

Trust Board Paper T

To:	Trust Board
From:	John Adler, Chief Executive
Date:	25 July 2013
CQC regulation:	All Applicable

Title:	LLR Better Care Together Governance Structure										
Author/Responsible Director:	Chief Executive										
Purpose of the Report:	To provide the Trust Board with a progress report on the development of the governance structure for the LLR Better Care Together Programme (BCT).										
The Report is provided to the Board for:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Decision</td> <td style="width: 10%;"></td> <td style="width: 50%;">Discussion</td> <td style="width: 10%; text-align: center;">√</td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;">√</td> <td>Endorsement</td> <td></td> </tr> </table>			Decision		Discussion	√	Assurance	√	Endorsement	
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Summary / Key Points:	<p>In June an Interim Programme Director was appointed to the BCT programme whose initial task was to review the structure, processes and governance of the programme. By exception, key issues are as follows:</p> <p>VISION, COMMUNICATION AND ENGAGEMENT – A Communication and Engagement Strategy is to be developed, ahead of the proposed ‘Better Care Together’ public and staff communications events planned for Autumn, 2013.</p> <p>APPROPRIATE GOVERNANCE ARRANGEMENTS FOR PROGRAMME DESIGN – The Programme Board structure is to be changed into a smaller core Programme Board (management of the programme) and an Expert Steering Group (leadership of the programme).</p> <p>SPECIALIST SUPPORT – It will be supported by 5 cross cutting specialist support groups including Patient and Public Involvement, Clinical Quality and Economic, Activity and Capacity Modelling.</p> <p>PARTNERSHIP - There is a growing sense that collaboration and partnership will be central to robust solutions for the future. The exact nature of this and how it</p>										

might be managed in legal terms is unclear however given future opportunities and the Trust's own experience of the risks and benefits of such an approach, it would seem timely for this to be considered further.

Recommendations:

The Trust Board is invited to receive and note the report.

Strategic Risk Register

N/A

Performance KPIs year to date

N/A

Resource Implications (eg Financial, HR)

N/A

Assurance Implications

The report will assure the Trust Board on the governance structure for the LLR Better Care Together programme.

Patient and Public Involvement (PPI) Implications

Yes. BCT Communication and Engagement Strategy under development

Equality Impact

N/A

Information exempt from Disclosure

N/A

Requirement for further review ? Monthly report to each Trust Board meeting.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board
REPORT FROM: John Adler, Chief Executive
RE: Better Care Together Programme
DATE: 25 July 2013

1. PURPOSE

The purpose of this paper is to:

- 1.1. Provide the Trust Board with a progress report on the development of the governance structure and prioritised workstreams of the LLR Better Care Together Programme.

It builds on the briefing provided to Trust Board in May.

2. PROGRESS

In June an Interim Programme Director was appointed to the BCT programme whose initial task was to review the structure, processes and governance of the programme. By exception, key issues that the Trust Board should be sighted on are as follows:

VISION, COMMUNICATION AND ENGAGEMENT - The essential nature of effective stakeholder communication and engagement is acknowledged however it is evident that at this stage, health community partners are unable to consistently explain the vision, mission, purpose and desired outcomes for the programme. There is a need for this to be addressed through the development of an appropriate Communication and Engagement Strategy, ahead of the proposed 'Better Care Together' public and staff communications events planned for autumn, 2013.

APPROPRIATE GOVERNANCE ARRANGEMENTS FOR PROGRAMME DESIGN

A review of the BCT governance structure has been undertaken with particular emphasis on the need to differentiate between the remit of the Programme Board and subsequent decision making responsibilities. Discussions have taken place with the NHS England regional team with regard to the proposed governance model (Appendix 2) and the decision making protocols arising from the activity in the programme. NHS England has provided verbal agreement to the proposed governance structure. In summary the changes are as follows:

Management - a new (smaller) BCT Programme Board will be established replacing the current programme board structure. This board will ensure that 'proposals' for future models of health and care are developed; overarching programme plans executed; and that consolidated clinical and programme risks are identified and

managed. The recruitment of a fixed term Programme Director and Lay Chairperson is progressing.

Leadership - a new 'Expert Steering Group' will be established incorporating some of the wider membership of the current Programme Board. This group will champion implementation; articulate the vision; communicate to their respective organisations; remove barriers to change.

Workstream level – the three thematic BCT workstreams will be maintained, underpinned by provider delivery plans. Following much discussion over recent months, this includes Long Term Conditions. A Partnership Board will be in place for each workstream with appropriate representation from partners, stakeholders, public & patients and clinicians. The role of the Boards' is to manage the day to day overview and delivery of specific projects.

Specialist support - Five new cross cutting 'Specialist Task Groups' will be established to: provide support to the workstreams; provide an expert 'steer' where necessary; challenge and seek assurance within the remit of their brief; look across the whole programme to understand the interdependencies between workstreams. The specialist support groups include:

- 2.1. Public & Patient Involvement Task Group
- 2.2. Economic, Activity & Capacity Modelling Task Group (chaired by UHL DF)
- 2.3. Clinical Quality Task Group
- 2.4. System wide Reconfiguration Task Group
- 2.5. Communications & Engagement Task Group

A LLR IM&T Group is already in place. This will provide equivalent specialist expertise to the BCT programme.

The Trust will have an active part to play in all of these groups to ensure that our plans for improvement as expressed in our IBP/LTFM, remain aligned to the wider health community strategy.

PARTNERSHIP - There is a growing sense of collaboration and partnership being central to robust solutions for the future. The exact nature of this in respect to the revised BCT programme is unclear however given future opportunities and the Trust's own experience of the risks and benefits of such an approach, would suggest it would be timely for the Trust Board to consider this further.

3. RECOMMENDATIONS

The Trust Board is invited to **RECEIVE** and **NOTE** the report.



Better care together

A Partnership of Leicester, Leicestershire & Rutland Health & Care

Better Care Together Experts Steering Group
 Chair: Independent Lay Chair. Meet: Quarterly. Membership: CCG Chief Officers & Chairs, Local Authorities, Healthwatch (Leicester City, Leicestershire, Rutland) Provider: Chair & Chief Executives H&SC organisational and community representatives. BCT Director. BCT Task Chairs.. NHS England

