

Oxfordshire Health and care Transformation Programme

Governance Framework

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Document Control

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1. Introduction

1.1 The purpose of this document is articulate the governance framework by which the Oxfordshire Healthcare Transformation Programme (OHTP) is directed and controlled, together with the activities through which it accounts to, engages with and leads the health care system in Oxfordshire.

1.2 The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The associated assurance procedures for the programme are designed to give assurance to Oxfordshire CCG as the accountable body, NHSE on behalf of the responsible Government Department and the public that the changes proposed and delivered by the programme will maximise quality and safety and ensure NHS resources are managed efficiently, effectively and economically.

1.3 The three primary uses of the document are to:

- Set out the how the organisations in the Oxfordshire healthcare system are organised to support and deliver the programme's vision and objectives.
- Ensure that the programme has a clear process for making decisions
- Act as control document against which the Programme Board can manage the decision making, risk and assurance for the programme
- Outline an agreed set of processes for managing the programme that can be used for external assurance purposes
- Provide a reference document so that people joining the programme or assessing its adherence to its agreed processes can quickly and easily understand how the programme is being managed.

2. Programme Vision and Objectives

2.1 The programme's Vision for Oxfordshire is to have:

Best Care, Best Outcomes, Best Value for all the people of Oxfordshire

By this we mean that:

- **Accountability to patients will be clear and consistent.** A dedicated clinician responsible for their patient 27/7
- **Resources and infrastructure reallocated to match need and enhance convenience.** Online monitoring, longer appointments, diagnostic centres in the community
- **Staff make full use of their skillsets**, working as a team, cutting across organisational boundaries, supported by modern technologies
- **The best bed is your own bed.** You are only admitted to a hospital bed when and where its absolutely appropriate to your needs
- **Prevent what can be prevented and level up inequalities.**

2.2 The OHTP intends to articulate, plan and deliver on healthcare system transformation in Oxfordshire that responds to the priorities set for the NHS nationally in the '[Five Year Forward View](#)' strategic plan. The aim is to ensure the NHS is clinically and financially sustainable by 2020/12.

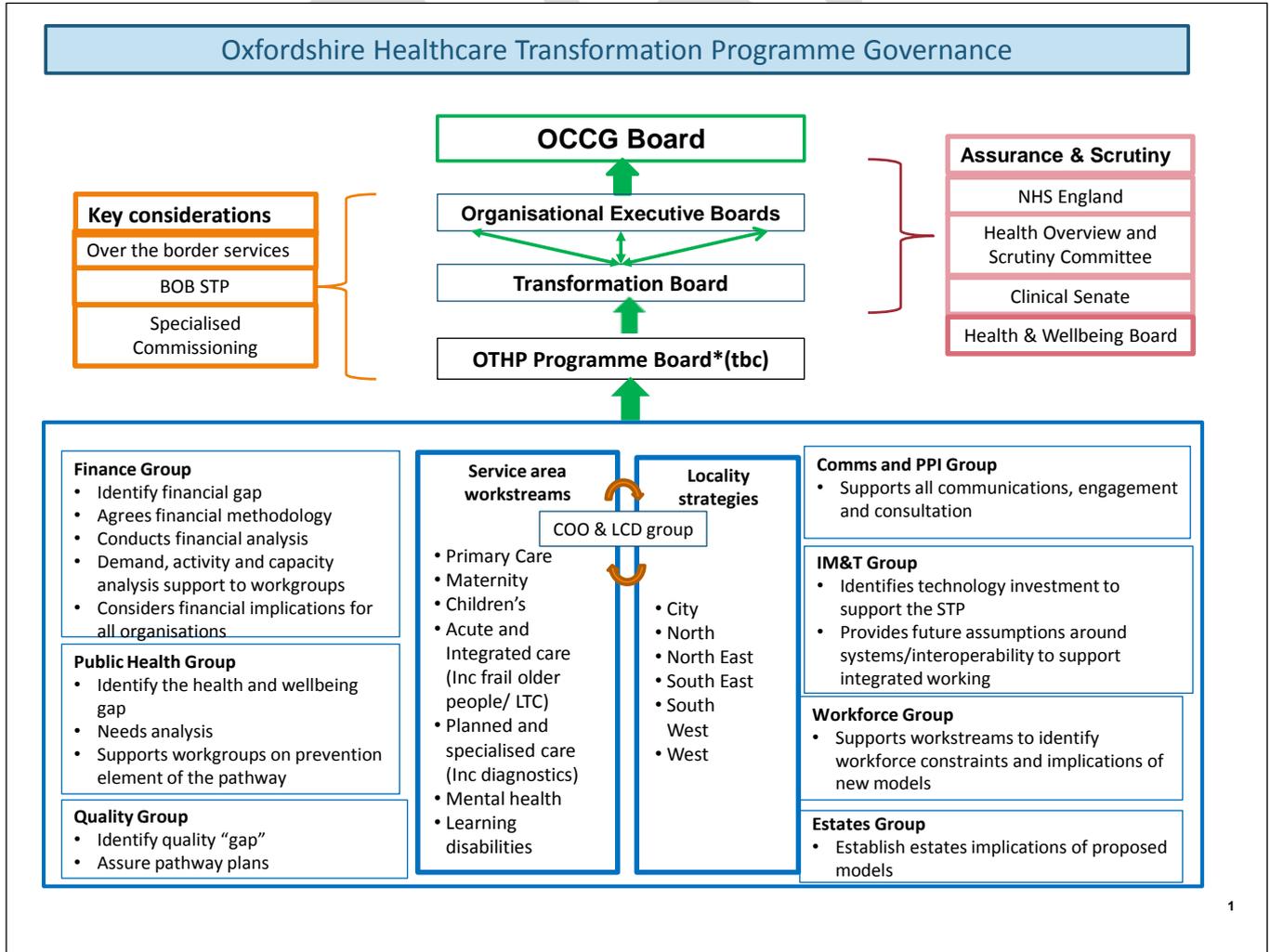
The programme seeks to deliver on all of the CCG's Corporate Objectives for 2016/17:

- Operational delivery
- Empowering patients
- Transforming health and care
- Engaging communities
- Devolution and integration
- System leadership

3. Programme Structure

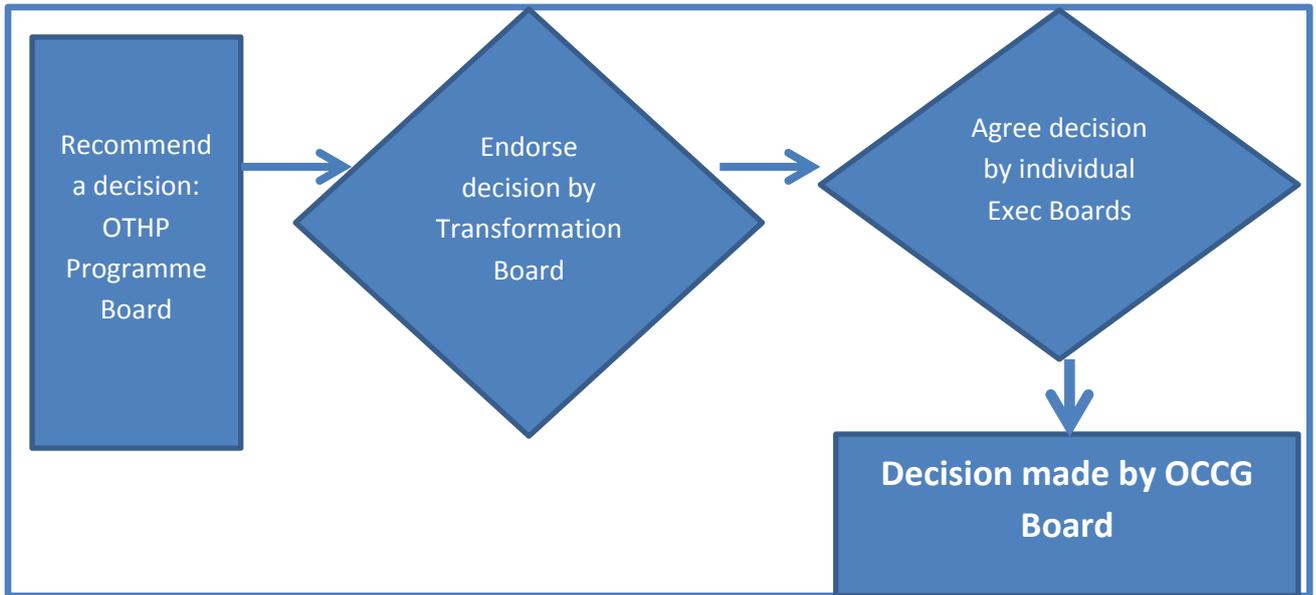
3.1 This is a programme of transformation reaching across the health care system in Oxfordshire. The programme governance arrangements are set out below:

Diagram 1: OTHP Governance Structure



- 3.2 As the main commissioner of NHS services in Oxfordshire, the CCG holds the accountability for decisions on changes to the services it commissions. It is therefore the accountable body for the OTHP.
- 3.3 Because of the nature of structures, funding and delivery of services within the NHS, it is essential that commissioners, providers and patients work together to develop proposed changes to health care services. This requires a partnership approach, so the work of the OTHP is overseen and coordinated by a multi-agency “Transformation Board” with public and patient representatives on the Board. The Terms of Reference for the Board are included in **Appendix A**.
- 3.4 The Transformation Board is not an executive body, so the decision making and accountability functions for changes to services and their associated funding streams/allocations remain with the constituent and legally accountable organisations within Oxfordshire’s healthcare system. For the purposes of the OTHP, the accountable and/or responsible organisations are:
- Oxfordshire Clinical Commissioning Group (overall accountable body)
 - NHS England (for Specialised Commissioning)
 - Oxford Health NHS Foundation Trust (provider)
 - Oxford University Hospitals NHS Trust (provider)
 - Oxfordshire County Council (commissioner and provider)
 - GP Federations (provider)
 - South Central Ambulance Service (provider)
- 3.5 As shown in the OTHP governance diagram, the following bodies are also key partners with different roles:
- NHS England (for assurance)
 - Health and Wellbeing Board (oversight)
 - Health and Overview Scrutiny Committee (oversight and scrutiny)
 - Clinical Senate (assurance)
 - Over-the-border services (commissioners and providers)
 - Buckinghamshire, Oxfordshire and Berkshire West (BOB) Sustainability and Transformation Plan (STP) (commissioner and provider partnership working at scale)
- 3.6 The OTHP landscape is complex, so for the purposes of clarity, the programme decision making flow follows the process articulated in diagram 2 below. It seeks to develop robust proposals, then build and seek consensus but recognises the accountability of the CCG:

Diagram 2: OTHP Decision Making Flow



4. Programme Management Roles

4.1 The following roles have been identified for the management of the programme:

Role	Purpose	Designated body/person
Sponsoring Group	Responsible for defining the direction and ensuring overall alignment of the programme with the strategic direction.	Transformation Board
Accountable Body	Responsible for determining the scope, shape, plans for and authorisation of service reconfiguration (including decisions on consultation) as a result of the Transformation Programme. Responsible for the investment decisions.	OCCG Board
Programme Board	Responsible for defining the acceptable risk profile and thresholds for the programme, ensuring the programme delivers within its agreed boundaries, resolving strategic issues between projects, understanding and managing the impacts of change. Signing off key strategic documents and delivering assurance on the programme.	OTHP Programme Board
Senior Responsible Owner (SRO)	Accountable Officer for the successful delivery of the programme.	OCCG CEO
Deputy SRO	Deputises for SRO on key decisions and issues for the programme.	OCCG CCO

Role	Purpose	Designated body/person
Programme Director	Creating and communicating the vision for the programme, providing clear leadership and direction throughout the life of the programme, securing investment needed, ensuring delivery of a coherent capability, establishing the governance arrangements, ensuring viability of the business case, maintaining communication and alignment with senior managers, ensuring assurance is in place, monitoring key strategic risks, chairing the programme board.	Programme Director (system appointment)
Programme Manager	Day-to-day management of the programme. Planning and designing the programme and monitoring its progress. Developing and implementing the governance framework, coordinating projects and their interdependencies, managing the programme budget. Manages workload of the Programme Officer.	Strategy & Transformation Manager (OCCG)
Programme Officer	Day to day administration of the programme, maintaining up-to-date files, documents and records. Arranging and planning PMO meetings	Programme Support Officer (contracted)
Strategic Engagement Lead	Managing and coordinating engagement plans with ALL stakeholders. Including maintaining an overview of engagement activity with; a) public and patients, MP's, partner stakeholder organisations b) staff c) clinicians	Head of Strategy & Transformation (OCCG)
Patient, Public and Partner Engagement Lead	Managing, planning and coordinating consistent and effective communication and engagement with patients, the public, external stakeholder organisations and MPs for the programme	Head of Communications (OCCG)
Clinical engagement Lead	Plans, coordinates and manages the engagement with clinicians	Planning & Transformation Manager (OCCG)
Workforce Engagement Lead	Plans, coordinates and manages the engagement with staff	#TBC#
Document Manager	Manage the drafting, editing, production and collation of key strategic documents including management of the programme's 'evidence library'.	Head of Strategy & Transformation (OCCG)
Programme Business Case	Manage the production of the full business case for consultation	Programme Director (system appointment)
Community Hospitals Business Case	Manage the production of the business case for consultation on community hospitals	COO (Oxford Health)
Horton Hospital Business Case	Manage the production of the business case for consultation on the Horton Hospital	Executive Director (Oxford University Hospitals)

Role	Purpose	Designated body/person
Equality Analysis	Lead the production of an Equality Analysis for the programme and guide EA production across each work stream	Equality & Access Manager (OCCG)
Analytic Support	Provide analytical support to clinical work streams and Locality Plans on financial modelling and travel flow analysis	Programme Director Transformation & Consultancy (SCW CSU)

4.2 To deliver on its vision, the programme needs robust arrangements in place for managing the business of the programme, defining and managing risk, budgets and performance. A OTHP Programme Board could be established, its Terms of Reference are shown in **Appendix B**.

5. Risk Management

5.1 The Programme Director is responsible for managing the risks within the programme. The Programme Manager records and monitor the programme's Risk Register and risks and their mitigations are overseen by the Programme Board.

5.2 The Risk Management process is as follows:

- Programme team members raise all risks they are aware of directly with the Programme Manager (PM)
- The Programme Manager defines the severity of the risk, and makes an initial assessment including impact, proximity, ownership etc. This includes an initial assessment as to the level of risk these are: **strategic, programme or corporate level**.
- The Programme Board will ensure that any programme risks deemed as a potential corporate risk are escalated as required into the Corporate Risk Management process.
- The programme's strategic and operational risks are reported through the CCG Director's Risk Review meeting (bi-monthly).

6. Assurance and Scrutiny

NHSE Assurance

6.1 NHS England will expect ALL service change proposals to comply with the Department of Health's four tests for change, which are:

1. Strong public and patient engagement
2. Consistency with current and prospective need for patient choice

3. A clear clinical evidence base
4. Support for proposals from clinical commissioners.

6.2 The programme will need to provide robust evidence to NHSE to secure its assurance on proposed service changes before consultation can be launched. NHSE assurance will then be provided along with support and guidance through the implementation of any service changes.

Clinical Assurance

6.3 Any changes to healthcare services, must comply and where possible, improve clinical standards. The Thames Valley Clinical Senate has therefore been commissioned to establish an independent clinical review panel to assure the clinical case for change.

6.4 Clinical assurance will be sought before consultation and NHSE assurance. In accordance with OCCG functions, the clinical quality and safety of services will be monitored and challenged accordingly following decision and implementation.

Legal Assurance

6.5 CCGs have a legislative duty to ensure that they commission services which promote involvement of patients across the full spectrum of prevention or diagnosis, care planning, treatment and care management. To ensure the duty is met throughout the pre-consultation, consultation and post-consultation phases, the programme has appointed a legal firm (Capsticks) to offer legal advice and assurance.

Scrutiny

6.6 Health scrutiny regulations say NHS commissioners must consult local authorities where there is a 'substantial development of the health service'. The programme is therefore subject to scrutiny and challenge by the Oxfordshire Health Overview and Scrutiny Committee (HOSC) which is a committee of Oxfordshire County Council.

Oversight

6.7 The local Health and Wellbeing Board has a responsibility for the following:

- Prepare a Health & Wellbeing Strategy for the whole population of Oxfordshire to drive the development and delivery of services to meet agreed priorities”;
- Oversee the joint commissioning arrangements for health & social care across the county

- Maintain oversight of the commissioning intentions of both the Oxfordshire Clinical Commissioning Group and the Council;

6.8 It therefore has a role in overseeing any changes the programme will propose or introduce.

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Appendix A: Transformation Board Terms of Reference

1. Purpose and Remit

The Transformation Board is set up to drive forward the transformation of the health and social care system in Oxfordshire, and more specifically:

- To bring together in one place all the partners and programmes of work that will deliver significant change in the Oxfordshire health and care system.
- To oversee the set up and delivery of the joint Oxfordshire Healthcare Transformation programme.

2. Membership

- Chief Executives from:
 - Oxford Health NHS Foundation Trust (Chair)
 - Oxford University Hospitals NHS Trust
 - Oxfordshire Clinical Commissioning Group
 - Oxfordshire County Council
 - Principal Medical Limited (PML)
 - South Central Ambulance Service
 - Healthwatch
 - Local Medical Committee
- Medical Director and Director of Strategy, Oxford Health NHS Foundation Trust
- Director of Planning and Information, Oxford University Hospitals NHS Trust
- Leader of the Council, Oxfordshire County Council
- Director of Adult Social Services, Oxfordshire County Council
- GP Lead (Clinical Chair), Oxfordshire Clinical Commissioning Group
- GP federations clinical representative
- Medical Director, South Central Ambulance Service
- Patient and public representative
- Medical Director, Principal Medical Limited (PML)
- Chair of the Board of Directors, Oxford
- Director of Public Health, Oxfordshire County Council

3. Responsibilities and Relationships

Organisations represented on the Transformation Board have their own statutory and non-statutory responsibilities and accountabilities. Individual partners remain responsible and accountable for decisions about their own services and resources.

The purpose of the Transformation Board is to work in partnership to transform health care services for the benefit of everyone living in Oxfordshire. It will therefore:

- a) Provide the overarching governance mechanism for the Oxfordshire Healthcare Transformation Programme
- b) Ensure that the Oxfordshire Healthcare Transformation Programme is driven by the a single vision and values and the agreed guiding principles
- c) Ensure that programme leads are adequately supported in their work and held to account for the delivery of their responsibilities.

More specifically, the Transformation Board will:

1. Make strategic decisions about priorities and resources relating to the vision and objectives of the OTHP
2. Ensure there is strong patient and the public engagement in the OTHP and that patient choice is a key consideration for the programme. By ensuring that an over-arching Communications and Engagement Strategy is in place and that key messages are circulated to partner organisations following each meeting.
3. Ensure changes to the healthcare system in Oxfordshire are made on the basis of strong clinical evidence and best practice (national and international)
4. Monitor the impact of transformation programme as a whole, including unintended consequences/dis-benefits, and agree appropriate strategic response
5. Ensure effective coordination of the planning and commissioning of services and operational delivery
6. Engage with GP Clinical Directors, Academic Health Science Networks, Collaboration for Leadership in Applied Health Research and Care (CLAHRC) and other stakeholders, inviting their representatives to attend Board meetings, as appropriate.

4. Reporting Arrangements

The Transformation Board will escalate issues to the relevant organisational executive Boards and/or NHS England as appropriate.

5. Meetings

Meetings will be held monthly.

6. Support

Support (including administration) to the Board will be provided by the OTHP Programme Management Office.

Staff seconded in by the partner organisations will lead and deliver transformation projects and programmes.

7. Review

The Transformation Board Terms of Reference will be reviewed as necessary by the Programme Director for Transformation.

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Appendix B: OTH Programme Board Terms of Reference

1. Purpose and Remit

The Oxfordshire Healthcare Transformation Programme Board is set up to manage the detailed business of the OTHP. It is set up:

- To ensure the programme drives forward and it delivers the identified outcomes and benefits. Including being responsible for defining and agreeing key elements of the programme and its delivery.
- To ensure the programme delivers within its agreed boundaries, resolving strategic issues between projects, understanding and managing the impacts of change.

2. Membership

- Programme Director for Transformation (Chair)
- Chair of CCG
- Head of Strategy & Transformation, OCCG
- Planning/Strategy & Transformation Manager, OCCG
- Head of Communications, OCCG
- Work Stream Lead for Maternity & Childrens
- Work Stream Lead for Urgent & Integrated Care
- Work Stream Lead for Planned Care
- Work Stream Lead for Mental Health & Learning Disability
- Chair of the Finance Group
- Chair of the Estates Group
- Chair of the Quality Group
- Chair of the Workforce Group
- COO, Oxford Health
- Director of Planning and Information, OUH

3. Responsibilities and Relationships

Members of the Programme Board represent the interests of their subject or professional expertise. The Board has no executive powers but it makes recommendations to appropriate Boards regarding the implications of programme. The Board will:

- a) Provide the structure for coordinating, agreeing, tasking and monitoring activity to achieve the Oxfordshire Healthcare Transformation Programme Vision.

- b) Ensure that programme is effectively managed in accordance with the programme's governance processes of risk, assurance and realises the programme's identified benefits.

The Programme Board will more specifically:

1. Consider, commission, prioritise and approve proposed changes to the programme and associated projects, approving programme briefs and business cases
2. Ensure consistency, compatibility and co-ordination between projects
3. Manage interdependencies and risks associated with all transformation projects
4. Ensure programme delivers against its outcomes, budgets, timescales, quality measures and business benefits, as identified in their business cases.
5. Strategically identify, prioritise and allocate resources to programmes and projects, re-aligning where necessary.
6. Ensure appropriate public and patient engagement is undertaken across the programme.

4. Reporting Arrangements

The Programme Board will escalate issues to the Transformation Board and where relevant; the organisational executive Boards and/or NHS England as appropriate.

5. Meetings

Meetings will be held monthly.

6. Support

Support (including administration) to the Board will be provided by the OTHP Programme Management Office.

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