



Commissioning Alliance
(South Place)
Brighton and Hove CCG
High Weald Lewes Havens CCG

Appendix 1

Brighton & Sussex University Hospitals Local Accident & Emergency Delivery Board

Terms of Reference

Authority

The Brighton & Sussex University Hospitals Local Accident and Delivery Board is being configured in response to the NHS England/NHS Improvement 16-17 “Strengthening financial performance and accountability” guidance issued 21st July 2016, and the CCG’s obligation to transform the System Resilience Group (SRG) into a board to focus solely on Urgent & Emergency Care

Purpose of the meeting

The Board is **accountable** for setting the strategic direction and delivery of the local health economy Urgent & Emergency Care, **to deliver and sustain the responsibilities around Urgent & Emergency Care deliverables** and therefore improve and maintain the quality of care for patients and the public.

The Board will be the forum where all the partners across the health and social care system come together to undertake the regular planning of service delivery. This group will sign off implementation plans, regularly review the system improvement plan, address escalated issues and risks which cannot be resolved at an operational level. The board will make decisions, provide rigorous oversight of system pressures and enable collaborative approaches to solving them

Membership

LAEDB will be chaired by the Chief Operating Officer of Brighton & Sussex University Hospitals with the Director of Integrated Urgent Care, Brighton & Hove CCG as the Deputy Chair. The board will comprise each of senior members of the partner organisations within the BSUH system.

The membership of BSUH LAEDB will include executive level from the following organisations:

- Brighton and Hove CCG
- Horsham and Mid Sussex CCG
- High Weald Lewes Havens CCG
- Brighton and Sussex University Hospitals NHS Foundation Trust
- Sussex Community NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- South East Coast Ambulance NHS Foundation Trust
- Brighton and Hove City Council
- West Sussex County Council
- East Sussex County Council
- Integrated Care 24
- East Sussex Healthcare NHS Trust community provision
- Independent sector care home representative
- Healthwatch
- NHS England (specialist)
- NHS Improvement
- Primary care provider representation

In attendance:

NHS England South (South East) representative

NHS Improvement (South East) representative

Other directors and senior officers will be invited to attend the LAEDB as appropriate dependent on the issues being discussed.

Attendance and quorum

Unless on annual leave, all members will attend the BSUH LAEDB meeting.

The meeting will be deemed as quorum when over 50% of the members attend including the chair and or deputy chair

Frequency of meetings

Meetings will take place monthly. Agenda items from members should be sent to the chair and the PA at least 10 working days prior to the meeting. Papers, agenda and all other communication for the meeting will be circulated at least 5 working days before the meeting. Members should ensure that they provide relevant papers to enable this in a timely manner

Scope

The Delivery Board will span the Brighton and Sussex University Hospitals (BSUH) NHS Trust local health economy. The **Board will set the strategy, agree the whole system delivery plan and oversee its implementation.**

- Ensure that Urgent & Emergency Care national deliverables and the NHS long-term plan objectives are achieved
- Reducing and managing non-elective attendances
- Accident and Emergency streaming at the front door – to ambulatory and primary care
- NHS 111 - increasing the number of call transferred for clinical advice
- Ambulance Response Programme
- Improved flow e.g. implement SAFER to enhance patient flow
- Discharge e.g. implementing “Discharge to Assess” and “Trusted Assessor” type models
- Other best practice as identified e.g. Emergency Care Improvement Support Team (ECIST)

Specific duties and responsibilities

Strategic planning

- To set the strategic vision, identify and set goals for the local health economy
- To identify local priorities and funding
- To sign off and oversee the implementation of the delivery plan

Delivery

- Oversee and drive through delivery of the strategy by addressing risks and issues in a timely manner
- Develop and manage the process to ensure delivery of the NHS constitutional standards

Roles and Responsibilities

The Board will:

- Maintain an immediate focus on improving AE performance against the national 95% 4 hour standard including delivery of the agreed improvement trajectory
- Deliver the national A&E improvement plan locally with particular attention on Delayed Transfers of Care and super-stranded patients
- Where possible, provide executive/senior clinical and strategic leadership
- Develop comprehensive whole system operational resilience and capacity plan fulfilling national planning requirements and ensuring good system working. Plans should be aligned with the strategic direction established by the STP and the Urgent & Emergency Care Network
- Oversee the use of non-recurrent funds and marginal tariff and resilience funding
- Determine service needs on a geographical footprint, initiate the local changes needed and address the issues that have previously hindered whole system improvements
- Hold each other to account for the delivery of agreed work programmes to improve resilience across local systems
- Ensure appropriate integration and links with other related governance structures
- Be supported by a robust governance structure enabling the Delivery Board to be assured on delivery of work programmes without needing to stray into operational management
- Be supported by a Patient Safety Group that provides whole system oversight of patient's safety issues such as handover delays etc.
- Provide rigorous and on-going analytical review of the drivers of system pressures, so that solutions to these pressures may be developed with a collaborative approach
- Work across boundaries to improve patient experience and clinical outcomes, by establishing partnerships and better working relationships between all health and social care organisations
- Develop and agree new ways of working that are transformational in line with national and international best practice guidelines; learning from national vanguards and NHS England five year forward view, and the NHS Long Term Plan
- Ensure system wide participation in the planning and operations for local ambulance services and for NHS 111 services

Ways of working

BSUH LAEDB takes place at Hove Town Hall, CCG offices, unless otherwise stated.

The Chair will be responsible for the compilation of an agenda. All members of the Group will be contacted in advance and invited to raise items to be placed on the agenda.

The Group is accountable for agreeing the whole system plan and priorities, for ensuring implementation within and across organisations. The Board will receive recommendations for decision and escalation reports which require agreement at a system wide level.

Members are therefore expected to be able to make decisions on behalf of their organisation and are asked to nominate named deputies who are able to do so.

To ensure progress and delivery at pace the expectation is that there would be consistency of attendees and only by exception will the agreed deputy attend on behalf of the representative. For those who are unable to attend comments and completed/status updates on assigned actions and papers should be sent to the chair's PA at least 5 working days before the meeting.

The board is expected to be outcome focused with meetings reflecting progress and delivery of its objectives. To enable this if members are not able to attend they are expected to review the papers and work with the deputy attending on their behalf to ensure that their views feed into the meeting. Decisions made at the board meeting will be reached by consensus and will move all approved items to delivery.

Conflicts of Interest will be managed in line with the CCG's conflict of interest policy:

<http://www.brightonandhoveccg.nhs.uk/sites/btnccg/files/files/BH%20CCG%20Conflict%20of%20Interests%20%28v1%205%20Aug%202015%29.pdf> . A register of interest will be maintained by the delivery board and regularly updated.

All individuals must state at the meeting if an interest potentially conflicts with an item of business and have completed the necessary declaration form. The Chair (or their nominated deputy) will determine any action to be taken, with respect to the declared interest.

Sub-committees

The BSUH LAEDB is reported to directly from the LAEDB Delivery Working Group (previously known as CUCORG). This is the operational arm of the BSUH LAEDB and will focus on progressing all pertinent operational matters arising from LAEDB in agreement with the LAEDB members and in line with the System Improvement Plan

Administrative support

The Brighton & Hove CCG Urgent Care & Resilience Team will be responsible for compiling papers, taking notes and dissemination of all relevant subsequent material for the LAEDB meeting.

Accountability and reporting arrangements

BSUH LAEDB will report directly to the Aligned Incentive Contract (AIC) Joint Management Board by the chair for Performance and Transformational content. Individual members are expected to report in line with their respective organisational structure.

Issues from the LAEDB meetings will as appropriate be cascaded by all members of the LAEDB to their teams.

Monitoring effectiveness and compliance with terms of reference

The LAEDB will develop a work plan with specific objectives which will be reviewed regularly and formally on an annual basis

Review of Terms of Reference

These terms of reference will be formally reviewed by the LAEDB in April of each year, and may be amended by the LAEDB at any time to reflect changes in circumstances which may arise.

Terms of Reference drafted:	01/07/2019
Date approved:	23/05/2019
Approved by:	Brighton Sussex University Hospitals Local Accident & Emergency Delivery Board
Next review date:	23/04/2020