# Integrated Urgent Care Leadership Oversight Board (IUCLOB)

# Terms of Reference (TOR)

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| 4.0 | Lucy Grinnell (Head of Integrated Urgent Care) | 25/07/2022 |
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| 15/09/2023 | Rhys Hancock (Director of Nursing, AHPs and Governance) | 15/09/2025 |

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## Purpose

The Integrated Urgent Care Leadership Oversight Board (IUCLOB) will hold responsibility for the safe and effective delivery of the Urgent Care Services namely Severnside Integrated Urgent Care service.

The format of this meeting will be in the form of a by exception approach. Ensuring time is adequately afforded to addressing risks, issues and celebrating successes.

## Responsibilities

The IUCLOB will hold responsibility and perform seven key functions:

### 1. Leadership

* Provide leadership within a framework of prudent and effective controls which enable risk to be assessed and managed
* Provide clear communication on the outcomes of IUCLOB to senior management and all staff
* Ensure and monitor compliance with business plans, service objectives, policies and procedures

### 2. Culture

* Ensure the culture and values are widely communicated and that the behaviour of the Board is entirely consistent with those values

### 3. Strategy

* Contribute to the development of BrisDoc’s strategic aims
* Contribute to the development of the annual business plan and ensure its delivery within the individual services
* Deliver the key service objectives to meet strategic objectives. Ensure these are translated and documented and clearly communicated
* Manage performance to ensure objectives are met
* Ensure that national policies and legislative requirements are effectively addressed and implemented

### 4. Governance

* Ensure that the highest standards of corporate governance (including Clinical, Financial, Workforce, Risk Management, Statutory) and personal integrity are maintained in the conduct of delivery of the Services
* Ensure compliance with the relevant statutory requirements, including Companies Act and Financial Regulations and contractual obligations
* Ensure that the Service functions effectively, efficiently and economically.

### 5. Quality

* Ensure the quality and safety of the service in collaboration with the Quality Board
* Meet and apply the standards and principles of clinical governance set out by the Department of Health, NHS England, the Care Quality Commission (CQC) and other relevant bodies
* Ensure services achieve all the standards required by CQC covering five key themes; Safe; Effective; Caring; Responsive; and Well-led
* Develop and monitor a dashboard to provide visibility of compliance and performance (e.g., CQC KLOEs, evidence -based clinical care, KPIs, cost, resource/cost, run rate, workforce performance)
* To embrace and deliver a continuous improvement approach, e.g., as a result of need, incident or innovation.

### 6. Risk Management

* Ensure an effective system of integrated governance, risk management and internal control across the Service
* Ensure an effective and safe clinical and operational risk management process
* Identify and record all risks and ensure Board oversight and systematic review of highest graded risks and ensure all risks are effectively recorded and managed

### 7. Communication

* Ensure an effective communication channel exists between the Service Leadership, staff, patients and the local health economy

## Co-owners Council Engagement

The IUCLOB will maintain a clear channel of communication with the co-owners’ council, so that both parties are able to share information and consult one another as appropriate. This will ensure that the co-owners’ council remains part of this group’s consciousness when making key decisions.

## Membership

The membership of the Board will be comprised of;

* Head of Integrated Urgent Care (Chair)
* Non-executive Director focused on IUC
* Programme and Service Director
* Director of Nursing, Allied Health Professionals and Governance
* Deputy Medical Directors for IUC
* Head of IUC Nursing and Allied Healthcare Professionals
* Governance Manager
* IUC People Business Partner

In addition, members will be co-opted into the group if particular issues or projects arise that require expertise from individuals other than substantive members.

## Frequency

The IUCLOB will meet on a monthly basis. Additional exceptional meetings can be called by the chair as required.

## Quoracy

A minimum of four members, with at least two Directors to be present for a decision to be made.

## Reporting and Accountability

The IUCLOB is accountable to the Corporate Leadership Board. The Chair will report to the Corporate Leadership Board on the activity and outputs of the IUCLOB, providing assurance on service performance and safety.

The Practice Plus Group (PPG) Contract Group will report to the IUCLOB for assurance in relation to the responsibilities set out by this TOR and that of the PPG Contract Group.

## Review

The TOR for the IUCLOB will be reviewed annually.

### Version Control

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| --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Changes Overview** |
| V1.0 | 20th November 2018 | Deb Lowdnes (Programme and Service Director) | Initial TOR |
| V2.0 | May 2021 | Deb Lowdnes (Programme and Service Director) | Annual Review. Minor adjustments. |
| V3.0 | July 2022 | Rhys Hancock (Director of Nursing, AHPs and Governance) | Review and Update to support meeting structure update. |
| V4.0 | September 2023 | Lucy Grinnell (Head of IUC) | Annual review. Removal of reference to Growth and Futures Group. Change of Head of People to People Business Partner in membership. |

## Agenda Template

|  |  |  |
| --- | --- | --- |
| **Number** | **Item** | **Presenter** |
| 1 | Introductions, Apologies & Conflicts of Interest | Chair |
| 2 | Previous Minutes and Action log | JB |
| 3 | Risk & Issues | RH |
| 4 | Service updates: | |
| 4a | CAS & F2F update (including Activity & Performance KPIs) | LG |
| 4b | WDPL update (including Activity & Performance KPIs) | LG |
| 4c | SCAS update (including Activity & Performance KPIs) | LG |
| 4d | ACE-F update (including Activity & Performance KPIs) | AW |
| 4e | Mental Health update | RH |
| 5 | Exception reporting:   * PPG Contract Group * SevernSide Contract Meeting | DL |
| 6 | Items for Approval | Chair |
| 7 | Items for Discussion | Chair |
| 8 | Pathways license compliance | DL |
|  | Insurance Compliance   * DBS   + Self-Employed   + Employed * Safeguarding   + Self-Employed   + Employed |  |
| 9 | Staff Well-Being (Sept,Dec, March, June) | Chair |
| 10 | PDR/Mandatory training/ Vacancies/Rota fill/Sickness.   * Safeguarding training data. RS. | People Team |
| 11 | Incident Response Plan Status (Jun/Jan)   * Review of IRP Risks * Review of IRP incidents last six months * Update on exercising during the last six months * Review of training status | DL |
| 12 | AOB | All |
| 13 | Comms from the meeting | All |
| 14 | Items for escalation to the CLB | All |