

Gynaecology Commissioning Steering Group Terms of Reference

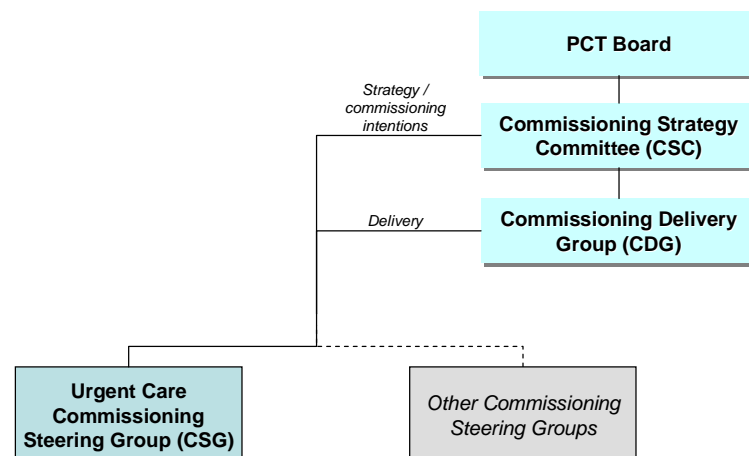
Introduction

This paper details the Terms of Reference for the Gynaecology Commissioning Steering Group within NHS Eastern and Coastal Kent.

Purpose of Steering Group

Formal commissioning governance and decision making arrangements exist through the Commissioning Strategy Committee (CSC) (defining and signing off the commissioning agenda) and the Commissioning Delivery Group (CDG) (ensuring delivery of the commissioning agenda).

The main purpose of the Gynaecology Commissioning Steering Group is to provide the coordination, alignment, assurance and reporting across gynaecology services and inter-related commissioning areas to support effective governance and decision-making at the CSC and CDG.



Urgent Care Commissioning Projects will "report progress" into this group (e.g. Integrated Call Handling Steering Group, Transfers of Care, ECK Ambulance Commissioning Group, Patient Transport, Urgent Care Locality Projects)

The objectives for the group are to:

- Oversee delivery and manage reporting of progress of the gynaecology mandate in the SCP and national/local targets;
- Oversee delivery of the Gynaecology Operating Plans and associated projects and their Risk Registers and Performance Dashboards, understand delivery progress of inter-related commissioning areas, identify and manage risks, and report progress;
- Identify key decisions or updates required by/for CDG or CSC (which can be fed into agenda setting process);
- Ensure gynaecology commissioning plans incorporate PBC and any other jointly commissioned priorities and align with PCT priorities;
- Ensure quality and safety standards are embedded in the planning and delivery of gynaecology services;
- Provide assurance that the 'virtual team' (comprising the various functions of public health, clinical engagement and assurance, workforce, provider

development, finance, medicines management, Estates, IM&T, communications and citizen engagement) are actively involved in and support the planning and delivery of the strategy, commissioning intentions, business cases and delivery plans, and have clearly assigned responsibilities;

- Ensure there is alignment of the gynaecology delivery plan, commissioning intentions, and business cases with relevant inter-related commissioning areas;
- Ensure Lead Commissioners of other inter-related commissioning areas and members of the ‘virtual team’ share relevant knowledge and information that may impact gynaecology care.

Note: the role of this group is not to manage operational commissioning and performance; this is managed through other governance mechanisms.

Membership

The **core membership** of the Gynaecology Steering Group will be as follows:

Name	Role
TBC	Gynaecology Director Sponsor (chair)
Ingrid Cobourn	Lead Commissioner Women’s Health
Dr Chee Mah	Clinical Commissioner Women’s Health
Vacant	Finance – representative for gynaecology
Nicola Anderson	Head of Elective Care

Other **associated members** of the group include representatives from other PCT functions (‘virtual team’) and other lead commissioners from inter-related commissioning areas. They will attend as required and include:

“Virtual Team”

Name	Role
Sandro Limentani	Public Health – representative for women’s health
Eve Andrews	Provider Development – representative women’s health
TBC	Contracting and Procurement – representative for women’s health
Su Brown	Patient and public engagement – representative for women’s health
Grant Fisher	Communications – representative for women’s health
Jo-ann Lodge	Medicines management – representative for women’s health
Jo Fox	Estates – representative for women’s health

Cathy Pitcher	HR – representative for women’s health
Richard Collins	Workforce – representative for women’s health
Nick Cabon	Performance & Information Management – representative for women’s health
Mark Gray	IM&T – representative for women’s health
Sally Allum	Clinical Quality – representative for women’s health
Caroline Love	Clinical Knowledge – representative for women’s health

“Inter-related commissioning areas”

Name	Role
Gerald Bassett	Healthy Lifestyle/Sexual Health Commissioner
TBC	Community Services Lead Commissioner
Vacant	Associate Director for Strategic development of integrated commissioning
Andrew Coombe	Senior Locality Lead – Ashford, Shepway
Neil Fisher	Senior Locality Lead – Canterbury, Swale
TBC	Senior Locality Lead – Thanet, Dover / DASH
Tim Newman	Senior Lead Commissioner Gastroenterology / Diagnostics
Bill Millar	Head of Primary & Community Care

The role of each member of the group is outlined in the appendix.

There is a requirement for members to send an appropriate representative if unable to attend.

Frequency of Meetings

The Gynaecology Commissioning Steering Group, established in Spring 2009, will meet bi-monthly (at a minimum), and may meet more frequently in line with the plan / priorities (as required).

Note: these Terms of Reference are currently being revised by the Gynaecology Commissioning Steering Group and planned to be signed off at the next meeting in June.

Appendix – role of members

(i) Core members

Name	Role
TBC	<p>Gynaecology Director Sponsor (chair)</p> <ul style="list-style-type: none"> • Chairs / facilitates Commissioning Steering Group meetings; • Supported by a Head of commissioning; • Agrees agenda (developed by the Head of commissioning); • Ensures alignment – (i) with the SCP, (ii) across the different commissioning areas, (iii) with organisational priorities (i.e. from Board / Executive Team), (iv) by horizon scanning national / broad health and social policy and understanding its impact; • Provides executive ownership in delivering the SCP and the associated mandates; • Helps identify risks and mitigating actions; • Provides feed back to the Board / Executive Team and highlights key priorities / issues for them and their Directorates to be aware of / address; • Provides executive support to the Head of commissioning.
Ingrid Cobourn	<p>Lead Commissioner Gynaecology</p> <ul style="list-style-type: none"> • Provides commissioning leadership; • Ensures alignment across the whole commissioning agenda; • Ensures PBC priorities are reflected, and ‘virtual team’ are involved (as appropriate); • Helps identify risks and mitigating actions; • Prepares agenda for and services the Commissioning Steering Group meetings; • Ensures appropriate reporting in place; • Escalates decisions or updates required by / for CDG and CSC (through agenda setting processes); • Supports Director Sponsor.
Dr Chee Mah	<p>Clinical Commissioner Gynaecology</p> <ul style="list-style-type: none"> • Provides clinical leadership; • Ensures PBC priorities reflected in plans; • Ensures appropriate PBC and broader clinical engagement; • Helps identify risks and mitigating actions; • Reports delivery progress of gynaecology developments in localities; • Ensures alignment with other clinical commissioners.

TBC	<p>Finance – representative for gynaecology</p> <ul style="list-style-type: none"> • Provide information on existing service costs and activity, and tracking spend; • Provide input into determining investments and savings to support proposed commissioning plans; • Helps identify risks and mitigating actions.
Nicola Anderson	<p>Head of Elective Care</p> <ul style="list-style-type: none"> • Shares and ensures alignment of commissioning intentions and plans for elective services; • Shares delivery progress and identifies risks / implications on gynaecology plans; • Provides appropriate reporting of progress.

(ii) Associated members

Name	Role
Vacant	<p>Associate Director for Strategic development of integrated commissioning</p> <ul style="list-style-type: none"> • Shares and ensures alignment of plans for development of integrated commissioning; • Provides appropriate reporting of progress; • Helps identify risks and mitigating actions.
Andrew Coombe	<p>Senior Locality Lead – Ashford, Shepway</p> <ul style="list-style-type: none"> • Providing input on PBC priorities and ensuring they are reflected; • Provides appropriate reporting of progress; • Helps identify risks and mitigating actions.
Neil Fisher	<p>Senior Locality Lead – Canterbury, Swale</p> <ul style="list-style-type: none"> • Providing input on PBC priorities and ensuring they are reflected; • Provides appropriate reporting of progress; • Helps identify risks and mitigating actions.
TBC	<p>Senior Locality Lead – Thanet, DASH/Dover</p> <ul style="list-style-type: none"> • Providing input on PBC priorities and ensuring they are reflected; • Provides appropriate reporting of progress; • Helps identify risks and mitigating actions.
Gerald Bassett	<p>Healthy Lifestyle/Sexual Health Lead Commissioner</p> <ul style="list-style-type: none"> • Shares and ensures alignment of commissioning intentions and plans for healthy lifestyle/sexual health services; • Shares delivery progress and identifies risks / implications on gynaecology plans; <p>Provides appropriate reporting of progress.</p>

TBC	<p>Community Services Lead Commissioner</p> <ul style="list-style-type: none"> • Shares and ensures alignment of commissioning intentions and plans for community services; • Shares delivery progress and identifies risks / implications on gynaecology plans; <p>Provides appropriate reporting of progress.</p>
Tim Newman	<p>Senior Lead Commissioner Gastroenterology / Diagnostics</p> <ul style="list-style-type: none"> • Shares and ensures alignment of commissioning intentions and plans for diagnostics services; • Shares delivery progress and identifies risks / implications on gynaecology plans; • Provides appropriate reporting of progress.
Bill Millar	<p>Head of Primary & Community Care</p> <ul style="list-style-type: none"> • Shares and ensures alignment of commissioning intentions and plans for primary and community care services; • Shares delivery progress and identifies risks / implications on gynaecology plans; • Provides appropriate reporting of progress.
Sandro Limentani	<p>Public Health – representative for gynaecology</p> <ul style="list-style-type: none"> • Ensure needs are understood and being addressed through gynaecology commissioning plans; • Helps identify risks and mitigating actions.
Eve Andrews	<p>Provider Development – representative for gynaecology</p> <ul style="list-style-type: none"> • Ensure provider landscape is understood; • Support identification of gaps due to proposed commissioning plans; • Define approach for developing market, and ensure it is in line with PCT provider development strategy; • Helps identify risks and mitigating actions.
TBC	<p>Contracting and Procurement – representative for gynaecology</p> <ul style="list-style-type: none"> • Recommend procurement approach; • Provide updates on procurement activity to support commissioning plans; • Provide contracting expertise and updates on contract development activity; • Helps identify risks and mitigating actions.
Su Brown	<p>Patient and public engagement – representative for gynaecology</p> <ul style="list-style-type: none"> • Determine and arrange appropriate patient and public engagement to support development and delivery of commissioning plans; • Helps identify risks and mitigating actions.

Grant Fisher	<p>Communications – representative for gynaecology</p> <ul style="list-style-type: none"> • Determine and arrange appropriate communications activity to support development and delivery of commissioning plans; • Helps identify risks and mitigating actions.
Jo-ann Lodge	<p>Medicines management – representative for gynaecology</p> <ul style="list-style-type: none"> • Ensure commissioning plans reflect relevant prescribing policy and drug spend; • Helps identify risks and mitigating actions.
Jo Fox	<p>Estates – representative for gynaecology</p> <ul style="list-style-type: none"> • Understand implications of commissioning plans on estates; • Share relevant estates plans that may support or impact commissioning plans; • Helps identify risks and mitigating actions.
Cathy Pitcher	<p>HR – representative for gynaecology</p> <ul style="list-style-type: none"> • Defining and supporting recruitment of internal resource to support delivery of commissioning plans; • Understanding internal resource implications to deliver commissioning plans; • Helps identify risks and mitigating actions.
Richard Collins	<p>Workforce – representative for gynaecology</p> <ul style="list-style-type: none"> • Ensure workforce implications are understood; • Identify risks due to proposed commissioning plans; • Define workforce plan for addressing needs, and ensure it is in line with PCT workforce strategy.
Nick Cabon	<p>Performance & Information Management – representative for gynaecology</p> <ul style="list-style-type: none"> • Provide information on current performance and activity through existing services; • Determining benefits baselines; • Support modelling of future benefits and activity through proposed new services; • Track and report benefits realisation; • Help identify risks and mitigating actions.
Mark Gray	<p>IM&T – representative for gynaecology</p> <ul style="list-style-type: none"> • Ensure IM&T implications are understood; • Identify risks due to proposed commissioning plans; • Define IM&T plan to support gynaecology and ensure it is in line with PCT IM&T strategy / plans.