

Shaping a healthier future Implementation

Programme Initiation Document May 2013

DOCUMENT CONTROL

Version	Date	Author	Comments
V0.1	21 Feb 2013	Penny Mitchell	Initial draft
V0.2	26 Mar 2013	Kate Woolland	Updated draft to reflect planning & mobilisation work in Feb & March
V0.3	27 Mar 2013	Kate Woolland	Updated main sections and appendices
V0.4	2 April 2013	Kate Woolland	Further updates and addition of questions for discussion
V0.5	4 April 2013	Penny Mitchell	Further updates
V0.6	4 April 2013	Penny Mitchell	Incorporating comments from Kevin Atkin
V0.7	5 April 2013	Matt Hannant	Following review by TSa and KA
V0.8	8 April 2013	Thirza Sawtell	Review
V0.9	9 April 2013	Penny Mitchell	Incorporating comments
V0.10	9 April 2013	Penny Mitchell	Further drafting
V0.11	10 April 2013	Penny Mitchell	Further review with TSa and KA
V0.12	12 April 2013	Matt Hannant	Further review with KA
V0.13	15 April 2013	Tom Causer	Incorporating comments from Daniel Elkeles
V0.14	19 April 2013	Tom Causer	Incorporating further comments (issued to Programme Board for review)
V0.15	25 April 2013	Penny Mitchell	Comments received after Programme Board
V0.16	9 May 2013	Penny Mitchell	Further comments received
V0.17	14 May 2013	Tom Causer	Further comments incorporated
V0.18	22 May 2013	Tom Causer	Incorporating comments from Programme Board review: NWLHT, EHT, Susan LaBrooy, Trevor Begg, Don Neame
V1.0	30 May 2013	Penny Mitchell	PID approved by Implementation Programme Board

*Please send comments on this document to: Tom.Causer@nw.london.nhs.uk

TABLE OF CONTENTS

1. Context	3
2. Objectives and expected benefits	4
3. Governance.....	6
4. Programme scope	13
5. Approach to programme delivery.....	17
6. Risks	27
7. Programme resources	28
8. Stakeholder engagement and communications	33
9. Decision making process	34
10. Quality assurance	35
11. Programme documentation.....	36
APPENDIX A: Workstream plans.....	37
APPENDIX B: Terms of reference	40
APPENDIX C: Draft decision making frameworks.....	83
APPENDIX D: Zones and workstreams.....	86
APPENDIX E: RACI analysis	92
APPENDIX F: Risk Management Strategy	94

1. Context

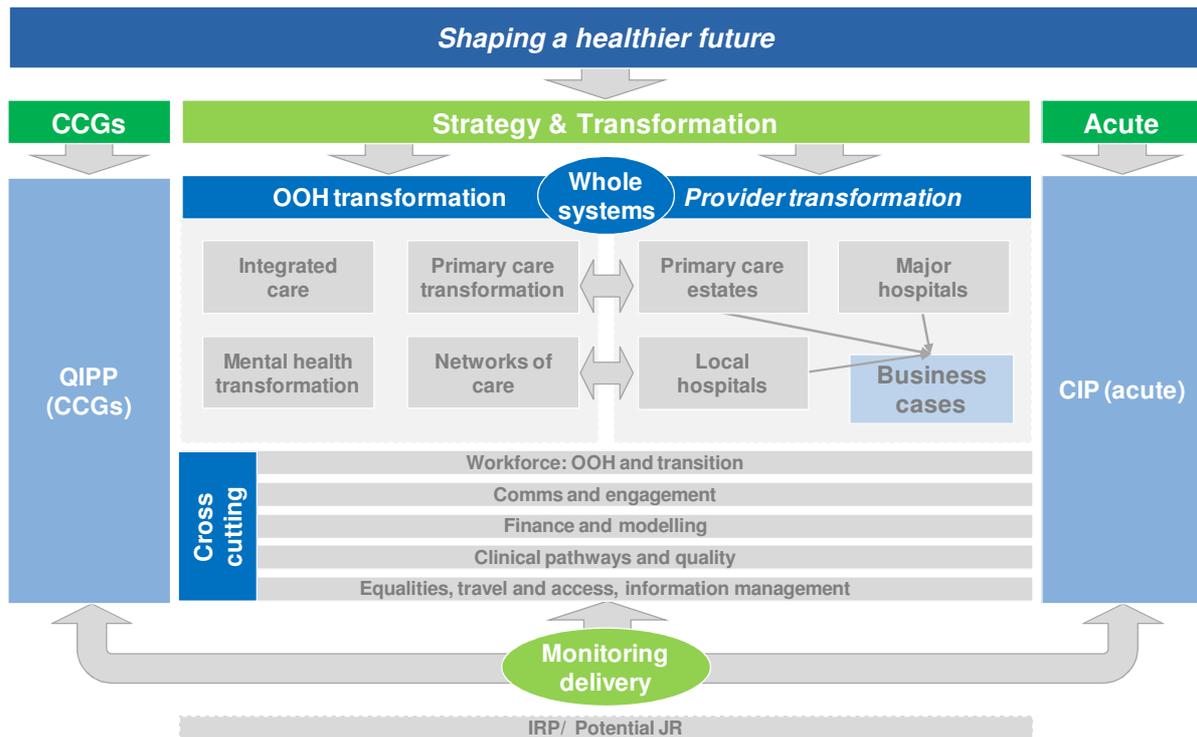
The *Shaping a Healthier Future* (SaHF) programme aims to improve NHS services for the two million people who live in North West (NW) London. The principal changes aim to centralise specialist services which people need when they are seriously ill, localise the most common services people need for everyday illnesses and injuries, and integrate all of these services with others such as social care.

The programme was set up in November 2011 and the proposals were publicly consulted on in the summer of 2012. Following the public consultation the proposals were finalised and presented to the Joint Committee of Primary Care Trusts (JCPCT) on 19 February 2013.

On 19 February 2013, the JCPCT for PCTs (Primary Care Trusts) in NW London, Wandsworth, Camden and Richmond agreed to proceed with the recommendations on service changes in the NHS in North West London under SaHF. They agreed:

- To adopt the NW London acute and out of hospital standards, service models and clinical speciality interdependencies for major, local, elective and specialist hospitals
- To adopt the model of care based on five major hospitals
- That Hillingdon, Northwick Park, West Middlesex, St Mary's and Chelsea & Westminster hospitals should be major hospitals
- That Ealing hospital should be a local hospital
- That Charing Cross hospital should be a local hospital
- That Hammersmith hospital should be a local and specialist hospital
- That Central Middlesex hospital should be a local and elective hospital
- To move the Hyper Acute Stroke Unit from Charing Cross to St Mary's
- To move the Western Eye hospital to St Mary's
- To coordinate implementation of out of hospital strategies in conjunction with the above changes
- To recommend that Hammersmith & Fulham CCG (Clinical Commissioning Group) work with stakeholders to develop a business case for an enhanced range of services on the Charing Cross site
- To recommend that Ealing CCG work with stakeholders to develop a business case for an enhanced range of services on the Ealing site

Shaping a healthier future sets out a programme of radical, interdependent change occurring across NW London:



This Programme Initiation Document (PID) is focused on the operation of SaHF from February 2013. This updates the PIDs that were developed to support the earlier stages of the programme and reflects the decisions that have been made and refinements to the approach going forward. It maintains our commitment to ensuring that all residents of NWL have access to the care and health services that they need.

This PID focuses on the provider transformation that is part of *Shaping a healthier future* and the enabling projects and work that is required to successfully support those changes.

2. Objectives and expected benefits

2.1. Programme objectives

The *Shaping a healthier future* programme aims to improve NHS services for the two million people who live in NW London. The principal changes aim to centralise specialist services which people need when they are seriously ill, localise the most common services people need for everyday illnesses and injuries, and integrate all of these services together with other services such as social care.

2.2. Programme outcomes / benefits

The programme was established to address some significant problems affecting the local health economy in NW London and it will be important to track the realisation of the benefits the programme seeks to deliver.

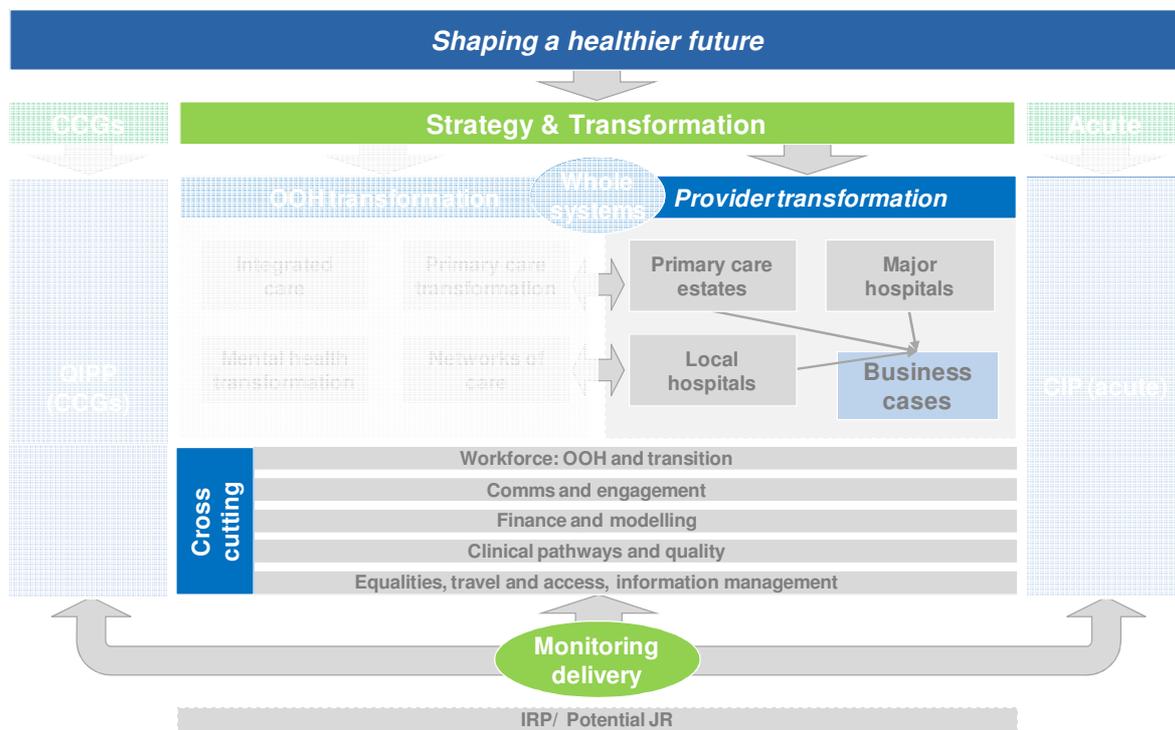
We expect that benefits will be realised from all aspects of the transformation, in our hospitals and in our community healthcare provision. We expect that the main areas of benefits from *Shaping a healthier future* will be around:

- Improved clinical outcomes for patients

- Improved experiences for patients and their carers
- Improved experiences for staff, due not only to improvements in patient care, but also improved team and multi-disciplinary working, improved integration across primary and secondary care, and increased opportunities to maintain and enhance skills
- Operating financially sustainable services

A benefits framework was developed as part of the decision-making business case. Mechanisms for tracking and managing benefits realisation should now be defined and established.

This PID sets out the way in which the provider transformation element of the *Shaping a healthier future* programme will be delivered, with the focus on the work areas highlighted in the diagram below:



Further information on the scope of the programme is set out in Chapter 4 of this PID.

3. Governance

Implementation will take place in the context of a number of changes to the commissioning of health services across England that came into place on 1 April 2013, including:

- Transition of commissioning responsibilities from PCTs to CCGs
- Establishment of NHS England – in particular the London Region
- Establishment by NHS England of Clinical Senates
- Establishment of the NHS National Trust Development Authority (NTDA)
- Changes to the role of LINKs / establishment of Healthwatch
- Establishment of Health & Wellbeing Boards

In addition, the nature of the programme has fundamentally changed from being a commissioner-led strategy programme to a partnership approach to implementation involving commissioners and providers.

The governance arrangements have been designed to build on the work of the programme to date and to support a number of key principles:

- Maintenance of safety through transition will remain paramount
- Maintaining strong clinical leadership through a clinically led process, to ensure that clinicians and decision makers can be confident that changes can be made safely and sustainably
- Having clear points of accountability for all key deliverables
- Driving change through local / business as usual arrangements where possible, with centrally controlled activity / intervention only where necessary
- Remaining integrated with the work of local strategic partnerships, social care services and mental health services
- Remaining transparent and open to scrutiny from local authorities, patients and the public
- Remaining aware of the patient, carer and community voice on all decisions that impact on their experience, taking into account protected groups, disadvantaged groups and carers.
- Enabling providers to take responsibility for their own changes, but within a system wide approach, to ensure key dependencies are identified and managed
- Providing assurance that the anticipated benefits of the programme will be delivered
- Delivery across workstreams should be decoupled where possible, so as not to create unnecessary delays in overall programme progress
- Implementation should be coordinated as one central programme of work to maximise an economy of effort and reduce duplication of project activity; with the use of common assumptions, consistent plans and coordinated progress reporting.

The programme is designed as a partnership approach to coordinate all those who contributed to and agreed with the proposals of the Decision Making Business Case, to follow through with their commitment to implement the recommended changes.

Whilst the principle of the maintenance of safe care has been a key driver of the programme governance arrangements, this **does not replace the current responsibilities that Trust Boards and CCG Governing Bodies have for the safe delivery of services**. It is expected that Trusts and CCGs will make the programme aware of any concerns or issues arising concerning clinical safety that may have an impact on the implementation of the recommendations.

3.1. Programme leadership

The **NWL Collaboration of Clinical Commissioning Groups** will oversee the implementation of the programme to ensure it is consistent with the decisions that were made by the JCPCT. They will take decisions where necessary on how to implement the delivery of the proposed changes and who to involve at each stage (drawing in Wandsworth, Camden and Richmond CCGs where appropriate).

The **Implementation Programme Board** will:

- Oversee the implementation of the programme in line with decisions taken by the NWL JCPCT in February 2013 and direction from the NWL CCG Collaboration Board
- Bring together local commissioners and local providers to jointly manage implementation and ensure decisions on changes to service provision are being made in a consistent fashion
- Act as a forum to jointly manage progress, resolve issues and manage programme level risks and interdependencies
- Collectively review key deliverables (e.g. in 13/14 all Outline Business Cases OBCs and Full Business Cases FBCs for capital expenditure)
- Monitor progress of the transformation of services, keeping oversight of all the multi-organisational change that is occurring, and ensuring quality, equalities and patient needs are suitably considered at all times.

The **Programme Executive** will:

- Steer, inform and approve programme activities, in particular provide leadership, coordination and strategic direction of the programme and relevant workstream deliverables
- Manage programme delivery in line with the scope, aims and timescales set out by the NWL CCG Collaboration Board.

3.2. Clinical leadership

The **Clinical Board** will:

- Monitor and manage clinical risk across NW London during implementation, agreeing collective action to address any issues (including making recommendations to individual CCGs, Providers, the Implementation Programme Board and the NWL CCG Collaboration Board)
- Ensure safe transition of services from sending to receiving units, by identifying the clinical risks and planning appropriate mitigating actions during transition (further detail on risk management is covered in section 6)
- Lead clinical implementation planning, in particular advising on safe sequencing of change
- Advise the programme on clinical readiness for the implementation of major service change
- Oversee the development of clinical pathways
- Monitor clinical benefits realisation
- Ensure the needs of patients, carers and the wider community are considered at all times.

Clinical Networks/CIGs will report to the Clinical Board. Specifically, they will:

- Advise the Clinical Board on clinical implementation planning for specific services to ensure safe sequencing of change
- Support the Clinical Board in further developing the pathways and protocols for urgent care, maternity and paediatrics where necessary.

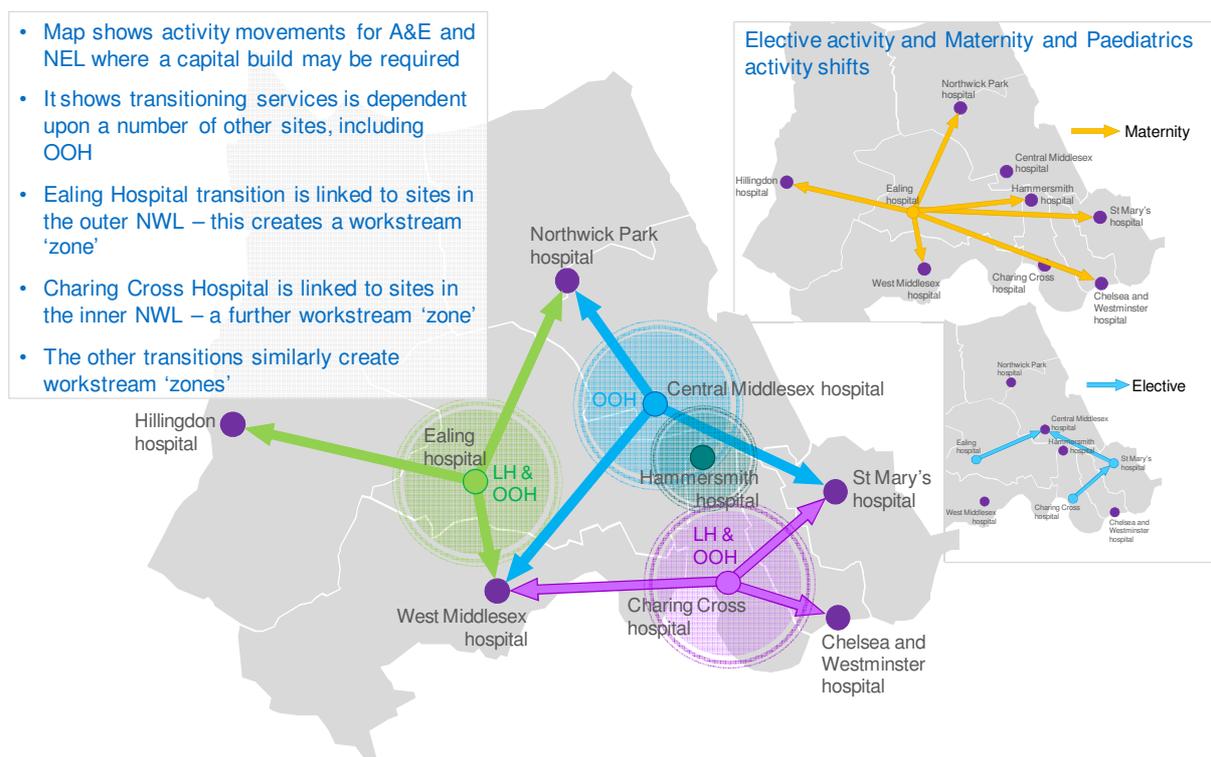
The programme will continue to work closely with Health Education North West London (HE NWL) and the Academic Health Science Network (AHSN) for NW London. Both organisations will be invited to be members of the Clinical Board.

The London Clinical Assurance Team (LCAT) will provide further advice and assurance of the programme's implementation approach.

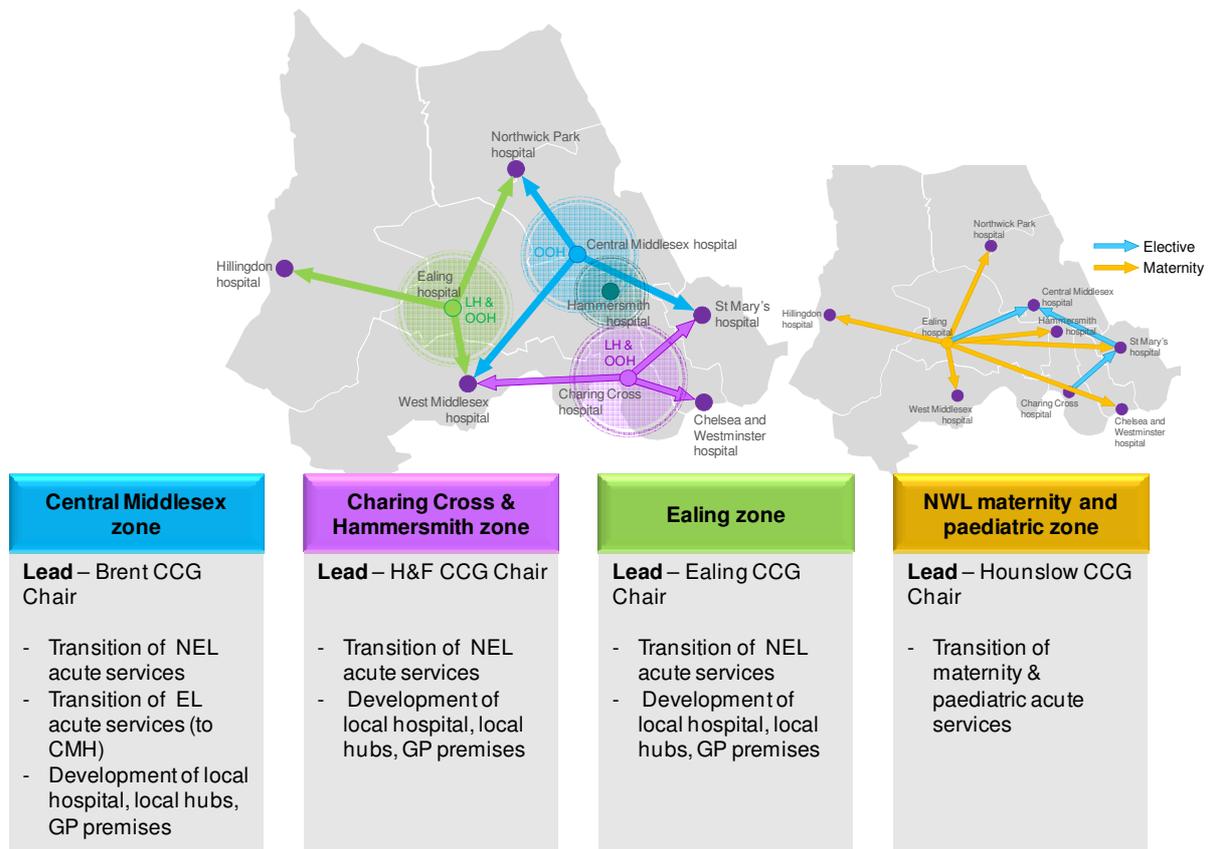
Both programme leadership and clinical leadership will ensure that decisions take into account and respond to the needs of 'protected groups', economically disadvantaged groups and carers.

3.3. Programme zones and workstreams

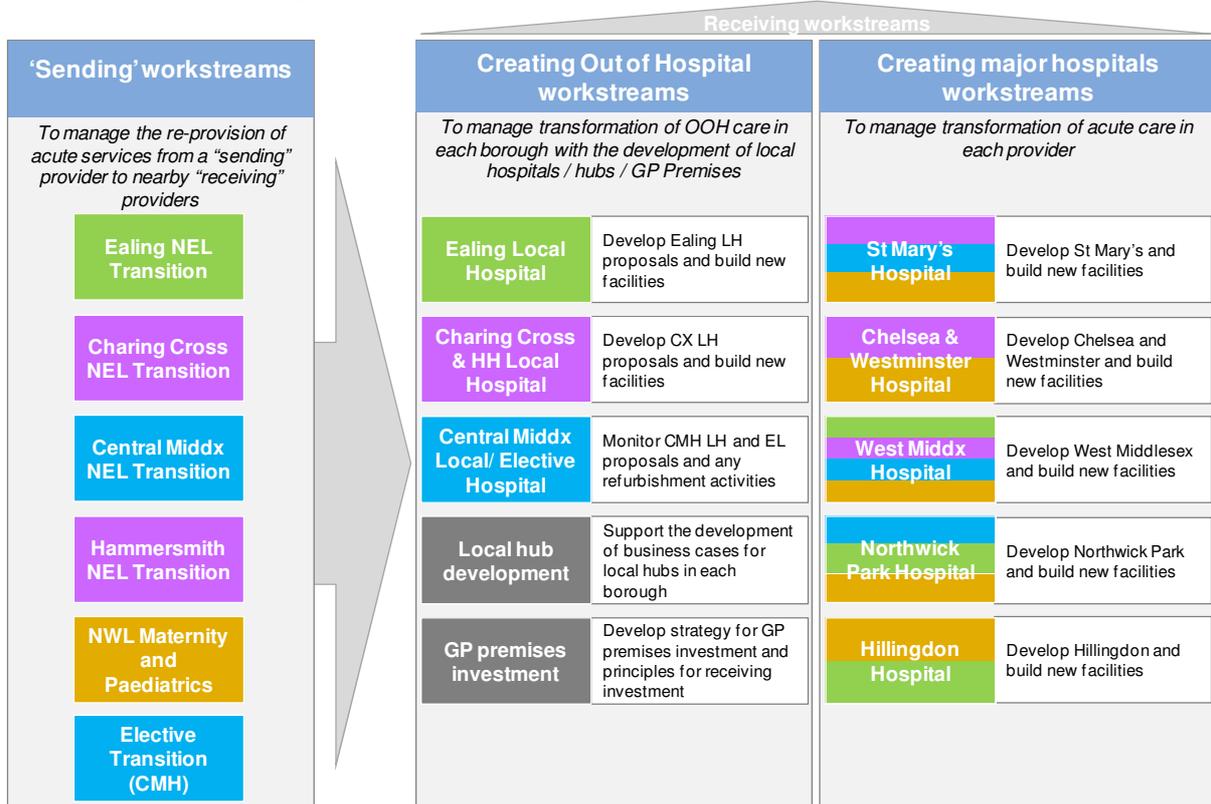
To best manage the complex interdependencies between the six providers and eight CCGs in delivering the acute hospital changes, the different changes will be grouped into geographical zones, as shown in the maps below:



Each of these zones will be responsible for overseeing, and where appropriate providing coordination of, the work that needs to be undertaken in the different workstreams that culminate in all the change that will be happening in those zones. Appendix D sets out further information on the relationships between the zones, workstreams, steering groups and work packages (using the Ealing zone as an example) and also outlines the responsibilities for delivery within the zones.



Using these zones, programme delivery will be driven through three main groups of workstreams, enabling co-ordination and expedition of delivery. These workstreams are summarised in the diagram below:



These workstreams have the following functions:

- **Sending workstreams** - six workstreams focused around the planned transition of elective, maternity, paediatric and urgent and emergency services from an acute “*sending*” site to neighbouring *receiving* sites:
 - The CCG which hosts the sending site will lead the workstreams and be accountable for managing progress
 - Each workstream will be formed of representation from sending providers, receiving providers, CCGs who host the receiving site(s) and any other CCGs that are significantly affected.
- **Creating OOH services** – five workstreams focused around the provision of Local Hospital services and development of primary care estate:
 - The CCG which hosts the Local Hospital site will lead the workstream and be accountable for managing progress
 - Each workstream will be formed of representation from the CCG which will host the Local Hospital, relevant local providers (including community, mental health and social care), local GPs and patient representatives
 - The Local hub development workstream will provide a forum for resolving issues and required coordination in the development of business cases in each CCG
 - The GP premises investment workstream will establish the framework to be used across the CCGs.
- **Major hospital workstreams** – five workstreams focused around the development of St Mary’s, Chelsea and Westminster, West Middlesex, Northwick Park and Hillingdon as major hospitals. The Provider CEO will lead the workstream. Following completion of business cases for capital it is expected that the workstreams will be subsumed within the sending workstreams.

These workstreams will drive delivery of the change by bringing together relevant providers and commissioners. Patient representatives will be involved across the workstreams.

It is anticipated that each of the workstreams will have **steering groups** to act as the mechanism by which the workstream is managed. It is strongly suggested that each of the workstreams will identify the most appropriate format for any steering group, for example, there may be an existing group that could be utilised. For the local workstreams identified in this PID, where we would consider that a steering group would be required, some draft terms of reference have been set out and further detail can be found in Appendix B. Where decisions need to be made by the Implementation Programme Board, recommendations for these decisions must come from the steering groups, as identified in the governance structure set out in Chapter 3.

Further information on the relationships between the zones, workstreams and steering groups can be found in Appendix D.

All of these local workstreams will be underpinned by centrally coordinated workstreams:

- Clinical:
 - Monitoring performance and benefits realisation
 - Managing clinical risk in transition
 - Refining clinical pathways
 - Developing the NW London workforce

- Finance and Modelling:
 - Facilitating a collective approach to business case development
 - Ensuring consistency across provider and CCG business cases
- Communications and engagement – including patient and public engagement:
 - Ensuring appropriate communication and engagement is planned and completed with relevant stakeholders throughout the programme
- Programme delivery:
 - Overall programme management
 - Ensuring appropriate consideration of travel and access issues, equalities issues and information management.

Where centrally provided information, briefing packs or other guidance is issued, it is expected that these materials will be duly considered by each of the workstreams and acted upon as required / appropriate.

Additionally, each workstream will have a robust process for engaging with and responding to the needs of patients, carers and the public – including protected groups particularly affected by the change.

3.4. Advisory and/or collaborative bodies

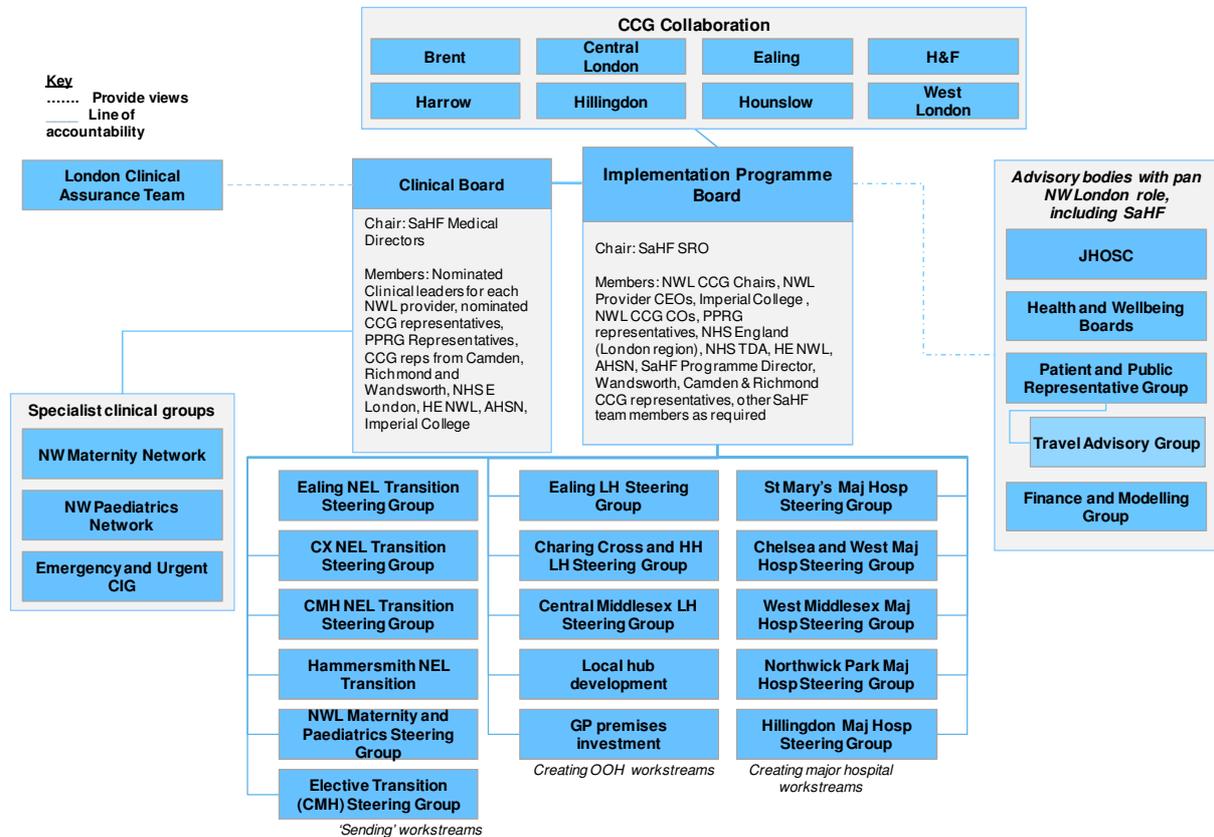
The **Joint Health Overview and Scrutiny Committee (JHOSC)**, and individual Health and Wellbeing Boards (HWBs) will continue to provide oversight, scrutiny, advice and patient involvement with the programme. This will ensure that the programme remains transparent and open to scrutiny from local authorities, patients and the public and responsive to the patient voice. It is expected that these boards will meet every six months.

Patient and Public Representative Group – the Strategy and Transformation Directorate will run a NWL-wide Patient and Public Representative Group (PPRG) consisting of CCG Patient and Public Involvement (PPI) lay members, Healthwatch representatives from each of the eight CCGs and representatives of key patient and carer groups; ensuring that equalities work and achievement of the JCPCT’s recommendations on equalities, is embedded within all aspects of work being undertaken by commissioners, providers and *Shaping a healthier future*. This group will retain oversight of all proposals and service change; provide challenge and assurance of transformational plans, strategies and supporting business cases to ensure they are consistent with patient interests and will be involved where necessary for any collaborative work required to help inform the programme’s direction. The implementation of *Shaping a healthier future* will continue to ensure a focus on groups most affected by the reconfiguration, including ‘protected groups’, economically disadvantaged groups and carers. The programme will follow best practice in ensuring that consideration of particular groups is embedded throughout the programme, at both the programme and workstream level. The Chair of the PPRG and a nominated lay member will be invited to be members of the Implementation Programme Board.

The Patient and Public Representative Group will be advised by a Travel Advisory Group which will advise the programme on the impact of changes on travel and access to different care settings. The group will incorporate patient representatives (with a focus on those who are most affected by the changes, including people who make use of public transport), London Ambulance Service, local transport leads, Transport for London (TfL) and local authority leads. This group will be involved where necessary for any collaborative work required to help inform the programme’s direction and will suggest representative(s) for workstream steering groups.

The **Finance and Modelling Advisory Group** will bring together provider and CCG finance leads for specific work packages, e.g. to develop an underlying activity and financial model (for all the recommendations agreed in February 2013), providing a forum for information sharing and joint problem solving during the development of business cases.

The overarching programme governance structure is set out below:



Terms of reference for programme bodies are provided in Appendix B of this document.

4. Programme scope

4.1. Programme scope and context

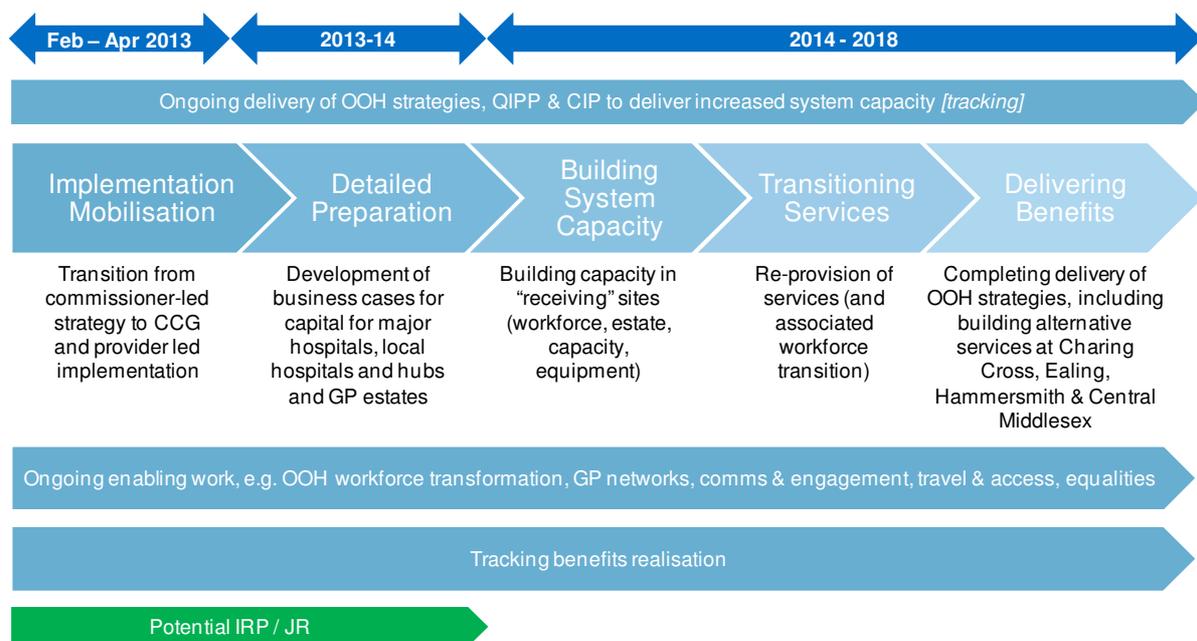
The overall timeline for the *Shaping a healthier future* programme was broken down into five phases as follows:



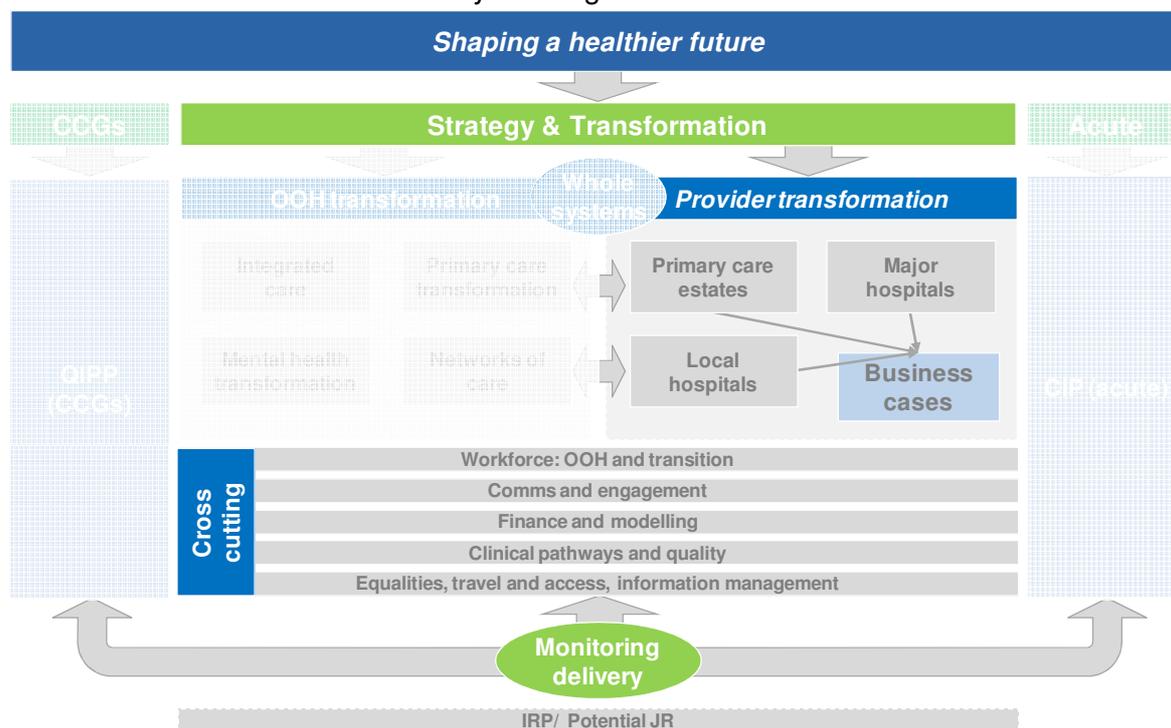
The first four phases of the programme have now been completed with the JCPCT agreeing on 19 February 2013 to accept the recommended proposals for change. The programme must now transition into an implementation phase.

The implementation phase will include:

- Mobilising implementation teams in CCGs and providers and developing associated implementation plans
- Establishment of governance structures to drive forward implementation of these plans
- Development and approval of business cases for capital
- Building capacity in the system (acute and out of hospital)
- Developing major and local hospital sites; including safely transitioning acute services



The programme sits within the context of significant ongoing change and improvement across NW London as summarised by the diagram below.



The *Shaping a healthier future* implementation programme will be responsible for implementation of the JCPCT decisions. It should be seen within the context of wider activities to improve services across NWL, for example, the development of integrated care systems across NWL and the delivery of selected QIPP and CIP programmes. These are the direct responsibility of CCGs or providers and would need to happen anyway; however, they are also crucial to enable SaHF in achieving its goals. Progress in this transformation will be monitored by the Strategy and Transformation Directorate and will be a key area of review of the Implementation Programme Board.

The **Implementation Programme** will be considered complete and can be closed down when all nine acute hospital sites in NW London have been reconfigured and are operating according to the model agreed by the JCPCT (as set out in section 1 above). At this stage it is expected that many of the out of hospital improvements and QIPP and CIP improvements will have been delivered but that any outstanding work in these areas would be taken forward through business as usual arrangements.

4.2. Inclusions and exclusions

The implementation phase could also include responding to any external challenge - which could take the form of a review by the Independent Reconfiguration Panel (IRP) or a Judicial Review:

- **A Judicial review** would mean significant work for the central programme team. It would look at work undertaken up to and including the decision making phase.
- **An IRP review** would mean significant work for all programme members. The IRP would not only look at work undertaken up to and including the decision making phase but also progress in implementation since decision-making. This might include:

- Interviews with senior leaders – particularly clinicians – in provider organisations and in CCGs
- Visits to sites on which healthcare is provided across NWL (primary, secondary and community)
- Meeting with local staff at these sites

The programme cannot control the scope, demands or timing of either process.

Once a referral has been made the NHS cannot take any irreversible step that would frustrate the purpose of the referral. However, detailed planning and preparation for change can continue. Our focus in 13/14 will be on the development of business cases and ongoing delivery of CIP and of out-of-hospital improvements and these activities can and should progress whilst any review is taking place. Following completion of a review process and depending upon the outcome of that review, the programme may be required to:

- Amend its implementation plans in response to arising recommendations
- Undertake additional work in some areas in response to arising recommendations
- (In the worst case scenario) go back to an earlier stage in the reconfiguration process before it can proceed with implementation.

Should the programme be subjected to an IRP review or a judicial review a separate plan (and PID if necessary) will be developed to manage this process. As a result this PID does not cover this work.

4.3. Dependencies

The programme has identified the following dependencies:

- **Building a sustainable provider landscape in NWL.** The NHS National Trust Development Authority (NTDA) will be responsible for overseeing work to secure the ongoing sustainability of provider trusts in NWL, including their work to achieve Foundation Trust status. This is out of the direct scope of the programme but the programme's work will impact upon it. In addition, it is expected that the NTDA will be required to sign off business cases for capital (see below). As such the programme will need to work closely with the NTDA, who will be invited to attend the Implementation Programme Board. As part of becoming a sustainable provider, local trusts have challenging CIP commitments to successfully deliver and this is also crucial to the changes in activity as part of the reconfiguration.
- **Building sustainable primary care and specialist services in NWL.** This is at the core of *Shaping a healthier future*, and the out of hospital strategies in particular are key to this work. It is the overall responsibility of NHS England to build sustainable services and as such the programme will need to work closely with the NHS England (London Region) team, with a representative being invited to attend the Implementation Programme Board and relevant local workstreams. As part of building sustainable primary care services, all the CCGs have challenging QIPP commitments to successfully deliver and this is also crucial to the changes in activity as part of the reconfiguration.
- **Approving business cases for capital.** Significant capital development will be required and the focus in 13/14 will be on the development of business cases to secure the associated capital. Although we are still awaiting confirmation on how capital business cases will be approved in new arrangements; it is expected that¹:

¹ This is dependent upon the level required

- Primary care investment will need to be signed off by NHS England (London Region)
- Business cases for capital for Foundation Trusts will need to be approved by Monitor
- Business cases for capital for other NHS Trusts will need to be approved by the NTDA and potentially the Department of Health / Treasury

As such the programme will need to work closely with NHS England (London Region), and the NTDA. Both of these organisations will be invited to be members of the Implementation Programme Board.

The programme will continue to work closely with Health Education North West London (HE NWL) and the Academic Health Science Network (AHSN) for NW London. Both of these organisations will be invited to be members of the Implementation Programme Board.

Other service and organisational changes underway across London may also impact upon the programme. These include: the South West London Better Services, Better Value programme, the Brent, Enfield & Haringey Clinical Strategy programme and the South London Healthcare NHS Trust TSA programme. Relevant organisations will be invited to attend the Implementation Programme Board if and when necessary.

4.4. Assumptions

Assumptions made in the development of this PID include:

- That the programme should maintain momentum by pressing forward with any work which is permissible whilst the programme undergoes any external review (e.g. business case development)
- That the programme will be able to secure sufficient resources to deliver to the agreed timetable
- That NWL CCGs will lead and drive programme delivery; coordinating work locally as required
- That NWL providers, including Foundation Trusts, will actively participate in programme delivery; taking responsibility for implementation of changes affecting their own hospital sites and working closely with other providers and CCGs to manage system change effectively, efficiently and safely
- That there are no major changes in national or local policy during the planned lifetime of the programme
- That there are no major changes as a result of any IRP review or Judicial Review
- That implementation of change should be delivered as quickly as possible in order to protect safety and stability in the system and that on this basis, changes can be taken forward at different times where appropriate based on clinical recommendations.

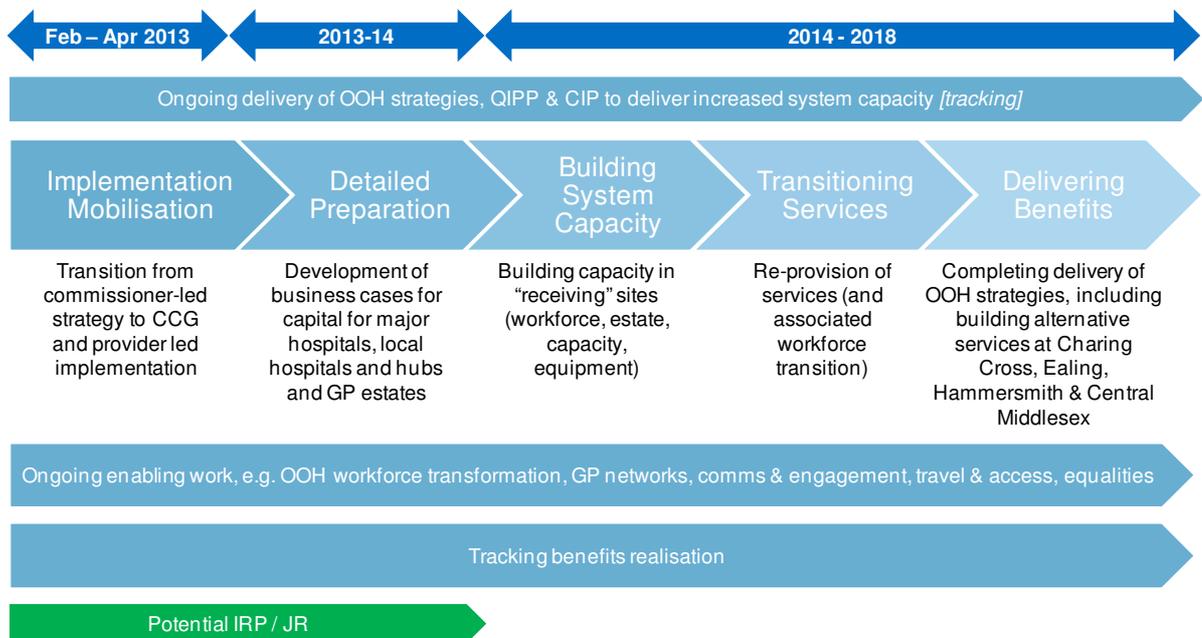
5. Approach to programme delivery

It is vital that the programme continues to be clinically led. To enable NWL to implement change effectively, efficiently and safely we will continue to engage local clinicians at each stage, ensuring that our guiding principle is improving the quality and safety of care and patient experience. The work will continue to be led by four Medical Directors, two with primary care experience and two with acute care experience. Together they will ensure that clinical safety is actively managed across NW London during implementation².

We will continue to seek views from patients, their representatives and other local stakeholders as this work develops. We will also work with colleagues in neighbouring CCGs and providers and with London Ambulance Services to ensure all parts of the system are adequately involved in preparing for and delivering change.

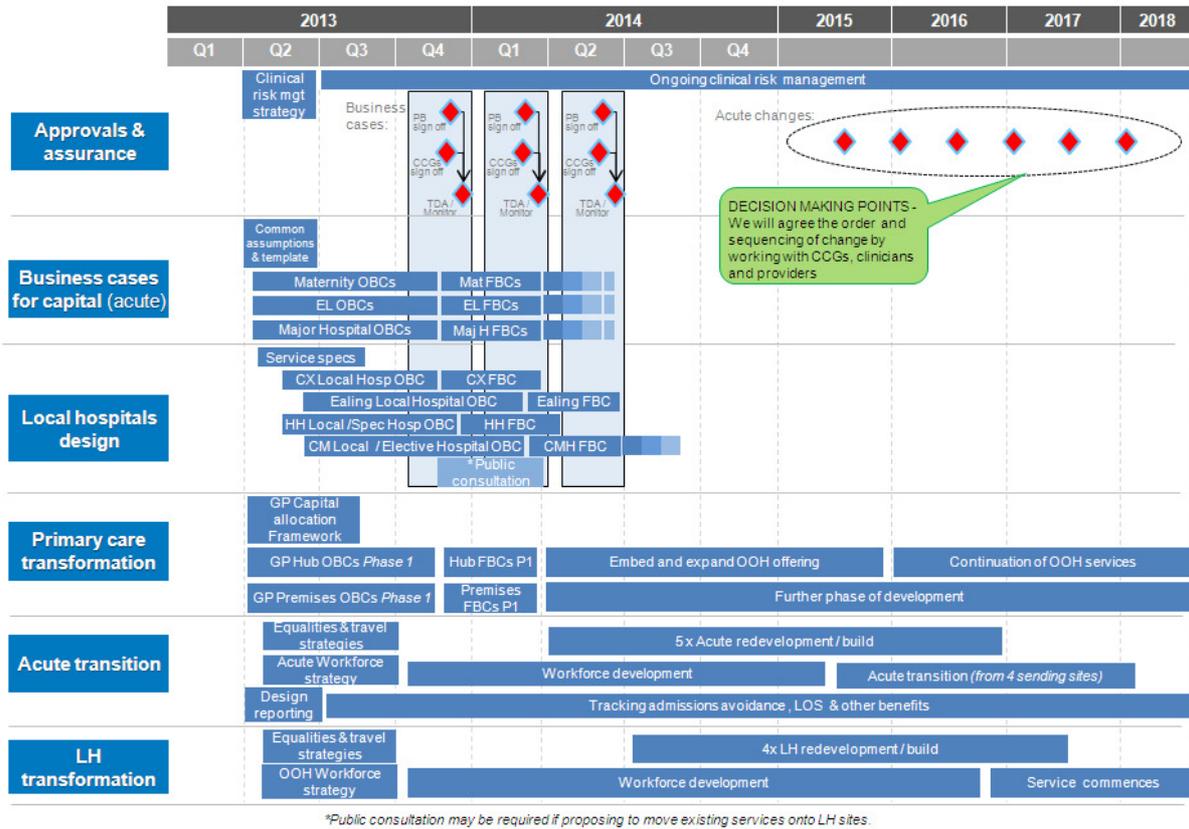
5.1. Programme planning

The overall timeline for the implementation programme is broken down into five phases as follows:

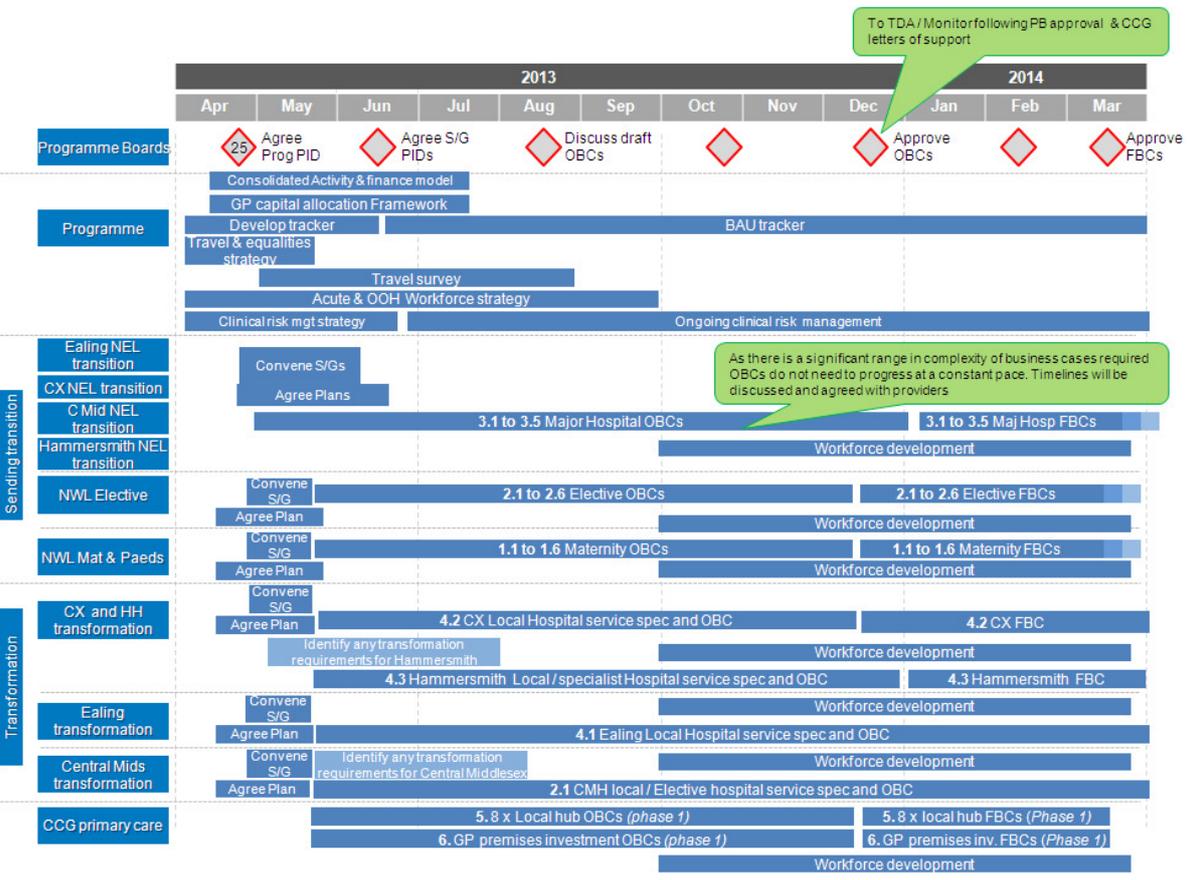


² As previously highlighted in Chapter 3 of this PID, the clinical review activities undertaken by the Programme Medical Directors will not replace the current responsibilities that Trust Boards and CCG Governing Bodies have for the safe delivery of services.

The high level activities are set out in the “level 0” plan below:



The programme plan for the next six months is set out in the “level 1” plan below:



5.2. Key deliverables in 2013/14

Draft workstream plans for 13/14 are provided in Appendix A. Key work packages for CCGs, providers and the central team are summarised below.

CCGs and providers

There are at least 28 major work packages that need to be delivered by CCGs and providers in 2013/14:

Providers			CCGs		
1. Maternity Business Cases	2. Elective Business Cases	3. Major Hospital Business Case	4. Local Hospital Business Cases	5. Local Hub Business Cases	6. GP Premises Business Cases
1.1 Northwick Park Maternity BC	2.1 Central Mid LH/ Elective BC	3.1 Northwick Park Major Hosp NEL BC	4.1 Ealing LH Service Spec and BC	5.1 Ealing CCG Local Hub BC	6.1 Ealing CCG GP premises BC
1.2 West Middlesex Maternity BC	2.2 West Middlesex Elective BC	3.2 St Mary's Major Hospital NEL BC	4.2 Charing Cross LH Service Spec and BC	5.2 H&F CCG Local Hub BC	6.2 H&F CCG GP premises BC
1.3 Hillingdon Hospital Maternity BC	2.3 Northwick Park Elective BC	3.3 C&W Major hospital NEL BC	4.3 Hammersmith LH/ Specialist service spec and BC	5.3 Brent CCG Local Hub BC	6.3 Brent CCG GP premises BC
1.4 St Mary's Maternity BC	2.4 C&W Elective BC	3.4 West Middlesex Major Hosp NEL BC		5.4 Central London CCG Local Hub BC	6.4 Central London CCG GP premises BC
1.5 Hammersmith Maternity BC	2.5 Hillingdon Hospital Elective BC	3.5 Hillingdon Hospital Maj Hosp NEL BC		5.5 Harrow CCG Local Hub BC	6.5 Harrow CCG GP premises BC
1.6 C&W Maternity BC	2.6 St Mary's Elective BC			5.6 Hillingdon CCG Local Hub BC	6.6 Hillingdon CCG GP premises BC
Work packages shown in light in grey are where change is required; but additional activity could potentially be absorbed without capital build (e.g. through use of mothballed wards or LoS reductions). Where providers confirm this is the case, no business cases would be required				5.7 Hounslow CCG Local Hub BC	6.7 Hounslow CCG GP premises BC
This work will be underpinned by ongoing selected QIPP and CIP projects, delivery of which will be tracked by the programme				5.8 West London CCG Local Hub BC	6.8 West London CCG GP premises BC

The central team will work with providers to confirm precise business case requirements and therefore confirm the number of work packages that need to be delivered.

The RACI matrix in Appendix E describes the responsibilities for delivery of the programme workstreams.

Central enabling projects

As a general principle, implementation should be taken forward locally by the relevant CCGs and providers. Work should only be undertaken centrally where it is best done collectively (e.g. because the same task would have to be undertaken in each area) or where it is necessary to provide a framework or steer for work before it is taken forward locally (e.g. by defining how local workstreams should consider equalities issues as part of their implementation planning).

An initial set of central enabling projects has been identified for 2013/14 to support both immediate CCG and provider work and longer term activity³.

³ These projects will be reviewed at the end of 2013/14 to identify which should continue, which should close or where new projects may be required.

Workstream Objectives

Programme Delivery

Kevin Atkin

- Manage overall programme delivery, designing the overall approach, developing plans and managing progress against these
- Monitor delivery of key CIP and QIPP initiatives
- Lead the development of work that is best done collaboratively or where a framework is needed to shape local delivery
- Coordinate "on the ground" delivery through Zone Portfolio Managers

Zone Portfolio Managers to each have special interest responsibility for one of the following:

- Workforce (M&P Zone lead)
- Equalities (Ealing Zone lead)
- Travel (CX Zone lead)
- Information management (CMH Zone lead)

Clinical

4 x Programme Medical Directors

- Manage clinical risk throughout transition
- Inform planning to ensure clinical safety protected
- Ensure clinical pathways well defined (commissioning work from CIGs where required)
- Inform decision making re: readiness for service change
- Monitor clinical performance and capacity in NWL during implementation
- Oversee programme benefits realisation

Finance & Modelling

Jonathan Wise

- Facilitate a collective approach to business case development
- Coordinating collective review of provider OBCs and FBCs
- Horizon scanning & updating modelling assumptions if required
- Facilitate CCGs in developing a GP capital allocation framework

13/14 Workstream deliverables

PID	May / June 13
Workstream set up – steering groups & plans	May / June 13
Commence monthly reporting	June 13
Recruit Zone Managers	May / June 13
GP capital allocation framework	July 13
Major Hospital OBCs to Prog Bd	Sep 13
Local Hospital OBCs to Prog Bd	Dec 13 / Mar 14
Major Hospital FBCs to Prog Bd	Mar 14
Local Hospital FBCs to Prog Bd	From Mar 14
Travel strategy	May 13
Travel survey findings report	Aug 13
Improved provider travel plans	Oct 13

Mechanism to monitor risk during transition	June 13
Re-establish clinical board & clinical leads	June 13
Ongoing clinical risk management	From June 13
Principles for sequencing of clinical changes	June 13
Benefits baseline	Aug 13
Acute & OOH Workforce strategy	Nov 13
Principles for co-located MLUs & home deliveries	Nov 13

Business case sample plan	May 13
Set up steering group	June 13
Business case template	May 13
Finance & activity model	Jun / July 13
Process for reviewing OBCs & FBCs	June 13
Review all OBCs	Aug – Sep 13
Review all FBCs	Feb - Mar 14

Workstream Objectives

Comms & Engagement

Don Neame

- Ensuring that the programme plans and undertakes appropriate engagement with relevant stakeholders at each stage
- Ensuring the programme communicates effectively with key stakeholders; working closely with the Programme Medical Directors
- Develop and maintain programme communications materials including website, Qs and As, standard slide pack, key messages, etc
- Managing the internal communications for the programme
- Coordinating any further consultation (if required) in relation to local hospital work

IRP / JR (if required)

Liz Knight

- Develop an action plan the programme can use if referred to the IRP
- Develop an action plan the programme can use if referred to JR

If a full IRP review takes place:

- Coordinate the programme's preparation for the IRP review
- Coordinate programme input during review
- Prepare the programme's response to any recommendations

13/14 Workstream deliverables

Stakeholder newsletter	June 13
PPRG convened	June 13
Equalities strategy	May 13
Define workstream equalities actions	May 13
JHOSC meeting	TBC
Patient & public engagement	Ongoing
JHOSC & OSC engagement	Ongoing
Stakeholder engagement	Ongoing
Provider comms leads forum	Ongoing
Website maintenance	Ongoing

IRP & JR action plans	May 13
JR written evidence submission	tbc
Initial IRP evidence template	tbc
IRP visit: schedule, speaker briefings, presentations	tbc
Comms	tbc
Programme response to any recommendations	tbc

Each of these central enabling projects will develop their own more detailed plans and identify work packages that are required to ensure delivery of their objectives. Where required, the central enabling projects will need to commission these work packages from other parts of the programme or advisory groups.

5.3. What this means for NWL providers

This stage of the programme represents a fundamental shift for providers in NW London. Where previously they have contributed to the development of the strategy they will now be responsible for actively planning and delivering change.

As described in Section 3.3 all the providers will be involved in a number of workstreams and will be working with many other providers and CCGs (refer to the RACI analysis in Appendix E for further details).

This is likely to necessitate the dedication of greater resource to the programme than hitherto and, as changes are made, will directly impact on day-to-day operation of services.

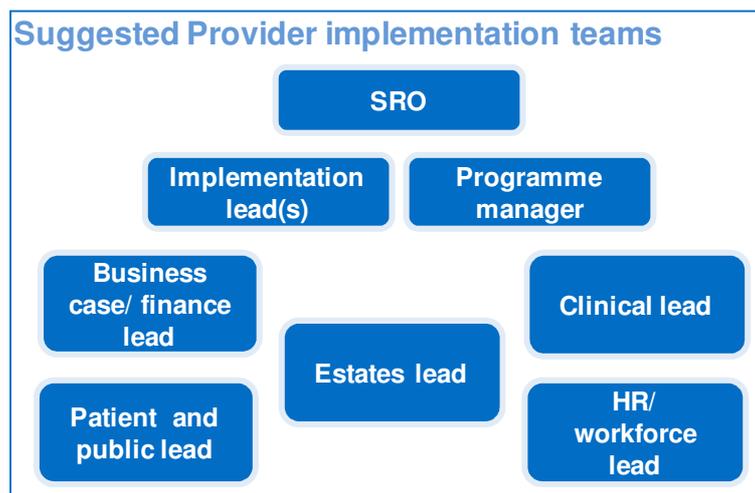
In particular, this means:

- Developing business cases for any capital development required on their sites
- Delivering the associated capital build to a timetable agreed with commissioners and other providers
- Developing their workforce to reflect forthcoming changes (could include recruitment, redeployment, redundancies)
- Redeveloping clinical pathways to reflect forthcoming changes

- Working with other providers to plan and manage the safe transition of services between sites

It will be up to each provider to manage the 'internal' work necessary to deliver the requirements of the workstreams that they are participating in and other elements of work that contribute to successful delivery of the changes that they are affected by. It is suggested that each provider will need to identify:

- A **Senior Responsible Owner** (SRO) to take overall responsibility for implementation (expected to be the CEO in most instances)
- An **Implementation Lead** to provide day-to-day leadership (expected to be Director level). Providers delivering change at more than one site may benefit from having an implementation lead for each site.
- A **wider team** of staff with responsibility to lead delivery of relevant activity
- All local roles will be required to work with consideration of local arrangements, and develop local plans (e.g. provider patient and public leads will be expected to develop and deliver local engagement plans)
- Depending on the time available for the implementation team and the amount of work required, a **Programme Manager** may also be required.



It is highly likely that several of these roles will need to work across multiple workstreams and will be interacting with their counterparts from other providers and CCGs.

Each provider will be required to complete a monthly programme progress report (see Section 5.5 below).

5.4. What this means for CCGs

This stage of the programme also represents a fundamental shift for CCGs in NW London. As they take on commissioning responsibilities they also take on collective responsibility for leading the implementation of SaHF across NW London. Locally, they will need to deliver their borough out of hospital strategy and QIPP commitments whilst also ensuring providers are delivering CIP targets and changes to acute services.

As described in Section 3.3, all the CCGs will be involved in a number of workstreams and will be working with many other providers and CCGs. Some of the CCGs will also be leading the zones identified earlier, requiring a significant level of coordination between the different

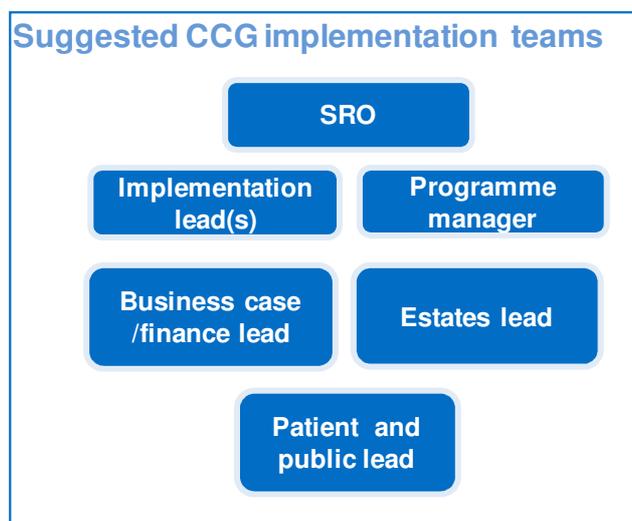
workstreams in their zone. This will be significant workload and should not be underestimated.

In particular, this means:

- Developing service specifications for local hospitals at Central Middlesex, Charing Cross, Ealing and Hammersmith
- Lead the development of business cases for any capital development required on local hospital sites
- Support the development of business cases for local hubs and GP premises investment
- Oversee the development of associated capital builds for local hospitals and hubs to a timetable agreed with the programme
- Developing their workforce to reflect forthcoming changes (could include recruitment, redeployment, redundancies)
- Redeveloping clinical pathways to reflect forthcoming changes
- Working with other commissioners and providers to plan and manage the safe transition of services between sites

It will be up to each CCG to manage the 'internal' work necessary to deliver the requirements of the workstreams that they are participating in and other elements of work that contribute to successful delivery of the changes that they are affected by. It is suggested that each CCG will need to identify:

- A **Senior Responsible Owner** (SRO) to take overall responsibility for implementation in their borough (expected to be the CCG Chair in most instances)
- An **Implementation Lead** (expected to be Director level). Each CCG is likely to have up to three workstreams, and so may require three implementation leads:
 - Local hospital implementation lead
 - OOH implementation lead
 - Local hub development and GP premises investment lead
- A **wider team** of staff with responsibility to deliver relevant aspects of implementation
- All local roles will be required to work with consideration of local arrangements, and develop local plans (e.g. provider patient and public leads will be expected to develop and deliver local engagement plans)
- Depending on the time available for the implementation team and the amount of work required, a **Programme Manager** may also be required.



It is likely that several of these roles will need to work across multiple workstreams and will be interacting with their counterparts from other CCGs and providers.

Each CCG will be required to complete monthly programme progress reports.

5.5. Progress management and reporting

Each **workstream** will provide a monthly report to the programme office on workstream progress, risks and issues to the central team for review by the **Programme Delivery Group**⁴ and Programme Executive. An aggregated programme dashboard will be created from these inputs for review by the Implementation Programme Board. The **central project leads** will also provide a monthly progress report. Progress reports will cover:

- Progress against plan
- RAG status for key deliverables and milestones
- Risks and mitigations, issues and dependencies.

In addition the following information will be monitored in the programme **tracker**:

- All acute providers will provide a monthly report on progress in delivery of key CIP schemes relevant to reconfiguration (i.e. length of stay LOS reductions) and associated business case enabling projects
- All CCGs will provide a monthly report on progress in key QIPP projects and enablers relevant to reconfiguration (i.e. admission avoidance)

The reporting cycle will be based around Implementation Programme Board meetings. Progress reports will be required two weeks before the Implementation Programme Board meeting to allow the central programme team to:

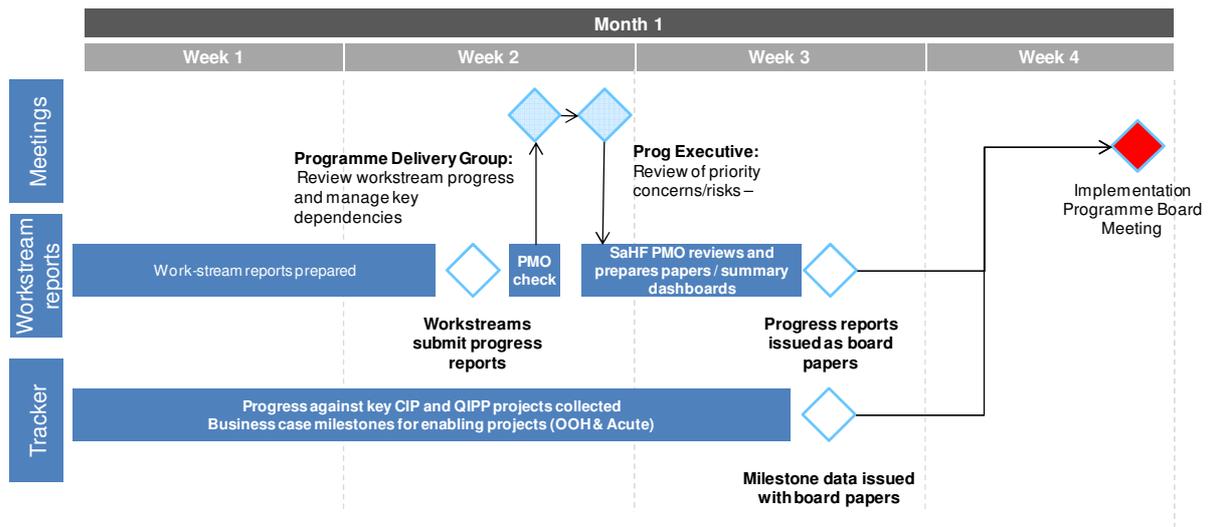
- Review progress reports and prepare summary dashboards
- Issue papers for the Implementation Programme Board one week before the meeting

All workstream progress reports will be included within the papers for the Implementation Programme Board and may also be used as papers for the Programme Executive, where appropriate.

The programme team will also produce a summary programme dashboard (drawing on workstream / project reports) as part of the papers for the Implementation Programme Board.

Example Reporting Cycle:

⁴ The Programme Delivery Group will be formed of the Programme Director, Deputy Director, Finance Director, Zone Portfolio Managers and provider implementation leads.



5.6. Equalities

As noted in Chapter 3, the programme will be embedding the consideration of groups most affected by the reconfiguration throughout the programme, at both the programme and workstream level.

At the programme level we will:

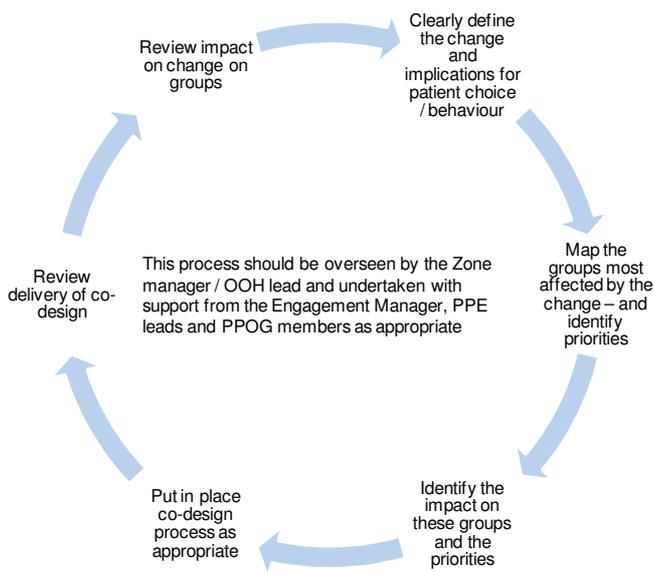
- Put in place the **Patient and Public Representative Group**. This group will include Healthwatch representatives from each CCG and the PPI lay members in each CCG
- Appoint a **Patient and Public Representative Group lay member** as a member of the Implementation Programme Board. The chair and lay member will be full members of the board, representing patient, carers and equalities issues on behalf of the PPRG as well as working across the workstreams to address challenges as they arise
- Appoint an **Equalities and Engagement** lead to work alongside the zone managers and workstream leads to support the equalities and engagement work within their particular work areas. The lead will also be able to provide support to CCGs and providers with their own equalities work to ensure it links with SaHF as appropriate.

At the individual workstream level we will ensure that each workstream has:

- Considered its impact on protected groups, disadvantaged groups and carers
- Engaged with those who will experience a disproportionate impact (positive and negative)
- Taken their input into consideration throughout the development of any decision (including the business case)
- Ensured that equalities is included in workstream risk registers

There will be a nominated Zone portfolio manager with a special interest in equalities. Within each zone, zone portfolio managers will have responsibility for ensuring that a zone-specific equalities action plan is developed and implemented.

Each of the zones will develop and implement an equalities action plan. A common process will be established to develop and implement the local equalities action plans.



- There will be clear structure around each step (eg a template for 'defining the change and implications' and for 'mapping groups')
- The detail is gathered from discussions with key people in CCGs, provider organisations, voluntary sector groups etc
- Patients, carers and public should be involved throughout
- Action Plans will place a local lens on the DMBC Action Plan
- BUT all activity needs to be proportionate to the scale of change

Protected groups, disadvantaged groups and carers will be involved in the quality assurance process as set out in Chapter 10.

6. Risks

The Deputy Programme Director will ensure that programme level risks are regularly identified and that appropriate mitigation strategies are in place in accordance with the Programme Risk Management Strategy (see Appendix F). Risks and issues will be escalated through the programme governance structure where appropriate to ensure timely resolution.

Providers and CCGs will ensure that risks relevant to their organisation and/or workstream are regularly identified and that appropriate mitigation strategies are in place; escalating risks and issues through the programme governance structure where appropriate to ensure timely resolution. Workstream risks should be discussed at each workstream steering group meeting.

The Clinical Board, chaired by the Programme Medical Director, will be responsible for identifying clinical risks associated with SaHF changes and ensuring that appropriate mitigating actions are planned and taken across NWL as a whole. It may also advise local workstreams on the mitigation of clinical risk where appropriate.

Key programme level risks for implementation were identified by programme leaders in the lead up to decision making and documented in the decision making business case. These risks will form the basis of the programme risk log. Key implementation risks include:

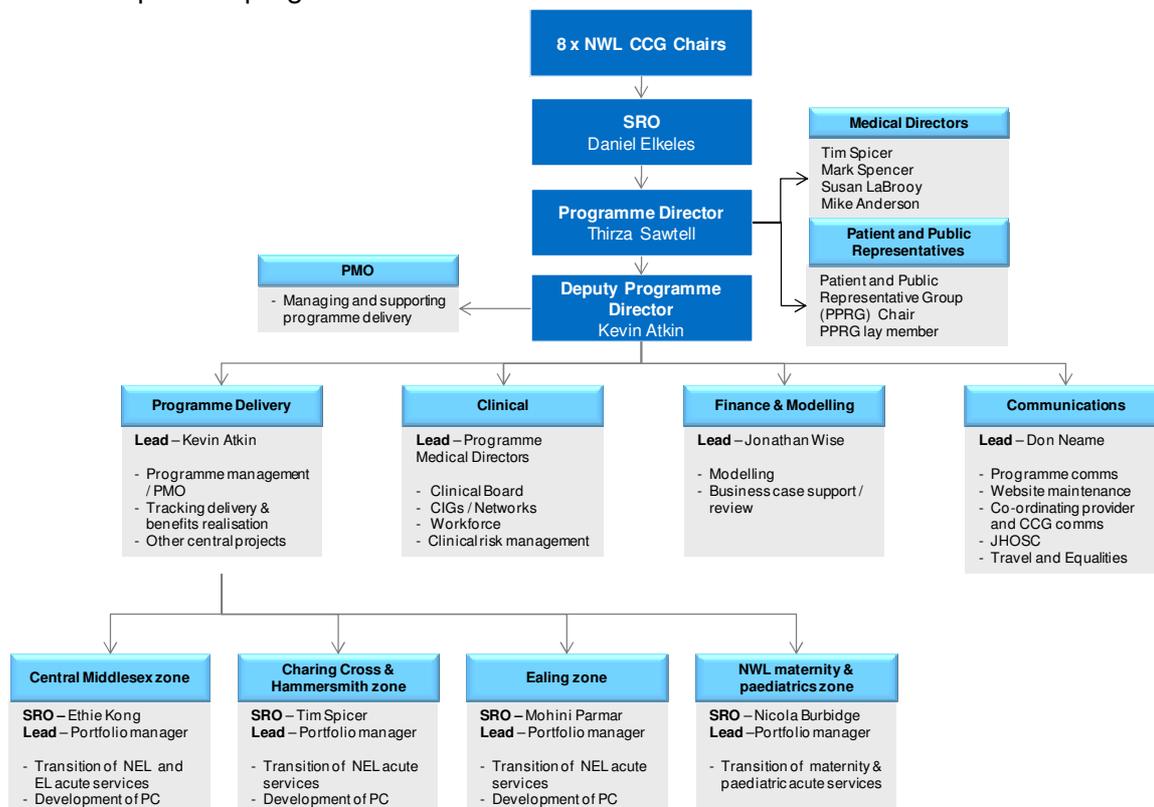
- **Clinical safety** - Unable to maintain clinical safety before, during or after the transfer of services
- **System capacity** - Care has to be moved to providers before they have the capacity or capability to respond to demand, impacting on patient quality; out of hospital strategies and length of stay reductions do not deliver planned acute activity reductions
- **Patient experience** - Dissatisfaction arises due to experiences during transition, more difficult for visitors / carers to travel to visit inpatients
- **Workforce** - Providers are unable to resource changes in workforce or fund the development of new skills in the time required; greater challenges in recruitment and retention of the clinical workforce
- **Financial** - Provider business cases for capital do not get signed off by CCGs within the timescales required and / or the business cases do not align with the proposed changes or assumptions
- **Ownership** - Programme has insufficient authority / resources to implement changes; CCGs / providers are unable to prioritise in implementation.

The Deputy Programme Director will ensure the programme risk log is kept up to date by:

- Reviewing progress in mitigating existing risks and update mitigation strategies if necessary. A monthly Programme Delivery Group meeting with zone portfolio managers and provider Implementation Leads will be the key forum for this.
- Identifying any new risks arising through:
 - Consideration of workstream risk registers
 - Discussion with Programme Medical Directors and consideration of the outputs of the Clinical Board
 - Review of the programme plan with central programme team
 - Discussion of progress at the Implementation Programme Board.

7. Programme resources

The leadership of the programme is set out as follows:



The programme will include the following leadership roles:

Role	Who	Responsibilities
Senior responsible owner (SRO)	Daniel Elkeles Chief Officer CWHH ⁵	<ul style="list-style-type: none"> Chair Implementation Programme Board Accountable for overall programme delivery and ensure programme prioritised and issues resolved
CCG AOs	Daniel Elkeles (CWHH) Rob Larkman (BEHH ⁶)	<ul style="list-style-type: none"> Champion proposals locally, driving delivery and influencing key stakeholders where required
Programme Director	Thirza Sawtell Director Strategy and Transformation Team	<ul style="list-style-type: none"> Oversee programme delivery; setting strategic direction Champion proposals locally, influencing key stakeholders where required Chair Implementation Programme Executive Nurture relationships with transition, OOH and transformation steering groups
Deputy Programme Director	Kevin Atkin Deputy Director Strategy and Transformation Team	<ul style="list-style-type: none"> Coordinating Implementation Programme Executive Lead programme delivery and ensuring the delivery of key deliverables to meet acceptance criteria Hold central programme team “cross cutting” workstream leads to account for day-to-day delivery
Programme Medical	Tim Spicer (representing CCGs)	<p><i>All programme medical directors will be responsible for:</i></p> <ul style="list-style-type: none"> Chair Clinical Board

⁵ CWHH – Central London, West London, Hammersmith and Fulham and Hounslow CCGs

⁶ BEHH – Brent, Ealing, Harrow and Hillingdon CCGs

Role	Who	Responsibilities
Directors	<p>Mark Spencer <i>(representing NHS England - London region)</i></p> <p>Susan LaBrooy <i>(representing acute care)</i></p> <p>Mike Anderson <i>(representing acute care)</i></p>	<ul style="list-style-type: none"> • Lead 'central' clinical activities, ensuring delivery of products to meet acceptance criteria • Ensure expert clinical advice provided on programme deliverables • Provide support, advice, referrals for clinical issues particularly for zones, workstreams and steering groups • Ensure implementation plans are clinically sound and will ensure clinical safety, whilst leading to the delivery of improved service quality • Provide clinical 'focal point' for agreed recommendations and be key liaison with wider clinical community throughout implementation • Ongoing champion of agreed recommendations to local and national stakeholders, the media, patients and the public
Zone SROs (refer to Appendix D for further detail on zone delivery model)	<p>Central Middlesex zone lead – <i>Ethie Kong (Brent CCG Chair)</i></p> <p>Charing Cross & Hammersmith zone lead – <i>Tim Spicer (H&F CCG Chair)</i></p> <p>Ealing zone lead – <i>Mohini Parmar (Ealing CCG Chair)</i></p> <p>NWL Maternity & Paediatrics zone lead – <i>Nicola Burbidge (Hounslow CCG Chair)</i></p>	<ul style="list-style-type: none"> • High level guidance and direction on delivery strategy for zone • Accountable for delivery of zone led workstreams (and final sign off on deliverables including business cases) on behalf of the Implementation Programme Board and in line with agreed programme requirements • Managing relationships with key stakeholders, including: providers, trusts, assurance bodies, local and regional government, MPs, NHS England (London Region), NTDA, local patient and community groups and Healthwatch
Zone Portfolio Manager (refer to Appendix D for further detail on zone delivery model)	Being recruited	<ul style="list-style-type: none"> • Manage portfolio of zone workstreams, specifically: <ul style="list-style-type: none"> – Management of interdependencies between workstreams in portfolio – Management of key strategic risks and issues to the portfolio, and escalation – Management of resourcing for the portfolio, including day to day management of workstream resource requirements and delivery – Alignment of workstreams across the portfolio (i.e. consistent governance arrangements) – Management of inter zone dependencies – Assurance that the workstreams in the portfolio have robust programme management structures and processes – Provide oversight of the workstream delivery budgets within the zone • Accountable to SaHF programme team for delivery of zone workstreams within programme requirements (as defined by Implementation Programme Board) • Ensure that workstream steering groups interface effectively with Implementation Programme Board • Work closely with the SRO and CCG Chief Operating Officer/Managing Director to manage workstream delivery, dependencies, risks and issues • Ensure that the lead CCG is linked in with nearby CCGs and providers and manage these interfaces

Role	Who	Responsibilities
		<ul style="list-style-type: none"> Ensure that the zone workstreams are linked in with NHS England (London Region) and NTDA
Sending workstream leads	<p>Ealing NEL Transition – <i>Mohini Parmar (Ealing CCG chair)</i></p> <p>Charing Cross NEL Transition – <i>Tim Spicer (H&F CCG Chair)</i></p> <p>Hammersmith NEL Transition – <i>Tim Spicer (H&F CCG Chair)</i></p> <p>Central Middlesex NEL Transition – <i>Ethie Kong (Brent CCG Chair)</i></p> <p>NWL Maternity & Paeds – <i>Nicola Burbidge, (Hounslow CCG Chair)</i></p> <p>Elective Transition (CMH) – <i>Ethie Kong (Brent CCG Chair)</i></p>	<ul style="list-style-type: none"> Chair Local Transition Steering Group Ensure all relevant organisations and stakeholders are involved in the development and delivery of robust implementation plans for the transition of non-elective services from the relevant site Ensure appropriate advice on wider topics, including clinical safety, finance, workforce, estates and capital, travel and access, equalities and carers and communications, is brought to the Steering Group Be a local champion for the agreed recommendations to local stakeholders, the media, patients and the public Report progress to the programme and represent the workstream at the Implementation Programme Board
Local hospital transformation workstream leads	<p>Ealing LH – <i>Mohini Parmar (Ealing CCG chair)</i></p> <p>Charing Cross & Hammersmith LH – <i>Tim Spicer (H&F CCG Chair)</i></p> <p>Central Middlesex LH & Elective – <i>Ethie Kong (Brent CCG Chair)</i></p> <p>Local Hub Development – <i>TBC</i></p> <p>GP Premises Investment – <i>Thirza Sawtell</i></p>	<ul style="list-style-type: none"> Chair Local Hospital Transformation Steering Group Ensure all relevant organisations and stakeholders are involved in the development and delivery of robust implementation plans for the transition of non-elective services from the relevant site Ensure appropriate advice on wider topics, including clinical safety, finance, workforce, estates and capital, travel and access, equalities and carers and communications, is brought to the Steering Group Be a local champion for the agreed recommendations to local stakeholders, the media, patients and the public Report progress to the programme and represent the workstream at the Implementation Programme Board
Major hospital transformation workstream leads	Provider CEOs (or nominee)	<ul style="list-style-type: none"> Chair Major Hospital Transformation Steering Group Ensure all relevant organisations and stakeholders are involved in the development and delivery of robust implementation plans for the transition of non-elective services from the relevant site Ensure appropriate advice on wider topics, including clinical safety, finance, workforce, estates and capital, travel and access, equalities and carers and communications, is brought to the Steering Group Be a local champion for the agreed recommendations to local stakeholders, the media, patients and the public Report progress to the programme and represent the workstream at the Implementation Programme Board
Patient and Public Representatives	PPRG Chair to be appointed	<ul style="list-style-type: none"> Chair Patient and Public Representation Group Ensure the needs of patients, carers and the public are fully considered during implementation of changes

Role	Who	Responsibilities
		<ul style="list-style-type: none"> Lead any 'central' equalities activities, including following the Equalities Action Plan as set out in the DMBC Provide advice to the local workstreams and steering groups on their equalities activities Provide representation at the Implementation Programme Board on patient and equalities issues
Communications & Engagement Lead	Don Neame	<ul style="list-style-type: none"> Ensure that the programme plans and undertakes appropriate engagement with relevant stakeholders at each stage Ensure delivery of products to programme timetable and to standard that is approved by Programme Director Ensure the programme communicates effectively with key stakeholders; working closely with the Programme Medical Directors in regards to clinical engagement activities Manage the internal communications for the programme Develop and maintain programme communications materials including website, Qs and As, standard slide pack, key messages, etc.
Finance & Modelling Lead	Jonathan Wise (Programme Finance Director)	<ul style="list-style-type: none"> Chair Finance & Modelling Working Group Lead Finance & Business Modelling Workstream in its activities and ensure delivery of its products to a central programme timetable and to a standard that is approved by the Programme Director and relevant programme bodies Ensure the development of an underlying activity and financial model (for all the recommendations agreed in February 2013), supported by current and future commissioners and providers Ensure the programme works with local leads for finance, capital, estates and productivity Ensure the finance, capital, estates and activity implications of the agreed recommendations are fully understood, for the sector as a whole, at site level and at organisation level and that provider CEOs are fully sighted on these implications Ensure programme deliverables have appropriate input from provider leads for finance, capacity and estates planning
Travel Advisory Group Chair	Kevin Atkin (Deputy Programme Director)	<ul style="list-style-type: none"> Chair Travel Advisory Group Lead 'central' travel activities, including following the recommendations as set out by the Travel Advisory Group in the DMBC Provide support and advice to the local workstreams and steering groups in their travel activities

The Patient and Public Representative Group will consist of patient, carer and public representatives and will be asked to appoint its own chair.

These programme leaders will be supported by appropriate resources which are expected to vary to meet the needs of each stage of the programme and to consist of a variety of NHS resources and specialist external resources. In most cases workstream leads will be supported by day-to-day workstream managers.

The programme will be funded by CCGs, NHS England (London Region) and providers.

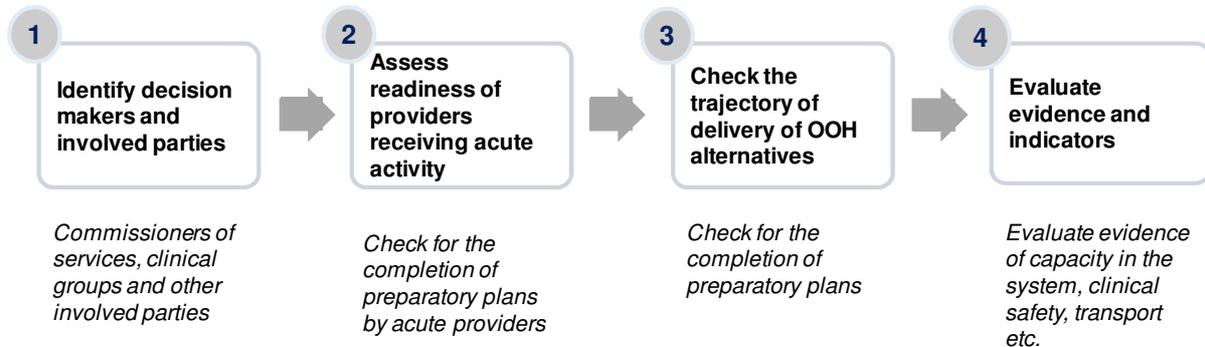
8. Stakeholder engagement and communications

The table below sets a high level view of the programme's approach to stakeholder engagement and communications in this phase.

	Role	Programme involvement	Where do they need to get to in 13/14?	Where do they need to get to as change is implemented?
Patients & public (including Healthwatch)	Most affected by changes	<ul style="list-style-type: none"> • Patient rep on Implementation Programme Board • Consult & inform Patient and Public Oversight Group • Involve in relevant local steering groups • Maintain programme website • Targeted public communications as changes are made 	<p><i>"the future for local services is clear"</i> <i>"I know where to go when"</i></p>	<p><i>"I know where to go when and have confidence I will receive a good service"</i></p>
Providers	Deliver the changes in primary and secondary healthcare services / service models	<ul style="list-style-type: none"> • Members of Implementation Programme Board / CIGs / Clinical Networks • Part of acute transition, CCG and local workstreams and steering groups where necessary • Programme support to business case development 	<p><i>"I am committed to delivering business cases for capital at pace, supporting delivery of plans for OOH care, and mitigating clinical risk"</i></p>	<p><i>"I am clear what to do when, am working collaboratively with other providers and can make change safely"</i></p>
Commissioners	Support delivery of the changes and ensure commissioning plans align with transition plan	<ul style="list-style-type: none"> • Members of Implementation Programme Board and Clinical Board (through CCG Collaboration Members) • Members of local steering groups 	<p><i>"I am leading the system in delivering change at pace and driving business case development and OOH implementation"</i></p>	<p><i>"I am clear what the system needs to do, and when, and am leading delivery with providers and local partners"</i></p>
Staff	Will help implement changes Job may be impacted (e.g. change of role or working location)	<ul style="list-style-type: none"> • Involve in relevant local steering groups / workstreams • Communications by relevant employer (supported by standard materials from central team) 	<p><i>"I understand when change will happen, how it will affect me and how I can get involved"</i></p>	<p><i>"I understand and feel enthused about my future role"</i></p>
Assurance Bodies (JHOSC, OSCs, DoH, Monitor, NTDA, NHS England)	Review planned changes to health economy, ensure alignment with wider health economy and provide QA support	<ul style="list-style-type: none"> • Attend Implementation Programme Board, Clinical Board and local steering groups as and when required to provide assurance • Quality, safety and risk reviews • Ad hoc engagement (including 121s) as required 	<p><i>"I have had a chance to review and influence business cases and implementation plans and am assured they can be delivered safely and sustainably"</i></p>	<p><i>"I have a clear view of the changes being made, am assured they can be made safely and will deliver the required outcomes"</i></p>
Local government	Changes may impact local services (e.g. community services) and constituents	<ul style="list-style-type: none"> • Include in relevant local steering groups / workstreams • Update via programme newsletter and website • Ad hoc engagement as required 	<p><i>"I understand and am involved in planning for relevant service changes and am confident they can be implemented safely"</i></p>	<p><i>"I believe changes are being implemented safely"</i> <i>"My local services are prepared for change and will be better integrated in the future"</i></p>
Regional and National Government	Influence beliefs and attitudes of patients and the public	<ul style="list-style-type: none"> • Manage relationships through Department of Health • Update via regular briefings and structured engagement 	<p><i>"I understand the changes that are happening, believe that they are the best plans for our constituents and they can be implemented safely"</i></p>	<p><i>"I believe changes are being implemented safely. Services are prepared for change and ready for future challenge"</i></p>
Media	Influence beliefs and attitudes of patients and the public	<ul style="list-style-type: none"> • Manage relationships through regular media releases • Update via regular briefings, meetings and ad hoc engagement as required 	<p><i>"I understand the changes will happen and believe the NHS' plans are the best for my readers"</i></p>	<p><i>"I have confidence in the NHS to safely deliver the improvements"</i></p>

9. Decision making process

Prior to the transfer of any services, changes will be managed through a four stage decision-making process:



The key decision makers (and as demonstrated in the setting up of the workstreams) are expected to be the CCGs with the highest volumes of service use (for a given site or borough), along with NHS England (London Region) and the provider in question. The workstreams will have a broad range of other participants, including neighbouring CCGs, other providers, patient and carer representatives, the NTDA and the London Ambulance Service.

Three draft decision making frameworks have been established for changes in the following service areas:

- Emergency and urgent care
- Maternity and newborn care
- Paediatric care

Assurance of the clinical safety and financial viability of any service change will be provided by the Clinical Board and the Finance and Modelling Advisory Group respectively, who will review decisions on service change as part of the four stage process. Where appropriate the CIGs will also be involved.

The draft decision making frameworks for these three service areas can be found in Appendix C.

10. Quality assurance

The programme will deliver major changes to NHS services and as such will be subject to rigorous quality assurance, both internally and externally.

Internal quality assurance will include:

- Use of the governance and programme structure to monitor work in progress and review key deliverables, e.g. initial review by PMO
- Subsequent review of outputs will also be made by the Programme Executive, with input from SRO, Programme Director and Programme Medical Directors
- Implementation Programme Board and/or workstream steering groups reviewing key deliverables (such as business cases for capital)
- Clinical Board advising on the clinical safety of implementation plans (including safe sequencing of change) and bringing together lead clinicians to collectively manage clinical safety across NWL during transition
- Regular risk management workshops
- Regular checkpoints with SRO and Programme Director to review plans, dependencies and resources
- Regular meetings with workstream leads
- Ongoing input from patients, carers and the public through involvement at all levels within the programme.

External quality assurance will include:

- Clinical peer review of the clinical safety of implementation plans (via the Clinical Board & NWL Clinical Senate/ Quality and Surveillance Committee)
- Clinical assurance on cross-cutting and specialist areas via the Clinical Networks and CIGs
- Ongoing engagement with NHS England (London Region) reconfiguration team through attendance at Implementation Programme Board and fortnightly catch-up meetings
- Review and sign off of business cases for capital by NTDA / Monitor and meetings with NTDA as necessary
- Ongoing engagement with the JHOSC (representing HOSCs for the boroughs affected by the programme).

It may also be useful to undertake a further OGC gateway 0 review – it is suggested that this is considered in early 2014/15 as the programme completes work on business cases and moves into the actual delivery of change.

11. Programme documentation

This programme is likely to be subject to considerable scrutiny and challenge. Although decision making is now complete, it remains good discipline to maintain good programme records.

Providers, CCGs and workstream leads will be responsible for maintaining their own records of deliverables, decisions etc.

The central team will be responsible for:

- Maintaining records of papers and minutes of Implementation Programme Board and workstream steering group meetings
- Maintaining a database of key deliverables (e.g. provider business cases)
- Maintaining the programme website and uploading key public facing materials (e.g. approved business cases)
- Maintaining records of any other programme events (e.g. clinical or public engagement events), including who was invited, who attended, what was discussed, what concerns or issues were raised and the programme's response
- Documenting programme attendance at external meetings and events, including obtaining records of those meetings and keeping records of any information presented by the programme
- Managing any requests for information under the Freedom of Information Act 2000.

A document and version control process has been developed to ensure good programme records are maintained.

The PMO will maintain a key document library with final versions of all key programme materials, and will also maintain document and version control processes.

APPENDIX A: Workstream plans

A.1 Local Workstreams

We have set out example workstream plans. These will form the basis of the local workstream plans and the programme will work with the local workstreams to develop individual plans. The example workstreams plans set out below are for:

- Level 1: Ealing Non Elective transition workstream plan 2013/14
- Level 1: Ealing Local Hospital transformation workstream plan 2013/14
- Level 1: Chelsea and Westminster Major Hospital transformation workstream plan 2013/14

It is critical that all members of the workstreams are involved in the development of the local plans and that they are owned by the workstream lead.

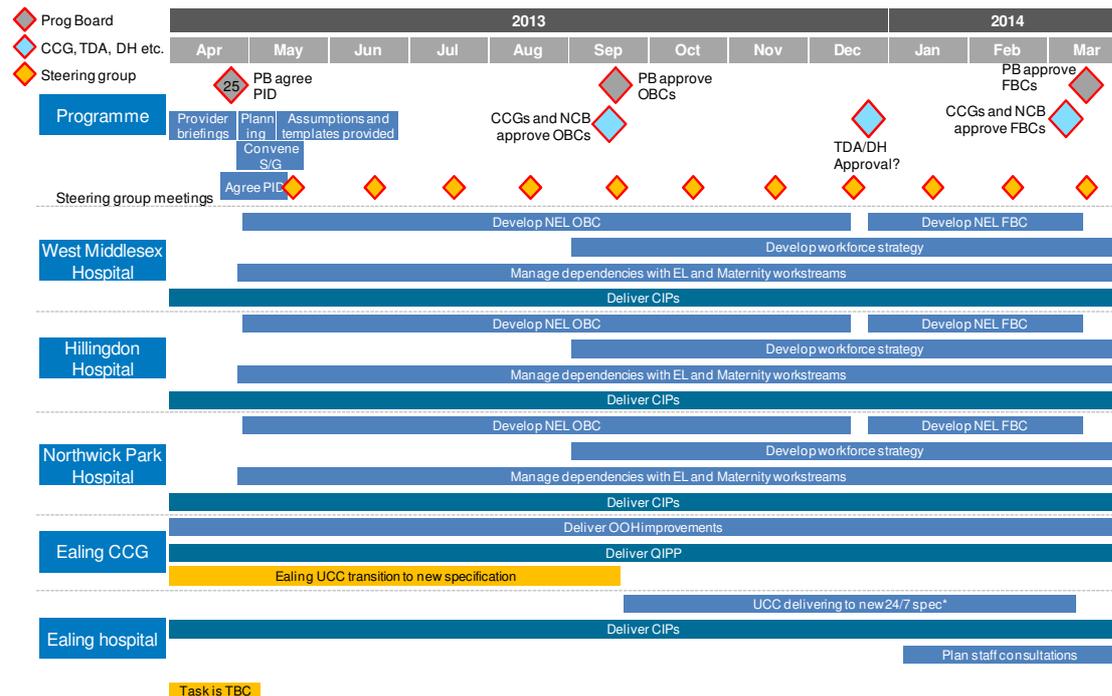
Latest versions of plans are held on the shared drive at: \\wpct.local\Shared\NWLCP SS\RECONFIGURATION PROGRAMME\POST DECISION MAKING\2. PMO\3. Planning

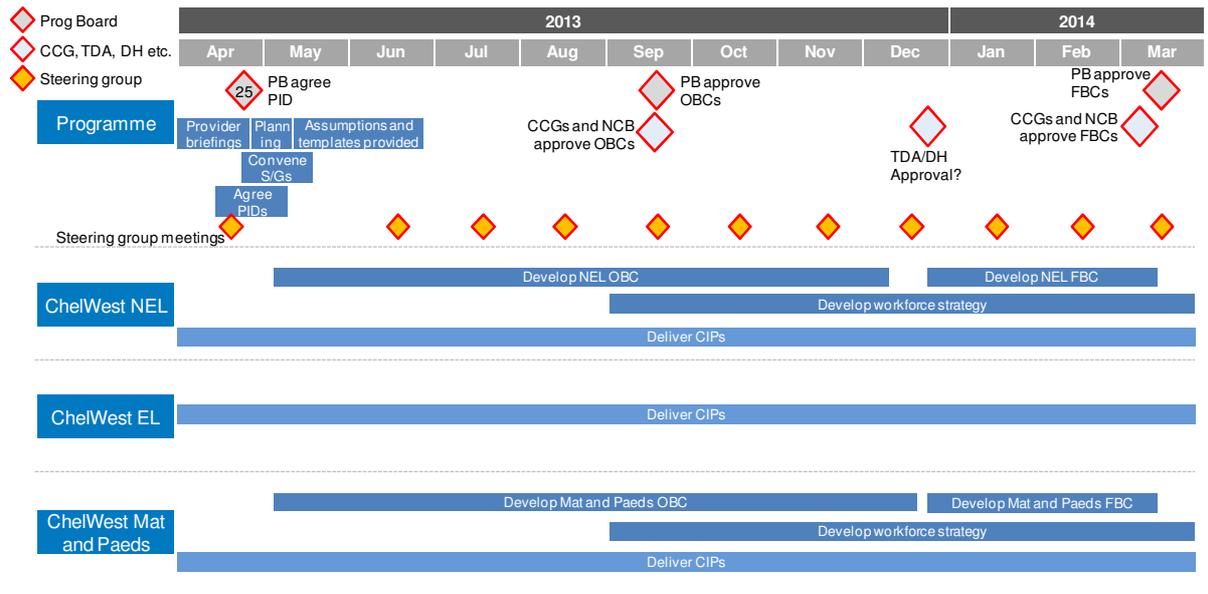
Level 1: Ealing NEL transition workstream plan 2013/14

This plan outlines the Level 1 activities for the Ealing NEL transition workstream for 2013/14 financial year. The high level milestones for the workstream over the five year implementation period are expected to be:

- 2013/14 – Develop business cases for capital
- 2014/15 – Develop transition plans
- 2014/15 to 2017/18 – Build capacity
- 2017/18 – Manage transition
- 2018/19 – Business as usual

The Level 1 plan for this year is as follows:





APPENDIX B: Terms of reference

This appendix contains the terms of reference for all Programme bodies⁷, specifically:

B1. Implementation Programme Board

B.2 Clinical Board

B.3 Implementation Programme Executive

B.4 – B.9 Sending Transition Steering Groups

- Ealing NEL
- Charing Cross NEL
- Hammersmith NEL
- Central Middlesex NEL
- NWL Maternity and paediatrics
- NWL Elective care

B.10 – B.14 Creating out of hospital steering groups

- Ealing local hospital transformation
- Charing Cross and Hammersmith local hospital transformation
- Central Middlesex local hospital & elective transformation
- Local hub development
- GP premises investment

B.15 – B. 19 Major hospital steering groups

- St Mary's
- Chelsea & Westminster
- West Middlesex
- Northwick Park
- Hillingdon

B.20 Finance & modelling group

B.21 Travel Advisory Group

B.22 Patient and Public Representative Group

At their first meeting, all Programme bodies will need to review and approve their Terms of Reference. Minor adjustments may be made, although the suggested membership should not be significantly altered. It is recommended that each of the programme bodies should review their Terms of Reference at the end of 2013/14, due to the change in impetus from business case development and preparation to delivery. Subsequently it is suggested that each of the programme bodies review their Terms of Reference on an annual basis.

⁷ Note: The CCG Collaboration Board have a wider remit than SaHF. The S&T Directorate holds their terms of reference. Clinical Networks also have a wider remit and their terms of reference are held by the Clinical Senate. Health & Wellbeing Boards, Clinical Senate and the Quality Surveillance Committee are existing bodies outside direct control of the programme.

B.1 Implementation Programme Board - Terms of Reference

Purpose of the Implementation Programme Board

The Implementation Programme Board will oversee the implementation of the *Shaping a healthier future* programme in line with decisions taken by the NWL JCPCT in February 2013 and following direction from the CCG Collaboration Board.

Responsibilities

In order to achieve its purpose, the Implementation Programme Board has responsibilities to:

- Bring together local commissioners and local providers to jointly manage implementation
- Plan, manage progress, resolve issues and manage risks and interdependencies
- Receive and discuss progress reports from workstream leads
- Track system wide delivery of QIPP and CIP and enabling projects as they pertain to the delivery of *Shaping a healthier future* by, for example delivery of admissions avoidance and reductions in length of stay
- Receive and discuss key programme deliverables, in particular:
 - System-wide deliverables such as common modelling assumptions
 - OBC and FBCs for capital expenditure
- Ensure the different parts of the programme maintain sufficient focus on issues relating to: clinical risk, workforce, travel & access, equalities and carers and that appropriate patient engagement continues
- Ensure appropriate links are made with other strategic programmes and organisations outside NW London.

The Implementation Programme Board will be advised by:

- Clinical Board
- NW London Joint Health and Overview and Scrutiny Committee (JHOSC)
- Patient and Public Representative Group
- NW London Health & Wellbeing Boards
- Travel Advisory Group

Membership

The membership of the Implementation Programme Board shall be:

- Chair and Senior Responsible Owner: Chief Officer for CWHH CCGs
- Chief Officer for BEHH CCGs
- Programme Director (NWL Strategy & Transformation Director)
- Deputy Programme Director (NWL Strategy & Transformation Deputy Director)
- Programme Medical Director(s)
- Chair of each NWL CCG and (if relevant) Camden, Richmond and Wandsworth CCGs⁸
- NHS England (London Region)
- NWL Provider CEOs:
 - NW London Hospitals NHS Trust
 - Ealing Hospital NHS Trust and ICO

⁸ Camden, Wandsworth and Richmond CCGs will need to take a view about the extent to which the final proposals impact upon residents of their borough. The programme will work with these CCGs to identify if / how they want to be involved through the period of implementation.

- Hillingdon Hospitals NHS Foundation Trust
- West Middlesex University Hospital NHS Trust
- Imperial College Healthcare NHS Trust
- Chelsea & Westminster Hospital NHS Foundation Trust
- London Ambulance Service NHS Trust
- Royal Marsden NHS Foundation Trust
- Royal Brompton & Harefield NHS Foundation Trust
- Central and North West London NHS Foundation Trust
- West London Mental Health NHS Trust
- Hounslow & Richmond Community Healthcare
- Central London Community Healthcare NHS Trust
- NHS Trust Development Authority
- Imperial College - Principal Faculty of Medicine
- Workstream leads (if not represented by one of the organisations above)
- Patient and Public Representative Group chair and lay member (to jointly represent patient and equalities issues on behalf of the PPRG)
- Managing Director of Health Education North West London
- NWL Academic Health Science Network representative

Each Implementation Programme Board member is expected to act as a representative of their organisation. Where an organisation's board raises concerns about the implementation or progress of the Programme, the Programme Director or Programme Deputy Director shall support the Programme member in engaging their organisation to address concerns.

Implementation Programme Board Support

Support and advice to the Implementation Programme Board will be provided by the SaHF Programme team. This support shall include:

- Agreement of the agenda and meeting minutes with the Programme Board Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Circulation of the minutes to all NWL Health and Wellbeing Boards

Meetings

The Implementation Programme Board will meet monthly initially and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.2 Clinical Board - Terms of Reference

Purpose of the Clinical Board

To provide clinical advice for the programme, ensuring that the approach to implementation is clinically sound and that clinical safety and quality are protected during the implementation period⁹.

Responsibilities

In order to achieve its purpose, the Clinical Board has responsibilities to:

- Monitor and manage clinical risk across NWL during implementation, agreeing collective action to address any issues
- Lead clinical implementation planning, in particular advising on safe sequencing of change and readiness for change
- Provide expert clinical advice on other programme deliverables if needed, including local workstream deliverables
- To seek advice where necessary from:
 - The NW London Clinical Senate (once established)
 - The Governing Body
 - The Clinical Networks - expert advisory groups of clinicians in the key areas of Maternity, Paediatrics and Emergency & Urgent Care
- To commission the Clinical Networks / Clinical Implementation Groups to provide advice on any specialty-specific implementation issues

Membership

- The membership of the Clinical Board shall be:
 - Co-Chairs - Programme Medical Directors
 - Medical directors OR Nominated Clinical Leaders for each Provider represented on the Programme Board
 - NWL CCG representatives
 - Imperial College - Principal Faculty of Medicine
 - Representative(s) from:
 - NW London Maternity Network
 - NW London Paediatrics Network
 - Emergency & Urgent Care Clinical Implementation Group
 - Public & Patient Representative Group representative(s)
 - Clinical representatives from neighbouring boroughs of Camden, Richmond and Wandsworth as per arrangements for Implementation Programme Board
 - NHS England (London Region) Deputy Medical Director for Service Change
 - Representative from Health Education North West London
 - NWL Academic Health Science Network representative

Clinical Board Support

- Support and advice to the Clinical Board will be provided by the SaHF programme team. This support shall include:
 - Agreement of the agenda and previous meeting minutes with the Clinical Board Chair
 - Commissioning and circulation of papers
 - Keeping a record of the meetings and all decisions to be taken forward

Meetings

⁹ Whilst the Clinical Board will review information pertaining to clinical safety and quality, this does not replace the current responsibilities that Trust Boards and CCG Governing Bodies have for the safe delivery of services

- The Clinical Board will meet every two months and more frequently if required to consider matters in a timely manner.

B.3 Implementation Programme Executive - Terms of Reference

Purpose of the Implementation Programme Executive

- To steer, inform and approve programme activities, in particular leadership coordination and strategic direction of the programme and relevant workstream deliverables
- To manage programme delivery in line with the scope, aims and timescales set out by the NWL Collaboration of CCGs

Responsibilities

In order to achieve its purpose, the Implementation Programme Executive has responsibilities to:

- Track and manage progress of programme activity; ensuring that issues are acted on rapidly
- Ensure that risks are being appropriately managed, in line with the programme approach to risk management
- Plan and scope workstreams and work packages and ensure the programme remains appropriately resourced to deliver
- Engage with Implementation Programme Board members and working groups (including Transition Boards and Local Hospital Boards) and other stakeholders as appropriate in between programme board meetings to support day-to-day decision-making

Membership

- The membership of the Implementation Programme Executive shall be:
 - Chair: Director of Strategy and Transformation
 - Programme SRO and AO for CWHH Collaboration of CCGs
 - Deputy Director of Strategy and Transformation
 - AO for BEHH Federation of CCGs
 - Programme Medical Directors
 - Programme Finance Director
 - Programme Communications Director
 - Other work stream leads as necessary
 - NTDA and NHS England (London Region) representation as required

Implementation Programme Executive Support

- The PMO Team shall provide support to the Executive, including:
 - Agreement of the agenda with the Programme Executive Chair
 - The preparation and circulation of papers in advance of meetings
 - Keeping a record actions to be taken forward

Meetings

- The Programme Executive will initially meet weekly, but at any point may decide to meet less frequently if the business of the programme permits.

B.4 Ealing Non Elective Transition Steering Group - Terms of Reference

Purpose of the Ealing Non Elective Transition Steering Group

To manage the transition of non elective services from Ealing hospital to major hospitals and community / primary care providers in NW London, ensuring that clinical safety and quality are maintained throughout the planning and transition period¹⁰.

Responsibilities

In order to achieve its purpose, the Ealing Non Elective Transition Steering Group has responsibilities to:

- Bring together local commissioners and local providers (to include community care, social services, etc) to jointly manage the transition of services from Ealing in line with Implementation Programme Board requirements
- Plan, manage progress, resolve issues and manage risks and interdependencies for the transition of services from Ealing hospital to other providers in NWL
- Bring together local clinicians to support planning and implementation, particularly to ensure clinical interdependencies (e.g. critical care) are considered and that clinical safety is not compromised during transition
- Receive and discuss progress reports from providers and CCGs involved in the Ealing Non Elective Transition Steering Group
- Monitor progress in the delivery of key QIPP and CIP initiatives, in particular those which will enable the receiving providers to have sufficient capacity to handle the additional activity as set out in the financial framework
- Oversee development of key workstream deliverables and recommend these to the Implementation Programme Board. In particular, deliverables should include:
 - Common project documentation, e.g. assumptions, risks, issues, plans
 - OBCs and FBCs for capital expenditure
- Escalate issues and questions to the appropriate senior board (such as the Implementation Programme Board or the Clinical Board) in a timely and relevant manner
- Undertake communications activity, both internally within the local organisations affected (including hospitals, GP practices and other community health organisations) and with patients and the public, to ensure clear messaging about the changes that are happening
- Conduct activities to manage the workforce changes that will be required in the different sites (both sending and receiving) to ensure that appropriate staffing is maintained through the transition of services and becomes part of business as usual once the transition of services is complete. This will include workforce reviews, plans, consultation activities and potentially recruitment
- Ensure that the workstream has:
 - Considered its impact on protected groups, disadvantaged groups and carers
 - Engaged with those who will experience a disproportionate impact (positive and negative)
 - Taken the input of these views into considerations throughout the development and implementation of the work required to achieve the transition of services (including the business cases)
 - Considered any travel and access issues arising during implementation and agreed appropriate mitigations
- Ensure that appropriate engagement from patients, the public and carers is sought through the implementation, where possible using existing mechanisms such as Healthwatch and CCG Patient and Public Involvement representatives

¹⁰ Whilst the Ealing Non Elective Transition Steering Group will review information pertaining to clinical safety and quality, this does not replace the current responsibilities that Trust Boards and CCG Governing Bodies have for the safe delivery of services

- Manage any interdependencies with other programme workstreams

Membership

The membership of the Ealing Non Elective Transition Steering Group shall be:

- Chair and Senior Responsible Owner: Chair of Ealing CCG
- Any other commissioners that request to participate (e.g. Harrow, Hillingdon and Hounslow CCGs and NHS England – London Region)
- Implementation lead for each of the providers:
 - Ealing Hospital NHS Trust
 - The Hillingdon Hospitals NHS Foundation Trust
 - NWL Hospitals NHS Trust
 - West Middlesex University Hospital NHS Trust
- Ealing CCG PPI representative and other patient representative(s) if required

The Ealing Non Elective Transition Steering Group will need to ensure that appropriate clinical representation is sought at the appropriate times during implementation.

Depending on any sub-groups that the Ealing Non Elective Transition Steering Group decide to establish, further members of the Ealing Non Elective Transition Steering Group may be identified, for example finance, HR or legal representatives.

A representative of the *Shaping a healthier future* programme will attend the Ealing Non Elective Transition Steering Group.

Ealing Non Elective Transition Steering Group Support

The zone portfolio manager will coordinate the steering group in support of the SRO. This support shall include:

- Developing workstream plans and managing progress against these
- Agreement of the agenda and meeting minutes with the Ealing Non Elective Transition Steering Group Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Reporting workstream progress to the SaHF programme

Meetings

The Ealing Non Elective Transition Steering Group will meet monthly, and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.5 Charing Cross Non Elective Transition Steering Group - Terms of Reference

Purpose of the Charing Cross Non Elective Transition Steering Group

To manage the successful transition of non elective services from Charing Cross hospital to other major hospitals and community/primary care providers in NW London, ensuring that clinical safety and quality are maintained throughout the planning and transition period¹¹.

Responsibilities

In order to achieve its purpose, the Charing Cross Non Elective Transition Steering Group has responsibilities to:

- Bring together local commissioners and local providers (to include community care, social services, etc) to jointly manage the transition of services from Charing Cross in line with Implementation Programme Board requirements
- Plan, manage progress, resolve issues and manage risks and interdependencies for the transition of services from Charing Cross hospital to other providers in NWL
- Bring together local clinicians to support planning and implementation, particularly to ensure clinical interdependencies (e.g. critical care) are considered and that clinical safety is not compromised during transition
- Receive and discuss progress reports from providers and CCGs involved in the Charing Cross Non Elective Transition Steering Group
- Monitor progress in the delivery of key QIPP and CIP initiatives, in particular those which will enable the receiving providers to have sufficient capacity to handle the additional activity as set out in the financial framework
- Oversee development of key workstream deliverables and recommend these to the Implementation Programme Board. In particular, deliverables should include:
 - Common project documentation, e.g. assumptions, risks, issues, plans
 - OBCs and FBCs for capital expenditure
- Escalate issues and questions to the appropriate senior board (such as the Implementation Programme Board or the Clinical Board) in a timely and relevant manner
- Undertake communications activity, both internally within the local organisations affected (including hospitals, GP practices and other community health organisations) and with patients and the public, to ensure clear messaging about the changes that are happening
- Conduct activities to manage the workforce changes that will be required in the different sites (both sending and receiving) to ensure that appropriate staffing is maintained through the transition of services and becomes part of business as usual once the transition of services is complete. This will include workforce reviews, plans, consultation activities and potentially recruitment
- Ensure that the workstream has:
 - Considered its impact on protected groups, disadvantaged groups and carers
 - Engaged with those who will experience a disproportionate impact (positive and negative)
 - Taken the input of these views into considerations throughout the development and implementation of the work required to achieve the transition of services (including the business cases)
 - Considered any travel and access issues arising during implementation and agreed appropriate mitigations
- Ensure that appropriate engagement from patients, the public and carers is sought through the implementation, where possible using existing mechanisms such as Healthwatch and CCG Patient and Public Involvement representatives

¹¹ Whilst the Charing Cross Non Elective Transition Steering Group will review information pertaining to clinical safety and quality, this does not replace the current responsibilities that Trust Boards and CCG Governing Bodies have for the safe delivery of services

- Manage any interdependencies with other programme workstreams

Membership

The membership of the Charing Cross Non Elective Transition Steering Group shall be:

- Chair and Senior Responsible Owner: Chair of Hammersmith & Fulham CCG
- Any other commissioners that request to participate (e.g. Central London, Hounslow and West London CCGs and NHS England – London Region)
- Implementation lead for each of the providers:
 - Chelsea & Westminster NHS Foundation Trust
 - Imperial NHS Trust
 - West Middlesex University Hospital NHS Trust
 - Kingston Hospital NHS Trust
- Hammersmith and Fulham CCG PPI representative and other patient representative(s) if required
- Imperial College representation if required.

The Charing Cross Non Elective Transition Steering Group will need to ensure that appropriate clinical representation is sought at the appropriate times during implementation.

Depending on any sub-groups that the Charing Cross Non Elective Transition Steering Group decide to establish, further members of the Charing Cross Non Elective Transition Steering Group may be identified, for example finance, HR or legal representatives.

A representative of the *Shaping a healthier future* programme will attend the Charing Cross Non Elective Transition Steering Group.

Charing Cross Non Elective Transition Steering Group Support

The zone portfolio manager will coordinate the steering group in support of the SRO. This support shall include:

- Developing workstream plans and managing progress against these
- Agreement of the agenda and meeting minutes with the Charing Cross Non Elective Transition Steering Group Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Reporting workstream progress to the SaHF programme

Meetings

The Charing Cross Non Elective Transition Steering Group will meet monthly, and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.6 Hammersmith Non Elective Transition Steering Group - Terms of Reference

Purpose of the Hammersmith Non Elective Transition Steering Group

To manage the successful transition of non elective services from Hammersmith hospital to major hospitals and community/primary care providers in NW London, ensuring that clinical safety and quality are maintained throughout the planning and transition period¹².

Responsibilities

In order to achieve its purpose, the Hammersmith Non Elective Transition Steering Group has responsibilities to:

- Bring together local commissioners and local providers (to include community care, social services, etc) to jointly manage the transition of services from Hammersmith in line with Implementation Programme Board requirements
- Plan, manage progress, resolve issues and manage risks and interdependencies for the transition of services from Hammersmith hospital to other providers in NWL
- Bring together local clinicians to support planning and implementation, particularly to ensure clinical interdependencies (e.g. critical care) are considered and that clinical safety is not compromised during transition
- Receive and discuss progress reports from providers and CCGs involved in the Hammersmith Non Elective Transition Steering Group
- Monitor progress in the delivery of key QIPP and CIP initiatives, in particular those which will enable the receiving providers to have sufficient capacity to handle the additional activity as set out in the financial framework
- Oversee development of key workstream deliverables and recommend these to the Implementation Programme Board. In particular deliverables should include:
 - Common project documentation, e.g. assumptions, risks, issues, plans
 - OBCs and FBCs for capital expenditure
- Escalate issues and questions to the appropriate senior board (such as the Implementation Programme Board or the Clinical Board) in a timely and relevant manner
- Undertake communications activity, both internally within the local organisations affected (including hospitals, GP practices and other community health organisations) and with patients and the public, to ensure clear messaging about the changes that are happening
- Conduct activities to manage the workforce changes that will be required in the different sites (both sending and receiving) to ensure that appropriate staffing is maintained through the transition of services and becomes part of business as usual once the transition of services is complete. This will include workforce reviews, plans, consultation activities and potentially recruitment
- Ensure that the workstream has:
 - Considered its impact on protected groups, disadvantaged groups and carers
 - Engaged with those who will experience a disproportionate impact (positive and negative)
 - Taken the input of these views into considerations throughout the development and implementation of the work required to achieve the transition of services (including the business cases)
 - Considered any travel and access issues arising during implementation and agreed appropriate mitigations
- Ensure that appropriate engagement from patients, the public and carers is sought through the implementation, where possible using existing mechanisms such as Healthwatch and CCG Patient and Public Involvement representatives

¹² Whilst the Hammersmith Non Elective Transition Steering Group will review information pertaining to clinical safety and quality, this does not replace the current responsibilities that Trust Boards and CCG Governing Bodies have for the safe delivery of services

- Manage any interdependencies with other programme workstreams

Membership

The membership of the Hammersmith Non Elective Transition Steering Group shall be:

- Chair and Senior Responsible Owner: Chair of Hammersmith & Fulham CCG
- Any other commissioners that request to participate (e.g. Central London CCG, NHS England- London Region)
- Implementation lead for each of the providers:
 - Imperial NHS Trust
- Hammersmith & Fulham CCG PPI representative and other patient representative(s) if required

The Hammersmith Non Elective Transition Steering Group will need to ensure that appropriate clinical representation is sought at the appropriate times during implementation.

Depending on any sub-groups that the Hammersmith Non Elective Transition Steering Group decide to establish, further members of the Hammersmith Non Elective Transition Steering Group may be identified, for example finance, HR or legal representatives.

A representative of the *Shaping a healthier future* programme will attend the Hammersmith Non Elective Transition Steering Group.

Hammersmith Non Elective Transition Steering Group Support

The zone portfolio manager will coordinate the steering group in support of the SRO. This support shall include:

- Developing workstream plans and managing progress against these
- Agreement of the agenda and meeting minutes with the Hammersmith Non Elective Transition Steering Group Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Reporting workstream progress to the SaHF programme

Meetings

The Hammersmith Non Elective Transition Steering Group will meet monthly, and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.7 Central Middlesex Non Elective Transition Steering Group - Terms of Reference

Purpose of the Central Middlesex Non Elective Transition Steering Group

To manage the successful transition of non elective services from Central Middlesex hospital to major hospitals and community/primary care providers in NW London, ensuring that clinical safety and quality are maintained throughout the planning and transition period¹³.

Responsibilities

In order to achieve its purpose, the Central Middlesex Non Elective Transition Steering Group has responsibilities to:

- Bring together local commissioners and local providers (to include community care, social services, etc) to jointly manage the transition of services from Central Middlesex in line with implementation Programme Board requirements
- Plan, manage progress, resolve issues and manage risks and interdependencies for the transition of services from Central Middlesex hospital to other providers in NWL,
- Bring together local clinicians to support planning and implementation, particularly to ensure clinical interdependencies (e.g. critical care) are considered and that clinical safety is not compromised during transition
- Receive and discuss progress reports from providers and CCGs involved in the Central Middlesex Non Elective Transition Steering Group
- Monitor progress in the delivery of key QIPP and CIP initiatives, in particular those which will enable the receiving providers to have sufficient capacity to handle the additional activity as set out in the financial framework
- Oversee development of key workstream deliverables and recommend these to the Implementation Programme Board. In particular, deliverables should include:
 - Common project documentation, e.g. assumptions, risks, issues, plans
 - OBCs and FBCs for capital expenditure
- Escalate issues and questions to the appropriate senior board (such as the Implementation Programme Board or the Clinical Board) in a timely and relevant manner
- Undertake communications activity, both internally within the local organisations affected (including hospitals, GP practices and other community health organisations) and with patients and the public, to ensure clear messaging about the changes that are happening
- Conduct activities to manage the workforce changes that will be required in the different sites (both sending and receiving) to ensure that appropriate staffing is maintained through the transition of services and becomes part of business as usual once the transition of services is complete. This will include workforce reviews, plans, consultation activities and potentially recruitment
- Ensure that the workstream has:
 - Considered its impact on protected groups, disadvantaged groups and carers
 - Engaged with those who will experience a disproportionate impact (positive and negative)
 - Taken the input of these views into considerations throughout the development and implementation of the work required to achieve the transition of services (including the business cases)
 - Considered any travel and access issues arising during implementation and agreed appropriate mitigations
- Ensure that appropriate engagement from patients, the public and carers is sought through the implementation, where possible using existing mechanisms such as Healthwatch and CCG Patient and Public Involvement representatives

¹³ Whilst the Central Middlesex Non Elective Transition Steering Group will review information pertaining to clinical safety and quality, this does not replace the current responsibilities that Trust Boards and CCG Governing Bodies have for the safe delivery of services

- Manage any interdependencies with other programme workstreams

Membership

The membership of the Central Middlesex Non Elective Transition Steering Group shall be:

- Chair and Senior Responsible Owner: Chair of Brent CCG
- Any other commissioners that request to participate (e.g. Central London, Harrow, Hounslow CCG and NHS England- London Region)
- Implementation lead for each of the providers:
 - Imperial NHS Trust
 - NWL Hospitals NHS Trust
 - West Middlesex University Hospital NHS Trust
 - Royal Free London NHS Foundation Trust
- Brent CCG PPI representative and other patient representative(s) if required

The Central Middlesex Non Elective Transition Steering Group will need to ensure that appropriate clinical representation is sought at the appropriate times during implementation.

Depending on any sub-groups that the Central Middlesex Non Elective Transition Steering Group decide to establish, further members of the Central Middlesex Non Elective Transition Steering Group may be identified, for example finance, HR or legal representatives.

A representative of the *Shaping a healthier future* programme will attend the Central Middlesex Non Elective Transition Steering Group.

Central Middlesex Non Elective Transition Steering Group Support

The zone portfolio manager will coordinate the steering group in support of the SRO. This support shall include:

- Developing workstream plans and managing progress against these
- Agreement of the agenda and meeting minutes with the Central Middlesex Non Elective Transition Steering Group Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Reporting workstream progress to the SaHF programme

Meetings

The Central Middlesex Non Elective Transition Steering Group will meet monthly, and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.8 Maternity and Paediatrics Transition Steering Group - Terms of Reference

Purpose of the Maternity and Paediatrics Transition Steering Group

To manage the successful transition of acute maternity and paediatric services from Ealing and Central Middlesex hospitals to the major and specialist hospitals and community/primary care providers in NW London, ensuring that clinical safety and quality are maintained throughout the planning and transition period¹⁴.

Responsibilities

In order to achieve its purpose, the Maternity and Paediatrics Transition Steering Group has responsibilities to:

- Bring together local commissioners and local providers (to include community care, social services, etc) to jointly manage the transition of maternity and paediatric services from Central Middlesex and Ealing to the major and specialist hospitals and community/primary care in NW London in line with Implementation Programme Board requirements
- Plan, manage progress, resolve issues and manage risks and interdependencies for the transition of maternity and paediatric services from Central Middlesex and Ealing
- Bring together local clinicians to support planning and implementation, particularly to ensure clinical interdependencies (e.g. gynaecology, non-elective care) are considered and that clinical safety is not compromised during transition
- Receive and discuss progress reports from providers and CCGs involved in the Maternity and Paediatrics Transition Steering Group
- Monitor progress in the delivery of key QIPP and CIP initiatives, in particular those which will enable the receiving providers to have sufficient capacity to handle the additional activity as set out in the financial framework
- Oversee development of key workstream deliverables and recommend these to the Implementation Programme Board. In particular, deliverables should include:
 - Common project documentation, e.g. assumptions, risks, issues, plans
 - OBCs and FBCs for capital expenditure
- Escalate issues and questions to the appropriate senior board (such as the Implementation Programme Board or the Clinical Board) in a timely and relevant manner
- Undertake communications activity, both internally within the local organisations affected (including hospitals, GP practices and other community health organisations) and with patients and the public, to ensure clear messaging about the changes that are happening
- Conduct activities to manage the workforce changes that will be required in the different sites (both sending and receiving) to ensure that appropriate staffing is maintained through the transition of services and becomes part of business as usual once the transition of services is complete. This will include workforce reviews, plans, consultation activities and potentially recruitment
- Ensure that the workstream has:
 - Considered its impact on protected groups, disadvantaged groups and carers
 - Engaged with those who will experience a disproportionate impact (positive and negative)
 - Taken the input of these views into considerations throughout the development and implementation of the work required to achieve the transition of services (including the business cases)
 - Considered any travel and access issues arising during implementation and agreed appropriate mitigations

¹⁴ Whilst the NWL Maternity and Paediatrics Transition Steering Group will review information pertaining to clinical safety and quality, this does not replace the current responsibilities that Trust Boards and CCG Governing Bodies have for the safe delivery of services

- Ensure that appropriate engagement from patients, the public and carers is sought through the implementation, where possible using existing mechanisms such as Healthwatch and CCG Patient and Public Involvement representatives
- Manage any interdependencies with other programme workstreams

Membership

The membership of the Maternity and Paediatrics Transition Steering Group shall be:

- Chair and Senior Responsible Owner: Nicola Burbidge, Hounslow CCG Chair, on behalf of the Collaboration
- Any other commissioners that request to participate (e.g. Ealing CCG, NHS England-London Region)
- Implementation lead for each of the providers:
 - Chelsea & Westminster NHS Foundation Trust
 - Ealing Hospital NHS Trust
 - The Hillingdon Hospital NHS Foundation Trust
 - Imperial NHS Trust
 - NWL Hospitals NHS Trust
 - West Middlesex University Hospital NHS Trust
 - West London Mental Health Trust
- CCG PPI representatives and other patient representative(s) if required
- NW London Maternity network representative
- Neonatal networks representative
- NW London Paediatrics network representative

The Maternity and Paediatrics Transition Steering Group will need to ensure that appropriate clinical and social care input is sought at the appropriate times during implementation.

Depending on any sub-groups that the Maternity and Paediatrics Transition Steering Group decide to establish, further members of the Maternity and Paediatrics Transition Steering Group may be identified, for example finance, HR or legal representatives.

A representative of the *Shaping a healthier future* programme will attend the Maternity and Paediatrics Transition Steering Group.

Maternity and Paediatrics Transition Steering Group Support

The zone portfolio manager will coordinate the steering group in support of the SRO. This support shall include:

- Developing workstream plans and managing progress against these
- Agreement of the agenda and meeting minutes with the Maternity and Paediatrics Transition Steering Group Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Reporting workstream progress to the SaHF programme

Meetings

The Maternity and Paediatrics Transition Steering Group will meet monthly, and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.9 Elective Transition Steering Group - Terms of Reference

Purpose of the Elective Transition Steering Group

To manage the successful transition of elective services from Central Middlesex Hospital (complex), Charing Cross Hospital, Ealing Hospital and Hammersmith Hospital (where the service doesn't align with its specialist services) to the major hospitals in NW London, including an elective centre at Central Middlesex hospital, ensuring that clinical safety and quality are maintained throughout the planning and transition period¹⁵.

Responsibilities

In order to achieve its purpose, the Elective Transition Steering Group has responsibilities to:

- Bring together local commissioners and local providers to jointly manage the transition of elective services from the current arrangements across NW London to a new provision, including an elective centre at Central Middlesex hospital in line with Implementation Programme Board requirements
- Plan, manage progress, resolve issues and manage risks and interdependencies for the transition of elective services, particularly to ensure clinical safety is not compromised during transition
- Receive and discuss progress reports from providers and CCGs involved in the Elective Transition Steering Group
- Monitor progress in the delivery of key QIPP and CIP initiatives, in particular those which will enable the receiving providers to have sufficient capacity to handle the additional activity
- Oversee development of key workstream deliverables and recommend these to the implementation Programme Board. In particular, deliverables should include:
 - Common project documentation, e.g. assumptions, risks, issues, plans
 - OBCs and FBCs for capital expenditure
- Escalate issues and questions to the appropriate senior board (such as the Implementation Programme Board or the Clinical Board) in a timely and relevant manner
- Undertake communications activity, both internally within the local organisations affected (including hospitals, GP practices and other community health organisations) and with patients and the public, to ensure clear messaging about the changes that are happening
- Conduct activities to manage the workforce changes that will be required in the different sites (both sending and receiving) to ensure that appropriate staffing is maintained through the transition of services and becomes part of business as usual once the transition of services is complete. This will include workforce reviews, plans, consultation activities and potentially recruitment
- Ensure that the workstream has:
 - Considered its impact on protected groups, disadvantaged groups and carers
 - Engaged with those who will experience a disproportionate impact (positive and negative)
 - Taken the input of these views into considerations throughout the development and implementation of the work required to achieve the transition of services (including the business cases)
 - Considered any travel and access issues arising during implementation and agreed appropriate mitigations
- Ensure that appropriate engagement from patients, the public and carers is sought through the implementation, where possible using existing mechanisms such as Healthwatch and CCG Patient and Public Involvement representatives

¹⁵ Whilst the Elective Transition Steering Group will review information pertaining to clinical safety and quality, this does not replace the current responsibilities that Trust Boards and CCG Governing Bodies have for the safe delivery of services

- Manage any interdependencies with other programme workstreams

Membership

The membership of the Elective Transition Steering Group shall be:

- Chair and Senior Responsible Owner: Chair of Brent CCG
- Any other commissioners that request to participate (e.g. any other NWL CCG, NHS England- London Region)
- Implementation lead for each of the providers:
 - Chelsea & Westminster NHS Foundation Trust
 - Ealing Hospital NHS Trust
 - The Hillingdon Hospital NHS Foundation Trust
 - Imperial NHS Trust
 - NWL Hospitals NHS Trust
 - West Middlesex University Hospital NHS Trust
- CCG PPI representatives and other patient representative(s) if required
- Elective Network representative
- Royal College of Surgeons representative

The Elective Transition Steering Group will need to ensure that appropriate clinical input is sought at the appropriate times during implementation.

Depending on any sub-groups that the Elective Transition Steering Group decide to establish, further members of the Elective Transition Steering Group may be identified, for example finance, HR or legal representatives.

A representative of the *Shaping a healthier future* programme will attend the Elective Transition Steering Group.

Elective Transition Steering Group Support

The zone portfolio manager will coordinate the steering group in support of the SRO. This support shall include:

- Developing workstream plans and managing progress against these
- Agreement of the agenda and meeting minutes with the Elective Transition Steering Group Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Reporting workstream progress to the SaHF programme

Meetings

The Elective Transition Steering Group will meet monthly, and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.10 Ealing Local Hospital Transformation Steering Group - Terms of Reference

Purpose of the Ealing Local Hospital Transformation Steering Group

To manage the design and implementation of a twenty-first century local hospital on the Ealing Hospital site.

Responsibilities

In order to achieve its purpose, the Ealing Local Hospital Transformation Steering Group has responsibilities to:

- Design the specification for the range of services to be provided at Ealing Local hospital, including:
 - bringing together local commissioners to agree the service specification; working with local stakeholders including primary, community and social care providers
 - ensure service specification takes into account the wider OOH strategies and local hub development and GP practice business cases
 - consideration of new and improved clinical pathways to deliver against OOH standards to ensure the highest quality of care
- Ensure any public consultation activities that may be required are carried out
- Plan for the development of the new facility, including:
 - Complete outline and full business cases for capital
 - Develop robust implementation plans for build
 - Develop workforce plans
- Implement the plans, with particular focus on:
 - Developing the workforce to ensure new ways of working and co-ordinated delivery of care is at the heart of the local hospital
 - Management of issues, risks and issues through the implementation of the local hospital
 - Clinical safety through the potential transition of services during any build and transition programme¹⁶
- Escalate issues and questions to the appropriate senior board (such as the Implementation Programme Board or the Clinical Board) in a timely and relevant manner
- Undertake communications activity, both internally within the local organisations affected (including hospitals, GP practices and other community health organisations) and with patients and the public, to ensure clear messaging about the changes that are happening
- Ensure that the workstream has:
 - Considered its impact on protected groups, disadvantaged groups and carers
 - Engaged with those who will experience a disproportionate impact (positive and negative)
 - Taken the input of these views into considerations throughout the development and implementation of the work required to achieve the development of services (including the business cases)
 - Considered any travel and access issues arising during implementation and agreed appropriate mitigations
- Ensure that appropriate engagement from patients, the public and carers is sought through the development of the proposals and their subsequent implementation, where possible using existing mechanisms such as Healthwatch and CCG Patient and Public Involvement (PPI) representatives
- Manage any interdependencies with other programme workstreams

¹⁶ Whilst the Ealing Local Hospital Transformation Steering Group will review information pertaining to clinical safety and quality, this does not replace the current responsibilities that Trust Boards and CCG Governing Bodies have for the safe delivery of services

Membership

The membership of the Ealing Local Hospital Transformation Steering Group shall be:

- Chair and Senior Responsible Owner: Chair of Ealing CCG
- Ealing Hospital NHS Trust Local Hospital implementation lead
- Central and North West London NHS Foundation Trust representative
- Central London Community Healthcare NHS Trust representative
- West London Mental Health NHS Trust representative
- Local GPs
- Any other commissioners that request to participate
- Ealing CCG PPI representative and other patient representative(s) if required
- Ealing Council representative(s) (e.g. Social Services)
- Other third sector / community representatives

Depending on any sub-groups that the Ealing Local Hospital Transformation Steering Group decide to establish, further members of the Ealing Local Hospital Transformation Steering Group may be identified, for example finance, HR or legal representatives.

A representative of the *Shaping a healthier future* programme will attend the Ealing Local Hospital Transformation Steering Group.

Ealing Local Hospital Transformation Steering Group Support

The zone portfolio manager will coordinate the steering group in support of the SRO. This support shall include:

- Developing workstream plans and managing progress against these
- Agreement of the agenda and meeting minutes with the Ealing Local Hospital Transformation Steering Group Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Reporting workstream progress to the programme

Meetings

The Ealing Local Hospital Transformation Steering Group will meet monthly, and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.11 Charing Cross and Hammersmith Local Hospitals Transformation Steering Group - Terms of Reference

Purpose of the Charing Cross and Hammersmith Local Hospitals Transformation Steering Group

To manage the design and implementation of a twenty-first century local hospital on the Charing Cross Hospital site and to design and implement the local hospital at Hammersmith Hospital.

Responsibilities

In order to achieve its purpose, the Charing Cross and Hammersmith Local Hospitals Transformation Steering Group has responsibilities to:

- Design the specification for the range of services to be provided at Charing Cross Local hospital and Hammersmith Local Hospital, including:
 - bringing together local commissioners to agree the service specification; working with local providers and other local stakeholders
 - ensure service specification takes into account the wider OOH strategies and local hub development
 - consideration of new and improved clinical pathways to deliver against OOH standards to ensure the highest quality of care
- Carry out any public consultation activities that may be required if any services are to be moved from other sites
- Plan for the development of the new facility, including:
 - Complete outline and full business cases for capital
 - Develop robust implementation plans for build
 - Develop workforce plans
- Implement the plans, with particular focus on:
 - Developing the workforce to ensure new ways of working and co-ordinated delivery of care is at the heart of the local hospital
 - Management of issues, risks and issues through the implementation of the local hospital
 - Clinical safety through the potential transition of services during any build and transition programme¹⁷
- Escalate issues and questions to the appropriate senior board (such as the Implementation Programme Board or the Clinical Board) in a timely and relevant manner
- Undertake communications activity, both internally within the local organisations affected (including hospitals, GP practices and other community health organisations) and with patients and the public, to ensure clear messaging about the changes that are happening
- Ensure that the workstream has:
 - Considered its impact on protected groups, disadvantaged groups and carers
 - Engaged with those who will experience a disproportionate impact (positive and negative)
 - Taken the input of these views into considerations throughout the development and implementation of the work required to achieve the transition of services (including the business cases)
 - Considered any travel and access issues arising during implementation and agreed appropriate mitigations

¹⁷ Whilst the Charing Cross and Hammersmith Local Hospitals Transformation Steering Group will review information pertaining to clinical safety and quality, this does not replace the current responsibilities that Trust Boards and CCG Governing Bodies have for the safe delivery of services

- Ensure that appropriate engagement from patients, the public and carers is sought through the development of the proposals and their subsequent implementation, where possible using existing mechanisms such as Healthwatch and CCG Patient and Public Involvement representatives
- Manage any interdependencies with other programme workstreams

Membership

The membership of the Charing Cross and Hammersmith Local Hospitals Transformation Steering Group shall be:

- Chair and Senior Responsible Owner: Chair of Hammersmith & Fulham CCG
- Imperial NHS Trust Local Hospital implementation lead
- Central and North West London NHS Foundation Trust representative
- Central London Community Healthcare NHS Trust representative
- Local GPs
- Any other commissioners that request to participate
- Imperial College
- Hammersmith & Fulham CCG PPI representative and other patient representative(s) if required
- Hammersmith & Fulham Council representative(s) (e.g. Social Services)
- Other third sector / community representatives

Depending on any sub-groups that the Charing Cross and Hammersmith Local Hospitals Transformation Steering Group decide to establish, further members of the Charing Cross and Hammersmith Local Hospitals Transformation Steering Group may be identified, for example finance, HR or legal representatives.

A representative of the *Shaping a healthier future* programme will attend the Charing Cross and Hammersmith Local Hospitals Transformation Steering Group.

Charing Cross and Hammersmith Local Hospitals Transformation Steering Group Support

The zone portfolio manager will coordinate the steering group in support of the SRO. This support shall include:

- Developing workstream plans and managing progress against these
- Agreement of the agenda and meeting minutes with the Charing Cross and Hammersmith Local Hospitals Transformation Steering Group Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Reporting workstream progress to the programme

Meetings

The Charing Cross and Hammersmith Local Hospitals Transformation Steering Group will meet monthly, and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.12 Central Middlesex Local Hospital Transformation Steering Group - Terms of Reference

Purpose of the Central Middlesex Local Hospital Transformation Steering Group

To manage the provision of a range of primary and community services at Central Middlesex Hospital.

Responsibilities

In order to achieve its purpose, the Central Middlesex Local Hospital Transformation Steering Group has responsibilities to:

- Design the specification for the range of services to be provided at Central Middlesex Local Hospital, including:
 - bringing together local commissioners to agree the service specification; working with local providers and other local stakeholders
 - ensure service specification takes into account the wider OOH strategies and local hub development
 - consideration of new and improved clinical pathways to deliver against OOH standards to ensure the highest quality of care
- Carry out any public consultation activities that may be required if any services are to be moved from other sites
- Plan for the development of any new build or refurbishment, including:
 - Complete outline and full business cases for capital
 - Develop robust implementation plans for build
 - Develop workforce plans
- Implement the plans, with particular focus on:
 - Developing the workforce to ensure new ways of working and co-ordinated delivery of care is at the heart of the local hospital
 - Management of issues, risks and issues through the implementation of the local hospital
 - Clinical safety through the potential transition of services during any build and transition programme¹⁸
- Escalate issues and questions to the appropriate senior board (such as the Implementation Programme Board or the Clinical Board) in a timely and relevant manner
- Undertake communications activity, both internally within the local organisations affected (including hospitals, GP practices and other community health organisations) and with patients and the public, to ensure clear messaging about the changes that are happening
- Ensure that the workstream has:
 - Considered its impact on protected groups, disadvantaged groups and carers
 - Engaged with those who will experience a disproportionate impact (positive and negative)
 - Taken the input of these views into considerations throughout the development and implementation of the work required to achieve the transition of services (including the business cases)
 - Considered any travel and access issues arising during implementation and agreed appropriate mitigations
- Ensure that appropriate engagement from patients, the public and carers is sought through the development of the proposals and their subsequent implementation, where

¹⁸ Whilst the Central Middlesex Local Hospital Transformation Steering Group will review information pertaining to clinical safety and quality, this does not replace the current responsibilities that Trust Boards and CCG Governing Bodies have for the safe delivery of services

possible using existing mechanisms such as Healthwatch and CCG Patient and Public Involvement representatives

- Manage any interdependencies with other programme workstreams

Membership

The membership of the Central Middlesex Local Hospital Transformation Steering Group shall be:

- Chair and Senior Responsible Owner: Chair of Brent CCG
- NWL Hospitals NHS Trust Local Hospital implementation lead
- Central and North West London NHS Foundation Trust representative
- Central London Community Healthcare NHS Trust representative
- Local GPs
- Any other commissioners that request to participate
- Brent CCG PPI representative and other patient representative(s) if required
- Brent Council representative(s) (e.g. Social Services)
- Other third sector / community representatives

Depending on any sub-groups that the Central Middlesex Local Hospital Transformation Steering Group decide to establish, further members of the Central Middlesex Local Hospital Transformation Steering Group may be identified, for example finance, HR or legal representatives.

A representative of the *Shaping a healthier future* programme will attend the Central Middlesex Local Hospital Transformation Steering Group.

Central Middlesex Local Hospital Transformation Steering Group Support

The zone portfolio manager will coordinate the steering group in support of the SRO. This support shall include:

- Developing workstream plans and managing progress against these
- Agreement of the agenda and meeting minutes with the Central Middlesex Local Hospital Transformation Steering Group Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Reporting workstream progress to the programme

Meetings

The Central Middlesex Local Hospital Transformation Steering Group will meet monthly, and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.13 Local Hub Development Steering Group - Terms of Reference

Purpose of the Local Hub Development Steering Group

To act as a forum for sharing best practice and learning between CCGs in NW London as they take forward the development of local hubs.

Responsibilities

In order to achieve its purpose, the Local Hub Development Steering Group may wish to consider the following activities:

- Review of key deliverables, such as OBCs and FBCs, that may be required by some CCGs for some of the local hub development, to ensure consistency in approach, and remain in line with the wider implementation of the Out of Hospital strategies
- Review of progress and provide a forum for resolving issues, managing risks and interdependencies between the CCGs as they carry out their local hub development
- Ensure that clinical safety and quality is not being compromised as local hub development is implemented¹⁹
- Escalate issues and questions to the appropriate senior board (such as the Implementation Programme Board or the Clinical Board) in a timely and relevant manner
- Coordination of appropriate engagement from patients, the public and carers through the development of the proposals and their subsequent implementation, where possible using existing mechanisms such as Healthwatch and CCG Patient and Public Involvement representatives
- Management of interdependencies with the GP premises workstream and local hospital workstreams

Membership

The membership of the Local Hub Development Steering Group shall be:

- Chair and Senior Responsible Owner: TBC – CCG COO/MD
- Representative from:
 - Brent CCG
 - Central London CCG
 - Ealing CCG
 - Hammersmith & Fulham CCG
 - Harrow CCG
 - Hillingdon CCG
 - Hounslow CCG
 - West London CCG
- Central and North West London NHS Foundation Trust representative
- Central London Community Healthcare NHS Trust representative
- Local GPs
- Patient & Public Representative Group / Healthwatch representative(s)
- Other third sector / community representatives

Depending on any sub-groups that the Local Hub Development Steering Group decide to establish, further members of the Local Hub Development Steering Group may be identified, for example finance, estates or legal representatives.

¹⁹ Whilst the Local Hub Development Steering Group will review information pertaining to clinical safety and quality, this does not replace the current responsibilities that Trust Boards and CCG Governing Bodies have for the safe delivery of services

A representative of the *Shaping a healthier future* programme will attend the Local Hub Development Steering Group.

Local Hub Development Steering Group Support

The zone portfolio manager will coordinate the steering group in support of the SRO. This support shall include:

- Developing workstream plans and managing progress against these
- Agreement of the agenda and meeting minutes with the Local Hub Development Steering Group Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Reporting workstream progress to the SaHF programme

Meetings

The Local Hub Development Steering Group will meet bi-monthly, and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.14 GP Premises Investment Steering Group - Terms of Reference for Primary Care Transformation Working Group

The delivery of the work required under the GP Premises investment workstream will be managed through the Primary Care Transformation Working Group which has the wider remit of working with NHS England to deliver the shared agenda on Primary Care. As highlighted within the deliverables for the Primary Care Transformation Working Group, the core requirement of the GP premises investment workstream is to have a common framework for investment and that these are used in all business cases.

Purpose of the Primary Care Transformation Working Group

To work in partnership with NHS England on the shared agenda of primary care transformation. To this end, the Group is responsible for the successful delivery of the Primary Care Transformation programme across NWL.

Deliverables

To achieve its purpose the Primary Care Transformation Working Group will ensure the following key deliverables are produced:

- Proposals for new ways of working at GP, network and CCG level.
- Development of GP networks across NWL.
- Development of an agreed commissioning and contracting framework for primary care, including quality standards.
- A review of 13/14 enhanced services across NWL and decision on the continuation of services.
- Agreed, and applied, investment criteria for the development of GP estate, working in partnership with NHS Property Services.

To achieve its responsibilities for an agreed GP Premises investment criteria the group will be expected to:

- Oversee the development of a common investment framework that is based on the decisions made by the JCPCT on 19 February 2012
- Manage the interdependencies with the GP hubs workstream and local hospital workstreams.

It could also:

- Review key deliverables, such as OBCs and FBCs, that may be required by some CCGs for some of the GP premises investment, to ensure consistency in approach, and remain in line with the wider implementation of the Out of Hospital strategies
- Review progress and provide a forum for resolving issues, managing risks and interdependencies between the CCGs as they carry out their GP premises investment
- Ensure that clinical safety and quality is not being compromised as GP premises investment is implemented²⁰
- Escalate issues and questions to the appropriate senior board (such as the Implementation Programme Board or the Clinical Board) in a timely and relevant manner

Membership

The draft membership for the Primary Care Transformation Working Group is proposed as:

- Chair: TBC
- Accountable Officer, CWHH

²⁰ Whilst the Primary Care Transformation Working Group will review information pertaining to clinical safety and quality, this does not replace the current responsibilities that Trust Boards and CCG Governing Bodies have for the safe delivery of services

- Accountable Officer, BEHH
- CCG Chair representing CWHH
- CCG Chair representing BEHH
- MD representing CWHH
- COO representing BEHH
- *Shaping a healthier future*, Programme Medical Director representing CCGs
- *Shaping a healthier future*, Programme Medical Director representing NHS England (London Region)
- Director of Strategy and Transformation for the eight CCGs of NW London
- Deputy Director of Strategy and Transformation for the eight CCGs of NW London
- Representation from NHS England (London Region)

Meetings

The Primary Care Transformation Working Group will meet monthly and continue to review the GP investment strategy until the framework has been developed.

B.15 St Mary's Major Hospital Transformation Working Group - Terms of Reference

Note: these Terms of Reference cover the work of the Major Hospital workstream for 2013/14, which is primarily to complete the work to deliver any outline and full business cases (CIP delivery being part of BAU for the relevant trusts). After this the ongoing need for these workstream will be revisited.

It will be up to each of the leads of the Major Hospital workstreams to decide what working group / steering group is required. Below is a suggested terms of reference for any group that may be established. It may be appropriate that this group is attached/part of an existing working group, CCGs and SaHF team need to be represented on this group and the responsibilities listed below would need to be covered..

Purpose of the St Mary's Major Hospital Transformation Working Group

To ensure that business cases are developed to secure the required capital to enable St Mary's to provide the required range of services as a major hospital in NW London to the highest standards of clinical safety and quality.

Responsibilities

In order to achieve its purpose, the St Mary's Major Hospital Transformation Steering Group has responsibilities to:

- Agree with local commissioners and local providers the service requirements for the Major Hospital post completion of the reconfiguration across NW London
- Ensure completion of the OBCs and FBCs required for capital expenditure
- Ensure supporting work to deliver the OBCs and FBCs is carried out in line with advice and assumptions set out by the Programme
- Develop a workforce strategy to ensure workforce requirements and any recruitment and training activities are identified to enable the safe transition of services to the major hospital
- Undertake communications activity, both internally within the local organisations affected and where necessary the wider health community (such as GPs and community providers) and with patients and the public, to ensure clear messaging about the changes that are being planned
- Ensure that the workstream has:
 - Considered the impact of change on protected groups, disadvantaged groups and carers
 - Engaged with those who will experience a disproportionate impact (positive and negative)
 - Taken the input of these views into considerations throughout the development of business cases
- Ensure that appropriate engagement from patients, the public and carers is sought through the development of business cases, where possible using existing mechanisms such as Healthwatch and CCG Patient and Public Involvement representatives

Membership

The membership of the St Mary's Major Hospital Transformation Steering Group shall be:

- Chair and Senior Responsible Owner: Chief Executive of Imperial NHS Trust
- Central London CCG representative
- Central London CCG PPI representative and other patient representative(s) if required
- CWHH Chief Officer
- Shaping a Healthier Future representative(s) including Charing Cross and Hammersmith Zone portfolio manager

Depending on any sub-groups that the St Mary's Major Hospital Transformation Steering Group decide to establish, further members of the St Mary's Major Hospital Transformation Steering Group may be identified, for example finance, HR or legal representatives.

St Mary's Major Hospital Transformation Steering Group Support

The zone portfolio manager will work with the steering group SRO to:

- Developing workstream plans and managing progress against these
- Agreement of the agenda and meeting minutes with the St Mary's Major Hospital Transformation Steering Group Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Reporting workstream progress to the programme

Meetings

The St Mary's Major Hospital Transformation Steering Group will meet monthly, and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.16 Chelsea & Westminster Major Hospital Transformation Working Group - Terms of Reference

Note: these Terms of Reference cover the work of the Major Hospital workstream for 2013/14, which is primarily to complete the work to deliver any outline and full business cases (CIP delivery being part of BAU for the relevant trusts). After this the ongoing need for these workstream will be revisited.

It will be up to each of the leads of the Major Hospital workstreams to decide what working group / steering group is required. Below is a suggested terms of reference for any group that may be established. It may be appropriate that this group is attached/part of an existing working group, CCGs and SaHF team need to be represented on this group and the responsibilities listed below would need to be covered..

Purpose of the Chelsea & Westminster Major Hospital Transformation Working Group

To ensure that business cases are developed to secure the required capital to enable Chelsea & Westminster to provide the required range of services as a major hospital in NW London to the highest standards of clinical safety and quality.

Responsibilities

In order to achieve its purpose, the Chelsea & Westminster Major Hospital Transformation Steering Group have responsibilities to:

- Agree with local commissioners and local providers the service requirements for the Major Hospital post completion of the reconfiguration across NW London
- Ensure completion of the OBCs and FBCs required for capital expenditure
- Ensure supporting work to deliver the OBCs and FBCs is carried out in line with advice and assumptions set out by the Programme
- Develop a workforce strategy to ensure workforce requirements and any recruitment and training activities are identified to enable the safe transition of services to the major hospital
- Undertake communications activity, both internally within the local organisations affected and where necessary the wider health community (such as GPs and community providers) and with patients and the public, to ensure clear messaging about the changes that are being planned
- Ensure that the workstream has:
 - Considered the impact of change on protected groups, disadvantaged groups and carers
 - Engaged with those who will experience a disproportionate impact (positive and negative)
 - Taken the input of these views into considerations throughout the development of business cases
- Ensure that appropriate engagement from patients, the public and carers is sought through the development of business cases, where possible using existing mechanisms such as Healthwatch and CCG Patient and Public Involvement representatives

Membership

The membership of the Chelsea & Westminster Major Hospital Transformation Steering Group shall be:

- Chair and Senior Responsible Owner: Chief Executive of Chelsea & Westminster NHS Foundation Trust
- West London CCG representative
- West London CCG PPI representative and other patient representative(s) if required
- CWHH Chief Officer
- Shaping a Healthier Future representative(s) including Charing Cross and Hammersmith Zone portfolio manager

Depending on any sub-groups that the Chelsea & Westminster Major Hospital Transformation Steering Group decide to establish, further members of the Chelsea & Westminster Major Hospital Transformation Steering Group may be identified, for example finance, HR or legal representatives.

Chelsea & Westminster Major Hospital Transformation Steering Group Support

The zone portfolio manager will work with the steering group SRO to:

- Developing workstream plans and managing progress against these
- Agreement of the agenda and meeting minutes with the Chelsea & Westminster Major Hospital Transformation Steering Group Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Reporting workstream progress to the programme

Meetings

The Chelsea & Westminster Major Hospital Transformation Steering Group will meet monthly, and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.17 West Middlesex Major Hospital Transformation Working Group - Terms of Reference

Note: these Terms of Reference cover the work of the Major Hospital workstream for 2013/14, which is primarily to complete the work to deliver any outline and full business cases (CIP delivery being part of BAU for the relevant trusts). After this the ongoing need for these workstream will be revisited.

It will be up to each of the leads of the Major Hospital workstreams to decide what working group / steering group is required. Below is a suggested terms of reference for any group that may be established. It may be appropriate that this group is attached/part of an existing working group, CCGs and SaHF team need to be represented on this group and the responsibilities listed below would need to be covered..

Purpose of the West Middlesex Major Hospital Transformation Working Group

To ensure that business cases are developed to secure the required capital to enable West Middlesex to provide the required range of services as a major hospital in NW London to the highest standards of clinical safety and quality.

Responsibilities

In order to achieve its purpose, the West Middlesex Major Hospital Transformation Steering Group has responsibilities to:

- Agree with local commissioners and local providers the service requirements for the Major Hospital post completion of the reconfiguration across NW London
- Ensure completion of the OBCs and FBCs required for capital expenditure
- Ensure supporting work to deliver the OBCs and FBCs is carried out in line with advice and assumptions set out by the Programme
- Develop a workforce strategy to ensure workforce requirements and any recruitment and training activities are identified to enable the safe transition of services to the major hospital
- Undertake communications activity, both internally within the local organisations affected and where necessary the wider health community (such as GPs and community providers) and with patients and the public, to ensure clear messaging about the changes that are being planned
- Ensure that the workstream has:
 - Considered the impact of change on protected groups, disadvantaged groups and carers
 - Engaged with those who will experience a disproportionate impact (positive and negative)
 - Taken the input of these views into considerations throughout the development of business cases
- Ensure that appropriate engagement from patients, the public and carers is sought through the development of business cases, where possible using existing mechanisms such as Healthwatch and CCG Patient and Public Involvement representatives

Membership

The membership of the West Middlesex Major Hospital Transformation Steering Group shall be:

- Chair and Senior Responsible Owner: Chief Executive of West Middlesex NHS Trust
- Hounslow CCG representative
- Hounslow CCG PPI representative and other patient representative(s) if required
- CWHH Chief Officer
- Shaping a Healthier Future representative(s) including Charing Cross and relevant Zone portfolio managers

Depending on any sub-groups that the West Middlesex Major Hospital Transformation Steering Group decide to establish, further members of the West Middlesex Major Hospital Transformation Steering Group may be identified, for example finance, HR or legal representatives.

West Middlesex Major Hospital Transformation Steering Group Support

The zone portfolio manager will work with the steering group SRO to:

- Developing workstream plans and managing progress against these
- Agreement of the agenda and meeting minutes with the West Middlesex Major Hospital Transformation Steering Group Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Reporting workstream progress to the programme

Meetings

The West Middlesex Major Hospital Transformation Steering Group will meet monthly, and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.18 Northwick Park Major Hospital Transformation Working Group - Terms of Reference

Note: these Terms of Reference cover the work of the Major Hospital workstream for 2013/14, which is primarily to complete the work to deliver any outline and full business cases (CIP delivery being part of BAU for the relevant trusts). After this the ongoing need for these workstream will be revisited.

It will be up to each of the leads of the Major Hospital workstreams to decide what working group / steering group is required. Below is a suggested terms of reference for any group that may be established. It may be appropriate that this group is attached/part of an existing working group, CCGs and SaHF team need to be represented on this group and the responsibilities listed below would need to be covered..

Purpose of the Northwick Park Major Hospital Transformation Working Group

To ensure that business cases are developed to secure the required capital to enable Northwick Park to provide the required range of services as a major hospital in NW London to the highest standards of clinical safety and quality.

Responsibilities

In order to achieve its purpose, the Northwick Park Major Hospital Transformation Steering Group has responsibilities to:

- Agree with local commissioners and local providers the service requirements for the Major Hospital post completion of the reconfiguration across NW London
- Ensure completion of the OBCs and FBCs required for capital expenditure
- Ensure supporting work to deliver the OBCs and FBCs is carried out in line with advice and assumptions set out by the Programme
- Develop a workforce strategy to ensure workforce requirements and any recruitment and training activities are identified to enable the safe transition of services to the major hospital
- Undertake communications activity, both internally within the local organisations affected and where necessary the wider health community (such as GPs and community providers) and with patients and the public, to ensure clear messaging about the changes that are being planned
- Ensure that the workstream has:
 - Considered the impact of change on protected groups, disadvantaged groups and carers
 - Engaged with those who will experience a disproportionate impact (positive and negative)
 - Taken the input of these views into considerations throughout the development of business cases
- Ensure that appropriate engagement from patients, the public and carers is sought through the development of business cases, where possible using existing mechanisms such as Healthwatch and CCG Patient and Public Involvement representatives

Membership

The membership of the Northwick Park Major Hospital Transformation Steering Group shall be:

- Chair and Senior Responsible Owner: Chief Executive North West London Hospitals Trust
- Harrow CCG representative
- Harrow CCG PPI representative and other patient representative(s) if required
- BEHH Chief Officer
- Shaping a Healthier Future representative(s) including Central Middlesex and relevant Zone portfolio managers

Depending on any sub-groups that the Northwick Park Major Hospital Transformation Steering Group decide to establish, further members of the Northwick Major Hospital Transformation Steering Group may be identified, for example finance, HR or legal representatives.

Northwick Park Major Hospital Transformation Steering Group Support

The zone portfolio manager will work with the steering group SRO to:

- Developing workstream plans and managing progress against these
- Agreement of the agenda and meeting minutes with the Northwick Park Major Hospital Transformation Steering Group Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Reporting workstream progress to the programme

Meetings

The Northwick Park Major Hospital Transformation Steering Group will meet monthly, and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.19 Hillingdon Major Hospital Transformation Working Group - Terms of Reference

Note: these Terms of Reference cover the work of the Major Hospital workstream for 2013/14, which is primarily to complete the work to deliver any outline and full business cases (CIP delivery being part of BAU for the relevant trusts). After this the ongoing need for these workstream will be revisited.

It will be up to each of the leads of the Major Hospital workstreams to decide what working group / steering group is required. Below is a suggested terms of reference for any group that may be established. It may be appropriate that this group is attached/part of an existing working group, CCGs and SaHF team need to be represented on this group and the responsibilities listed below would need to be covered.

Purpose of the Hillingdon Major Hospital Transformation Working Group

To ensure that business cases are developed to secure the required capital to enable Hillingdon to provide the required range of services as a major hospital in NW London to the highest standards of clinical safety and quality.

Responsibilities

In order to achieve its purpose, the Hillingdon Major Hospital Transformation Steering Group has responsibilities to:

- Agree with local commissioners and local providers the service requirements for the Major Hospital post completion of the reconfiguration across NW London
- Ensure completion of the OBCs and FBCs required for capital expenditure
- Ensure supporting work to deliver the OBCs and FBCs is carried out in line with advice and assumptions set out by the Programme
- Develop a workforce strategy to ensure workforce requirements and any recruitment and training activities are identified to enable the safe transition of services to the major hospital
- Undertake communications activity, both internally within the local organisations affected and where necessary the wider health community (such as GPs and community providers) and with patients and the public, to ensure clear messaging about the changes that are being planned
- Ensure that the workstream has:
 - Considered the impact of change on protected groups, disadvantaged groups and carers
 - Engaged with those who will experience a disproportionate impact (positive and negative)
 - Taken the input of these views into considerations throughout the development of business cases
- Ensure that appropriate engagement from patients, the public and carers is sought through the development of business cases, where possible using existing mechanisms such as Healthwatch and CCG Patient and Public Involvement representatives

Membership

The membership of the Hillingdon Major Hospital Transformation Steering Group shall be:

- Chair and Senior Responsible Owner: Chief Executive Hillingdon NHS Foundation Trust
- Hillingdon CCG representative
- Hillingdon CCG PPI representative and other patient representative(s) if required
- BEHH Chief Officer
- Shaping a Healthier Future representative(s) including Charing Cross and relevant Zone portfolio managers

Depending on any sub-groups that the Hillingdon Major Hospital Transformation Steering Group decide to establish, further members of the Hillingdon Major Hospital Transformation Steering Group may be identified, for example finance, HR or legal representatives.

Hillingdon Major Hospital Transformation Steering Group Support

The zone portfolio manager will work with the steering group SRO to:

- Developing workstream plans and managing progress against these
- Agreement of the agenda and meeting minutes with the Hillingdon Major Hospital Transformation Steering Group Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all decisions and actions to be taken forward
- Reporting workstream progress to the programme

Meetings

The Hillingdon Major Hospital Transformation Steering Group will meet monthly, and more frequently if required to consider matters in a timely manner, e.g. to approve key deliverables.

B.20 Finance and Modelling Group - Terms of Reference

Purpose of the Finance and Modelling Group

To support the successful implementation of the agreed recommendations across NW London by providing advice on finance, capital, estates and activity

Responsibilities

In order to achieve its purpose, the Finance and Modelling has responsibilities to:

- Ensure the development of an underlying activity and financial model (for all the recommendations agreed in February 2013), supported by current and future commissioners and providers, which can be refined to reflect any future changes to modelling assumptions
- Provide expert advice on finance, capital, estates and activity to the Programme; in particular advising the Programme Board on readiness for major service changes
- Review all capital business cases to ensure consistency with the central modelling assumptions and make recommendations to the Programme Board
- Horizon scanning for external factors that will impact programme modelling assumptions (e.g. DoH changes to funding formulas) and coordinating the programme's response to these where necessary

Membership

The membership of the Finance & Modelling Group shall be:

- Chair: Programme Director of Finance
- Directors of Finance from providers:
 - Chelsea & Westminster NHS Foundation Trust
 - Ealing Hospital NHS Trust
 - The Hillingdon Hospital NHS Foundation Trust
 - Imperial NHS Trust
 - NWL Hospitals NHS Trust
 - West Middlesex University Hospital NHS Trust
- Finance leads from:
 - Brent CCG
 - Central London CCG
 - Ealing CCG
 - Hammersmith & Fulham CCG
 - Harrow CCG
 - Hillingdon CCG
 - Hounslow CCG
 - West London CCG
- Patient & Public Representative Group representative

Finance and Modelling Group Support

Support and advice to the Finance and Modelling Group will be provided by the SaHF programme team. This support shall include:

- Agreement of the agenda and previous meeting minutes with the Finance and Modelling Group Chair
- Commissioning and circulation of papers
- Keeping a record of the meetings and all decisions to be taken forward

Meetings

The Finance and Modelling Group will meet monthly initially. Once initial modelling is completed, the need for further meetings will be reviewed.

B.21 Travel Advisory Group - Terms of Reference

Purpose of the Travel Advisory Group

- To coordinate programme work with LAS and TfL to identify and mitigate any travel and access issues arising during programme implementation
- Where required, to advise the Programme Board or programme workstreams on the management of the travel implications / opportunities associated with the agreed recommendations

Responsibilities

In order to achieve its purpose, the Travel Advisory Group has responsibilities to:

- Undertake any work on travel and access that will be optimised by being done collaboratively
- Coordinate programme engagement with TfL and LAS
- If required, provide a steer on the work on travel and access to be undertaken by the programme or its workstreams

The Travel Advisory Group will advise the Patient and Public Representative Group on the impact of changes on travel and access to different care settings.

Membership

The membership of the Travel Advisory Group shall be:

- Chair: Deputy Programme Director
- Transport for London representative
- London Ambulance Service representative
- London Travel Watch representative
- NHS London Travel Network representative
- Patient & Public Representative Group / Healthwatch representatives

Travel Advisory Group Support

- Support and advice to the Travel Advisory Group will be provided by the SaHF programme team. This support shall include:
 - Agreement of the agenda and previous meeting minutes with the Travel Advisory Group Chair
 - Commissioning and circulation of papers
 - Keeping a record of the meetings and all decisions to be taken forward

Meetings

- The Travel Advisory Group will meet twice a year and more frequently if required to consider matters in a timely manner.

B.22 Patient and Public Representative Group - Terms of Reference

Purpose of the Patient & Public Representative Group

The Patient & Public Representative Group (PPRG) will bring together patient and carer representatives from across NW London to help the *Shaping a healthier future* (SaHF) programme ensure it has considered and responded to the needs of patients, carers and the public during the implementation of changes.

Each SaHF local workstream will have a robust process for engaging with and responding to the needs of patients, carers and the public – including protected groups particularly affected by the change. The Patient & Public Representative Group will help the programme to identify the best way to take forward this work and advise local workstreams where necessary.

Responsibilities

In order to achieve its purpose, the Patient & Public Representative Group has responsibilities to:

- Advise the programme about appropriate ways to keep patients and the wider public involved in and informed about the implementation of service change, in particular where this is likely to impact on more than a single borough.
- Act as a voice for representatives of patients, voluntary sector organisations and relevant interest groups (e.g. those representing specific health-related conditions) to provide assurance, challenge and advice to the SaHF programme in the implementation of these changes.
- Advise on implementation-related opportunities and risks not identified by the programme viewed from the perspective of patients and the public.
- Help to ensure that there is effective communication between patients, the wider public and commissioners. This should include reviewing and advising on the communication & engagement strategy and on NWL-wide communications materials.
- Advise the programme's local workstreams on the robustness of their local engagement activities and, if necessary, on which groups or individuals they should engage with locally.
- Review the local workstreams plans to take forward their equalities action plan, ensure these achieve delivery of the JCPCT's equalities recommendations and raise any concerns with the Implementation Programme Board.
- To act in accordance with the ethical duty to broadly represent all local residents, actively seeking to improve the quality of local healthcare (and not using the group as a mechanism to resolve personal issues).
- Disseminate relevant programme information to any the community groups, organisations and stakeholder networks with which they are involved.
- Nominate a representative to attend the Implementation Programme Board, Clinical Board, Finance and Modelling Group and Travel Advisory Group. Representation at further programme bodies will be kept under review.

- Advise on the scope and nature of any further public consultation that may be required, and the development of materials produced in support of such activities.

The PPRG will be advised by a Travel Advisory Group which will advise the programme on the impact of implementation decisions on travel and access to different care settings.

Patient representatives who raise issues of concern about the NHS in general, or that are not within the remit of the PPRG, will have those points recorded in minutes and the individual or group advised how to deal effectively with the matter raised through other channels.

Chair

The PPRG will choose its own Chair through an annual election, with all core members of the PPRG being entitled to a single vote with equal weighting. The PPRG will determine a process for undertaking these elections each year.

The role of the Chair will be to ensure the group fulfils its advisory role both effectively and efficiently.

In practice this means ensuring that the PPRG work programme supports NW London CCGs in meeting their communication and engagement obligations in line with Sections 242 and 244 (where appropriate) of the NHS Act 2006.

Membership

The membership of the Patient & Public Representative Group shall be:

- Chair: tbc (to be elected by the group)
- Representatives from each Healthwatch from each CCG, including (if relevant) Camden, Richmond and Wandsworth CCGs²¹
- Patient and Public Involvement lay members from each CCG
- Programme Medical Directors
- SaHF Communications & Engagement workstream lead
- SaHF Programme Director (NWL Strategy & Transformation Director)
- SaHF Deputy Programme Director (NWL Strategy & Transformation Deputy Director)
- SaHF Zone portfolio manager with responsibility for Equalities
- A NWL CCG chair

The Patient & Public Representative Group may also invite representatives of key patient, carer, voluntary sector and/or interest groups in NWL as it feels necessary at different stages of the programme.

Patient & Public Representative Group Support

Support and advice to the Patient & Public Representative Group will be provided by the SaHF Programme team. This support shall include:

- Arranging venues and dates of meetings
- Agreement of the agenda and meeting minutes with the Chair
- The timely commissioning and circulation of papers
- Keeping a record of the meetings and all actions to be taken forward

²¹ Camden, Wandsworth and Richmond CCGs will need to take a view about the extent to which the final proposals impact upon residents of their borough. The programme will work with these CCGs to identify if / how they want to be involved through the period of implementation.

The scope of work is flexible, and activities and responsibilities of the PPRG may change and develop as stakeholder needs or unforeseen issues arise throughout the lifespan of the group. Any new or additional work agreed between the group and the Implementation Programme Board will be set out in an addendum to these Terms of Reference. The PPRG may establish further advisory groups if required

Any member of the PPRG may request agenda items to be included through the Chair.

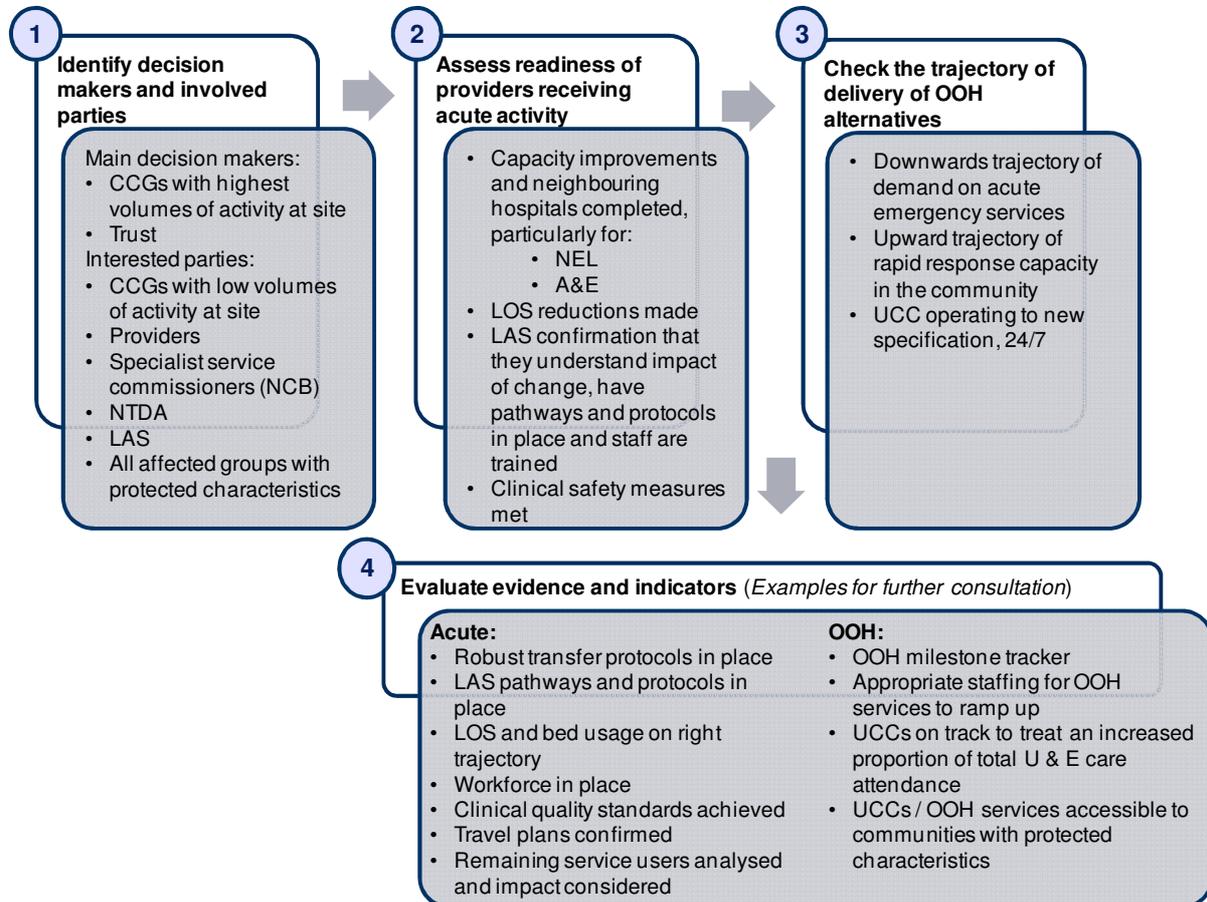
Members of the public will be compensated for reasonable travel expenses of attending meetings, if requested.

Meetings

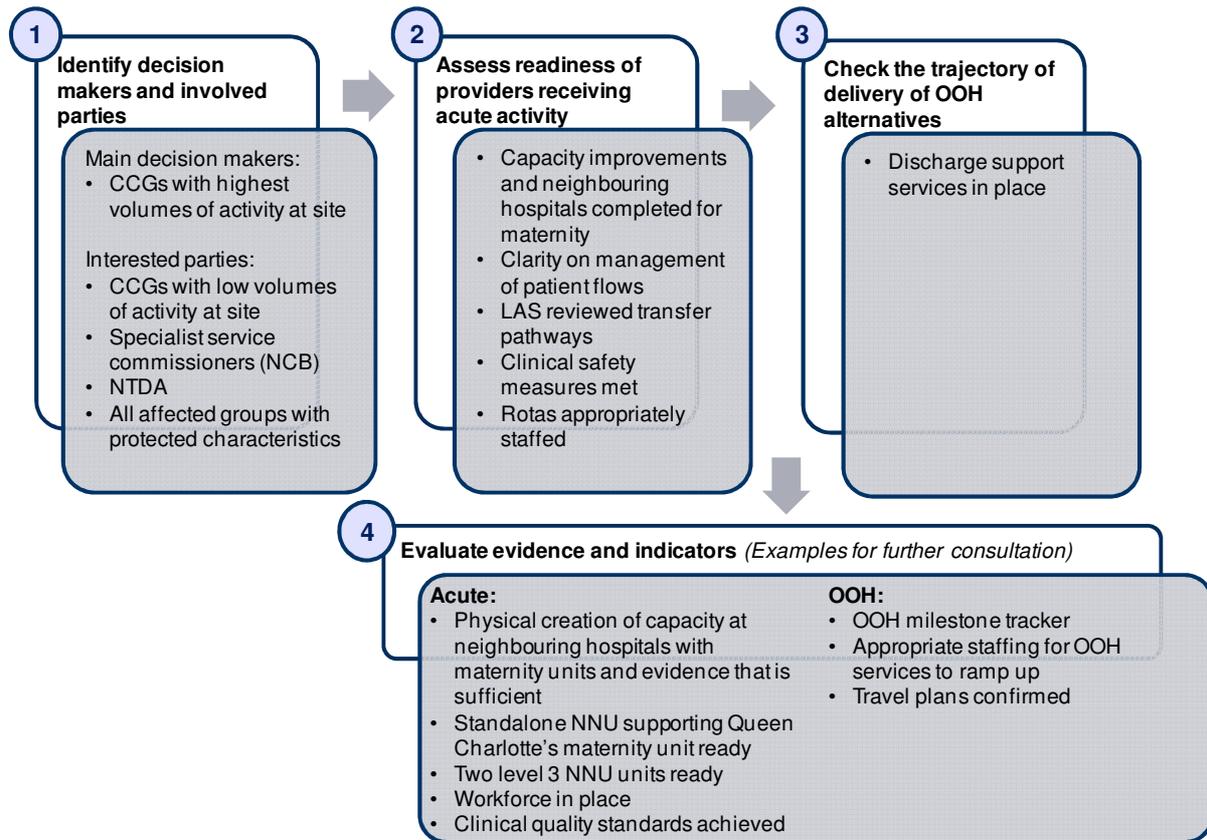
The Patient & Public Representative Group will meet quarterly initially and more (or less) frequently if required to consider matters in a timely manner.

APPENDIX C: Draft decision making frameworks

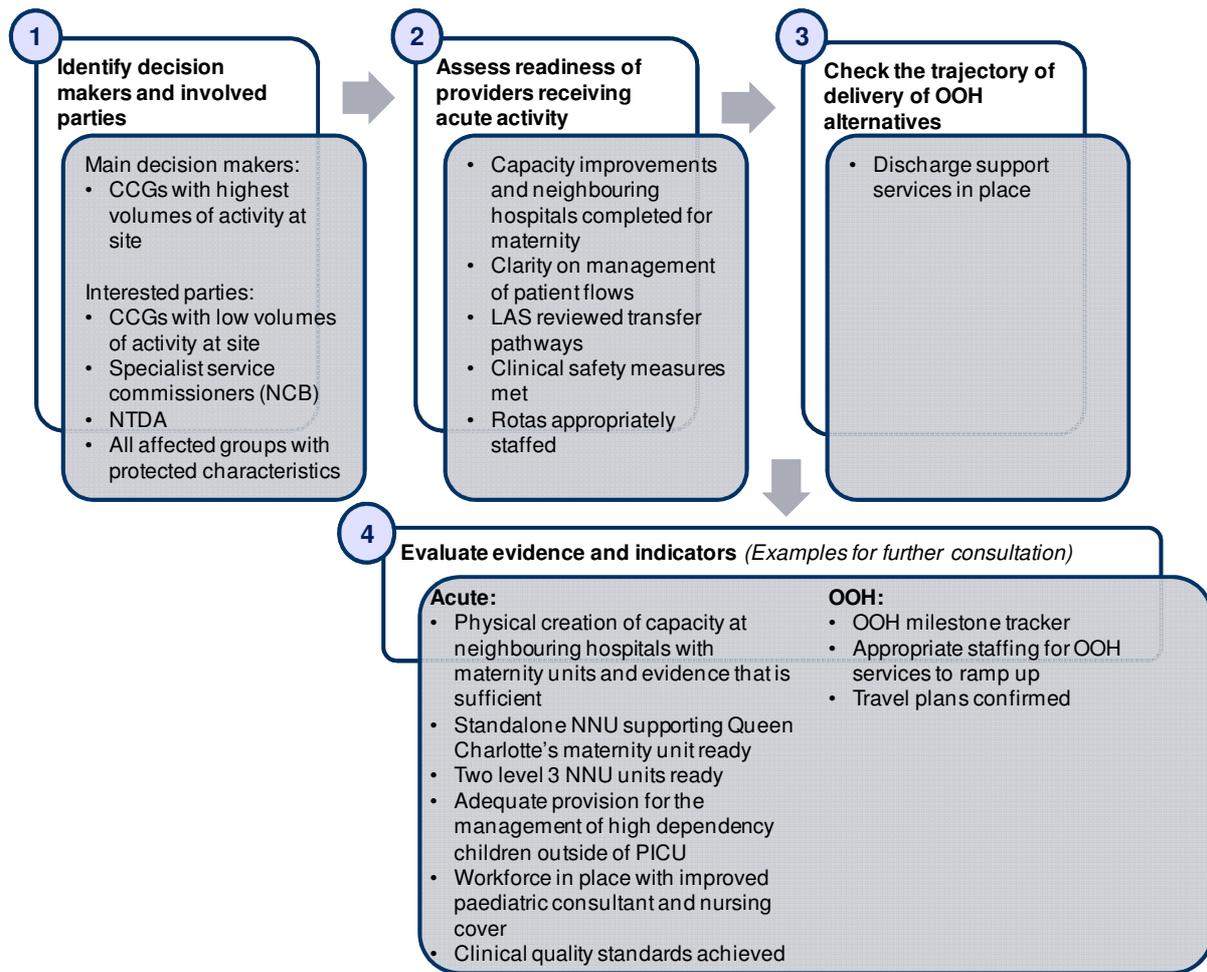
Draft decision making framework for Emergency and Urgent Care



Draft decision making framework for Maternity and newborn care



Draft decision making framework for Paediatric care

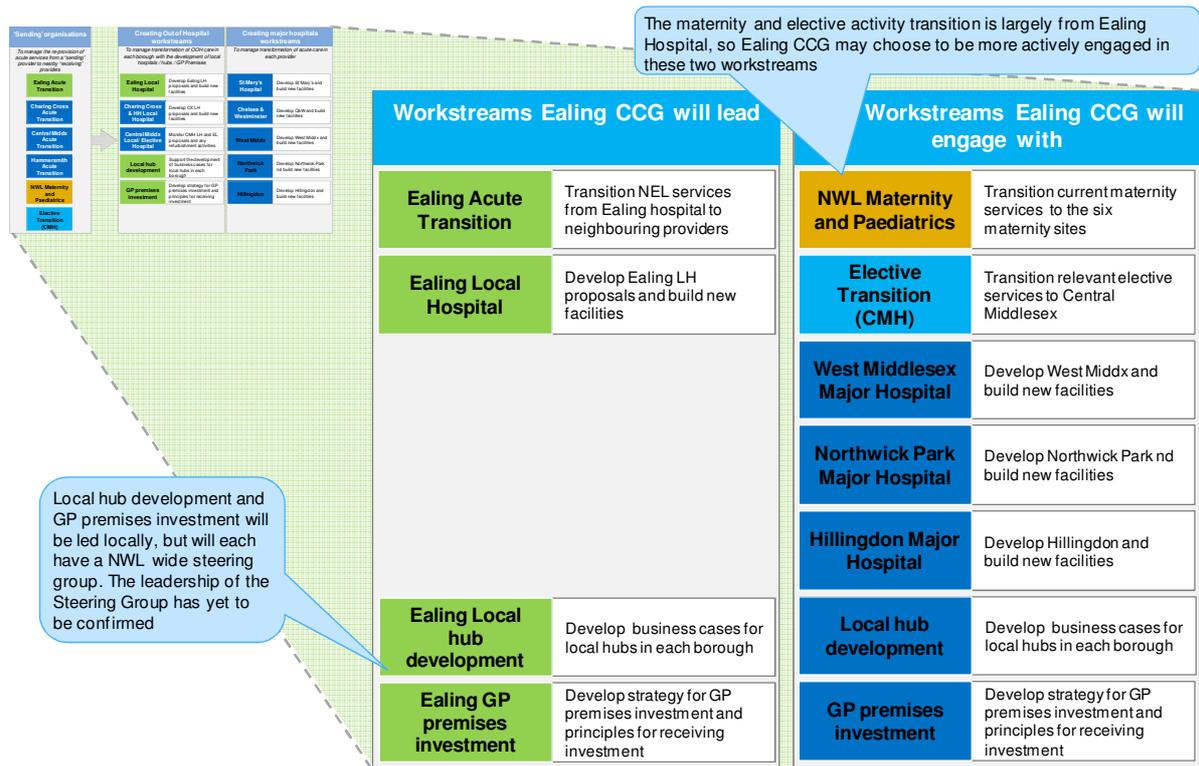


APPENDIX D: Zones and workstreams

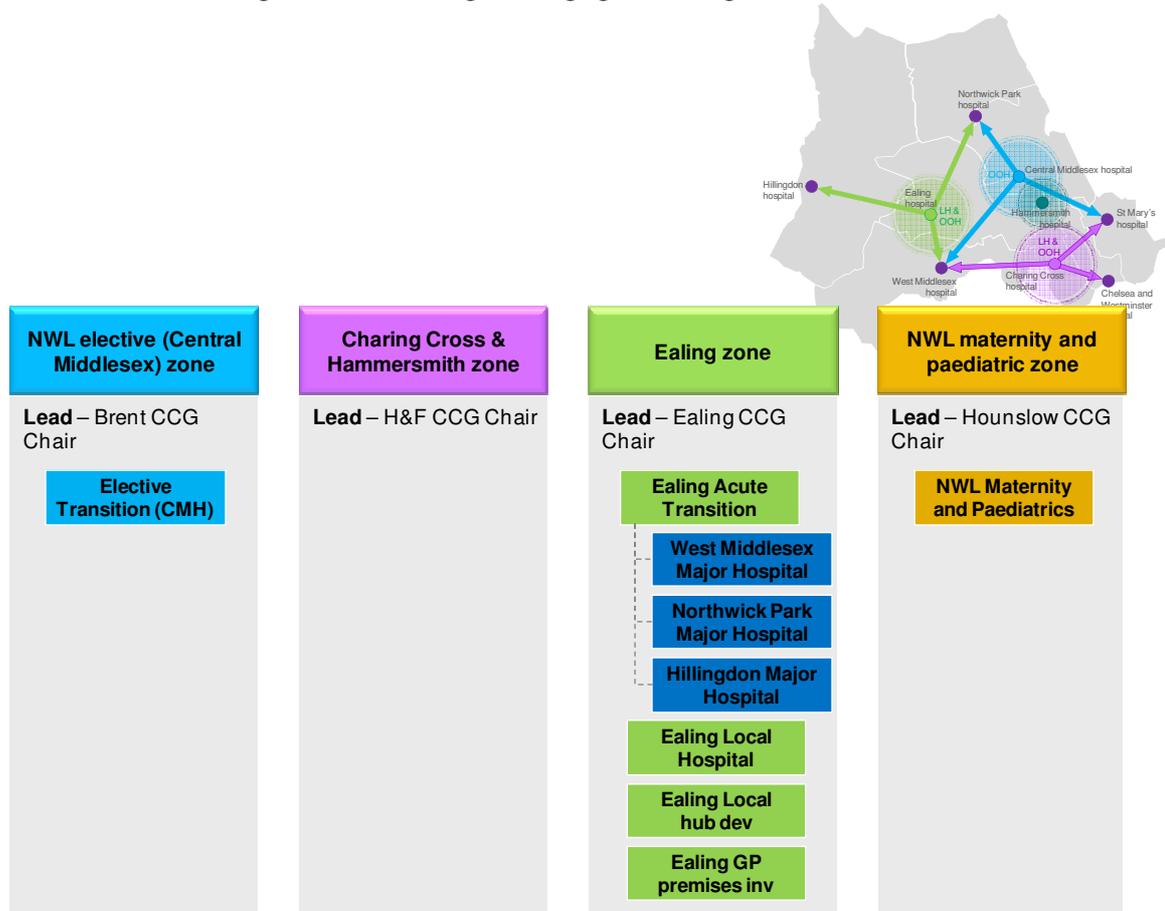
The following diagrams set out further detail on the relationships between the zones, workstreams, steering groups and work packages, using the Ealing zone as an example.

Ealing zone:

Ealing CCG should expect to lead or engage in a number of workstreams and their steering groups.



The workstreams Ealing CCG is leading, or engaged in, align with the four zones as follows:



The workstreams are responsible for delivering a significant number of work packages in 2013/14:

Providers			CCGs		
1. Maternity Business Cases	2. Elective Business Cases	3. Major Hospital Business Case	4. Local Hospital Business Cases	5. Local Hub Business Cases	6. GP Premises Business Cases
1.1 Northwick Park Maternity BC	2.1 Central Mid LH/ Elective BC	3.1 Northwick Park Major Hosp NEL BC	4.1 Ealing LH Service Spec and BC	5.1 Brent CCG Local Hub BC	6.1 Brent CCG GP premises BC
1.2 West Middlesex Maternity BC	2.2 West Middlesex Elective BC	3.2 St Mary's Major Hospital NEL BC	4.2 Charing Cross LH Service Spec and BC	5.2 Central London CCG Local Hub BC	6.2 Central London CCG GP premises BC
1.3 Hillingdon Hospital Maternity BC	2.3 Northwick Park Elective BC	3.3 C&W Major hospital NEL BC	4.3 Hammersmith LH/ Specialist service spec and BC	5.3 Ealing CCG Local Hub BC	6.3 Ealing CCG GP premises BC
1.4 St Mary's Maternity BC	2.4 C&W Elective BC	3.4 West Middlesex Major Hosp NEL BC		5.4 H&F CCG Local Hub BC	6.4 H&F CCG GP premises BC
1.5 Hammersmith Maternity BC	2.5 Hillingdon Hospital Elective BC	3.5 Hillingdon Hospital Maj Hosp NEL BC		5.5 Harrow CCG Local Hub BC	6.5 Harrow CCG GP premises BC
1.6 C&W Maternity BC	2.6 St Mary's Elective BC			5.6 Hillingdon CCG Local Hub BC	6.6 Hillingdon CCG GP premises BC
				5.7 Hounslow CCG Local Hub BC	6.7 Hounslow CCG GP premises BC
				5.8 West London CCG Local Hub BC	6.8 West London CCG GP premises BC

Example	CCG engaged in work package	Example	CCG leading work package
---------	-----------------------------	---------	--------------------------

Work packages shown in light in grey are where change is required; but additional activity could potentially be absorbed without capital build (e.g. through use of mothballed wards or LoS reductions). Where providers confirm this is the case, no business cases would be required

Roles and responsibilities for delivery within each zone

The roles that have been defined to manage delivery within each zone are:

- Zone Senior Responsible Owner (SRO)
- Zone Portfolio Manager

The scope of these roles within each of the four zones is described within the tables below. The zone SRO provides strategic direction, stakeholder management and is ultimately accountable to the Implementation Programme Board for the delivery of workstreams within the zone. It is envisaged that this role will be filled by the Chief Operating Officer of the lead CCG for the zone.

The zone portfolio manager is responsible for the delivery of the workstreams within the zone and is accountable to the central North West London Programme Team. The zone portfolio manager sits outside the CCG line management reporting structure. The benefits of this zone delivery structure are:

- Management of day to day delivery by the zone portfolio manager enables the CCG COO to focus on delivery of BAU responsibilities (including QIPP)
- The separation of the zone portfolio manager from the CCG line management structure minimises conflicts of interest of the lead CCG for the zone

Ealing zone delivery roles and responsibilities

Role	Responsibilities
Senior Responsible Owner (SRO) - Ealing CCG Chief Operating Officer	<ul style="list-style-type: none"> • High level guidance and direction on delivery strategy for Ealing zone • Accountable for delivery of zone led workstreams (and final sign off on deliverables including business cases) on behalf of the Implementation Programme Board and in line with agreed programme standards • Managing relationships with key stakeholders, including: providers, trusts, assurance bodies, local and regional Government: <ul style="list-style-type: none"> • Key providers in Ealing zone: Hillingdon Hospital, Northwick Park Hospital, West Middlesex Hospital, Ealing Hospital • Key trusts in Ealing zone: Hillingdon Hospitals NHS Foundation Trust, North West London Hospitals NHS Trust, West Middlesex University Hospital NHS Trust, Ealing Hospital NHS Trust
Ealing Zone Portfolio Manager	<ul style="list-style-type: none"> • Accountable to central North West London Reconfiguration Programme team for delivery of Ealing zone workstreams against programme requirements (as defined by Implementation Programme Board) • Managing the portfolio of Ealing zone workstreams*, specifically: <ul style="list-style-type: none"> • Management of interdependencies between workstreams in the portfolio • Management of key strategic risks and issues to the portfolio, and escalation to the appropriate forums / stakeholders as required • Management of resourcing for the portfolio, including day to day management of workstream resource requirements and delivery • Alignment of workstreams across the portfolio (i.e. consistent governance arrangements) • Management of interdependencies between the Ealing zone and the other 'zones'*** • Assurance that the workstreams in the portfolio have robust programme management structures and processes including: delivery plan, risk and issue management process, governance, reporting, change management, dependency management • Provide oversight of the workstream delivery budgets within the Ealing zone • Management of external consultancy support for development of detailed service specifications, outline and full business cases for local hospitals in Ealing • Ensure that the steering groups of the Ealing zone workstreams interface effectively with Implementation Programme Board • Work closely with the SRO and CCG Chief Operating Officer to manage workstream delivery, dependencies, risks and issues • Ensure relevant commissioners/nearby CCGs and NHS England (London Region) are consulted/involved in zone delivery • Managing interdependencies with other zones • Ensure that the zone and its workstreams are linked with NHS England (London region) and NHS TDA as required

*Ealing zone workstreams:

- **Ealing Acute Transition:** Transition of NEL services from Ealing hospital to neighbouring providers
- **Ealing Local Hospital development:** Development of proposals and building of new facilities
- **GP premises investment :** Development of strategy for GP premises investment and principles for receiving investment
- **Local Hub development:** Support the development of business cases (Outline and Full Business Cases) for Ealing Local hub development

****Key dependencies of Ealing zone workstreams:**

- **NWL Maternity and Paediatrics:** transition of the current maternity services from Ealing hospital to the six maternity sites
- **Elective Transition (CMH):** Transition of relevant elective services to Central Middlesex Hospital

NWL elective (Central Middlesex) zone delivery roles and responsibilities

Role	Responsibilities
Senior Responsible Owner (SRO) - Chief Operating Officer of Brent CCG	<ul style="list-style-type: none"> • High level guidance and direction on delivery strategy for NWL elective (Central Middlesex) zone • Accountable for delivery of zone led workstreams (and final sign off on deliverables including business cases) on behalf of the Implementation Programme Board and in line with agreed programme requirements • Managing relationships with key stakeholders, including: providers, trusts, assurance bodies, local and regional government <ul style="list-style-type: none"> • Key providers in NWL Elective CMH zone: Northwick Park Hospital, West Middlesex Hospital, St. Mary's Hospital • Key trusts in NWL Elective CMH zone: North West London Hospitals NHS Trust, West Middlesex University Hospital NHS Trust, Imperial College NHS Healthcare Trust
NWL elective (Central Middlesex) Zone Portfolio Manager	<ul style="list-style-type: none"> • Accountable to central North West London Reconfiguration Programme team for delivery of NWL elective (Central Middlesex) workstreams against programme requirements (as defined by Implementation Programme Board) • Managing the portfolio of NWL elective (CMH) zone workstreams*, specifically: <ul style="list-style-type: none"> • Management of interdependencies between workstreams in the portfolio • Management of key strategic risks and issues to the portfolio, and escalation to the appropriate forums / stakeholders as required • Management of resourcing for the portfolio, including day to day management of workstream resource requirements and delivery • Alignment of workstreams across the portfolio (i.e. consistent governance arrangements) • Management of interdependencies between the NWL elective (CMH) zone and the other 'zones' • Assurance that the workstreams in the portfolio have robust programme management structures and processes including: delivery plan, risk and issue management process, governance, reporting, change management, dependency management <ul style="list-style-type: none"> • Provide oversight of the workstream delivery budgets within the NWL elective (CMH) zone • Management of external consultancy support for development of detailed service specifications, outline and full business cases for Central Middlesex Hospital • Ensure that the steering groups of the NWL elective (CMH) zone workstreams interface effectively with Implementation Programme Board • Work closely with the SRO and CCG Chief Operating Officer to manage workstream delivery, dependencies, risks and issues • Ensure relevant commissioners/nearby CCGs and NHS England (London Region) are consulted/involved in zone delivery • Managing interdependencies with other zones • Ensure that the zone and its workstreams are linked with NHS England (London region) and NHS TDA as required

***NWL elective (CMH) zone workstreams:**

- **Central Middlesex NEL Transition:** Transition of non-elective acute services from Central Middlesex hospital to neighbouring providers (Northwick Park Hospital, West Middlesex Hospital, St. Mary's Hospital)
- **Elective Transition (CHM):** Transition of elective acute services to Central Middlesex hospital from neighbouring providers (Ealing Hospital, St. Mary's Hospital)
- **Central Middlesex Local / Elective Hospital:** Monitor CMH local hospital and elective proposals and any refurbishment activities
- **GP premises investment :** Development of strategy for GP premises investment and principles for receiving investment
- **Local Hub development:** Support the development of business cases (Outline and Full Business Cases) for Local hub development

Charing Cross & Hammersmith zone delivery roles and responsibilities

Role	Responsibilities
Senior Responsible Owner (SRO) – Chief Operating Officer of Hammersmith and Fulham CCG	<ul style="list-style-type: none"> High level guidance and direction on delivery strategy for Charing Cross and Hammersmith zone Accountable for delivery of zone led workstreams (and final sign off on deliverables including business cases) on behalf of the Implementation Programme Board and in line with agreed programme requirements Managing relationships with key stakeholders, including: providers, trusts, assurance bodies, local and regional government <ul style="list-style-type: none"> Key providers in Charing Cross and Hammersmith zone: St. Mary's Hospital, Chelsea and Westminster Hospital, West Middlesex Hospital, Hammersmith Hospital Key trusts in Charing Cross and Hammersmith zone: Imperial College NHS Healthcare Trust, Chelsea and Westminster Hospital NHS Foundation Trust, West Middlesex University Hospital NHS Trust
Charing Cross & Hammersmith Zone Portfolio Manager	<ul style="list-style-type: none"> Accountable to central North West London Reconfiguration Programme team for delivery of Charing Cross and Hammersmith zone workstreams against programme requirements (as defined by Implementation Programme Board) Managing the portfolio of Charing Cross and Hammersmith zone workstreams*, specifically: <ul style="list-style-type: none"> Management of interdependencies between workstreams in the portfolio Management of key strategic risks and issues to the portfolio, and escalation to the appropriate forums / stakeholders as required Management of resourcing for the portfolio, including day to day management of workstream resource requirements and delivery Alignment of workstreams across the portfolio (i.e. consistent governance arrangements) Management of interdependencies between the Charing Cross and Hammersmith zone and the other 'zones' Assurance that the workstreams in the portfolio have robust programme management structures and processes including: delivery plan, risk and issue management process, governance, reporting, change management, dependency management Provide oversight of the workstream delivery budgets within the Charing Cross and Hammersmith zone Management of external consultancy support for development of detailed service specifications, outline and full business cases for Ealing and Charing Cross Ensure that the steering groups of the Charing Cross and Hammersmith zone workstreams interface effectively with Implementation Programme Board Work closely with the SRO and CCG Chief Operating Officer to manage workstream delivery, dependencies, risks and issues Ensure relevant commissioners/nearby CCGs and NHS England (London Region) are consulted/involved in zone delivery Managing interdependencies with other zones Ensure that the zone and its workstreams are linked with NHS England (London region) and NHS TDA as required

*Charing Cross & Hammersmith zone workstreams:

- Charing Cross NEL Transition:** Transition of NEL acute services from Charing Cross and Hammersmith hospitals to neighbouring providers (St. Mary's Hospital, Chelsea and Westminster Hospital, West Middlesex Hospital)
- Charing Cross and Hammersmith Local Hospital development:** Development of proposals and building of new facilities
- GP premises investment :** Development of strategy for GP premises investment and principles for receiving investment
- Local Hub development:** Support the development of business cases (Outline and Full Business Cases) for Local hub development

**Key dependencies of Charing Cross & Hammersmith zone workstreams:

- NWL Maternity and Paediatrics workstream
- St Mary's Major Hospitals workstream

NWL maternity and paediatric zone delivery roles and responsibilities

Role	Responsibilities
Senior Responsible Owner (SRO) - Chair of Clinical Implementation Group	<ul style="list-style-type: none"> • High level guidance and direction on delivery strategy for NWL maternity and paediatric zone • Accountable for delivery of zone led workstreams (and final sign off on deliverables including business cases) on behalf of the Implementation Programme Board and in line with agreed programme requirements • Managing relationships with key stakeholders, including: providers, trusts, assurance bodies, local and regional government <ul style="list-style-type: none"> • Key providers in NWL maternity and paediatric zone: Hillingdon Hospital, Northwick Park Hospital, West Middlesex Hospital, Ealing Hospital, Chelsea and Westminster Hospital, St. Mary's Hospital, Hammersmith Hospital • Key trusts in NWL maternity and paediatric zone: Hillingdon Hospitals NHS Foundation Trust, North West London Hospitals NHS Trust, West Middlesex University Hospital NHS Trust, Ealing Hospital NHS Trust, Chelsea and Westminster Hospital NHS Foundation Trust, Imperial College NHS Healthcare Trust
NWL Maternity and Paediatric Zone Portfolio Manager	<ul style="list-style-type: none"> • Accountable to central North West London Reconfiguration Programme team for delivery of NWL maternity and paediatric zone workstreams against programme requirements (as defined by Implementation Programme Board) • Managing the portfolio of NWL maternity and paediatric zone workstreams*, specifically: <ul style="list-style-type: none"> • Management of interdependencies between workstreams in the portfolio • Management of key strategic risks and issues to the portfolio, and escalation to the appropriate forums / stakeholders as required • Management of resourcing for the portfolio, including day to day management of workstream resource requirements and delivery • Alignment of workstreams across the portfolio (i.e. consistent governance arrangements) • Management of interdependencies between the NWL maternity and paediatric zone and the other 'zones' • Assurance that the workstreams in the portfolio have robust programme management structures and processes including: delivery plan, risk and issue management process, governance, reporting, change management, dependency management <ul style="list-style-type: none"> • Provide oversight of the workstream delivery budgets within the NWL maternity and paediatric zone • Ensure alignment of the NWL maternity and paediatric zone with the Clinical Implementation Group • Ensure that the NWL maternity and paediatric steering group interfaces effectively with Implementation Programme Board • Work closely with the SRO and CCG Chief Operating Officer to manage workstream delivery, dependencies, risks and issues • Ensure relevant commissioners/nearby CCGs and NHS England (London Region) are consulted/involved in zone delivery • Managing interdependencies with other zones • Ensure that the zone and its workstreams are linked with NHS England (London region) and NHS TDA as required

APPENDIX E: RACI analysis

‘Sending Organisations’ workstreams

Area	Task (For 13/14)	Responsible (Do the work to achieve the task)	Accountable (Responsible for the success of the task)	Consulted (Those whose opinions are sought)	Informed (Those who are kept up to date with progress)
Ealing NEL Transition	Coordinate providers in the delivery of business cases and ensuring local out of hospital services are being delivered and to monitor the delivery of CIPP and QIPP	<ul style="list-style-type: none"> Ealing CCG Ealing Hospital Hillingdon Hospital NWL Hospitals Trust West Middlesex Hospital Ealing Zone Portfolio Manager Ealing Hospital Transition Steering Group 	<ul style="list-style-type: none"> Ealing CCG on behalf of the Implementation programme Board 	<ul style="list-style-type: none"> Harrow CCG Hillingdon CCG Hounslow CCG Clinical Senate Quality Surveillance Committee Ealing Local Hospital Steering Group Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board Clinical Board CCG Collaboration NW Advisory Bodies* Central Middlesex Hospital Charing Cross Hospital Emergency and Urgent CIG
Charing Cross NEL Transition	Coordinate providers in the delivery of business cases and ensuring local out of hospital services are being delivered and to monitor the delivery of CIPP and QIPP	<ul style="list-style-type: none"> Chelsea and Westminster Hospital Hammersmith and Fulham CCG Imperial Trust West Middlesex Hospital Kingston Hospital St. Mary's Major Hospitals Steering Group Charing Cross and Hammersmith Zone Portfolio Manager Charing Cross Transition Steering Group Hammersmith Hospital Steering Group 	<ul style="list-style-type: none"> Hammersmith and Fulham CCG on behalf of the Implementation programme Board 	<ul style="list-style-type: none"> Central London CCG Hounslow CCG West London CCG Clinical Senate Quality Surveillance Committee Charing Cross and Hammersmith Hospital Local Hospital Steering Group Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board Clinical Board CCG Collaboration NW Advisory Bodies* Emergency and Urgent CIG
Central Middx NEL Transition	Coordinate providers in the delivery of business cases	<ul style="list-style-type: none"> Brent CCG Imperial Trust NWL Hospitals Trust West Middlesex Hospital Royal Free Hospital Northwick Park Major Hospital Steering Group NWL Elective (Central Middlesex) Zone Portfolio Manager Elective Transition (CMH) Steering Group CMH Transition Steering Group 	<ul style="list-style-type: none"> Brent CCG on behalf of the Implementation programme Board 	<ul style="list-style-type: none"> Central London CCG Harrow CCG Hounslow CCG Central Middlesex Local Hospitals Steering Group Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board
Hammersmith NEL Transition	Coordinate providers in the delivery of business cases	<ul style="list-style-type: none"> Hammersmith and Fulham CCG Imperial Trust 	<ul style="list-style-type: none"> Hammersmith and Fulham CCG on behalf of the Implementation programme Board 	<ul style="list-style-type: none"> Central London CCG Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board
NWL Maternity and Paediatrics Transition	Coordinate providers in the delivery of business cases and ensuring out of hospital maternity services are being delivered	<ul style="list-style-type: none"> Chelsea and Westminster hospital Ealing Hospital Ealing CCG Hillingdon Hospital Imperial Trust NWL Hospitals Trust West Middlesex Hospital NWL Maternity and Paediatrics Zone Portfolio Manager NWL Maternity & Paeds Steering Group Clinical Implementation Group Chair 	<ul style="list-style-type: none"> Hounslow CCG on behalf of the Implementation programme Board 	<ul style="list-style-type: none"> Brent CCG Central London CCG Harrow CCG Hillingdon CCG Hounslow CCG West London CCG Clinical Board NW Maternity Network NW Paediatrics Network Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board Clinical Senate Quality Surveillance Committee Emergency and Urgent CIG NW Advisory Bodies* CCG Collaboration
Elective Transition (CMH)	Coordinate providers in the delivery of business cases	<ul style="list-style-type: none"> Chelsea and Westminster Hospital Ealing Hospital Hillingdon Hospital Imperial Trust NWL Hospitals Trust West Middlesex Hospital 	<ul style="list-style-type: none"> Brent CCG on behalf of the Implementation programme Board 	<ul style="list-style-type: none"> Central London CCG Ealing CCG Hamm & Ful CCG Harrow CCG Hillingdon CCG Hounslow CCG West London CCG Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board

*associated stakeholders include: Clinical Board, CIGs/Networks, Health and Wellbeing Boards, NCB, NTDA, Patient Groups

‘Creating Out of Hospital’ workstreams

Area	Task (For 13/14)	Responsible (Do the work to achieve the task)	Accountable (Responsible for the success of the task)	Consulted (Those whose opinions are sought)	Informed (Those who are kept up to date with progress)
Ealing Local Hospital	Coordinate the delivery of the Ealing local hospital service specification and business case	<ul style="list-style-type: none"> Ealing CCG Ealing Hospital 	<ul style="list-style-type: none"> Ealing CCG on behalf of the Implementation programme Board 	<ul style="list-style-type: none"> Community providers Local GPs Mental health providers Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board
Charing Cross & HH Local Hospital	Coordinate the delivery of the Charing Cross local hospital service specification and business cases for Charing Cross and Hammersmith	<ul style="list-style-type: none"> Hammersmith and Fulham CCG Imperial Trust 	<ul style="list-style-type: none"> Hammersmith and Fulham CCG on behalf of the Implementation programme Board 	<ul style="list-style-type: none"> Community providers Local GPs Mental health providers Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board
Central Middx Local/ Elective Hospital	Coordinate the delivery of the Central Middlesex local and elective hospital service specification, monitor transition plans and develop plans for refurbishment	<ul style="list-style-type: none"> Brent CCG NWL Hospitals Trust 	<ul style="list-style-type: none"> Brent CCG on behalf of the Implementation programme Board 	<ul style="list-style-type: none"> Community providers Local GPs Mental health providers Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board
Local hub development	Coordinate development of service specifications and business cases	<ul style="list-style-type: none"> Brent CCG Central London CCG Ealing CCG Hammersmith and Fulham CCG Harrow CCG Hillingdon CCG Hounslow CCG West London CCG 	<ul style="list-style-type: none"> Brent CCG Central London CCG Ealing CCG Hammersmith and Fulham CCG Harrow CCG Hillingdon CCG Hounslow CCG West London CCG 	<ul style="list-style-type: none"> Community providers Local GPs Mental health providers Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board
GP premises investment	Coordinate development of strategy for GP premises investment and principles for receiving investment	<ul style="list-style-type: none"> Brent CCG Central London CCG Ealing CCG Hammersmith and Fulham CCG Harrow CCG Hillingdon CCG Hounslow CCG West London CCG 	<ul style="list-style-type: none"> Brent CCG Central London CCG Ealing CCG Hammersmith and Fulham CCG Harrow CCG Hillingdon CCG Hounslow CCG West London CCG 	<ul style="list-style-type: none"> Community providers Local GPs Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board

‘Creating Major Hospitals’ workstreams

Area	Task (For 13/14)	Responsible (Do the work to achieve the task)	Accountable (Responsible for the success of the task)	Consulted (Those whose opinions are sought)	Informed (Those who are kept up to date with progress)
St Mary’s Major Hospital	Coordinate the provider and CCG in the delivery of a business case	<ul style="list-style-type: none"> Imperial Trust Central London CCG 	<ul style="list-style-type: none"> Imperial Trust 	<ul style="list-style-type: none"> Brent CCG Hammersmith and Fulham CCG NWL Hospitals Trust Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board
Chelsea and Westminster Major Hospital	Coordinate the provider and CCG in the delivery of a business case	<ul style="list-style-type: none"> Chelsea and Westminster Hospital West London CCG 	<ul style="list-style-type: none"> Chelsea and Westminster Hospital 	<ul style="list-style-type: none"> Hammersmith and Fulham CCG Imperial Trust Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board
West Middlesex Major Hospital	Coordinate the provider and CCG in the delivery of a business case	<ul style="list-style-type: none"> West Middlesex Hospital Hounslow CCG 	<ul style="list-style-type: none"> West Middlesex Hospital 	<ul style="list-style-type: none"> Brent CCG Ealing CCG Ealing Hospital Hammersmith and Fulham CCG Imperial Trust NWL Hospitals Trust Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board
Northwick Park Major Hospital	Coordinate the provider and CCG in the delivery of a business case	<ul style="list-style-type: none"> NWL Hospitals Trust Harrow CCG 	<ul style="list-style-type: none"> NWL Hospitals Trust 	<ul style="list-style-type: none"> Brent CCG Ealing CCG Ealing Hospital Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board
Hillingdon Major Hospital	Coordinate the provider and CCG in the delivery of a business case	<ul style="list-style-type: none"> Hillingdon Hospital Hillingdon CCG 	<ul style="list-style-type: none"> Hillingdon Hospital 	<ul style="list-style-type: none"> Ealing CCG Ealing Hospital Associated stakeholders* 	<ul style="list-style-type: none"> Implementation Programme Board

APPENDIX F: Risk Management Strategy

This Risk Management Strategy sets out the programme's proactive approach to ensuring that risks are managed appropriately in line with best practice requirements. The aim of the strategy is to make the effective management of risk an integral part of everyday management of the implementation programme. This can be achieved only if there is a comprehensive and cohesive risk management system in place, underpinned by clear accountability arrangements throughout the programme structure. The strategy takes a holistic approach to risk management through seeking to identify, evaluate and manage both clinical and non-clinical risks.

The following framework and tools will be used to support the identification, assessment and prioritisation of risks as well as structure and coordinate efforts to minimise, monitor, and control the probability and/or impact of risks. The sequence of these activities is referred to as the risk management pathway, which is described at a summary level in Figure F.1 below.

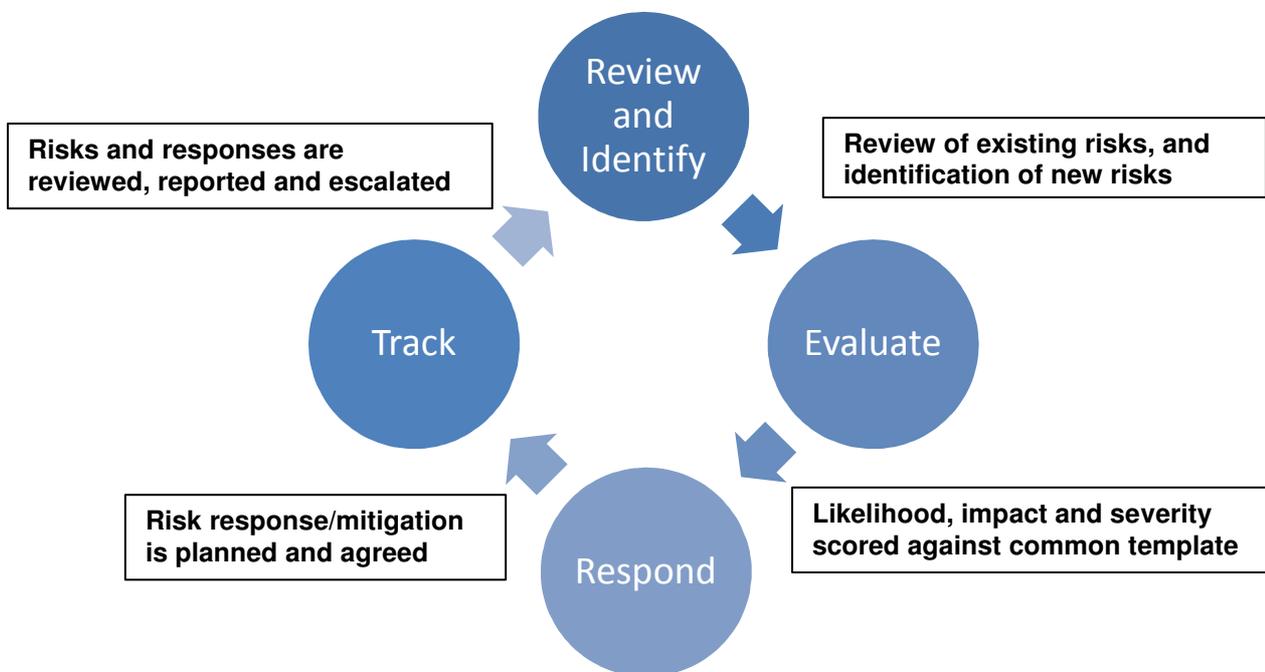


Figure F.1 Risk management pathway

F.1 Risk review and identification

To facilitate the identification and management of risk across the programme, a single programme-wide risk register has been developed. Workstream managers will locally own and be responsible for identifying risks, mitigating actions and any interdependencies with other programme work streams this will be managed by zone portfolio managers.

Once identified by workstream leads, risks will be added to individual workstream risk registers which will be formally reviewed at the monthly Programme Delivery Group meeting. All risks rated as yellow (see figure F.3) will be escalated into a programme risk register which will also be reviewed during the Programme Delivery Group. The programme risk register is the key tool for logging, managing and reporting risks, and:

- Contains both programme-level risks and significant workstream-level risks

- Evaluates all risks using a common scoring mechanism based on likelihood and impact (section F.2. risk evaluation)
- Assigns risk owners and details mitigating actions to manage the impact of the risks
- Contains updates on progress of mitigating actions
- Contains post-mitigation risk evaluation
- Contains details of interdependencies

The standard format for all risk registers is shown below:

Reference	Description	Likelihood of occurrence pre-mitigation (1-5)	Impact on the programme pre-mitigation (1-5)	Overall score & RAG pre-mitigation	Risk mitigation	Likelihood of occurrence post-mitigation (1-5)	Impact on the programme post-mitigation (1-5)	Overall score & RAG post-mitigation	Owner	Date logged	Open/Closed
Imp - R1											
Imp - R2											

Figure F.2 Risk register template

Each workstream lead will be responsible for providing risk updates and maintaining their workstream risk registers. The central programme team will retain overall responsibility for owning and tracking changes of the programme risk register. The programme risk register will be held on the programme’s shared drive.

Each workstream manager is tasked with identifying risks related to the local delivery of change and subsequent benefits realisation. They also need to identify the areas where there are interdependencies between their plans and those of others and the risk that might impact on multiple workstreams. Zone portfolio managers will be accountable for the delivery of the risk management pathway within their zone to the Programme Director.

The Programme Delivery Group will provide a forum to review and resolve all workstream and zone risks and decide appropriate action and/or escalation.

G.2 Risk Evaluation

Risk evaluation is the assessment of the likelihood of a risk occurring, its severity and impact on the programme. The overall score provides a RAG (Red/Amber/Green) rating as specified in the following diagram:

	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency	The event may only occur in exceptional circumstances	The event could occur at some time	The event should occur at some time	The event will occur at some time	The event is expected to occur in most circumstances
Probability	< 5%	5 - 30%	30 - 60%	60 - 90%	> 90%

Risk Matrix ← Likelihood →

	Rare	Unlikely	Possible	Likely	Almost Certain
Negligible	1	2	3	4	5
Low	2	4	6	8	10
Moderate	3	6	9	12	15
Serious	4	8	12	16	20
Very Serious	5	10	15	20	25

Consequence/Impact ↑ ↓

Figure F.3 Risk register scoring matrix

F.3 Risk Response

Risks can be managed by reducing the likelihood of the risk occurring, by mitigating the consequences of a risk or a combination of both. Each control/mitigation action that is identified and implemented should have an effect on reducing the initial evaluation score. The pre-mitigation rating of a risk is the initial evaluation of the risk prior to implementation of any controls/mitigating actions. The post-mitigation rating is an assessment of the likelihood and impact of the risk that is expected following implementation of the controls/mitigating actions.

Workstream leads must ensure that their workstream risks have controls and mitigating action plans detailed in workstream risk registers. Existing controls and mitigation measures should be periodically reviewed to ensure that they remain effective. Where workstreams require actions which cross workstream activity, the action is to be agreed, recorded and tracked through the Programme Delivery Group.

F.4 Risk Tracking

Risks and Issues should be resolved locally where possible, and escalated and reported as required. The process for risk escalation is outlined in Figure F.4.

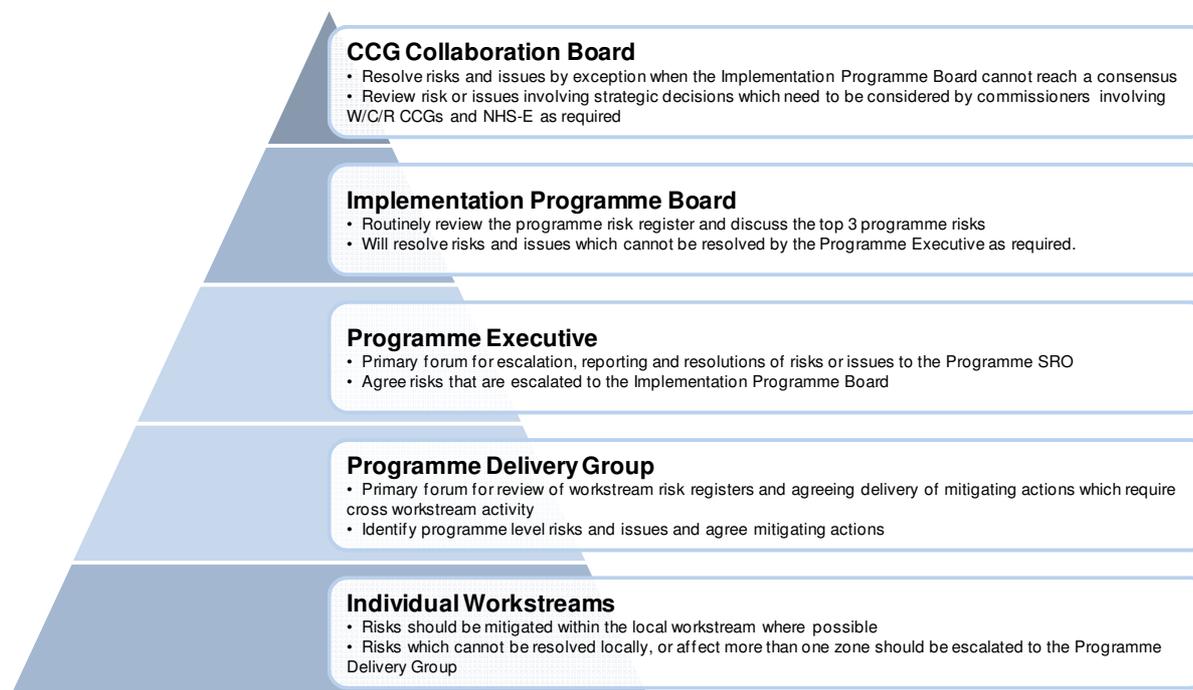


Figure F.4 Risk reporting and responsibilities

Through monthly reports key risks, interdependencies, mitigating actions and issues will be highlighted. In addition new risks should be raised to the central programme team so that the programme risk register can be updated. The central programme team will meet quarterly to review the application of the risk management pathway and identify any further programme risks.

Zone portfolio managers are responsible for ensuring this risk management strategy is applied across their workstreams. They should also work locally with CCGs and providers to ensure that risks are reported to CCG governing bodies and provider boards, where relevant to adhere with CCG and provider risk management policies.

The Programme Delivery Group will be a monthly meeting of workstream leads, zone portfolio managers and provider implementation leads to review workstream level risks, issues and progress reports and agree mitigating actions which require cross workstream activity. Programme level risks are defined as risks that will have a significant impact on more than one workstream or on overall programme delivery – they will be identified through the Programme Delivery Group.

The Programme Executive will steer the Programme SRO to resolve issues on a weekly basis and review programme level risks on a monthly basis. Any risk rated red (see Section F.2) will automatically be considered a programme level risk and escalated to the Programme Executive. All risks that may impact critical path milestones will be highlighted at this stage.

The Implementation Programme Board and CCG Collaboration Board will remain the forums for escalation of specific risks and issues and will involve commissioners from Wandsworth, Camden and Richmond CCGs and NHS England as required.