

Health & Care Executive

Date : Thursday 27th October 2016
Time : 2.30-3.30pm
Venue: Moller Centre, Cambridge

MINUTES

Present :

David Astley (DA) Independent Chair, STP - Chair
Tracy Dowling (TD) Accountable Officer, CCG
Matthew Winn (MW) Chief Executive, CCS
Stephen Graves (SG) Chief Executive, PSHFT
Lance McCarthy (LM) Chief Executive, HHCT
Claire Tripp (CT) Chief Executive, Papworth
Jonathan Dunk (JD) Chief Finance Officer, CCG
Alex Gimson (AG) CAG Chair, STP
Roy Clarke (RC) Finance Director, Papworth
Stephen Segasby (SS) Sector Head, EEAST
Gary Howsam (GH) Clinical Chair, CCG
Scott Haldane (SH) Finance Director, CPFT

In Attendance:

Catherine Pollard (CP) Solutions Director, NHSI
Simon Wood (SW) NHSI
Joel Harrison (JH) NHSI
Matt Lyle (ML) NHSI
Nick Ford (NF) NHSI
Catherine Boaden (CB) Programme Manager, STP
Laura Gaylor (LG) Governance Manager, STP – Mins

Apologies:

Aidan Thomas (AT) Chief Executive, CPFT
Roland Sinker (RS) Chief Executive, CUH
Liz Robin (LR) Director of Public Health for Cambridgeshire & Peterborough
Jessica Bawden (JB) Director of Corporate Affairs, CCG
Wendi Ogle-Welbourn (WO-W) Corporate Director: People and Communities, PCC
Joanna Yellon (JY) Locality Director Cambridgeshire and Norfolk, NHSE
David Roberts (DR) Clinical Chair, SPC

Agenda

1. Proposed HCE Indicator Report

CP provided an update on the proposed implementation metrics. Fiona Head is leading a task and finish group to pull together a set of metrics that monitor the closing of the health and wellbeing gap, care and quality gap and financial gap at a system level across Cambridgeshire and Peterborough. The proposed implementation metrics were appended within the slide deck.

The proposed HCE report will include 21 indicators, taken from the full implementation report. It was clarified that the HCE report will provide a rounded overview of the health of the system and reflects the proposed national STP monitoring requirements,

Actions

in a digestible format. Each delivery group will have further details of metrics which are relating to the change needed of each delivery board. It was **agreed** to review the metrics in 6 months (or possibly earlier) to ensure that the metrics included were the most appropriate measures possible to monitor progress and outcomes by delivery board.

MW raised concerns around the workforce metric, it was suggested to share these proposed metrics with the next LWAB meeting to review.

Action: Scott Haldane to task Fiona Head with sharing the proposed implementation metrics with the LWAB. **SH**

The HCE **agreed** to commission the CCG Business Intelligence Unit and SDU to produce a report, using the metrics and format which were set out in the appendix. It was **noted** that the initial report will not be available until December, and not all data will be available.

The HCE **agreed** to receive the HCE Indicator report, along with analysis and recommendations on a quarterly basis.

2. Local Digital Roadmap

CT provided a brief update on Digital; the Local Digital Roadmap (LDR) was submitted to NHS England on 21st October in line with the revised timetable set by NHSE. Informal feedback has indicated that the LDR could benefit from greater ambition in terms of impact and innovation, as well as a greater sense of input and demonstrable 'ownership' buy the wider system. Therefore, the LDR will be reviewed by the Digital Delivery Group currently being constituted and amended as appropriate. Thereafter, it will be recirculated to HCE for sign-off. The plan is for the revised LDR to be resubmitted to NHS England on the 18th November (date to be formally confirmed with NHS England).

Each organisation has been asked to identify key members of staff who need to be included within the Digital Delivery Group. The group will also then need to look into engaging with wider stakeholders and identifying a Chief Clinical Information Officer (CCIO). There is currently £15k set aside in the SDU budget for this role. This will equate to 2 sessions a week, and the ideal candidate would be a clinician who has a keen interest in digital technologies and informatics. TD and GH suggested the LMC could be asked to help publicise the role once advertised.

JD questioned whether the Estates & Technology Transformation Fund (ETTF) scheme delivery would include the three year allocation. It was confirmed it would.

GH declared a conflict of interest regarding ETTF.

The HCE **noted** the LDR update.

3. Communication & engagement update

Staff engagement & public involvement strategy

DA attended the System wide Comms cell meeting last week and gave feedback on the meeting.

Nominated leads have been identified to be aligned to each delivery group which are matched to their CEO Accountable Officer. Within the SDU there are two communications & engagement posts and these individuals will support public facing content. All publication of STP content will need to be agreed/approved by the respective delivery group.

The HCE **agreed** with the communications and engagement approach which was outlined on slide 8 of the slide pack.

Refreshed communication plan

The refreshed STP communication plan was circulated ahead of the meeting. The HCE were asked to comment on the plan.

Discussions with NHS England are currently ongoing around the publication of the STPs. Each STP footprint has been informed to not plan publication at the moment, awaiting feedback from the 21st October submission. Work is currently needed on all sections of the STP to ensure it is written in 'public friendly' language prior to publication.

The Comms Cell has proposed a plan for a launch event for media and stakeholders to take place at a modern venue, preferably within the community. The timing of the event was discussed, recognising sensitivities around the timing of the scheduled PSHFT/HHCT Board. The first week or second week of December has been proposed and the HCE **agreed** with this proposal; however it was **noted** not to hold this within the same week as the PSHFT/HHCT Board.

Wider stakeholders were discussed and it was **agreed** to include Governors, NEDs and local MPs.

Action: Jess Bawden to pick up stakeholder discussions with the Council.

JB

CT suggested that it would be helpful to identify three key messages from each delivery group which could be shared at the launch event.

Action: Each delivery group lead was asked to compile such a list and submit through their Comms link.

HCE

4. OD and QI Strategy

CBo presented the national context of the Quality Improvement/Organisational Development to support STP Delivery. There is a draft National Improvement and Leadership Development Framework which has been developed by the NHS Leadership Academy. This sets out conditions common to high quality, high performing health and care systems. There is a need for leaders to build strong alliances for change and lead rapid change in and across organisations and care. The HCE **noted** that STP is a long-term programme of change and that the service transformation required will not happen overnight.

The proposed approach to delivery and the ambitions that the system has committed to in the STP were outlined on slide 13 of the slide deck. The recommended resourcing commitment outlined the levels of required resource and levels of engagement needed.

As a system we can self-fund £1.5m for QI in 2019/20, however there currently is no funding to invest prior to this date.

As all organisations have signed up to the Memorandum of Understanding, there is a need for a wider OD plan to reflect this, not only at delivery group level but also at the system level.

MW stressed the need to reinforce effective collaboration with organisations and to agree and incorporate new ways of working, which should be included in the OD strategy and help align each organisations to the new values. All senior staff (if not, indeed, all staff) should have an element of delivering on the goals and objectives of

the STP included in their objectives and PDPs.

It was **agreed** for the HCE to review a detailed proposal for the QI plan which includes costing and align a proposal for system working which links into each organisation, which includes Primary Care and the Councils.

Action: CBo to produce a paper for the end of December/January that sets out a detailed proposal for the QI plan and includes costings. **CBo**

A meeting with transformation leads across the organisation is currently being organised for mid-November. The HCE raised concerns around the pace of this work and a suggestion was made to link in with the current HRD meetings in order to avoid delays.

Action: CBo to link in with HRD group via Kathy Bonney. **CBo**

To deliver the STP there is a need to fundamentally change the way people work. CEO level support is needed to make this happen. MW volunteered to support in the short term. In the longer-term a CEO lead and Management Lead should be identified to work with CBo to take forward this workstream.

5. Review status of key deliverables

Delivery group update slides

A summary of the status of delivery groups was tabled within the meeting. Each CEO/HE Sponsor was asked to provide a brief update from their workstream.

Highlights of the discussions that took place were:

- CAG: the CAG are currently in the process of agreeing new ToR and membership, these will be signed off in the November meeting.
- FPPG: additional resource has been identified for baseline returns.
- PCIN: a review of all PIDs will be taking place on 10th November
- UEC: further work is needed with Ambulance efficiencies.
- Elective: dates are in the diary for the first couple of meetings; TD will be looking into resource for orthopaedics.
- Women and Children: there are currently 7 workstreams.
- Digital: this was discussed earlier in the meeting.
- Workforce & OD: LWAB is already established as this is a nationally mandated meeting.
- SDU: Adverts are out for the three Finance roles and an Executive Assistant.
Action: LG to circulate roles that are out to advert currently.
- Shared Services: Pathology will be discussed at the next HCE meeting.

LG

Setting up of delivery groups

The HCE reviewed the current progress of the delivery groups which was outlined on page 17 of the slide deck. The HCE were asked to help accelerate the set up progress for all the delivery groups.

The roles and responsibilities for the Accountable Officer, SRO, Finance Lead, HR Lead, Clinical Lead, Improvement Project Manager and Project Team Members were outlined on page 20 & 21 of the slide deck. The HCE were asked for comments. AG commented on including deputies onto the roles and responsibilities especially in regards to clinical leads.

Action: LG to add clinical deputies to the roles and responsibilities. **LG**

It was also **noted** that clinicians needed reassurance that other groups are being asked the same level of engagement and expectations are paralleled across each group.

The HCE **agreed** with the roles and responsibilities as defined within the slide deck.

Reporting cycle for HCE & bi-partite

The HCE **agreed** to the new reporting structure which was outlined on slide 18 of the slide deck.

6. SDU Budget

Closing down the current STP budget

The STP budget (currently held by the CCG) is forecast to have a small surplus of circa £4k at the end of November. In addition, there is a provisional sum being held of £26k for a potential redundancy cost. It was recommended that these sums be added to the SDU budget (to be held by CUH) for the remainder of 2016/17. The HCE **agreed** to this recommendation with the added commitment that the system would indemnify the CCG for the redundancy cost by way of reimbursement, should such a cost crystallise.

16/17 contributions to SDU budget

The SDU has a budget of £584k from November 2016 - March 2017 and current anticipated contribution is expected to exceed this. The HCE **agreed** to give the Programme Director discretion on how to best manage any transition and savings from the £584k available for 16/17 to supplement the FY18 budget, subject to FPPG scrutiny.

MOU – Appendix 9 – SDU budget – payment approval process

Annex 9 of the MOU, which was circulated prior to the meeting, sets out the SDU structure, funding and payment mechanism. The HCE were asked to review the annex and send any comments through to SH by Friday 28th October.

Action: HCE to review Annex 9 and send through comments to SH by 28th October.

HCE

Action: SH to provide details of the role of the SDU and responsibilities for the next HCE.

SH

7. Actions from the last meeting

This agenda item was not discussed.

8. Review key programme risks and issues

This agenda item was not discussed.

9. Agree agendas for the next HCE meetings

This agenda item was not discussed.

The meeting closed at 3.55pm.

Date of next meeting: Thursday 10th November, 3-4.30pm, Board Room, Elizabeth House, Fulbourn Hospital, Cambridge, CB21 5EF

Author: Laura Gaylor, Governance Manager, October 2016