

EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS

HELD ON 22 MAY 2018

Subject	Working Together Partnership Committee in Common Annual Report 2017/18
Supporting TEG Member	Sandi Carman, Assistant Chief Executive
Author	Jill Dentith, Interim Corporate Governance Consultant
Status¹	Note and Approve

PURPOSE OF THE REPORT

The attached report provides Board of Directors with a review of the work completed by the Working Together Partnership Committee in Common (WTP CiC) during 2017/18. It also provides a copy of the Terms of Reference for the Committee for approval.

KEY POINTS

- In 2014 the Trust became a partner in the providers Working Together Programme, which became a Vanguard programme in 2015;
- In November 2017 a formal Committee in Common was established as a Committee of the Board of Directors to enable NHS Trusts across South Yorkshire and Bassetlaw, North Derbyshire and Mid Yorkshire to work together effectively to deliver collaborative programmes;
- The Working Together Partnership Committee in Common continues to function as a committee of the Board of Directors;
- Four meetings of the Committee took place in 2017/18. All meetings were quorate; and
- The draft updated Terms of Reference (Appendix A) are included for approval.

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY 2017-2020		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	√
2	Provide Patient Centred Services	√
3	Employ Caring and Cared for Staff	√
4	Spend Public Money Wisely	√
5	Deliver Excellent Research, Education & Innovation	√

RECOMMENDATIONS

The Board of Directors is asked to:

- **NOTE** the report; and
- **APPROVE** the revised Terms of Reference for the Working Together Partnership Committee in Common of the Board of Directors.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Audit Committee	21.05.18	
Board of Directors	22.05.18	

Working Together Partnership Committee in Common Annual Report 2017/18

Report to the Board of Directors

22 May 2018

1. Introduction

Since 2014 the Trust has been a partner in the providers Working Together Programme, which became a Vanguard programme in 2015, one of 50 nationally chosen partnerships to take a lead on the development of new care models. The aim for the vanguard programme nationally was for the partnerships to act as blueprints for the NHS moving forward and the inspiration to the rest of the health and care system. The Working Together Partnership (WTP) Vanguard has been working to explore what can be achieved when seven local Hospital Trusts work together to strengthen each organisation's ability to deliver safe, sustainable and local services.

All information about the Working Together Partnership Vanguard can be found at www.workingtogethernhs.co.uk.

The Committee in Common functions as a Committee of the Board of Directors. The overall aim of the Committee is to enable NHS Trusts across South Yorkshire and Bassetlaw, North Derbyshire and Mid Yorkshire to work together effectively to deliver collaborative programmes.

This report forms part of the monitoring of the functioning of the Committee in Common as outlined in the Terms of Reference (Appendix A).

2. Work undertaken in 2017/18

Over the past year the WTP has continued to deliver effective partnership solutions, for example through joined up procurement exercises. The partnership has also continued to roll out digital technology that makes it easier for clinicians to deliver timely and seamless care across the seven Trusts, such as the Inter-Trust messaging pilot for cancer patients. Working with commissioners the partnership has been involved in a project looking at different, more sustainable models for delivering children's surgery and anaesthesia across the region. A new academy to train radiographers to become reporting radiographers has been established in 2017.

The WTP implemented the Committees in Common governance structure, which enables Trust boards to delegate a number of decision-making abilities to a committee featuring their Chair and Chief Executive. The committee takes place at the same time and in the same venue as the committees of partner Trusts in which their Chair and Chief Executive have been delegated the same authorities.

The group have been meeting during 2017 however; the formal Committee in Common was established in November 2017 and has met on four occasions from November 2017 to March 2018.

Issues discussed have included:

- Oversight of the Working Together Programme including Managed Clinical Networks and Corporate Service Projects;
- Oversight of the South Yorkshire and Bassetlaw Hospital Services Review;
- Oversight of South Yorkshire and Bassetlaw Integrated Care System Governance Developments;
- Mental Health;
- Genome Project;

- Activity targets and financial allocations;
- Winter pressures;
- Pathology services;
- Echocardiography services; and
- Hyper Acute Stroke Services.

3. Membership and Attendance 2017/18

Each organisation is represented by their Chair and Chief Executive.

The Chairman and Chief Executive of the Trust have attended each of the four meetings (the March 2018 meeting was cancelled) since the Committee in Common was established in November 2017 until 31 March 2018.

The Assistant Chief Executive has also attended all four meetings.

4. Workplan for 2018/19

The Committee are in the process of developing a workplan for 2018/19.

5. Terms of Reference

Terms of Reference for the Committee have been produced and are included at Appendix A to this document.

6. Recommendation

The Board of Directors is asked to:

- **NOTE** the report; and
- **APPROVE** the revised Terms of Reference for the Working Together Partnership Committee in Common of the Board of Directors.

TERMS OF REFERENCE**FOR A SHEFFIELD TEACHING HOSPITALS COMMITTEE OF THE BOARD
TO MEET IN COMMON WITH COMMITTEES OF OTHER TRUSTS****1. INTRODUCTION**

- 1.1 STHFT has put in place a governance structure which will enable it to work together with the other Trusts to implement change.
- 1.2 Each Trust has agreed to establish a committee which shall work in common with the other Working Together Partnership Committees in Common (WTP CiC), but which will each take its decisions independently on behalf of its own Trust.
- 1.3 Each Trust has decided to adopt terms of reference in substantially the same form to the other Trusts, except that the membership of each WTP CiC will be different.
- 1.4 Each Trust has entered into the Joint Working Agreement on 1 November 2017 and agrees to operate its WTP CiC in accordance with the Joint Working Agreement.
- 1.5 STHFTs' Board of Directors has agreed to establish and constitute a committee with these terms of reference, to be known as the Sheffield Teaching Hospitals CiC. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Sheffield Teaching Hospitals CiC.
- 1.6 The Sheffield Teaching Hospitals CiC shall work co-operatively with the other WTP CiCs and in accordance with the terms of the Joint Working Agreement.

2 DUTIES/RESPONSIBILITIES

- 2.1 The duties and responsibilities of the Sheffield Teaching Hospitals CiC are to work with the other WTP CiC to:
- provide strategic leadership, oversight and delivery of new models of care through the development of the Acute Federation and its workstreams;
 - set the strategic goals for the Acute Federation, defining its ongoing role and scope ensuring recommendations are provided to Trusts' Boards for any changes which have a material impact on the Trusts;
 - consider different employment models for service line specialities including contractual outcomes and governance arrangements;
 - review the key deliverables and hold the Trusts to account for progress against agreed decisions;
 - ensure all Managed Clinical Networks or other collaborative forums have clarity of responsibility and accountability and drive progress;
 - establish monitoring arrangements to identify the impact on services and review associated risks to ensure identification, appropriate management and mitigation;
 - receive and seek advice from the relevant Reference Groups, including Clinical, Finance, Human Resources;

- receive and seek advice from the Accountable and shadow Integrated Care System partners in South Yorkshire and Bassetlaw; West Yorkshire and Derbyshire;
- review and approve any proposals for additional Trusts to join the founding Trusts;
- ensure compliance and due process with regulating authorities regarding service changes;
- oversee the creation of joint ventures or new corporate vehicles where appropriate;
- review and approve the Terms of Reference for the Acute Federation on an annual basis;
- improve the quality of care, safety and the patient experience delivered by the Trusts;
- deliver equality of access to the Trusts service users; and
- ensure the Trusts deliver services which are clinically and financially sustainable.

3 FUNCTIONS OF THE COMMITTEE

- 3.1 Paragraph 15(2) and (3) of Schedule 7 of the National Health Service Act 2006 allows for any of the functions of a Foundation Trust to be delegated to a committee of directors of the Foundation Trust. [This power is enshrined in paragraph [4.3] of STHFT’s constitution].
- 3.2 The Sheffield Teaching Hospitals CiC shall have the following function: decision making in accordance with Appendix B to these Terms of Reference.

4 FUNCTIONS RESERVED TO THE BOARD OF THE FOUNDATION TRUST

Any functions not delegated to STHFT’s CiC in paragraph 3 of these Terms of Reference shall be retained by STHFT’s Board of Directors or Council of Governors, as applicable. For the avoidance of doubt, nothing in this paragraph shall fetter the ability of STHFT to delegate functions to another committee or person.

5 REPORTING REQUIREMENTS

- 5.1 On receipt of the papers detailed in paragraph 9.1.2, the Sheffield Teaching Hospitals CiC Members and Trust Executive Group shall consider if it is necessary (and feasible) to forward any of the agenda items or papers to Sheffield Teaching Hospitals Board of Directors for inclusion on the private agenda of Sheffield Teaching Hospital’s next Board meeting in order that the Board may consider any additional delegations necessary in accordance with Appendix B.
- 5.2 The Sheffield Teaching Hospitals CiC shall send the minutes of its meetings to the Sheffield Teaching Hospitals Board of Directors, on a monthly basis, for inclusion on the private agenda of the Board meeting.
- 5.3 Sheffield Teaching Hospitals CiC shall provide such reports and communications briefings as requested by Sheffield Teaching Hospital’s Board of Directors for inclusion on the private agenda of its Board meeting.

6. MEMBERSHIP

➤ Members

NAME	DESIGNATION	CHAIR/DEPUTY
Tony Pedder	Chairman	Chair
Andrew Cash	Chief Executive	

➤ Deputies to be nominated when required and to attend as members

NAME	DESIGNATION
Tony Buckham	Non-Executive Director
Candace Imison	Non-Executive Director

Annette Laban	Non-Executive Director
Dawn Moore	Non-Executive Director
John O’Kane	Non-Executive Director
Chris Newman	Non-Executive Director
Martin Temple	Non-Executive Director
Hilary Chapman	Chief Nurse
Mark Gwilliam	Director of HR
Kirsten Major	Deputy Chief Executive
Neil Priestley	Director of Finance
David Throssell	Medical Director

➤ In attendance

NAME	DESIGNATION
Sandi Carman	Assistant Chief Executive (in capacity as Trust Secretary)

➤ Serviced by

NAME	DESIGNATION
Working Together Programme Office	

➤ Lead Officer (If applicable)

NAME	DESIGNATION
Sandi Carman	Assistant Chief Executive (in capacity as Trust Secretary)

- 6.1 Each Sheffield Teaching Hospitals CiC Member shall nominate a deputy to attend Sheffield Teaching Hospitals CiC meetings on their behalf when necessary (“Nominated Deputy”).
- 6.2 The Nominated Deputy for the Chair shall be a Non-Executive Director of Sheffield Teaching Hospitals and the Nominated Deputy for the Chief Executive shall be an Executive Director of Sheffield Teaching Hospitals.
- 6.3 In the absence of the Sheffield Teaching Hospitals CiC Chair Member and/or the Sheffield Teaching Hospitals CiC Chief Executive Member, his or her Nominated Deputy shall be entitled to:
- attend Sheffield Teaching Hospitals CiC’s meetings;
 - be counted towards the quorum of a meeting of Sheffield Teaching Hospitals CiC’s; and
 - exercise Member voting rights,

and when a Nominated Deputy is attending a Sheffield Teaching Hospitals CiC meeting, for the purposes of these Terms of Reference, the Nominated Deputy shall be included in the references to “Members”.

Non-voting Attendees

- 6.4 The members of the other WTP CiCs shall have the right to attend the meetings of the Sheffield Teaching Hospitals CiC.
- 6.5 The Meeting Lead’s Trust Corporate Secretary shall have the right to attend the meeting of Sheffield Teaching Hospitals CiC to support the provision of governance advice and ensure that the working arrangements comply with the accountability and reporting arrangements of the WTP CiCs.

- 6.6 The Working Together Partnership Medical Director, Programme Director and Clinical Reference Group Chair shall have the right to attend the meetings of Sheffield Teaching Hospitals CiC.
- 6.7 In the interests of wider collaborative working, the Chair and Chief Executive of the following organisations:
- 6.7.1 Sheffield Health and Social Care NHS FT;
 - 6.7.2 Rotherham, Doncaster and South Humber NHS FT;
 - 6.7.3 South West Yorkshire Partnership NHS FT; and
 - 6.7.4 Nottinghamshire Healthcare NHS FT
- shall, in accordance with paragraph 6.8, be invited to attend a Sheffield Teaching Hospitals CiC meeting on a quarterly basis or on a frequency otherwise agreed.
- 6.8 Without prejudice to paragraphs 6.4 to 6.7 inclusive, the Meeting Lead may at his or her discretion invite and permit other persons relevant to any agenda item to attend any of the WTP CiCs' meetings, but for the avoidance of doubt, any such persons in attendance at any meeting of the WTP CiCs shall not count towards the quorum or have the right to vote at such meetings.
- 6.9 The attendees detailed in paragraphs 6.4 to 6.8 inclusive above, may take contributions, through the Meeting Lead, but shall not have any voting rights nor shall they be counted towards the quorum of the meetings of the Sheffield Teaching Hospitals CiC.

Conflicts of Interest

- 6.10 Members of the Sheffield Teaching Hospitals CiC shall comply with the provisions on conflicts of interest contained in the Sheffield Teaching Hospitals Constitution / Standing Orders. For the avoidance of doubt, reference to conflicts of interest in the Sheffield Teaching Hospitals Constitution / Standing Orders also apply to conflicts which may arise in their position as a member of the Sheffield Teaching Hospitals CiC.
- 6.11 All members of the Sheffield Teaching Hospitals CiC shall declare any new interest at the beginning of any Sheffield Teaching Hospitals CiC meeting and at any point during the meeting if relevant.

7. QUORUM AND VOTING

- 7.1 Members of the Sheffield Teaching Hospitals CiC have a responsibility for the operation of the Sheffield Teaching Hospitals CiC. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- 7.2 Each member of the Sheffield Teaching Hospitals CiC shall have one vote. The Sheffield Teaching Hospitals CiC shall reach decisions by consensus of the members present.
- 7.3 The quorum shall be two (2) members; one (1) Executive Director and one (1) Non-Executive Director.
- 7.4 If any member is disqualified from voting due to a conflict of interest, they shall not count towards the quorum for the purposes of that agenda item.

8. MEETING FREQUENCY AND PROCEDURES

- 8.1 Sheffield Teaching Hospitals CiC meeting to take place on a monthly basis.
- 8.2 Any Trust CiC Chair may request an extraordinary meeting of the WTP CiC (working in common) on the basis of urgency etc, by informing the Meeting Lead. In the event it is identified that an extraordinary meeting is required the Working Together Partnership Programme Office shall give five (5) working days' notice to the Trusts.
- 8.3 Meetings of the Sheffield Teaching Hospitals CiC shall be held in private.
- 8.4 Matters to be dealt with at the meetings of the Sheffield Teaching Hospitals CiC shall be confidential to the Sheffield Teaching Hospitals CiC members and their nominated deputies, others in attendance at the meeting and the members of the Sheffield Teaching Hospitals Board.
- 8.5 Sheffield Teaching Hospitals shall ensure that, except for urgent or unavoidable reasons, Sheffield Teaching Hospitals CiC members (or their nominated deputy) shall attend Sheffield Teaching Hospitals CiC meetings (in person) and fully participate in all Sheffield Teaching Hospitals CiC meetings.
- 8.6 Subject to paragraph 8.5 above, meetings of the Sheffield Teaching Hospitals CiC may consist of a conference between members who are not all in one place, but each of whom is able directly or by secure telephonic or video communication (the members having due regard to considerations of confidentiality) to speak to the other or others, and be heard by the other or others simultaneously).

9. ADMINISTRATIVE

- 9.1 Administrative support for the Sheffield Teaching Hospitals CiC will be provided by the Working Together Partnership Programme Management Office (or such other person as the Trusts may agree in writing). The Working Together Partnership Programme Management Office will:
- 9.1.1 draw up an annual schedule of WTP CiC meeting dates and circulate it to the WTP CiCs.
 - 9.1.2 circulate the agenda and papers three (3) working days prior to WTP CiC meetings; and
 - 9.1.3 take minutes of each Sheffield Teaching Hospital CiC meeting and, following approval by the Meeting Lead, circulate them to the Trusts and action notes to all members within ten (10) working dates of the relevant Sheffield Teaching Hospital CiC meeting.
- 9.2 The agenda for the Sheffield Teaching Hospital CiC meetings shall be determined by the Working Together Partnership Programme Director and agreed by the Meeting Lead prior to circulation.
- 9.3 The Meeting Lead shall be responsible for approval of the first draft set of minutes for circulation to Members and shall work with the Working Together Partnership Programme Management Office to agree such within five (5) working days of receipt.

10. DATE TERMS OF REFERENCE WERE APPROVED

19th July 2017 and reviewed 22 May 2018

11. REVIEW DATE

Annually

12. PROCESS FOR REVIEWING EFFECTIVENESS

Review of progress against duties/responsibilities set out above and Annual Report to be submitted to the Sheffield Teaching Hospitals NHS Foundation Trust Board of Directors.

13. REPORTING STRUCTURE

No other groups report to this Committee.

14. GLOSSARY

In this terms of reference, the following words bear the following meanings:

Acute Federation	The federation formed by the Trusts to provide strategic leadership and oversight of the delivery of the Working Together Partnership;
Sheffield Teaching Hospitals	Sheffield Teaching Hospitals NHS Foundation Trust
Sheffield Teaching Hospitals Committees in Common (CiC)	The committee established by Sheffield Teaching Hospitals, pursuant to these Terms of Reference, to work alongside the other WTP CiCs in accordance with these Terms of Reference;
Sheffield Teaching Hospitals CiC Chair	The Sheffield Teaching Hospitals CiC Member nominated (in accordance with paragraph 7.5 of these terms of reference) to chair the Sheffield Teaching Hospitals CiC meetings;
“Joint Working Agreement” or “JWA”	The agreement signed by each of the Trusts in relation to their joint working and the operation of the Sheffield Teaching Hospitals CiC together with the WTP CiCs;
Meeting Lead	The WTP CiC Member nominated (from time to time) in accordance with paragraph 7.6 of these Terms of Reference, to preside over and run the WTP CiC meetings when they meet in common;
Member	A person nominated as a member of a WTP CiC in accordance with their Trust’s Terms of Reference, and Members shall be interpreted accordingly;
SY&B STP	South Yorkshire & Bassetlaw Sustainability and Transformation Plan;
Trusts	Barnsley NHS Foundation Trust Chesterfield Royal Hospital NHS Foundation Trust Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Sheffield Children’s NHS Foundation Trust Sheffield Teaching Hospitals NHS Foundation Trust The Mid Yorkshire Hospitals NHS Trust The Rotherham NHS Foundation Trust “ Trust ” shall be interpreted accordingly;
Working Day	A day other than a Saturday, Sunday or public holiday in England;
Working Together Partnership	The partnership formed by the Trusts in 2013 to work together to improve quality, safety

and the patient experience; deliver safe and sustainable new models of care; and make collective efficiencies;

Working Together Partnership Programme Director

Janette Watkins (or any subsequent person holding such title) in relation to the Working Together Partnership;

**Working Together Partnership Programme Management Office
WTP CiCs**

Administrative infrastructure supporting the Working Together Partnership;

The committees established by each of the Trusts to work alongside the committees established by the other Trusts and “WTP CiC” shall be interpreted accordingly;

Decisions of Sheffield Teaching Hospitals CIC

The Board of each Trust within the Working Together Partnership remains a sovereign entity and will be sighted on any proposals for service change and all proposals with strategic impact.

Subject to Sheffield Teaching Hospitals CIC's Scheme of Delegation, the matters or type of matters, that are fully delegated to the Sheffield Teaching Hospitals CIC to decide are set out in the table below.

If it is intended that the WTP CICs are to discuss a proposal or matter which is outside the decisions delegated to the Sheffield Teaching Hospitals CIC, where at all practical, each proposal will be discussed by the Board of each Trust prior to the Sheffield Teaching Hospitals CIC meeting with a view to Sheffield Teaching Hospitals CIC requesting individual delegated authority to take action and make decisions (within a set of parameters agreed by Sheffield Teaching Hospital's Board). Any proposals discussed at the Sheffield Teaching Hospitals CIC meeting outside of these parameters would come back before the Sheffield Teaching Hospital's Board.

References in the table below to the "**Services**" refer to the services that form part of the joint working between the Trusts and may include both back office and clinical services.

	Decisions delegated to Sheffield Teaching Hospitals CIC
1.	Providing overall strategic oversight and direction to the development of the Working Together Partnership programme ensuring alignment of all Trusts to the vision and strategy.
2.	Promoting and encouraging commitment to the key principles.
3.	Seeking to determine or resolve any matters referred to it by the WTP Programme Office or any individual Trust.
4.	Reviewing the key deliverables and ensuring adherence with the required timescales including; determining responsibilities within workstreams; receiving assurance that workstreams have been subject to robust quality impact assessments; reviewing the risks associated in terms of the impact to the WTP Partnership Programme and recommending remedial and mitigating actions across the system.
5.	Formulating, agreeing and implementing strategies for delivery of the WTP Partnership Programme.
6.	In relation to the Services preparing business cases;
7.	Provision of staffing and support and sharing of staffing information in relation to the Services.
8.	Decisions to support service reconfiguration (pre-consultation, consultation and implementation), including but not limited to: <ol style="list-style-type: none"> a. Provision of financial information; b. Communications with staff and the public and other wider engagement with stakeholders; c. Support in relation to capital and financial cases to be prepared and submitted to national bodies; including NHS England and/or NHS Improvement; d. Provision of clinical data, including in relation to patient outcomes, patient access and patient flows; e. Support in relation to any competition assessment; f. Provision of staffing support; and g. Provision of other support.

9.	<p>Decisions relating to information flows and clinical pathways outside of the reconfiguration, including but not limited to:</p> <ul style="list-style-type: none"> a. Redesign of clinical rotas; b. Provision of clinical data, including in relation to patient outcomes, patient access and patient flows; and c. Developing and improving information recording and information flows (clinical or otherwise).
10.	<p>Planning, preparing and setting up joint venture arrangements for the Services including but not limited to:</p> <ul style="list-style-type: none"> a. Preparing joint venture documentation and ancillary agreements for final signature; b. Evaluating and taking preparatory steps in relation to shared staffing models between the Trusts; c. Carrying out an analysis of the implications of TUPE on the joint arrangements; d. Engaging staff and providing such information as is necessary to meet each employer's statutory requirements; e. Undergoing soft market testing and managing procurement exercises; f. Aligning the terms of and/or terminating relevant third party supply contracts which are material to the delivery of the Services; and g. Amendments to joint venture agreements for the Services.
11.	<p>Services investment and disinvestment as agreed within Trust Board parameters and delegated authority.</p>
12.	<p>Reviewing and approving the Terms of Reference and Joint Working Agreement of the CiC on an annual basis.</p>