

**Shropshire, Telford & Wrekin STP  
Acute Reconfiguration Implementation Oversight Group (IOG)  
Terms of Reference**

## **1.0 Introduction**

The Joint Committee of the two CCGs met on 29<sup>th</sup> January 2019 and approved a series of recommendations for the reconfiguration of acute hospital services. The Future Fit Programme Board was established in 2014 and now the Programme is moving into implementation phase, the governance arrangements will need to change. The CCGs have led the consultation and decision making phase of the Programme and now it is the Acute Trust, SATH who will lead on the implementation phase.

The Programme Board therefore needs to transition into an Implementation Oversight Group (IOG) to support the oversight of the Acute Trust's development of the Outline Business Case (OBC) and the Full Business Case (FBC) over the next 5 years and provide assurance that the development and implementation is in line with what has been approved in the Decision-Making Business Case of the two CCGs.

These Terms of Reference for the IOG set out the revised process by which Shropshire and Telford & Wrekin programme sponsors and stakeholders will oversee this implementation phase and ensure that any recommendations set out by the CCG Joint Committee are delivered. This IOG will sit within the STP governance structure and report to the System Leaders Group and any future Shadow ICS Board.

These terms of reference relate initially to the implementation of acute hospital services reconfiguration, as further interdependent services reconfigurations are developed, consulted on and approved, they could fall within the IOG terms of reference as they reach implementation phase.

## **2.0 Purpose**

The purpose of the IOG is to:

Oversee arrangements, in accordance with detailed mitigation plans and subsequent implementation plans for the reconfiguration of acute hospital services, that address the recommendations and assumptions as set out in appendix 1 and approved by the Joint Committee of the two CCGs in January 2019.

It will ensure that these plans are also adequately reflected in the Final Business Case and where changes are proposed that these have the necessary approvals through the relevant statutory organisations. It will need to ensure, as far as possible, that final arrangements set out in the OBC and FBC and approved by both the Acute Trust and Commissioners, are progressed effectively throughout the implementation stage over the next 5 years.'

The oversight group will provide scrutiny for the actions taken by all partners to address and mitigate operational and quality risks and provide key sponsor organisations with a single forum to oversee the implementation of the reconfiguration of acute hospital services.

It is expected that as other reconfiguration of services are agreed between commissioners and providers, that the IOG could be a single forum to oversee other such service changes.

## **3.0 Key Objectives**

The key objectives of the Implementation Oversight Group will be to:

- Ensure the smooth transition from the Future Fit Programme Board Governance arrangements into the implementation phase led by SaTH.
- Ensure detailed plans identify (a) those priority issues that must be dealt with prior to the approval

of the FBC, and (b) those issues that will need to continue to be addressed during implementation phase.

- Support the development of the final FBC for approval by the statutory bodies – SaTH, Shropshire CCG and Telford and Wrekin CCG.
- Ensure sufficient resources are in place to deliver key agreed milestones
- Ensure appropriate assurance is provided to statutory bodies of SaTH, Shropshire CCG and Telford and Wrekin CCG on a quarterly basis via central reporting? Sharing of minutes?
- Ensure appropriate assurance is provided to regulators
- Provide progress reports to the JHOSC
- Receive progress updates from the Shropshire system in relation to the implementation plans and any interdependent programmes, working together to gain the required assurance within an agreed timescale.
- Receive a detailed regular update of OBC and FBC progress from SaTH and updates against the actions identified.
- Ensure the system and regulators receive assurance regarding any identified risks
- Work together through this forum to coordinate work to reduce the burden of multiple contacts, multiple plans and requests.
- Receive reports from SaTH (and other providers or commissioners where appropriate) on implementation progress of acute reconfiguration plans and other interdependent programmes
- Ensure that there is a collective responsibility to determine whether the group is assured on any particular issue.
- Ensure that the group is sighted on all communications and reporting between the Trust and any other statutory bodies on matters relating to implementation to support the triangulation of information and assurance to the group.

#### **4.0 Chairing arrangements**

The IOG will be chaired by the Chair or an Accountable Officer from one of the two CCGs.

#### **5.0 Decision Making**

The IOG holds no decision making authority in terms of approving any amendments to the implementation of the model as set out in the PCBC and DMBC or to the recommendations and actions set out by the Joint Committee of the two CCGs on 29<sup>th</sup> January 2019. It would be the responsibility of the IOG only to make any recommendations to the CCG Governing Bodies

Where issues arise that require a different solution than is otherwise described in the clinical model for option 1 as set out in the DMBC and PCBC, then a decision would be necessary from the respective statutory bodies.

In the respect of the IOG making any recommendations to the statutory bodies, the voting members would be the sponsor organisations of SaTH, T&W CCG and Shropshire CCG.

#### **6.0 Governance and Reporting Arrangements**

A formal quarterly written report from the IOG to the respective statutory bodies will sets out progress, risks and opportunities and any issues that needs escalating for a decision.

The IOG will also formally report progress to the SLG and/or to the System ICS Shadow Board

Minutes of the meetings will also be made available to Sponsor Boards members and to the ICS Shadow Board members.

#### **7.0 Frequency**

The meeting will be quarterly, as a minimum, the Chair of the Board may arrange extraordinary meetings at their discretion.

## 8.0 Quoracy

The meeting will be quorate subject to each sponsor organisation being represented as a minimum

## 9.0 Administration

Administration will be managed within the STP administrative team, with the intention that:

- Notes, actions and key messages from each meeting shall be circulated to members one week after the meeting has taken place via email.
- Meeting papers shall be circulated to members at least three working days prior to each scheduled meeting via email.

## 10.0 Attendees

Representatives from the following organisations will be members

Chair: David Evans, Chief Officer T&W CCG.

Sponsor Members:

- SaTH -Director of Finance or nominated deputy
- SaTH -SSP Programme Director
- SaTH - SSP Medical Director or nominated deputy
- T&W CCG -Director of Finance or nominated deputy
- T&W CCG - Out of Hospital Care SRO
- T&W CCG- Clinical representative
- Shropshire CCG - Director of Finance or nominated deputy
- Shropshire CCG - Out of Hospital Care SRO
- Shropshire CCG – Medical Director/Clinical representative

Stakeholder Members:

- Powys Teaching Health Board
- Shropshire Community Trust
- Robert Jones Agnes Hunt NHS Foundation Trust
- T&W Local Authority
- Shropshire Local Authority
- West Midlands Ambulance Service NHS Foundation Trust
- Welsh Ambulance Services NHS Trust
- Healthwatch T&W
- Healthwatch Shropshire

In Attendance:

- STP Associate Director- Future Fit
- STP Communications and Engagement Lead
- STP Programme Director
- STP Finance Director

Observers:

- JHOSC Chairs
- Powys CHC

Other organisations / nominated colleagues to be co-opted to attend the meeting as deemed necessary.

## **Appendix 1:**

### **Recommendations approved by the Joint Committee of Shropshire and Telford and Wrekin CCGs in January 2019.**

#### **Recommendation 1: Consultation Process**

The CCG Joint Committee is asked to confirm that the Committee and its constituent Clinical Commissioning Groups have met their statutory duties and ensured that an effective and robust public consultation process has been undertaken and will be used to inform the decisions made.

#### **Recommendation 2: On-going Engagement**

The CCG Joint Committee is asked to support the need for the Clinical Commissioning Groups to continue to engage with and feedback to stakeholders the outcome of the consultation and the decision-making process, including those from seldom heard groups.

#### **Recommendation 3: Principles of Consultation**

The CCG Joint Committee is asked to reaffirm the model underpinning the future provision of hospital services for Shropshire, Telford and Wrekin and mid Wales upon which the consultation process was based.

1. Our patients receive safer, high quality and sustainable hospital services by creating:
  - a. a separate emergency care site where specialist doctors treat the most serious cases
  - b. a single planned care site where patients would not have to wait as long and beds are protected for their operations
  - c. urgent care centres based at both hospitals providing care 24 hours a day, every day for illness and injuries that are not life threatening but require urgent attention
  - d. a model where both sites provide most women and children's services
  - e. a model where both sites continue to provide the vast majority of outpatient services and diagnostic tests
2. Patients receive the very best care in the right place at the right time
3. Patients receive their care in better facilities
4. We can continue to have two vibrant hospitals in our county
5. We attract the very best doctors, nurses and other healthcare staff to work at our hospitals and have the right levels of staff working across both sites
6. We reduce the time people spend in our hospitals
7. We reduce the number of times patients need to come to hospital
8. We are more efficient with our resources

#### **Recommendation 4: Consultation Findings**

The CCG Joint Committee is asked to note that the Programme Board has confirmed by consensus that the consultation findings have presented no new viable alternative models or no new themes or key issues that might influence the preferred option.

#### **Recommendation 5: Preferred Option**

The CCG Joint Committee is asked to confirm the previous unanimous decision on the preferred option, Option 1, in accordance with (a) the recommendation from the Programme Board; and (b) the following mitigations within the final DMBC:

- 5.1 Travel and Transport Report and mitigations plan.
  - 5.2 Equality Impact Assessment (EIA) recommendations and mitigation plan is aligned with the previous recommendations from the Integrated Impact Assessments (IIAs) carried out in 2016 and 2017.
  - 5.3 Progress on Out-of-Hospital Care Strategies for both Shropshire and Telford and Wrekin CCGs to be described and to focus on co dependencies in assuring the delivery of the acute model assumptions.<sup>1</sup>
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- 5.4 A clear description of the services on each site, particularly around service provision at the Urgent Care Centres.
- 5.5 Reconfirming affordability, including the patient flow assumptions since the PCBC was approved; noting that further refinement will be included within the Outline Business Case (OBC) which is expected for approval in July 2019.

**Recommendation 6: DMBC**

The CCG Joint Committee is therefore asked to Receive and Approve the contents of the DMBC, including its key appendices.

**Recommendation 7: Implementation Oversight**

The CCG Joint Committee is asked to note and approve the proposal for an Implementation Oversight Group (IOG) to be established under the STP governance structure to take forward oversight of the development of the OBC and FBC. All sponsor organisations will be represented on this Group.

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