


**Meeting of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) Health Executive Group**
**09.00 – 10.50am, Tuesday, 13 April 2021 via Microsoft Teams**
**Minutes**
**Present:**

<b>Name</b>	<b>Organisation</b>	<b>Designation</b>	<b>Present</b>	<b>Apologies</b>
Sir Andrew Cash	South Yorkshire and Bassetlaw Integrated Care System (ICS)	Chief Executive	✓	
Rod Barnes	Yorkshire Ambulance Service	Chief Executive		✓
Tracey Bray	NHS England and NHS Improvement (North East and Yorkshire)	Regional Head of Supplier Management	✓	
Des Breen	South Yorkshire and Bassetlaw Integrated Care System	Medical Director	✓	
Will Cleary-Gray	South Yorkshire and Bassetlaw Integrated Care System	Chief Operating Officer	✓	
Jeremy Cook	South Yorkshire and Bassetlaw Integrated Care System	Director of Finance	✓	
Catherine Burn	Voluntary Community and Social Enterprise (VCSE)	Senior Responsible Officer		✓
Mike Curtis	Health Education England	Local Director	✓	
Alan Davis	South West Yorkshire Partnership NHS Foundation Trust	Director of HR and Estates	✓	
Jan Ditheridge	Sheffield Health and Social Care NHS Foundation Trust	Chief Executive	✓	
Chris Edwards	NHS Rotherham Clinical Commissioning Group (CCG) NHS Barnsley Clinical Commissioning Group (CCG)	Accountable Officer Accountable Officer		✓
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Accountable Officer	✓	
Andy Hilton	Primary Care Sheffield	GP/Chief Executive	✓	
Brian Hughes	Sheffield Clinical Commissioning Group	Director of Commissioning	✓	
Gill Hunt	NHS England and NHS Improvement	Director of Nursing	✓	
Richard Jenkins	Barnsley Hospital NHS Foundation Trust The Rotherham NHS Foundation Trust	Chief Executive Chief Executive	✓	
Lisa Kell	South Yorkshire and Bassetlaw Integrated Care	Director of Commissioning	✓	



	System			
Alison Knowles	NHS England and NHS Improvement - North	Locality Director	✓	
Kirsten Major	Sheffield Teaching Hospitals NHS Foundation Trust	Chief Executive	✓	
Richard Parker	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Chief Executive	✓	
Jackie Pederson	NHS Doncaster Clinical Commissioning Group (CCG)	Accountable Officer	✓	
Kathryn Singh	Rotherham, Doncaster and South Humber NHS Foundation Trust	Chief Executive	✓	
Kevin Smith	Public Health England	Deputy Director of Public Health		✓
Lesley Smith	NHS Sheffield Clinical Commissioning Group (CCG) / SYB ICS (CHAIR)	Accountable Officer Deputy Lead	✓	
John Somers	Sheffield Children's NHS Foundation Trust	Chief Executive		✓
Helen Stevens-Jones	South Yorkshire and Bassetlaw Integrated Care System	Director of Communications and Engagement	✓	
Richard Stubbs	Yorkshire and the Humber Academic Health and Science Network	Chief Executive		✓
Terry Hudson	NHS Sheffield Clinical Commissioning Group (CCG)	Chair	✓	
Dean Royles	South Yorkshire and Bassetlaw Integrated Care System	Workforce Consultant	✓	
<b><u>In attendance</u></b>				
Mags McDadd	South Yorkshire and Bassetlaw Integrated Care System	Business Manager	✓	
Ruth Brown	Sheffield Children's NHS Foundation Trust	Deputy Chief Executive	✓	
Michael Wright	The Rotherham NHS Foundation Trust	Deputy Chief Executive	✓	
Jude Wildgoose	South Yorkshire and Bassetlaw Integrated Care System	Primary Care Capital Programme	✓	
Neville Young	Yorkshire and the Humber Academic Health and Science Network	Director of Enterprise and Innovation	✓	
Sarah Bayliss	South Yorkshire and Bassetlaw Integrated Care System	Pathology Transformation Programme Manager	✓	

## 1. Apologies for absence and welcome

Members and attendees were welcomed to the meeting.

Apologies noted as above.



## 2. Conflict of Interest

Terry Hudson declared a conflict of interest under agenda item 7 - Primary Care Capital Scheme, and agreed to step out of the meeting at this point.

## 3. Minutes from the previous meeting held on 9 March 2021

The minutes were accepted as a true and accurate record.

### Review of Action Log

#### **Sheffield Olympic Legacy Park update**

Bring back to June Health Executive Group (HEG) meeting

All other actions have been resolved or included on today's agenda and future agendas.

## 4. National, Regional and SYB ICS update

### CEO Report

Andrew Cash advised that the NHS 2021/22 priorities and operational planning guidance were published on 25th March setting out six priority areas for the year ahead. In SYB ICS, partners are developing a plan for SYB which puts these priorities into action, with final plans expected to be completed by early June in preparation for an integrated care authority from April 2022.

Following the departure of Catherine Burn as the Voluntary, Community and Social Enterprise Senior Responsible Officer (SRO), Shafiq Hussein will take over as the new SRO. Shafiq, who is the Chief Executive Officer (CEO) of Rotherham VCSE, was recommended by the SYB Voluntary Social Enterprise Leaders Group as the new SRO. AJC thanked Catherine for her leadership and contribution to the ICS and wished her well in her new role.

The group noted the contents of the report and the request to share the paper with their individual Boards and Governing Bodies and Committees.

## 5. Integrated Care

Will Cleary-Gray provided an update to the group on ICS development work and the key outputs of the ICS Development Design Group for consideration which are being discussed at the ICS Development Steering Group, following this meeting. He referenced the route map for transition with a summary timetable and key milestones including anticipate national guidance to support development and transition over 2021/22. A number of key outputs of the phase one development were shared in advance of the meeting included, draft Health and Care Compact and Health and Care Partnership (H&CP) Terms of Reference, draft Development Matrix, summary of wider ICS governance and updated transition route map. The documents were shared with the HEG in this way to avoid waiting until May to receive an overview on the work. Final versions which will be considered in partner organisations will be circulated together with a cover report week commencing 19<sup>th</sup> April 2021.

WCG then took HEG through the wider work of the ICS Steering Group over phase one and the outputs since the last meeting in April, they key building blocks of an ICS including the development work for Provider Collaboratives, Place-based Partnerships and changes in commissioning in addition a summary of the regional work including ICS operating model and



approach to people and transition. He referenced the Health and Care Partnership as a significant opportunity for the ICS to realise its wider ambitions to address broader health outcomes and inequalities and how it will have a key role in promoting partnership working and collaboration and developing a plan that addresses the wider health, public health and social care needs of the system. Further work is needed on the H&CP membership to ensure inclusivity for the transition year, then to be refined following guidance from Department of Health and Social Care (DHSC).

WCG added that the Development Matrix has been co-produced with partners to support Places and Provider Collaboratives in the development of plans through the transition year and to build on the significant progress made in each Place and across the system, understanding that this journey is continuous and will go beyond April 2022. Until further guidance on Place Provider Partnerships and Systems Provider collaborations is received, it is imperative to develop our own matrix and use the document as “live” to guide the transition and development work and to be updated as further details are published. WCG reminded HEG of the requirement within the NHS planning guidance for 2021/22 for us to capture ICS development work in our System Development Plan which is required by end Q1.

The group noted the summary of wider ICS governance, which partners have collaborated and come together on to develop, reflecting on our evolving governance and is likely to change over the coming year as national guidance is published.

WCG added that he anticipated the Steering Group would make further changes and recommendations to the draft documents and these would be shared with all partners next week.

AJC added that the Compact, Health and Care Partnership and Matrix documents could change in light of further guidance and that interim governance arrangements are expected in four to six weeks.

RJ shared comments on the documents and it was agreed to take these to the Steering Group meeting.

The group noted the contents of the reports shared and an update would be provided at the May HEG meeting.

**Action:**

1. Final versions of the documents to be shared with all partners week commencing 19<sup>th</sup> April. AJC/WCG/LS.
2. ICS Development update to HEG May meeting. AJC/WCG/LS

**6. Developing a SYB Population Health Led ICS and addressing Health Inequalities (HIs) update**

Lisa Kell presented a report on the work undertaken since the meeting in March on developing a population health led ICS. The reports were shared in advance of the meeting. LK asked the group to take the reports as read and to note the attachments:

- SYB 8 Urgent Actions to Address Health Inequalities progress report submission to NHSEI on 31 March, co-produced by the five places
- Overview of the NHSEI planning guidance requirements for systems to address HIs
- Next steps to develop a population health led ICS

LK added that work is progressing and a population health design team has been established to take forward the work to form a population health function. Given the scale and pace of the work required within the timeframes locally and nationally, there is an urgent need to increase



leadership, capacity and skills to better support this work and progress would be delayed if not addressed. The design group is drafting a population health proposal to bring to the May HEG for discussion.

An expression of Interest (EOI) is being drafted for a SYB Population Health Clinical Lead/ SRO.

A critical gap for the ICS in developing population health function is business intelligence, public health analytics and digital tools to enable data sharing and to aggregate data via a data platform for population health management (ie highlighting need, differential outcomes and targeting at risk populations through segmentation and stratification techniques) at ICS, place / PCN level. A mapping exercise by PHE across SYB of BI and data skills is underway looking at what BI capacity and resource is in the 5 places. This will help inform options being explored to develop an ICS SYB Intelligence function building on the BI team approach in the Cancer Alliance which has proved very successful and using data tools such as Power BI and RAIDR to support the function.

Comment was made on data collection across the ICS and the challenge of aggregating this across 5 places which includes wider determinants data and to use the opportunity to develop this to push forward the population health agenda. Comment was also made to link the work on PHM with the system quality agenda.

LS added that the Shadow Board had a very useful discussion looking that the whole HI agenda through the population health lens, joining up all components including governance and links to this report to the ICS future agenda. The Shadow Board members are keen to get involved in the HI agenda and LK and LS to discuss outside the meeting.

LK added that HEG comments would be fed back to the design group to help shape the proposal for the May HEG meeting.

**Actions:**

1. Meet to discuss Shadow Board contribution to HI agenda. LS/LK
2. Include comments in the HI proposal to share with HEG in May. LK

**7. Equality, Diversion & Inclusion (EDI) update**

Kathryn Singh provided an update to the meeting on progress on the previously agreed priority areas by HEG and proposed governance structure to ensure the delivery of the EDI agenda.

KS added that in order to move the agenda forward, the EDI Leads Group currently established would be more beneficial as an EDI Delivery Group and a higher level Executive Steering Group needed to be established. This would encourage senior level input into the EDI agenda and begin to align the EDI work programme alongside other key programmes already underway in the ICS. This would also engage senior level input from across the wider health and care partnership.

To ensure that the focus of this high-profile programme of work is maintained, dedicated programme management time is needed to support the EDI SRO. Discussions with the SYB ICS Chief Executive Lead and Chief Operating Officer to identify funds or alternative resourcing are underway.

To ensure that the focus within the ICS on EDI is delivered across all aspects of the ICS work, it was proposed that each programme of prioritised activity, sign up to the priority areas of action agreed by the EDI Executive Steering Group. This approach would ensure that all aspects of the ICS workload contribute to delivering EDI.



KS updated on the BAME Talent Management programmes and Leadership Development adding that disappointingly that only 4 places out of 17 have been allocated to BAME colleagues for the 2<sup>nd</sup> cohort of the ICS Shadow Board.

KS added that the Talent Management Programme, bespoke programme for staff across the ICS, and supported by Human Resources Directors for an initial group of 42 staff, is currently delayed until funding is secured for 2021/22.

The group noted that following HEG's support for the ICS to be part of a pilot to run the NExT Directors Programme, work has begun to create the programme working with the Chairs of all relevant Provider Trusts and the National Non Executive Directors (NEDs) Talent and Appointment Team. It is anticipated that recruitment to the programme could begin within the next two months.

KS added that the EDI Group is keen to tackle anti-racist behaviour and asked for the HEG to support the development of an ICS wide Race Equality Charter that faces racism head on.

Comment was made on the need to ensure sub-groups and delivery groups are empowered to input into decisions to executive level decision making.

Comment was noted that governance arrangements to include a wider cohort and to be more inclusive.

The group noted the contents of the report and agreed the recommendations as follows:

- Support the proposed changes to governance, establishing a more senior executive level EDI Steering Group and renaming the existing group as the EDI Delivery Group; support the proposal for each work programme SRO to adopt the priorities for EDI as part of their portfolio
- Support limitations on work to be completed without appropriate programme management support
- Year 2 priority for action to feed into regional discussions
- Support the development of an ICS wide Race Equality Charter

**Action:**

1. Consider NED representation at board level and review governance model. KS
2. Consider resourcing opportunities. KS/WCG
3. Consider wider system governance arrangements to include a wider cohort. KS
4. Consider Race Equality Standards at Doncaster and Bassetlaw Hospital. KS and RP to discuss outside the meeting
5. Update to HEG June 2021. KS

## **8. Primary Care Capital Scheme**

Jude Wildgoose, Programme Director, Primary Care Capital Programme updated the group, on behalf of Chris Edwards, Capital and Estates SRO, on the development and delivery of the Primary Care Capital Programme, previously endorsed by HEG in December 2019 and CCG Primary Care Commissioning Committees, in response to the award of £57 million Sustainability and Transformation Partnership (STP) Capital during 2019, highlighting issues and risks to future delivery. Development and implementation of the Programme is progressing well, with the establishment of a PMO, appropriate Governance (a Programme Board and links to existing Place and ICS Governance structures) and development/delivery of the Programme Business Case (PBC). Significant progress has been made in the development of projects, but further development and delivery is dependent on the approval of the PBC, which unlocks investment in



individual local projects. SYB ICS is leading the way nationally and hopes to establish a consistent approach and a blueprint for undertaking future activity.

The Programme Business Case has not yet received approval despite submission during December 2020, and the agreement that the assessment process would be “light touch”. The Programme received approximately 175 queries in relation to the PBC during March. Some of these are substantive and not reflective of previously agreed parameters. The PMO and Programme Board are currently working through the queries raised, and initial responses have been provided to NHSE/I and DHSC. The level of detail requested is considered disproportionate, and more appropriate for inclusion within Project Business Cases.

Further engagement is scheduled to discuss these concerns, with a view to agreement allowing progress through the approvals process. Currently, and subject to agreement, the earliest approval of the PBC will be at the June meeting of the Joint Investment Committee, followed by Ministerial sign off. Further delay to the approval presents a key risk to the delivery of the Programme delivery as currently no parallel approval process for projects has been established. A number of processes are in place to address these issues.

JW added that projects are at different stages of development due to size and complexity and whilst programme assurance processes have been implemented, and a number of smaller projects are ready to be approved, a significant number of larger transformational Hub projects are less developed and pose a greater risk to the delivery of the Programme. Red/Amber/Green ratings were noted within the report. It was noted that any slippage would have a significant impact on the deliverability of the Programme.

A process is currently being undertaken to establish and prioritise deliverable reserve projects which could move onto the Programme and mitigate against key risks.

A comment was made on the assurance and assessment capacity in each Place in terms of the scheme. JW added that the PMO has an overview and scrutiny at Place level, ensuring sufficient resource is in place to develop these projects, ensuring the balance is right and demonstrated to NHSE/I that there is confidence at a local level.

The Chair thanked JW for her detailed and informative report and asked to update HEG when the Programme Business Case is approved.

**Action:** Update to HEG July meeting. CE/JW

## 9. Children and Young People’s Transformation Programme

Ruth Brown shared a presentation to the group providing details on a proposed Children and Young People’s (CYP) programme in the ICS to improve outcomes and reduce health inequalities for 0-25 year olds, in line with the NHS Long Term Plan. Each ICS has been asked to establish a CYP Transformation Programme with clear governance and to respond to expressions of interest. £176,000 non recurrent funding has been provided for this year. John Somers is the Chief Executive Lead / SRO for the programme.

The four current priority areas in the NEY CYP Transformation Programme were noted as:

- Integration of services within health and care, led by local systems
- Evaluating paediatricians working in local 111 providers
- Spotting the deteriorating child
- Launch an obesity pilot study for Tier 4 services



RB added that the deadline for response has very tight and given the need to act quickly to expressions of interest, the Paediatrics Hosted Network has coordinated responses. To date the Network is attending the national and regional meetings and taking part in regional panels, and gathering stakeholder lists. A stakeholder list event is scheduled on 11 May to identify priorities for the system and to share learning. A joined up system proposal would strengthen expressions of interest applications rather than at individual Place level.

HEG supported the work and looked forward to receiving the output of the stakeholder event. Comment was made on the inclusion of Primary Care at network level. RB advised that links are established with CCG colleagues and agreed to discuss outside the meeting.

**Action:**

1. HEG to nominate representatives from their organisations to attend the workshop on 11<sup>th</sup> May. Send details to RB. ALL/RB
2. Liaise with LK outside the meeting linking in with HI and PHM work. RB/LK
3. Discuss primary care inclusion outside the meeting. RB/AH
4. Proposals to development of a Children and Young People's Transformation strategy for SYB to HEG June meeting. RB

## **10. Laboratory Information Management System (LIMS) Business Case**

Richard Parker welcomed Sarah Bayliss, SYB Pathology Transformation Programme Manager to present the LIMS Business case, shared in advance of the meeting. The Strategic Outline Case (SOC) sets out the case for procurement of a single LIMS across SYB.

SB added that in response to the Carter Review and NHSI Pathology consolidation agenda, SYB established a Pathology Transformation Programme to take the Pathology Network initiative forward. There is unanimous agreement from stakeholders that one of the key enablers for a Pathology Network is Information Technology and in particular a single unified Laboratory Information Management System (LIMS) across the ICS. Regional teams have been tasked with ensuring that all Pathology Networks have an approved LIMS replacement business case; £100M capital funding is expected to support LIMS replacement in 21/22.

The group noted that in order to maximise efficiency and productivity gains within a pathology network environment, a single LIMS supporting the network is required; this will support patient pathways across the system, improve sustainability and resilience of services such as histopathology and reduce complexity and cost of implementing a digital pathology system. The SOC has been endorsed by the Digital Delivery Board. Sheffield Children's Hospital LIMS is on their risk register and replacing their LIMS is a high priority.

Following discussion, noting the details of the report, the HEG approved the Strategic Outline Case to enable progress to an online business case.

## **11. Public Health England Covid-19 pandemic update**

Alison Knowles provided an update to the meeting noting that Covid-19 infection rates in South Yorkshire and Bassetlaw are higher than those across Yorkshire and Humber which in turn is higher than the position for England. This is largely due to higher rate in adults of working age. The vaccination rollout to under 50's age group should improve the infection rates in the region. There continues to be a reduction in hospital occupancy with 3% of beds occupied by patients with Covid-19.

## **12. Planning 21/22:**



### Recovery Planning update

Alison Knowles shared a power point presentation on the Planning Framework and priorities for 21/22. The slides were also shared with the Health and Care Management Team on 6<sup>th</sup> April.

The Operational Plan requirements were noted as: Accelerating Integrated Care; Elective Framework Recovery; High Impact Service models; Health Inequalities; Maternity.

An Elective Recovery Fund working group has been established to bring together the required five Gateway plans for HEG to consider, including:

- Addressing health inequalities – focussing on our most deprived communities and people from ethnic minorities
- Transforming outpatient services – for elective and cancer care
- System led recovery - to ensure equitable access to care
- Clinical validation and prioritisation
- People recovery – to monitor and safeguard staff health and well-being

HEG agreed the overall plan structure, governance and submission timetable.

AK then took HEG through the position on elective care at end 2020/21 and the proposed ambitions for 2021/22. It was agreed that draft plans for 6 May would test out three ambitions:

- (i) Delivery of 85% of capacity within core funding baselines;
- (ii) Delivery of all P2 activity within 28 days of decision from end quarter 1;
- (iii) Zero 52 week breaches from end of 2021/22.

The group noted that there is an opportunity to join a national “frontrunner” programme to support the ICS going further faster on elective care within 2021/22. AK will provide more details as it becomes available.

### **Action:**

1. Cancer services planning update to HCMT on 20<sup>th</sup> April. AK
2. Mental Health services planning update to HMCT on 27<sup>th</sup> April. AK
3. Draft plan submission to HCMT on 4<sup>th</sup> May. AK
4. Draft plan submission and next steps to HEG on 11<sup>th</sup> May. AK

### Delivery Report

Alison Knowles asked the group to take the report as read and highlighted the following items:

- Key recovery measures and proposals during Q1
- Restoration of elective services and cancer care
- Urgent and emergency care delivery and the continued impact of Covid-19 on flow and capacity
- Children and Young People Eating Disorders where the position has improved by five children in SYB are waiting for specialised care.
- Mental health crisis care in Sheffield where there have been five 12-hour breaches in the Emergency Department at Sheffield Teaching Hospitals NHS FT. A meeting of the Sheffield Place Chief Executives with NHS England and Improvement was held on 9 April, to consider and agree next steps.

The group noted the contents of the report.

**Action:** May Delivery Report to include update on Mental Health, Children and Young People Eating Disorders. AK

### Finance update

Jeremy Cook asked the group to note the forecast revenue surplus for the year of £32.4m and slippage on capital of £13.7m therefore the system has operated within its financial envelopes.

The financial performance for month 11 is a surplus of £21m. The forecast variance against plan has reduced by £10.3m from month 10 due to the prescribing month 6 clawback and revised assessment of non NHS income losses.

Potential forecast year end slippage of £13.7m on capital which has improved from £21m slippage at month 10, due to a combination of increased spend, slippage on a disposal and revision to plan values.

JC added that the system financial envelope has now been announced for H1 2021/22 and work is being undertaken by Directors of Finance (DoFs) and Chief Finance Officers (CFOs) to distribute the financial envelope for each organisation to then submit a balanced plan.

The group noted that system capital financial envelopes have been issued with the total provider envelope for SYB ICS being £105.4m, categorised under three main areas, self-financed £78.0m, emergency capital £26.1m and diagnostic equipment £1.3m.

JC asked the group to note the work that is currently being undertaken on financial governance and assurance, and asked the HEG to support the direction of travel and to thank their finance staff and other staff for managing the finances in such a difficult year. The group was asked to feedback on how finance can best support system change going forward and to send comments to JC under separate cover.

JC advised that the resource distribution had been agreed by DoFs and CFOs and was required to be approved by HEG. JC agreed to do that electronically.

The group asked JC to bring back ICS expenditure 2020/21 to the next meeting.

**Action:** ICS expenditure 2020/21 to the May HEG. JC

JC agreed to email HEG with the resource distribution agreed by DoF's/CFO's for approval

### Elective/Independent Sector update

There was no update provided at the meeting.

### Workforce

There was no update provided at the meeting.

## **13. Covid-19 Vaccine update**

Jackie Pederson informed the group that the Covid-19 Vaccination Programme is progressing well and everyone eligible in cohorts 1-9 has now had the opportunity to be vaccinated, and moving in to cohorts 10-12. Uptake has been very good but more work is needed to support the populations where uptake has been lower than expected.



**14 a. Transformation Programme Highlight report**

The group noted the details of the report.

**14 b. Quality Update**

The group noted the contents of the report.

**14 c. EUX Update**

The group noted the contents of the report.

**15. Any Other Business**

There was no other business discussed.

**16. Date and Time of Next Meeting**

Tuesday 11 May 2021, via MS Teams.

SYB ICS Health Executive Group Meeting Action Log

	Meeting Date	Action	Responsible Manager	Due Date	Status
1.	9.3.21	<b>Sheffield Olympic Legacy Park update</b> Agenda item at the June HEG meeting.	Andrew Cash	June 2021	On agenda – June
2.	9.3.21	<b>Anchor Networks</b> Update the HEG on development and progress with the four North ICSs	Chris Edwards	ongoing	Ongoing
3.	9.3.21	<b>Quality / Transparency and Reporting Procedures</b> Update to May HEG meeting.	Gill Hunt	May 2021	On agenda – May
4.	9.3.21	<b>Local Maternity Systems</b> Provide a quarterly progress update on HEG.	Chris Edwards	June 2021	On agenda – June
5.	13.4.21	<b>ICS Development</b> 1. Final versions of the documents to be shared with all partners week commencing 19 <sup>th</sup> April. 2. ICS Development update to HEG May meeting.	AJC/WCG LS	w/c 19 April 11 May	On agenda – May
6.	13.4.21	<b>Developing a SYB Population Health Led ICS and addressing Health Inequalities in 2021/22</b> 1. Meet to discuss Shadow Board contribution to HI agenda. 2. Include today's comments in the HI proposal to share with HEG in May. Allow additional time on the agenda.	Lisa Kell/ Lesley Smith Lisa Kell	April 21 11 May 21	Ongoing On agenda – May



7.	13.4.21	<p><b>Equality Diversion Inclusion</b></p> <ol style="list-style-type: none"> <li>1. Consider NED representation at broad level and review governance model.</li> <li>2. Consider resourcing opportunities.</li> <li>3. Consider wider system governance arrangements to include a wider cohort.</li> <li>4. Consider Race Equality Standards at Doncaster and Bassetlaw Hospital. KS and RP to discuss outside the meeting</li> <li>5. Update to HEG June 2021.</li> </ol>	<p>Kathryn Singh Kathryn Singh/ Will Cleary-Gray Kathryn Singh</p> <p>Kathryn Singh/ Richard Parker</p> <p>Kathryn Singh</p>	<p>April/May April/May April/May</p> <p>April/May</p> <p>June 21</p>	<p>Ongoing Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>On Agenda – June</p>
8.	13.4.21	<p><b>Primary Care Capital Scheme</b></p> <p>Update to HEG July meeting.</p>	<p>Chris Edwards/ Jude Wildgoose</p>	<p>July 21</p>	<p>On agenda – July</p>
9.	13.4.21	<p><b>Children and Young People’s Transformation Programme</b></p> <ol style="list-style-type: none"> <li>1. HEG to nominate representatives from their organisations to attend the workshop on 11<sup>th</sup> May. Send details to RB.</li> <li>2. Liaise with LK outside the meeting linking in with HI and PHM.</li> <li>3. Discuss primary care inclusion outside the meeting.</li> <li>4. Proposals to development of a Children and Young People’s Transformation strategy for SYB to HEG June meeting.</li> </ol>	<p>HEG members/ Ruth Brown Ruth Brown/Lisa Kell Ruth Brown/Andy Hilton Ruth Brown</p>	<p>April/May April/May April/May</p> <p>June 21</p>	<p>Ongoing Ongoing Ongoing</p> <p>On Agenda – June</p>
10.	13.4.21	<p><b>Recovery Planning</b></p> <p><b>Action:</b></p> <ol style="list-style-type: none"> <li>1. Cancer services planning update to HCMT on 20<sup>th</sup> April.</li> <li>2. Mental Health services planning update to HMCT on 27<sup>th</sup> April.</li> </ol>	<p>Alison Knowles Alison Knowles</p>	<p>20 April 27 April</p>	<p>Complete Ongoing</p>



		<ul style="list-style-type: none"> <li>3. Draft plan submission to HCMT on 4<sup>th</sup> May.</li> <li>4. Draft plan submission and next steps to HEG on 11<sup>th</sup> May.</li> </ul>	<p>Alison Knowles Alison Knowles</p>	<p>4 May 11 May</p>	<p>On HMCT Agenda 4 May On HEG Agenda 11 May</p>
11.	13.4.21	<p><b>Delivery Report</b></p> <p>May Delivery Report to include update on Mental Health, Children and Young People Eating Disorders.</p>	<p>Alison Knowles</p>	<p>11 May</p>	<p>On Agenda – May</p>
12.	13.4.21	<p><b>Finance Report</b></p> <ul style="list-style-type: none"> <li>1. ICS expenditure 2020/21 to the May HEG.</li> <li>2. JC agreed to email HEG with the resource distribution agreed by DoFs/CFOs for approval</li> </ul>	<p>Jeremy Cook Jeremy Cook</p>	<p>11 May April 21</p>	<p>On Agenda – May Ongoing</p>