DH MANAGEMENT COMMITTEE MEETING
21 July 2011, 10:00-13:00
Boardroom, Richmond House
Summary Note

Present

Title
Permanent Secretary
Director General, Social Care, Local Government & Care Partnerships
Director General, Transition for the Department of Health
Director General, Communications
Director General, Health Improvement & Protection
Managing Director NHS and Social Care Workforce
Managing Director, NHS Informatics

In Attendance   **Apologies**

In Attendance	Apologies
Directorate Operating Officer for NHS Finance, Performance & Operations	Girector General, Policy, Strategy and Finance
Director of Financial Planning & Allocations	Director General, NHS Finance, Performance & Operations
Director of Clinical Programmes	Chief Medical Officer
Deputy Chief Nursing Officer	Director General, Chief Nursing Officer
Head of Internal Communications	Director General, NHS Medical Director
Director, Transition Programme	Managing Director, Provider Development
National Director, Improvement and Efficiency	National Managing Director of Commissioning Development
Managing Director, Transition - Public Health England	Deputy Director, Digital Communications and Information Strategy
Deputy Director, Business Planning & Organisational Development	
Director, Health Inequalities and Partnerships	
Deputy Director of HR	
Member of the Transformation Policy team (for item 2a)	
Deputy Director - Head of Engagement & Change, Transformation Team (for item 2c)	
Strategy Advisor for Strategy Unit (for item 3)	
Head of Digital Communication and Publishing (for item 4)	
Principle Private Secretary to the Permanent Secretary	

Secretariat

Deputy Director, DH secretariat

No	Issue
1	**Welcome & Introduction and Minutes and Action Note of June DHMC Meeting**

1.1 Members were welcomed to the meeting. The Minutes from the June meeting were agreed with no amendments. Actions from previous meetings were complete or underway.

1.2 Two new members were introduced, the Managing Director NHS and Social Care Workforce and the Managing Director of NHS Informatics.

2	**Relationships and Engagement**

2a - Feedback from NHS Future Forum

2.1 A member of the Transformation policy team presented a session on the NHS Listening Exercise - lessons learned.

2.2 The NHS Listening Exercise had begun on 6 April 2011, with the NHS Future Forum being established on 13 April. It had been an extremely high profile exercise and the context was unprecedented.

2.3 The NHS Future Forum had included over 200 listening exercises. Ministers and the Future Forum had reached some 8000 people over an eight-week period. The Forum had also received around 25,000 e-mails, 3,000 other responses on the website and 1,215 letters over the course of the process.

2.4 Since the listening exercise, DH had launched two projects relating to stakeholders – one on relationships with key partners and other government departments and one on working with patients and the public. These projects were part of the DH Transformation programme and would take into account the lessons learned from the listening exercise.

2.5 The NHS Future Forum itself would continue to exist and would help to inform the Department's thinking over coming months.

2b - DH Stakeholder Survey 2010 Results and results of Corporate Partner meetings and partnership week Pulse Survey

2.6 The Director of Health Inequalities and Partnerships presented this item. He told members that DH's top 100 stakeholders had been contacted for the survey and that both qualitative and quantitative methods had been used.

2.7 The findings indicated that the significant improvements that had been made between 2007 to 2009 were holding good in 2011. Key themes that had emerged were around the extent and pace of change and uncertainty about the eventual outcomes.

2c - DH Staff pulse survey

2.8   The Deputy Director, Head of Engagement and Change presented this item.

2.9   She provided a comparison of the most recent pulse survey results to the

	results in the October 2010 people survey and the June 2010 pulse survey.

2.10 Overall, the results indicated that although staff understood the reasons behind the changes that were being made, they were less confident about how the changes were being managed.

3	**Transformation – next steps on DH Design**

3.1 The Director of Transition presented this workshop. She told members the objectives of the session were to discuss and agree:
- What we needed to do by when, based on the transition timeline
- Our process for taking design forward
- Governance – how we would manage governance to drive the work
- Actions – communications and next steps

3.2 The Head of Transition talked through the transition timeline and then asked Members to participate in an interactive session on "Design to Implementation" with a focus on the key risks and challenges over the coming months.

4	**Communications – Update on the new DH Website**

4.1 The Head of E-Communications and Publishings presented the new DH Website.

4.2 He told members that the Department was simplifying the way it managed its website. Departments across Government had been asked to adopt the principle of "digital by default", removing complexity, improving efficiency and putting users needs first. The changes were all mindful of this approach.

4.3 The DH Website had had 15 million visits in 2010, but our annual user survey had revealed a low level of customer satisfaction. This year, and with fewer staff than before managing digital content, we needed to be more efficient to bring about the desired improvements.

4.4 The overall look of the website would not change that much and some users might not immediately notice the changes but they would notice considerable benefits once they began to use the site. Content would be simplified by policy theme (grouped by; the NHS, Public Health and Social care) at the top level with easy ways to drill down by subject. We were shifting from a model where everything had been put on one big corporate website to one which would run a more agile web presence. Our smaller, corporate website would sit at the centre and remain as our flagship channel.

4.5 Members were informed that the new pages would go live on Monday 8 August.

5	**Close**
The meeting closed at 1pm	

Item 3 – Transformation – next steps on DH Design
Points riased during the interactive session on "Design to Implementation"

- The transition needed to take account of the fact that the NHS Chief Executive and the Permanent Secretary were Accounting Officers for DH (the Permanent Secretary accountable for Departments money and through to Social care and the NHS Chief Executive accountable for money voted to NHS, DGs & MDs who report to him) and that this would remain the case until April 2013,
- Staff wanted more clarity on the vision for DH and the journey to get there. There was some feeling that theSCS might be informed and given certainty soon, but other staff weren't clear what the changes would mean for them and when they would need to make decision affecting their jobs,
- Staff should be given as much information as possible about the options that would be available to them – even if this meant explaining where certainty would not be available until a later date,
- Many of these issues were covered in the Q&A packs that HR was producing and which would be shared with all the DGs and MDs. Senior staff should actively engage with their teams on this.

On the governance arrangements, it was agreed that:

- The DH Management Committee (DHMC) should be the governance group for work on functions transfers and that this should be tabled at each monthly meeting. The Permanent Secretary suggested that some time could also be allocated to this at DG Updates in between DHMC meetings if necessary.

- A clear audit trail was vital   - all decisions should be noted and ratified by the Executive Board.

- The governance would take account of Ian Cummings' [what's Ian's title – or should I leave it as his name??] work on handovers and would build formalised handover process in to the transition plans,

- After each DHMC meeting, members would be expected to engage with and report back to staff on the key decisions that had been taken.