



Healthier Together Executive Group meeting paper

Agenda Item: 7

Title	Steering Group Programme Progress Reports
Date of meeting	21 January 2019
Author	Gary Hancox, PMO Manager
Sponsor / Director	Laura Nicholas, Programme Director
Presenter	Laura Nicholas, Programme Director
Purpose:	For information
Previously discussed / endorsed at (Group / forum)	

Purpose:

This document collates Steering Group progress reports incorporating updates from each of their programme portfolio.

They provide a summary of key progress, problems and possibilities as received by the Executive Group for action, decision, or information.

To support future Sponsoring Board updates on the Healthier Together programmes of work, the intention will be to provide a collated summary overview.

Recommendations:

It is recommended that Sponsoring Board:

- **Note** the progress updates from each Steering Group.



Healthier Together – Steering Group Progress Report

Steering Group:	Acute Care Collaboration	Sponsor/Steering Group Chair:	Andrea Young
		Progress Report Author:	James Dunn
Reporting period:	December 2018 to January 2019	Steering Group Meeting Date:	9 th January 2019

Programme	Progress to report	Issues discussed/resolved at Steering Group
ACC Strategy - Evidenced based strategy that addresses key acute system challenges – optimal urgent care pathway (best use of beds); workforce sustainability; optimal population intervention	<p>Principles for collaboration have been tested with execs and some members of the public and will go for wider engagement as part of testing the strategy.</p> <p>Case for change data has been used to develop our priorities for change and some proposed models for delivery have been explored. Strategy group to review 1st draft 16/01 with a view to presenting to STP Exec at end of Jan.</p>	
Maternity - achieve the aspirations of Better Births, including consistent, single system services, continuity of provider, single point of access for information & booking, reduction in stillbirth, neonatal and maternal death and brain injury at birth	<p>Continuity of Carer pilots at UHB and Weston approved at Delivery Board and scheduled for implementation in March 2019. 2 NBT pilots scheduled for Delivery Board approval in January 2019.</p> <p>LMS successfully bid for £24,000 training funding from HEE for Continuity of Carer. Training to be delivered by UWE during Q4.</p> <p>Midwife Information Day on Continuity of Carer held on 12/12/2018 at UWE. 50 midwives attended and impact data is being analysed.</p> <p>Personalised Care Plan continues in co-production with midwives and Mums. To be piloted from March 2019.</p> <p>Digital workstream commenced on 10/12/2018. LMS Digital Project Manager role out to advert for initial six months.</p> <p>NBT/LMS visit from Baroness Cumberlege and Sir Cyril Chantler.</p> <p>Increase in the overall rate of induction of labour, and increase in month-by-month variation, continues to challenge service delivery and context for transformation.</p>	

<p>Stroke - Business case development for prevention; rehab and reablement and hyper-acute (HASU)</p>	<p>Terms of Reference have been approved and Governance Structure ratified by the Stroke Programme Board. An assurance paper is in development to support the approval of the shortlist of options, which will be discussed at the next Board meeting on 12th February.</p> <p>Work-streams have drafted their work plans, along with a draft a communications plan, which are tabled for discussion at the Work-streams Update Meeting on 8th January.</p>	
<p>Pathology - Assess case for NHSI rationalisation with Gloucestershire and Bath</p>	<p>A workshop with all partners from West of England network took place 13/12. Agreement for each organisation to test a long list of options against a scoring matrix with a view to testing the ambition for developing an OBC for full network collaboration.</p> <p>NHSE/I gave indication that they would like us to continue to explore the wider supra-regional network, but were unlikely to have any levers to encourage partners to participate.</p>	<p>Agreement to approach. Recognised need for project management support, which in first instance contribution has been requested from all West of England partners. Update to be provided in Mar 19, at which point a decision will need to be made as to whether to continue with wider SOC or look at opportunities only within BNSSG</p>
<p>NICU - Proposals and a business case for level 2 and 3 configuration</p>	<p>Options have been developed for future configuration of neonatal services in Bristol and targeted public engagement on these options has taken place. An options appraisal has been conducted by a key stakeholder group and a preferred option chosen, subject to sensitivity analysis. An independent clinical review of the project and processes by the British Association of Perinatal Medicine has been requested as additional assurance for this potential service change. An outline Business case is being developed for the preferred option. Programme will update ACC on likely delivery date at February ACC meeting.</p>	
<p>Outpatients - realigning the priorities, incentives, structures and ways of working to provide patients and other clinicians with the most appropriate and best value access to specialist clinical knowledge, aligned to the emerging Healthier Together care models</p>	<p>An evaluation of the advice & guidance pilots has been received which demonstrates this delivers benefit to patients & clinicians, and indicates a financial beneficial. This will be developed into a business case for roll-out in 19/20 to be presented to SDOG 4th Feb.</p> <p>Work underway to drive next wave of roll-out (non face-to-face, patient initiated follow-up etc.) in 19/20. Providers have been challenged to see how 5% of face to face follow-ups can either be removed or switched to non-f2f in 19/20. Proposals to come back to Feb board meeting. Financial arrangements will go through appropriate governance (DOFs / SDGO) to ensure that there is sharing of risk & benefit of any proposals.</p>	
<p>Medicines Opt - Moving from traditional primary care savings to a broader</p>	<p>MO programme presented the details of the 6 project streams it is progressing. The programme has a large work plan with the ability to have significant impact</p>	<p>Asked prog to identify priorities for 19/20 so medical leadership can be identified (e.g.</p>

<p><i>programme of service transformation</i></p>	<p>on quality, safety and finance. It was recognised this will require project management resource or prioritisation to deliver impact. There is a proposal for NBT & Weston inclusion in UHB technical services (aseptic suits – chemo and PN) review – paper to go to sub-committee of NBT board</p>	<p>polypharmacy in frailty patients, standardised IV antibiotic guidance). Challenged prog to identify quantum of financial & quality opportunity to make case for investment in project management</p>
<p>Cancer - <i>achievement of the core cancer standards and alignment of the cancer alliance work to the Healthier Together vision</i></p>	<p>Urology demand increases (20-25%), along with a change to the diagnostic element of the pathway (requiring MRI and biopsy) have created a bottle neck which is having a big impact on 62-day performance. There is also some leakage of demand into BNSSG from outside the footprint. Mitigation plans include developing an OP biopsy service to reduce wait to indie 7-days. Also considering a wider urology network.</p> <p>Recognised that BNSSG is the only place in the country that is piloting Faecal Immunochemical Test for low risk patients. This will be promoted as a good news story through weekly round-up.</p> <p>There is good work happening in the living well beyond cancer project, including giving patients access to support and advice via patient portals post-discharge. This links well with the ambitions of the outpatient programme.</p>	

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<p>None</p>		



Steering Groups	Is there anything the Steering Group needs to inform/involve another Steering Group in? Please note this below against the relevant Steering Group/s:
Acute Care Collaboration	
Integrated Care	Recognise the work the medicines optimisation programme is undertaking which cross-cuts all care groupings. The polypharmacy work is particularly relevant to frailty. Currently linked in through frailty workshop.
Urgent Care Oversight	None
Healthy Weston	None
Digital Transformation Board	Recognise the work of the digital projects within medicines optimisation which have been mapping the transfer of medicines information across the system with a view to reducing duplication of input and risk of errors. There has been digital input from Alex Layard and there will need to be continued alignment
Local Workforce Action Board	None
System Delivery Oversight Group	A proposal is being worked up to go through DOFs to consider new funding arrangements for outpatient activity that would help free up innovation. This would need to articulate the risk share / exit strategy, as well as how we would evidence that better value has been delivered.
Clinical Cabinet	Recognise that medicines optimisation programme requires medical leadership to instigate culture change. Programme will identify priorities for 19/20 at which point medical leadership will be need to champion the initiatives.

Healthier Together – Steering Group Progress Report

Steering Group:	Digital Delivery Board	Sponsor/Steering Group Chair:	Robert Woolley
		Progress Report Author:	Alex Layard/Matt Nye
Reporting period:	December 2018_January 2019	Steering Group Meeting Date:	20.11.2018 (cancelled)

Programme	Progress to report	Issues discussed/resolved at Steering Group
Systems & software	Agreement to collaborate towards a single ICE enterprise infection prevention system, and to pilot Careflow across BNSSG as a single messaging tool.	Steering group cancelled on 20 November so no discussion of issues.
Infrastructure	Draft Digital Strategic Design Authority reviewed and comments requested within two weeks of meeting.	
Digital localities	First meeting took place on 7 th November. Revised TOR agreed and overview of various relevant projects across system shared.	
Apps and gadgets	First meeting took place on 13 th November. Further discussion needed on scope and remit of this group and also overlapping groups, specifically digital population.	
Connecting Care	Agreed to request partnership funding arrangement extension for further two years from October 2019.	Due to cancellation of Digital Delivery Board, virtual agreement of Connecting Care funding and AWP HSLI Business Case is being sought in order to progress these projects.
Digital population	TOR drafted, first meeting to be scheduled. Further discussion taken place between chairs of this group and apps and gadgets, and first meeting was scheduled for 8th December.	
Finance & benefits	Further discussion needed as to whether this will be a standalone group	

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For
Discussion or
Decision

None	
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Acute Care Collaboration	
Integrated Care	
Urgent Care Oversight	
Healthy Weston	
Digital Transformation Board	
Local Workforce Action Board	
System Delivery Oversight Group	
Clinical Cabinet	

Healthier Together – Steering Group Progress Report

Steering Group:	Healthy Weston Programme	Sponsor/Steering Group Chair:	Julia Ross
		Progress Report Author:	Ned Brown
Reporting period:	December 2018_January 2019	Steering Group Meeting Date:	December 2018

Programme	Progress to report	Issues discussed/resolved at Steering Group
Healthy Weston	<p>Achievements to date:</p> <p>South West Clinical Senate agreed status-quo is not an option, provided assurance on going out to consultation with 9a and gave oversight and support to the development of the clinical model for the direction of travel.</p> <p>NHSE Stage 2 Assurance Meeting on 19/12/2018 provided feedback on PCBC. Further revisions of the PCBC taking place in advance of second Stage 2 Assurance meeting with NHSE scheduled for 25/01/2019.</p> <p>On track to take proposed model to Governing Body on 05/02/2019 to seek approval to go out to public consultation in February 2019.</p>	<p>Feedback from 19/02/2019 Stage 2 Assurance meeting discussed at Steering Group 19/12/2019.</p> <p>Revised PCBC to be discussed at Steering Group 15/01/2019.</p>
	Detailed planning underway for launch of public consultation in February 2019.	
	Tender process underway for procurement of independent audit agency to analyse consultation process.	
	Ongoing stakeholder engagement is continuing.	

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<p>It should be noted that the public consultation period will be an intensive period of work and will result in considerable media and public attention on the programme.</p>	<p>✓</p>	

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Acute Care Collaboration	To ensure alignment with assumptions and opportunities
Integrated Care	To ensure alignment, with particular reference to engagement and consultation. To ensure alignment with frailty work and Integrated localities
Urgent Care Oversight	To ensure alignment with assumptions
Healthy Weston	
Digital Transformation Board	To ensure options are maximising opportunities and assurance on enabling assumptions
Local Workforce Action Board	Workforce modelling and development
System Delivery Oversight Group	None
Clinical Cabinet	None

Healthier Together – Steering Group Progress Report

Steering Group:	Integrated Care Steering Group	Sponsor/Steering Group Chair:	Julia Ross
		Progress Report Author:	Emily Spottiswoode & Amanda Saunders
Reporting period:	Dec 2018_Jan 2019	Steering Group Meeting Date:	11/01/19

Programme	Progress to report	Issues discussed/resolved at Steering Group
Mental Health Strategy	Strategy Group has now met engagement with all system partners. Patient and public engagement event planned for 13 th December.	Not discussed at meeting but note timeline for key milestones in development of Mental Health Strategy under review, still aiming for draft strategy to be complete by circa April 2019.
Integrated Community Localities	Frailty event happened on 6 th December from which there has been good feedback. Outcomes from this event include many test and learn cycles which will be fed into a newly formed Frailty Programme Board.	Frailty workstreams need to be clearly defined but reflect feedback from event.
General Practice Resilience and Transformation	Engagement with stakeholders to develop and ratify the approach to resilience measurement tools/ methods.	Not discussed at meeting
Prevention	Updates from the CVD Risk Factors, Tobacco and Public Mental Health Implementation Groups,	Not discussed at meeting
Other:	Out of Hospital real time support system update. Workshop to be held on 29 th Jan.	Need to have realistic expectations and not clash with the systems already in use.

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None		
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Steering Groups	Is there anything the Steering Group needs to inform/involve another Steering Group in? Please note this below against the relevant Steering Group/s:
Acute Care Collaboration	Out of Hospital real time support system update. Workshop to be held on 29 th Jan.
Integrated Care	None
Urgent Care Oversight	None
Healthy Weston	None
Digital Transformation Board	None
Local Workforce Action Board	None
System Delivery Oversight Group	None
Clinical Cabinet	None

Healthier Together – Steering Group Progress Report

Steering Group:	System Delivery Oversight Group	Sponsor/Steering Group Chair:	Julia Ross
		Progress Report Author:	Jonathan Lund
Reporting period:	December 2018_January 2019	Steering Group Meeting Date:	7 January 2019

Programme	Progress to report	Issues discussed/resolved at Steering Group
Business Planning 2019/20	<p>Reviewed progress against Single System Plan – Delivery Plan. Re-affirmed ownership of the plan. Agreed need to re-align the plan in light of progress made to date on 19/20 planning and responding to National Planning guidance. And to set more specific actions and timescales.</p> <p>Noted some national Planning Guidance published immediately before Christmas, but need to wait for full guidance as limited information regarding national priorities, finance and performance expectations.</p> <p>Agreed Access Performance parameters to use pending National Planning Guidance.</p> <p>Reviewed high priority areas emerging from system change initiatives tracker. Agreed to test objectives and prioritisation with relevant Programme Boards.</p> <p>Received a presentation on opportunities for Financial Recovery</p> <p>Received a presentation on opportunities for Improving Workforce Supply</p>	<p>Agreed a smaller group of senior executives and SDOG Planning Sub Group to re-align the Delivery Plan.</p> <p>Change Initiatives to be shared with relevant Programme Boards to test objectives and prioritisation.</p>
In Year Performance Reporting	<p>Month 8 Integrated Performance Report abridged due to reduced Christmas timetable.</p> <p>Report included in SDOG papers but not reviewed in meeting due to focus on 2019/20 planning.</p>	Agreed to present to Executive Group January 2019

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<p>To note the deliverables in the Single System Delivery Plan that are ‘owned’ by STP Executive Group.</p> <ul style="list-style-type: none"> • Set 5 key ‘outcome’ goals for BNSSG in 2019/20. • Revise STP structure to operate shadow system governance in 2019/20. • Secure regulatory alignment around BNSSG approach. • Participate in the Aspirant ICS programme and agree a roadmap for ICS Delivery. • Draft and Agree Memorandum of Understanding. • Establish an OD programme to support joint work for leaders below CEO across BNSSG. • Establish development programme for Clinical Cabinet and other key clinical leaders. 	✓	

Steering Groups	Is there anything the Steering Group needs to inform/involve another Steering Group in? <i>Please note this below against the relevant Steering Group/s:</i>
Acute Care Collaboration	Overseeing prioritisation and implementation of 2019/20 Change Initiatives
Integrated Care	Overseeing prioritisation and implementation of 2019/20 Change Initiatives
Urgent Care Oversight	Overseeing prioritisation and implementation of 2019/20 Change Initiatives
Healthy Weston	Overseeing prioritisation and implementation of 2019/20 Change Initiatives
Digital Transformation Board	Overseeing prioritisation and implementation of 2019/20 Change Initiatives
Local Workforce Action Board	Overseeing prioritisation and implementation of 2019/20 Change Initiatives
System Delivery Oversight Group	
Clinical Cabinet	



Healthier Together – Steering Group Progress Report

Steering Group:	Urgent Care	Sponsor/Steering Group Chair:	Julia Ross
		Progress Report Author:	Alex Layard
Reporting period:	December 2018_January 2019	Steering Group Meeting Date:	30 th November 2018

Programme	Progress to report	Issues discussed/resolved at Steering Group
<p>The urgent care programme is undergoing a significant refresh following the two day event on 11th/12th December.</p>	<p>The design group met on 21st December and 11th January to further develop the work required. Nominees have been sought for the following seven work themes:</p> <ul style="list-style-type: none"> • Triage and routing • Locality hubs • Digital and data • Training and communities of practice • Social marketing and communications • Payment structure and financial risk • Clinical governance and risk management <p>The lead or co-leads will now link with nominees to develop the work further. Fortnightly design group meetings will continue to support the vision and have joint ownership of the clinical mode of care.</p> <p>A follow up event is currently being arranged, potentially w/c 11th March.</p>	<p>December's steering group was cancelled due to the UEC design event on 11th/12th December.</p> <p>Urgent Care Oversight Board is scheduled for Friday, 25th January.</p>

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None	

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Clinical Cabinet	

Healthier Together – Steering Group Progress Report

Steering Group:	Workforce Transformation Steering Group (Local Workforce Action Board)	Sponsor/Steering Group Chair:	Hayley Richards
		Progress Report Author:	Heather Toyne
Reporting period:	December 2018_January 2019	Steering Group Meeting Date:	17 December 2018

Programme	Progress to report	Issues discussed/resolved at Steering Group
Career framework for BNSSG – A sustainable pipeline through a career framework to attract and retain our staff.	Agreed that Sirona will host the HEE project manager post.	Not discussed
Band 5 registered practitioner pipeline – Considerable expansion in registered clinicians in post and in the pipeline.	Short life group to launch in January, to be led by UH Bristol, which will develop an action plan.	Membership for the short life working group agreed.
Health and social care apprenticeship –Develop competences common to health and social care.	Apprenticeship sub-group continuing to identify best practice nationally, some research undertaken.	Not discussed
Apprenticeship collaboration –Joint apprenticeship frameworks to support our strategic workforce goals .	Continued joint procurement in progress.	Agreement to extend the procurement of apprenticeships to other health and social care providers eg primary care.
Schools and colleges project – Systematically work with schools and colleges to attract staff into pipeline.	This work will commence when the career framework project is underway, project group in January.	Membership for the short life working group agreed.
Social Care – Attract and retain the future social care workforce.	30 th November meeting agreed scope and project deliverables. Spec to go to LWAB in December.	Spec agreed subject to minor amendments. Post will be hosted by North Somerset. Hybrid role pilot will be across BCH and BCC.
Developing a workforce plan – A one and five year plan to identify the gap between supply and demand, and actions to address the gap.	Project underway. Initial data collection completed. Clusters agreed. Activity growth not yet agreed.	McKinsey Consultants gave a presentation to agree the approach and explain next steps.
Statutory and Mandatory Training passport – Agree common statutory and mandatory competencies to enable staff to passport stat and mandatory training.	NBT and UHB working together to develop a process that will enable transferring of stat and man record between the two acute trusts as a first step.	Barriers continue to be the need to invest resource to remap employee pathway and the non interoperability of the ESR and learning management systems.
Academy Scoping – Identify common areas for willing partners to progress together towards a collaborative approach to training.	Specification for BCH to lead an options appraisal will go to the January LWAB.	Agreement to develop academy option appraisal, and that in principle funding can be realigned.
HR/Workforce support for programme areas – Support from organisations to provide HR/Workforce advice/input as requested.	HR/Workforce leads have been identified for the programme areas of Stroke, Frailty, Mental Health and Maternity. NBT, Sirona, UH Bristol and AWP are thanked for their support.	Not discussed

New Programme Areas	Progress to report	Issues discussed/resolved at Steering Group
One year system plan - Submit a single system workforce plan to NHSI and to the CCG	Narrative template sent to HRDs to complete, due back 15 th January. NHSI guidance delayed, content and structure of plan not yet confirmed.	The need for HRDs to provide an “open book” approach to developing organisational plans in order to ensure there is a robust system workforce plan.
In year operational HR/workforce alignment – HRDs required to deliver actions to impact on 2019/20 workforce supply.	HRDs presenting to SDOG 7 th January agreed areas to deliver in 2019/20.	Discussion about best practice in delivering in year progress to close the gap between supply and demand based on evidence from other areas.
Senior Leadership Development – Deliver a programme focussed on clinical cabinet/SROs/level 2 and 3.	Funding confirmed. Development of spec in progress.	Not discussed
High Potential Talent Scheme BNSSG – The NHSLA pilot provides 35-40 BNSSG leaders with a structured approach to career development.	BNSSG has been chosen to be a pilot site. Further detail to follow.	Not discussed.

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1. Execs are asked to note the risk, and uncertainty around future HEE funding for education which historically provided organisationally CPD, currently delivered through the UWE contract which expires next year.	✓	
2. Execs are asked to note the challenge in relation to the stat and man passport. It requires internal capacity from the pilot organisations (NBT and UHB) and also requires project management resource as it requires process remapping in each organisation. In addition, the stat and man passport requires transfer of data between systems. Support is requested from the digital workstream.		✓
3. Chief Execs are asked to note the challenges of delivering against programme areas with the existing resource without impacting on our strategic workforce goals.	✓	