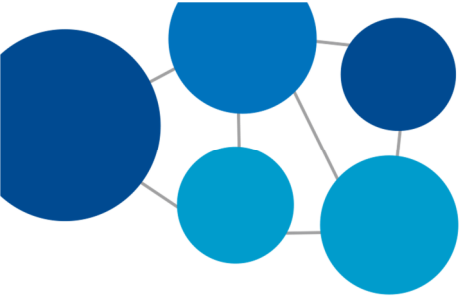


RAG Rating Key	
	Overdue
	Risk of delay
	On track
	Action completed

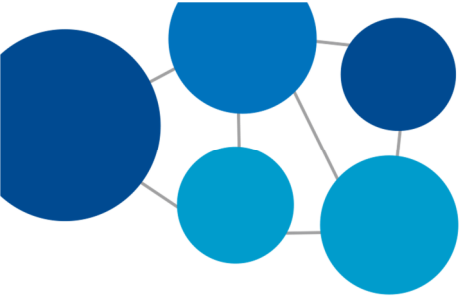
NHSE Assurance Action Plan

In discussion at the Sense Check meeting with NHSE LAT on 2nd May 2014, the following areas were highlighted as requiring further work before the Assurance Checkpoint. The Programme's planned actions in response to these requirements are set out below.

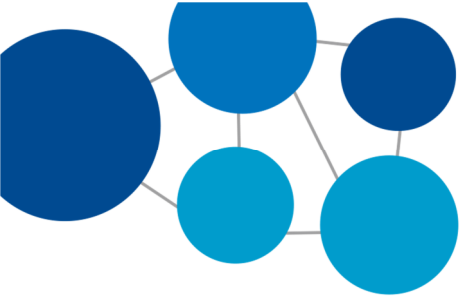
No.	Requirement	Actions	Programme Team Owner	Due Date	Progress	RAG rating
1.	Further clarity on the case for change, being more explicit about ambitions and outcomes for local patients and wherever possible these should be quantified. You will also need to be clear that the case for change has been agreed by the Governing bodies of the CCGs.	a) Previous draft Case for Change (as referenced by NHSE) to be added as an Appendix to the PEP.	David Frith	21 st May	a) PEP updated.	
		b) Programme Team to identify and undertake further work required (especially on outcome ambitions).	Mike Sharon	July	b)	
		c) Benefits Realisation Plan draft to be revised in the light of the Clinical Model, evaluation criteria and outcomes ambitions.	Mike Sharon	August	c) To be scheduled by Programme Team following further work on outcomes ambitions.	
		d) Summary Case for Change to be approved by CCG Governing Bodies and provider sponsor Boards.	David Frith	asap	d) Approved by both CCGs and SaTH/ShropCom Boards. Supported by Joint HOSC. Powys tHB approval due September.	



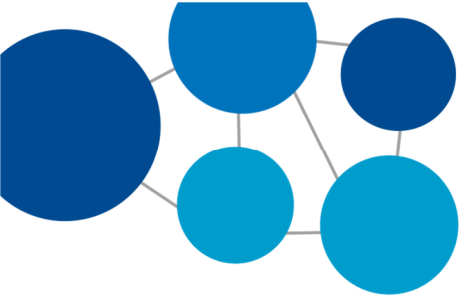
No.	Requirement	Actions	Programme Team Owner	Due Date	Progress	RAG rating
2.	A long list of options will need to be agreed along with criteria as to how they will be evaluated.	a) Board to approve process for developing options and benefit criteria.	Mike Sharon	September	a) Process for developing and agreeing a long list, and for evaluating which options should be shortlisted, was approved at May Board. This includes benefit criteria which, along with a draft long list and the Clinical Model, will be subject to extended public engagement before the long list is confirmed and shortlisting takes place.	
3.	Appropriate work is undertaken to ensure that the options being considered for consultation are subject to a full equality impact assessment.	a) Impact Assessment workstream to be formed.	Mike Sharon	June	a) May Board approved the formation of a new workstream to have responsibility for Impact Assessment, informed by defining the scope of the work.	
		b) Programme Team to scope requirements to enable Board to determine membership and remit.	Mike Sharon	June	a) Initial discussions held and proposal drafted. Revised paper to go to June Board.	
4.	Acknowledgement of the need to commission	a) Financial Model to be developed, populated and tested.	Andrew Nash	June	a) Underway – due for completion end June.	



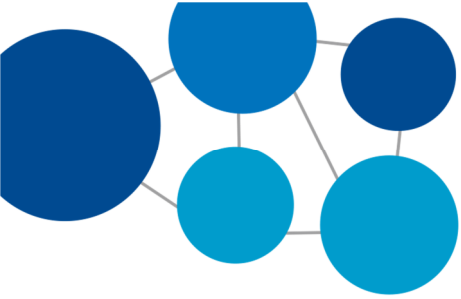
No.	Requirement	Actions	Programme Team Owner	Due Date	Progress	RAG rating
	financial modelling to support proposals. This will need to be undertaken in detail for all of the options that will be consulted upon and will need to cover capital requirements and flag how capital will be accessed.	b) Plans for quality assurance of financial outputs to be developed by Finance Workstream and reviewed by Assurance Workstream.	Andrew Nash	June	b) Initial discussion in finance workstream. Proposal to undertaken through Internal Audit reporting to External Audit, and supported by a shared additional resource. To include: <ul style="list-style-type: none"> i. Functionality of the model; ii. Appropriateness of assumptions made; iii. Adequacy of sensitivity analysis. 	
5.	Clarity on the activity modelling which sets a common baseline and a set of assumptions which can be reconciled at both commissioner and provider level.	a) Activity impact of new Clinical Model to be modelled against baseline.	Mike Sharon	Done in March	a) Initial Programme modelling supplied to providers and commissioners to inform 5 year plans.	
				September	Phase 2 modelling underway (first of three workshops held).	
6.	Ensure consultation and other programme documents cover and describe community care, social care and articulate the GP as a provider and what it means to them.	a) PEP to be revised to clarify management of interdependencies.	David Frith	May	a) Completed at May Board.	
		b) All relevant programme documentation to recognise work being undertaken outside of scope to address interdependencies.	Mike Sharon	Ongoing	b)	



No.	Requirement	Actions	Programme Team Owner	Due Date	Progress	RAG rating
7.	Ensure the Welsh commissioners in Powys are linked into governance arrangements and communications strategy.	a) Confirm Powys role in governance and Programme groups.	Mike Sharon	July	a) Meetings held with Powys CEO. Powys tHB is a full sponsor and co-funder of the Programme, as set out in the PEP. Powys tHB asked to confirm its view.	Green
		b) Engagement and Communication Plans should full account of the Powys population.	Adrian Osborne	June	b) Overall strategy fully includes Powys. Detailed plans being co-produced with Powys.	
8.	The Area Team has offered to review and offer advice in regard to your engagement and communication strategy. It would be helpful to you to keep an audit trail to demonstrate how patient and public involvement is shaping the development of options and the criteria by which they will be evaluated. We suggested you agree 'touch points' to review the engagement process.	a) Request NHSE review of engagement and communication strategy.	Adrian Osborne	May	a) NHSE consulted on development of the strategy.	Green
		b) Responses to Public Engagement on the Clinical Model, draft Long List and draft Benefit Criteria to be recorded and reported to Board to inform its decision making.	Adrian Osborne	September	b)	
		c) The Engagement and Communication Implementation Plan to set out the touch points for internal (Assurance Workstream) and external (Consultation Institute) Review.	Adrian Osborne	June	c) The first internal review by the Assurance Workstream took place on May 12 th prior to Board approval of the Strategy. Implementation plan due at June Board for approval.	



No.	Requirement	Actions	Programme Team Owner	Due Date	Progress	RAG rating
9.	The outcome of the clinical senate review will form a key part of the clinical assurance process. We proposed that you agree the terms of reference for this review with the Area Team Medical Director.	a) Terms of reference for Senate assurance to be agreed with NHSE.	Bill Gowans	June	a) Terms of reference proposed to Senate. Meeting scheduled to discuss arrangements including management of any conflicts of interest.	Green
10.	The business case and consultation document should describe how the new models of care will augment patient choice.	a) Impact Assessment outputs to be fed into business case and consultation processes.	Mike Sharon	June 2015	a) See item 3 above.	Green
11.	Governance arrangements still require clarification; particularly arrangements for final decision making. We acknowledge you are taking further legal advice on this and want to be assured of the process agreed.	a) Commissioners to develop and agree final decision making processes, including confirmation of the role of Welsh commissioners.	Paul Tulley	July	a) Initial discussions held between CCGs.	Yellow



No.	Requirement	Actions	Programme Team Owner	Due Date	Progress	RAG rating
12.	Transition plans and risks need to be clear and agreed with SaTH, Shropcom and TDA, and implemented alongside the Future Fit programme.	a) Impact on providers to be clearly set out and business case(s) to incorporate transition plans/risk management. To be initiated for shortlisting of options and developed in full for preferred option.	Mike Sharon	tbc	a)	
13.	Interim sustainability of services at SaTH sits outside the programme but with close linkages. Can you clarify how and where being taken forward.	a) Process to be agreed for the robust management of Programme interdependencies.	Paul Tulley	ongoing	a) May Board agreed that sponsor/stakeholder plans impacting on the Programme should be subject to a QIA process led by the Assurance Workstream and reported to Board as required.	

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