

MINUTES

Meeting	Programme Board
Date and time	9:30am to 11:30am, Monday 3 September 2018
Location	Motivation Room, Village Hotel, Castle View, Forstal Road, Maidstone, ME14 3AQ
Chair	Michael Ridgwell, Programme Director, Kent and Medway STP

Discussion points and key decisions

1. Welcome, Introductions and Declarations

Michael Ridgwell opened the meeting and asked members to introduce themselves. No interests were declared.

2. Digital Deep Dive

The Programme Board's meeting structure allows for occasional 'deep dive' sessions which allow members an in-depth look at a particular work stream. Susan Acott and Andrew Brownless gave an overview of the work of the Digital workstream, highlighting the key principles, deliverables and challenges, and outlining progress made to date.

Susan Acott explained that Kent and Medway is one of the largest STP in England with a large number of partner organisations and covering multiple upper and lower tier authorities. This complexity poses some governance challenges, especially when making decisions on resources. For some decisions on Digital deliverables, the approval of individual Trust Boards and governing bodies may be required. In addition, some of the deliverables are locally determined priorities but others are mandatory and nationally specified.

The Digital workstream has successfully engaged with all partner organisations and established support for its aims and objectives with both clinicians and managers. Programme Board members are asked to continue to support this work and remain connected with individual workstream leads to ensure that organisational views are adequately represented within the workstream.

Health System Led Investment Funding

NHS England released the prospectus for health system-led investment funding on 10th August 2018. £412.5m is available nationally, allocated on a per capita basis, giving Kent and Medway £12.996m over the next 3 years

- 2018/19 - £3.276m capital
- 2019/20 - £2.911m capital
- 2020/21 - £6.808m capital / revenue tbc

The STP has been asked to

- a) Develop an investment proposal describing the portfolio of projects
- b) Submit final investment proposal to NHS England no later than 5th October 2018
- c) Complete funding and award agreements and locally approve project business

cases

d) Draw down capital funding from the Department for Health and Social Care

The Digital Strategy Group has pulled together an initial project portfolio which needs to be reviewed. The final portfolio should be signed off by STP Finance Group and Programme Board prior to submission on 5 October. At the request of Programme Board members, Andrew Brownless will circulate the draft portfolio to members after the meeting for their consideration, in order for a final set of proposals to be agreed at the October meeting. It was stressed that the list of proposals should also include a summary of their business benefits, so that members could make an informed decision on their merits. It was **AGREED** that Kent and Medway Care Record (KMCR) should be included in the final list.

Susan Acott felt that some of the current proposals were 'business as usual' and that the STP could possibly include some more innovative projects. It was **AGREED** that 20% of the funding bids should be reserved for innovation.

Kent and Medway Care Record (KMCR)

This next stage of the project is to develop a procurement specification for a new care record for Kent and Medway. The aim is to have a single platform with which multiple healthcare computer systems can communicate to share and exchange data. A key task is to ensure that data can be easily shared between all systems. KMCR will not replace the systems but simply draw the right information from each system, and let relevant people access the information they need, when they need it. Interoperability is crucial; there is an existing national interoperability standard for health and care providers and a technical specification will be produced for partner organisations requiring interoperability of any new IT system with the KMCR. The ambition is to have a single operational model across all organisations.

There has been significant engagement from clinicians, staff, and PPAG representatives, which has informed the development of the specification for care record. The project team is now ready to go to the market and procure the system. The managing directors for the East Kent and Medway and North West Kent CCGs have agreed to meet the project management and procurement costs up to the point of securing a preferred supplier. It was noted that the costs around the solution will need to be met and the mechanism for this is unclear.

As part of the project governance, a Chief Clinical Information Officer or other STP level clinician is required who can sign off the KMCR from a clinical safety standpoint.

Questions and comments from Programme Board members included:

- It was pointed out that providers of support services for people with drug and alcohol problems need to be engaged in the development of the KMCR. It was felt that providers could be involved in the operational detail as the KMCR is being developed.
- Commissioners will need a form of words and technical specification for any provider contracts they are entering into in order to bind them into ensuring their IT systems are interoperable with the KMCR.
- The governance around the agreement to proceed to procurement needs to be agreed
- An audit of current provider systems is needed to ensure that interoperability is possible with the KMCR.
- It was asked whether additional patient engagement was expected in the delivery of the KMCR and other digital projects. Although this has not been specified, Susan Acott and

Andrew Brownless felt that additional patient engagement would be of value and this will be progressed.

- It will need to be determined whether this decision needs to be agreed by individual CCG boards in relation to putting the contract to market.
- It will need to be ensured that the system meets the needs as a health and care system (not just that it works). The danger is that if it does not, then it will not be used consistently across the patch.
- KMCR is a multi-agency / multi-organisation project and it is important that all partner organisations have input to the specification.

The Programme Board **SUPPORTED** the move to phase 2 of the KMCR project (procurement), subject to the following actions:

- Confirm with MDs for East Kent and Medway and NW Kent that they have agreed to fund project management and procurement on KMCR, up to the point of selection of a preferred provider. **Action: Caroline Selkirk / Ian Ayres**
- Check whether the decision to fund KMCR project management and procurement needs to be agreed by each individual CCG boards. **Action: Caroline Selkirk / Ian Ayres**
- Carry out an audit of existing partner IT and web-based systems to ensure that interoperability. **Action: Digital workstream**
- Provide partner organisations with advice and a form of words for new provider contracts to ensure their IT systems are interoperable with the KMCR. **Action: KMCR Project Team**
- Bring a paper back to October Programme Board on the proposed governance for the KMCR, including recommendations on how ongoing costs will be charged. **Action: Susan Acott / Andrew Brownless**

Shared Health Analytics

There was a brief discussion on the development of a shared health analytics function across STP partner organisations that can be used to undertake analysis, rather than buying in analytics capability. Two business cases are currently in development for a:

- Strategic Intelligence Unit – to be funded by the STP as a productivity saving
- Data Research Laboratory – to be funded through the STP

The Digital workstream was also seeking support for the Shared Health and Care Analytics Board (SHAB) governance structure. Susan Acott stressed that there needed to be a direct link between Programme Board and the SHAB, to ensure that its work is led by the priorities of the STP programme. Andrew Scott-Clarke, Lorraine Goodsell and Michael Ridgwell expressed an interest in being involved and Steve Inett suggested the involvement of a Patient and Public Advisory Group representative.

Michael Ridgwell felt that members needed a clearer line of sight on the shared analytics functions and SHAB governance proposals and suggested that the workstream bring a more detailed paper with clear recommendations to Programme Board in December. This was **AGREED**.

3. STP Governance Review

Ravi Baghirathan presented a paper on the refresh of STP programme governance. The aim of the review was to enable governance groups to be more effective at driving change and streamlining the STP programme governance and ensure everyone is represented in the right place, reflecting changes to our commissioners.

A summary of changes are as follows:

Added:

- **Non-Executive Director Group:** proposed by members to provide oversight of the STP programme and engage non-executive directors and councillors into the programme. This will be made up representatives of non-executive directors from NHS providers, lay members of CCGs, and councillors from the upper-tier councils. They will appoint an independent chair for the STP programme board
- **Primary Care workstream:** signed off by the STP Programme Board, and proposals currently being developed between Fiona Armstrong and the Local Medical Committee (LMC) for the work programme and governance
- **Programme Boards for STP workstreams and programmes to support decision-making and streamlining the governance:** Boards established for the Productivity and Mental Health programmes. See Appendix 2 for the Productivity example

Revised:

- **Local Care programme governance:** governance streamlined and ensuring clear link with local care projects on the ground
- **Communications and engagement:** removed as a workstream, and incorporated as a core function of the central STP Programme Management Office (PMO)
- **Programme, workstream, STP and CCG roles:** detail provided on roles to draw a line between the strategic commissioner and the STP, and enable effective implementation

Regarding the Non-Executive Director Group, the view was that the Chair of this group should be a person who does not occupy any another statutory role, to ensure independence. Any remuneration would also be in line with existing NHS terms and conditions for non-executive directors.

It was suggested that the STP could possibly be more ambitious and follow the Manchester example, developing its own unique Kent and Medway model.

It was pointed out that a Medical Director had been added to the STP governance structure. There was some concern about this and the role's relationship to the existing Clinical and Professional Board (CPB), with members suggesting that this could be duplicating the role of the CPB chair. It was **AGREED** that this element should be reconsidered.

Given the relationship between the STP and the emerging strategic commissioner, it was **AGREED** that an update on progress towards establishing a strategic commissioner should be brought to the Programme Board in October.

Subject to the actions above, the governance changes were **AGREED**.

4. Kent and Medway STP Financial Position

At month three, the STP has a system-wide deficit of £31m (excluding SECamb), against a planned deficit of £31m. The STP is behind plan by a deficit of 0.1m. This includes a Provider Sustainability Fund/Commissioner Sustainability Fund amount of £10.5m.

When tracked against the five year forecast within our original Sustainability and Transformation Plan, the chart presented indicated that at June 2018, the system was operating to plan. However, Kent and Medway had a greater amount of Sustainability and Transformation Funding (STF) that previously planned. The risks in both the provider and commissioner positions are not necessarily reflected in this overall STP position.

A questioned was raised about the security of funding for local care. Local care money is held in the CCG budgets, but the allocation was dependent on how the Kent and Medway system performs. It was **AGREED** that an update on local care should come to Programme Board after the upcoming discussion on local care at Finance Group.

Paul Carter also highlighted that some work carried out by PWC showed that due to inaccurate ONS population projections, Kent and Medway are receiving £35-£40m less resource than needed. It was **AGREED** that the report findings should be brought to Programme Board for a fuller discussion.

5. Chief Executive's Report

East Kent

Lorraine Goodsell gave an update on the recent decision by NHS England to place East Kent CCGs in special measures and action being taken as a result.

The key reasons cited for placing East Kent CCGs, in special measures were:

- deterioration of the CCGs financial positions and non-delivery of agreed surplus;
- significant and sustained non-delivery of constitutional targets at East Kent Hospitals University NHS Foundation Trust such as A&E waiting times, cancer waits, 18-week waits; and,
- lack of joint working at an east Kent level to collectively solve these issues.

The special measures regime provides opportunities to work together across east Kent to bring about rapid change. A turnaround director has been assigned to East Kent (David Meikle) and work is already underway to address the key challenges, focussing on the following areas:

- Formal governance to coordinate the four east Kent CCGs
- Local Care development linked to system working
- Contract management
- Strengthened savings programme with strong top down support
- PMO coordinating and driving savings programme
- Financial Recovery Plan

Winter Planning

Ivor Duffy outlined the key findings of the debrief from winter 2017/18 and the reviews of winter planning arrangements undertaken by NHS England and Carnall Farrar, and summarised the approach being taken to reduce winter pressures for 2018/19.

Programme Board members noted the paper.

Feedback from NHS South East Region System Leaders Meeting

Michael Ridgwell gave a short verbal update from a recent NHS system leaders meeting. The key priorities emerging from the meeting included:

- Integration – the need for organisations to work as part of a system
- Winter Planning
- Elective waiting times
- NHS England / NHS Improvement Integration

Risk Register

The risk dashboard was presented. Programme Members felt that the top risks did not accurately reflect the breadth of system-wide risks as the majority related to the stroke review which is one element of the wider STP programme of work. It was agreed that the risks needed to be reviewed before the next meeting. **Action: STP PMO**

Forward Plan

The Forward Plan was noted.

6. Minutes and Actions from the last meeting, AOB

Updates on actions from July are below:

Action	Owner	Deadline
Track the financial position of the STP against the five year forecast within the original Sustainability and Transformation Plan Covered within the STP Financial Position item on agenda	Phil Cave	3 September 2018
Develop metrics and tracking to show progress against delivery of STP core aims – health and wellbeing; care and quality; financial sustainability Not yet due	KMSTP PMO Team	3 December 2018
Provide a form of words for commissioners to include in contracts and procurement documentation regarding the use of the Kent and Medway Care Record This will be provided closer to the development of the care record	Susan Acott	3 September 2018
Update the Forward Plan for the September and October Programme Board meetings. Completed	Donna Carr	1 August 2018

Seek alternative times or dates for the Programme Board meetings currently scheduled for Monday morning Completed	Donna Carr	1 August 2018
Add the risk that the STP budget is still under consideration by two CCGs to the STP risk register Completed	Donna Carr	3 September

The meeting ended at 11:40am

ACTIONS – to be reviewed at the next meeting

Action	Owner	Deadline
Include Kent and Medway Care Record (KMCR) in the final list of digital projects put forward for health system-led investment funding	Andrew Brownless	1 October 2018
Reserve 20% of the health system-led investment digital funding bids for innovation projects	Andrew Brownless	1 October 2018
Confirm with MDs for East Kent and Medway and NW Kent that they have agreed to fund project management and procurement on KMCR, up to the point of selection of a preferred provider	Caroline Selkirk / Ian Ayres	1 October 2018
Check whether the decision to fund KMCR project management and procurement needs to be agreed by each individual CCG boards	Caroline Selkirk / Ian Ayres	1 October 2018
Carry out an audit of existing partner IT and web-based systems to ensure that interoperability	Andrew Brownless	1 October 2018
Provide partner organisations with advice and a form of words for new provider contracts to ensure their IT systems are interoperable with the KMCR	KMCR Project Team	This will be provided closer to the development of the care record itself
Bring a paper back to October Programme Board on the proposed governance for the KMCR, including recommendations on how ongoing costs will be charged	Susan Acott / Andrew Brownless	1 October 2018
Present a more detailed paper on the Shared Health Analytics function and governance proposals, with clear recommendations, to Programme Board in December	Andrew Brownless	3 December 2018
Present an update on progress towards establishing a strategic commissioner to the October Programme Board meeting	Simon Perks	1 October 2018
Present an update on local care at Programme Board after the upcoming discussion on local care at Finance Group	Caroline Selkirk	8 November 2018
Review risk register before the next Programme Board meeting	STP PMO	1 October 2018

ATTENDEES

Organisation	Name	Role
Dartford and Gravesham NHS Trust	Gerard Sammon	Interim CEO
East Kent Hospitals University NHS Foundation Trust	Phil Cave	Executive Director of Finance, Chair of STP Finance Group
East Kent Hospitals University NHS Foundation Trust	Susan Acott	Chief Executive, STP Digital SRO
Healthwatch Kent	Steve Inett	CEO Healthwatch Kent, Chair of Patient and Public Advisory Group
Kent & Medway Sustainability & Transformation Partnership	Donna Carr	Programme Manager
Kent & Medway Sustainability & Transformation Partnership	Julia Rogers	Director, Communications & Engagement
Kent & Medway Sustainability & Transformation Partnership	Louise Dineley	East Kent Programme Director
Kent & Medway Sustainability & Transformation Partnership	Michael Ridgwell	Programme Director, STP Communications & Engagement SRO
Kent & Medway Sustainability & Transformation Partnership	Ravi Baghirathan	Project Director
Kent and Medway NHS and Social Care Partnership Trust	Vincent Badu (for Helen Greatorex)	Director of Transformation
Kent Community Health NHS Foundation Trust	Paul Bentley	Chief Executive
Kent County Council	Andrew Scott-Clark	Director of Public Health, STP Prevention SRO
Kent County Council	Graham Gibbens (Cllr.)	Cabinet Member for Adult Social Care and Public Health
Kent County Council	Paul Carter	Leader of the Council
Kent County Council	Penny Southern	Acting Corporate Director for Adult Social Care and Health
Kent Local Medical Committee (LMC)	Mike Parks	GP Representative
Medway Unitary Authority	Alan Jarrett (Cllr.)	Leader of the Council
Medway Unitary Authority	James Williams	Director of Public Health, STP Prevention SRO
Medway Unitary Authority	Neil Davies	Chief Executive

Organisation	Name	Role
Medway Unitary Authority / Medway Health & Wellbeing Board	David Brake (Cllr.)	Portfolio Holder for Adult Services / Chairman
NHS East Kent CCGs	Lorraine Goodsell (for Caroline Selkirk)	Deputy Managing Director, STP Local Care and East Kent SRO
NHS England	Ivor Duffy	Director of Assurance and Delivery
NHS Improvement	Suzanne Cliffe	Head of Delivery and Improvement, South (East)
NHS Swale CCG	Fiona Armstrong	CCG Clinical Chair, STP Clinical and Professional Board Co-Chair
NHS West Kent CCG	Andrew Brownless	Chief Information Officer

APOLOGIES

Organisation	Name	Role
Kent & Medway Sustainability & Transformation Partnership	Glenn Douglas	Chief Executive and Strategic Commissioner, STP SRO System Transformation
Kent & Medway Sustainability & Transformation Partnership	Patricia Davies (Rachel Jones from October 2018)	Director of Acute Strategy, STP Stroke Review and Cancer Strategy SRO
Kent and Medway NHS and Social Care Partnership Trust	Helen Greatorex	Chief Executive, STP Mental Health SRO
Medway NHS Foundation Trust	Lesley Dwyer	Chief Executive
NHS East Kent CCGs	Caroline Selkirk	Managing Director, STP Local Care and East Kent SRO
NHS England	Felicity Cox	Director of Operations
NHS Medway and North West Kent CCGs	Ian Ayres	Managing Director
NHS Medway and North West Kent CCGs	Simon Perks	Deputy Managing Director