

Report to STP Board: 20 May 2019

Agenda item:	6.2		
Title:	Other item list		
Lead:	Rob Hughes, Chair, North West Anglia NHS Foundation Trust (NWAFT); Gary Howsam, Clinical Chair, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG); and Matthew Winn, Chief Executive, Cambridgeshire Community Services NHS Trust (CCS)		
Author:	Alison Ives, System Governance Manager, System Delivery Unit (SDU)		
Report purpose <i>(Please mark one in bold)</i>			
APPROVAL	DECISION	ASSURE	INFORM
Link to STP Priorities <i>(Please mark all applicable in bold)</i>			
AT HOME IS BEST	SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED	WE'RE ONLY SUSTAINABLE TOGETHER	SUPPORTED DELIVERY
Committees/groups where this has been presented to before <i>(including date)</i>			
Sustainability and Transformation Partnership (STP) Board 14 March 2019			

Purpose of the paper
The purpose of this paper is to provide STP partners with an update on the process which is in place for the management of system issues that are over and above the currently agreed System priorities.
The STP Board is invited to:
The STP Board are asked to note this report

1. INTRODUCTION / BACKGROUND

System partners have agreed to focus on a small number of priorities for the short term (Accident & Emergency (A&E), Delayed Transfers of Care (DTC) and Finance) and the medium term (North/South Alliances and Integrated Neighbourhoods) in order to address long-standing System-wide operational difficulties.

All of the following themes are now being addressed, either through the longer-term models for greater integration, our work on a medium-term System financial plan, our stakeholder engagement plan and the newly-established task and finish group on aligning System resources:

- System finance;
- Improving trust between Partners;
- Engagement and involvement of the public and senior stakeholders;
- Resourcing and (long-term operating) models; and
- Governance and (programme) resourcing.

In respect of the system-wide issues, a *Prioritisation and Agreement Framework* has been approved to ensure that these matters are prioritised effectively and scheduled from being “parked” to becoming “live” short/medium-term priorities.

2. BODY OF REPORT

Guiding principles

The Board is reminded that the Framework is based on a set of guiding principles, which are:

Approach:

- patient interest across Cambridgeshire and Peterborough footprint being at the heart of our prioritisation;
- learning lessons from the past;
- taking organisational interests aside;
- sticking to decisions once they have been made - utilising the public STP Board meetings to ensure there is a commitment to the public when decisions are made to hold partners to account;
- sticking to a commitment already made to resolve an issue by an agreed date - reminding members of the STP Board the commitments the System agreed to in the Memorandum of Understanding; and
- making concessions in the interest of relationships.

Process:

- transparency – being clear on who needs to be involved in the issue;
- treating all issues equally regardless of what it is (e.g. clinical/ non-clinical);
- distinguishing between system business and organisational business;
- understanding the root cause of the issue (for example; transformational resource, commissioning, financial, resources, clinical governance/safety); and
- forward planning agendas populated with the key dates for decisions to be made.

System Items for Agreement - Tracker

The current version of the System Items for Agreement Tracker is attached (annex 1) and includes the following update:

- there has been a delay to the timescales around PCI, as we await the outcome of the GIRFT report.

System Items for Prioritisation - Tracker

No new items are being recommended for prioritisation at this stage, although the forthcoming primary care strategy will still address “Development of (investment in) primary care”. The current version of the System Items for Prioritisation Tracker is available at (annex 2).

3. RECOMMENDATIONS

The STP Board are asked to note this report

13 May 2019

Appendices: ***Appendix 1 – System Items for Agreement – Tracker***
Appendix 2 - System Items for Prioritisation - Tracker

Appendix 1 – System Items for Agreement - Tracker

Item	Brief history	SRO	Clinical Lead	CEO	Arbiter	Current Status (in particular what is needed to progress the item)	Is there a process already established	If so, when is it due to complete	Date to revisit
Item for Agreement									
Cardiology - PCI	Historically, cardiology patients in the north of the System and from neighbouring STPs who attend PCH can sometimes wait too long to be transferred to Royal Papworth Hospital (RPH) for PCI interventions or face long journey times if they require complex pacing. Patients may face longer journeys when RPH relocates to the Cambridge Biomedical Campus. In 2016, the System agreed to review whether PCI and complex pacing should be provided on the PCH site, and is now awaiting a decision by C&P CCG based on sustainability and affordability.	Rob Murphy	Mark Sanderson	Jan Thomas	C&PCCG	C&PCCG has committed to making a decision on the provision on PCI services from Peterborough City Hospital. The original time frame for this was by the end of March 2019. C&PCCG has notified providers and the STP that, the report has not been received following the GIRFT national review of Cardiology services in Cambridgeshire and Peterborough which took place on 9 April.	Yes	31 May 19	June-19
Stroke Neuro-Rehabilitation	At present, Cambridge University Hospital (CUH) provides post-acute rehabilitation for patients with brain injury from stroke or other reasons e.g. Road Traffic Accidents (RTA), while NWAFT provides rehabilitation for stroke patients only. Working with stakeholders (including Overview & Scrutiny Committees, Patients, local people, area-specific voluntary organisations, staff, clinicians and others), the system needs to develop options for the future rehabilitation of stroke patients, taking into account the need to maximise the effective use of existing system-wide hospital capacity.	Debbie Morgan	Liz Warburton	N/A	Not required currently	A meeting was held on 14 May 2019, where Transformation Leads from NWAFT, CUH and CCG met to discuss workstreams and timelines for the business case. Further meetings are scheduled and NWAFT has set-up an Internal Rehabilitation Working Group which will support this workstream. An indicative timescale has been set of 30 September 2019 to conclude: the clinical model; governance; estate requirements aligned to the Hinchingsbrooke business case; workforce; finance and activity; consultation requirements.	Yes	31 Mar 19	Apr-19
Trauma	Within the original STP plan, there was consideration of the potential to move hip fractures and distribute patients from Hinchingsbrooke Hospital to PCH and CUH. From the Trusts perspective, a two-hub trauma model (with one hub at PCH, at the other at CUH) for the System would improve the outcomes for patients, especially for elderly patients getting concentrated ortho-geriatric care. CUH and PCH are in discussions about the practical implementation of this approach. The Trusts will work with stakeholders (including Overview & Scrutiny Committees, patients, staff, clinicians and others), to develop these ideas further.	Debbie Morgan	Julian Owen	N/A	Not required currently	Clinical Leads across the System continue to meet to progress this workstream. This will be accelerated by NWAFT in coming weeks and months because of the requirement to find a clinically sustainable solution for the Hinchingsbrooke trauma service, also the need to provide better elective solutions for the Peterborough elective patients due to emergency pressures on PCH. The trauma move is also required to enable the stroke and neuro rehabilitation work to progress.	Yes	31 Mar 19	Apr-19

Appendix 2 - System Items for Prioritisation - Tracker

Prioritisation
Giving children & young people the best possible start in life
Ensuring our mental health services continue to be invested in and developed
Enhancing, further, our renown in specific pathways e.g. cardiology, cancer
Development of (and investment in) primary care – addressed by PC strategy
Clinical strategy (whether we're doing enough to make the System clinically sustainable - in particular at Hinchingbrooke Hospital)
Operational and clinical standards
RightCare
Outpatients redesign
Shared Services (excluding Estates)
Long-term plan 'must do's'
Prevention and health inequalities