Terms of Reference - Urgent Care System Improvement Board

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

DRAFT v0.4

July 2013

Document Revision History

Revision date	Author(s)	Change S ummary	Version
21/06/2013	Kosar Parveen – Interim Commissioning Manager	First draft completed	0.1
24/6/2013	Lucie Waters – Director of Planning & Commissioning. Graham MacKenzie – Chief Officer	First draft edited	0.2
25/6/2013	Nicola Jones - Chair	Final edit	0.3
02/07/2013	Kosar Parveen – Interim Commissioning Manager	Chair's amendments added	0.4

Approval History

This document requires the following approvals before finalisation.

Name and Position/Group	Date Approved	Version
The Board	TBC	TBC

Contents

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.

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

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

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

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

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

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

8. Learning from programme delivery and performance information is shared across programmes, and a further programme of continuous improvement.

9. The impact of successes and challenges in integrated working are considered and to propose new ways of facilitating integrated care.

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

5. 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.

No	Organisation	V/NV Member	Management Lead	Clinician/Medical Lead
1	Lambeth CCG	TBC	Therese Fletcher Assistant Director Primary & Community Care Commissioning	N/A
2	Merton Borough Council	TBC	Simon Williams – Director of Community and Housing **OR** Lorna Riley – Hospital Social Work Manager	N/A
3	Merton CCG	TBC	Eleanor Brown, Chief Officer **OR** Andy Smith Director of Commissioning	N/A
4	NHS England/London/South Area Team/Primary Care	TBC	William Cunningham Davis – Deputy Head of Primary Care	N/A
5	NHS England/London/Specialised Commissioning	TBC	Maureen Ross – Deputy Head of Supplier Management	N/A
6	Royal Marsden NHS Foundation Trust – Community Directorate	TBC	Lesley Roberts – Clinical Therapist Director	
7	St George's Healthcare NHS Trust/Integrated Acute and Community	TBC	Miles Scott – Chief Executive	Awaiting confirmation
8	Wandsworth Borough Council	TBC	Dawn Warwick, Director of Adult Social Services **OR** Kate Macleod – Operations Manager West	N/A
9	Wandsworth CCG	TBC	Graham Mackenzie – Chief Officer	Dr Nicola Jones, Chair of Wandsworth CCG and The Board

Key

V/NV Member =Voting/Non-Voting Member
N/A = Not Applicable

Board Chair

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

Vice Chair

Awaiting confirmation of the named GP

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,

6. Decision-Making (TBC)

Awaiting confirmation of the numbers required to constitute quoracy – the list below will be reduced both in size and number of individuals attending from each organisation. A quorum shall be considered to exist if **50% or more of the formal voting 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 voting 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 **mus**t 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.

7. 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.

8. 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**.

9. 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.

10. 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.