

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

<b>Date of the meeting</b>	17/07/2019
<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>• 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> [e.g. ✓]	<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>	✓		

## 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 System Leadership Team (SLT)

## 2. Portfolio Progress

### One Acute Network

#### *Dorset Clinical Networks*

#### 2.1. Radiology:

2.1.1. Dorset representatives presented their learning of preparing for ISAS Accreditation as a network at UK Imaging Optimisation Conference in Liverpool 11/6/19. DHC and DCH have both now passed their ISAS Accreditation pre-assessment visit – applications submitted for full assessment.

2.1.2. Joint procurement of Out of Hours reporting using existing supplier agreed – savings of £22K / annum expected due to benefits of scale from joint procurement.

2.1.3. Work continues as part of DCP on new optimal lung cancer pathway for Dorset - new CT scanner (sited at Poole) due to go live in July.

2.2. Within Pathology, agreement in principle has been made to centralise TB testing with samples going to microbiology at Poole.

#### 2.3. Rheumatology:

2.3.1. Adoption of eAdvice & Guidance in rheumatology teams has significantly decreased time taken to obtain advice in primary care.

2.3.2. New consultant-led electronic triage service continues to be expanded to include more rheumatology consultants, significant reduction in waiting times for patients continues.

2.4. DCN Haematology Board agreed Lymphoma Risk Stratification initiative proposed by Renata Walewska (RBCH). Exec Sponsor to present proposal to CAG meeting in June.

2.5. Urology - Cystoscopy data cleansing audit completed. Produced summary document for Service manager prior to Consultant actions.

#### 2.6. Maternity:

2.6.1. The LMS delivery plan for 2019/20 has been approved and submitted to NHSE National Team. This has been accompanied by the LMS investment plan for this year.

- 2.6.2. The proportion of women in Dorset who were breastfeeding at the time of discharge from midwifery to health visiting has increased from an average rate of 14.3% in 2017/18 to 40.4% in the first three quarters of 2018-19.
- 2.6.3 The Maternity Digital Project Board will meet in July with a view to make a decision to initiate the procurement process for single maternity I.T solution Pan Dorset.

## ***East Reconfiguration***

- 2.7. The CMA 2019 integration paper has been agreed by the CMA so we can progress with the four additional clinical service (stroke, cardiology, maternity, pathology) as well as seven support services.
- 2.8. Merger Business Case – Executive leads for specific areas agreed at previous East Joint Exec Meeting. Review of other merger business cases currently being undertaken.
- 2.9. Patient benefits case – Due to uncertainty with CMA approach/timeline, Aldwych propose moving the PBC refresh back to August 2019
- 2.10. The Clinical PTIP's (for the PBC areas) have been amended in line with the phasing outlined in the OBC and an Executive review scheduled for 14 June 2019.
- 2.11. Legal Due Diligence kick off meeting scheduled for 13 June 2019.
- 2.12. Joint Council of Governors Working Groups - Merger evaluation criteria agreed at Trust Boards. Further meeting to agree the draft constitution scheduled for July
- 2.13. Communications:
  - 2.13.1. Communications workshop with Poole Governors was held, and further public engagement events at RBH, Christchurch and Poole Hospital were successful with good attendance throughout
  - 2.13.2. Joint staff statement issued relating to the Secretary of State's referral from Dorset Council's Health Overview and Scrutiny Committee.
- 2.14. Filming took place at the combined stroke PDSA across RBH and Poole. This film will illustrate the benefits to patients of services coming together as all patients with stroke went to RBH and all with TIAs went to Poole.

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

- 2.15. Dementia Services Review Stage II NHSE Assurance complete
- 2.16. Workforce successfully recruited into Eating Disorders service to support key deliverable on access times

- 2.17. Eighteen PCN applications providing 100% geographic coverage were submitted by the 15 May 2019 deadline and approved by the CCG panel. The PCN Directed Enhanced Services is due to go live from 1 July 2019.
- 2.18. Mental Health application for Wave 2 Funding to support expansion of Individual Placement Support submitted.
- 2.19. Each PCN has appointed a Clinical Director.
- 2.20. Co-production work including a survey across system partners and The Great Big Personalisation Pow Wow event to capture completed, current and planned work to deliver personalised care across Dorset.

## **Prevention at Scale**

- 2.21. A record high 6,600 people used the LiveWell service during the last year, bringing the total of number supported to more than 25,000
- 2.22. Over the last quarter a second Leadership Programme has started with 19 participants representing 8 practices across Dorset.
- 2.23. In the last year over 77,986 patients have received a text about the Collaborative Practice work with 2726 positively responding to the text (equating to 3.5%) and 286 invited to attend the Practice workshops (equating to 10.5% uptake).
- 2.24. Work is being done to align Ageing Well workstream with the NHS Long Term Plan and Population Health Management Work.
- 2.25. The main risk for PAS continues to be that focus is on managing current operational issues or areas of prevention with a more immediate return. Coupled with limited capacity across the system as a whole for the breadth of transformation projects this could mean insufficient resource for PAS

## **Digitally Transformed Dorset**

- 2.26. The second IWP Insights capability, focusing on Diabetes using Primary care data; was demonstrated at the Programme Board on 11th June.
- 2.27. Deployment of WaitLess app completed with all data feeds complete.
- 2.28. With no funding for IWP, ICNET and System Resilience work in these three areas will stop. Currently they are being paid for from existing budgets on the assumption that funding will come. Key personnel will be lost to the System if this funding is not available.
- 2.29. WCR has reached the stage where funding allocation is taking place to progress towards the common design. As the DCR is a key feeder application for the WCR funding has been allocated for the DCR team to bid for.

- 2.30. The DCR planning for recovery is taking place. Full updates will be provided to CRG and OFRG through our CCIO network shortly
- 2.31. HSLI funding continues to be an issue for us. Without the approval for the money to be drawn down work on several System wide projects are now impacted, notably IWP and ICNET.
- 2.32. The Xim, lifelight project has now had a project manager appointed for commencing work on the economical evaluation to this ground breaking technology in July.
- 2.33. Dorset-Wide Shared Azure Tenancy now in place
- 2.34. 71% of GP Practices migrated onto single-domain with Windows 10, Office 365 and upgraded lap-tops.

## **Leading & Working Differently**

- 2.35. Design and development of 2018/2019 annual report (animation and infographics)
- 2.36. Development of 2019/2020 communications plan to support the delivery plan
- 2.37. Proactive engagement with partners and maximised usage of the Our Dorset Development Hub (in the first two months April and May we have hosted over 40 events and meetings, with over 500 unique visitors and nearly 1,000 total visitors to the hub)
- 2.38. The system workforce risks will be reviewed to take account of the system risk reporting mechanisms, Operational Plan feedback, National Workforce Maturity, Framework and 2019/2020 Leading and Working Differently Delivery Plan

## **Urgent and Emergency Care**

- 2.39. Dorset Governing Body agreed the CCCA proposal subject to all SW CCGs also confirming their agreement.
- 2.40. Decision making paper was circulated for input to the UEC Delivery Board in May. The UEC Delivery Board supported the recommendation to take to the July Governing Body for approval the proposal for reconfiguration of specific
- 2.41. Mobilisation commenced on the 1 April. Daily calls have taken place for exception reporting. The main concerns raised are GP shift fill rates, especially over weekends and evenings and the need for ECPs and ANPs in the service.
- 2.42. PGH have arranged a Long Length of Stay “lock-in” to focus effort on Poole in support of their need to close escalation beds. The outcome of this will be written up and presented to the UEC Delivery Board.

- 2.43. The H2H Working Group will be reformed to support the delivery of any system wide changes.
- 2.44. The UEC Evaluation work is near completion with the final report expected imminently. The McKinsey/RAND team will present their findings to the UEC Delivery Board in July.
- 2.45. A workshop was held on the 30 January 2019 to support the codesign for the commissioning model for 999 and how the Lead Commissioner arrangements will look like from 1 April 2019; proposal to be shared with the Ambulance Strategic Partnership Board on the 11 March 2019.
- 2.46. NHS England contacted all NHS Trusts and Commissioners following the UK's Agreement to Extend Article 50 until October 31st. The CCG has been asked to place its 'No Deal' Planning for EU Exit on hold.
- 2.47. The CCG's Incident Response Plan was approved for annual review by the May 2019 Directors Performance Meeting.

### **Integrated Travel Programme**

- 2.48. The draft Strategic Outline Case executive summary was circulated to Transport Reference Group (TRG) members on 19 October 2018. Feedback is being coordinated by Dorset Council.
- 2.49. The data/finance modelling work for the Non-Emergency Patient Transport Services (NEPTS) re-procurement, has been reported to the procurement working group which will make recommendations to DCCG Directors in July 19 around the future model for the system, length of contract and route to market
- 2.50. The TRG have not been meeting so the project has been paused, however a new Programme Manager has been appointed by Dorset Council and will recommence the paused work within the ITP agenda

## **3. System Engagement Update**

### **Our Dorset Public Engagement Group (PEG)**

- 3.1. The Dorset Care Record gave a presentation on the Citizen's Portal, answering a series of questions previously posed by the PEG.
- 3.2. Frances Aviss presented feedback from the previous interactive workshop on the NHS Long Term Plan (LTP). The feedback highlighted the complexity of asking for feedback on delivery of the LTP aspirations given the extensive engagement during the CSR and also not knowing what other public engagement is currently happening or being planned across the ICS.

### **Our Dorset engagement, facilitation and co-design training project.**

- 3.3. To facilitate a collaborative and consistent approach to engagement across Dorset's ICS The Point of Care Foundation have been commissioned to

provide a 4-day course in experience, engagement, facilitation and co-design skills to 80 engagement champions across the ICS partner organisations.

- 3.4. The objective is to secure a 'bank' of frontline staff as public engagement champions across Dorset ICS with specific facilitation skills to be able to co-design services with local people in a consistent and meaningful way.
- 3.5. Patient engagement champions have been selected across the OAN with staff members having the commitment from Directorate and Manager level to be released from their normal roles to facilitate co-design projects.
- 3.6. The training is being delivered at the Our Dorset Development Hub in West Moors, near Wimborne.

### **Dorset's Clinical Services Review**

- 3.7. Extensive engagement and consultation regarding future models for service provision in Dorset was carried out across Dorset's Clinical Services Review (CSR) (2014-2017). The aspirations of the Long Term Plan (LTP) will be delivered in line with the agreed outcomes of this review.

### **Our Dorset Stronger Voices Meeting**

- 3.8. "Stronger Voices" meeting on 13.03.19. A meeting of over 100 public and voluntary sector representatives was held to update people on the delivery of integrated health and care services across Dorset, in line with both the CSR outcomes and the NHS Long Term Plan.

### **Support from Healthwatch Dorset**

- 3.9. Healthwatch Dorset promoted opportunity to take part in two national survey's linked to the aspirations of the LTP with a deadline of 19.05.19. On-line promotion was via Facebook, Twitter and E-mail and this was further supported by the ICS communications network.
- 3.10. About 140 surveys have been completed. The report will be shared locally towards the end of June 2019.
- 3.11. Healthwatch also visited a number of sites and events to seek views using an easy-read version of the survey.

### **Our Dorset Public Engagement Group**

- 3.12. The Our Dorset Public Engagement Group took part in a discussion on 27.03.19 to explore how else we might inform and engage the general public, which led to the commitment to improve clarity for the LTP involvement via a process of engagement mapping.

## Engagement mapping

3.13. It was decided to carry out a piece of work to ‘map’ what public engagement work has recently/is currently being carried out and is planned across the ICS in line with the LTP aspirations. This work commenced on 21.05.19.

## NHS LTP Public Engagement and Primary Care Networks

3.14. It is proposed that the initial stage of this work be survey based – delivered both online and also via Patient Participation Groups within local GP practices.

3.15. The development and delivery of the survey will be done through joint working between the Primary Care Team and the CCG Engagement and Communications team, in liaison with the Our Dorset Engagement and Communications networks.

3.16. Feedback will inform the Primary Care Network plans, the next stage of place based engagement within the community, the Building Health Partnership programme and the STP refresh – all in line with the aspirations of the LTP.

## 4. Conclusion

4.1. The Board are asked to note the report.

## Table of Abbreviations

CAG	Clinical Assurance Group
CCA	Collaborative Commissioning Agreement
CCIO	Chief Clinical Information Officer
CMA	Competition and Markets Authority
CRG	Clinical Reference Group
DCH	Dorset County Hospital
DCN	Dorset Clinical Network
DCP	Dorset Cancer Partnership
DCR	Dorset Care Record
DHC	Dorset Healthcare
DIG	Digital Informatics Group
ICS	Integrated Care System
IPG	Implementation and Planning Group
ISAS	Imaging Services Accreditation Scheme
IWP	Integrated Workforce Planning
LMS	Local Maternity System
NHSE	NHS England
OAN	One Acute Network
OBC	Outline Business Case
OFRG	Operational Finance and Reference Group
PAS	Prevention at Scale
PBC	Programme Business Case
PDSA	Plan, Do, Study, Act
RBH	Royal Bournemouth Hospital

SMA Spinal Muscular Atrophy  
TIA Transient Ischemic Attack  
UEC Urgent and Emergency Care  
WCR Wessex Care Records

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