

## West Midlands Clinical Senate Stage 2 Review Report (November 2016) – Action Plan (draft v4)

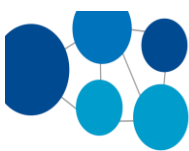
### RAG Rating

	Completed or on target to achieve planned completion date
	Delay or issues/barriers to achieving planned completion date but mitigating actions in place to remedy
	Delay or issues/barriers to achieving planned completion date, minimal or no mitigating actions in place to remedy

### **Emergency care and Urgent care**

**Key finding:** *The panel was of the view that the modelling work undertaken (CSU 2014; FF2015.16; SaTH 2016) was based on the former method of triage by the ambulance service and gave the numbers for those calls classed as RED1. The current method of ambulance response programme (ARP) reduces the number of calls formerly categorised as RED1 but significantly increases the calls classed as RED2, which may require a blue light transfer to hospital. Further modelling may need to be undertaken to ensure an accurate picture of future activity if they are to move to a single site ED for the county. The panel was particularly concerned with regards to the provision for patients seen at the non EC UCC in terms of what was in place to ensure safe stabilisation and transfer of patients to EC should the need arise.*

Recommendation		Action	Lead Officer	Complete by (date)	Progress update narrative	RAG rating
1.	<i>The Future Fit Programme should collaborate with the ambulance services to map out the non-EC UCC functions and patient pathways. There is also a need to further understand and update travel and clinical activity modelling</i>	In collaboration with ambulance services map out the non EC UCC functions and patient pathways	K Shaw	30.1.17		
		Further understand and update travel and clinical activity modelling in light of changes to ambulance triage methodology and update OBC as required	K Shaw	Prior to OBC submission to CCGs		
2.	<i>A task and finish group should be set up to work with emergency and non-emergency transport providers to ensure transport alignment</i>	Establish commissioner led Task and Finish Group	J Davies	N/a	Task and Finish Group being established to meet in January	
		Complete costed activity and capacity modelling to ensure transport alignment with FF proposals	J Davies	Prior to OBC submission to CCGs		
3.	<i>A clear narrative should be developed for 111/GP Out of Hours and GP/Community referrers to</i>	Develop clear narrative	K Shaw/ H Jutlla	Prior to commence-		

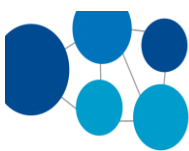


	<i>differentiate the patients to each of the UCC</i>			ment of consultation		
		Develop communication plan and implement	H Jutlla	Prior to commencement of consultation		
4.	<i>A clear and consistent message should be developed in terms of the functions of the EC and in particular UCC services in relation to the service specification, workforce (skills and expertise) and diagnostics available</i>	Establish task and finish group	K Shaw	N/a	First meeting scheduled for 10 <sup>th</sup> January 2017	
		Develop and agree across primary and secondary care a clear and consistent description of functions of EC and UCC including workforce and access to diagnostics	T&F Group	Prior to commencement of consultation		
		Develop communication plan and implement	H Jutlla	Prior to commencement of consultation		
5.	<i>Consideration should be given to developing an Integrated Decision Hub which will act as a single point of information and direction for patients</i>	Consider developing further the Care Co-Ordination Centre model to reflect policies on admission avoidance and enhancing patient flow to form an Integrated Decision Hub and act as a single point of information and direction for patients	J Davies/ F Beck	Prior to implementation of model		

### Transport and Ambulance Service(s)

**Key finding:** *From the evidence provided, the panel was clear that more analysis and modelling is required to assure the Future Fit Programme that it will deliver the access to urgent care services required to meet the population needs, and that any inequities arising from whichever model is finally implemented are clearly articulated, understood and explicitly taken into account in any final decision making.*

Recommendation	Action	Lead Officer	Complete by (date)	Progress update narrative	RAG rating
6. <i>The Future Fit Programme should review, test and if necessary refine or modify the proposal following the planned public consultation</i>	Undertake additional focused IIA work on the impact of the relocation of Women & Children's Services under option C1 and incorporate the outcome as part of the evidence in decision making reports on	R Lemiech	February 2017	Terms of reference drafted and shared with Clinical Chairs and DPHs for review and agreement	



		preferred option				
		Taking the outcome of the public consultation, determine any inequities in access arising from the options	H Jutlla	Prior to final OBC submission to CCG Boards		
		Review, test and if necessary refine or modify proposals in light of the above	D Vogler	Prior to final OBC submission to CCG Boards		
7.	<i>Modelling should be done in conjunction with the Air Ambulance service for this area and evidence their opinion regarding the Future Fit models</i>	Include in Task and Finish Group workplan (ref rec. 2)	J Davies	Prior to OBC submission to CCG Boards		
		Evidence their views on the models within any future business cases submitted to CCGs	K Shaw	Prior to OBC submission to CCG Boards		

### Information Management (IT)

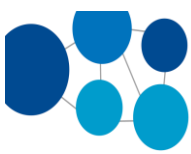
**Key finding:** From the evidence provided the panel was clear that the aspirations for IT were ambitious and were a significant element in the implementation and delivery of the Future Fit Programme.

Recommendation	Action	Lead Officer	Complete by (date)	Progress update narrative	RAG rating
8. <i>An IT strategy and delivery Plan is developed and potential risks and mitigations are explicitly identified in these plans</i>	Develop an IT strategy and delivery plan that delivers the required informatics infrastructure and that connects clinicians and patients	S James/ K Shaw	Prior to OBC submission to CCG Boards		
	Develop a supporting risk and mitigation plan for the above	S James/ K Shaw	Prior to OBC submission to CCG Boards		

### Community

**Key finding:** The evidence submitted to support the Future Fit community transformation sets out general principles and direction, significant detail is required before the panel can give an informed opinion in terms of clinical quality, safety and sustainability of the model and how the required commitments from other stakeholders will be developed and delivered.

Recommendation	Action	Lead Officer	Complete by (date)	Progress update narrative	RAG rating

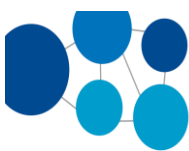


9.	<i>Community service alignment across the system should be revisited. The panel advises that clarity is needed with regards to the current community capacity, the role of community hospitals, pathways for the frail elderly and how care would be joined up with statutory and other community providers</i>	Clarify current community capacity	M Duffy/ A Hammond	Prior to OBC submission to CCG Boards		
		Clarify the future role and capacity of community hospitals (in line with the outcome of the current review of community hospitals)	CCG commissioner lead	June 2017		
		Develop and agree pathways for frail elderly	E Pyrah	Prior to OBC submission to CCG Boards		
		Clarify how care will be joined up with statutory and other community providers	M Duffy/ A Hammond	Prior to OBC submission to CCG Boards		
		Clarify and agree the community model to deliver the required reduction in acute demand to support the Future Fit model	M Duffy/ A Hammond	Prior to OBC submission to CCG Boards		
		Clarify how the required commitments from other key stakeholders will be developed and delivered	S Ali	Prior to OBC submission to CCG Boards		

**Sustainability Transformation Plan (STP)**

**Key finding:** *From the evidence presented the panel was clear that the Future Fit Programme was part of the five key change programmes of the STP.*

Recommendation	Action	Lead Officer	Complete by (date)	Progress update narrative	RAG rating
10. <i>The panel was of the view that further alignment work should be undertaken to ensure work streams are fully aligned with the STP</i>	Acute and Specialist Services Workstream Terms of Reference approved by STP Partnership Board and transition date from FF Programme Board agreed	D Vogler	30.1.17		
	STP Workforce Workstream Terms of Reference approved by STP and incorporate the requirements of the FF Programme	V Maher	30.1.17		
	STP Finance Workstream Terms of	N Nisbet	30.1.17		

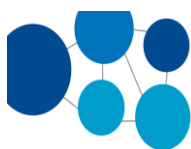


		Reference approved by STP and incorporate the requirements of the FF Programme				
		STP Digital/IT Workstream Terms of Reference approved by STP and incorporate the requirements of the FF Programme	S James	30.1.17		

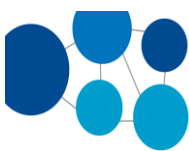
### Boundaries and Public Behaviour

**Key finding:** From the evidence presented it was apparent that there may be challenges in communicating to the public what the purpose of each site was should either option be implemented and, recognising that behaviour may take some time to change how the transition would be managed so that people received the right care in the right place from the outset.

Recommendation		Action	Lead Officer	Complete by (date)	Progress update narrative	RAG rating
11.	<i>Analysis is undertaken by the Future Fit Programme Board to set the proposed changes within a broader health economy context</i>	Undertake analysis to understand the impact of public behaviour may have as a result of these changes on patients flows to neighbouring health economies	K Shaw	Prior to OBC submission to CCG Boards		
		Ensure OBC includes clear description and modelling in relation to potential repatriation of patients under the new model	K Shaw	Prior to OBC submission to CCG Boards		
12.	<i>The Future Fit Programme Board undertakes public engagement and consultation to understand how they can support both parents and patients to realise the implications of future reconfiguration so that misunderstandings are minimised at the point of implementation</i>	Develop and agree an action plan from the IIA and subsequent W&C focused impact assessment	R Lemiech	Prior to OBC submission to CCG Boards		
		Public engagement and consultation plan	H Jutlla	Prior to formal consultation		
		Using the outcome of the above, develop strategies and materials to support parents and patients in the making the right choices about where to go for treatment first time	H Jutlla	Prior to implementation of the chosen model		



Workforce					
<p><b>Key finding:</b> <i>The panel was of the view that there are a series of workforce assumptions within the Future Fit Programme with regard to job roles, recruitment, retention, training, supervision, sustainability and succession planning for clinicians, ANPs, AHPs and ACPs which needs to be further clarified and supported with Health Education England and Deanery (West Midlands).</i></p>					
Recommendation	Action	Lead Officer	Complete by (date)	Progress update narrative	RAG rating
13.	<p><i>A cultural shift may also be required and the panel felt that more detailed work needs to be done to ensure that the workforce, across the board, including GPs are able and willing to deliver the proposed model</i></p>	Further clarify workforce assumptions (as above) and confirm support from HEE and Deanery	V Maher	Prior to submission of OBC to CCG Boards	
		Modelling of wider workforce (including GPs) to ensure sufficient capacity and skills to deliver proposed model	V Maher	Prior to submission of OBC to CCG Boards	
Clinical co-dependencies					
Recommendation	Action	Lead Officer	Complete by (date)	Progress update narrative	RAG rating
14.	<p><i>The panel was of the view that the Future Fit Programme should consider and make explicit the clinical relationships and dependencies of hospital-based services on each other and evidence this where this has been considered</i></p>	Clarify and describe the clinical relationships and dependencies of hospital-based services on each other to ensure they are adequately supported by other specialties, are fit for purpose, sustainable, accessible and deliver the highest possible quality of care	K Shaw	Prior to submission of OBC to CCG Boards	
		Ensure the above information is included in future programme documents eg PCBC, OBC, FBC to evidence this has been considered and support decision making	K Shaw	Prior to submission of OBC to CCG Boards	
Patient Outcomes and Metrics					
<p><b>Key finding:</b> <i>To demonstrate success a more structured approach is needed to be able to evidence the desired outcomes with appropriate metrics.</i></p>					
Recommendation	Action	Lead Officer	Complete by (date)	Progress update narrative	RAG rating
15.	<i>The Future Fit Programme should ensure that a</i>	Describe a clear baseline of what good will	K Shaw	Prior to	



	<i>clear baseline of what good would look like and how progress will be measured against this. This should include patient and staff experience as well as patient benefits and the quality of new services</i>	look like and how progress will be measured against this including: <ul style="list-style-type: none"> <li>• Patient and staff experience</li> <li>• Patient benefits</li> <li>• Quality of the new service</li> </ul>		submission of OBC to CCG Boards		
16.	<i>The Future Fit Programme should consult with Town Planning for the Shropshire and Telford &amp; Wrekin are to ascertain potential new developments and assess the impact for future health and care services</i>	Ensure future modelling takes into account any planned increases in population profile in collaboration with Town Planning	D Vogler	Prior to submission of OBC to CCG Boards		

**Public Health**

Recommendation	Action	Lead Officer	Complete by (date)	Progress update narrative	RAG rating
17. <i>The Future Fit Programme should develop detailed plans in conjunction with key stakeholders of how the public health agenda will be delivered to health service users who are non-CCG residents of Shropshire and Telford &amp; Wrekin</i>	Plan for Powys Public Health Prevention Programme and timeline	S Ali	Prior to submission of OBC to CCG Boards		
18. <i>The Future Fit Programme should continue to build on the Equality Impact Assessment once the preferred option has been finalised through engaging with people that will ultimately be affected ie parent(s), patients and carers</i>	Once the preferred option is finalised, engage with people ultimately affected to build on the Equality Impact Assessment	D Vogler	Prior to implementation of the chosen model		