

Trust Board Report

Meeting Date:	27 th June 2011
Title:	Transforming Community Services Implementation Committee
Executive Summary:	The purpose of this report is to provide the Board with the terms of reference for the TCS Implementation Committee and an update on progress against the TCS post transfer integration plan.
Action Requested:	For information
Report of:	Maxine Espley, Director of Planning and Contracting
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Resource Implications:	None identified
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

Background Details

Delivering the Post Transfer Integration Plan

The post transfer integration plan was approved by the Trust Board in March 2011. The plan considered the impact of the transfer of community services, outlined the proposed integrated management and clinical structure and identified the significant opportunities of bringing together acute and community services.

The Board approved the establishment of the TCS Implementation Committee

to drive the delivery of the integration plan and ensure that the opportunities to improve patient care and deliver organisational efficiencies were maximised.

The terms of reference are attached at appendix one. The Trust Management Team approved the terms of reference at its meeting on the 20th May and agreed a reporting framework and timescale.

Representation has been sought from the 2 Wolverhampton GP consortia and the City Council (social care) and these have been confirmed. A non-executive director has also been identified as a member of the committee.

Benefits Realisation

The Benefits Realisation Group has already been established, however the membership is currently under review to gain a wider level of representation from managers and lead clinicians across the divisions as well as corporate heads of service.

The Benefits Realisation programme currently consists of 20 projects covering the integration of clinical and corporate services. Project initiation documents have been developed and these will be scheduled and presented to the TCS Implementation Committee for approval. An assessment of each of the benefits realisation projects is underway to consider the quality impact, potential efficiencies and fit with commissioning intentions. In addition to the current benefits realisation work programme a further 10 proposals have been received from clinical teams and these will be developed further over the coming months.

Integrated Structure

The consultation regarding the proposed integrated divisional structure commenced in June 2011. The period of consultation will end on the 5th July and the implementation of the revised management and senior clinical arrangements will be implemented as soon as possible after this date.

The Board are asked to note the terms of reference for the TCS Implementation Committee and the progress to date with key elements of the post transfer integration plan.

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

Transforming Community Services (TCS) Implementation Committee

Terms of Reference

Version:	V5
Sponsor:	Director of Planning & Contracting
Approval Authority:	Trust Management Team
Date of Approval:	
Date of Issue:	
Date of Next Review:	

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TCS Implementation Committee

1.0. Reporting & Accountability

- 1.1. The Transforming Community Services (TCS) Committee is accountable to the Trust Management Team (See figure 1) and will report progress updates to the Trust Management Team on a quarterly basis.
- 1.2. Progress will be reported to the appropriate Director and Directorate level meetings within the Trust by the relevant Directors.
- 1.3. The Benefits Realisation Steering Group will be accountable to the Committee.

2.0. Purpose of Committee

- 2.1. The Committee will provide the strategic steer regarding the transformation phase of the integration of community services

3.0 Membership

- 3.1. Core Membership of the Committee will comprise of the following:
 - ❖ Director of Planning & Contracting (Chair)
 - ❖ Director of Finance & Information Services (Deputy Chair)
 - ❖ Director of Human Resources
 - ❖ Director of Nursing & Midwifery
 - ❖ Chief Operating Officer
 - ❖ Medical Director
 - ❖ Non Executive Director
 - ❖ GP Consortia representatives (Wolverhampton)
 - ❖ Wolverhampton City Council Representative
 - ❖ Head of Performance & Compliance
 - ❖ Chair/Deputy Chair Benefits Realisation Steering Group
- 3.2. Service Heads/Project Leads will be asked to attend the meeting periodically as outlined in Appendix 1.
- 3.3. The membership of the Committee will be reviewed 'periodically' to ensure that it best reflects the requirements of governance within the Trust. Members will be required to attend all of the meetings or agree a representative with the chair.
- 3.4. Other Trust employees may be co-opted as necessary.

4.0. A Quorum

- 4.1. A quorum will consist of not less than 50% of members of the Committee, as listed in section 3 and must include the chair or the deputy chair.

5.0 Reporting Process & Procedures

- 5.1. The Benefits Realisation Steering Group will provide a report on progress of schemes to the Committee each month.

- 5.2. Service leads/Project leads will attend the meeting on a periodic basis to provide the Committee on updates for the different pathway changes and the integration of services and departments across the Trust. (Appendix 1)
- 5.3. Minutes of the Committee, noting actions and updates on actions will be kept as part of the formal record for the Committee and circulated along with the papers a minimum of 7 days before by the PA to the Director of Planning and Contracting.
- 5.4. Key monitoring frameworks will be used as part of the formal record for the Committee.

6.0. Frequency of Meetings

- 6.1. The Committee will meet on a monthly basis.

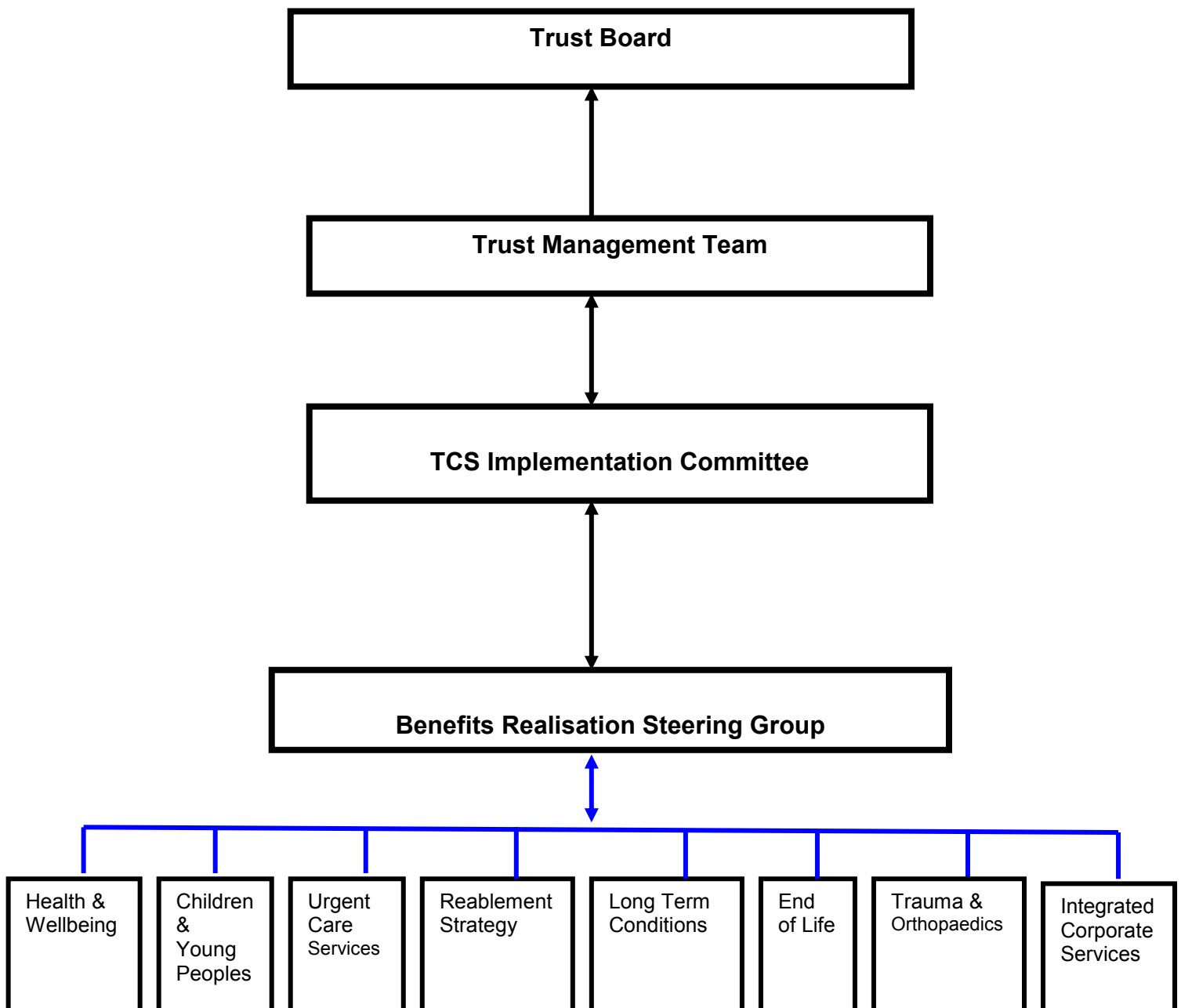
7.0. Duties & Responsibilities

- 7.1. The Committee will have the following specific duties and responsibilities:
 - 7.1.1. Ensure the delivery of the TCS post transfer integration plan and specifically monitor the development and implementation of the:
 - Integrated operational & clinical structure
 - Benefits realisation plans resulting from the integration
 - Organisational Development Plan
 - Integrated performance management arrangements
 - 7.1.2. Approve Benefits Realisation Project Initiation documents and service/department Integration plans
 - 7.1.3. Realise and track the benefits for TCS to demonstrate better outcomes for patients, staff satisfaction and efficiencies through service integration, transformation and operational shared service arrangements.
 - 7.1.4. Ensure the benefits realised are consistent with all external requirements and guidelines from Government Bodies, Operating Framework 2011/2012, National legislation and the commissioning intentions of the GP Commissioning Consortia
 - 7.1.5. Ensure that all internal and external stakeholders receive effective communication of the evolving integration and transformation programme

8.0. Review

- 8.1. The committee is a task and finish group and therefore the terms of reference will be reviewed quarterly to ensure that the committee remains fit for purpose. Any amendments will be proposed to the Trust Management Team.

Figure 1: Reporting & Governance Structure



Appendix 1

Timetable for Service Heads & Project Leads

Service/Project	Committee Date
Health & Wellbeing	
Long Term Conditions	
Rehabilitation/ Reablement	
Urgent Care	
End of Life	
Children & Young People (inc Sexual Health)	
Trauma & Orthopaedics (inc MSK framework)	
Corporate Services	

Further project reports may be added as the benefits realisation plans develop