

TERMS OF REFERENCE NEW ACUTE HOSPITAL PROGRAMME BOARD

Chair: Chief Executive

Vice Chair: - TBA

Voting Membership: To Be Confirmed

Non-Voting Members: New Hospital Programme Director

In Attendance: New Hospital Programme Manager

Other Members of the Programme Team (by invite)

Frequency of Meetings: Monthly

Meeting Management: Papers to be circulated 1 week before meeting, unless by

exception and agreed with Chair of meeting in advance.

Extent of Delegation: The Programme Board has the delegated authority from the

Trust Board, with the following exceptions:

Contracts for the new hospital can only be signed after a

specific resolution from the Trust Board

Major changes in NHS Service provision are to be

endorsed by the Board before being progressed

 Or any other issue that the Scheme of Governance, Standing Financial Instructions or Standing Orders

require to be approved by the full Board

Chief Exec/ Chairs Action: The Chief Exec as Chair of the New Hospital Programme

Board is, on an exceptional needs basis, granted delegated authority to make decisions on time critical issues arising between planned meetings of the Programme Board.

Whenever such powers are exercised a full report explaining why such a necessity arose and exactly what action was taken, is to be made to the next quorate Programme Board.

Quorum: 3 Voting Members AND 1 Non-Executive

1. Remit

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- 1.1 The purpose of the New Hospital Programme Board is to:
 - Identify and agree the Projects forming the New Hospital Programme.
 - Provide leadership and a clear strategic direction for the Projects forming the New Hospital Programme.
 - Make clear decisions regarding the strategic direction of each of the Projects including but not limited to the resource commitment, objectives, priorities, risk profile and Project deliverables.
 - Agree and allocate the necessary financial, knowledge, human and time resources required to deliver the New Hospital Programme
 - Recognise the dynamic nature of the Programme and to provide a fast and responsive decision making and support system for the Programme Director and individual Project Directors.

2. Accountability

2.1 The CEO as chair of the New Hospital Programme Board will report to the Trust Board for the decisions and actions it takes and instructs.

3. <u>Organisational Relationships</u>

- 3.1 The CEO as Chair of the New Hospital Programme Board, along with the Director responsible for overseeing the OBC will maintain a direct link from the Programme Board to the Trust Board by attending Trust Board Meetings and providing a report and assurance of the effectiveness of the Programme Management delivered by the Trust.
- 3.2 To ensure a holistic and fully integrated suite of Trust Service provision the New Hospital Programme Board will receive regular updates from each constituent Project.
- 3.3 The Programme Board is responsible for ensuring co-ordination with the PCT's Delivering Quality Health Care in Hertfordshire programme.
- 3.4 The Chief Executive and Director responsible for overseeing the OBCare given delegated authority to represent the Trust at the Watford Health Campus Strategic Management Group.
- 3.5 The Director responsible for overseeing the OBC will chair the Watford Health Campus Operations Group and is granted delegated authority to represent the Trust at that forum.

4. Responsibilities

- 4.1 Individual Members are expected to act as Champions of the Programme within their respective organisations. Members are empowered to discuss the Programme with interested Parties outside of the meeting, subject to any confidential information shared at the Programme Board.
- 4.2 Communicate with key external stakeholders about the Programme and to encourage their input into the process.
- 4.3 Communicate with key internal stakeholders and where required support their involvement in the process.
- 4.4 Oversee and approve the Procurement processes for the Projects forming the New Hospital Programme.
- 4.5 Make a recommendation to the Trust Board on the outcome of any and all of the Procurement processes.

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- 4.6 Review and where appropriate endorse recommendations from each of the Project Teams to ensure the successful delivery of the Projects forming the New Hospital Programme.
- 4.7 For each Project within the New Hospital Programme:
 - a. Set targets
 - b. Monitor Progress, and
 - c. Report regularly to the Trust Board
- 4.8 Agree and from time to time amend the schedule of Projects forming the New Hospital Programme
- 4.9 Agree and from time to time amend the membership of the New Hospital Programme Board.
- 4.10 The New Hospital Programme Board recognises that in order to deliver a Programme of this complexity, a flexible and responsive management framework needs to be in place. The Programme Board can therefore on request, delegate authority for decision making to other groups within the New Hospital Programme. Chief Exec/ Chairs Action may also be sought for matters requiring urgent action/ attention. All such actions to be reported on in detail at the next quorate Programme Board meeting.
- 4.11 To provide leadership of the Programme and to facilitate effective partnership working with key stakeholders.
- 4.12 To set targets and agree control systems to ensure delivery of the stated objectives of the New Hospital Programme, in particular by agreeing the following:
 - a. At the commencement of the Programme:
 - a. The initial schedule of Projects forming the New Hospital Programme
 - b. Identifying and agreeing Project Management structures for each Project within the New Hospital Programme
 - c. Agree Resource Plans and budgets for all Projects forming the New Hospital Programme. For the absence of doubt, once a Project resource plan is agreed the Project Team shall have authority to commit resources in line with the individual elements of those resource plans. The appropriate Project Director will make reports on resource commitment at each New Hospital Programme Board meeting.
 - d. Agree the key expected benefits and required deliverables for each Project within the New Hospital Programme
 - e. Agree the dependency "map" for the New Hospital Programme
 - f. Agree responsibilities and objectives for Project Directors
 - g. Agree an initial Project prioritisation
 - b. As the programme progresses by:
 - a. Reviewing and confirming each Project's deliverables
 - b. Reviewing and confirming/ approving any changes to each Project's programme
 - c. Providing advice and guidance on further work and content within each project which maybe required
 - d. Reviewing and approving proposed action plans
 - e. Reviewing and approving any stage plans generated for the Projects.
 - f. Signing off each stage of each Project as having been completed
 - g. Authorising the start of each stage of each Project within the Programme
 - h. Ensuring that all deliverables are complete and delivered
 - i. Agreeing a final report to be submitted to the Trust Board
- 4.13 To meet the accountability requirements in relation to the management of large schemes in the public sector.



- 4.14 Review and approve business case content and deliverables to the Trust Board for endorsement.
- 4.15 To ensure effective decision-making that delivers and adequately resources the programme.
- 4.16 To consider the outcome of commissioned reports and to make decisions for endorsement at the Trust Board.
- 4.17 To oversee the Trust's involvement in any other IIYH work streams not currently identified.
- 4.18 To establish and maintain links with other bodies such as the Strategic Health Authority, local Primary Care and other Trusts, Social Services etc where Services are affected by or potentially impact the New Hospital Programme or a constituent Project.
- 4.19 To regularly submit formally recorded minutes of the New Hospital Programme Board to the Trust Board.
- 4.20 The New Hospital Programme Board will periodically review these Terms of Reference to ensure they are current and are enabling the Programme to deliver the organisational objectives.

5. Reporting Arrangements

5.1 The New Hospital Programme Board will ensure that the Trust Board is kept up to date with progress and is made aware of any key issues and risks prevalent in the Programme.

Version Control

Version 1. Originally drafted 8th December 2004

Version 5. Revised for content 22nd June 2006

Version 6. Revised for format 11th July 2006

Version 7. Revised for content 8th August 2006

Version 8. Revised for Content 29th July 2008