

Urgent Care Network Board

TERMS OF REFERENCE

June 2013

1. SCOPE	<p>To provide a senior level Governance Board for monitoring of the current system, delivery of key projects and approval of sustainable future whole systems working for the benefit of patient care.</p> <p>To include the whole urgent care patient pathway that encompasses support in the community for admission avoidance, efficiency and effectiveness when a person needs to go into hospital and robust, timely discharge processes.</p>
2. PURPOSE	<p>To act as an executive steering group utilising partnership working between health and social care organisations to improve patient experience and achieve clinical outcomes as measured by the achievement of</p> <ul style="list-style-type: none"> • 4 hour operational performance standard • Zero 12 hour trolley breaches <p>To influence, and be accountable for ensuring that projects deliver sustainable whole system change and benefits to patients.</p>

3. RESPONSIBILITIES

a. Agree and Authorise Whole Systems Surge Plan

Individual organisations are required to produce individual surge assurance plans (previously known as Winter plans) which will capture how they as an organisation will manage and respond to surge pressures. It will be the responsibility of the network board to receive and agree the Whole Economy level Plan ensuring that operational leads within their own organisations are empowered to act according to agreed levels of escalation.

b. Review Urgent Care System Performance

This will be a factual report detailing the information below for the preceding month.

National Performance Metrics	Demand Trends
1) 95% maximum 4 hour wait for all urgent care facilities from arrival to admission or discharge	a) Total Number of attendances at A&E
2) 12 hour trolley Breaches	b) Conversion rates to admissions
3) Ambulance – Response , handover and turnaround times	c) Total number of admissions
4) Delayed Transfers of Care – Health and Social care	d) Profile of LOS
5) Readmissions rates to SATH	
6) Family and Friends A&E Results	

Failure to achieve contractual requirements will be dealt with via the existing mechanisms i.e monthly contractual performance meetings.

- c. Receive reports detailing the progress of cross economy projects In the first instance the 5 agreed projects to assist in the delivery of the 4 hour performance standard will be**
- SaTH & Community Discharge
 - Optimising Capacity to support Discharge
 - ED Flow
 - Attendance Avoidance
 - LHE Demand and Capacity Hub – dashboard element
- d. Monitor progress against agreed milestones for cross economy projects via exception reporting methodology.**
- e. To agree decisions re remedial actions for cross economy projects outside of delegated authority to project groups.**
- f. To receive project charter and plans from Urgent Care Transformation Board and provide decision re authorisation to proceed taking into account the adoption of best practice**
- g. To request and receive evaluation reports re implementation of service developments/projects or service reviews from cross economy stakeholders to include evidence of patient level engagement and opinion.**
- h. To oversee the agreement for the use of any uncommitted 70% funding retained from excess care urgent tariff**
- i. Individual members of the network board have the responsibility to ensure that the key priorities and agreed recommendations arising from the network are formally communicated within their organisation and reciprocally that the views of their organisation are communicated to the network. This will include establishing governance relationships between their organisation and the Urgent care Board. The minutes of the Board will be available to be used to report into each members organisational Board Structures. Any item deemed confidential will be addressed during Chief Officers Group.**

4. CHAIR / VICE CHAIR	Chair	Dr Caron Morton
	Vice Chair	Dave Evans

5. MEMBERSHIP

Membership will be Chief Officer or equivalent level from the following organisations(in addition to Chair and vice Chair)

1. Shropshire Clinical Commissioning Group
2. Telford and Wrekin Clinical Commissioning Group
3. Shrewsbury and Telford Hospitals (SaTH)
4. Shropshire Community Trust (ShropCom)
5. West Midlands Ambulance Service (WMAS)
6. Telford and Wrekin Local Authority
7. Shropshire Local Authority

8. Shropshire Doctors (Shropdoc)

There will be seats available for the following organisations separate to core membership above

- a) Staffordshire and Shropshire Mental Health Trust (SSMHFT)
- b) Robert Jones and Agnes Hunt (RJAH)
- c) GP Federation (future member)
- d) Councillor representation from Shropshire Local Authority
- e) Councillor representation from Telford Local Authority
- f) Chair of Shropshire Patients Group
- g) Chair of Telford Round Table Patient Forum
- h) Representation from POWYS Health Board

Additionally **in attendance** will be

Programme Director Urgent Care on behalf of Shropshire and Telford CCGs.

Administration Support

6. NOMINATED DEPUTIES/	Deputies should not be sent without prior consent of the Chair and any deputy will be assumed to carry the authority of whom they represent. Note the named list of attendees will be formalised and agreed as part of the inaugural meeting in June.
7. QUORACY	Chief Officer or senior agreed delegated representation from each of the following , need to be present for the group to be quorate <ul style="list-style-type: none">• Telford and Wrekin CCG,• Shropshire CCG• SaTH• Shropcom• Shropshire LA• Telford and Wrekin LA And at least 2 of the following <ul style="list-style-type: none">• WMAS• Shropdoc• Patient Rep from Shropshire• Patient Rep from Telford• RJAH• SSMHFT• POWYS• GP Federation.
7. ADMINISTRATION SUPPORT	Administration support to be provided from the Programme Management Office <ul style="list-style-type: none">• To support the development of the schedule of reporting and agenda items to ensure Network board achieves its stated purpose• To ensure progression of necessary reports• To receive items from individual organisations for inclusion on agenda ten working days prior to next Board meeting.• To collate and produce dashboard of performance metrics

	<ul style="list-style-type: none"> • Distribute electronically agendas and supporting papers a week prior to a scheduled meeting • Receive and note apologies • Arrange venues • Formally Minute meetings
8. DURATION /FORMAT OF MEETINGS	<p>Meetings will be scheduled for each month and the venue will be alternated between Shrewsbury and Telford depending on venue availability..</p> <p>The meeting will normally occur on the third Thursday of the month and a schedule of meeting dates set for 9 months in advance</p> <p>The duration of the meeting will be 90 mins</p> <p>The meeting will immediately precede the Urgent Care Transformation Board .</p>
10. AMENDMENTS/ REVIEW OF TOR	<p>Terms of reference will be reviewed quarterly in the first instance however but may be amended ad hoc to reflect key national and local issues following agreement.</p>
Signed by the Chairperson after review by the Committee/Group	<p>Signed:</p> <p>Date:Agreed</p> <p>Date of first review September Board 2013</p>