

**DH MANAGEMENT COMMITTEE MEETING**  
**17 March 2011, 09:30-13:00**  
**Boardroom, Richmond House**  
**Summary Note**

**Present**

<b>Title</b>
Permanent Secretary
Director General, Policy, Strategy & Finance
Director General, Social Care, Local Government & Care Partnerships
Director General, Health Improvement & Protection
Director General, Workforce
Director General, Communications
Director General, Transition for the Department of Health
Director, Human Resources
Director General, Research and Development

**In Attendance**

**Apologies**

Deputy Director, Internal Communications	Director General, Chief Information Officer
Director, Transition	Director General, NHS Finance, Performance & Operations
Managing Director, Transition - Public Health England	Director General, Chief Nursing Officer
Director, DH Development & Delivery	National Director, Improvement and Efficiency
Deputy Director, DH Development & Delivery	Deputy Director, DH Delivery
Director of Policy, Commissioning & Primary Care	National Managing Director, Commissioning Development
Director of CNO Directorate	National Director, Provider Development
Directorate Operating Officer	
Director of Quality Framework Programme and QIPP Programme	
Director Business Services & Governance	
Deputy Director, Head of Engagement & Change, Transformation Team	
Principal Private Secretary to the Permanent Secretary	

**Secretariat**

Deputy Director, DH Corporate Management
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No	Issue
1	<b>Welcome &amp; Introduction and Minutes and Action Note of February DHMC Meeting</b>
1.1	Members were welcomed to the meeting. The minutes of the February 2011 DHMC meeting were approved without comment.
2	<b>Introduction and feedback from staff</b>
2.1	The Permanent Secretary reported back on her visits to staff across the department. By the end of the planned programme she would have met approximately 800-900 staff.
2.2	The common theme emerging was that staff wanted answers to the 'big questions' and information on the sequencing of the key decisions.
2.3	The Deputy Director for Internal Communications presented a slide pack summarising the latest round of face-to-face briefings. Overall, the mood had stabilised across the department; there had been less critical feedback and more suggestions around change.
2.4	The Director General, Social Care, Local Government and Care Partnerships reported back on the open engagement sessions that he had held.
3	<b>Focussing on the transformational aspects of DH</b>
3.1	The Director General for Transition for DH presented this item. Members received a pack of slides that covered what would stay the same in the Department and what would change; what 'good' looks like in terms of size (cost), shape and capability; and the opportunities to improve our capabilities and ways of working.
3.2	DHMC members broke out in to 3 groups to discuss the following key questions:
	<p><i>Question One:</i>  <i>What will our future relationships look/feel like with out ALBs, OGDs? How will we balance potentially conflicting demands?</i></p>
3.3	<p>Key points included:</p> <ul style="list-style-type: none"> <li>- There was an inherent issue around the language used: 'arms length bodies' created a certain approach/mindset regarding the relationship between DH and these bodies.</li> <li>- Co-production of the DH operating model with some of our stakeholders should be considered, including key OGDs.</li> <li>- There would inevitably be movement in personnel as we transitioned to the new system, however as the new operating model developed it would be important to ensure that personal relationships at the top level of the organisation were developed with key stakeholders.</li> <li>- There was a need for staff within the department to be more 'whole systems literate'.</li> <li>- There was a need for a different approach to, and understanding of, risk-taking in the leadership of the department. This would help move the</li> </ul>

department to where it needed to be.

- Directors running organisations needed to take responsibility for ensuring that their staff understood the new department, the new system and their place within this

*Question Two:*

*In future how will we manage the tension between short term and long term priorities?*

*What are the implications for our future operating model and our capability?*

3.4 Key points included:

- Everyone accepted the notion of change in their work, although understood change in different ways. What was necessary was action to turn the idea of change in to reality.
- The development of the Framework Agreements would set out what ALBs would do and what DH would do. This would help bring further clarity on priorities for the department. The business planning process should be used to get down to a further level of detail on individual pieces of work.
- Prioritisation currently happened all the time in the department, however difficult decisions were often left to more junior members of staff. Senior teams needed to look beyond budget decisions and take greater control over the decisions on what to stop.
- Breaking down DGs' (often long-standing) relationships with particular resources/areas of work would be one way of making progress on prioritisation. Cross-functional teams for the large collective endeavours should be considered.
- Further thought needed to be given on what we did differently (not just doing more for less or stopping specific things) in the context of the new – and wider - system, particularly with regard to arms length bodies.

*Question Three:*

*How will we refresh our values for the new DH? What should we dial up/dial down?*

*What are the implications for our future operating model and our capability?*

3.5 Key questions included

On values:

- The narrative around purpose and values needed to be more emotional and less technical – making the connection to the public's health and care.
- The DH vision, purpose and values were solid. Rather than starting new work looking at changing these, there should be a re-statement of the department's commitment to these. It was important that it was clear how DH values were embedded in the system we moved forward with the reforms.
- The impact on the public of DH's vision and values should be made explicit and translated in to language that people could understand.

On the operating model:

- The skills required from DH staff in the new system would be different from the current skills set. In particular, brokerage and negotiation would be important skills to 'grow' within the department
- The Civil Service values were central and would be important in the new health and care system.
- It would be important to highlight the importance of corporacy moving forwards

(as opposed to being technically good at specific jobs). The experience of other organisations who had successfully embedded this should be considered, including from outside the civil service.

#### 4 | **Key enablers**

4.1 The Director General for Transition for DH presented slides that set out the delivery phase of DH transformation and introduced the DH transformation team that Flora Goldhill would lead.

4.2 The Director of DH Development and Delivery gave an update on the Leeds project. The most important part of the project had been staff engagement – people had appreciated the fact that they had had the opportunity to put forward their views and these had been listened to.

4.3 The Director for Human Resources gave an update on people issues.

##### ***HR Framework:***

4.4 Negotiations with the Trade Unions had been completed. Publication of the Framework was on track for early April.

##### ***Voluntary Exit Scheme***

4.5 There had been 394 applications with 258 approved.

##### ***Project Bank***

4.6 The Head of Engagement and Change, Transformation Team presented a paper on the establishment of project bank. The project bank would allow staff in shorter term projects a degree of permanence. The aim was to 'set the bar high', to have a clear and open selection procedure and to expand the use of the project bank to include short or longer term support to key areas of work within the department.

4.7 There were some outstanding issues to be worked through in terms of how the project bank would operate.

4.8 Summing up, the Permanent Secretary set out that it would be necessary to work through the operation of the project bank at a more detailed level. The scheme should be regarded as an opportunity to experiment with a different model and learn from this. In the selection of people for the project bank, only those who were not currently working in priority areas would be released.

##### ***Central SCS Appointments Process***

4.9 The Director for Human Resources gave an overview of the key features of the proposed SCS appointments process. This had already been discussed with a group of Directors.

4.10 It was agreed that a wider discussion on implementation of the SCS process was necessary. This should examine the experience of other organisations implementing similar processes.

##### ***Finance Update***

4.11 The Director General, Policy, Strategy & Finance updated members on the process for 2011/12 allocations. The proposal currently being finalised kept

indicative allocations, scaled back the amount of transition resource and included a pot of (former) programme money. Bids on the latter had been prioritised according to Ministerial priority.

5 | **AOB**

5.1 Before the meeting closed, the Deputy Director for Internal Comms summarised the key messages for the next round of Face-to-Face briefings. The key messages that staff should be update on were:

- set out the key milestones for decisions (as well as explicitly say what was currently unknown).
- when decisions on the structure at the top of the organisation would be announced.
- The difference between transition (to the new health and care system) as opposed to transformation (of the Department).
- The next steps for Leeds and the regions.

11 | **Close**

The meeting closed at 13:00