-			++	+	 	+ +	1	+ +	+	+		1	+ +	+		!	+ +	+ +				++	+
	Both CCGs to report and evidence	Davies/F					ļ						ŀ					ŀ						!		111
Proposed community clinical model pathways	engagement with all stakeholders	Beck					ł						-						!					!		111
Creation of Travel and Transport expert stakeholder	engagement with an stakeholders	B Thurston	-	╫		++	╬		++		++		╬			++		-	¦		++		-	┼┼	++	╫╫
·	Advisory group in place	D ITIUISION					ŀ						ŀ													111
group		CCD/II ooby	-	 		++	+		++		++		+	;		++		-	;	+	++		-	-	++	+
	Ensure alignment of clinical pathway	SSP/J Leahy					ļ		1 1				-					-								111
	reviews with SSP and STP Clinical						ł		1 1				-											!		111
Review and development of clinical pathways	Design Group			<u> </u>			<u> </u>		11		44								!		-				$\bot\bot$	+
	SSP Ambulance Quarterly Review	SSP					ļ						ŀ				i	ļ						¦		111
Clinical Pathway workshops and reviews with WMAS	meetings				L	11	<u> </u>		11	1		41			Ļ	<u>↓</u>	نـــــــــــــــــــــــــــــــــــــ	-	╧		41			╙	$\bot \bot$	$\bot \! \! \! \! \! \! \! \perp \! \! \! \! \! \! \! \! \! \! \! $
Delivery of ambulance activity modelling	Procurement of modelling provider	P Evans			Li		_					11	_ _				نــــــــــــــــــــــــــــــــــــــ	ļ	$oldsymbol{oldsymbol{oldsymbol{eta}}}$					$oxedsymbol{oxed}$	$\perp \perp$	Щ
	Ambulance Activity model submitted	P Evans			Ш		-		1 1			11			Li		┸┇				11				\coprod	$oldsymbol{\perp}oldsymbol{\perp}$
West Midlands Clinical Senate Review (Oct16)							ļ																			
Submit updated action plan to Senate Council prior post		P Evans		T	Ī	T	-		IT	T	T	T	-	Π					\Box	T	T			Π	\prod	
consultation and prior to DMBC approval to seek							ļ					11	-				i		ļ I					.		
confirmation sufficient progress has been made	I						ļ						ļ				į		į I					.		
NHSE Gateway Review						11			11		11								!	11	11					TTT
Confirm with NHSE next Gateway review phase prior to		A Webster		-		++	+		++		++	1	+			++	+:		!	++	++				\top	++
DMBC approval and commence planning		1						H							li		H		ļ							111
NHS Formal Assurance					H	++	+	Ħ	++		++		+			++				+ +	+ +				+	+++
Agree date with NHSE for Assurance Panel		P Evans	-		H	++	╅	H	++	ti	++	t	+			++				++	+ +				+	
Once date agreed, commence planning for documentary		A Webster		 	1	++	÷	H	++	1 :	++	+ :	+		 	++	╅	+	┊╂	++	++	+		\vdash	++	++
evidence pack		A WODSIGI	İ		li		İ	H				11	İ		li		1		H						Ш	111
Submit final DMBC to NHSE Formal Assurance Panel		P Evans				++	+		++		++	++			╂┼	++	╅	+	╫╂	++	++				++	+++
NHSE Panel feedback received and responded to		P Evans	+	 	H	++	+	+	++	1	++	++		+	╂┼	++	╅	+	╀	++	++			$\vdash \vdash$	++	+++
		P Evans	+			++	+	 	+ +	+	+ +	+		! 	╅	++	╅	+	;	++	++		-	\vdash	+	+++
NHSE Approval to proceed to operational implementation		1 Evano					-	H											!							111
Decision Making Business Case (DMBC)						+ +	-		1 1		++		+		1	1 1	1		<u> </u>	+ +	+ +				++	+++
Produce draft DMBC (utilising examples of best practice		A Webster	-	 	H	++	-	+	++		+ +	+	+	 	╅	++	╅	-	;	+ +	+ +				++	+
elsewhere sourced through NSHE)		A Webster						H											!							111
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Submit draft DMBC to private Board meeting for informal		A webster																	! I						Ш	111
feedback		A) \	-	⊢	H	++	┿	H÷	++		++	╂┊	┿	╀	╂┊	++	╂┋	+	┊╂	++	++	+	-	┼┼	₩	╫╫
Submit draft DMBC to Programme Board for approval Submit draft DMBC to CCG Boards for approval		A Webster	-	∺	H	++	÷	H÷	++		++	╂┊	┿	 	╂┊	++	╂┊	+	┊╂	++	++	-	-	╌	++	++
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SATH Board approve final OBC		N Nisbet						H	1 1			H	÷	! !	H	÷÷	┿	÷	╁┼	÷÷	++				₩	╫
Consultation Plan and Consultation Document		N.M. Ozatk	-	⊢⊢	H	++	-	H	₩	╊	╫	╁	+	∺	╂┊	┿	╂		₽	╁┼	++				₩	++
Final Consultation Plan and Consultation Document		N McGrath					İ	H	11	H			İ		li		1		H							111
approved by JHOSC						44	∔	H	11	↓ ↓	44	44	∔	╄	╂┼	44	44		╄	4 +	44	-			++	+
Final Consultation Plan/Document approved by		N McGrath			I		ĺ					1	ĺ	[1	ĺ	į I				İ			
Programme Board					Ļį	<u> </u>	1	╙	 	ĻĻ	 	4		ĻĻ	ĻĻ	 	44	-	<u>i</u>	 	44	_			++	$+\!\!+\!\!\!+\!\!\!\!+$
Consultation Process			ļ		H	11	-			1	11	11				11	44			11	11				++	$\downarrow \downarrow \downarrow \downarrow$
Preparation and training of team for formal		P Schreier					ļ											ļ	ļ				ŀ	! 		
commencement of consultation		ļ			Ш		<u> </u>		11	┷	11	41		oxdot	┷	44	44		┷┸	11	44			╙┸	$\bot \bot$	$\bot \! \! \! \! \! \! \! \perp \! \! \! \! \! \! \! \! \! \! \! $
Confirmed schedule of dates, events and programme	Awaiting confirmation of potential	P Schreier					-						-						! 					.		
team lead(s) for each	consultation start date following	I					į					1 !	ĺ					į	[]					 		
	postponed NHSE Assurance Panel							Ш			<u>i i</u>	┸				<u> </u>				<u> </u>	<u> </u>				Ш	Ш
Consultation materials/publications designed and	As above	P Schreier				T				[+T	1	-		T	+ T			ļΓ	+T	+ T			[[
approved and printed		<u> </u>	į				į	LĹ		Lİ			<u>i</u>		Lİ		!	į					i			
Launch revised Programme website pre consultation start		P Schreier										T					T		Γ							
	<u> </u>	I				_	_[Li		1	11] [_[L	11	յ։	[<u> </u>	11] [<u> </u>	⊥
Formal Consultation Period phase 1	As above	P Schreier									11	1!	1			7	1		<u>; †</u>		11				\top	$\sqcap \sqcap$
Consultation Pause for review/reflection and revision of		P Schreier			Ti	11	Ī				11	1	T	Πİ	T	11	1	İ	 	11	11			<u> </u>	\top	${}^{\dag}$
remaining plan if required							ļ												ļ					! [
Formal Consultation Period phase 2		P Schreier	İ				ij		11						İ	11	7	i	<u>; </u>	11	11		i		\top	$\top \Box$
Collate responses from consultation and draft report		P Schreier	1		H	11	-	H	11	1 [11	T			1	11	7		! 	11	11		-		\top	+
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Formal Consultation

onsultation findings and recommendations report			1111
ceived by JHOSC		P Schreier	
Ibmit DMBC to private Board meeting for informal edback		P Schreier	
bmit DMBC to Programme Board for approval		P Schreier	
bmit DMBC to CCG Boards for approval		P Schreier	
aluation of Consultaiton process inc -		P Schreier	
as able to consult with those I originally intended		P Schreier	
nsultees now have a clear understanding of what they were nsulted about		P Schreier	
eceived enough consultation responses to draw conclusions m		P Schreier	
e consultation responses received were of sufficient depth d quality		P Schreier	
ow understand the views of consultees		P Schreier	
e consultation method(s) used was appropriate for the nsultees		P Schreier	
e consultation ran smoothly without problems		P Schreier	
e consultation did not run over budget		P Schreier	
e consultation did not run over time		P Schreier	
an show examples of how the consultation has affected the cisions we made		P Schreier	
onsultees were generally happy with the consultation process		P Schreier	
rould not do anything differently if I undertook this nsultation again			
int committee		P Schreier	
Ibmit FBC to private Board meeting for informal edback		P Schreier	
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Ibmit FBC to CCG Boards for approval			
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e de de de de de de de de de de de de de	consultation ran smoothly without problems consultation did not run over budget consultation did not run over time show examples of how the consultation has affected the ions we made ultees were generally happy with the consultation process and not do anything differently if I undertook this ultation again committee nit FBC to private Board meeting for informal back nit FBC to Programme Board for approval nit FBC to CCG Boards for approval committee	consultation ran smoothly without problems consultation did not run over budget consultation did not run over time show examples of how the consultation has affected the ions we made ultees were generally happy with the consultation process idd not do anything differently if I undertook this ultation again committee nit FBC to private Board meeting for informal back nit FBC to Programme Board for approval committee committee	consultation ran smoothly without problems P Schreier