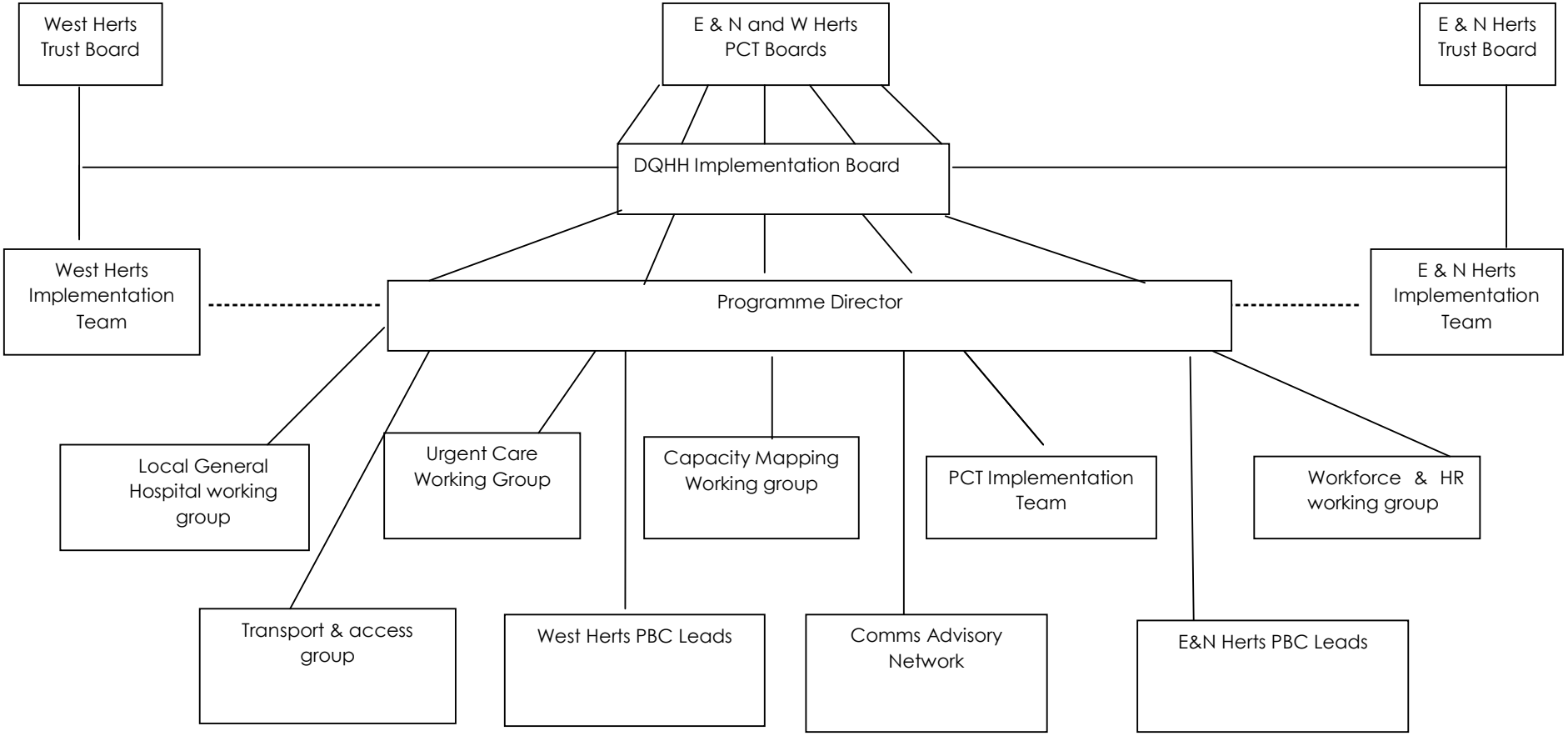
Report for Meeting of ASR Project Board
20 December 2007

Update on Programme Implementation Arrangements Following the Discussion at the ASR Project Board on 29 November 2007

1 Structure


West Herts Trust Board
E & N and W Herts PCT Boards
E & N Herts Trust Board
DQHH Implementation Board
West Herts Implementation Team
Programme Director
E & N Herts Implementation Team
Local General Hospital working group
Urgent Care Working Group
Capacity Mapping Working group
PCT Implementation Team
Workforce & HR working group
Transport & access group
West Herts PBC Leads
Comms Advisory Network
E&N Herts PBC Leads

2 DQHH Programme Implementation Board (PIB)

2.1 Remit:

The remit of the programme board will be to:

1. provide leadership to the implementation of the strategies agreed through the "Delivering Quality Healthcare in Hertfordshire" process and the implementation of decisions.
2. ensure effective co ordination and integration of the plans developed by the respective organisations.
3. to oversee the development and approve a master plan for the programme implementation
4. to monitor the implementation of the master plan
5. to agree variations to the implementation plan
6. to resolve conflicts between organisations and between projects within the overall programme
7. to recommend business cases for approval *to* the constituent boards where there is overlap
8. to share intelligence on strategies and significant issues *a*rising within the specific organisations which may impact on the overall programme
9. to ensure that there are appropriate risk managements arrangements in place across the programme

2.2 Meeting frequency

The Programme Implementation Board is a high level body that does not need to delve into the detail of the implementation process unless there is a particular problem. Its role could be seen as monitoring an agreed plan, facilitating change and helping to overcome particular difficulties or blockages. The intention would be that the appointment of a full time senior Programme Director will take away much of the detailed work that the Acute Services Review Project Board has previously been involved in. With this in mind it is suggested that meeting frequency should match the pace of change. This will be fast for the first 6-9 months of 2008 and monthly meetings may be advisable: after this bi-monthly meetings may well suffice. The Programme Director or the board can request more or less frequent meetings throughout the implementation phase as change progresses.

2.3 Membership and chairmanship

- He membership of the programme board will include the Chairs of each of the constituent organisations plus 2 other Executive Directors as nominated by their respective organisations.

Membership is designed to reflect organisations rather than specific individuals, therefore deputies may attend.

- The Strategic Health Authority will appoint an observer
- representatives from Hertfordshire County Counci, the East of England Ambulance Trust, and Hertfordshire Partnership Foundation Trust will be invited to attend as appropriate
- the Board meetings would be chaired on an alternate basis by the Chairs of the two Primary Care Trusts

3 Stakeholder involvement

One of the greatest risks for the implementation phase will be the disaffection of some stakeholders giving rise to potential delay Such difficulties are more likely to arise if communication is poor and involvement limited. Further, it is a statutory duty to involve the public in healthcare planning, and the genuine enthusiasm for this shown throughout the consultation phase is doubtless a key facilitator for progress of the programme to date.

In order to ensure effective stakeholder engagement a stakeholder forum would be established. The details of this will be worked up by the Programme Director and approved by the Board.

4 Remit and membership of key groups

The chairs of groups will set out the detailed terms of reference and membership of the groups with the Programme Director, in accordance with the overall framework set out in section 1.2.

4.1 West Herts Implementation Team

To be chaired by the Director of Implementation at WHHT and be accountable through the medical director to WHHT Board, with a reporting line into the PIB.

Remit:

- oversees site issues at Hemel
- implements plans for activity and service change including the AAU and other changes on the Watford site
- provides project plan for Hemel to Program Director to ensure fit with DQHH
- monitors critical path interface with WH moves to Watford

4.2 East and North Herts Implementation Team

To be chaired by the Director of Strategic Planning at ENHT and be accountable directly to Chief Executive of ENHT, with a reporting line into the PIB.

Remit:

- oversees site issues in ENHT owned estate
- implements plans for activity and service change
- provides project plan to Programme Director to ensure fit with DQHH
- monitors critical path interface with other E&N moves eg: UCC at A&E

4.3 PCT Implementation Team

To be chaired by the Chief Operating Officer of the PCTs Provider Arm, accountable to the PIB

Remit:

- managing and making alternative provision for changing activity flows including intermediate care
- Implementation of Clinical Assessment & Treatment Services
- open access GP diagnostics (cross reference to LGH working group)
- changes in other providers should mirror models in Herts

4.4 Capacity Mapping Working Group

To be chaired by the PCT Director of Commissioning, accountable to the PIB

Remit:

- describe required changes in activity over time eg: urgent care moves form A&E to UCC
- map required changes in financial flows associated with these
- advise Implementation Teams of the requirements for alternative care provision
- liaise with Implementation Teams, Working Groups and the Programme Director

4.5 Urgent Care Working Group

To be chaired by the PCT Director of Primary Care, accountable to the PIB

Remit:

- describes generic service specification
- learns from Hemel pilot
- produces service specs and oversees in the procurement of UCC services
- liaises with LGH working group which will procure facilities for the 2 UCCs co-located with LGHs
- liaises with acute trusts about procurement of facilities where these are co-located with A&E
- liaises with providers of standalone facilities
- liaise with Implementation Teams, Working Groups and the Programme Director

4.6 Local General Hospitals and Intermediate Care Working Group

To be chaired by the PCT Director of Strategic Planning, accountable to the PIB.

Remit:

a) Local General Hospitals

The approach here will be to procure facilities and services separately, allowing a campus approach with potentially several providers on the site eg: urgent care, GPs, outpatient, imaging. The site will need to be in a specified geographic area but may not be a current health care site.

- describe generic service specification for LGH, including core services required by PCT and acute trust, and secondary options for GP services, council, charities etc
- liaise with the Joint Commissioning Partnership Board, Councils and others to explore the potential for joint procurement
- produce 2 detailed service specifications for procurement of facilities from which services can be provided, by a range of providers. N.B. this will include UCCs
- Oversee in market testing process to procure the above from a suitable site, which may be via LIFT in E&N, and could be open tender or ring fenced value for money (vfm) in WH.
- produce detailed service specifications for procurement of health care services in LGH (excluding UCC which will be developed by UCC working group) and oversee in market testing process to procure this N.B. this could be open tender or ring fenced vfm with local providers
- liaise with Implementation Teams, Working Groups and the Programme Director

b) Intermediate care

It will be necessary to commission an increase in the levels of bed and home based intermediate care in order to support the new models of care.

- describe generic service specification, taking account of : PCT requirements for step down beds (assessed at roughly 20 beds per county quadrant); PCT step up beds: PCT requirements for home based support: rehabilitation beds required by the acute trust: therapy requirements: medical supervision (could be GP call out, consultant or GP led)
- liaise with social and adult care providers over the potential for joint procurement
- produce detailed service specifications for the required estate/beds for the above and assist in procurement
- identify if there is any requirement for consultation
- produce detailed service specifications for the requisite home based care and assist in procurement
- liaise with Implementation Teams, Working Groups and the Programme Director

4.7 Workforce and HR Working Group

To be chaired by the PCTs Director of Human Resources, accountable to the PIB

Remit:

- liaise over HR issues
- where these are generic, develop a common policy and approach
- ensure the PIB and partner boards are kept aware of any key issues
- develop project plans for HR changes and ensure that these are integrated with the overall program timeline
- liaise with Implementation Teams, Working Groups and the Programme Director in order to develop workforce plans
- commission appropriate training plans to support new models of care

4.8 Communications Advisory Network

To be chaired by the PCTs Director of Strategic Planning, accountable to the PIB.

Remit:

- liaise over internal and external communication issues
- where these are generic, develop a common approach and message
- ensure the PIB, trusts and partner boards are kept aware of any key issues
- develop project plans for communication and ensure that these are integrated with the overall program timeline
- advise on the political environment and any especially sensitive issues
- liaise with Implementation Teams, Working Groups and the Programme Director

4.9 Transport and Access Group

To be chaired by the PCTs Director of Strategic Planning and accountable to the PIB

Remit:

- To liaise with the local authority and other stakeholders to develop the transport and access services across Hertfordshire to underpin the changes agreed in service patterns
- To make recommendations to the PIB and oversee the implementation of the

investments proposed in transport services

- To work towards equity of access to health services for Hertfordshire's population.

5 Resources and financial provision

6.1 A budget of £400,000 per annum has been agreed by the PCTs for programme management purposes

6.2 The Programme Director's costs will be split with each of the 4 organisations paying 25% each, the balance of the programme management funding will come from the PCTs

6.3 The appointment of the Programme Director will be agreed by the PCTs and the Trusts

6.4 The Trusts will fund their own implementation teams