Fit for the Future
Working together to keep people well

Cambridgeshire and Peterborough Sustainability and Transformation Partnership

Governance Framework
November 2017

FINAL DRAFT

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

NHS Cambridge University Hospitals NHS Foundation Trust

NHS Cambridgeshire and Peterborough NHS Foundation Trust

NHS Cambridgeshire Community Services NHS Trust

NHS North West Anglia NHS Foundation Trust

NHS Royal Papworth Hospital NHS Foundation Trust

PETERBOROUGH CITY COUNCIL

Cambridgeshire County Council

Contents

1.   Introduction

1.1   This Framework describes arrangements intended to provide a foundation of good corporate governance, enabling the Sustainability and Transformation Partnership (STP) to implement changes in the way that NHS services will be planned, delivered and experienced in Cambridgeshire and Peterborough. The Framework incorporates the milestones for delivering the STP for Cambridgeshire and Peterborough over the next five years, linked to the NHS Five Year Forward view.

1.2   The STP is formed from the following NHS and partner organisations across Cambridgeshire and Peterborough:

NHS Cambridgeshire and Peterborough Clinical Commissioning Group
Cambridgeshire University Hospital NHS Foundation Trust
Cambridgeshire and Peterborough NHS Foundation Trust
Cambridgeshire Community Services NHS Trust
North West Anglia NHS Foundation Trust
Papworth Hospital NHS Foundation Trust
Cambridgeshire County Council
Peterborough City Council
Local General Practices
East of England Ambulance Service NHS Trust

1.3   Cambridgeshire County Council and Peterborough City Council participate in the STP with the intention to align their public health and social care services in an integrated way. The Councils will participate in the STP through their representatives recognising that their policy and financial decisions are subject to the constitutional arrangements within their respective authorities. The Councils also have a particular requirement to scrutinise proposals for NHS service changes as elected representatives of their communities and must ensure the independence and integrity of those arrangements. The role of the City Council and the district councils exercise a number of relevant housing, planning and other functions, which may also align to this Programme.

1.4   The Sustainability and Transformation Partnership is supported by NHS Improvement and NHS England.

1.5   This Framework sets out the governance arrangements that the STP will adhere to in delivering its functions. It describes how the STP will operate, confirms those matters reserved to individual organisations for decision, describes the various Boards through which the health partners operate and where certain powers of those Boards will be delegated to the STP Board or in turn to the Health and Care Executive (HCE).

1.6   The STP Board is made up of the partner organisations Chairs and Chief Executives who are jointly responsible for ensuring delivery of the STP. The partner organisations will participate in the decision-making processes of the

STP Board to the extent that they are delegated authority by their respective organisations.

Patient and stakeholder engagement is key to shaping the work required to deliver STP. The STP Board will receive regular reports about engagement activities that have taken place with the public and with stakeholders.

2.   Sustainability and Transformation Partnership

2.1   The STP exists to identify and drive delivery of strategic changes to the Cambridgeshire and Peterborough NHS health and care system that will both improve outcomes for local people, support the population to become healthier and ensure that services are financially sustainable. The STP will also oversee delivery of transformation across the system.

2.2   The Governance Framework applies to the whole lifecycle of the STP.

3.   Corporate Governance Framework

3.1   This Framework describes the governance arrangements that have been established to ensure that the STP will operate to deliver its role and functions. It describes how the STP will operate, the decision-making process and how certain powers will be delegated from the STP's national health statutory organisations to the STP Board and its associated sub-committees and workstreams.

3.2   This Framework will be approved by the Boards Governing Bodies and local authority Committees/Cabinets of all partner organisations, and will be reviewed on a regular basis.

4.   Principles for Good Governance

4.1   All members of the STP will observe the highest standards of probity in relation to the stewardship of public funds, the management of the STP, and the conduct of its business.

4.2   All members of the STP will adhere to the seven Nolan principles underpinning public office:

- **Selflessness:** holders of public office should take decisions solely in terms of public interest. They should not do so in order to gain financial or other material benefits. In addition, the NHS Commissioning Board will act as a role model to the clinical commissioning system and the NHS as a whole, in adopting and maintaining excellent standards of propriety for themselves, their family and their associates;
- **Integrity:** holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties;

- **Objectivity:** in carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards or benefits, holders of public office should make choices on merit;
- **Accountability:** holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office;
- **Openness:** holders of public office should be as open as possible about all their decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands;
- **Honesty:** holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest; and
- **Leadership:** holders of public office should promote and support these principles by leadership and example.

5. Aims

5.1 Through this Governance Framework, the STP aims to;

- maximise the effectiveness of the STP;
- ensure all partner organisations referred to in Section 1.2 meet their statutory obligations;
- ensure effective stewardship of public funds; and
- be a model of excellence in corporate governance by adopting the highest standards of business conduct.

6. Accountability and Leadership

6.1 The STP is accountable to the statutory organisations of the Cambridgeshire and Peterborough system described in Section 1.2 above, and to the associated regulatory authorities described in Section 1.4 above.

6.2 The STP is committed to openness and transparency in its work, in support of its accountability to patients and public. To that end, public meetings of the Boards, Governing Bodies and local authority committees/cabinets of each organisation are held regularly, and members of the public are welcome to attend and observe these meetings.

6.3 The STP will demonstrate its accountability through:

- Adhering to the Governance Framework, Memorandum of Understanding and STP Assurance Framework.
- Publishing the Sustainability and Transformation Partnership plan.
- Publishing other relevant documentation.
- Working within the Freedom of Information Act Policy.
- Commitment to the Living Well Partnership concordat.

6.4 The STP is committed to putting patients and the public at the heart of its decision-making, and is actively pursuing a wide range of communications and engagement mechanisms to support this commitment.

6.5 The STP Accountable Officer is accountable to the STP Board.

7. Roles and Responsibilities

7.1 Individual Organisations

Each individual organisation being a Member of the STP remains at all times accountable for its own activity and decisions.

7.2 Officers from Individual Organisations

Members need to ensure that they have all necessary delegated permissions to bind the authority on whose behalf they act when making decisions. They must ensure that they adhere to all internal processes when making those decisions.

7.3 System Delivery Unit

The System Delivery Unit (SDU) has been established to oversee, on behalf of the HCE, a programme of work to deliver the STP. The SDU is accountable to the Accountable Officer.

8. Organogram

8.1 The governance structure for the STP is shown below:
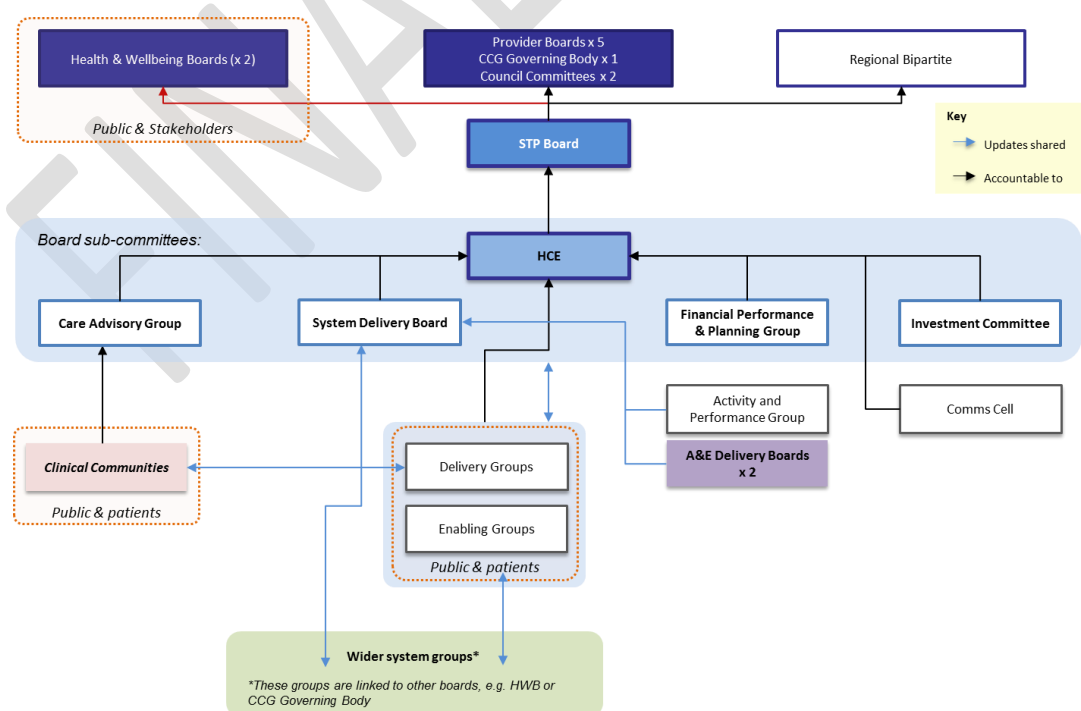
8.2 STP Board

The role of the STP Board is described below:

- To focus on the medium and long-term strategy of the STP and answer the 'big' questions, to set the vision for Cambridgeshire and Peterborough's population based on health needs, and ensure the programme is structured to enable this to be delivered.
- To share an ambition to return the health and care system in Cambridgeshire and Peterborough to financial, clinical and operational sustainability by 2021 through developing the beneficial behaviours of an accountable care system.
- To influence the view of regulators or external assurance bodies regarding the primacy of system sustainability entailed in this plan and the joint commitment to it.
- To support and promote system behaviours, as set out in the Memorandum of Understanding, for the benefit of local residents and healthcare users including:
  o Working together and not undermining each other
  o Behaving well, especially when things go wrong
  o Engaging in honest and open discussion
  o Keeping our promises -small and large
  o Seeing success as a collective
  o Carrying through decisions once made
- To provide objective, 'third party' oversight and to act as 'critical friends' to the HCE in order to ensure that the STP's objectives are achieved including holding the HCE to account for the following, as delegated to the STP Board by the relevant Statutory Bodies:
  o Delivery of the STP, through the System Delivery Board which reports to HCE on an exceptional basis.
  o Ensuring that robust accountability, delivery and reporting arrangements are in place.
  o Ensuring the Cambridgeshire and Peterborough STP has in place, and is adhering to, collective governance arrangements including:
    I. a Memorandum of Understanding setting out how organisations will work together to deliver the STP;
    II. a Governance Framework clearly defining the roles and responsibilities of key groups and describing how they interrelate, and;
    III. a risk assurance framework and register.
- To recognise where an individual organisation is standing in the way of a necessary local change or failing to meet their duties of collaboration and seek to address and resolve this; where this is not possible, to escalate the issue to NHS England and NHS Improvement.
- To ensure the system works together to give a common message to service users and the general public; and is inclusive in its work.
- To promote the requirement to complete impact assessments for commissioning and decommissioning of services are completed.
- To foster working collaboratively with Partners, Local Authority and Combined Authority.

8.3 Health and Care Executive

The role of the Health and Care Executive is described below:

- To be collectively responsible for the development and implementation of the Cambridgeshire and Peterborough STP.
- To function as a single executive leadership team, operating under an aligned set of incentives to coordinate action for the benefits of local residents and healthcare users.
- To enact the positive behaviours of an accountable care system.
- To agree common messages to enable one story to be told to staff and patients about why we need to work together, what benefits it will bring and how we are doing it.
- To be honest, transparent, and mutually supportive of the positions of each organisation represented.
- To identify innovation and good practice, and ensure effective diffusion across the system.
- To be accountable to provider Boards, the CCG Governing Body and specified council committees.
- To engage with the Health and Wellbeing Boards for Cambridgeshire and Peterborough in regard to the delivery of the STP.
- To hold to account the following sub-groups of the STP Board, as delegated by the STP Board:
  - Care Advisory Group
  - Financial Performance and Planning Group
  - Investment Committee
  - System Delivery Board
- To hold to account the following delivery vehicles:
  - Clinical Communities
  - Delivery and Enabling Groups
- To determine areas of development and service reconfiguration for the Cambridgeshire and Peterborough health and care system from 2016 through to 2020; to lead a process to prioritise these areas.
- To determine which service change projects need to be done, by whom and by when (be they system change projects or independent change projects within the CCG or provider organisations); to ratify any proposed new work before it can start.
- To sign off all system projects to;
  - ensure that they are allocated to a Delivery or Enabling Group or System group, and;
  - ensure that system projects are assigned an executive level SRO.
- To prioritise projects across the system balancing need to deliver maximum impact quickly with the need to adequately resource each project.
- To report progress and provide assurance to the Regional Bipartite that the STP delivery plan is on track.

- To resolve issues locally, but where this is not possible to escalate unresolved issues to NHS Improvement and NHS England through an agreed Bipartite meeting process.
- Through the chairs of the Delivery/Enabling Groups liaise with and support the Delivery/Enabling Groups as required, providing information, advice and recommendations as appropriate.
- To adhere to the principles described in the STP's Memorandum of Understanding.
- To adhere to the STP's Assurance Framework; this requires the group to maintain a risk register, to review this at every meeting and to review and seek to resolve risks escalated from the other groups in the STP structure.

8.4   Care Advisory Group

The role of the Care Advisory Group is described below:

- To receive and critically review strategies and business cases to improve or transform population health from the groups in the STP structure:
  - o Review and comment on care model design proposals from groups in the STP structure. This will require:
    - I.   Assessing impact on the local population, patients and carers, the overall STP objectives and deliverability.
    - II.   Considering implications for other groups in the STP structure and cross-cutting themes, and ensuring that proposals are congruent and complementary.
  - o Maintain an oversight of the proposals from all groups in the STP structure and ensure alignment between them.
  - o Ensure that proposals are developed to address maximising both population health and patient benefit. Aim to reach consensus on all proposals to be submitted to the HCE and where this is not achievable, clearly articulate the relative merits of alternative proposals.
  - o Promote care model design proposals that are operationally and financially sustainable.
- To provide overall clinical advice and expertise to the STP, making recommendations to the HCE.
  - o Jointly, with the Financial Performance and Planning Group, oversee the completion of business cases, providing clinical assurance.
  - o To give clinical assurance, if necessary by drawing on wider expertise outside of the CAG to future iterations of the Cambridgeshire and Peterborough five–year STP and its component parts.
  - o Provide other groups involved in the Sustainability and Transformation Partnership with clinical advice and information as necessary, including Quality Impact Assessments for both new business plans and proposed disinvestments.
  - o To provide clinical guidance in the design and interpretation of quality and inequality impact assessments required for all current and new service re-design.
- To review progress towards implementation.
  - o Report progress using all necessary and agreed analytic methodology to the HCE using an agreed reporting format.

- o Provide reports using all necessary and agreed analytics, as requested, to members of the SDU.
- o Report risks and issues to the HCE, escalating any unresolved areas
- o Resolve issues locally, but where this is not possible to escalate unresolved issues to the HCE through an agreed process.
- o Where necessary to provide clinical narrative for the interpretation of health analytic metrics used to monitor service provision and implementation of new models of care.
- o Give advice to communications teams concerning the clinical accuracy of publicity and information available to the public and to the health and social care workforce.
- To evaluate service outcomes.
  - o Review the evaluation of the new model of care and all relevant services to ensure the original service model and strategy and has been achieved and make recommendations to Health and Care Executive on the future service model.
- To advise on the medium and long-term care/clinical model in the STP.
  - o Provide strategic direction; contribute to the vision for improving health and well-being within the STP.
  - o Where necessary require Clinical Communities in the STP structure to develop plans to address those new initiatives and present the conclusion, where agreed, to HCE for consideration.
  - o To make recommendations for future innovation in service delivery, clinical or translational research that will impact on population and individual health outcomes for the system.
- To adhere to the principles described in the STP's Memorandum of Understanding.
- To adhere to the STP's Assurance Framework; this requires the group to maintain a risk register, to review this at every meeting and to review and seek to resolve risks escalated from the other groups in the STP structure.

8.5   System Delivery Board

The role of the System Delivery Board is described below:

- Tactical and operational decision making:
- o On behalf of the Health & Care Executive, to take decisions that address blocks to progress raised by the Delivery/Enabling Groups and wider STP groups to ensure they remain on track to deliver;
  - I.   an agreed programme of system improvements or transformations, and;
  - II.   the national 'must dos' held by the STP (including but not limited to: urgent & emergency care; general practice; mental health; cancer; planned care; estates, back office & clinical support services; digital; children's services and maternity; and workforce).
- o To receive updates from the Activity and Performance Group on system activity and financial performance. Where these updates suggest the programme of work is not having the intended impact, the System Delivery Board will work to establish if the agreed programme

of work is sufficient to meet agreed trajectories, and to make recommendations to HCE as required.

- o To work in partnership with CAG, FPPG and Investment Committee to ensure the appropriate balance is found between devolving autonomy and maintaining accountability.

- Operational delivery:
  - o To provide collective system leadership and pace-setting for the Delivery Groups and Enabling Groups on behalf of HCE.
  - o To offer support, trouble-shooting and constructive challenge to Delivery Groups (including clinical communities who are leading design), and Enabling Groups.
  - o To ensure;
    - I. all work in design, develop, deploy and deliver phases is meeting critical path milestones;
    - II. the Delivery Groups, Enabling Groups, A&E Delivery Boards and system wide groups are cognisant of inter-dependencies between them and these are well managed;
    - III. projects in the deploy and deliver phases have the anticipated impact, in line with business case implementation trajectories, and;
    - IV. lessons are learnt and shared of what has gone well and what has gone less well.
  - o To re-prioritise SDU and system resourcing across projects, balancing the need to deliver maximum impact quickly with the need to adequately resource each project.
  - o To sign off a single methodology (captured in the STP Ways of Working document) for project management and programme monitoring.
  - o To receive updates from the Integrated Commissioning Board, as relevant.
  - o To, by exception, escalate to HCE for resolution, risks and issues escalated by Delivery Groups and Enabling Groups.
  - o To receive and sign-off the delivery updates to be received by HCE and the STP Board, and any submissions relating to STP wide delivery to the national regulators.

- Governance:
  - o To adhere to the principles described in the STP's Memorandum of Understanding.
  - o To report progress and provide assurance to the Health and Care Executive that the STP delivery plan is on track.
  - o To provide updates to the Health and Care Executive, STP Board and Bipartite on the delivery of the system improvements and transformations and the National Must Do's.
  - o To ensure the Delivery Groups, Enabling Groups, A&E Delivery Boards and wider STP Programme groups commissioned by the HCE;
    - I. are working to deliver one or more of the areas identified in the STP plan;
    - II. are appropriately resourced;

   III. have identified clear outcomes, targets for activity shifts, quality changes or financial savings/growth, timescales for delivery, and agreed associated projects;

   IV. are on track to deliver the changes set out above within the agreed timescale, and;

   V. report on progress against an agreed set of metrics, and report risks and issues.

- Risk management:
  - To adhere to the STP's Risk Assurance Framework.
  - To ensure that progress, risks and issues are tracked and reported using the agreed methodology.
  - To resolve, or oversee the resolution, of Delivery/Enabling Group risks and issues escalated by other groups in the STP structure. Where this is not possible to escalate unresolved issues to the Health and Care Executive.

8.6 Financial Performance and Planning Group

The role of the Financial Performance and Planning Group is described below:

- To advise the Health and Care Executive (HCE) on system financial sustainability.
- To monitor and report on the financial risks to the implementation of the STP.
- To oversee submission of national financial submissions on behalf of the STP.
- To develop a framework for contracting and incentives, aligning planning assumptions, quality assuring savings and investment proposals and tracking savings progress.
- To monitor and report on the system performance against key national/local metrics.
- To maintain an overview of the delivery and benefits realisation of Cost Improvement Plans (CIP), Quality Innovation Productivity and Prevention (QIPP) and transformation plans.
- To consider and approve business cases for the use of significant system wide financial investments.
- To liaise with non-NHS stakeholders to the STP.
- To report progress to the HCE using an agreed reporting format.
- To resolve issues locally, but where this is not possible to escalate unresolved issues to the HCE through an agreed process.
- To monitor the SDU budget.
- To adhere to the principles described in the STP's Memorandum of Understanding.
- To adhere to the STP's Assurance Framework; this requires the group to maintain a risk register, to review this at every meeting and to review and seek to resolve risks escalated from the other groups in the STP structure.

8.7 Investment Committee

The role of the Investment Committee is described below:

- To ensure that Business Cases submitted for consideration are supported and agreed by NHS and Local Authority.
- To develop criteria against which Business Cases will be assessed.
- To assess and evaluate all Business Cases submitted to the Committee against agreed investment criteria.
- In assessing Business Cases, have due regard to the system's agreed priorities and other pipeline investment cases currently under development, acknowledging that the investment fund cannot finance every case.
- To decide, based on assessment against agreed investment criteria whether to recommend the case for immediate funding in full, or in part, at a later date, subject to further information or not at all.
- To report on a regular basis to the HCE on the level of the System Investment Fund (SIF) committed and uncommitted.
- To review Marginal Rate Emergency Tariff (MRET) funded scheme Business Cases, and decide whether these should be recommended to the HCE for continued funding, or whether these funds should be reinvested in the SIF for other schemes.
- In regards to the Better Care Fund, ensuring there is a process for sharing Business Cases proposals where there are implications for both health and social care.
- To adhere to the principles described in the STP's Memorandum of Understanding.

8.8 Clinical Communities

The role of the Clinical Communities is described below:

- Design clinical strategy and required service changes
  - Review the current patient pathway and identify areas for improvement.
  - Redesign patient pathways covering all elements of patient's care (prevention, emergency care, elective care and primary/community care and where appropriate end of life care) to improve;
    - I. Clinical effectiveness and safety
    - II. Patient experience
    - III. Population health
    - IV. Financial sustainability
  - Identify required service improvements, service changes and commissioning arrangements to deliver new model of care and patient pathway
  - Identify clinical, operational and financial outcomes and Key Performance Indicators (KPIs) to enable meaningful evaluation of service changes that are implemented.
  - Accept the financial savings opportunities proposed by the CCG as part of their annual planning as the level of ambition towards which they will work towards.

- o Work closely with finance colleagues to develop an outline business case to (estimate) initial financial outcomes and identify resources required (revenue, capital and non-financial). Make every effort to identify how the redesign, change or improvement can be done within existing resources by working differently.
  - o Present clinical strategy and recommended service changes to CAG for approval.
- Review quality and performance.
  - o Review benchmarking data, including RightCare, Getting It Right First Time (GIRFT) and relevant national policies, guidance and best practice for specified clinical areas.
  - o Review current service clinical performance, clinical indicators and outcomes across the whole patient pathway, including public health, primary, community care and acute care.
  - o Review population needs assessments where available, and undertake population needs assessment where not already available for specified clinical areas.
  - o Identify innovation and good practice.
  - o Implement (tactical improvements/ quick wins).
  - o Plan and implement services improvements that are within the gift of the community's members to implement without permission and in line with the STP's governance arrangements.
  - o Refine continuously improvements until fully embedded in usual care.
- Evaluate service outcomes.
  - o Review the evaluation of the new model of care and all relevant services to ensure the original service model and strategy and has been achieved and make recommendations to Health and Care Executive on the future service model.
  - o Review the evaluation of the clinical outcomes against the agreed KPIs to determine whether patient experience, outcomes and financial sustainability has improved as planned and make recommendations to Health and Care Executive on the future service model.
  - o Present findings, learning and recommendations to wider STP group via CAG.
- Work collaboratively with stakeholders
  - o Demonstrate evidence of patient/carer and public involvement (PPI).
  - o Develop systems for accessing patient/carer and public involvement and opinion on specific issues, with support from the STP PPI leads.
  - o Review and audit the level of patient/carer feedback, reporting to the Care Advisory Group with support from the STP PPI lead.
  - o Engage with Public Health, Local Authorities and the joint Strategic Needs Assessment.
  - o Engage with similar clinical networks, NHSE and Specialist Commissioning to share best practice and information.
  - o Develop strong working partnerships with the Clinical Senate; the East of England Academic Health Science Networks (AHSNs), Cambridge University Health Partners and the Medical School, NHSE and I), and Local Education and Training Boards (LETBs).
- Operate in accordance with the STP's agreed ways of working

- o Work in accordance with the STP's agreed 'ways of working' and programme cycle.
- o Adhere to the principles described in the STP's Memorandum of Understanding.
- o Adhere to the STP's Assurance Framework.

8.9 Delivery and Enabling Groups

The role of the Delivery and Enabling Groups is described below:

- To contribute to the overall delivery of the STP objectives by ensuring that the quality improvements and financial opportunities identified in the STP realised.
- To be responsible for setting up and ensuring the implantation (including savings realisation) of projects to meet the STP objectives.
- To oversee the delivery of a portfolio of STP projects in order to realise financial savings and achieve quality improvement.
- To improve patient experience and outcomes.
- To provide expertise to support transformational change.
- To monitor progress and risks, and report this as appropriate.
- To establish and oversee Development Groups, that will work up business cases for approval, and Deployment Groups, that will take forward business cases once approved.
- To lead a process to evaluate projects once Deployment is complete, and share the learning from this.
- To adhere to the principles described in the STP's Memorandum of Understanding.
- To adhere to the STP's Assurance Framework.

8.10 Activity and Performance Group

The role of the Activity and Performance Group is described below:

- To review and discuss activity and performance across the system in a non-contractual environment.
- To feedback trends and key insights into Delivery/Enabling Groups and Clinical Communities, which may form part of evaluations.
- To provide reports to the System Delivery Board.
- To recommend and help develop future priorities based on activity and performance levels.
- To compare local and national data sets to answer specific requests by regulators.
- To adhere to the principles described in the STP's Memorandum of Understanding.
- To adhere to the STP's Assurance Framework.

8.11 A&E Delivery Boards

The role of the A&E Delivery Boards is described below:

- To ensure urgent care needs are dealt with in the most appropriate setting by the most appropriate services (which in many cases should not be in A&E departments or acute hospital beds).
- To provide a vehicle for strong and visible front-line clinical leadership and resident/patient involvement.
- To promote a culture of continuous quality improvement.
- To oversee improvement projects that require locality tailoring for successful implementation.
- To deliver nationally mandated improvement initiatives and core responsibilities to lead to A&E recovery.

8.12 System Groups

There are a number of aligned workstreams and partner groups which also support the STP such as the *Joint Commissioning Unit, Integrated Commissioning Board and Living Well Area Partnerships.*

9. Delivering the STP

9.1 Overview

As the STP moves from planning into implementation and delivery it is apparent that there needs to be a clear and consistent structure to frame the various processes across the STP to reduce confusion and ensure appropriate accountability across the 'lifecycle' of the STP improvement projects. To support this the SDU has developed a suite of guidance documents and tools which will assist all parties understand at each stage in the improvement project's life (Design, Develop, Deploy and Deliver). This is outlined in the STP Programme Cycle.

The diagram below describes what happens at each stage in an improvement project's life:

DESIGN
Ideas are generated through engagement with system stakeholders and patients with a focus on system solutions.
Ideas developed have a strong evidence base and show innovation to transform services.
Project outlines are defined and project groups are established.
A project lead and project team is identified.

DEVELOP
System partners work together to develop an operational, clinical and financial model which will deliver improved services for patients and financial sustainability.
The project is progressed through the assurance process and the STP gateways.

DEPLOY
System partners work together to implement the project.
Project milestones and risks are monitored through the Delivery/Enabling Group and reported to the System Delivery Board.

DELIVER
Project implementation is complete, changes are embedded and operating as business as usual.
Service performance monitored through Delivery/Enabling Group and reported to the System Delivery Board.
Evaluation of project design, development and deployment takes place.

The diagram below demonstrates how a project moves through each stage:

DESIGN
- CAG set clinical vision
- Clinical Communities design clinical and operational model
- Project Initiation Document (PID) completed
- Outline Business Case (OBC) created
- OBC approved by; Delivery/Enabling Group, CAG and FPPG

DEVELOP
- Project group develops clinical and operational model
- Full Business Case (FBC) completed
- FBC approved by; Investment Committee and HCE

DEPLOY
- Detailed project plan completed
- For those with System Investment Fund (SIF) drawdown completed
- Project reported via dashboard to Delivery/Enabling Group
- Delivery/Enabling Group report via dashboard to System Delivery Board

DELIVER
- Detailed delivery plan completed
- Project reported via dashboard to Delivery/Enabling Group
- Delivery/Enabling Group reported via dashboard to System Delivery Board
- Evaluate project and report to CAG and HCE
- Continue to monitor and report project through business as usual

9.1.1 Decision Making

Decision making remains with each organisation until/unless authority is delegated to the STP Board or in turn to the Health and Care Executive. All decision-making across the STP will therefore be taken under the Scheme of Delegation set out in the tables below. Urgent Decisions are covered in Section 9.10 below.

In the context of the decision-making process, the following applies:

Endorse – to support decisions that have been made across the STP
Approve – to approve decisions/documentation (in line with Statutory Duties and Functions of all Organisations across the STP)

The decision-making process for the implementation phase of the STP is split into three categories:

1. Proposals that require funding from the STP System Investment Fund
2. Proposals that require local investment (from the CCG, provider organisations or council
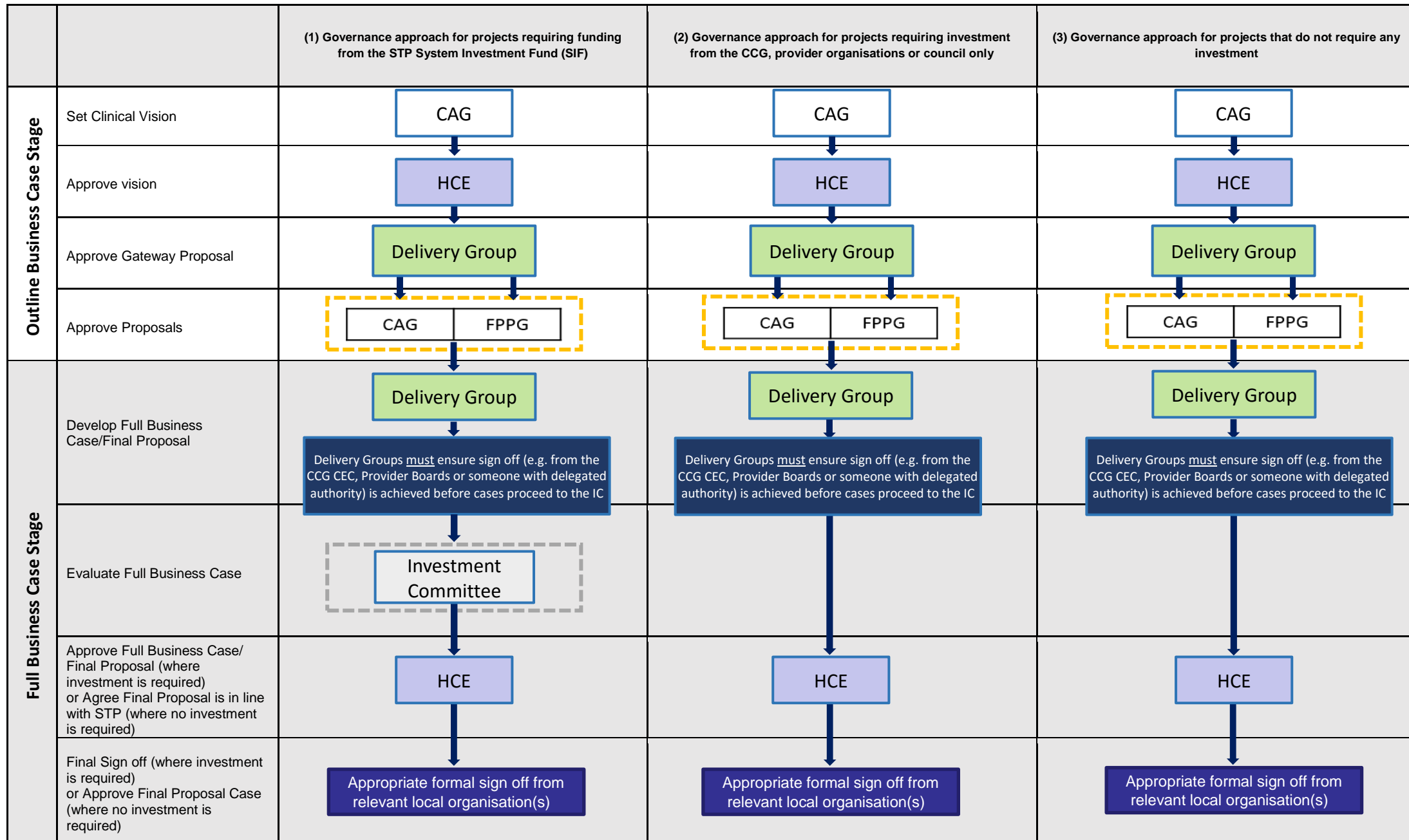3. Proposals that do not require any investment

A summary of these processes appears on the following page. More detail about each process is available in the STP Programme Cycle and Ways of Working document.

Summary of the governance approach for the approval of project proposals

Key | GATEWAY 1 | GATEWAY 2

		(1) Governance approach for projects requiring funding from the STP System Investment Fund (SIF)	(2) Governance approach for projects requiring investment from the CCG, provider organisations or council only	(3) Governance approach for projects that do not require any investment
Outline Business Case Stage	Set Clinical Vision	CAG	CAG	CAG
	Approve vision	HCE	HCE	HCE
	Approve Gateway Proposal	Delivery Group	Delivery Group	Delivery Group
	Approve Proposals	CAG | FPPG	CAG | FPPG	CAG | FPPG
Full Business Case Stage	Develop Full Business Case/Final Proposal	Delivery Group Delivery Groups <u>must</u> ensure sign off (e.g. from the CCG CEC, Provider Boards or someone with delegated authority) is achieved before cases proceed to the IC	Delivery Group Delivery Groups <u>must</u> ensure sign off (e.g. from the CCG CEC, Provider Boards or someone with delegated authority) is achieved before cases proceed to the IC	Delivery Group Delivery Groups <u>must</u> ensure sign off (e.g. from the CCG CEC, Provider Boards or someone with delegated authority) is achieved before cases proceed to the IC
	Evaluate Full Business Case	Investment Committee		
	Approve Full Business Case/ Final Proposal (where investment is required) or Agree Final Proposal is in line with STP (where no investment is required)	HCE	HCE	HCE
	Final Sign off (where investment is required) or Approve Final Proposal Case (where no investment is required)	Appropriate formal sign off from relevant local organisation(s)	Appropriate formal sign off from relevant local organisation(s)	Appropriate formal sign off from relevant local organisation(s)

9.2 Matters Reserved to the Boards, Governing Bodies and Local Authority Committees/Cabinet of Statutory Organisations across the lifecycle of the STP

Table 1 summarises the decisions reserved to the CCG Governing Body.

Table 1 – Schedule of Matters reserved to CCG Governing Body
To approve the overarching Options and Consultation Document

Table 2 summarises those matters which have been reserved to the Boards of NHS Organisations.

Table 2 – Schedule of Matters reserved to the Boards, Governing Bodies of Statutory NHS Organisations
To approve system-wide planning intentions on an annual basis
To approve options for future organisational form
To approve individual QIPP and CIP plans over the lifecycle of the STP
To approve in principle, the Sustainability and Transformation Partnership plan and agree delegated Chair's Action/Urgent Decisions (for CCG Governing Body)
To formally endorse sustainable medium-term options for service reconfiguration
To approve the overarching Governance Framework
To endorse the overarching Options and Consultation Document

Table 3 summarises those matters which are reserved to the Local Authority Committees/Cabinet.

Table 3 – Schedule of Matters reserved to Local Authority Committees/Cabinet
To approve social care and public health service aspects of system-wide planning intentions on an annual basis.
To formally approve the social care and public health service aspects of a Sustainability and Transformation Partnership plan
To approve the overarching Governance Framework

9.3 Matters Delegated to the STP Board

Table 4 summarises those matters have been delegated to the STP Board by the relevant Statutory Bodies.

Table 4 – Schedule of Matters Delegated to the STP Board and its members	
Matters Delegated	**Delegated to**
To focus on the medium and long-term strategy of the STP	STP Board
To ensure that the system has in place a process for working towards an Accountable Care System	STP Board

To hold the HCE account to commission and oversee the Sustainable and Transformation Partnership programme of work that will, by the end of 2018/19 have delivered on home is best, safe and effective hospital care, sustainable together and enablers	STP Board
To hold the HCE account for delivery of the STP	STP Board
To hold the HCE to account for ensuring that accountability and reporting arrangements are in place.	STP Board
To hold the HCE to account for ensuring the Cambridgeshire and Peterborough STP has in place, and is adhering to, collective governance arrangements.	STP Board
To determine the nature of a formal vote	Chair
To approve STP Board minutes	STP Board
To provide written notice of dates, times and locations of meetings of the STP Board	Secretariat

9.4   Matters Delegated to the Health and Care Executive

Table 5 summarises those matters have been delegated to the Health and Care Executive by the STP Board.

Table 5 – Schedule of Matters Delegated to the Health and Care Executive and its members*	
Matters Delegated	**Delegated to**
To commission and oversee the Sustainable and Transformation Partnership plan of work that will, by the end of 2018/19 have delivered on home is best, safe and effective hospital care, sustainable together and enablers	Health and Care Executive
To determine areas of development and service reconfiguration for the Cambridgeshire and Peterborough health and care system from 2016 through to 2020; to lead a process to prioritise these areas	Health and Care Executive
To determine which service change projects need to be done, by whom and by when (be they system change projects or independent change projects within the CCG or provider organisations); to ratify any proposed new work before it can start.	Health and Care Executive

To sign off all system projects and ensure that they are allocated to a Delivery Group/Enabling Group.	Health and Care Executive
To ensure the workstreams/work programmes commissioned by the HCE are working to deliver one or more of the areas identified in the table above, are appropriately resourced, have identified clear outcomes, targets for activity shifts, quality changes or financial savings/ growth, timescales for delivery, and agreed associated projects, are on track to deliver the changes set out above within the agreed timescale and report on progress against an agreed set of metrics, and report risks and issues	Health and Care Executive
To prioritise projects across the system balancing the need to deliver maximum impact quickly with the need to adequately resource each project	Health and Care Executive
To resolve, or oversee the resolution, of risks and issues escalated by the groups accountable to the HCE	Health and Care Executive
To report progress and provide assurance to the Regional Bipartite that programme delivery is on track	Health and Care Executive
To resolve issues locally, but where this is not possible to escalate unresolved issues to NHS Improvement and NHS England through an agreed Bipartite meeting process	Health and Care Executive
To oversee a process for agreeing commissioning intensions	Health and Care Executive
To engage with individual Boards, Governing Bodies and Local Authority Cabinet/Committees on the implementation of the STP	Health and Care Executive
To engage with Health and Wellbeing Boards on the implementation of the STP.	Health and Care Executive
To approve business cases to support delivery of the STP	Health and Care Executive
To review and endorse recommendations made via the Investment Committee.	Health and Care Executive
To manage the risks associated with overall delivery of the STP	Health and Care Executive
To determine the need for Urgent Decisions in discussion with the Chair and Programme Director	Chair
To determine the nature of a formal vote	Chair

| To approve HCE minutes | Health and Care Executive |
| To provide written notice of dates, times and locations of meetings of the HCE | Secretariat |

* Representation by local authority officers on the Health Executive will be limited to relevant social care and public health services within the remit of their delegated authority from their respective Council. Any key decisions will be subject to the constitutional process which applies to the Committee Chair/Vice Chair or Cabinet Portfolio Holder responsible for that function.

9.5 Matters Reserved to the Care Advisory Group

Table 6 summarises those matters have been delegated to the Care Advisory Group by the STP Board.

Table 6 – Schedule of Matters Delegated to the Care Advisory Group and its members	
Matters Delegated	**Delegated to**
To commission, receive and critically review information and reports from the Delivery and Enabling Groups.	Care Advisory Group
To provide overall clinical advice and expertise to the Sustainability and Transformation Partnership, making recommendations to the Health and Care Executive	Care Advisory Group
To report progress using all necessary and agreed analytic methodology to the Health and Care Executive using an agreed reporting format.	Care Advisory Group
To make recommendations for future innovation in service delivery.	Care Advisory Group
To review business cases at 'Outline Business Case' stage and make recommendations about whether or not they should proceed.	Care Advisory Group
To endorse Investment Committee initial proposals to be developed into full business cases.	Care Advisory Group
To determine the nature of a formal vote.	Chair
To approve CAG minutes.	Care Advisory Group
To provide written notice of dates, times and locations of meetings of the CAG.	Secretariat

9.6 Matters Reserved to the System Delivery Board

Table 7 summarises those matters that have been delegated to the System Delivery Board by the STP Board.

Table 7 – Schedule of Matters Delegated to the System Delivery Board and its members	
Matters Delegated	**Delegated to**
To sign off methodology and a small number of monitoring dashboards developed by the SDU for monitoring programme delivery	System Delivery Board
To review the performance of the STP, by monitoring the delivery of workstreams/work programmes, against an agreed set of programme metrics and using the agreed methodology	System Delivery Board
To ensure that progress, risks and issues are tracked and reported using the agreed methodology	System Delivery Board
To receive and sign-off reports from the SDU that the STP plan, and its future modifications, is being appropriately delivered	System Delivery Board
Through the Chairs of the Delivery/Enabling Groups to liaise with and support the Delivery/Enabling Groups as required, providing information, advice and recommendations as appropriate	System Delivery Board
To resolve, or oversee the resolution, of risks and issues escalated by the groups accountable to the HCE	System Delivery Board
To determine the nature of a formal vote	Chair
To approve System Delivery Board minutes	System Delivery Board
To provide written notice of dates, times and locations of meetings of the System Delivery Board	Secretariat

9.7 Matters Reserved to the Financial Performance and Planning Group

Table 8 summarises those matters that have been delegated to the Financial Performance and Planning Group by the STP Board.

Table 8 – Schedule of Matters Delegated to the Financial Performance and Planning Group and its members	
Matters Delegated	**Delegated to**
To advise the Health and Care Executive on system financial sustainability	Financial Performance and Planning Group
To oversee submission of national financial submissions on behalf of the STP	Financial Performance and Planning Group
To develop a framework for contracting and incentives, aligning planning	Financial Performance and Planning Group

assumptions, quality assuring savings and investment proposals and tracking savings progress	
To monitor and report on the system performance against key national/local metrics	Financial Performance and Planning Group
To maintain an overview, the delivery and benefits realisation of CIP, QIPP and transformation plans	Financial Performance and Planning Group
To consider and endorse business cases for the use of significant system wide financial investments	Financial Performance and Planning Group
To report progress to the Health and Care Executive using an agreed reporting format	Financial Performance and Planning Group
To resolve issues locally, but where this is not possible to escalate unresolved issues to the Health and Care Executive through an agreed process	Financial Performance and Planning Group
To endorse Investment Committee initial proposals to be developed into full business cases	Financial Performance and Planning Group
To monitor the SDU budget	Financial Performance and Planning Group
To determine the nature of a formal vote	Chair
To approve Financial Performance and Planning Group minutes	Financial Performance and Planning Group
To provide written notice of dates, times and locations of meetings of the Financial Performance and Planning Group	Secretariat

9.8   Matters Reserved to the Investment Committee

Table 9 summarises those matters that have been delegated to the Investment Committee and its members by the STP Board.

Table 9 – Schedule of Matters Delegated to the Investment Committee and its members	
Matters Delegated	**Delegated to**
To develop the criteria against which business cases will be assessed	Investment Committee
To evaluate business cases submitted to the committee against the criteria	Investment Committee
To ensure that all business cases submitted for consideration are supported and agreed by all significantly affected local health and social care organisations (supported by the SDU)	Investment Committee

To decide, based on the assessment against agreed Investment criteria, and system priorities whether to recommend the case for immediate funding in full, or in part, or at a later date where other cases due for presentation are thought to need priority	Investment Committee
Have due regard to the system agreed priorities and other pipeline investment cases currently under development, acknowledging that potentially not all cases can be funded based on the resources available	Investment Committee
To review MRET funded scheme business cases, and make recommendations to the Health and Care Executive for continued funding, or whether it believes these funds should be reinvested in the investment pot for other schemes	Investment Committee
To determine the nature of a formal vote	Chair
To approve Investment Committee minutes	Investment Committee
To provide written notice of dates, times and locations of meetings of the Investment Committee	Secretariat

9.9 Matters Reserved to the Clinical Communities

Table 10 summarises those matters that have been delegated to the Clinical Communities and their member by the Care Advisory Group.

Table 10 – Schedule of Matters Delegated to the Clinical Strategy Groups and its members	
Matters Delegated	**Delegated to**
To review quality and performance	Clinical Communities
To design clinical strategy and required service changes	Clinical Communities
To review and monitor service outcomes	Clinical Communities
To work collaboratively with stakeholders	Clinical Communities
To operate in accordance with the STPs agreed ways of working	Clinical Communities
To determine the nature of a formal vote	Chair
To approve Clinical Communities minutes	Clinical Communities
To provide written notice of dates, times and locations of meetings of the Clinical Strategy groups	Secretariat

9.10 Matters Reserved to the Delivery and Enabling Groups

Table 11 summarises those matters that have been delegated to the Delivery and Enabling Groups and its members by the Health and Care Executive.

Table 11 – Schedule of Matters Delegated to the Delivery and Enabling Groups and its members	
Matters Delegated	**Delegated to**
To improve patient experience and outcomes	Delivery and Enabling Groups
To provide expertise to support transformational change	Delivery and Enabling Groups
To oversee the delivery of a portfolio of projects in order to realise financial savings and quality improvement	Delivery and Enabling Groups
To monitor progress and risks, and report this as appropriate	Delivery and Enabling Groups
To develop final Business Cases for submission to Investment Committee	Delivery and Enabling Groups
To determine the nature of a formal vote	Chair
To approve Delivery/Enabling Group minutes	Delivery and Enabling Groups
To provide written notice of dates, times and locations of meetings of the Delivery/Enabling Group	Secretariat

9.11 Matters Reserved to the A&E Delivery Board

Table 12 below summarises those matters that have been delegated to the A&E Delivery Board and its members.

Table 12 – Schedule of Matters Delegated to the A&E Delivery Board and its members	
Matters Delegated	**Delegated to**
To improve patient experience and outcomes in relation to emergency care	A&E Delivery Board
To provide expertise to support transformational change	A&E Delivery Board
To oversee the delivery of a portfolio of projects in order to realise financial savings and quality improvement	A&E Delivery Board
To deliver five mandated improvement initiatives	A&E Delivery Board
To deliver the nationally mandated core responsibilities to lead A&E recovery	A&E Delivery Board
To receive assurance that the following nationally mandated core responsibilities are being delivered by the UEC Delivery Group	A&E Delivery Board

To monitor progress and risks, and report this as appropriate	A&E Delivery Board
To determine the nature of a formal vote	Chair
To approve A&E Delivery Board minutes	A&E Delivery Board
To provide written notice of dates, times and locations of meetings of the A&E Delivery Board	Secretariat

9.12 Urgent Decisions

Due to the nature of the business cycle of individual organisations, there may be a requirement for Urgent Decisions to be taken. In these circumstances, Urgent Decisions should be;

- discussed by the Health and Care Executive and taken by the Chair of the Health and Care Executive, in consultation with the Chair, Chief Executive and Director of Finance (or their equivalent roles) in each partner organisation;
- required to be taken by the Councils as a result of any decision exercised by the HCE are subject to the individual council's constitutional arrangements, and;
- be recorded appropriately and reported to the partner organisations for formal ratification at the next available meeting.

9.13 Conflicts of Interests

The STP will ensure that all Conflicts of Interests are managed in line with NHS Statutory Guidance:

- A register of personal, professional and organisational conflicts of interest will be maintained for all members of the STP by the STP's Secretariat.
- Those in attendance will be asked to declare their personal, professional and organisational conflicts of interest. Where any members of the STP have a material interest, they should either be excluded from relevant parts of meetings, or join in the discussion but not participate in the decision making itself (i.e., not have a vote).
- The Chair of the relevant meeting has responsibility for deciding whether there is a conflict of interest and the appropriate course of corresponding action. In making such decisions, the chair may wish to consult a member of a Governing Body or Board in the system who has responsibility for issues relating to conflicts of interest.
- All decisions, and details of how any conflict of interest issue has been managed, should be recorded in the minutes of the meeting.

9.14 Dispute and Conflict Resolution

Any issues that cannot be resolved locally will be referred to the regional Bipartite.

10. Risk Management

The STP Assurance Framework provides detail on how the STP Board will manage and monitor risks in relation to delivery of the STP programmes of work or projects. It also describes the accountability arrangements. An overarching risk register which will be overseen by the STP Board and shared with the individual partner organisations.

11. Cycle of Business

The STP has developed a cycle of business which will align with the individual organisation's business cycles/decision-making processes. Consideration to a monthly cycle of formal business for statutory boards and governing bodies has been considered as part of the process. The STP Programme Cycle and Ways of Working documents describe this in more detail.

12. Reporting Arrangements

The SDU will prepare reports relating to STP delivery for system partners.