

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**GOVERNING BODY MEETING**  
**SUSTAINABILITY AND TRANSFORMATION PLAN (STP) UPDATE**

<b>Date of the meeting</b>	16/05/2018
<b>Author</b>	M Gorman, Head of PMO
<b>Sponsoring Board member</b>	T Goodson, Chief Officer
<b>Purpose of Report</b>	To provide an update on progress of the STP and recent items for discussion and decision at SLT.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	Summarise engagement with members, clinicians, staff, patients & public.
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Prevention at Scale</li> <li>• Integrated Community and Primary Care Services</li> <li>• One Acute Network</li> <li>• Digitally Enabled Dorset</li> <li>• Leading and Working Differently</li> </ul>		
		<b>Any action required?</b>	
	<b>Yes</b>	<b>Yes</b> Detail in report	<b>No</b>
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	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials : MG

## 1. Introduction

- 1.1 The report highlights the progress of the Sustainability and Transformation Plan (STP) Portfolios and indicates the major decisions and key areas for discussion being taken at the Senior Leadership Team (SLT)

## 2. Report

### Portfolio Summary

Programme	On track for delivery (Work started)
One Acute Network of Services	Green
Integrated Community & Primary Care Services	Amber
Prevention at Scale	Green
Digitally Transformed Dorset	Green
Leading & Working Differently	Green

RAG	Status
Green	On Track
Amber	At Risk of Delay
Red	Off Track – remedial action required

## 3. Portfolio Progress

### One Acute Network

#### Merger – Lead Alan Betts

- 3.1 Patient benefits case has been read through by Chief Operating Officers (COOs) and Medical Directors and the next round of prioritised discussions and options evaluations are in progress.
- 3.2 Post transaction integration plans (PTIP) –The draft will be reviewed in May 2018 by NHS Improvement alongside the Patient Benefits case to demonstrate initial plans on how patient benefits will be delivered.
- 3.3 Due diligence - process and resourcing options are currently being reviewed by Directors of Finance.
- 3.4 Merger Business case drafting is progressing.
- 3.5 Financial Modelling is underway.
- 3.6 Merger meeting with NHSI will be held on 4 May 2018.

#### East Reconfiguration

#### Clinical Design – Lead Chris Simms

- 3.7 Agreed timeframe with CEOs for Phase 1 completion, information to be with Estates for 23 July.
- 3.8 Visit to Royal Free completed; observed their Clinical Pathway Groups (CPG) for surgical services and also discussed their Hot / Cold site approach for Barnet and Chase Farm sites. Lots of good learning that will be shared. M Mould, T Richardson & G Crooks attending Medicine CPG next week.
- 3.9 Planning meetings completed to agree dataset and steps for risk stratification of planned surgical patients.
- 3.10 Implementation Managers (Care Group / Divisional Roles) agreed and out to advert.
- 3.11 Project & Programme Manager roles – shortlisting has been undertaken and recruitment process is progressing.

## Estates – Lead Edwin Davies

- 3.12 Planning a revised programme due to Judicial Review.
- 3.13 First draft tender documents for Master Planning have been sent out to COOs and Head of Estates.
- 3.14 Met with procure 22 & NHSI to discuss options around procurement for capital works

## Capital & Finance –Lead Michelle Robinson

- 3.15 Working with DoFs on the future Long term financial model (LTFM)

## Organisational Development & Design – Lead Gillian Crooks

- 3.16 Discussing with workstream leads, OD support requirements and liaising with HR – touch points for working together.
- 3.17 Working with the RBCH engagement champions on engagement approaches for future briefing sessions and communicating messages.
- 3.18 Visit to Christchurch Day Hospital to discuss their staff and patient engagement approach.

## Communications - Lead Richard Moremon

- 3.19 Second staff briefing held at both Trusts and were well attended.
- 3.20 Themes from staff briefings included in an ‘acknowledging your concerns’ section in the most recent joint staff briefing presentation (impact of uncertainty, communication, getting involved, training and development as well as roads, transport and car parking).
- 3.21 HSJ ran a feature on the judicial review and our plans for merger and CSR. This follows a coordinated visit to the region by their south west

correspondent Nicholas Carding who met with Tony Spotswood, Debbie Fleming and Tim Goodson.

- 3.22 Further communication with HSJ journalist regarding national reporting on forthcoming One Dorset Pathology Laboratory information management system (LIMS) tender.

## **Integrated Community & Primary Care Services**

### Business Case & prioritisation for ICPS capital

- 3.23 Formulating part of the strategic estates refresh – consideration at SLT Jan 18 meeting and principles agreed. Community hub Outline Business Cases (OBCs) were expected to be completed for majority of community hubs by end March – date is understood to be slipped, awaiting confirmation with DHC. This timescale has been extended for the Estates strategy being refreshes and due for completion in July 19.

### New resourcing model agreed

- 3.24 Approach agreed at Nov and Dec OFRG, business cases developed and considered at FIG in April. Recommendations of support expected to go to SLT April/May, following further discussion with RBCH COO.
- 3.25 Frailty framework implementation on track.

### Development and delivery of the operating model in Shaftesbury

- 3.26 Implementation and engagement reference group commenced, on track
- 3.27 RACE – set up and running since November 2017. 1st review of clinic was January 2018.
- 3.28 Staffing and longer term vision – Primary Care Home (PCH) work commenced March 2018. 4 workshops until May 2018. Shadowing to occur over next 3 months. Joint meetings in place. To fully establish PCH within 18 months across locality split into 3 sub-localities.
- 3.29 Interoperability – use of frailty toolkit commenced. Unclear of decision regarding use of Arden's templates and interoperability of Dorset Care Plan.
- 3.30 Domiciliary Care – Plan drafted. Overarching steering group established. Task and finish group 1st meeting 24th April to agree operation of service, recruitment, etc. Service to start September 2018.

### Online consultations in general practice

- 3.31 Key supplier has pulled out of framework, and NHS E has prescribed the tool to be used for 111 – NHS Pathways, these two factors have led to the CCG approaching NHS E to see if timelines to market can be deferred, if not possible at the April Primary Care Commissioning Committee it was agreed to proceed to market for GP online consultation separate to 111.

## Move St. Leonards beds off site

- 3.32 Outline business case due to be completed for East Dorset, repatriation plan in development. On track. Discussion continue between DHC/RBCH and the CCG regards the re provision of the community beds.

## Further workforce planning & transition

- 3.33 Primary care workforce mapping and transition planning has been undertaken in each locality and shared with local teams for validation. Transition planning will be in line with resourcing model agreements and timelines. workforce initiatives and organisational developments being mobilised e.g. clinical pharmacists, steps to well-being practitioners.

## Prevention at Scale

### Starting Well

- 3.34 Work has started on developing a pathway between maternity services and LiveWell Dorset for continued support to people stopping smoking.
- 3.35 An integrated Children's Centre / Health Visitor pathway has been agreed and implementation planning is now underway.

### Living Well

- 3.36 Meetings are being arranged with individual OD leads to review their requirements for workforce development and draw up action plans. Discussions are also underway around the links with the Ageing Well workstream and the interdependencies and crossovers. Further consideration will be given to workforce support required as a consequence of the Local Government Review (LGR).
- 3.37 The new LiveWell Dorset website is now live with the habit hacker functionality. The MyLiveWell section on the website will be launched by mid-May with further development and marketing of the website planned.
- 3.38 The health checks task and finish group is investigating how the provision will work in localities and which health checks to offer.

### Ageing Well

- 3.39 Practices to participate in the Collaborative Practice project have been identified and the first leadership workshop had been held. Further workshops are scheduled up until September.
- 3.40 A further pilot of the Escape Pain programme is taking place in East Dorset and an additional 30 instructors have been trained to provide greater resilience in the existing leisure centres and allow the roll out of the programme across Dorset.

- 3.41 A pilot for the Living Well Active programme is planned for North Dorset with engagement events scheduled in July to identify health champions who will be trained to support people to increase physical activity. The main public event will be in September.

## Healthy Places

- 3.42 The contract with Centre for Sustainable Energy (CSE) has been extended for the provision of the Healthy Homes programme. Dorset County Council (DCC) has refreshed the statement of intent which has widened the eligibility criteria. Additional resource is in place to improve referral numbers. There is currently budget to continue provision until the end of the financial year but additional funding will need to be identified if the project is to continue after that.
- 3.43 A workshop on spatial planning and how prevention can be incorporated is planned for late June. It will support development of a process to ensure prevention is included in local plan development.
- 3.44 Work on the active travel project remains on hold due to resource availability.

## Digitally Transformed Dorset

- 3.45 This month has once again seen a huge amount of work undertaken by our virtual digital team. Whilst positioning our efforts and deliveries on the applications and services delivered to staff and patients, we continue to develop the underlying infrastructures needed to support all that change. Our procurement process on the replacement for the N3 wide area network with a new supplier for the Health and Social Care Network (HSCN) is reaching the closing stages. We have had three good responses from accredited suppliers and hope to choose as a System our new supplier in July. We are starting a number of trials of new technologies that we hope will bring patient benefits and operational efficiencies and continue to highlight new technologies we can take advantage of.
- 3.46 As a team we'd like to thank the SLT for supporting the Local Health and Care Record Exemplar (LHACRE) bid which was successfully completed and submitted before the deadline on the 25th April. This was another truly multi agency response from Dorset, and whilst it was a strong team effort I'd particularly like to recognise and thank Andy Hadley for his outstanding work for the Dorset System. We hope that the results will come during May as originally forecast by the HQ team. We will keep everyone posted on the results when they occur.
- 3.47 Considerable focus is coming to bear nationally on Cyber Security. Our Enabling Technologies Programme is reviewing these new demands with a view to creating a plan to highlight and then close the gaps that may exist in our cyber defences. Much like all other STP footprints we have some work to do in this space to take us to the world class standards expected of us.

- 3.48 Focus on population health and how we aim to do more than reporting by bringing in a partner to help us develop the algorithms and techniques to deliver predicative patient needs
- 3.49 National Microsoft Windows deal announced that will help Dorset – investment in infrastructure will be needed to get the best from this.
- 3.50 We are now using Microsoft Teams which spans organisation boundaries to reduce the admin burden and make it easier for virtual teams to collaborate.
- 3.51 We need to ramp up our clinical digital expertise to improve the design and adoption of services and to improve clinical safety.
- 3.52 Dorset Care Record continues to expand its user base – which is great news.
- 3.53 Will Smart – CIO for NHSE & NHSI will be visiting in May.

## **Leading & Working Differently**

- 3.54 The Board met and considered the interim Chairs brief from SLT to review the work programmes and priorities of the portfolio. This work is continuing and SLT will be updated in May.
- 3.55 The Board gave support to a delivery team approach to the portfolio programme and interim leadership arrangements have been established for this with a core remit of reviewing the workforce plans of the STP portfolios which are currently being worked on.
- 3.56 The Talent Management Steering group proposals for the Dorset Talent Management Programme implementation proposals will come to Dorset Workforce Action Board (DWAB) in May and subsequently to the agenda for SLT in May.
- 3.57 Apprenticeship procurement has been completed for the Autumn 2018 for Trainee Nursing Associates and Degree Nurse Apprenticeship with information days being held at each trust for members of staff. Proposals are being refined to agree a consistent approach to apprenticeship pay for roles that will contribute to the STP programme.
- 3.58 Workforce planning toolkit is now available for service managers to utilise, and the workforce planning team have been working alongside service managers to develop the plans.
- 3.59 The cancer workforce plan, initial return completed and sent to Health Education England (HEE). Work will continue with Trusts to develop a meaningful plan for the Dorset area, linking with Wessex Cancer Alliance & Dorset Cancer Partnership. Work continues with maternity, mental health and urgent treatment centre teams.
- 3.60 The mental health workforce expansion plan to deliver the five-year forward view was returned to HEE at the end of March. HEE, NHSE/I are assuring the

plans during April. DWAB has funded a mental health workforce development planning post to support this work.

## **4. Items raised for discussion at SLT**

### **One Acute Network**

**SLT have been asked to discuss;**

- 4.1 The Judicial review process that will impact on transformation activity and the OAN programme, to plan and allow for contingency and to recognise resource impact.

## **5. Items raised for decision at SLT**

### **One Acute Network**

**SLT have been asked to decide;**

- 5.1 To support the OAN transformation bids. Further funding discussion is needed through Integrated Care System (ICS) transformation bids for OAN to support Dorset Clinical Networks and some merger specific activity.

## **6. Finance Update**

- 6.1 Following decision making of the Dorset CCG Governing Body in regard to the Clinical Services Review (CSR), work has commenced in delivering alternative models of care. At present the majority of this first phase is being delivered through individual provider arrangements through improvements on efficiency and management of demand to deliver holding activity levels at no more than 2016/17 outturn levels, with the objective to reduce historic levels of investment in the Acute setting of care to support more investment in primary and community care and thus deliver on the new models of care outlined in the CSR.
- 6.2 Operational plans for 2018/19 have been refreshed with the final plans submitted on the 30th April 2018. These plans are continuing to maintain the focus on demand management and holding a minimal investment in acute setting of care, to allow for differential investment in new models of care, which are subject to business case processes, which need to be ratified by the Senior Leadership Team (SLT), a combination of all senior stakeholders from the Dorset STP.
- 6.3 It recognises that ICPS is still the area that provides the most significant challenge as it links to how resources will need to shift between settings of care or differentially invested whilst still maintaining good quality services within Acute hospitals. A proposal has been put forward which mainly focusses in the first instance on mapping resource changes to the high impact change areas identified within the work of the clusters, these proposals are currently being worked through with provider stakeholders.



- 6.4 Work is still ongoing to review the reporting to take account of developments around the ICS status, as well as reviewing the work-streams for the collaborative agreement actions to align the different strands along single pathways where there are current overlaps identified.

## 7. Conclusion

- 7.1 The Governing Body is asked to **note** the report.

## 8. Table of Abbreviations

COO	Chief Operating Officers
CPG	Clinical Pathway Groups
CSE	Centre for Sustainable Energy
CSR	Clinical Services Review
DCC	Dorset County Council
DWAB	Dorset Workforce Action Board
HEE	Health Education England
HSCN	Health and Social Care Network
ICS	Integrated Care System
LGR	Local Government Review
LHACRE	Local Health and Care Record Exemplar
LIMS	Laboratory information management system
OBC	Outline Business Cases
PCH	Primary Care Home
PTIP	Post transaction integration plans
SLT	Senior Leadership Team
STP	Sustainability and Transformation Plan

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