

Terms of Reference of the Clinical/Professional Transformation Panel

Transformation Programme Management Office (“the TPMO”)

Terms of Reference, from March 2023

1. Constitution of the Panel

- 1.1.** The TPMO has an established Clinical/Professional Transformation Panel (in these terms of reference, “the Panel”) which has been active since June 2020.
- 1.2.** The Panel was established in accordance with the TPMOs Programme Definition Document.
- 1.3.** These terms of reference set out the membership, remit responsibilities and reporting arrangements for the Panel.

2. Purpose of the Panel

- 2.1.** The role of the Panel is, firstly, to provide assurance to the TPMO that the Programme is planning, developing and delivering in a manner that is suitable for the Isle of Man, particularly with a view towards high quality, integrated and clinically sustainable services.
- 2.2.** The role of the Panel is also to act as advocates for the Programme, support TPMO communications, assure that clinical/professional engagement is being carried out effectively and help foster a culture that ensures the TPMO has strong support from health and care personnel. It will also enable the Programme to secure regular clinical/professional input and provide subject matter advice to programme workstreams.

3. Declaration of Interests

- 3.1.** The Panel Chair will ask at the beginning of each meeting whether any member has an interest about any item on the Panel agenda. If a member has a direct or indirect conflict with an issue on the agenda which may impact on their ability to be objective, they must declare this interest to the Chair and the Panel. A decision will then be taken as to whether it is appropriate or not, for this member to remain involved in considering the agenda item in question.

4. Remit and Responsibilities

The Panel will:

- 4.1.** Provide assurance to the Health and Care Transformational Board that the Transformation Programme is progressing in a suitable manner and that clinical/professional engagement is being carried out effectively.
- 4.2.** Contribute to the development of transformative health and care provision by connecting with relevant stakeholders across the Isle of Man as required. The Panel will work with the relevant project teams to recommend the clinical/professional best practice for approval of the Health and Care Transformation Board.
- 4.3.** Work closely with the TPMO to ensure that the views of clinical/professional colleagues are heard, ensuring that objectives, priorities and resource allocations within documentation submitted for the Transformation Board approval are captured.
- 4.4.** Identify opportunities and facilitate collaboration among all organisations working in the Isle of Man to deliver effective transformation.

5. Membership

The membership of the Panel will comprise:

- 5.1.** At least Sixteen (16) Substantive Groups which may have one or more members as deemed appropriate by the TPMO:
 - 5.1.1. Independent Clinical/Professional Adviser (ex-officio member appointed by the then Chief Secretary to the Transformation Programme Management Office). This holder of this post will chair the panel up to the end of March 2023.
 - 5.1.2. Hospital Doctor
 - 5.1.3. Hospital Nurse
 - 5.1.4. General Practitioner
 - 5.1.5. Community Nurse
 - 5.1.6. Mental Health clinician
 - 5.1.7. Social Worker
 - 5.1.8. Public Health clinician
 - 5.1.9. Allied Health Professional
 - 5.1.10. Ambulance Service Practitioner
 - 5.1.11. Optometrist
 - 5.1.12. Pharmacist
 - 5.1.13. Dentist
 - 5.1.14. Third Sector representative
 - 5.1.15. Private Care Provider representative
 - 5.1.16. Health and Care Transformation Leads (ex-officio member appointed/contracted by the Chief Secretary to the Transformation Programme Management Office – non-voting)
- 5.2.** The Panel shall endeavour to invite additional individuals or organisations to attend specific meetings according to the topics to be discussed on the agenda.

6. Appointment Process and Terms of Office

- 6.1.** The TPMO shall approve the process for appointing the representative members of the Panel described under sections 5.1.
- 6.2.** Persons appointed to the Panel in a representative function under sections 5.1.2 to 5.1.15 shall serve for a term of two years and may be re-appointed for a second consecutive term of one year, after which they shall not be eligible without a break of at least one year, unless they are elected to the role of Chair or Vice Chair and their term will be proportionally extended.
- 6.3.** All other substantive members of the Panel shall serve for as long as they hold the offices that are the basis of their membership.

7. Meeting Arrangements including Quorum and Decision Making

- 7.1.** In the event that the Chair of the Panel is not present at the meeting, the Vice Chair shall take the Chair.
- 7.2.** The quorum for a meeting to make decisions shall be a minimum of five substantive members which must include
 - 7.2.1.** the Chair or one other of the members specified at 5.1.15 or 5.1.16, and
 - 7.2.2.** at least two of the representative members described in 5.1.1 to 5.1.14.

7.3. A decision put to a vote at the meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Panel shall have a second and casting vote.

8. Chairperson

8.1. The Independent Clinical and Professional Adviser has chaired the panel from its inception. However, from 1 April 2023 the Panel Chair will be elected from the currently active Panel membership.

8.2. The chairperson will be elected for a 12-month period. This will not be renewable, and the Vice Chair will be the preferred choice to become chair for the ensuing year. There will then be an annual cycle for the chairmanship of the Panel.

8.3. The Chairperson will act as an advisor and support the Transformation Board.

8.4. The Chairperson may be expected to undertake additional engagement as part of their duties, including with Panel colleagues, and Health and Care Transformation Leads for the benefit of the Transformation Programme. However, as the future chair will be a healthcare professional working on the Isle of Man, their availability may be dictated by their own work commitments.

8.5. The employer of the Chairperson from 1 April 2023 shall be entitled to claim for up to 2 days per month pro rata of their current salary to enable any backfill required for their attendance to undertake duties as Chairperson, as required. This payment will be made for any actual costs incurred to attend meetings. Appropriate backfill costs will be subject to approval from the Health and Care Transformation Leads and will be paid through journal transfer to their employer unless alternative arrangements are agreed. Termination of this arrangement may take place with 1 months' notice from the TPMO and backfill arrangements should be made for no longer than 4 weeks at a time.

9. Vice Chairperson

9.1. The Vice Chairperson shall be elected by simple majority of the Panel members held annually.

9.2. The Vice Chairperson may be removed from post by a majority of 75% of the possible voting members of the Panel or by a Health and Care Transformation Leads if deemed unable to perform their duties and/or be the preferred candidate to succeed the Chair.

9.3. The Vice Chairperson will be a member of the Transformation Board.

9.4. The employer of the Vice Chairperson shall be entitled to claim for up to 2 days per month pro rata of their current salary to enable any backfill required for their attendance to undertake duties as Chairperson, as required. This payment will be made for any actual costs incurred to attend meetings. Appropriate backfill costs will be subject to approval from the Health and Care Transformation Leads and will be paid through journal transfer to their employer unless alternative arrangements are agreed. Termination of this arrangement may take place with 1 months' notice from the TPMO and backfill arrangements should be made for no longer than 4 weeks at a time.

10. Frequency and Notice of Meetings

10.1. The Panel will normally meet monthly to address its core responsibilities.

10.2. Meeting dates will be agreed 3 months in advance and will not be changed without the express permission of the Chair.

- 10.3.** At each meeting, the Panel will consider papers submitted to the Transformation Board plus additional matters brought to its attention by the Co-Leads of the Health and Care Transformation Programme, individual projects or TPMO.
- 10.4.** Items of business to be transacted for inclusion on the agenda of the Panel should be approved with the Chair at least 5 working days before the meeting takes place. Any supporting papers should be sent to Panel members at least 3 days before the meeting. Any exception to this will require written notification to the Chair and subsequent agreement on distribution arrangements.
- 10.5.** All papers and reports of the meeting should be distributed on the basis that they may contain highly sensitive and/or confidential information. These papers should have the appropriate watermarks indicating this.
- 10.6.** The Chair reserves the right to call for an urgent or extraordinary meeting of the Panel through a virtual distribution of paper(s) with clear specific instructions to the members.
- 10.7.** The Panel may determine that in the interest of expediency or when there are few items to be discussed that the business of the Panel can be conducted by e-mail or telephone conference. All decisions taken virtually should be recorded and then ratified at the Panel's next physical meeting.

11. Attendance to Meetings

- 11.1 Panel members will be expected to attend a minimum of 70% of pre-arranged meetings in order to ensure their Substantive Groups are fully and consistently represented.
- 11.2 Attendance will be monitored by TPMO and reviewed as required with the Chair.

12. Administration and Secretarial Support

- 12.1.** The TPMO team will ensure that support is provided to the Panel, including
 - Liaising with the TPMO leadership team and with other Panels/programmes to ensure that all relevant business comes forward to the Panel in a timely way;
 - Assisting the Chair of the Panel with preparation for meetings;
 - Ensuring that minutes are produced in accordance with the Chief Secretary's Office Guidance Notes for Minute Taking and Recording Ministerial and Member Decisions;
 - Tracking progress on actions and ensuring that those responsible for implementing are clear about what is required, and by when.

13. Reporting arrangements

- 13.1.** The Panel shall report formally to the Transformation Board via the Chair and Vice-Chair after each meeting on all matters within its duties and responsibilities, in particular papers brought to the Transformation Board.
- 13.2.** The Panel shall make recommendations to the Transformation Board on any area within its remit where action or improvement is needed.

14. Conduct of the Panel

- 14.1.** Members of the Panel have a duty to demonstrate leadership in the principles and behaviours expected of a clinical professional, which include selflessness, integrity, objectivity, accountability, openness, honesty and leadership. Panel papers will be stored and archived.

Where not exempted from the Freedom of Information Act 2015, papers will be available for disclosure upon receipt of a relevant request.

- 14.2.** When there is an urgent matter where a decision is required outside of the meeting, the Chair may decide after conferring with at least two other members ("Chair's Action"). When Chair's Action has been taken then it must be ratified by the next quorate meeting of the Panel. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next meeting.

15. Review of Terms of Reference

- 15.1.** Terms of Reference will be reviewed annually.

Approval:

Clair Barks and Robin O'Connor, Health and Care Transformation Leads

14 March 2023