

NOTES:

Transformation Board

Tuesday 17 May 2016, 17:30–19:30

**Conference Room A, Jubilee House, 5510 John Smith Drive, Oxford Business Park
South, Oxford, OX4 2LH**

Present:	Stuart Bell (SB) (Chair)	Joe McManners (JMCM)
	David Smith (DS)	Judith Heathcoat (JHe)
	Andrew Stevens (AS)	Ian Hudspeth (IH) (part)
	Andrew Elphick (AE)	John Jackson (JJ)
	Diane Hedges (DH)	Damon Palmer (DP)
	Kate Terroni (KT)	Daniel Leveson (DL)
	Sula Wiltshire (SW)	Joanthan McWilliam (JMw)
	Stephen Smith (SS)	Helen Van Oss (HVO)
	Carol Moore (CM)	
Attending:	Corrine Yates (CY)	Stuart Duncan (SD)
	Andy Whiting (AW)	Jackie Wilderspin (JW)
	Joanne Fellows (JF)	Andrew Dickinson (AD)
Apologies:	Bruno Holthof (BH)	Jane Barret (JB)
	John Black (JB)	Will Hancock (WH)
	Peter Clark (PC)	Mark Hancock (MH)

		Action
	<p>Welcome and matters arising</p> <p><i>Welcome to Carol and Helen</i> SB welcomed CM and HVO to the Transformation Board meetings.</p>	
	<p>Notes of the previous meeting Notes of the previous meeting held on 29th March were agreed.</p>	
	<p>STP Update</p> <p>DS updated the group with the feedback that had been received from NHSE and NHI on the initial April 15th BOB STP submission. It was</p>	

	<p>Update on the Emerging Public Consultation work</p> <p>SB thanked AD and CY for producing Paper 3. AD warned of the danger of approaching the consultation organisationally rather than looking at how it will be generally perceived. Legal advice is being commissioned on the overall process. AD voiced that the large number of groups and people involved would be a challenge to successfully beginning consultation in October. Furthermore, there would have to be a major business case piece of work completed before this. AD recommended to the group that extra support for the programme, namely a project team to complete the business case over three months of intensive work. The group were undecided as to their support of this proposal.</p>	
	<p>Update on our Comms & Engagement plans for Stakeholder engagement & public consultation, including forthcoming events</p> <p>CY outlined the work to map what events are needed for meaningful engagement and who would be required to attend them. Provisionally 6 events were proposed before August to be held in the localities or major towns. This was agreed by the group.</p> <p>The sequencing of messages represents a challenge to the programme and some questions were asked regarding the content of the Kassam stakeholder event on 06/06. CY outlined that what will be presented is the case for change (major change and why) and the work that has been done so far by the clinical workstreams with detailed facilitated group discussions afterwards on the work (not the options). Stakeholders will have indicated a preference on clinical workstream and will be allocated to that table. Options can only be developed once there is sufficient evidence and information to support them.</p> <p>At these events it is important to ask 'have we missed anything?' or 'is there anything else that we should be considering?' It was noted that explaining what these changes mean for the population will form a large part of the engagement. AS noted that these messages of change should form part of a coherent programme i.e. fit the context of the wider picture. Feedback from these events should further develop the programme.</p>	
	<p>Feedback from the Quality & Safety working Group</p> <p>SW expressed the need to build this programme on a quality improvement model. It was proposed that care and quality are not a 'support group' but that they should be embedded within all of the clinical workstreams. This was agreed by the group.</p>	

	<p>Feedback from the Finance Analysis working Group</p> <p>AW updated the group on the progress of the financial analytics. Currently the group is on track although the timelines will pose significant challenges to delivery and completion will be 'tight'.</p>	
	<p>Any other business</p> <p><i>Prevention – JMcW</i></p> <p>JMcW presented an outline of the case for change regarding prevention and self-care. He proposed an intensive prevention programme to be implemented within Oxfordshire. Feedback from the group questioned patient choice and the estimated level of required investment, considering it to be understated and not including time costs (also assumed to be all NHS?). Furthermore, the costings should take into account benefits.</p> <p>However, it was considered helpful to have this presented and suggestions were made for it to be mapped more closely with the thinking of the clinical workstreams.</p>	
	<p>The next meeting will take place on Tuesday 14 June, 17:30-19:30, Conference Room A, Jubilee House.</p>	