

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

<b>Date of the meeting</b>	17/01/2018
<b>Author</b>	M Gorman - PMO Assurance Lead
<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>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b>	<b>Any action required?</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	
Integrated Community & Primary Care Services	
Prevention at Scale	
Digitally Transformed Dorset	
Leading & Working Differently	

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

## 3. Portfolio Progress

### One Acute Network

- 3.1 Merger: A major focus of the OAN Board meeting was discussion around merging our two organisations. This would allow both trusts to come together as a single organisation to implement more effectively and quickly the establishment of emergency (RBH) and planned (Poole) care sites; to be better placed to tackle our collective financial and workforce challenges and to be able to establish more resilient, sustainable services.
- 3.2 In order to merge - the trusts need the agreement of the Competition and Markets Authority (CMA) and approval from our regulator NHS Improvement (NHSI). The two trusts are currently developing a Patient Benefits Case which is needed to support the business case, which will be submitted early next year. Once the CMA have confirmed that both trusts can merge, there will be a need to provide NHSI with detailed plans on how the new trust will operate, including the composition on the single combined Board. With a swift, positive decision from the CMA, we anticipate that the two trusts will merge sometime by April 2019.
- 3.3 Staff Engagement and Communications: Both Boards have already committed to fully engage staff in the future direction of each trust - this will be key to the success of the new organisation. This needs to be carried out in the right way and at the right time – starting with consistent communications which are developed with staff. Early in the New Year there will be a series of staff briefing events and we will be starting work on developing the vision, values and culture for the new organisation. This will be part of the

organisational design strategy which is currently being developed with staff from both trusts.

- 3.4 Developing the Capital Programme: Outline Business Case: Over the summer the Department of Health confirmed that a minimum of £100m would be made available to progress the CSR, with this funding subject to formal business cases being approved. The first two business cases have been approved with both trusts well advanced in preparing the next stage, which is an Outline Business Case (OBC). The plan is to get approval for this OBC during the summer of 2018. The Full Business Case (FBC) should then be completed and approved in the early part of 2019/20. It is then anticipated that the building programme will be able to commence later that year.
- 3.5 Resources: Both trusts have agreed to progress plans for a merged organisation to lead the planned and emergency care site in east Dorset. The Board agreed the importance of involving clinical and non-clinical staff in this work. The resource requirement to support and backfill staff from both Trust's is currently being developed.
- 3.6 Clinical Design: Detailed planning for the clinical design of the East Reconfiguration part of the Clinical Service Review is progressing well, with four clinical work streams agreed - medical take, critical care, women and children plus haematology and oncology. Briefing sessions are planned from early January to clarify the process and on how staff across both sites can get involved.
- 3.7 Dorset Clinical Networks: This programme builds on the work of the Developing One NHS in Dorset Vanguard Programme, and supports collaborative working across the county to the benefit of patients and staff. In providing services across the county, the network needs to include community services and work with other partners across the health and social care system. More information should be available about this in the New Year once proposals are finalised. If you have any questions about this briefing please contact Richard Moremon, OAN communications lead, via [richard.moremon@poole.nhs.uk](mailto:richard.moremon@poole.nhs.uk) or 01202 422408.
- 3.8 Patient and Public Engagement: We need to build on the excellent patient engagement work that already happens across the two trusts and that underpins the work on the CSR. This will include Experience Based Co-design to ensure that our services are fit to serve the local community for the future. Next steps include workstream leads working with the trust's patient engagement leads to plan the patient engagement approach and the support required.
- 3.9 Governance: To date, with one Board meeting covering all aspects of the programme, it has been challenging to ensure that each item receives the right amount of attention. Therefore, it has been agreed that the Chair and Chief Executive meetings which involve all three acute trusts will oversee the Dorset-wide acute care work programme – that is, the development of the Dorset Clinical Networks – whilst Business Support Services should be considered at a Dorset system level, given that this programme involves more

partners. This change will enable the Joint Programme Board to focus on the East Reconfiguration – that is, the merger of the two hospitals in the east, the development of the e capital programme, and the clinical design work that needs to take place to support this.

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

- 3.10 Progress continues in implementing the ICPS new model of care. Examples of workforce and teams coming together to identify, proactively manage and support complex patients is evident in each of the localities. A particular focus and support is being targeted in North Bournemouth and Poole Central which are showing the greatest variance in non-elective admissions and occupied bed days.
- 3.11 The December Portfolio Board had deep dive progress reports on prevention at scale and the interface with the ICPS portfolio delivery, and the work with the community and voluntary sector.
- 3.12 The presentation entitled 'High Impact Changes for 2018/19 and consideration of how the new model of care can be resourced' which had been presented to the December OFRG was shared and discussed. OFRG has supported the way forward in terms of the priority areas for investment and the next steps to develop business cases to be taken to the finance investment committee commencing in January 2018. The approach described will be taken to the February SLT for consideration.
- 3.13 Work has commenced in establishing a system level programme on population analytics, as part of this work a specification will be developed and consideration of securing a system infrastructure supplier.

## **Prevention at Scale**

- 3.14 Positive progress continues to be made:-
- 3.15 Documentation: Formal documentation complete and signed off. Now working on locality specific needs and plans.
- 3.16 Integration with other workstreams: The development of locality plans that set out what prevention at scale would mean for local areas is progressing with named staff who will all be in place in localities by April 2018. Discussions of integrating PAS into various other workstreams is progressing well.
- 3.17 Digital support to PAS: The prototype digital behaviour change platform to support the LiveWell Dorset service is on track and meeting its development milestones.
- 3.18 Enabling and connecting work to localities: Public health links are now identified for priority localities and for remainder by end March at the latest. Profiles and model of working shared with PCSIG (Primary Care Strategy Implementation Group) on 20 December and profiles available on the Public Health website.

- 3.19 Workforce: Scoping of the workforce element is done and focus is now on engaging with partners within each organisation to shape their workforce plans around prevention. A session to discuss this work will take place at the JPHB (Joint Partnership Health Board) in February.

## **Digitally Transformed Dorset**

- 3.20 Support from the SLT to release funding to support the DCR (Dorset Care Record) development has already lead to increased surety on the delivery of the first phases. Recruitment is underway for key roles and the team remains focussed and committed to deliver.
- 3.21 The month has seen good progress across all delivery areas, with the opportunity arising in mid-December to apply for additional funding from the Primary Care Estates and Technology Transformation Fund (ETTF). We have three bids recorded and hope to receive funding to support Urgent and Emergency Care, Tele-dermatology and Population Health Analytics. Crystal Dennis has joined the CCG and the DTD Portfolio as our Innovation Catalyst, and is already working with most System organisations, Regional and National contacts to support our local innovation adoption work. There is much we can do here to transform current ways of working.
- 3.22 Two national initiatives in the Digital space have been announced in the last month. The Local Integrated Care Record Exemplars (LICRE) seeks to find up to 5 areas in the country serving a combined population of 3 – 5 million people, and ways they are working to share records and data for the benefit of the patient and their treatment. This fits nicely with our Shared Care Record and Intelligent Working programmes. We are aligning with Hampshire & Isle of Wight STPs and potentially Frimley Health for this initiative. The work is being coordinated by the WAHSN.
- 3.23 Subsequent to this is the Digital Innovation Hub (DIH). Of the five LICRE exemplars chosen up to three can also extend their remit to become an innovation hub. Partnering with the same teams we are preparing a bid for submission in January as to why this should be us.

## **Leading & Working Differently**

- 3.24 The deep dive session (30/11) with the system partnership board highlighted the positive steps being taken on workforce matters and continuing efforts to build consensus to collective action needed.
- 3.25 The DWAB meeting last month (2/11) now has cross STP portfolio presence which will bring greater clarity on priorities and implementation. The meeting addressed the need to conclude work on the organisational change and freedom of movement policies.
- 3.26 Investment reporting and tracking from held funds is now well established. Strengthened membership will bring added focus to prioritisation. More attention is needed from partners to draw down their committed resources.

- 3.27 The leadership development offers has been launched with portfolios; all portfolios are being encouraged to access these resources. More work needed to track deployment and outcomes.
- 3.28 100% of funds have been secured from a national In Place Talent Management bid to develop a One Dorset Talent Management framework. All partners will form the steering group to guide this work, aiming to report in March.
- 3.29 The workforce planning and redesign team are connecting well into portfolios OAN (Pathology, Cardiology & Women's Health) and PAS and are refining the Workforce Planning workbook and toolkit to launch early in 2018.
- 3.30 Schools, further education leaders, local authority and NHS leads will meet to see how an at scale alliance for early careers development and employment could address supply side issues.
- 3.31 Policy development – The next wider partnership conference has been agreed for Q1 18/19 and to be progressed through SPF; forward dates are in the diary.
- 3.32 Messages for staff agreed and circulated via the BSS (Business Support Services) workstream and the One Acute Network newsletter.
- 3.33 Common policy development is underway and a draft organisational change policy is progressing. Group met on 1 December and agreed meeting going forward to include prioritisation of other HR policies to be harmonised.
- 3.34 Organisational Development - Regular 1:1s are in the diary with DWAB staff side representatives and links have been made with prevention at scale work.
- 3.35 Patricia Miller and Charles Summers are holding meetings with programme directors to ensure they are aware what system resources are available to them and have an agreed plan on how to use them and secondly they are supported to develop detailed workforce plans. These meetings will conclude mid-December.

## 4. Items raised for discussion at SLT

### One Acute Network (OAN)

- 4.1 **To note;** all trust CEOs have agreed to proceed with specific Dorset wide BSS task & finish projects during the next 12-18 months. During this time DCH (Dorset County Hospital) will work with DHC (Dorset Health Care) on further BSS integration and the East Reconfiguration will bring closer alignment between BSS services in East Dorset. BSS activity has been proposed as reporting through existing STP groups such as DWAB, DIG, IPG. Final Governance arrangements to be agreed during Q4 17/18.

## Leading and Working Differently (LWD)

- 4.2 SLT have been asked to discuss workforce risk sharing as an enabling framework to developing partnerships and networked teams across the system will become a live implementation issue. This has arisen in the Dorset Cancer Partnership and initial discussions have taken place. There is potential for DWAB (Dorset Workforce Action Board) to work with OFRG (Operations and Finance Reference Group) on this issue.
- 4.3 SLT have been asked to discuss what principles would achieve broad support from which further work can be undertaken.

## 5. Items raised for decision at SLT

### One Acute Network (OAN)

- 5.1 SLT have been asked to support the transformation bids that will be going through IPG and OFRG in January/February.

## 6. Finance Update

- 6.1 Work is continuing to review the STP submission made in October 2016, including reviewing the solutions for closing the financial gap and how current programmes of work, including schemes have progressed since this point. This will include the modelling work undertaken for ICPS, collaborative agreement actions to manage demand to 2016/17 outturn levels and current performance on delivery of both provider cost improvement plans and CCG QIPP.
- 6.2 Operational plans for 2018/19 are currently also just in the process of commencing a refresh, with an initial draft anticipated in quarter 3, with the completion due in quarter 4. The national timetable has not been issued and has been delayed for release until January 2018, however this is the expected requirements.
- 6.3 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. A principle was shared at the November OFRG meeting to determine a potential approach to move this forward, with a further update on how this will be taken forward agreed at the December 2017 meeting. This mainly focusses in the first instance on mapping resource changes to the high impact change areas identified within the work of the clusters.
- 6.4 Work is still ongoing to review the reporting to take account of developments around the ACS (Accountable Care System) 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

ACS	Accountable Care System
BSS	Business Support Services
CMA	Competition and Markets Authority
DCH	Dorset County Hospital
DCR	Dorset Care Record
DHC	Dorset Health Care
DIH	Digital Innovation Hub
DWAB	Dorset Workforce Action Board
ETTF	Estates and Technology Transformation Fund
FBC	Full Business Case
JPHB	Joint Partnership Health Board
LICRE	Local Integrated Care Record Exemplars
NHSI	NHS Improvement
OAN	One Acute Network
OBC	Outline Business Case
OFRG	Operations and Finance Reference Group
PCSIG	Primary Care Strategy Implementation Group
SLT	Senior Leadership Team
STP	Sustainability and Transformation Plan

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