

**Meeting Minutes of the Health and Care Transformation Officer Board held on
Microsoft Teams at 12.30pm on 07 August 23**

Present: Interim Chief Executive (Isle of Man Government), Caldric Randall (CR)
(Chair)

Interim Chief Financial Officer, David Catlow (DC)
Lead of Health and Care Transformation, Robin O'Connor (ROC)

In attendance: Finance Director, Manx Care, Jackie Lawless (JL)
Executive Director of Nursing, Paul Moore (PM) (part)
Executive Director of Policy & Strategy DHSC, Sam McCauley (SMC)
Care Pathways and Service Delivery Transformation Project Lead,
Tracy Broom (TB)
Health and Care Transformation Executive, Teresa Dowd (TD)

Apologies: Independent Adviser, Sir Jonathan Michael (SJM)
H.M. Solicitor General, Elizabeth Smith (ES)
Manx Care, Chief Executive Officer, Teresa Cope (TC)
Chair of the Clinical and Professional Transformation Panel,
Dr Ishaku Pam (IP)

Minute number	Item	Action
45/23	Item 1: Welcome and apologies CR welcomed the attendees and noted apologies received from SJM, IP, ES and TC. TC delegated attendance to PM and JL.	
46/23	Item 2: Minutes of previous meeting and matters arising It was noted that the previous minutes were sent by email along with the papers but had not been added to Board Papers therefore could not be approved at this meeting. TD confirmed the minutes would be redistributed out of committee to approve and added to Board Papers for all future meetings.	TD

47/23	<p>Item 3: Financial commitments of the Health and Care Transformation Programme</p> <p style="text-align: right;">Paper 23/018</p> <p>CR introduced paper 23/018, the purpose of which was to provide the Transformation Board with an update on committed spend and expected future costs of the Transformation Programme. It also discussed the options regarding the best ongoing process for securing funding for newly approved business cases.</p> <p>CR noted that this paper had been requested during the last Board meeting to help alleviate any concerns from Treasury regarding the Health Care Transformation (HCT) fund being overcommitted.</p> <p>ROC advised that the paper also highlighted the need for further discussions around how funding was sought from Treasury. ROC noted that the Health and Care Transformation Programme (the Programme) had several projects with Transformation Board approved business cases that span multiple years, however when funding was only approved on an annual basis by Treasury, which produced a degree of financial risk. He also noted that some projects like Primary Care at Scale (PCAS) were unlikely to spend their committed funding for 2023/24 due to being on pause.</p> <p>The Transformation Board noted the content of the paper and that further discussions were required regarding the best ongoing process for securing funding for newly approved business cases.</p>	ROC/DC
48/23	<p>Item 4: External Quality Regulation: Update on independent external inspection of health and care services – undertaken and planned</p> <p style="text-align: right;">Paper 23/019</p> <p>ROC introduced Paper 23/019 which provided an update on “Out of CQC scope” inspection arrangements including Adult Social Care Day Services, Children and Family Services and Community Ophthalmic Services.</p> <p>ROC noted that the paper outlined the problems faced by Adult Social Care Day Services struggling to find independent, external quality regulators. He advised Community Ophthalmic Services had faced similar issues however some positive responses had been received from a UK company. It also reviewed options available for Community Ophthalmic Services and sought approval for the recommended approach.</p>	

	<p>ROC advised that the DHSC and the Programme were negotiating the cost of procuring a provider to complete the inspections and prepare reports.</p> <p>The Board noted the progress in relation to “Out of CQC scope” inspections and the challenges of finding suitably skilled regulators to complete the necessary inspections. The option to have all Community Ophthalmic Services inspected by November 2023 using the Sight for All provider was agreed.</p>	
49/23	<p>Item 5: Care Pathways and Service Delivery Transformation: Future direction of travel</p> <p style="text-align: right;">Paper 23/020</p> <p>ROC introduced paper 23/020, the purpose of which was to provide the Board with an update on Care Pathways Project “pause” and next steps options. ROC explained that although the “pause” was initially agreed by Council of Ministers to be in effect from September 2022 to March 2023, the project had not yet restarted.</p> <p>ROC advised the Project had continued some smaller initiatives with the funding already committed however a decision was now needed on the future direction of the Project. ROC emphasized that Care Pathways was a major and critical component of the Programme, one of the projects which would produce the most tangible impact for service users and the public, and that the Programme was part of the Island Plan.</p> <p>ROC explained the paper outlined a number of options, noting that most but not all the initiatives would incur large financial commitments and citing the example of improvements to Paediatric cancer services which would cost circa £15,000 but would not require major funding to produce a “best in class” care pathway.</p> <p>CR asked the Board if they were content with the Paper and if it could progress to the Political Board.</p> <p>JL queried if it was usual for Transformation Board papers not to include a recommended or preferred option. CR advised that Transformation Board papers usually indicated the preferred option, but that this paper was unusual in that it focused on the future of a Project, not a proposal that Project had put forward. ROC advised that the Programme’s preferred option was to re-start the Project fully with care given to financial requirements.</p> <p>PM joined the meeting at 12:46 pm.</p>	

	<p>JL noted that the Manx Care recurrent funding issue had not been resolved and advised that this paper needed to include this fact clearly when tabled to the Political Board for their decision. JL highlighted that, even if further funding was made available, there still was an issue of the need for resources to implement the initiatives, and suggested that new Care Pathways should be progressed on an incremental approach, similar to Primary Care at Scale.</p> <p>The Board agreed that the paper should be amended to reemphasise the issues of availability of funding and then progressed to Political Board for the required approval.</p>	
50/23	<p>Item 6: Data/Business Intelligence update</p> <p style="text-align: right;">Paper 23/021</p> <p>ROC introduced paper 23/021 which outlined several issues preventing the Project from delivering the Core Dataset v.2.0 in the agreed timeframes.</p> <p>ROC explained the Project had had difficulty accessing data, as had been expected, however this was compounded by previously unknown additional costs for extraction of data from some - proprietary databases, the historic contract for which did not allow for such access, and dependency on other Government units, which meant that some additional funding and resources were requested to complete the Project.</p> <p>CR queried whether the project could be delivered in time and on budget. ROC confirmed it could be delivered with extra temporary resources funded by the Programme's overall already agreed cost envelope. DC advised ROC that funds that had been agreed for specific activities should not be used for other purposes however and as paper 23/018 demonstrated, sufficient funds remained in the Transformation Fund that could be used for Data/Business Intelligence current needs. ROC explained that the Programme had planned to use savings from within the previously agreed cost envelope and agreed to discuss this in further details with DC separately from this meeting.</p>	ROC/DC to discuss

51/23	<p>Item 7: Primary Care at Scale (PCAS) strategic implementation update</p> <p style="text-align: right;">Paper 23/022</p> <p>ROC introduced Paper 23/022 which outlined the approach to stabilisation and incremental implementation of PCAS, as well as confirmed the proposed resource requirements to support this approach for 2023-2024 and into 2024-2025.</p> <p>ROC acknowledged the complexity of the project and the major financial commitment needed. He also noted that until it commenced, the full costs as well as what savings might be off-set from Secondary Care could not be known.</p> <p>It was noted that restarting the project was needed as the Salaried General Practitioner model (SGP) could assist with some issues currently facing Primary Care.</p> <p>CR acknowledged that PCAS was a wide-ranging project with major implications and needed to keep moving forward.</p> <p>ROC noted that Virtual General Practitioner (VGP) and SGP are fundamental to enabling a sustainable PCAS.</p> <p>JL agreed that the initiatives noted were in line with what Manx Care could do however, while savings were identified in the paper, Manx Care would need to spend more funds over time.</p> <p>SMC highlighted that Minister Hooper was keen to see change “on the ground” which the VGP was expected to deliver.</p> <p>ROC advised that SGP was estimated to take 12 to 18 months and VGP would take 18 months to implement. Although already used in the UK, it would take time to ensure it would work locally as service users were used to consulting with their specific doctor, and that change would need to be managed carefully.</p> <p>DC asked if all costs were included in the Paper or if some were were incremental. DC advised the project could only spend what had been committed. ROC confirmed the financial elements would be made clearer in the paper to be submitted to the Political Board.</p> <p>The Board approved the approach to stabilisation and incremental implementation of PCAS and the proposed resource requirements to support stabilisation and incremental implementation for 2023-2024 and into 2024-2025, and supported the Paper to be presented to the next Political Board.</p>	
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52/23

Item 8: Information Governance (IG) Project Update

Paper 23/023

CR introduced paper 23/023, advising it was an update on the delays which had occurred across the IG project.

ROC noted Manx Care needed further additional support to build confidence in its ability to be compliant with data protection legislation. ROC noted that the paper recommended that KPMG were contracted to review the work that had already been completed to ensure it was of the expected standard from which to build the final activities of the remediation phase.

CR noted that it was critical to also work with the Information Commissioner's Office (ICO).

DC noted previous papers from this Project asking for funding and asked how Treasury could be assured that the Project produced value for public money.

ROC noted that the Project continued to report into the Programme on a monthly basis demonstrating some progress however the vacant post of Project Manager in the last 8 months had proven challenging to the Programme in terms of scrutiny which was the reason why the KPMG review was suggested.

JL raised concerns around the standard for information governance placed on Manx Care by the ICO, which seemed to be over and above what was required in other areas of Government. JL noted that the paper was not clear regarding what resources or capacity was required to complete the Project.

SMC advised that more thorough monthly assurance on this topic, including information regarding non-compliance was being undertaken following data trends identifying issues.

CR queried whether this Project was due to transfer out of the Programme and into its long term Departments. ROC advised that the Project had been set out to remediate to the DHSC, Public Health and Manx Care's non-compliance to data protection legislation and that once this had been achieved, the Project would close rather than transferred as, at that point, the three organisations would have systems and policies in place, as well as training, to ensure it could sustain its compliance into its business-as-usual activities.

The Board noted the update within this paper concerning the delays within the IG Project, and approved the extra resources needed to

	complete the project which would be covered by the Transformation's cost envelope.	
53/23	<p>Item 9: TCLC: Review and Options for future delivery Paper 23/024</p> <p>ROC introduced paper 23/024 which outlined the options regarding the Transformational Change Leadership Course (TCLC) and to confirm if a third course could be ran.</p> <p>ROC advised that the course had been very well received however the costs associated with it meant that Board approval was required before organising a third year. ROC invited TB to provide further details as the author of the Paper.</p> <p>TB advised that feedback received from participants on the course showed that it had empowered middle Managers across the health and care services to lead transformation. In addition to this the alumni had been another positive outcome in supporting transformational change.</p> <p>CR asked if its success could be demonstrated so that suggesting this should be a priority over other commitments could be justified. JL noted that this course had not been visible from her point of view and that she would have expected to see the individuals from this course driving forward transformational change, or at least know who they were, which PM supported.</p> <p>TB confirmed with forty individuals having now completed the course, providing visibility to their projects could be achieved and it was agreed that a further paper attempting to do so would be tabled for the next Transformation Board.</p>	
54/23	<p>Item 10: Any other business</p> <p>There was no other business to discuss.</p>	
55/23	<p>Item 11: Date of Next Meeting</p> <p>ROC noted that future meetings were currently being re-scheduled and the date of the next meeting would be confirmed shortly.</p>	

The meeting closed at 13:22.

Signed.....

Date.....