

## ICB Consultation Working Group Terms of Reference (TOR)

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Version	Date	Author	Status	Comment / details of amendments
0.1	22/04/24	Matthew Burrow, Project Manager	Draft	New
0.2	01/05/24	Matthew Burrow, Project Manager	Draft	Amendments to membership and attendance
0.3	08/05/24	Matthew Burrow, Project Manager	Draft	New duties regarding business case and government checkpoints
0.4	09/05/24	Matthew Burrow, Project Manager	Draft	Clarity on system group and reporting
0.5	13/05/24	Matthew Burrow, Project Manager	Draft	Updated duties
0.6	16/05/24	Louise Barker, Communications Workstream Project Manager	Draft	Updated in line with CEOG discussions on 13.05.24, and feedback from Neil Greaves, moved into ICB template. Approved by NHP ICB Programme Board on 24.05.24.

<b>Terms of Reference</b>
These Terms of Reference (TOR) relate to this Group and set out the membership, remit, responsibilities, and reporting arrangements.
These TOR should be read in conjunction with the Integrated Care Board and New Hospitals Programme governance structures and the TOR of relevant programme.

## **1. Purpose and objectives**

- 1.1 The Consultation Working Group “this Group” will be established as the vehicle to drive the development of the pre-consultation engagement and consultation process, plans, consultation documentation and public consultation materials to develop the service change business cases on behalf of the ICB.

## **2. Terms of reference for the group**

- Lead the development of and ensure readiness for key gateways e.g. NHSE checkpoints for planning, assuring and delivering service change for patients.
- Lead the development of Pre-Consultation Business Cases (PCBC) and Decision Making Business Cases (DMBC).
- Lead the development of the pre-consultation engagement process, plans and materials, ensuring fulfilment of legal responsibilities around consultation and that colleagues leading the consultation are fully briefed, receiving recommendations from the NHP Communications and Engagement Oversight Group (CEOG) as a key group for advising on engagement, involvement and communications approaches and methodologies for the New Hospitals Programme.
- Lead the development of the consultation approaches, strategies and plans, and recommend to the appropriate ICB group.
- Lead the development of materials for public consultation and recommend to the appropriate ICB group.
- Run the monitoring of consultations in real time, mitigating gaps, responding to questions and addressing freedom of information requests.
- Ensure that the feedback from consultation is properly considered and addressed within the DMBC.
- Ensure the delivery of all key products to the milestones set out within the master programme plans.
- Contribute to maintaining programme risk registers in line with the programme risk management processes, with the Trust partners.
- Monitoring the consultation risks within the programme risk registers.
- Monitor agreed resources for pre-consultation engagement and public consultations and their utilisation.

- Report recommendations and provide updates to the ICB Public Involvement and Engagement Advisory Group (PIEAC) or relevant sub-groups to assure the ICB Board on appropriateness of pre-consultation engagement and consultation methods and approaches.

### **3. Membership**

3.1 The members of this group will be:

- NHP, System Lead (Chair)
- ICB, Commissioning Lead
- ICB, Director of Communications and Engagement
- NHP, Communications Workstream Project Manager
- UHMBT lead (NHP)
- LTHTr lead (NHP)
- Other Trust leads for specific programmes as required.

3.2 In attendance will be:

- ICB, Clinical Lead
- ICB, Head of Communications and Engagement (Transformation)
- ICB, Head of Communication and Engagement (Insight. Coproduction, Engagement)
- ICB, Head of Communications and Engagement (Corporate Communications)
- MLCSU, Business Intelligence Lead
- Trust representation e.g. relevant Director of Communications as relevant to programme stage
- Programme Directors (as required)
- A member of the Public Involvement and Engagement Advisory Group
- ICB, Corporate Secretary (or any deputy)
- ICB, Finance representative
- NHP, Project Support Officer
- ICB Head of Recovery & Transformation PMO.

3.3 Members of this Group are expected, as dictated by the structure of the organisation, to keep their Senior Responsible Officers, Chief Executives, Chief Officers, colleague Directors and senior clinicians briefed.

### **4. Attendance**

4.1 Terms of reference and membership of the group will be reviewed at regular intervals.

4.2 Deputies will be accepted but deputies must have been fully updated on the issues and the programme to date and have delegated responsibility for decision making on behalf of their organisation.

### **5. Quoracy**

5.1 The quorum for any meetings must be one third of the members (including either the ICB NHP System Lead or the ICB Director of Communications and Engagement).

5.2 The meetings of the Group will be chaired by the ICB NHP System Lead.

## **6. Accountability and governance**

6.1 The Group will be held to account by the ICB Public Involvement and Engagement Advisory Group and ICB NHP Programme Board.

6.2 The Group will report to the ICB NHP Programme Board in line with the governance structure shown in Appendix A.

6.3 An update will be given to the ICB NHP Programme Board by the Chair of the group.

## **7. Monitoring and compliance**

7.1 The Group will review the relevance and value of its work as detailed in the terms of reference at key gateways in the programme in line with the agreed programme plan.

## **8. Frequency**

8.1 This Group will meet on a monthly basis, or as required.

8.2 The Chair may at any time convene extraordinary meetings or issue a written resolution to consider business that requires urgent attention as and when required to manage significant risk.

## **9. Administration**

9.1 The secretariat to support the Group will be provided by the NHP Project Support Officer.

9.2 Agenda and papers to be circulated 3 working days before the meeting.

9.3 Action log to be circulated 5 working days after the meeting.

## Appendix A – Decision making RACI

RACI Matrix Activity	NH-P (National)	NH-SE (Region)	NH-NE (National)	DHSC	Integrated Care Board	PIEAC	ICB Programme Board	Recovery & Transformation Board	Clinical Advisory Group	NIP Partnership Forum	LTHTr Trust Board	UHM-BT Trust Board	LTHTr New Hospital Committee	UHM-BT New Hospital Committee	HOSC	LTHTr Project Delivery Group	UHM-BT Project Delivery Group	LTHTr Estates Working Group	UHM-BT Estates Working Group	Consultation Working Group	Comms & Eng Oversight Group	The Public
RPH site business case	C	C			C						A		R		I	R		R		I	I	
RLI site business case	C	C			C							A		R	I		R		R	I	I	
Pre-consultation CE plan					A	C	R									C	C			R	R	
Consultation approach	C	C			A	C	R			C	C	C	I	I	C*	I	I			R	R	I
Consultation strategy and plan	C	C			A	C	R			C	C	C	I	I	C*	I	I			R	R	I
Clinical reconfigurations	C	C			A		R	C	C	I	C	C	C	C	C*	C	C			I	I	I
Model of care (UEC)	C	C			A		I	C	C	I	C		R		C*	R				I	I	I
Demand modelling	C	C			A		R	C	C	I	C	C										
Capacity modelling	C	C			C			C	C	I	A	A	R	R		R	R					
Financial sustainability (revenue)	C	C			A			I		I	A	A	R	R								
Programme budget delivery	C										A	A	R	R		R	R					
Assumptions management	C	I			A		R	C	C	C	A	A	R	R		R	R					
Dependencies management	C				A		R	C	C	C	A	A	R	R		R	R					
Governance framework	I				A		R			C	A	A	R	R		R	R					
Equality health impact risk assessments	I	I			A		R													C	C	
Risk Registers	I				A		R			C	A	A	R	R		R	R	R	R			
PCBCs	C	C	C*		A		R			C	C	C	C	C	I					R	R	
Public Consultations	C	C	C*		A	C	R			C	C	C	C	C	C*					R	R	C*
DMBCs	C	C	C*		A		R			C	C	C	C	C	I							

Key: R = responsible, A = accountable, C = consulted, I = informed

# Appendix 2 – ICB Governance structure

## ICB Governance Arrangements (initial phase)

