Terms of Reference - Urgent Care System Improvement Board

The Wandsworth, Merton, Lambeth and St George’s Healthcare Trust Partnership – Urgent Care Improvement Plan

DRAFT v0.5
July 2013
Document Revision History

<table>
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<tr>
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<th>Author(s)</th>
<th>Change Summary</th>
<th>Version</th>
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<tr>
<td>21/06/2013</td>
<td>Kosar Parveen – Interim Commissioning Manager</td>
<td>First draft completed</td>
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<td>Lucie Waters – Director of Planning &amp; Commissioning, Graham MacKenzie – Chief Officer</td>
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<td>Nicola Jones - Chair</td>
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<td>Kosar Parveen – Interim Commissioning Manager</td>
<td>Chair’s amendments added</td>
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<td>Kosar Parveen – Interim Commissioning Manager</td>
<td>Revision to include role of Delivery Group</td>
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Approval History

This document requires the following approvals before finalisation.

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<thead>
<tr>
<th>Name and Position/Group</th>
<th>Date Approved</th>
<th>Version</th>
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<td>The Board</td>
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1. Purpose

This document details the Terms of Reference for the **Urgent Care System Improvement Board**, to be referred to as ‘The Board’ hereafter and which is set up as part of the ‘**Wandsworth, Merton, Lambeth and St George’s Healthcare Trust Partnership – Urgent Care Improvement Plan 2013/14**’.

2. Background

On 9th May 2013 CCGs were asked to oversee the production by 31st May 2013 of **Urgent Care and Improvement Plans (UCIP)**, indicating how the A&E 4 Hour performance standard would be attained by the end of quarter one and moving forwards, how this will be sustained during subsequent quarters.

As part of the plans, Clinical Commissioning Groups (CCGs) with hosting responsibilities for A&E departments were also tasked with setting up Urgent Care Boards, to include all key stakeholders from within health and social care as relevant to the particular patch, as well as appropriate clinical expertise. The main partners contributing to the plan and the Urgent Care System Improvement Board are as follows:

1. Lambeth Clinical Commissioning Group
2. London Ambulance Service
3. London Borough of Merton
4. Merton Clinical Commissioning Group
5. NHS England/London/South Area Team/Primary Care
6. NHS England/London/Specialised Commissioning
7. St George’s Healthcare NHS Trust/Integrated Acute and Community
8. Wandsworth Borough Council
9. Wandsworth Clinical Commissioning Group

Wandsworth CCG has hosting responsibilities for St George’s NHS Healthcare Trust. The Trust and the local health economy are not deemed to be in recovery, in respect of the 4 hour A&E target, therefore the UCIP is centred on the maintenance of the 4 Hour performance standard, to continue to sustain and improve local performance, particularly in the lead up to and throughout winter 2013.

3. The Role of the Board

The local health and social care economy around St George’s Healthcare NHS Trust has developed an ‘Urgent Care and System Improvement Board’. The overall remit of the Board is to ensure delivery of the ‘**Wandsworth, Merton, Lambeth and St George’s Healthcare Trust Partnership – Urgent Care Improvement Plan 2013/14 - Draft v0.7**’ via the following remit:

The remit of the Board will be to ensure that:

1. Clinical and senior leadership is maintained across the health and social care system to consider the drivers for and responses to, increases in urgent care demand.

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2. There is a long term commitment to continuous improvement ensuring that high level focus continues and that there is an integrated approach across CCGs, health and social care, commissioners and providers leading to sustained improvement in quality, performance and affordability in the medium to long term.

3. Through shared analysis and data review, there is a common understanding of the barriers to improved performance and agreement on the priority actions.

4. There is a clear delivery programme, with effective monitoring of the implementation and evaluation of the impact.

5. Resources to support urgent care performance are identified and managed on a collaborative basis across the health and social care economy, including oversight of the use of the 70% funding retained from the excess urgent care tariff.

6. Links the work on Urgent Care and integrated approaches to care out-of-hospital to the SW London Strategy Programme ‘Better Services, Better Value’ (BSBV) to ensure that trajectories for urgent care are met.

4. Tasks and Responsibilities

The key tasks of The Board will be to ensure that the full tasks and responsibilities as detailed below are fulfilled with a focus on longer term sustainability, through ensuring:

1. The Board will monitor performance across the urgent care system using a dashboard of metrics covering all elements of the system. Agreement of these metrics is in progress, but is expected to include the following, see draft table below of key metrics.

2. To direct the work of the Delivery Group which is the ‘task and finish’ group, responsible for the delivery of the actions and steps required to deliver the Urgent Care Improvement Plan.

3. Each of the partner arrangements has strong ‘Risk and Issues Management’ plans in place and the Board will oversee these plans.

4. Leadership capacity and expertise is in place to manage urgent and emergency care issues within the health economy.

5. Leadership capacity and expertise is in place to undertake rapid data review and share findings with key stakeholders.

6. Identification and agreement on key priorities to achieve sustained improvement.

7. Resources are in place (senior leadership, external support, commissioned capacity) to accelerate proposed improvements.

8. Effective programmes are in place to deliver sustained improvement, holding partners to account for delivery of each part of an integrated approach.

9. Learning from programme delivery and performance information is shared across programmes, and a further programme of continuous improvement.
10. The impact of successes and challenges in integrated working are considered and to propose new ways of facilitating integrated care.

11. Related outcomes of the programme work streams to the BSBV modelling assumptions, engage the BSBV team as appropriate.

5. The Delivery Group

The Delivery Group is the group responsible for the actions and steps required to deliver the Urgent Care Improvement Plan. The group will act as the ‘task and finish’ group for specific workstreams encompassing pathways before admission, during acute admission and discharge from hospital. The work of the Delivery Group will be guided and directed by the Urgent Care Board to ensure that the Urgent Care Improvement Plan is implemented.

A governance chart identifying the workstreams and proposed reporting mechanisms is attached as appendix A (TBC).

The Chair of the Delivery Group is Andrew McMylor – Director of Delivery, Wandsworth CCG. The members of the Delivery Group will consist of those staff at an operational level from across the partnership, which can both make decisions and act on the actions and steps required to achieve the plan.

The Delivery Group will provide a monthly highlight report to the Urgent Care Board and any specific issues shall be detailed within the highlight report, unless of such an urgent or emergency nature, when they will be escalated direct to the Board Chair, outside of the regular monthly Board meetings via telephone call or email by the Director of Delivery.

The Delivery Group will have full time project management support and the post will report direct to the Director of Delivery; Wandsworth CCG. The Delivery Group will also meet on a monthly basis with work on-going in the interim and the project support post offering a coordinating and follow-up role working across all partners.

The Delivery Group will be responsible for:

- Ensuring that robust project management processes are in place for workstreams, with reporting on progress and outcomes achieved through to the Urgent Care Board
- Determining the appropriate structure to ensure that there is both coherence within health and social care services (response by primary care, social care, acute services, community services) and across the patient pathway (admission avoidance, care in acute, efficient and effective discharge arrangements)
- Considering the optimal performance monitoring arrangements, that identify the key areas for UCB attention and track progress on an appropriate basis.

6. Membership of the Board

A full list of the membership of The Board is detailed below. Colleagues from other agencies, for example Lambeth Council, may be invited to attend the Board when relevant to the issues under discussion.

<table>
<thead>
<tr>
<th>No</th>
<th>Organisation</th>
<th>CO/Director Lead</th>
<th>Clinician/Medical Lead</th>
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<thead>
<tr>
<th>No.</th>
<th>Organisation</th>
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<th>Notes</th>
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<tr>
<td>1</td>
<td>Lambeth CCG</td>
<td>Therese Fletcher Assistant Director Primary &amp; Community Care Commissioning</td>
<td>N/A</td>
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<td>2</td>
<td>Merton Borough Council</td>
<td>Simon Williams – Director of Community and Housing</td>
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<tr>
<td>3</td>
<td>Merton CCG</td>
<td>Eleanor Brown, Chief Officer or Adam Doyle, Director of Commissioning</td>
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<tr>
<td>4</td>
<td>NHS England/London/South Area Team/Primary Care</td>
<td>William Cunningham Davis – Deputy Head of Primary Care</td>
<td>N/A</td>
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<tr>
<td>5</td>
<td>NHS England/London/Specialised Commissioning</td>
<td>Maureen Ross – Deputy Head of Supplier Management</td>
<td>N/A</td>
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<td>6</td>
<td>Royal Marsden NHS Foundation Trust – Community Directorate</td>
<td>Lesley Roberts – Clinical Therapist Director</td>
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<tr>
<td>7</td>
<td>St George’s Healthcare NHS Trust/Integrated Acute and Community</td>
<td>Miles Scott – Chief Executive</td>
<td>Awaiting confirmation</td>
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<td>8</td>
<td>Wandsworth Borough Council</td>
<td>Dawn Warwick, Director of Adult Social Services</td>
<td>N/A</td>
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<td>9</td>
<td>Wandsworth CCG</td>
<td>Graham Mackenzie – Chief Officer</td>
<td>Dr Nicola Jones, Chair of Wandsworth CCG and The Board</td>
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It is important that organisations only field Director level or decision making representatives so that the Urgent Care Board can take prompt and effective decisions.

**Board Chair**

The Board will be chaired by Dr Nicola Jones, the Clinical Lead/Chair of Wandsworth CCG.

**Vice Chair**

Howard Freeman, Clinical Chair, Merton CCG

**Clinical Leadership**

There will be high level clinical leadership and engagement on the Board from the Trust and both the Chair and Vice Chair will be medically qualified clinicians in the form of GPs,

**7. Decision-Making**

A quorum shall be considered to exist if 50% or more of the formal members (or nominated representatives) are present.

No business shall be transacted unless the following are present:

- **One** Chair (1)
- **Two** Clinicians (2)
- **Two** Clinical Commissioning Group representatives (2)
• One Provider representative (Trust Chief Executive) (1)
• Two Local Authority representatives (Directors) (2)
• Three other members of the Board (3)

The Board is responsible for decision making authority in respect of the delivery of the ‘Wandsworth, Merton, Lambeth and St George’s Healthcare Trust Partnership – Urgent Care Improvement Plan 2013/14’.

The Chair will work to establish unanimity as the basis for decisions of The Board. In the case that The Board cannot reach a unanimous decision, the Chair will put the matter to a vote and decisions will be confirmed by both the majority of those members present in favour of the decision, as well as the majority of commissioner representatives present, subject to the meeting being quorate.

Any decisions made must take into account the need to ensure that the legal duties and obligations of all partner organisations are not compromised nor impacted upon, in a way which brings into question the fulfilment of their statutory responsibilities.

8. Accountability

The Board will report back formally to the respective Partner organisations of the membership group, either directly to named individuals or to the individual Boards themselves.

9. Frequency of Meetings

1. Meetings will be held on a monthly basis and will be arranged 1 month in advance by the Urgent Care Improvement Plan, Project Manager (Project Manager).

2. All papers/reports and communications relating to meetings will be disseminated within 5 business days of the meeting date unless the communication/papers are of an emergency type nature and therefore unforeseeable.

3. Agenda items shall be forwarded to the Project Manager 10 business days prior to the date of the meeting.

10. Confidentiality

All members of The Board have a duty of confidentiality regarding all information disclosed by the Partners named within this Terms of Reference, this equally applies to all guest members as well as to any contents/material shared and discussed between and during Board meetings.

There will be occasions when selected information must not be disclosed outside of the Board and its members, this specifically excludes occasions when patient safety is an issue or where the public’s/patients right to the information outweighs the need for confidentiality.

The individual disclosing information to the Board is responsible for identifying the information as confidential at the time that it is provided and for ensuring that its confidential status is identified in all relevant written material. Any challenge to the confidentiality of information provided to the Board, will be referred to the Chair, whose decision on the matter will be guided by clinical, organisational and legal considerations.
11. Conflicts of Interest

A conflict of interest exists where an individual has a direct or indirect pecuniary or non-pecuniary interest in a matter that is being discussed. Pecuniary or non-pecuniary interests can be defined as follows:

- A **direct pecuniary interest** is when an individual may financially benefit from a decision (for example moving services to themselves/their company from an alternative provider).
- An **indirect pecuniary interest** is when an individually may financially benefit from a decision though normally via a third party (for example where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a reconfiguration decision).
- A **direct non-pecuniary interest** is where an individual holds a non-remunerative or not-for profit interest in an organisation (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract).
- An **indirect non-pecuniary interest** is when an individual may enjoy a qualitative benefit from the consequence of a decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual’s house).
- In addition, where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories, this will also constitute a conflict of interest.

The Board must at all times, follow the Conflicts of Interest Policy that applies to NHS South West London. This includes the maintenance of a register of interests for all members.

Interests must be declared at the beginning of each and every meeting. Where an interest is declared, that member (voting or non-voting) is then disqualified from taking any further part, or in any way influencing via proxy or otherwise, discussions and voting on that matter, subject to that matter or individual not falling within the Secretary of State’s waiver.