

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
General (GI) Surgery – Transformation Delivery Group

TERMS OF REFERENCE

Policy	✓
Review of Policy	✓
Review of Trust Area of Activity	✓
Operations	✓
Resource Management	✓

Terms of Reference

Programme Overview

- To prepare for Public Engagement and Consultation for future configuration of GI Surgery services, as part of the system-wide *Fit for the Future* programme.

Delivery Group Aim

- To ensure the GI Surgery service is 'consultation ready'.

By

1. Overseeing development of the long-list of possible solutions.
2. Providing oversight, peer review, challenge and ratification of the possible solutions.
3. Working with the *Fit for the Future* Programme to develop draft 'Hurdle' and 'Essential' criteria.
4. Ensuring service user engagement and involvement in establishing the long-list solutions and appraisal criteria, by conducting a 'Solutions & Appraisal Criteria Development' workshop.
5. Overseeing development and sign-off of public engagement and consultation materials (workshop, engagement hearings and Citizens' Jury).
6. Agreeing the messages and content for the system-wide Stakeholder, Communications & Engagement strategies.
7. Identifying key spokespeople for the engagement and consultation phase and offering media training.
8. Determining availability for the workshop, engagement hearings and Citizens' Jury.

Membership & Responsibilities

Chair

Chief of Service for Surgery – **Vinay Takwale**

Deputy Chair

Deputy Chief Operating Officer, Planned Care – **Felicity Taylor-Drewe**

Operational Lead

Deputy Divisional Director, Surgery – **Bernie Turner**

Core Members

Director of Strategy & Transformation – **Simon Lanceley**

Chief Nurse, Surgical Division – **Liz Bruce**

Service Line Director & Upper GI Consultant – **Simon Dwerryhouse**

General Manager, GI Surgery – **Cassie Taylor**

Matron, GI – **Jules Roberts**

Jo Bennett - Consultant Colorectal Surgeon

Neil Borley - Consultant Colorectal Surgeon

Tim Cook - Consultant Colorectal Surgeon

Damian Glancy - Consultant Colorectal Surgeon

Dave Hewin - Consultant Upper GI Surgeon

Simon Higgs – Consultant Upper GI Surgeon &

Clinical Lead

Steve Hornby – Consultant Upper GI Surgeon

Shameen Jaunoo - Consultant Upper GI Surgeon

Michele Lucarotti – Consultant Colorectal

Surgeon

Oliver Old – Consultant Upper GI Surgeon

Mark Peacock – Consultant Colorectal Surgeon

Tom Roe - Consultant Colorectal Surgeon

Mike Scott - Consultant Colorectal Surgeon &

Clinical Lead

Mark Vipond - Consultant Upper GI Surgeon

Communications Specialist – **Craig MacFarlane /**

Kate Jeal

Finance Business Partner – **Rob Neale**

Head of Business Intelligence – **Sarah Hammond**

Governor Representative – **Alan Thomas**

Programme / Project Support

Programme Manager – **Lou Overton**

9. Holding the project team to account for delivery of the actions required to be 'consultation ready' to the agreed timescales.
10. Ratifying and challenging decisions made by the working groups / project team.
11. Being accountable for and providing resolutions to escalated Risks & Issues (score of >12).
12. Holding people to account for complying with programme governance as stipulated in the 'Roles & Responsibilities' within the ToRs.
13. Providing Centres of Excellence Delivery Group and Surgical Divisional Board with the relevant information to agree proposals, as per the Governance Structure.
14. Ensuring information is shared at any other forums where it will impact, or be impacted upon, by the wider organisation.

Continues over....

Co-Opted

Medical Director – **Mark Pietroni**
 Service Line Director & Breast Consultant – **Clare Fowler**
 Interim Clinical Lead for Gynaecology – **Kathryn Hillaby**
 Clinical Lead for Urology – **John Eaton**
 Clinical Lead for Vascular – **David Cooper**
 Speciality Director for Anaesthetics & Critical Care – **Steve Twigg**
 Speciality Director for Radiology – **TBC**
 Speciality Director for Unscheduled Care – **Emma Wylie**
 Specialty Director for Gastroenterology – **Preetham Boddana**
 Representation from Medical Education – **Kim Benstead / Russell Peek**
 HR Business Partner – **Elva Jordon-Boyd**
 CoEx Transformation Programme Director – **Jo Underwood**
 Deputy Director of Estates – **Terry Hull**
 Operational Director of Finance – **Jonathan Shuter**
 Chief of Service, D&S – **Kate Hellier**
 General Managers
 Associate Director, Engagement and Experience, GCCG - **Becky Parish**
 Patient & Public Involvement (PPI) Manager – **Anna Rarity**

Quorum

- Chair
- 3 Clinical Representatives
- 2 Non Clinical Representatives

Reporting Line

- The Division Of Surgery
- Centres of Excellence Delivery Group
- Trust Leadership Team
- Trust Main Board

Frequency of Meetings

- Monthly

Sub-Committees

- Adhoc working groups

Submission / Availability of Minutes & Action Log

- Monthly

Roles & Responsibilities

1. Chair will:

- Chair meetings and ensure all opinions and values are recognised with courtesy.
- Hold people to account for timelines and actions.
- Mediate / agree the way forward through disagreements and challenges.
- Give due consideration to the impact of decisions made on all people affected and ensure that key stakeholders are involved / sighted.
- Provide updates on actions, timelines, Risks & Issues, etc which have been escalated, to the Programme Manager in a timely manner to support the development of the progress report.
- Report on progress (as per the monthly progress report) to the Trust Leadership Team.
- Attend non-Surgical Divisional meetings to update and engage with other specialties / departments affected by the pilot (shared responsibility with the operational lead).

2. Operational Lead will:

- Provide subject-matter expertise.
- Be responsible for regular and timely communication with key internal stakeholders (clinicians, operational managers, department leads, etc).
- Provide practical solutions to any arising problems to ensure the project progresses as required.
- Facilitate supporting meetings and / or workshops as required.
- Provide updates on actions, timelines, Risks & Issues, etc to the Programme Manager in a timely manner to support the development of the progress report.
- Report on progress (as per the monthly progress report) to the Surgical Division Board and any other divisional meetings requiring updates.
- Attend non- Surgical Divisional meetings to update and engage with other specialties affected by the pilot (shared responsibility with the Chair).

3. Programme Manager will:

- Have oversight (at high-level) of all working group activities and identify links and dependencies between them.
- Be responsible for the collation of updates for the monthly progress report to Transformation Delivery Group (and subsequently, Centres of Excellence Delivery Group and Trust Leadership Team).
- Be Responsible for the creation and maintenance of programme documentation, which includes, but is not limited to:
 - Programme plan (high level and detail)
 - Risks & Issues Register
 - Governance Structure
 - Stakeholder Analysis & Communication Plan
 - Lessons Learned
- Co-ordinate the organisation of the monthly Transformation Delivery Group Meetings.
- Co-ordinate the maintenance of Action / Decision logs from the meetings.
- Provide impartial challenge when required.
- Facilitate supporting meetings and / or workshops as required.

4. Project Manager will:

- Be responsible for the maintenance of programme documentation, as described above, at the request / direction of the Programme Manager.
- Be responsible for the maintenance of the Stakeholder Log (first contact) Register.
- Be responsible for the maintenance of the project SharePoint site.
- Provide updates on actions, timelines, Risks & Issues, etc to the Programme Manager in a timely manner to support the development of the progress report.
- Maintain the Action / Decision logs from the meetings.
- Provide impartial challenge when required.
- Facilitate supporting meetings and / or workshops as required.
- Undertake any other tasks requested by the Programme Manager.

5. Core Members will:

- Attend all meetings and if not available, send a briefed representative (informing the programme manager ahead of the meeting).
- Undertake all actions assigned to them by the deadline date(s).
- Escalate any risks and issues as required.
- Provide updates on actions, timelines, Risks & Issues, etc to the Programme Manager in a timely manner to support the development of the progress report.
- Communicate with their respective teams to ensure they are kept up-to-date on progress.

6. Co-opted Members will:

- Attend meetings as requested and if not available, send a briefed representative (informing the programme manager ahead of the meeting).
- Undertake all actions assigned to them by the deadline date(s).
- Escalate any risks and issues as required.
- Provide updates on actions, timelines, Risks & Issues, etc to the Programme Manager in a timely manner to support the development of the progress report.
- Communicate with their respective teams to ensure they are kept up-to-date on progress.