

**FUTURE FIT PRIORITY ACTION PLAN 2018 (RESULTING FROM EXTERNAL REVIEW/ASSURANCE FEEDBACK AND BOARD APPROVAL CAVEATS) (Last update 23.3.18)**

Requirement source	Review/assurance requirement	Deadline for completion	Lead officer	Action progress update	Progress RAG rating
NHSE Assurance Panel Oct/Nov 2017	<b>Mitigation Plan (Trauma)</b> - Detailed plans to mitigate potential negative impacts of the final proposal in relation to trauma patients should be agreed and included in the post consultation decision making business case.	Prior to end of formal consultation – date to be confirmed when start date known	P Evans	Will form part of the IIA Mitigation Plan work described below.	
NHSE Assurance Panel Oct/Nov 2017	NHSE to assure the decision making business case	Tbc – in line with programme critical path when confirmed	P Evans		
NHSE Assurance Panel Oct/Nov 2017	<b>Benefits Realisation</b> - Further detail on expectation of improvements in performance that the proposals will drive and the key underpinning milestones to achieve such improvements to be included in the decision making business case	Prior to end of formal consultation – date to be confirmed when start date known	SATH/ SSP		
NHSE Assurance Panel Oct/Nov 2017	<b>Engagement with Specialist Commissioning</b> - Ensure robust engagement with Specialist Commissioning in relation to any potential impacts on Neonates, Cancer and Trauma	Pre DMBC	P Evans		
West Midlands Clinical Senate Review 2016	<b>Ambulance Impact Modelling</b> - Commissioners to undertake a modelling exercise to explore the potential impact of service changes on ambulance activity. Evidence in business case the involvement and views of the providers including air ambulance	Prior to end of formal consultation – date to be confirmed when start date known	A Webster	Specification drafted. Insufficient capacity/ expertise available internally to undertake this piece of work so this will need to be commissioned. Needs to include Non Emergency Patient Transport as well.	
West Midlands Clinical Senate Review 2016	<b>IT Strategy</b> - An IT strategy and delivery Plan is developed and potential risks and mitigations are explicitly identified in these plans	Prior to OBC submission to CCG Boards	S James		
West Midlands Clinical Senate Review 2016	<b>Supporting Community Model</b> a) 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	Prior to end of formal consultation – date to be confirmed when start date known	L Wickes (SCCG) A Hammond (T&W CCG)	<b>Need updates here from OOHospital leads or lift from latest STP Directors report</b>	

	community providers. b) Clarify how the required commitments from other key stakeholders will be developed and delivered				
West Midlands Clinical Senate Review 2016	<b>Alignment with STP</b> - The panel was of the view that further alignment work should be undertaken to ensure work streams are fully aligned with the STP	Mar 2018	P Evans	The Clinical Design Workstream has transferred from the Future Fit programme to STP. The Workstream terms of reference were reviewed at the January meeting. Clinical membership has been strengthened through the addition of Directors of Nursing. Programme Board, Assurance and IIA Workstreams remain under the management of the Future Fit programme.	
West Midlands Clinical Senate Review 2016	<b>Workforce</b> - 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	Aug 2018	V Maher	<b>Need updates here from OOHospital leads or lift from latest STP Directors report</b>	
CCG Board caveats – SOC approval	<b>Integrated Impact Assessment</b> - IIA Mitigation Plans developed	By the end of consultation	A Webster	IIA Mitigation Steering Group established. Independent clinical chair via Director of Nursing RJAH. First meeting held in January 2018. Priorities in the next month are to finalise and agree the terms of reference and scope of the workplan and prioritise the areas within the IIA reports requiring detailed mitigation planning and the process by which the mitigating actions are developed and by whom.	
CCG Board caveats – SOC approval	<b>Acute Workforce</b> - Further clarification to provide assurance on inter-dependencies of clinical specialties and the levels of workforce and capital investment required. Further testing of workforce models detail through the clinical design group pre implementation.	Pre Implementation			

CCG Board caveats – SOC approval	<b>Repatriation</b> - Clarification on the proposed repatriation including Quality Impact Assessments. Further testing of areas for repatriations requested pre DMBC.	Pre DMBC	SATH SSP		
CCG Board caveats – SOC approval	<b>Community and/or primary care alternatives to acute care</b> - This would also need to include the potential impact on primary care and community services in a range of activity shifts, together with an analysis of the change in financial flows away from the acute sector that will enable this activity transfer to take place	Pre DMBC	<u>Shropshire</u> L Wicks N Wilde <u>T&amp;W</u> A Hammond	Forms part of the ongoing work within the STP and the development of the Neighbourhood/Out of Hospital models (see above).	
CCG Board caveats – SOC approval	<b>Affordability</b> needs further testing, including the assumptions around investments and efficiency savings and should be supported by robust sensitivity analysis. Further due diligence work will be required pre DMBC.	Pre DMBC	SSP/ Director s of Finance		
Joint Committee caveats – PCBC approval	(NB this action links to a number of other specific actions listed above) At the Joint Committee the importance of putting in place key areas of mitigation for those populations who would be disadvantaged by any final decision, was emphasised as a key requirement. Specifically that there was: <ul style="list-style-type: none"> <li>• appropriate paediatric cover in place at the urgent care centre on the planned care site;</li> <li>• that mitigation is put in place for travel and accommodation needs for Women and Children using the EC site and for older people using the planned care site;</li> <li>• that carefully balanced ambulance services were put in place;</li> <li>• and that the local NHS is really innovative with developing workforce solutions.</li> </ul>	Pre DMBC			