

**Health and Care Executive**

**Date:** Thursday 20 April 2017

**Time:** 1.00-3.00pm

**Location:** Madingley Hall, University of Cambridge, Madingley, Cambridge, CB23 8AQ

**Present:**

Alex Gimson (AG) CAG Chair – *Acting Chair*

Tracy Dowling (TD) Chief Officer, CCG

Stephen Posey (SP) Chief Executive, Papworth

Roland Sinker (RS) Chief Executive, CUHFT

Stephen Graves (SG) Chief Executive, NWAFT

Aidan Thomas (AT) Chief Executive, CPFT

Matthew Winn (MW) Chief Executive, CCS

Charlotte Black (CB) Service Director Older People and Mental Health, CCC

Amanda Askham (AA) Head of Transformation, CCC

Gary Howsam (GH) Clinical Chair, CCG

Scott Haldane (SH) Interim Executive Programme Director, SDU

**In attendance:**

Joel Harrison (JH) Finance, Analytics and Evaluation Director, SDU

Aimee Venner (AV) Head of Planning and Delivery, SDU

Aidan Fallon (AF) Senior Communications and Engagement Manager, SDU

Laura Anthony (LA) Programme Governance Manager, SDU - *Minutes*

**Apologies:**

Gemma McGeachie (GMcG) System Strategy, Planning & Development Director, SDU

Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough

Dave Fountain (DF) Chief Executive, EEAST

Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC

Mark Millar (MM) FPPG Chair

**Agenda**

**Action**

**1 Items by exception:**

- **Minutes from previous meeting and outstanding actions**  
The minutes from the last meeting were **agreed** as a true reflection of the discussion. The action log was reviewed by exception and the following actions updated:
  - Action 543: This action is now complete.
  - Action 565: To be discussed further in the HCE strategy session.
- **Review key programme risks and issues**  
The HCE reviewed the risk and issues log by exception, the following was discussed:
  - R- 28: It was formally **noted** that David Astley, Independent Chair for the STP has decided to stand down from his role. Considering this shift of focus, it has been **agreed** that a more inclusive governance

arrangement, which is likely to involve the trust chairs, non-executive and lay members (and potentially local authority representatives) would be more appropriate moving forwards. The job description for Executive Programme Director has therefore only been partially redrafted pending the strategic discussion after the HCE meeting and redefinition of governance arrangements. It was **agreed** the job advert would on NHS Jobs by Friday 28 April. The HCE **agreed** that AG would cover the function of Chair for the HCE meetings in the interim.

**Action: SH to circulate Executive Programme Director job description to HCE following the strategy session ahead of publication for the minimum time period possible by 28 April.** SH

- R-31: The HCE **agreed** to change the RAG rating to red.
- R-15: SH highlighted the need for not losing sight of OD.
- R-21: The HCE **agreed** to close this risk.
- R-25: SH queried the current mitigations and it was **agreed** to unpick negotiations with national bodies.
- R-32: AG queried level of communications with transformation staff and the need for this to be discussed further at the next HCE meeting. SH confirmed it would be useful for Chief Executives to share a list of whom is currently involved with transformation work building on previous work completed in September 2016. This will support improved connections across the system.

**Action: SH to send a request to all Chief Execs detailing what level of information is required re: transformation staff to ensure consistency. LA to add agenda item to draft agenda.** SH  
LA

**Action: LA to update the HCE risk register with the amendments discussed.** LA

- **Update following FPPG and CAG**  
This item was not discussed.
- **Status updates from Delivery Groups**  
The HCE **noted** the status updates from each Delivery Group, which were circulated prior to the meeting and the following updates were provided by exception:
  - **PCIN:** The delivery group is currently working on governance arrangements for delivery. Case Management business case is due to go back to Investment Committee (IC). AT queried the need for clarity on the System Investment Fund (SIF) which is not a source of funding.
  - **UEC:** A joint PCIN and UEC Programme Board is being set up however the PCIN and UEC Delivery Groups will


remain whilst this is being formalised. UEC is currently working up the Discharge to Assess business case which will go back through the IC.

- Planned Care: Progress has been made on resource for workstreams and engagement is building. TD updated the HCE on development of a programme of practice visits to support and understand root cause of referral rates. It was **noted** that these could be clinically appropriate.

*MW entered the meeting at 1.45pm.*

- Digital: SH provided a brief update on the recent Digital Delivery Group meeting. A GP has been identified with an interest in Digital. A Capital Funding bid is due on 21 April. RS confirmed CUH are currently looking at a proposal for the use of Epic within hospitals, and reaching out to General Practice.
- Children, Young People & Maternity: The Delivery Group is currently looking for a replacement Maternity clinical lead. The programme board is taking place in two weeks.

*RS entered the meeting at 1.55pm.*

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Cambridgeshire AEPs which are being reviewed in light of a Health & Wellbeing Development session. There is a proposal to integrate all the public service meetings into one meeting. CB and Jess Bawden are taking a lead.

**Action: Update on AEPs to be included in the Governance Update on 25 May HCE. LA**

## **2 Update on Investments**

SH introduced the item and noted the presentation included within the papers. As there were no representatives from HHCT or PSHFT at the last HCE meeting the HCE were asked to consider and affirm the upper level of funding available to support the SIF. SG confirmed NWAFT would only commit to the minimum level of funding (£1.65m).

*SP entered the meeting at 2.05pm.*

The HCE discussed the SIF and representatives from CUHFT, the CCG and CPFT, the contributing organisations in addition to NW Anglia, **agreed** to the upper limit and confirmed this had been taken through their representative Boards. It **noted** that although the funding is disproportionate the investment will be dispersed to deliver the maximum benefit across the whole Cambridgeshire and Peterborough system.

SH provided feedback on the Discharge to Assess business case which was presented to the IC on the 12 April. The case is still being finalised and will not seek formal approval until complete, which is expected in May.

TD confirmed the primary care locally commissioned services proposal will be discussed at CEC next week.

All Chief Executives have received a letter from NHSI and NHSE around a Capped Expenditure process as the Cambridgeshire and Peterborough STP is deemed to be high risk in the Country. A response to the letter is due on 5 May and JH has since organised a call with all Finance Directors to discuss the narrative. JH briefed the HCE on what will be included in the narrative and confirmed that reasons for the receipt of the letter were broader than Papworth still in discussion around their control total.

**Action: JH to coordinate the work programme with system FDs and circulate a draft response letter to HCE.** JH

### 3 Update on Workforce

MW provided an update on workforce, raising three issues:

1. HRDs have now been aligned to each Delivery Group to ensure business cases are sighted and reviewed in regards to workforce prior to going to IC as previously this was not happening.
2. Due to a National Mandate the current support provided by Health Education England will decrease by 80%. Provisions for development and workforce plans will fall back to Providers.
3. ARU are confident in the caliber of applications received for nurse placements however the number of applicants is lower than previously. MW confirmed there are sufficient numbers of placements, and CUH have previously confirmed they could increase if needed.

*GH entered the meeting at 2.55pm.*

The HCE discussed the need to work through development on a wider and build on the Devolution work the Council have been leading on. The HCE **agreed** that this needs to be completed at a system level.

**Action: MW to feedback discussions around development and take forward via Local Workforce Advisory Board.** MW

### 4 Update on Governance

SH provided a brief update nothing the governance framework is currently being reviewed to reflect the current landscape. However, considering the planned strategy session following the HCE meeting it was felt that the review needs to be delayed pending outcomes of the strategy discussion. It was **agreed** to review and sign off the proposed Governance Framework in the May HCE meeting.

**Action: LA to add Governance to the 25 May HCE agenda.** LA

**5 Update on Datalytics**

Datalytic technicians are currently reviewing the system. A technical meeting is being set up by the System Delivery Unit (SDU) between CPFT IT and Datalytics to discuss the technical environment and will identify any hidden costs. SH confirmed that this is not an exclusive contract and other software can be utilised. The Datalytic software will not solve data sharing constraints.

**6 Agree agendas for the next HCE meetings**

The HCE reviewed the draft agenda for the HCE on 25 May. It was **agreed** to include a deep dive on Urgent & Emergency Care. Planned Care, in particular Demand Management will be reviewed at the June HCE meeting.

**Action: LA to reflect discussions on the draft agenda for the HCE meeting on 25 May. LA**

**7 AOB**

- There was no further business discussed.

**The meeting closed at 3.05pm.**

**Next meeting: Thursday 25 May 2017**

**Author: Laura Anthony, Programme Governance Manager, April 2017**

