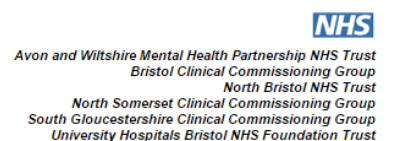


# HIT Operational Guide

**Bristol Health Partners, Fourth Floor, 100 Temple Street, Bristol,  
BS1 6HT  
0117 9037546**



## HIT Operational guide

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## Core Team

### David Relph Director

David provides overall leadership and direction to BHP on behalf of the Board, developing new strategic programmes alongside the existing HIT model. He is available to provide expert knowledge and guidance to HIT Directors and support them in developing complex business cases. David provides motivation, leadership and support to BHP HIT leadership teams and the core staff of BHP.

[David.Relph@uhbristol.nhs.uk](mailto:David.Relph@uhbristol.nhs.uk)

### Lisa Wheatley Programme Manger

Lisa supports David in providing knowledge and leadership to HIT Directors. She supports HIT leadership teams in planning and implementation and provides management guidance to HITs. Lisa is responsible for identifying HIT training and resource needs. She also ensure links are made between relevant HITs and reports their progress to the Board and Executive group.

[Lisa.Wheatley@bristol.ac.uk](mailto:Lisa.Wheatley@bristol.ac.uk)

### Zoe Trinder-Widdess Communications Manager

Zoe is available to assist HITs in the design and implementation of communication campaigns. She project manages the design and delivery of the BHP newsletter, annual review and other regular communications and is responsible for managing the BHP website.

[Zoe.Trinder-Widdess@nbt.nhs.uk](mailto:Zoe.Trinder-Widdess@nbt.nhs.uk)

### Trish Harding Evaluation Officer

Trish is responsible for developing evaluation tools for HITs and BHP which can be used to evaluate initiatives. She assists HITs in identifying evaluation resources and funding and plays a key role in facilitating engagement between the HITs and BNSSG commissioners.

[trishharding@nhs.net](mailto:trishharding@nhs.net)

### Ailis Campbell Management Assistant

Ailis provides support to HITs for project based administration needs.

She responds to non-routine requests from HITs and is happy to attend key meetings, assist in organising and preparing for key events and will gladly assist with other project based work.

[ailis.campbell@bristol.ac.uk](mailto:ailis.campbell@bristol.ac.uk)

### Mike Bell PPI Facilitator

Mike is responsible for identifying, supporting and facilitating members of the public to contribute to the work of the HITs. He can help organise and run meetings between members of the public and staff working in HITs and provide ongoing feedback to members of the public contributing to the work of the HITs.

[mike.bell@bristol.ac.uk](mailto:mike.bell@bristol.ac.uk)

In addition, Bristol Health Partners will be recruiting two new posts in the near future. A central Bristol Health Partners Project Manager will be responsible for providing Project Management support to HITs who don't already have a dedicated resource. This post will be recruited with a view of operating a dual model, allowing HITs to use the central Project Manager resource, or providing HITs with resource to recruit their own Project Managers should they wish to.

# Bristol Health Partners

We also plan to recruit a Strategic Programme Manager to development and implement three new Bristol Health Partners strategic programmes spanning across Health and Social Care in the area. These programmes are;

- 1) Better use of data
- 2) Sustainability
- 3) Future workforce development.

## BHP Executive Links

Executive Links are individuals from the BHP Executive Group who offer HITs access to their own unique set of skills, knowledge and provide support in areas of weakness within the HIT. They can;

- Act as a critical friend - a trusted person who asks provocative questions and examines the HITs work through another lens.
- Act as an advocate or champion for the success of the HIT.
- Provide mentoring, if needed and appropriate.
- Offer access to their own unique set of skills, knowledge and experience and provide support in areas where the HIT team is weak.
- Assist with unblocking barriers and bottlenecks to change.
- Provide a gateway to an additional network of people, act as a conduit and signpost HITs to useful individuals outside of their own networks.
- Bring in other relevant individuals from the core BHP team and working groups to advise on specific aspects of the HITs work (for example Innovation, Communications, evaluation)

Each HIT will be assigned a dedicated Executive Link from the list below soon after full accreditation. These individuals should attend HIT quarterly steering group meetings where possible and appropriate. BHP also advises HIT Directors to meet one-to-one with their Executive Link at least twice per year.

|               |   |  |
|---------------|---|--|
| Jenny Ames    | UWE - Associate Dean (Research and Innovation)    | <a href="mailto:Jenny.Ames@uwe.ac.uk">Jenny.Ames@uwe.ac.uk</a>                   |
| Neil Bradshaw | UoB - Director of Enterprise                      | <a href="mailto:Neil.Bradshaw@bristol.ac.uk">Neil.Bradshaw@bristol.ac.uk</a>     |
| Peter Brindle | APCRC - R&D Programme Director                    | <a href="mailto:peter.brindle@nhs.net">peter.brindle@nhs.net</a>                 |
| David Evans   | UWE - Director People and Research South West     | <a href="mailto:David9.Evans@uwe.ac.uk">David9.Evans@uwe.ac.uk</a>               |
| Stephen Falk  | WCLRN – Director                                  | <a href="mailto:Stephen.Falk@UHBristol.nhs.uk">Stephen.Falk@UHBristol.nhs.uk</a> |
| Alison Moon   | Bristol CCG - Director Transformation and Quality | <a href="mailto:Alison.moon@bristolccg.nhs.uk">Alison.moon@bristolccg.nhs.uk</a> |
| Sarah Purdy   | UoB – Associate Dean Health Faculty               | <a href="mailto:Sarah.Purdy@bristol.ac.uk">Sarah.Purdy@bristol.ac.uk</a>         |
| David Relph   | BHP – Director                                    | <a href="mailto:David.Relph@UHBristol.nhs.uk">David.Relph@UHBristol.nhs.uk</a>   |
| Richard Smale | SWCSU - Deputy Director of Transformation         | <a href="mailto:Richard.smale@swcsu.nhs.uk">Richard.smale@swcsu.nhs.uk</a>       |
| Jeremy Tavare | UoB - Director EBI Health                         | <a href="mailto:J.Tavare@bristol.ac.uk">J.Tavare@bristol.ac.uk</a>               |
| Julian Walker | AWP - Director of Research                        | <a href="mailto:julian.walker@nhs.net">julian.walker@nhs.net</a>                 |

# Bristol Health Partners

|               |   |  |
|---------------|---|--|
| David Wynick  | NBT & UHB - Joint Director of Research  | <a href="mailto:d.wynick@bristol.ac.uk">d.wynick@bristol.ac.uk</a>     |
| Jane Hadfield | Chair BHP Education and Training Working group (ETWG); Assistant Director HR&D, Head of Learning & Development, NBT | <a href="mailto:jane.hadfield@nbt.nhs.uk">jane.hadfield@nbt.nhs.uk</a> |

## BHP Innovation Links

Innovation Links can be called upon by HITs to help them access the broad range of expertise on health innovation, service redesign, industry collaboration, intellectual property and commercialisation etc. available across the partnership. If you need some advice around an innovation related issue, get in touch with Ailis Campbell or Lisa Wheatley and they will help you identify the most appropriate individual from the list below.

|                  |  |  |
|------------------|--|--|
| Jamie Methuen    | NBT - Innovation Manager                               | <a href="mailto:jamie.methuen@nbt.nhs.uk">jamie.methuen@nbt.nhs.uk</a>       |
| Neil Bradshaw    | UoB - Director of Enterprise                           | <a href="mailto:Neil.Bradshaw@bristol.ac.uk">Neil.Bradshaw@bristol.ac.uk</a> |
| Richard Luxton   | UWE -Director Biosensing Institute                     | <a href="mailto:Richard.Luxton@uwe.ac.uk">Richard.Luxton@uwe.ac.uk</a>       |
| Lars Sundstrom   | UoB - Director of Translational Research               | <a href="mailto:L.Sundstrom@bristol.ac.uk">L.Sundstrom@bristol.ac.uk</a>     |
| Richard Smale    | NHS Bristol - Programme Director                       | <a href="mailto:Richard.Smale@swcsu.nhs.uk">Richard.Smale@swcsu.nhs.uk</a>   |
| Sue Sundstrom    | UoB - Head of Research Commercialisation               | <a href="mailto:Sue.Sundstrom@bristol.ac.uk">Sue.Sundstrom@bristol.ac.uk</a> |
| Emma Adams       | AWP - Head of Academy                                  | <a href="mailto:emma.adams2@nhs.net">emma.adams2@nhs.net</a>                 |
| Elizabeth Dymond | WEAHSN - Deputy Director of Enterprise and Translation | <a href="mailto:Elizabeth.dymond@weahsn.net">Elizabeth.dymond@weahsn.net</a> |
| Anna Burhouse    | WEAHSN - Director of Quality                           | <a href="mailto:anna.burhouse@weahsn.net">anna.burhouse@weahsn.net</a>       |
| Tony Killard     | UWE - Professor of Biomedical Sciences                 | <a href="mailto:tony.killard@uwe.ac.uk">tony.killard@uwe.ac.uk</a>           |

## Administrative Support

The BHP Management Assistant, Ailis Campbell is able to provide support to HITs for project based administration needs. Ailis can respond to non-routine requests from HITs, attend key meetings, assist in organising and preparing for key events and assist with other project based work. Ailis is able to undertake work for HITs either remotely or she can physically sit with the HIT Directors or other HIT members whilst assisting you, potentially on a regular basis if this is desirable. To request administrative support please complete the application form which you will find at **Annex 1** attached to this guide.

## BHP Funding

Small amounts of BHP funding are available to HITs and the purpose of the initial funding is to support the initial phase, whilst preparation is made for the submission of full business cases. HIT funding will potentially include but not necessarily be limited to:

- Backfilling clinical time for HIT Directors or employing a part-time Project Manager.
- Expertise, for example economic evaluation (if not available through other routes like the CLAHRC West project).
- Partnership activity such as meetings, workshops, events. Such activities may incur general meeting costs (e.g. internal room charges and/or refreshments) or need external facilitation or facilities not available from within the partner organisations.
- Costs associated with Patient and Public Involvement (PPI) activities.

HITs may apply for funding at any time throughout the year and each application will be dealt with on a case by case basis. Funding will be provided for maximum of 12 months initially and further applications must demonstrate clearly why continued funding is required. HITs are expected to become self-sustaining over time, after BHP has provided some initial pump-priming. Decisions are normally made within 2 weeks of receipt of an application.

BHP funding guidance can be found in **Annex 2** attached to this guide.

A BHP funding application form can be found in **Annex 3**.

## CLAHRC (Collaborations for Leadership in Applied Health Research and Care) West Project

The CLAHRC West project conducts applied health research and supports the translation of research evidence into practice to provide equitable, appropriate, and sustainable health and care across the West of England region. They focus on projects that improve the management of chronic diseases, public health interventions and population health.

CLAHRC West staff offer methodological expertise, research staff time and expenses to design and deliver research projects to those who are successful in CLAHRC West bids. There are regular calls for (a) research proposals and (b) research ideas which are open to individuals working in NHS organisations, universities, local authorities, third sector organisations and patient/user organisations in the NIHR CLAHRC West area. HITs may want to apply for support from the CLAHRC West team if it is appropriate and each HIT will be assigned a member of the CLAHRC team to engage with if this is required.

## Training

As a HIT develops it is likely the leadership team, or the core BHP team, will identify key training needs. If a common need is identified across several HITs, the BHP core team may

# Bristol Health Partners

arrange workshops and courses on an ad-hoc basis to improve knowledge and skills relating to certain aspects of HIT work. If you have an idea for a training course which you think might also benefit other HITs please get in touch with Lisa Wheatley to discuss.

Examples of HIT training sessions include:

- Developing Effective and Convincing NHS Business Cases
- Experience Based Co-Design
- Project and Programme Management
- How to Handle the Media

## Networking Lunches

Networking lunches offer HIT members a valuable opportunity to meet colleagues from other HITs. They provide an opportunity, in an informal setting, to discuss current problems or issues and provide access to learning from other HITs. Each meeting will start with 1 or 2 presentations on topics of interest to the HITs and then there will be an opportunity to discuss specific problems, examples of best practice, available resources or any other topic of interest to HIT members. They also provide the chance to make links with other HITs. Directors and Coordinators/Project Managers will be invited to attend initially but they are very welcome to extend the invite to other members of the HIT who might benefit from attending.

## HIT Conferences

HIT conferences run annually and include a variety of workshops, presentations and networking opportunities, offering the chance to find additional collaborators in your area of interest. All HIT members are welcome to attend these annual events.

Past workshops have explored themes including:

- How to develop public and patient involvement (PPI) ideas and plans,
- Developing effective communications strategies
- Exploring potential business and industry collaborations.

Previous conferences have also included “surgery sessions” which provide a chance to take part in a 10 minute one-to-one slot with one or more of our experts. These can be used to explore a variety of topics such as the CLAHRC West project, business case development, innovation, PPI, Evaluation and Effective Communications.

## Cascading Information to HITs

The BHP Programme Manager or Management Assistant will send important HIT related information to Directors, Project Managers and Co-ordinators only. It is then their responsibility to cascade this information to the full HIT team or select relevant individuals to share this information with. It is important that this information reaches the correct HIT members in a timely fashion. On receipt of these emails, if you are unsure who the relevant HIT member recipients might be, please get in touch with the BHP core team for guidance.

## BHP Reporting

All HITs must provide the BHP Programme Manager with quarterly progress reports which clearly show progress against original and any new objectives. You are welcome to use a format of your own choice provided this provides sufficient information. We can however, provide suggested templates if these would be useful (a suggested progress reporting template can be found in **Annex 4**). These reports are not uploaded to our website or shared with anyone outside of the BHP organisations; they are purely for our records and to enable the Programme Manager to report on progress to the BHP Executive Group (monthly) and the Board (bi-monthly). They also enable us to identify any issues or problems which might be resolved by members of the BHP Board or Executive group. The central team will ask for progress reports from each HIT after each quarterly steering group meeting.

Along with general information about your progress against your objectives, we are also keen to capture information about;

- Funding secured
- CCG involvement
- PPI activities
- Problems/issues

## HIT Contact lists

Along with regular progress reports, all HITs are asked to provide BHP with up to date HIT contact lists. Contact lists should include details of HIT member's Job titles, their roles within the HIT (including which workstream they are involved with) and email addresses. BHP do not request a specific format for a HIT contact list but a suggested template which you might find useful, is included in **Annex 5** attached to this guide.

## Changes of Directors

During the lifetime of a Health Integration Team, some changes in Directorships may be necessary. Please inform Lisa Wheatley at the earliest opportunity if you are planning any changes to Directors of other key members of the Leadership Team. As the strength, calibre and experience of Directors is very much taken into account when HITs are approved, the BHP Executive group will be consulted regarding proposed changes. Lisa will liaise with the Exec group at the monthly meetings to ensure that any changes are appropriate to the future leadership of the HIT.

## HIT Strategy Refresh

Many HITs have been up and running for some time now and have identified a need to refresh their strategy. A HIT Strategy Refresh document is included in **Annex 6** attached to this guide and may be useful in guiding discussions whilst undertaking this exercise. It may assist you with reviewing progress to date, identifying future priorities and planning your next steps. Any ideas generated can be incorporated into future meetings and into documentation which you might use to review the ongoing progress of the HIT. It is not exhaustive but is



meant to give rise to discussion about where your strengths lie and where you might refocus your efforts and activities. You may well want to tailor this document to suit the specific needs of your HIT. Additionally, the BHP Director is happy to provide strategy advice and to facilitate discussions at HIT workshops or meetings, if that would be helpful. Contact the BHP core team if you would like to arrange this.

## Conflicts of interest

Some HITs may want to ask their members to complete a form to capture any potential conflicts of interest, depending on the focus of the HIT work. If you want to undertake this exercise you will find a suggested template in **Annex 7** of this document.

## HIT Terms of Reference

Once your HIT is up and running you might want to develop a set of terms of reference for the management group to ensure that members understand what to expect and what is expected of them. You will find a basic template with some suggested headings in **Annex 8** of this document.

## Commissioner Engagement

Commissioner engagement is key to the success of all HITs and each team will have built links with relevant individuals whilst developing their EOI and full application to become a HIT. However, often once a HIT is up and running they identify a need to engage with additional commissioners around a specific topic, or existing commissioning structures might change with existing contacts moving to other roles etc. To help you engage with the most appropriate commissioners we have developed a form designed to capture information on the nature of contact or support you would like. We will do our best to pair you up with the right person. The EOI form can be found at **Annex 9**. There may also be times when commissioners need assistance from HIT teams around specific issues and we have also developed an EOI form to facilitate this type of interaction. If you would like general advice around commissioner engagement, or if you have a specific need in this area, you can contact the BHP Evaluation Officer, Trish Harding at [trishharding@nhs.net](mailto:trishharding@nhs.net)

## Evaluation Toolkit

Evaluation plays a key part in improving the quality of health and social care. Multiple definitions exist for 'evaluation' but they all have a common theme about **judging the merit or value** of something, whether it is a service or intervention. The West of England Evaluation Strategy Group defines evaluation as:

"A study in which **research procedures** are used in a systematic way to **judge the quality or value** of a service or intervention, providing **evidence** that can be used to **improve it**" (West of England Evaluation Strategy Group, 2013)

Various toolkits are available to support HITs in carrying out evaluation. Locally, Avon Primary Care Research Collaborative (APCRC) offer an online toolkit that HITs are welcome to access <http://www.apcrc.nhs.uk/evaluation/toolkit.htm> This was developed with health service and local authority commissioners to help with the evaluation aspect of the commissioning cycle. This toolkit is in the process of being updated and the new version will be available on the APCRC website in late summer 2015. A web-based interactive version of this toolkit is also being planned

Other useful evaluation toolkits and resources are listed below.

- The Magenta Book [http://www.hm-treasury.gov.uk/d/magenta\\_book\\_combined.pdf](http://www.hm-treasury.gov.uk/d/magenta_book_combined.pdf) Developed by HM Treasury
- CLAHRC Evaluation Guide [http://www.clahrc-cp.nihr.ac.uk/wp-content/uploads/2012/07/Evaluation\\_GUIDE.pdf](http://www.clahrc-cp.nihr.ac.uk/wp-content/uploads/2012/07/Evaluation_GUIDE.pdf) Developed by NIHR CLAHRC Leicestershire, Northamptonshire and Rutland for clinicians and NHS Managers to help guide them through the process of evaluation
- MRC Evaluating Complex Health Interventions <http://www.mrc.ac.uk/documents/pdf/developing-and-evaluating-complex-interventions/> Developed by the MRC to help with evaluating complex health interventions
- Charities Evaluation Service Evaluation Tools and Resources <http://www.ces-vol.org.uk/tools-and-resources> Developed by the Charities Evaluation Services and provides tools, resources and training around evaluation
- The Scottish Health Council has produced a useful guide and toolkit on evaluating patient and public involvement (PPI) activities. This can be downloaded from the following web address:  
[http://www.scottishhealthcouncil.org/publications/research/evaluation\\_toolkit.aspx#.VS6XY9zF\\_Sq](http://www.scottishhealthcouncil.org/publications/research/evaluation_toolkit.aspx#.VS6XY9zF_Sq)

If you would like further information or support on service evaluation, please contact the Bristol Health Partners Evaluation Officer on [trishharding@nhs.net](mailto:trishharding@nhs.net)

## PPI

It is our aim that all HITs work actively with members of the public, patients and service users with relevant lived experience, and family members/carers as appropriate to their areas of activity. Inclusion of these perspectives are central to the successful development and implementation of health improvements.

PPI within HITs is supported by Bristol Health Partners via the public involvement team People in Health West of England, which also supports involvement within CLAHRC West, the CRN West of England, and the West of England AHSN. This PPI team provides a strategic and integrated approach to involvement across the West of England.

# Bristol Health Partners

The People in Health West of England team are:

**Professor David Evans**, Patient and Public Involvement Academic Lead,  
[david9.evans@uwe.ac.uk](mailto:david9.evans@uwe.ac.uk)

**Hildegard Dumper**, Patient and Public Involvement Manager,  
[Hildegard.dumper@weashn.net](mailto:Hildegard.dumper@weashn.net)

**Rosie Davies**, Patient and Public Involvement Research Fellow,  
[rosemary3.davies@uwe.ac.uk](mailto:rosemary3.davies@uwe.ac.uk)

**Kim Thomas**, Patient and Public Involvement Administrator,  
[kim.thomas@nihr.ac.uk](mailto:kim.thomas@nihr.ac.uk)

**Mike Bell**, HIT Patient and Public Involvement Facilitator,  
[mike.bell@bristol.ac.uk](mailto:mike.bell@bristol.ac.uk).

The two team members with a direct remit to work with HITs are Rosie Davies (providing guidance and advice in developing PPI plans and strategies), and Mike Bell in providing hands on support to organise and run involvement activities.

The People in Health West of England team is supported by a Strategy Group which includes eight public contributors with a variety of lived experience, and institutional links to universities and NHS organisations, alongside representation from Health Watch.

In addition to offering active support to develop PPI plans and activities, the People in Health West of England team will be providing a guidance document which has been tailored for HITs and this will be circulated and added to this guide when available

Annex 1 – Application for BHP administration support

## Application for Admin Support

|                           |  |
|---------------------------|--|
| <b>HIT Name</b>           |  |
| <b>Date</b>               |  |
| <b>Who Completed Form</b> |  |

|                             |                |  |                                |  |
|-----------------------------|----------------|--|--------------------------------|--|
| <b>Admin Time Requested</b> | Hours per week |  | Estimated total number of days |  |
|-----------------------------|----------------|--|--------------------------------|--|

| Tasks to be undertaken- Please include deadlines where relevant |
|---|
|   |

Please indicate if you would like Admin Support to:

Sit with you

Work remotely

## Guidance for Health Integration Team (HIT) Funding

Approved HITs are invited to request funds from the Bristol Health Partner budget, for activities which will contribute to their aims and are not currently funded via the HIT Management Team and collaborators. There will be limited funding available and this will be awarded on a non-competitive rolling basis.

### Initial funding for HITs will primarily be for the following:

1. **Directors' Time** - HIT leaders (Director and/or Co-Directors) will need to spend considerable time establishing, developing and coordinating their HIT. Bristol Health Partners should expect to fund up to 2 sessions, (approximately 0.2 FTE), split however is felt appropriate, if this is requested. If a HIT can make a compelling case for an equivalent period of time for alternative key member(s) of their HIT team to be funded, this will also be considered. Academic time **will not** however be funded as this should form part of their usual duties.
2. **Project Managers** – Coordination of HITs, which consist of several different work streams, often led by a range of different people, can be time consuming. Directors may find that recruitment of a part-time Project Manager to assist them is helpful in ensuring their HIT operates effectively. Tasks might include maintaining momentum within the project, writing reports, monitoring work stream progress and reporting to the Bristol Health Partners Programme Manager along with other relevant tasks as they arise. Bristol Health Partners will consider providing funding for up to 1 day per week of a Project Manager at an appropriate grade/pay band.
3. **Expertise** - each HIT will need to access expertise in methods of evaluation, searching and gathering evidence, economic evaluation etc. It may in some cases be appropriate to pay for support additional to that available from within the partners (e.g. SMART), however, the need to access support outside of the resources available across the partnership must be justified and will be challenged during assessment. HITs will also be expected to apply for CLAHRC support before approaching BHP to fund this type of activity.
4. **Partnership Activities** - each HIT will need to establish ways of working as new partnerships. This takes time and will be most efficiently established through a mix of face to face and tele-working. Each HIT will want to hold meetings, workshops and events. Such activities may incur general meeting costs (e.g. internal room charges and/or refreshments) or need external facilitation or facilities not available from within the partner organisations. As with accessing expertise, the case for the use of external facilitators or facilities will need to be justified and will be challenged.
5. **Involvement of External Members** – input from individuals employed by external partners, rather than one of the 9 Bristol Health Partner organisations (3 NHS Trusts, 2 Universities, 3 CCGs and the Local Authority), is often key to the effective operation of a HIT. These individuals

sometimes struggle to resource their time, preventing HIT engagement. Bristol Health Partners may be able to provide funding to facilitate involvement of external individuals. For example, we might agree to fund a GP to backfill 4 sessions per year of their time to enable attendance at quarterly HIT steering group meetings. You will however, need to demonstrate that their input is essential and associated with some tangible outputs.

6. **Patient and Public Involvement** - e.g. expenses for patient and public HIT partners to attend meetings, costs associated with PPI workshops and events etc.
7. **Attendance at Events** – in exceptional circumstances Bristol Health Partners may provide funding for Directors to attend conferences or events. The HIT must clearly demonstrate that the content is directly relevant to the core work of the HIT and that attendance will provide an opportunity for promotion of both the work of the HIT and Bristol Health Partners more generally. Funding can be provided to cover entrance fees and travel for up to 2 Directors to attend up to 2 UK events per year. Accommodation and subsistence costs will not normally be supported, nor will any cost associated with attendance at international events.

#### **What HIT funding will NOT be used for:**

1. New posts - HITs should access internal expertise and members (unless, exceptionally, a short term contract for a specific piece of work is deemed the most cost-effective route).
2. Equipment, including computer hardware.
3. Hospitality - save for that needed for partnership activities, PPI activities and exceptionally, for establishing partnerships with industry.
4. Expenses for HIT members to attend meetings and partnership events (except external partners).

#### **Principles of Funding HITs:**

1. HITs will normally be funded for 3-9 months in the first instance to enable them to work up business cases to present to the partners for accreditation.
2. Partners will be reimbursed actual costs for employees awarded time for HIT activities (except academic staff).
3. HITs will not hold separate budgets, but will submit invoices quarterly in arrears, for agreed activities, up to an agreed maximum.
4. Spend on HITs will be reported to each Bristol Health Partners Board Meeting.

#### **Application Process**

1. HIT leaders should contact Lisa Wheatley, (BHP Programme Manager – Lisa.Wheatley@Bristol.ac.uk) in the first instance to discuss their funding requirements. Lisa will work with HITs to develop a clear Case for Support (further guidance below).
2. All applications will be assessed in accordance with this guidance note. Requests for £10,000 or less will be assessed by the Programme Manager and this assessment will lead to a recommendation on the suitability of BHP funding for the proposed activity.

3. This recommendation will be forwarded to the Authorising Officer (David Relph) for a final decision on the appropriateness/level of support and sign off.
4. Requests for over £10,000 will be assessed by the BHP Executive Group at scheduled monthly meetings. The Executive Group will make a recommendation which will be presented to the Authorising Officer for sign off as per above.

## **Case for Support**

1. The Programme Manager will work with HITs to develop a Case for Support. The attached application form should be completed and sent to Lisa Wheatley via email. The following information should be included;
  - Level of funding requested (including a breakdown)
  - Description of what the funds are for
  - When will this activity take place?
  - How will this activity contribute to the HIT objectives?
  - What are the expected outputs/outcomes from this activity?
  - Have partner organisations been approached for support? If so why are they not able to fund this activity?
  - What will happen if this activity is not funded?
  - Which organisation will be invoicing BHP for the funds?

Annex 3 – BHP funding application form

## HIT Funding Request Form

|                                |  |
|--------------------------------|--|
| <b>HIT Name</b>                |  |
| <b>Date</b>                    |  |
| <b>Who completed this form</b> |  |

Please detail the following:

|   |  |
|---|--|
| <b>Level of funding requested</b>   |  |
| <b>Description of what the funds are for</b>  |  |
| <b>When will this activity take place</b>   |  |
| <b>How will this activity contribute to the HIT objectives</b>  |  |
| <b>Who will undertake the work</b>  |  |
| <b>What are the expected outputs/outcomes for this activity</b>   |  |
| <b>Have partner organisations been approached for support. If so, please detail why they have not been able to fund this activity</b> |  |
| <b>What will happen if this activity is not funded</b>  |  |



*Annex 4 – HIT reporting template*

**HIT Name:**

**Director:**

**Project Manager/Coordinator/Document Owner:**

| <b><i>Workstream 1: Title?</i></b>  |                                   |  |                    |                                   |
|-------------------------------------|-----------------------------------|--|--------------------|-----------------------------------|
| <b>Outcome/ Priority/ Objective</b> | <b>Planned Actions/Activities</b> | <b>Lead Name (and others contributing)</b> | <b>Target Date</b> | <b>Update on current position</b> |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |

Continued on next page....

| <i>Workstream 2: Title?</i>         |                                   |  |                    |                                   |
|-------------------------------------|-----------------------------------|--|--------------------|-----------------------------------|
| <b>Outcome/ Priority/ Objective</b> | <b>Planned Actions/Activities</b> | <b>Lead Name (and others contributing)</b> | <b>Target Date</b> | <b>Update on current position</b> |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |

| <i>Workstream 3: Title?</i>         |                                   |  |                    |                                   |
|-------------------------------------|-----------------------------------|--|--------------------|-----------------------------------|
| <b>Outcome/ Priority/ Objective</b> | <b>Planned Actions/Activities</b> | <b>Lead Name (and others contributing)</b> | <b>Target Date</b> | <b>Update on current position</b> |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |

| <b>Workstream 4: Title?</b>         |                                   |  |                    |                                   |
|-------------------------------------|-----------------------------------|--|--------------------|-----------------------------------|
| <b>Outcome/ Priority/ Objective</b> | <b>Planned Actions/Activities</b> | <b>Lead Name (and others contributing)</b> | <b>Target Date</b> | <b>Update on current position</b> |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |

| <b>Workstream 5: Title?</b>         |                                   |  |                    |                                   |
|-------------------------------------|-----------------------------------|--|--------------------|-----------------------------------|
| <b>Outcome/ Priority/ Objective</b> | <b>Planned Actions/Activities</b> | <b>Lead Name (and others contributing)</b> | <b>Target Date</b> | <b>Update on current position</b> |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |
|                                     |                                   |  |                    |                                   |

Further Details:

|   |  |
|---|--|
| <b>Funding secured</b>  | Amount:<br>Scheme/funder:<br>Project title/topic:<br>Start Date: |
| <b>CCG engagement</b>   | Which CCG(s):<br>CCG Contact person:<br>Activity:                |
| <b>PPI activity (if not covered in a separate workstream)</b> |  |
| <b>Issues or problems</b>                                     |  |



## HIT Strategy Refresh Guidance

| TOPIC                                       | QUESTIONS  | NOTES |
|---|--|-------|
| <p>LEADERSHIP, MEMBERSHIP and STRUCTURE</p> | <p>Who are our Directors, members and collaborators?</p> <p>How do we relate to other HITs?</p> <p>Do these need to be reviewed periodically, added to or rotated?</p> <p>If so, how often and by what mechanism?</p> <p>Are role descriptions needed?</p> <p>Is our aim to be inclusive or selective or a combination of the two?</p> <p>Are there any gaps in representation, for example from commissioners, industry or community/voluntary groups?</p> <p>Is our aim to build formal or informal links or a combination of both?</p> <p>How often should the HIT management team meet? Is the current frequency and structure working?</p> <p>Should other ways of working be explored?</p> |       |

# Bristol Health Partners

|                     |   |  |
|---------------------|---|--|
| <p>OVERALL AIMS</p> | <p>What were the original aims of the HIT?</p> <p>Are these still relevant/appropriate?</p> <p>Has a need for any new aims emerged?</p> <p>What were the original aims of the HIT?</p> <p>Are these still relevant/appropriate?</p> <p>Has a need for any new aims emerged?</p> <p>Are they clear?</p> <p>Are they achievable?</p> <p>How has being a HIT provided added value to the work in this area so far? What would/would not have happened if the HIT had not formed? What could being a HIT add in the future?</p> |  |
|---------------------|---|--|

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|                              |   |  |
|------------------------------|---|--|
| <p>STRATEGY and WORKPLAN</p> | <p>In this section you should look back at your original workplan and discuss and specific challenges which have arisen. What are our main challenges likely to be in the short term i.e. 1-3 years?</p> <p>Are we able to target a section of care pathway (if this is relevant to your HIT).</p> <p>What are our main challenges likely to be in the medium term i.e 3-6 years?</p> <p>What are our main challenge in the longer term i.e. 6-10 years?</p> <p>How will these challenges potentially link to other HITs?</p> <p>Does our strategy and its areas of focus need to be reviewed periodically?</p> <p>If so, how often, by whom and by what mechanism?</p> <p>Should we adapt our focus depending on what other HITs are launched?</p> <p>Should we adapt our focus depending on what other local priorities emerge? If so where are these priorities likely to emerge from?</p> <p>Do the time-critical goals need to be reviewed periodically?</p> <p>If so, how often, by whom and by what mechanism? What are our Key Performance Indicators? How will we know we have been successful?</p> <p>What are our key deliverables and when will these be delivered?</p> |  |
|------------------------------|---|--|



|  |  |  |
|--|--|--|
|  | <p><b>NETWORKING</b></p> <p>How should this be approached?<br/>         What proportion of our work should it be?<br/>         Who should do this?<br/>         How should it be resourced?</p>          |  |
|  | <p><b>RESEARCH</b></p> <p>How should this be approached?<br/>         What proportion of our work should it be?<br/>         Who should do this?<br/>         How should it be resourced?</p>            |  |
|  | <p><b>TRAINING</b></p> <p>How should this be approached?<br/>         What proportion of our work should it be?<br/>         Who should do this?<br/>         How should it be resourced?</p>            |  |
|  | <p><b>EVENTS</b></p> <p>How should this be approached?<br/>         What proportion of our work should it be?<br/>         Who should do this?<br/>         How should it be resourced?</p>              |  |
|  | <p><b>INFORMATION</b></p> <p>How should this be approached?<br/>         What proportion of our work should it be?<br/>         Who should do this?<br/>         How should it be resourced?</p>         |  |
|  | <p><b>COMMS and PUBLICITY</b></p> <p>How should this be approached?<br/>         What proportion of our work should it be?<br/>         Who should do this?<br/>         How should it be resourced?</p> |  |

|            |   |  |
|------------|---|--|
|            | <p>PPI</p> <p>How should this be approached?<br/>         What proportion of our work should it be?<br/>         Who should do this?<br/>         How should it be resourced?</p>   |  |
| Resources  | <p>What funding opportunities exist?</p> <p>Who should pursue these?</p> <p>What budget is required (in addition to those set out above)?</p> <p>Do key people have protected time for HIT involvement? If not can this be negotiated and if so, how?</p>   |  |
| Evaluation | <p>How will we demonstrate that the HIT has <i>added value</i>?</p> <p>How will we demonstrate that the HIT has provided an <i>opportunity for step change</i>?</p> <p>What constitutes success – organisational, clinical, managerial, patient, staff change?</p> <p>What kind of success - outcomes, impact, process, quality, cost?</p> <p>What is the unit of interest - individuals, populations, organisations, systems, patients, staff, public?</p> <p>What is the scope/reach? City, Metropolitan Area, CCG boundaries, region (West of England)?</p> <p>How will we provide the evidence of success?</p> <p>Who is going to do this?</p> <p>How often should we consider this?</p> <p>How will it be resourced?</p> |  |

## Title

**Entry for  
Register of Interests**

**Name:**

**Position:**

**List of** [eg Directorships, Business Partnerships or Shareholdings (in  
**Interests:** in excess of 5% of the share capital)]

**Signed:**

**Date:**

## HIT Terms of Reference Template

- 1) The aim of the HIT
- 2) Objectives of the Core Membership Group

### Core member Group

| Name | Organisation | Job Title | Email address | HIT role |
|------|--------------|-----------|---------------|----------|
|      |              |           |               |          |
|      |              |           |               |          |
|      |              |           |               |          |
|      |              |           |               |          |
|      |              |           |               |          |
|      |              |           |               |          |
|      |              |           |               |          |
|      |              |           |               |          |
|      |              |           |               |          |

### Other HIT links and Collaborators

- 3) Quoracy and Decision Making
- 4) Agenda
- 5) Frequency & Duration of Meetings
- 6) Roles of the Management Group
- 7) Responsibilities of the Management Group Members
- 8) Reporting arrangements
- 9) Administration details
- 10) Review

## Annex 9 - Expression of interest form for commissioner engagement

# Bristol Health Partners

### HIT MEMBER CONTACT WITH COMMISSIONERS

Engagement between HITs and health and social care commissioners is important and mutually beneficial. While efforts will be made to help you work with commissioners in a productive way, we need to balance this against limited commissioner capacity and resources. To help you, as a HIT, engage with the most appropriate commissioners please provide information below on the nature of contact or support you would like. We will do our best to pair you up with the right person. *(Please note: do not feel you have to complete this form now – you can complete the form at any time when the need arises)*

|   |
|---|
| <b>NAME OF YOUR HIT:</b>  |
| <b>YOUR NAME AND ROLE WITHIN THE HIT:</b>   |
| <b>CONTACT DETAILS:</b>   |
| <b>KEY AIMS OF YOUR HIT (bullet points only)</b>  |
| <b>PLEASE SPECIFY INPUT YOU WOULD LIKE FROM COMMISSIONERS NOW TO HELP ACHIEVE THESE AIMS (eg understanding the existing care pathway for ... and how this fits with CCG delivery themes?)</b> |

Please indicate the commissioning authority you wish to work with:

- |  |   |
|--|---|
| <input type="checkbox"/> Bristol CCG                                 | <input type="checkbox"/> South Gloucestershire Council (incl Public Health) |
| <input type="checkbox"/> North Somerset CCG                          | <input type="checkbox"/> NHS England  |
| <input type="checkbox"/> South Gloucestershire CCG                   | <input type="checkbox"/> Public Health England                              |
| <input type="checkbox"/> Bristol City Council (incl Public Health)   | <input type="checkbox"/> Not sure which authority – need guidance           |
| <input type="checkbox"/> North Somerset Council (incl Public Health) |   |

**IS THERE ANY EXISTING COMMISSIONER INVOLVEMENT WITH YOUR HIT? IF SO, PLEASE LIST KEY PEOPLE INVOLVED AND THEIR ORGANISATIONS.**

When complete, please email this form to [trishharding@nhs.net](mailto:trishharding@nhs.net). Your request will be discussed with the appropriate commissioning manager.