FUT		Action S	tatus RAG Rating definition  Complete  Delayed - recovery actions in place.	Date of								Timeli	ne Co	lour c	code		Com	plete	art to											
FUI	UREFIT PROGRAMME PLAN 2017/18		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	last update			28.	9.17	7				definiti		Joue			stone												
			Deadline not yet reached, delivery on target	Originator			ΕP	yral	h			١	Vers	ion						Re	base	ed v	v0.5				丄	-		
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		Action				April 1		May June 2 3		_	July 4			August 5			6 7			Nov 8			Dec January 9 10			十	Feb 11		March 12	
	Actions	Status (RAG Rating)	Action Status Narrative	Lead Person	03.04.2017	17.04.2017	01.05.2017	15.05.2017	29.05.2017	12.06.2017	26.06.2017	10.07.2017	24.07.2017 31.07.2017	07.08.2017 14.08.2017	21.08.2017 28.08.2017	04.09.2017 11.09.2017	18.09.2017 25.09.2017	02.10.2017	16.10.2017 23.10.2017	30.10.2017	13.11.2017	27.11.2017	04.12.2017	18.12.2017 25.12.2017	01.01.2018	15.01.2018 22.01.2018	29.01.2018 05.02.2018	12.02.2018 19.02.2018	26.02.2018 05.03.2018	12.03.2018 19.03.2018 25.03.2018
	Agree approach to post consultation CCG Board decision making		Proposal for joint committee submitted to closed session of CCG Boards in Sept 2017. Decision awaited.	JSROs																										
	Revise Project Execution Plan to reflect current status of the programme's governance within the context of the STP and its interdependencies		PEP revised and will go to the next Programme Board on 11.10.17.	P Evans																										
Programme	Revise Project Execution Plan to reflect transition of Future Fit Programme Board to STP Governance structure (Acute and Specialist Services Board) and submit to Programme Board for approval including terms of reference for ASSB (ensure sufficient clinical and financial representation) (Gateway recommendation)		Programme Board have agreed that the transition to STP governance will not be until the programme moves into project delivery phase.	P Evans																										
Governance	Ensure STP Enabler workstreams terms of reference adequately cover the requirements for the FFP		Workstream ToR at varying stages of drafting - no definitive timeline available for completion. Workforce workstream is the priority as significant enabler for delivery of the model of care	P Evans																										
	Ensure Future Fit has adequate representation and 'air time' at STP meetings following the changes to the FF management		Complete. FF Director role has been absorbed into the STP Director role	P Evans																										
	Engage external expertise to lead a formal long-term programme of stakeholder relationship development aimed at building a common purpose (Gateway rec)		Now part of the STP Development Programme of work	P Evans																										
	West Midlands Clinical Senate Stage 2 Review															Ш														
	Final Review Report received and action plan approved by Programme Board		Complete, approved at Programme Board on 6.2.17	E Pyrah																										
	Progress update to Programme Board on Senate Action Plan Implementation		Updates scheduled as standing agenda item at all future FF Programme Board meetings	E Pyrah																										
	NHSE Gateway Review			DV.		Ш			$\sqcup$	11	1					Ļ						$\downarrow \downarrow$					4	Щ	4	igoplus
	Review report received and action plan developed and approved by SROs		Complete, approved by Programme Board on 6.2.17	D Vogler																										
	Progress update to Programme Board on Gateway Action Plan Implementation		Updates scheduled as standing agenda item at all future FF Programme Board meetings	E Pyrah																										
	NHS Formal Assurance																													

NHS approvals/ Assurance Gateways	Agree date with NHSE for Assurance Panel  Submit draft PCBC to NHSE regional lead for feedback	Panel scheduled for 2.10.17 but postponed for 2 weeks to provide the opportunity to answer NHSE further points of clarification/evidence required by 6.10.17  Complete. Draft PCBC reviewed at NHSE Touchpoint Panel 10.8.17. NHSE feedback incorporated in 15.9.17 submission to Checkpoint Panel.  Complete: submitted to NHSE	D Vogler  E Pyrah																	
	Submit final PCBC to NHSE Formal Assurance Panel  NHSE Checkpoint Panel feedback received and responded to	15.9.17. Checkpoint Panel scheduled for 2.10.17 postponed for 2 weeks	NHSE					ightarrow		+	+	+				+		+		4
	NHSE Approval to proceed to consultation received	postporied for 2 weeks	E Pyrah																	1
	Pre-Consultation Business Case										•	11	11	1:						
	Final draft of PCBC submitted to NHSE Formal Assurance	Complete, submitted on 15.9.17	E Pyrah																	
	SATH Board approve final OBC		K Shaw																	
	PCBC and Preferred Option recommendation and Consultation Plan/Documentapproved by CCG Boards	Complete, draft PCBC and Consultation documents	P Evans																	
	Integrated Impact Assessment (IIA) Action Plan developed and approved	IIA Workstream needs to be reconvened with workplan to deliver a mitigation action plan by the end of the consultation period																		
	IIA Action Plan implemention monitoring update to Programme Board	As above	E Pyrah																	
Ontions	Procure and complete an Independent Review of the appraisal process	KPMG appointed, review report complete and submitted to Joint Committee in August 2017	D Vogler/ SROs																	
Options Appraisal/ Preferred Option	Findings and recommendations of Independent Review reported to Programme Board. Programme Board to determine if in light of review findings if the options appraisal should be re-run	As above	D Vogler/ SROs																	
	Complete additional impact assessment in relation to relocation of Women and Childrens under C1 option	Complete, W&C IIA report submitted to Joint Committee in August 2017	D Vogler																	
	Findings and recommendations of W&C Impact Assessment reported to Programme Board to inform decision on preferred option recommendations to Joint Committee		D Vogler																	
	Recommendation on Preferred Option submitted to Joint CCG Decision Making Committee	Complete, as above  Prefered option approved by Joint								+	$\frac{1}{1}$	$\frac{11}{11}$	$\frac{1}{1}$	+				$^{+}$		$\dashv$
	-	Committee in August 2017	D Vogler								╧		44	1 !	Ш					
	Consultation Plan and Consultation Document	Assessment of the state of the	14.01										++	1					44	
	Ensure consultation document includes clear and unambiguous communication messages for each target groups including the function of the EC and UCCs and any differentiation in UCC function on each site (Senate and Gateway recommendation)	Amendments made to relevant sections of the document prior to submission to CCG Boards for approval in September 2017	K Shaw																	
	Final Consultation Plan and Consultation Document approved by JHOSC	Complete: Consultation documentation considered at HOSC on 25.9.17. Feedback noted and will be incorporated wherever possible in the final version.																		_
	Final Consultation Plan/Document approved by Programme Board and CCG Boards	Complete: approved by CCG Boards in September 2017	N McGrath																	
Formal	Consultation Process						! I								: I					

Consultation	Preparation and training of team for formal commencement of consultation		P Schreier																		Π				П			П	$\prod$	П	$\prod$
	Confirmed schedule of dates, events and programme	Awaiting confirmation of potential	P Schreier	╂┼	++	+	<del>   </del>	++	+			<del>   </del>	<del>   </del>	<del>1 :</del>	++	╂	┪			<del>!  </del>	<del>I i</del>	++	<del>†</del>	++	╂┊	++	╅	++	卄	++	十
	team lead(s) for each	consultation start date following postponed NHSE Assurance Panel																													
	Consultation materials/publications designed and approved and sent for printing	As above	P Schreier																												I
	Consultation materials/publications received from printers		P Schreier																				Ш						Ш		_
	Formal Consultation Period phase 1	As above	P Schreier	┸	11	┸						oxdot	<u> </u>	11		┷		┷			Li	11	11	11	┵	<u> </u>		<u> </u>	Ш.	$\perp \downarrow$	ᆜ_
	Consultation Pause for review/reflection and revision of remaining plan if required		P Schreier																												
	Formal Consultation Period phase 2		P Schreier	┸	11	┸	<del>   </del>	<del>   </del>				<u> </u>	<u>! !</u>	11	11	┷	-   -	┷		<u>! ! </u>	<u>li</u>	11	11	<del>     </del>	11	11		44	┷	$\bot \downarrow$	
	Collate responses from consultation and draft report		P Schreier	┸	11	_	╙	11				╙	<u>! !</u>	┷	11	┸┆		┸┆		<u>i i</u>	╀	11	11	11	14	11	4	<u> </u>	4	$\bot \bot$	
	Consultation findings and recommendations report received by CCG Boards		P Schreier																									<u> </u>	Ш		
Developing the	Community model of care and supporting demand and capacity modelling complete	Community model section of the PCBC significantly expanded including activity modelling and triangulation with acute modelling. Requires further work in advance of to be rescheduled NHSE Checkpoint Assurance Panel in October 2017	P Evans																												
Community  Model	End to end clinical pathways x 6 developed and approved	Presented to CRG in December. Now being taken forward by relevant lead commissioners	E Pyrah																												
	Bridgnorth rural urgent care prototype business case developed and approved	The development of community urgent care model now being taken forward as part of the STP Out of Hospital model development which will be informed by the outcome of the ShropshireCommunity Services Review	t L Wicks																												
Programme	Project budget confirmed by SRO for 2017/2018		D Vogler		11	1		11					11	11	11	ヿ゙		$\top$	$\neg$		11	11	T		11	11	T	++	$\top$	$\pm \pm$	$\Box$
Funding and Budget	Process in place to resolve funding issues for arising cost pressures	Programme Director raises with SRO for approval as they arise and then reported to Programme Board	D Vogler																												
Management	CATILITy at Deand an accept of the # ODC		I/ Oh	╀	<del>   </del>	+	H	∺	+		_	∺	∺	₽÷	++	┿	<del>-   -  </del>	┿	<del>-</del> i-	∺	╀	++	<del>l</del> i	┿	┿	┿	┿	++	┿	┿	┿╡
	SATH Trust Board approval of draft OBC SATH submit OBC to NHSI for approval	Complete - approved in December	K Shaw K Shaw	╂┼	++	+	╁┼	╁╁	+	$\vdash\vdash\vdash$	-	∺	╁┼	╅	++	╁	╅	╂	+	╁┼	╁┼	++	╁	++	╅	++	┿	++	∔∔	++	₩
	NHSI OBC approval period		K Shaw	Hi	++	+	<del>   </del>	++				┝	÷	Η÷	++	╅	+ +	╅	+	÷÷	Η÷	++	H	++	Η÷	÷	•	++	<u> </u>	+	1
	Ensure final OBC includes clear detail on (CCG Board SOC approval caveats and/or Senate recommendations):-																														
	Model of Care - viability of hot/warm model as viable long term model of acute medicine - assurance required on inter-dependencies of clinical specialities and the levels of workforce		K Shaw																												
	Proposed repatriation of activity from other providers - including sensitivity analysis and quality impact assessments		K Shaw																												
	Ambulance and Patient Transport - In collaboration with the ambulance and patient transport services, ensure that the OBC is clear about patient pathways to each site and the financial case includes any impact on these services and the activity modelling includes the impact of new ambulance triage methodology	Modelling work being commissioned from Sept 2017 to report by February 2018	G Fortes- Mayer																												
SATH OBC/FBC	Activity modelling sensitivity analysis - including the potential impact on primary care and community services in a range of activity shifts, together with an analysis of the change in fianncial flows away from the acute sector that will enable this activity transfer to take place	This work has been undertaken as part of the PCBC submission and will continue to be further refined over the coming months prior to DMBC stage	K Shaw/ L Wicks/ A Hammond																												

Affordability - including assumptions around investments and efficiency savings supported by robust sensitivity analysis		K Shaw								
IT strategy and Delivery Plan - that delivers the required informatics infrastructure and that connects clinicians and patients	Enabling Group of S	TP to ensure S James ructure and								
Workforce - clarification of workforce assumptions and confirm support from HEE and Deanery and modelling of wider workforce (including GPs) to ensure sufficient capacity and skills to deliver proposed model	Workstream - workp to be confirmed	•								
Outcomes and Metrics - clear baseline of what good would look like and how progress will be measured		K Shaw								
SATH submit final OBC to CCG Boards for approval		K Shaw								