

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY
TRANSFORMATION UPDATE

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| Date of the meeting | 17/05/2017 |
| Author | M Gorman, PMO Assurance Lead |
| Sponsoring Board member | T Goodson, Chief Officer |
| Purpose of Report | To provide an update on the transformation programme. |
| Recommendation | The Governing Body is asked to note the report. |
| Stakeholder Engagement | Stakeholder engagement with members, clinicians, staff, patients and public is ongoing throughout the review. |
| Previous GB / Committee/s, Dates | N/A |

Monitoring and Assurance Summary

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| This report links to the following Strategic Principles | <ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home | | |
| | Yes | Any action required? | |
| | | Yes Detail in report | No |
| All three Domains of Quality (Safety, Quality, Patient Experience) | ✓ | | ✓ |
| Board Assurance Framework Risk Register | ✓ | | ✓ |
| Budgetary Impact | ✓ | | ✓ |
| Legal/Regulatory | ✓ | | ✓ |
| People/Staff | ✓ | | ✓ |
| Financial/Value for Money/Sustainability | ✓ | | ✓ |
| Information Management & Technology | ✓ | | ✓ |
| Equality Impact Assessment | ✓ | | ✓ |
| Freedom of Information | ✓ | | ✓ |
| I confirm that I have considered the implications of this report on each of the matters above, as indicated | ✓ | | |

Initials: MG

1. Introduction

- 1.1 The report provides an update on the Transformation Programme work that is underway demonstrating progress against milestones and status through the Transformation Dashboard (**Appendix 1**). This report provides a detailed view of current activities being undertaken by the teams within transformation
- 1.2 Work relating to the STP Programmes is reported through the STP highlight report (**Appendix 2**) and shows progress of delivery against the plans with an emphasis on exception reporting and delivery.

2. Risks & Issues

- 2.1 The critical risks with mitigating actions are included below and are for noting:

| Portfolio | Description | RAG | Current Mitigation | Owner |
|-----------|---|-----|---|------------------|
| LWD | Programme resources deployable to support the delivery of the areas of priority identified. | | <p>Priority programmes of work have identified initial leads to commence system wide working groups to inform action plans. Project management and administration resources are key to support the delivery and implementation of activity.</p> <p>For work which requires expertise not currently available in the system (workforce planning and intelligence), a draft job description has been drafted for sign off. Expected advertising to commence by end of Feb 17.</p> | Workstream leads |
| LWD | <p>The workforce implications to meet the proposals of the clinical services review are as follows;</p> <ul style="list-style-type: none"> The future design for integrated community services indicates a need for an additional workforce. If the preferred hospital option is approved, a great number of staff would need to be transferred within the system. We have challenges finding available staff for some services/ professions and there are already insufficient staffing levels in some services in and out of hospital. The financial challenge of resourcing this additional workforce should not be underestimated; assurance that this will be available to meet the future workforce requirement is needed. <p>However, if no changes are made, the pressures on primary care would create an unsustainable position, adding pressure to hospital service provision.</p> | | <p>The principles of the Leading and Working Differently Strategy which underpins the Sustainability and Transformation Plan, seek to address these challenges. This includes;</p> <ul style="list-style-type: none"> Supporting the emerging models of care through the design and development of the workforce, and a review of the competencies and skills required. Working in partnership to address recruitment challenges, such as marketing and advertising through to use of joint roles and shared resource. Work with Health Education England and education providers to ensure the right number of training places to meet future skills need and to help recruit and retain the existing workforce required. | Workstream leads |
| LWD | The effective development of medical network models may have unintended productivity impacts arising from cross county travel. | | Clinical design work should proactively access relevant workforce advice and digital innovations to minimise travel impact while maintaining patient care. | Workstream leads |

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| LWD | Ensuring shifts in workforce costs between employers are understood and managed in financial and employment terms. | | Working with the OFRG, (an approach to schedule joint meetings is agreed) to ensure costs are identified and monitored, and that staff and their representatives are appropriately engaged in proposed changes. | Workstream leads |
| DTD 01 | Funding is now expected to be completely inadequate to support the completion of the LDR. It will be based on a per capita share basis of an annual £225m for the first 2 years, with no final clarity on the second two years currently given. This will give Dorset at most £5.6m for two years, when we needed ~£20m for two years. | | Escalation to NHS England Source alternative innovative solutions to staffing and developments | Dr Phil Richardson Stephen Slough |
| PAS | Health and Wellbeing Gap is viewed only in how it impacts on the finance and efficiency gap. Result is that less time and effort is devoted to how we close this gap. | | Ensuring discussion takes place through Health and Wellbeing Boards which have the statutory responsibility for health and wellbeing of the population. Planned development of locality profiles to show links between variation in health and wellbeing outcomes and finance and efficiency. | |
| PAS | No ownership of Prevention at scale within health services — seen as a local authority/public health responsibility only | | Public health facilitating prevention at scale initiatives with NHS partners ensuring prevention is embedded into current pathways. | |
| PAS | Insufficient resource and capacity to support this strand of work | | Joint Public Health Board have agreed to use part of Public Health underspend as non-recurrent resource to support transformation and development of key projects. Bids submitted/drafted to seek external funding. Work to understand agreed NHS heads of terms and how this may impact for prevention at scale. | |
| CSRO 98 | Risk to the proposals of the Clinical Services Review due to workforce implications as there will be insufficient numbers of staff to deliver integrated community services, impacting on safety and quality of care, and financially in terms of increases in agency usage. Risk identified through ICS workforce modelling primarily in terms of additional numbers of staff identified. | | The Leading and Working Differently Strategy underpins the Sustainability and Transformation Plan (STP). - Support emerging models of ICS through staff engagement, recruitment of joint roles and shared resource (including temporary) and ensuring retention of key skills and staff. - Work in partnership to review existing roles, skill mix, and competencies to identify the gaps and to harness teams and individuals with existing knowledge and expertise. - Working in partnership with all providers around training capacity and resources, developing a train the trainer model to ensure future preservation of skills and knowledge. - Work with Health Education England to ensure the right number of training places to meet future skills need and to help recruit and retain the future workforce required. - Working Groups progressing recruitment, marketing, apprenticeships & staff wellbeing. - Primary Care Workforce Centre continues to support primary care | Charles Summers |

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| <p>If Dorset CCG Governing Body are not able to make a final decision on the future configuration of maternity and paediatric services within the existing transformation timeline then quality of care, clinical sustainability and financial sustainability will be threatened.</p> | <p>Steering group in place (Dorset CCG are included within the membership) Dorset STP lead meeting with Somerset STP lead to understand process and timescales for transformation. NHS England Wessex has initiated communication with NHS England South West to establish assurance process. Early communication with Dorset CCG Governing Body to aid understanding</p> | <p>Mike Wood</p> |
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3. Required decisions & Actions

3.1 There are no required decisions at this time.

4. STP Highlight Report

STP Overview

- 4.1 Further work is needed to enable tacking of Financial Benefits. Plans are being produced between finance teams and the PMO to put in place project financial management processes which will enable the tracking of benefits and costs
- 4.2 The completion of benefits framework will enable the production of the benefits scorecard this is currently being developed with portfolios. This work will also support the Decision making business case in establishing a strong benefits case.

| Programme | Finance | KPI | Delivery Progress | Planning |
|--|---------|-----|-------------------|----------|
| One Acute Network of Services | | | | |
| Integrated Community & Primary Care Services | | | | |
| Prevention at Scale | | | | |
| Leading & Working Differently | | | | |
| Right Care | | | | |
| Digitally Transformed Dorset | | | | |

Accountable Care Partnerships

- 4.3 Portfolio description and content not yet agreed.
- 4.4 Originally described as ACP 1 and 2.
- 4.5 Subsequent NHS collaboration agreement from Dec 2016 describes action to 'Develop greater integration and whole system accountability in the conurbation & across Dorset. Accountable Care Partnership models may emerge from this work programme.'

- 4.6 Local Authorities seeking to better use the statutory roles of the 2 Health & Wellbeing Boards to support a place-based approach to helping to deliver the STP for Prevention at Scale and relevant Integrated Community and Primary Care Services activity – especially in respect of the integration of health and adult social care
- 4.7 In the interim, progress on some elements of integration between health and adult social care that support STP delivery is being made using the opportunity offered by the 2017-19 Better Care Fund.
- 4.8 For the Dorset Health & Wellbeing Board area the new elements for the 17-19 plan are:
- Market development programme for home care and nursing and residential homes for older people and adults with physical disability
 - Enhanced healthcare in care homes
 - Advancing integrated locality working (starting with 2 or 3 localities: Weymouth & Portland, Purbeck and potentially North Dorset)
- 4.9 For the Poole & Bournemouth Health & Wellbeing Board area:
- Considering including joint work with CCG on re-commissioning home care
 - National planning guidance for BCF still not published but if national policy ceases at short notice the local work can still be delivered using existing powers such as section 75 agreements for pooled budgets under the Health and Social Care Act.

One Acute Network

- 4.10 Please refer to the **Appendix 3** for One Acute Network Highlight Report.

Integrated Community & Primary Care Services (ICPCS)

- 4.11 The programme is on track, there are no issues to escalate to the SLT at this point, each cluster area is assessing their capacity and skills gaps for delivering the priorities, which will need to be considered.
- 4.12 The key risks are;
- As implementation plans become more granular by service line potential implications of further public engagement/consultation requirements, scrutiny processes depending on extent of proposed changes to delivery of services by site.
 - Lack of clarity of which programmes and associated groups will define what outpatients/day services will be delivered from which community site and what level of activity. This is being clarified e.g.:-
 - Acute Vanguard programmes

- ICPS portfolio
- Rightcare
- Business case for re-investment into primary and community capacity not yet agreed – capital and revenue, and double running costs
- Workforce transition plan not yet developed and agreed
- Interdependency on timelines for one acute network changes
- Primary care pace of change

Prevention at Scale

- 4.13 Draft PAS Portfolio Initiation Document submitted on 30th March. Engagement continues across the system to clarify areas of opportunity within the four programmes – Starting Well, Living Well, Ageing Well and Healthy Places and overlaps with other areas of the STP.
- 4.14 Positive discussions with both Health and Wellbeing Boards to develop a more active role in supporting the delivery and implementation of the Prevention at Scale programme within their local area.
- 4.15 Overall transformation work across the system in PAS and other STP areas is still focused on a few individuals. Ensuring there is capacity across the whole system to support prevention at scale remains a challenge because of competing priorities.

Leading & Working Differently

- 4.16 The Leading and Working Differently Strategy sets out how we will support staff to lead and work differently. It focuses on four priority work streams:
- Developing our leaders
 - Recruitment and retention of our staff
 - Development of our staff
 - Supporting our staff through change.
- 4.17 Each work stream is led by an HR Director and progress and scrutiny of delivery is through the Dorset Workforce Action Board. All STP partners are members of the Dorset Workforce Action Board. The Board is represented by senior leaders with a responsibility for workforce across NHS and social care organisations, primary care and Partners in Care, as well as key partners such as Health Education England, Thames Valley and Wessex Leadership Academy and Bournemouth University.
- 4.18 An implementation plan to underpin the Leading and Working Differently Strategy is in place with assigned leads, progress details and associated

budget (and spend) financial allocations. Financial resource has been secured through the Better Together legacy funds, Health Education England and Thames Valley and Wessex Leadership Academy.

- 4.19 We have made changes to the meeting arrangements for the Dorset Workforce Action Board now holding a full meeting of all members on a bi-monthly basis with an interim monthly meeting attended by the SRO, Portfolio Director and Workstream Leads. This was done in recognition of scarce operations resources and releasing capacity to progress in the workstreams.
- 4.20 We have identified a need to establish a distinct workforce planning workstream and are currently assigning leadership to this. Work with other portfolios is being regularised through their attendance at DWAB and reciprocal attendance at their portfolio boards. We have also created room for deep dive discussions on relevant themes to support STP implementation.
- 4.21 Through the STP Implementation and planning group we have asked for ideas requiring financial support for workforce related activity. We will be prioritising resources alongside the DWAB Implementation Plan giving particular focus to the mobilisation of One Acute Network and Integrated Community Services implementation.

Right Care

- 4.22 Good progress is generally being made. There will be increased focus in the next period on mental health and falls prevention. The Medicines Optimisation Team have now aligned themselves to the Right Care priorities and there is a named medicines link for each programme.
- 4.23 Since the decision to approve the initiation of a programme of work around RightCare, a system collaborative agreement has been signed by all four of our main providers, Dorset Healthcare Trust, Royal Bournemouth and Christchurch Hospital, Poole Hospital and Dorset County Hospital.
- 4.24 As part of this agreement a number of actions were agreed at a system level to be implemented during 2017-18, with the Operations and Finance Reference Group (OFRG) taking a lead role in overseeing this as part of their remit to ensure delivery of the system wide agreement. The actions agreed included RightCare and a number of others, which link to or impact on the RightCare programme of work.
- 4.25 The high use of the private sector for elective care has been identified as an area which requires increased focus.
- 4.26 Once Task & Finish groups are underway reflection of RC data will need to be reported on.
- 4.27 Objectives and measurable benefits still need definition and clarity – work underway to support this.

- 4.28 Medical representation in RC groups can be seen.
- 4.29 Further primary care representation required in some DM areas. Work underway to support this.

Digitally Transformed Dorset

- 4.30 Governance routes for the six programmes within the Portfolio have now been resolved. Three will be operated through the Vanguard ESG and then to the DIG, and three will report directly into the DIG. It is expected fully collaboration and cooperation will exist across the programmes by default. Resources for project roles are being identified and priority topics being confirmed for both quick win and medium term delivery. Clarity has materialised on funding for the LDR, and this is now our single largest risk. DCR funding has seen excellent support from the System Leaders, and we are hopeful that the solution will be awarded and the Partnership agreement will remain unchanged.

5. Transformation Programme Report

- 5.1 Transformation Programme Overview
- 5.2 The Transformation Programme Dashboard, seen at **Appendix 1**, provides updates and an overview of workstreams/projects with associated activity and RAG status against timescales for delivery at February 2017.
- 5.3 That out of 10 workstreams/projects there are:
 - 80% (8) green rated as being on target to complete to timescale
 - 20% (2) amber rated as having potential to miss completion to timescales
 - 0% (1) red rated as likely to miss or has missed completion to timescales
- 5.4 A summary of red and amber rated activities can be seen below with details on progress given in **Appendix 1**.
- 5.5 The amber rated workstream/projects are:
 - SLT Governance and Our Dorset wide implementation planning
 - Acute Vanguard - Working links with the Acute Vanguard Team has enabled joint reporting. Work will continue to support and align STP

SLT Governance and Our Dorset wide implementation planning

- 5.6 Work is underway by the Portfolios to produce Initiation Documents and delivery plans to feed into the implementation chapter for the DMBC
- 5.7 These and the relevant sections of the DMBC will then form the basis for the Strategic Outline Cases (SOC) for the portfolios which will have to be completed by 31.5.17. This will enable the CSR/STP Implementation plan to

be developed from these SOC's. Whilst the process is sequential work has commenced to:

- Support the development of the PID in particular within ICPCS, OAN and LWD
- Develop a generic template for a strategic outline case that meets the implementation.
- Produce integrated plans for ICPCS, OAN and LWD with transformation delivery and PMO supporting and facilitating joint planning workshops

5.8 RAG status has remains Amber as the delays to appointing a portfolio director runs risk of not meeting timescales. However, continued focus by transformation Delivery teams and the PMO aims to ensure deadlines are met

6. Workstream Updates

Programme Assurance

6.1 The PMO team is preparing for an increase in submissions as Portfolio Initiation Documents for each of the STP portfolios are expected to be submitted in the coming weeks with some Programme level documents too. The PMO will provide assurance on the Project Management content of the documents and an objectively based prioritisation to determine strategic fit, before organisational sign off takes place and provide expertise and support around planning and interdependency management. PID's will feed into the Implementation chapter of the DMBC and support delivery planning.

6.2 A timeline and list of the submitted documents is being taken QAG meeting to agree a forward plan for further assurance.

Acute Vanguard monthly Highlight Report Overview

6.3 The acute Vanguard programme continues across the Dorset acute and community trusts with input and participation from the CCG at project and executive level. The most recent Vanguard update includes:

- BSS workstreams strategic change proposals developed to agree direction of travel and resources for next steps.
- Evaluation meeting arranged with project team and presentation to be made at next ESG on approach and commencement
- Article in Dorset Echo - 'Working together to improve care' – improvements in collaborative working in stroke services through Vanguard programme
- Engagement sessions for Pathology workstream underway
- Pathology Service Lead advert now closed with interviews arranged for 5 May

- First concrete pour for new LINAC bunker DCH
- Joint ISAS project manager appointed
- Purchase of Skype licences for DCH, DHC for video conferencing

Consultation

6.4 Now that the public consultation has closed, the responses will be carefully analysed over a 12 week period by ORS. The results will be fed back (end of May) and used to help the Governing Body make its final decision later in 2017.

7. Table of abbreviations

| | |
|-------|--|
| ACP | Accountable Care Partnership |
| BCF | Better Care Fund |
| CCG | Clinical Commissioning Group |
| CMA | Competition Markets Authority |
| CSR | Clinical Services Review |
| DCR | Dorset Care Record |
| DIG | Dorset Informatics Group |
| DMBC | Decision Making Business Case |
| DWAB | Dorset Workforce Action Board |
| ICPCS | Integrated Community & Primary Care Services |
| LWD | Leading and Working Differently |
| OAN | One Acute Network |
| ORS | Opinion Research Services |
| PAS | Prevention at scale |
| PID | Portfolio/Project Initiation Documents |
| PMO | Portfolio Management Office |
| QAG | Quality Assurance Group |
| SOC | Strategic Outline Case |
| STP | Sustainability Transformation Plan |

8. Conclusion

8.1 The Governing Body is asked to note the progress on the review.

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| APPENDICES | |
|-------------------|---|
| Appendix 1 | Transformation Dashboard |
| Appendix 2 | STP Highlight Report |
| Appendix 3 | One Acute Network Highlight Report |